

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000002	4 - Individual Health Benefits	Watt, Murray	ALP	Continuous Glucose Monitoring	Senator WATT: You are saying that, despite the government going to an election and asking people to vote for it partly on the basis, along with other policies of course, that these devices would be distributed from 1 January 2017, the department has never been made aware of that and in fact no date has ever been set? Mr Stuart: I will have to take that on notice. There has been a considerable amount of work going on between the department and other agencies in government, and the government itself, over a period of time since the election on how this will be rolled out and when and with what product. I will have to take that issue of dates on notice.	6 - 01/03/2017
SQ17-000003	0 - Whole of Portfolio	Siewert, Rachel	AG	Report on Veteran Suicide	Senator SIEWERT: Can you just take us through your findings there? I realise we do not have a lot of time, but perhaps you could just quickly go through what the highlights of that are, from your perspective. Mr Sandison: As you would understand, we put out about 150 reports a year, and there was not advice beyond, 'Please appear at your leisure'. So the specific experts for the different groups are across the institute. But the key finding was in the younger age group. I think it was the 18- to 24-year group. That was where there was a differentiation from the general population. Senator SIEWERT: And that was significant, wasn't it? Mr Sandison: Yes. I can table the report that was provided late last year and provide that to the secretariat. That has all the detail that we could get to with the data that we had.	11 - 01/03/2017
SQ17-000004	0 - Whole of Portfolio	Siewert, Rachel	AG	Report on Veteran Suicide	Senator SIEWERT: I want to come back to the coroners data in a minute. And I am not trying to put you on the spot, but do you have a more definite date than midyear for when you are going to be tabling? Mr Sandison: We are working with the Department of Veterans' Affairs. I can take it on notice. But it is going to be June or July.	11 - 01/03/2017

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SQ17-000005	0 - Whole of Portfolio	Siewert, Rachel	AG	Coroners Reports - Suicide	<p>Senator SIEWERT: Perhaps I can ask then about the coroners data. When this committee did an inquiry several years ago on suicide prevention, some of the issues that came up were the issues around coroners reports. Are the coroners reports now—and I have asked this of another expert, so I will be interested to hear what you say, and if you cannot comment then perhaps you could take it on notice—up to the point at which you are confident of the data that comes through on suicide and in particular veterans? I have heard that sometimes the coroners reports do not indicate whether someone was a veteran. Mr Sandison: From the team that did the work—and I can take it on notice about the detail they go through with coroners, but we do not question the coroner's report. The coroner's report gives us a statement of the specifics. If the coroner notes that it was death through suicide, we do not go back through other forms of data to see whether or not that is validated, but I will check on that. We accept that the cause of death was suicide when we get a final report with a confirmation from the coroner. Senator SIEWERT: Could you check both things: whether there is an indication that a person served in the military and, secondly, the issues around the suicide. That would be appreciated. Mr Sandison: Certainly.</p>	11 - 01/03/2017
SQ17-000006	4 - Individual Health Benefits	Griff, Stirling	NXT	MBS Items	<p>Senator GRIFF: Could I have a bit of clarification? How many items are on the MBS altogether? Ms Jolly: We talk about 5,700. I would have to take on notice the number today, just to ensure we have the exact number, but it is certainly in the order of 5,700. Senator GRIFF: Thank you.</p>	24 - 01/03/2017
SQ17-000007	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare MRI Licences	<p>Senator WATT: Can you give us a list of new Medicare MRI licences granted by year back to about 2007? Ms Jolly: We can take that on notice. Senator WATT: You do not have that? Ms Jolly: No, we do not have detail. Senator WATT: Would you try to get that back to us today, if possible, even if it is a little bit later on? Ms Jolly: We can see what we can do. Senator WATT: Thank you. Just to be clear, I am not talking about licences implemented, I am talking about those that have been granted or decided. Mr Bowles: Since when, Senator? Senator WATT: Since about 2007. I am asking for that detail to be provided on a year-by-year basis, for each year.</p>	24 - 01/03/2017

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SQ17-000008	4 - Individual Health Benefits	Watt, Murray	ALP	PET Scanner - Darwin	Can I also ask a couple of questions specifically about Darwin and the PET scanner issue there. I think in the last estimates my colleague Senator Polley asked about the PET scanner and cyclotron that had been promised to Darwin. Mr Bowles, I think that you said that that was a matter for infrastructure department. But health must have some role in that decision, mustn't it? Mr Bowles: It was an election commitment. Mr Quinane: The funding is coming through the infrastructure department, but our colleagues at outcome 7 today will be able to provide you with an update on that. Senator WATT: You do not know the answer yourself? Mr Quinane: No, I do not, Senator.	24 - 01/03/2017
SQ17-000009	4 - Individual Health Benefits	Watt, Murray	ALP	Skin Cancer Items	Ms Jolly: Senator, as you have indicated there was a change to a range of skin service items. There was a consolidation of 57 items and a new schedule put in place. There have been conversations with a range of people who have come forward to the department and asked questions about the relationship to private health. I do not have those particular details with me, but I am aware of some of those discussions. Senator WATT: You are aware of some of those discussions. Who has provided representations on those issues? Ms Jolly: I do not have that detail with me but I am happy to take that on notice. Senator WATT: Thank you.	25 - 01/03/2017
SQ17-000010	4 - Individual Health Benefits	Watt, Murray	ALP	Private Health Insurance Banding	Senator WATT: Were the changes to the private health insurance banding run past peak clinicians who were involved in the initial MBS review of the items? Ms Jolly: That would not normally be the case but, again, I will take that on notice for the process that happened in that situation. Normally the clinicians that are involved in the original review would not necessarily be involved in the full implementation of the item as it works its way through. Senator WATT: Is anyone else at the table aware of the answer to that? Ms Jolly: We can take that on notice and get you that information. Senator WATT: Just to be clear, what I am looking to find out is whether the MBS review working group was consulted on the banding changes as part of the review. Ms Jolly: Yes, I understand that.	25 - 01/03/2017

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SQ17-000011	4 - Individual Health Benefits	Watt, Murray	ALP	Private Health Insurance Banding	<p>Senator WATT: Did the department or the advisory committee themselves advise practitioners that this was coming? Ms Jolly: We would write to relevant stakeholders after the budget, as is normal practice, about changes that happen in the budget process. But you have asked about the banding decision, which is slightly separate to the budget decision and the MSAC process, so we will get you the details on that separately. Senator WATT: Thank you. ... Senator WATT: In the representations that have been made, is there any suggestion that patients may have been told that they were covered to get these procedures done, got them done, and then found out that they were in fact not covered? Ms Jolly: As I said, I will have to take that on notice. Senator WATT: Have you been made aware that these changes, including the option of writing to insurance companies to seek coverage, are ineffective and that insurers are rejecting these claims? Ms Jolly: Not specifically in that context, but, as I said, I will need to take on notice issues relating to those representations. I want to make sure I am accurately reflecting them. Mr Bowles: If consumers are writing to insurers we would not necessarily know about that. Senator WATT: Are you aware, through representations made to you, that insurers are now rejecting these claims? Ms Jolly: As I said, I will take on notice issues relating to the representations. There is correspondence that comes to the department occasionally on those sorts of matters, but that is broadly across private health insurance. On this matter specifically, as I said, I would need to take on notice the details of the representations, but I am not aware of anything specifically on that matter.</p>	26 - 01/03/2017
SQ17-000012	4 - Individual Health Benefits	Di Natale, Richard	AG	MBS Freeze	<p>Senator DI NATALE: I might begin with the MBS freeze. Has the department done any work to indicate what the costs of lifting the freeze will be over the forward estimates? Mr Bowles: The department has provided advice to the minister on various options around the MBS freeze, as we would normally do. Senator DI NATALE: What would the cost be of lifting the freeze over the forward estimates? Mr Bowles: I would have to take the specifics on notice, but I think I have been on the record before of saying it is over \$3 billion. I could not give you the specifics—and that is for every single thing on the MBS freeze. Senator DI NATALE: No problem. Mr Bowles: We will take that on notice for the specifics.</p>	27 - 01/03/2017

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SQ17-000013	4 - Individual Health Benefits	Di Natale, Richard	AG	MBS Freeze	<p>Senator DI NATALE: This might be a question for the minister. I understand that the Prime Minister has said that there is the prospect of reviewing the freeze subject to 'a very clear set of reforms that will help make the system stronger and better.' Could you shed some light on what the Prime Minister meant by that. Senator Nash: The minister is obviously undertaking a whole range of consultations in his new role as health minister across the sector. I cannot comment directly on that, and it would be a question for him. Senator DI NATALE: This was the Prime Minister who said this. Senator Nash: Indeed. But it is a matter for the health minister and the Prime Minister to respond. I am happy to take that on notice for you, though. Senator DI NATALE: Specifically he said that it would be subject to a very clear set of reforms. Obviously if they are very clear then they will be outlined. Could you provide on notice information as to what those reforms are, if you do not have that at hand. Senator Nash: I can try and do that for you.</p>	27 - 01/03/2017
SQ17-000014	4 - Individual Health Benefits	Di Natale, Richard	AG	MBS Freeze	<p>Senator DI NATALE: The other thing is—and I do not expect you to confirm this—given the recent comments from the Prime Minister and the new health minister and the stakeholders involved that we look to be moving towards an end to that freeze possibly in the budget, can you give a commitment that the savings will not be sought from within Health? I am asking you, Minister. Senator Nash: It is a bit difficult I think to ask me the questions. I am very happy to take some of this on notice for you for the minister, but I certainly can only do that for you.</p>	28 - 01/03/2017
SQ17-000015	4 - Individual Health Benefits	Di Natale, Richard	AG	MBS Review and MSAC Process	<p>for the Medical Services Advisory Committee together, and we do not have a forward split as to how much is for each purpose. But we could, if you want us to take on notice what the split is—but it is the \$34 million for both together. Senator DI NATALE: And you have not decided how you are going to spend the rest of it? How much of it has been spent so far? Ms Jolly: Can we take that on notice, and we will give you the breakdown of what has been spent on the committee. Mr Bowles: The two issues are run largely together. That is the issue. The whole MSAC process and the MBS review obviously link. Senator DI NATALE: They are being run together. So, perhaps on notice: how much has been spent so far in each area and what does the prospective split into the future look like? Ms Jolly: I am happy to do that.</p>	28 - 01/03/2017

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SQ17-000016	4 - Individual Health Benefits	Siewert, Rachel	AG	Hearing Loss	Senator SIEWERT: I understand that point. I am concerned about what happens beyond that. I want to go back to a question I asked earlier. There is some discussion around where unilateral hearing loss is going to sit and whether people with unilateral hearing loss are going to get supported through the NDIS. That is still under review. Where are you at with unilateral hearing loss? Ms Garrett: I will have to take on notice to find out the current rules for the program.	32 - 01/03/2017
SQ17-000017	4 - Individual Health Benefits	Siewert, Rachel	AG	Hearing Health	Senator SIEWERT: I am sure you are aware of the campaign that the Deafness Forum is now running about making hearing health a national health priority. It is probably an issue for the department and the minister, but have you responded to their call yet, or are you intending to? Mr Bowles: We have not as yet, and I think we would have to think about how we respond. How and if we respond. Senator SIEWERT: I take it from that that that you are aware of their campaign, so at least that is some progress. So you do not know if you are going to be responding. Mr Bowles: I would need to think about that. Senator SIEWERT: Could you take in on notice? Mr Bowles: I will take on notice about how I think about that.	32 - 01/03/2017
SQ17-000018	4 - Individual Health Benefits	Dastyari, Sam	ALP	Health Insurance Providers	Senator DASTYARI: No. Can I get you to take on notice a separate question. The question—and it seems like you do not know the answer, which is completely fine—is whether or not that information is collected and aggregated. If it is already aggregated, it might be available somewhere. Are you able to take on notice— Mr Bowles: We can take that on notice. Senator DASTYARI: Can you take on notice how you would get that information? It may already be aggregated. My understanding is that, for me to apply, I would have to provide you and show you— Mr Bowles: Through the tax system. Senator DASTYARI: Through the tax system, but I have to demonstrate that I am in private health insurance, because it is a rebate. Mr Bowles: In the broad, you will get something from your private insurance that says you are paying whatever. If you meet the criteria around salary and all that sort of stuff, you get your rebate through the tax system. That is effectively how it works. So it would be difficult for us, I think, to get the answer you want about each of those things— Senator DASTYARI: They probably do not collect it. Mr Bowles: Yes. We will take it on notice.	34 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000019	4 - Individual Health Benefits	Dastyari, Sam	ALP	Private Health Insurers	<p>Senator DASTYARI: You might want to take this on notice, or you might already have the number. How many approved entities are there? Ms Duffy: How many private health insurers are operational right now? Senator DASTYARI: Yes. Ms Duffy: Thirty-six. Senator DASTYARI: You may need to take this on notice, which would be completely understandable. Can you put that in perspective? How has it been in the last three years? Are there more, or are there fewer? Is there more competition, less competition? Ms Duffy: It is pretty stable. In the last 12 months have been two additional insurers added to the list of insurers. If you want past years, I will have to take that on notice.</p>	35 - 01/03/2017
SQ17-000020	4 - Individual Health Benefits	Dastyari, Sam	ALP	Premiums	<p>Senator DASTYARI: In the media release, the minister also said that some premiums will go up by as little as three per cent, which still sounds like a fair bit, to be honest. But that is obviously the lowest. What is the highest? Ms Duffy: Each of the averages for each of the insurers is on the department's website. Senator DASTYARI: Okay, but that was not the question. The question was not: what are the averages? The question is: what is the highest? Ms Jolly: We might need to take that on notice. What is put on the website is the average—</p>	36 - 01/03/2017

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SQ17-000021	4 - Individual Health Benefits	Dastyari, Sam	ALP	Premiums	<p>Senator DASTYARI: And this stuff is obviously publicly available. Ms Duffy, can you take something on notice for me. Are you able to produce a table that gives us the averages for these 34 or 36 and also, if the minister was able to do the calculation for \$2 a week on 4.84, do the calculations for all of them beside the table for an average family and an average single? The minister has obviously done a calculation for 4.8, but can we get it from three to the 8.53 and do a table for us? Mr Stuart: That sounds simple, but it is not. Senator DASTYARI: Why not? Mr Stuart: Because each of these insurers have a wide range of policies at different prices. Senator DASTYARI: But we are saying an average based on the average figure. Mr Stuart: It is a percentage increase, but there are going to be a wide range of actual values of policies that are paid. We will take it on notice and we will see what we can do. Senator DASTYARI: How did you get the other figure? insurer has an average across their portfolio, but they then have a number of people who are insured with them. Senator DASTYARI: And I am saying: can you supply the average? Mr Bowles: We will provide that. We will also put it in the context of the numbers in each of these funds. Senator DASTYARI: How much have premiums gone up since 2014? Why don't we go year for year: 2014 was? Mr Stuart: It was 6.2 per cent. Senator DASTYARI: And 2015 was? Mr Stuart: It was 6.18 per cent. Senator DASTYARI: And 2016 was? Mr Stuart: It was 5.59. Senator DASTYARI: And then? Mr Stuart: And 2017 was 4.8. Senator DASTYARI: I am just doing the maths—is that about 23? Mr Stuart: I do not think you can just add them together. Senator DASTYARI: You have got to compound them, so it is even more than that? Mr Stuart: Yes. Senator DASTYARI: Okay. Can you do that for me? Mr Stuart: On notice, we can. Senator DASTYARI: In Treasury, I once had Dr Gruen who was actually doing the calculations himself. Mr Stuart: I am not going to do that at the table, not with my calculator. Senator DASTYARI: Can you take that on notice? You are right it will be higher than 23 per cent. Also, can you apply that to whatever the amount is—which is, off the top of my head, about 26 per cent—and then also apply that to what the average is, going back to that same question about what is an average increase and what an average person is paying? Can you do calculations on that as well? It sounds like you are saying the individual 34 might be harder, but doing the overall average is quite easy because it is everyone.</p>	36 - 01/03/2017

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SQ17-000022	4 - Individual Health Benefits	Dastyari, Sam	ALP	Reduced Premiums	<p>Senator DASTYARI: But that was not the question. I note that the increase is lower than it has previously been and I think by all accounts would be a good thing. If we are looking at aggregation over the past few years of somewhere around 25 or 26 per cent on struggling family incomes how can it not be a concern for the government? Mr Bowles: The government and the minister have actually got a committee process around looking at private health insurance. That has been around now for quite a while now, Senator. There were some changes to prostheses late last year, which had an impact in the sector, but there is a broader review activity happening around private health insurance at the moment. Senator DASTYARI: I am questioning whether you are aware of this and if you are not then you can take it on notice, has any insurer reduced their premiums? Mr Bowles: We will take that on notice. Senator DASTYARI: Okay. In the past year has anyone gone backwards? Ms Jolly: We would have to take that on notice because we deal predominantly in averages and you are asking a question about premiums, so we would need to have a look at the data.</p>	38 - 01/03/2017
SQ17-000023	4 - Individual Health Benefits	Polley, Helen	ALP	LSDP Post-Market Review	<p>Mr Stuart: There has been a report of the review. It has been accompanied by a process of advising from the department over a period of time, and the government is considering the issues. Senator POLLEY: Has that happened before— Mr Bowles: I would have to take that on notice.</p>	40 - 01/03/2017
SQ17-000024	4 - Individual Health Benefits	Watt, Murray	ALP	LSDP Post-Market Review	<p>Senator WATT: Could we request a copy of that report? Mr Bowles: It would not be the normal process when we are advising government, because of the complexities. Senator WATT: Could you take that on notice. Mr Bowles: We will take that on notice. Senator WATT: If there is a public interest immunity to be claimed we are happy for that— Mr Bowles: We will take it on notice.</p>	40 - 01/03/2017
SQ17-000025	4 - Individual Health Benefits	Polley, Helen	ALP	LSDP Post-Market Review	<p>Senator POLLEY: Senator Nash, having been a minister and part of health, formerly, do you have anything to add in terms of the priority and the urgency for a decision on this review to be made by your government. Senator Nash: I am not aware, but I can take it on notice for you.</p>	40 - 01/03/2017

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SQ17-000026	4 - Individual Health Benefits	Watt, Murray	ALP	Life Saving Drugs Program	<p>Ms Shakespeare: The Life Saving Drugs Program is a separate medicines funding program to the PBS. The Pharmaceutical Benefits Advisory Committee has statutory functions relating to the PBS. The Life Saving Drugs Program is administered separately and it has program criteria as set out on the website. The role of the PBAC in the Life Saving Drugs Program is that medicine must have been considered by the PBAC for listing on the PBS and been rejected by the PBAC before it is considered for listing on the Life Saving Drugs Program. So it is not actually a function of the PBAC to provide advice or decide whether or not a medicine is included on the Life Saving Drugs Program. Senator WATT: I accept that, but it seems that, at least back in July 2012, they did have a role in this process in that it was their role to determine whether there was evidence acceptable to them to predict that a patient's lifespan will be extended. Do they no longer have that role? Ms Shakespeare: They do not have that role, no. Senator WATT: But they did back in 2012? Ms Shakespeare: They do have that role in relation to considering whether or not medicine should be listed on the PBS. Mr Stuart: Their role is about the PBS, not about the Life Saving Drugs Program. We do not have in front of us what you do, so I think we might have to take on notice that specific quote and understand where it came from and when and in what context. Senator WATT: That is fair enough, but are you saying that to your knowledge the PBAC has never had a role in these decisions around life-saving drugs? Ms Shakespeare: I was describing the program as it operates now. I think we would need to go back and look at documents from 2012.</p>	41 - 01/03/2017
SQ17-000027	4 - Individual Health Benefits	Di Natale, Richard	AG	Life Saving Drugs Program	<p>Senator DI NATALE: What about the 2015-16 period? Ms Shakespeare: I would need to take that on notice. Mr Stuart: There were three in calendar year 2015, but I am not certain whether it was in the first or second half of the calendar year. Senator DI NATALE: I will ask you to take that on notice. Could you tell me what the spending on the Life Saving Drugs Program looks like over the last four years? Let us look at the forward estimates.</p>	44 - 01/03/2017

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SQ17-000028	4 - Individual Health Benefits	Di Natale, Richard	AG	LSDP Review	Senator DI NATALE: Perhaps that is a question for the minister. Minister, this is a program that was flagged for review almost three years ago. Why hasn't a decision been made on this yet? Senator Nash: I am not in a position to assist you with that, but I am happy to take it on notice for you. Senator DI NATALE: All right. Thank you.	44 - 01/03/2017
SQ17-000029	4 - Individual Health Benefits	Di Natale, Richard	AG	Premiums Increase	Senator DI NATALE: 4.8? What is health inflation? Mr Bowles: That is a tricky question sometimes because everyone has a different view, but I think it is well over five at the moment. Senator DI NATALE: I am talking about for the period for the last increase. Mr Bowles: If you look at the broader increases, I would suggest it is around five to 5½. I would have to take on notice the specifics of that.	45 - 01/03/2017
SQ17-000030	4 - Individual Health Benefits	Di Natale, Richard	AG	Private Health Insurance	Senator DI NATALE: It seems to me, though, that you could have a case where insurers—and this appears to be what is happening—are making greater and greater exclusions for people who have taken out a policy. A lot of these people will not know that something has been excluded. It may be that they get a letter. I would be interested to know what—and perhaps you could take on notice—the requirement is under the act. Perhaps you could even provide an example of what is considered to be appropriate practice for insurers in terms of notifying customers. Ms Jolly: We can certainly take on notice what is in the legislation. I am not sure whether we could provide an example, but we can see what we can do.	45 - 01/03/2017
SQ17-000031	4 - Individual Health Benefits	Di Natale, Richard	AG	Private Health Insurance	Ms Duffy: The ACCC process is an annual process where they look at the sector and pick up in the 12 months leading up to the release of a report things that are reported to them as part of their review. This year they focused on the type of information health insurers provided to consumers. Senator DI NATALE: The type of information—so does that include information about exclusions? Ms Duffy: Yes. Senator DI NATALE: Do we have any recommendations? Ms Duffy: I am unsure if the report has been released yet. Senator DI NATALE: Can you take that on notice and provide that to us if possible? Are there any particular areas of concern that you are aware of? For example, I know bariatric surgery is an issue that has been raised in relation to exclusions.	46 - 01/03/2017

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SQ17-000032	4 - Individual Health Benefits	Di Natale, Richard	AG	Private Health Insurance - Hospital Cover	<p>Senator DI NATALE: One thing we did not ask about is private health insurance coverage. Can you give me, firstly, the top-line figures around that, and whether you have broken those down in any way? Ms Duffy: Coverage of hospital? Senator DI NATALE: Yes; how do you stratify it? Ms Duffy: The APRA quarterly statistics were released in February. As at December 2016, the number of people with hospital cover was 11,327,512. Senator DI NATALE: What is that as a percentage of the population? Ms Duffy: It is 46.6 per cent. Senator DI NATALE: How does that compare to previous years? Ms Duffy: The previous year or the previous quarter? Senator DI NATALE: I do not mind if you want to give me quarterly figures, but I want to go back a few years. Ms Duffy: The previous year was 47.2 per cent at the same time. Senator DI NATALE: And the year before that? Ms Duffy: I do not have that with me. Senator DI NATALE: Could you get that on notice? So there has been a significant decrease in coverage from December 2015 to December 2016? Ms Duffy: That is for hospital treatment— Senator DI NATALE: Yes. Ms Duffy: and then for general treatment, as at December 2016, the number of people with general cover was 13,463,257, which is 55.4 per cent. Senator DI NATALE: And compared to the year before? Ms Duffy: It was 55.8 per cent. Senator DI NATALE: So another decrease in coverage. Is that part of a broader trend, or is that something you cannot tell me until you have broken down the figures according to previous years? Ms Jolly: We can provide you with the previous data.</p>	48 - 01/03/2017

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SQ17-000033	4 - Individual Health Benefits	Di Natale, Richard	AG	Private Health Insurance - Hospital Cover	<p>Senator DI NATALE: There is a 0.6 per cent decrease in hospital coverage and a 0.4 per cent decrease in general coverage. Can I ask you—and take this on notice, perhaps—for the figures over a five-year period? Can I also ask you about the level of coverage, and changes in terms of coverage? Is that information you have? Ms Jolly: No, I do not think so. Senator DI NATALE: Obviously one of the concerns is people downgrading their coverage—this is a global number. How do you collect that information? Ms Duffy: Changes do not necessarily mean downgrading. There are a range of reasons why people might change. Senator DI NATALE: So amendments, yes? Ms Duffy: I do not have the information on amendments with me, sorry. Ms Jolly: There is a report that actually contains all of the statistics that we are quoting you. It was released on 14 February. It has quite a lot of data on PHR. The figures that we are quoting today come from that report, and that report may have some further detail. Senator DI NATALE: What is the report? Ms Jolly: It is a report from the Australian Prudential Regulation Authority. Senator DI NATALE: I will still ask you, if you can, to look at amendments, and if you can give me some information on that as well. I will chase up that report.</p>	49 - 01/03/2017

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SQ17-000034	4 - Individual Health Benefits	Watt, Murray	ALP	Child Dental Benefits Schedule	<p>Senator WATT: Prior to the 8 February, when was the last time that the department provided advice to the minister on the Child Dental Benefit Schedule? Mr Bowles: I would have to take it on notice, but it was probably not long before 8 February—if that was the date. Senator WATT: Do you recall having any discussions yourself with the minister about this ? Mr Bowles: Yes. Senator WATT: When were those— Mr Bowles: Probably the day of, the day before and the day before that. It was one of those things that we obviously had a conversation about. Senator WATT: So you provided the minister with advice, probably on the day or potentially the day beforehand about this issue? Mr Bowles: Or in the days leading up to it. I would have to take it on notice. It would be in the days leading up to it and, we would have had a conversation about possible options. Senator WATT: The reason I am asking is that on 7 February, the Labor Party confirmed that we would move to disallow that cut being made. Is that why the minister backed down the next day? Mr Bowles: I am not going to answer that question. Senator WATT: Perhaps Senator Nash can answer that. Senator Nash: I think you would understand that the minister had been giving due consideration to this and arrived at the policy change that he did.</p>	52 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000035	4 - Individual Health Benefits	Watt, Murray	ALP	Child Dental Benefits Schedule	<p>Senator WATT: But those estimates that were published in MYEFO would have assumed that the cuts had gone ahead. The minister surely cannot go out and make an announcement without knowing what it is going to cost. Mr Cormack: Well, the minister has made a policy decision. He is entitled to make a policy decision. And we provide advice on a range of matters in the lead-up and the follow-on from those policy decisions. Senator WATT: Did you provide advice on what that change would cost? Mr Cormack: There would have been some information provided to the minister. I do not have that information with me. Senator WATT: Could you possibly get that for us over the lunch break? Mr Bowles: We will take on notice what we can and cannot provide, in the context of the budget. Senator WATT: It cannot be a secret. It cannot be too hard to work out what that is, and you should be able to come back to us about that today. Mr Bowles: Well, it depends. If it is in the context of the budget, which it is, that is not normally released until a Tuesday in May. Senator WATT: So, we cannot ask questions about what announcements that have already been made will cost? We have to wait and see what they cost in the budget? Mr Bowles: As I said, I will take it on notice.</p>	54 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000036	4 - Individual Health Benefits	Singh, Lisa	ALP	Dental Services	<p>Senator SINGH: Okay. Let me help. Your website says that \$155 million in 20 15-16 funded services for 178,000 patients. Using that same ratio, a cut of \$294 million a year means 337,000 patients a year will miss out. Does that sound right to you? Mr Cormack: No, it does not because it assumes that the agreement has the same terms and conditions as the previous agreement. It also assumes that the amount, if you like, per weighted activity unit is the same. We have to work those things through with the state and territory governments. We are not sure what else they are bringing to the table. These are matters that we are working through with the states and territories at the moment. Until we do that, as the secretary said, we cannot give you an answer of how many activity units will be actually funded. Senator SINGH: Sorry, I thought I was using your maths. Can you take on notice, when you do your work with the states and territories, to provide this committee with the number of people that will be suffering? Mr Bowles: We can take it on notice, but we will not be able to answer the majority of your question because the states actually run the schemes. Mr Cormack: They do most of the work. They do the work and provide most of the funds for state services. We make a contribution. Senator SINGH: Are you able to take it on notice? Mr Bowles: I have said we will take it on notice. I am just qualifying that I may not be able to give you exactly what you ask because the states actually run the dental services.</p>	60 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000037	4 - Individual Health Benefits	Singh, Lisa	ALP	Continuous Glucose Monitoring	<p>Senator SINGH: I just want to quickly ask about the diabetes election commitment for continuous glucose monitoring, and particularly the delay. I wanted to just go back and ask if that delay is because you have underestimated the demand for CGM? Mr Bowles: No, Senator. We are out of sync again; I had people who could talk about that here earlier on. But the answer is no. We are getting confused about budget documents versus policy documents and all that sort of stuff. CHAIR: I think Senator Dastyari covered this earlier. Mr Bowles: He did. Senator SINGH: It was just a follow-up on that. Also, is it uncapped? Can as many people as they want receive it? Mr Bowles: I will have to take that on notice. Senator SINGH: Can you take it on notice? Mr Bowles: I will take it on notice, yes. Senator SINGH: How will CGMs be allocated? Mr Bowles: I will take that on notice. We talked about that earlier and those people have gone. Senator SINGH: I know. It is just that those questions were asked and I have some follow-ups.</p>	60 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000038	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	<p>Senator WATT: These are what I suspect will be the last questions from the opposition on outcome 4. Mr Bowles, they are about Medicare and bulk billing in particular, so it is a fairly general thing under this outcome. With respect to the bulk billing rate, my understanding is that it is reported for all non-referred attendances. I understand the percentage of people who are bulk billed for non-referred attendances is reported by the department. Mr Bowles: I will get Mr Stuart to come to the table. We are talking about services, not people. Senator WATT: Yes, that is right. So if I go five times it counts as five and not one, is that right? Mr Bowles: It is services, yes. Mr Stuart: The department has a long-standing publication series on bulk billing, which includes all non-referred attendances as a proxy for general practice. It has been publishing the data like that since about 1984. Senator WATT: How often is that published? Mr Stuart: We publish quarterly. Senator WATT: What is the most recent quarter that has been published? Mr Stuart: We published the December quarter data a few days ago. Senator WATT: So we would be expecting to get the March quarter data in about April or May? Mr Stuart: Yes. Senator WATT: Is that data broken down by electorate? Mr Stuart: We do not generally publish electorate-level data. Senator WATT: But it would be possible to publish that on an electorate basis, wouldn't it? Mr Stuart: In principle. Mr Bowles: It would be a lot of work, though. Mr Stuart: We do not generally produce or publish that information. Senator WATT: I understand that might not be what you do. There are many departments that can publish data on an electorate basis, so there would be no reason— Mr Bowles: I think we would have to have a look, Senator. I am just flagging that it is a lot of work because there are 385 million services. It is hard work. Senator WATT: Could you take that on notice, please? Mr Bowles: Yes.</p>	61 - 01/03/2017
SQ17-000039	4 - Individual Health Benefits	Watt, Murray	ALP	Out-of-Pocket Costs	<p>Senator WATT: Can the average out-of-pocket costs that we have talked about, which are currently at \$34.24 for that cohort, be provided on an electorate basis as well, if that work has been done? Would you take that on notice, please? Mr Stuart: Yes. Senator WATT: Is that data already reported or available on a state-by-state basis, if not by electorate? Mr Stuart: Not for GPs only. It is not regularly published. Mr Bowles: We will take it on notice, because we will have to see if we have to manufacture something.</p>	62 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000040	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention Trial Sites	Ms Cole: They all had an opportunity to put in a bid, and then there was a process of selecting and checking within the department, and then a recommendation to government. Senator O'NEILL: And did all PHNs put in a bid? Ms Cole: I cannot answer that off the top of my head. I will have to take that on notice. Senator O'NEILL: If you could, that would be of interest. If they all did, or who did and who did not; some detail around that would be good. Ms Cole: Yes. I think that at least the vast majority of them did, but I need to double check that record.	67 - 01/03/2017
SQ17-000041	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention Trial Sites	Senator O'NEILL: Did you provide only four recommended sites to the government prior to the election? Or did you nominate more sites? Ms Cole: Actually, it is a some time ago now and I cannot remember off the top of my head what the actual recommendations were. I think we are getting into that area of advice to government anyway, so I will get back to you on notice. Senator O'NEILL: Could you take on notice how many PHNs sought to participate— Ms Cole: Yes. Senator O'NEILL:	67 - 01/03/2017
SQ17-000042	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention Trial Sites	Ms Cole: There were always going to be 10 sites. There was a question about the mix, content and focus of those lead sites. Senator O'NEILL: Who chose the number 10? Ms Cole: It was in the government's response to the Mental Health Commission's report. Senator O'NEILL: And was that based on anything? Or was it just a number pulled out of the air? Mr Bowles: I think that the Mental Health Commission— Senator O'NEILL: Recommended 10? Mr Bowles: No—well, I think we would have to take on notice the number, based on the Mental Health Commission's report. It recommended that we run a number of these trials.	68 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000043	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention Trial Sites	<p>Senator O'NEILL: When you say 'community', do you mean the Indigenous community in particular or the broader community? Ms Cole: I mean the Indigenous community. Then it has that major service providers. It has a representative from relevant government departments and the state health department. It has representation, I believe, from the WA Police and it has the education department on it. I can give you a list on notice if you would like, but that gives you a sense of the number of people involved, interested and engaged in the issue. Senator SIEWERT: You are going exactly where I was going to go first. You offered to give us a list for the Kimberley. Can you give us the list of who is on it? The complete list would be very much appreciated. Senator O'NEILL: And for all those PHNs, wherever you have it, would be really good. Senator SIEWERT: For all of them, yes. Is there additional funding going into the Kimberley beyond the trial for suicide prevention? Ms Cole: Yes, there is. Senator SIEWERT: Can you articulate what additional funding is going in? With the different announcements that have been made, I am confused about what is new money and what is the same initiative being re-announced in a different way. Ms Cole: I will take that on notice. The figures that I have before me are aggregated up country WA PHN, so I will need to go back to the PHN and asked them about their allocation for the Kimberley region. Senator SIEWERT: I want all the allocations for the Kimberley so that I am clear about what is existing funding and what is new funding and, given that we only have one PHN, perhaps you could do it for the rest of the regions that you have articulated getting funding from other areas. Thank you.</p>	70 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000044	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Services	<p>Senator SIEWERT: In the first instance, I want to follow up a question on notice—question 521—but I do not think you actually need that for my next lot of questions. We did engage in a discussion last time around the PHNs identifying gaps in the provision of mental health services, and you did answer by saying that they have gone up on the website. I note as an aside that at least one of the PHNs, in fact, did not have the information up on the website on the date that it was said that all of them did have it up. Have you done a summary of what major issues have been identified across the 31 PHNs regarding the key gaps in mental health services? Ms Cole: We have not got an aggregated document along those lines, but we could, if you wish, take on notice a summary for you against the 31 needs assessments. Senator SIEWERT: Why have you not done that? I would have thought it was a fairly obvious thing that the government would want to know, given the concerns about the gaps in funding, given the various changes, given the shift to NDIS. Mr Cormack: We asked each of the PHNs to undertake a needs analysis right across the full areas of programs that they are responsible for. Mental health is a very important part of their work, but they have got other activities as well. They submit their needs assessments, and those are then compiled into their commissioning plans. They are meant to be an autonomous, locally responsive entity that is able to align needs with a more flexible funding pool. We certainly do collect all that information that they submit to us and, as Ms Cole said, we will certainly make available whatever information has been provided to us, but we do not have that at hand at the moment in a single, consolidated document for every single PHN and every single program area, because they are meant to undertake this. That is their mission. We contract them to undertake the needs assessment and we also provide them with flexible funding to be able to meet those needs, and most of them are well advanced in the process of commissioning services to fill those gaps. Senator SIEWERT: Let me get this straight: you have done no analysis of that; you have provided no advice to government around— Mr Cormack: We did not say that at all. We just said that we do not have a consolidated document here to give to you or to talk you through, but we will take that on notice.</p>	71 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000045	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Nurses	<p>Ms Cole: Senator, in this financial year there is a requirement for the PHNs to continue to fund wherever possible the current providers of mental health nursing services under that program. Some providers did not choose to continue. I can provide that on notice, but it will require actually ringing around each PHN and checking the details. Senator SIEWERT: You have not required them to report to you? Ms Cole: Not on the number of changeover in providers. Their obligation was that if a provider did not choose to continue under the old arrangements—say for example a GP practice—the PHN needed to find a solution for that mental health nurse and that mental health nurse's patients at that time. It is a changeover issue. I can find out for you how many providers they changed over in this transition year. Senator SIEWERT: It would be appreciated if you could. Does that mean you are not monitoring it specifically? Ms Cole: We are not monitoring specifically how much changeover there is in providers. In a sense, that becomes a subcontracting arrangement between the PHN and individual organisations. We can find that out for you. What we are more interested in is continuity of services for the patients concerned. Senator SIEWERT: You are monitoring that? Ms Cole: The continuity? Yes. Senator SIEWERT: Could you provide us with an update on all the services being continued? Ms Cole: It is a little bit difficult to do in the sense that people come in and out of services over the course of a year. What I can do is a bit of exception reporting and ask the PHNs to give us any indication where they had difficulty around continuing an individual patient's services.</p>	73 - 01/03/2017
SQ17-000046	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention Trial Sites	<p>Senator O'NEILL: Perhaps take this on notice, as I am very mindful of time: what is the structure of the community consultation for the PHNs for the mental-health trial sites? Who invited them, how are they being facilitated, how many meetings—what is going on? Who has started and who has not started? Basically, I would like a Gantt chart of how it is rolling out and what is going on where. If possible, I would also like the names of the people who are the community representatives, so we can see who is engaged in this process. Mr Cormack: We will take that on notice</p>	74 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000047	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention Trial Sites	<p>Senator O'NEILL: Are there any PHN based suicide prevention trial sites, of the 12 that we discussed, that do not have a lead agency role with regard to mental health service delivery? Mr Cormack: We will probably take that on notice, because they are all a bit different. We will get back to you on that one. Senator O'NEILL: Just following up, I did not pay attention to everything that you did with Senator Siewert. If you have not already, can you provide a clear list of which PHNs are lead agencies. Ms Cole: We can provide that on notice. Senator O'NEILL: Thank you very much. Ms Cole: We will give you the specific topics in that context.</p>	75 - 01/03/2017
SQ17-000048	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention Trial Sites	<p>Senator O'NEILL: I would like anything you can add, on notice, about why there was a delay in that being announced about why it was February with the new minister. I would also like to get an update on the 31 Primary Health Networks and the work they are doing with regard to commissioning mental health services, as well as funding arrangements that are currently in place. Ms Cole: Are you looking for a description of what each of them is up to? Senator O'NEILL: Yes, can you provide the amount of funding each PHN receives for community-based mental health programs and services. Ms Cole: Yes, we can provide that to you on notice... Senator O'NEILL: Of course, by PHN on notice if you can. Thank you very much. Ms Cole: Yes. Senator O'NEILL: Can you provide the amount of funding for each PHN with regard to suicide prevention programs and services. Ms Cole: Yes, we can provide that.</p>	75 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000049	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention	Senator O'NEILL: Is the amount for suicide prevention programs and services for each PHN additional to the general mental health funds? Ms Cole: It is a part of the general mental health funds—those numbers that we gave you earlier, the \$373 million. Mr Cormack: We will provide you with a detailed breakdown on notice. Senator O'NEILL: I would appreciate it if you can, because there seems to be a bit of double counting in the way everything is done. I am certainly not getting any clarity about what exactly is there, and what is additional. Mr Bowles: It is because everything is called 'suicide prevention', but there are different funds into different projects. Mr Cormack: That is right. Some is pre-existing and some is new as part of the election commitments. We will provide you with a breakdown that identifies which stuff is new and which stuff is pre-existing.	76 - 01/03/2017
SQ17-000050	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention	Senator O'NEILL: Could you also provide a comprehensive list of the services that have been commissioned by each of the PHNs since they were established up until the end of this financial year? Ms Cole: For suicide prevention? Senator O'NEILL: Yes. Mr Cormack: We will certainly take that on notice. Senator O'NEILL: For mental health, broken down into any range of categories that you need to provide for us. Ms Cole: Okay.	77 - 01/03/2017
SQ17-000051	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Psychosocial Services	Senator O'NEILL: 'Beware that danger lies here.' Is it the case that many if not all of the PHN needs assessments are showing psychosocial services and supports as their highest need? Ms Cole: I think we have gone through this issue just quite recently. Senator O'NEILL: There was a little bit of information there for Senator Siewert. Mr Cormack: We will provide that to you on notice. We said there is not a consolidated document that we can present for you today, but we just said we will take it on notice so we will provide you with information around the outcomes of the gap analysis work that the PHNs have done. We will take that on notice.	78 - 01/03/2017
SQ17-000052	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Rural Roundtable	Senator KAKOSCHKE-MOORE: Has the roundtable that will be considering this report met since the report was released in January? Dr Southern: No, it has not. Senator KAKOSCHKE-MOORE: Okay, so the first meeting of the roundtable is in May? Dr Southern: Yes, I think it is May. Mr Hallinan: We will confirm if it is not.	80 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000053	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Rural Roundtable	Senator KAKOSCHKE-MOORE: Will the rural roundtable meeting in May be taking place before or after the next round of Senate estimates? Dr Southern: I do not know the answer to that. Senator KAKOSCHKE-MOORE: I am just thinking about follow-up questions that I will have based on the meeting of the rural roundtable and whether or not I can pursue those during the next round of estimates. Dr Southern: We can come back with the date on notice, if it has been set.	81 - 01/03/2017
SQ17-000054	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Aboriginal and Torres Strait Islander Health Workers	Senator KAKOSCHKE-MOORE: Perhaps on notice you could provide the committee with the number of Aboriginal and Torres Strait Islander health workers currently employed. Dr Southern: Certainly.	81 - 01/03/2017
SQ17-000055	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Aboriginal and Torres Strait Islander Scholarships	Senator KAKOSCHKE-MOORE: Are there any plans to increase the number of scholarships? Mr Hallinan: No, there are no plans to increase the number of scholarships at this time. There are plans to introduce changed methodology around how to target scholarships in our mainstream scholarships programs from profession specific scholarship streams to a local needs based identification system. Local communities would identify the highest need professions and skill sets for their areas and scholarships would then be targeted on that basis. Senator KAKOSCHKE-MOORE: On notice, could you provide me with some more information around the number of scholarships and the changes that you are making to a more targeted approach to providing those? Dr Southern: Yes, of course.	81 - 01/03/2017
SQ17-000056	2 - Health Access and Support Services	Roberts, Malcolm	ON	Suicide Rates	Senator ROBERTS: Can you advise as to what the suicide rate is for men aged 44 to 49, because you have said that the suicide rate for Australians is 12.7 per 100,000 people. Mr Cormack: I do not think we have that with us right at the moment, but we will get that figure for you, hopefully before we break today. Senator ROBERTS: Can you advise as to how many men aged between 20 and 24 take their lives? Ms Cole: Would you like a table which— Senator ROBERTS: Yes, please. How about the rate in the Northern Territory? Ms Cole: We can get that to you on a state-by-state basis as well. Senator ROBERTS: And particularly for the Northern Territory. Would you agree that this is an important issue that transcends age, gender, ethnicity or geographic region and that it needs to be addressed?	82 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000057	2 - Health Access and Support Services	Roberts, Malcolm	ON	Suicide Prevention	<p>Senator ROBERTS: That goes to the next question I have. Has there been, or is there, a comprehensive cost-benefit model that demonstrates which sorts of programs are most effective in suicide prevention? Ms Cole: The answer on that is: not really. There are a number of accepted methods of reducing suicide, in particular community-based prevention trials. I can find out for you whether there has been a specific cost-benefit analysis. But, essentially, the consensus is that you need a system-wide approach to suicide prevention, which includes eight or nine factors being addressed within a high-risk community at once in order to bring those numbers down to a more acceptable level. Senator ROBERTS: It is certainly a complex issue. I have been to quite a few places where people have volunteered that if we could fix basic systems like tax systems, farmers' property rights and family law, then things improve. Even simply improving the economy again and getting jobs moving in rural Queensland will help to reduce the suicide rate. So I understand it is complex. Is there any comparison of, or any evaluation of, different programs whose targets vary—for example, in family law or custody disputes versus farmers in rural areas. In other words, geographical—I guess not, because of your previous answer. Mr Cormack: That is very good question. I think we will just need to take that on notice and give you a considered response to that.</p>	83 - 01/03/2017
SQ17-000058	2 - Health Access and Support Services	Roberts, Malcolm	ON	National Mental Health Commissioner	<p>Senator ROBERTS: Okay, thank you. What changes have been made by the government in relation to the review of programs by the National Mental Health Commission? Mr Cormack: Just to step you through that, in November 2015 the government issued a comprehensive response to the National Mental Health Commission's report. It effectively addressed nine key areas of reform. We have touched on some of those today. The first of those—and we have talked a lot about this—is locally planned and commissioned services and flexible primary healthcare funding pools. That has been established and, indeed, the PHNs are now commissioning that. The government essentially collapsed down nearly 20 programs—I will give you that precise number on notice—to a smaller number of programs to give much greater local accountability and local responsiveness to the commissioning of mental health services.</p>	83 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000059	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Headspace	Senator O'NEILL: Minister Nash, do you know where the government will locate the next nine headspaces? Senator Nash: I am not aware of that, but I can take that on notice for you. Senator O'NEILL: And is there any work being undertaken by the government in addition to what the department has spoken about? Senator Nash: I will have to take that on notice for you.	85 - 01/03/2017
SQ17-000060	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Partners in Recovery	Mr Cormack: We do not cover PHaMS, we cover Day to Day Living and Partners in Recovery. Senator O'NEILL: Right. If you give me those, that is fine. Mr Cormack: Yes, we can do that. The program funding for Partners in Recovery from 2014-15— Senator O'NEILL: Can you do it from 2013? Mr Cormack: I do not have that. I have the five years from 2014-15, if you would like me to take you through that? Senator O'NEILL: Yes, that would be great. And if you could do 2013 on notice, that would be good.	86 - 01/03/2017
SQ17-000061	2 - Health Access and Support Services	Watt, Murray	ALP	Tobacco Plain Packaging Act	Senator WATT: The first round of questions I have is about plain packaging laws, which we began to talk about this morning but agreed to deal with now. I would like to ask about the department's administration of the Tobacco Plain Packaging Act. How many acts of noncompliance with the Tobacco Plain Packaging Act have there been? I am looking for information from the 2014-15, 2015-16 and 2016-17 financial years. Dr Southern: I have a cumulative figure, which perhaps I will start with, and we might have to take on notice the breakdown over the years that you mentioned. As at earlier this month, the department had received 1,054 individual complaints since tobacco plain packaging came into full effect on 1 December 2012. They related to 746 cases, because some of the complaints related to the same supplier or retailer. Last year, 2015-16, we received 679 complaints, giving rise to 375 cases. Complaints, obviously, are followed up by us. On most occasions, suppliers are found to be compliant, although some cases require further attention. As at 6 February, so earlier this month, 459 cases had been closed as being found to be compliant.	88 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000062	2 - Health Access and Support Services	Watt, Murray	ALP	Tobacco Plain Packaging Act	Senator WATT: 2014-15 as well, yes. You have no sense at all of whether that number in 2015-16 was an increase on the previous year or a decrease? Dr Southern: I do not know if my colleague can assist. Mr Masri: No. It is another matter I think I will have to take on notice and get back to you. Senator WATT: You do not have those figures with you, Mr Masri? Mr Masri: No. I think the ones that the deputy secretary -	88 - 01/03/2017
SQ17-000063	2 - Health Access and Support Services	Watt, Murray	ALP	Tobacco Plain Packaging Act	Senator WATT: How many entities have been investigated and found to have breached the act since the legislation has come in? Dr Southern: I would be drawing on the figures that we have and making some assumptions about actual breaches, but I think that the 135 warning letters would certainly be indicative of breaches—and obviously the infringement notices. What I am not sure about is the 124 reinspections that I talked about—whether they related to actual infringements of the legislation. I would have to take that detail on notice.	89 - 01/03/2017
SQ17-000064	2 - Health Access and Support Services	Watt, Murray	ALP	Tobacco Plain Packaging Act	infringement has been corrected? Dr Southern: Looking at the numbers, they do not match, so it is not 135 warning letters and then 135 reinspections, although it is a very similar number, so I will just have to double-check for you what the grounds would be for not doing a reinspection in those circumstances. Senator WATT: Yes, could you take on notice why there was not a reinspection for those 11. Dr Southern: Yes, certainly. I would have to say that in most cases, and in compliance frameworks, people, if prompted to, become compliant quite quickly. Senator WATT: On those 135 warning letters: how many different entities were sent them? Were there 20 to one entity? I use the word 'entity' because it can capture retailers, tobacco manufacturers—a wide range of people. How many different entities are we talking about? Dr Southern: I think again I would have to take that on notice.	89 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000065	2 - Health Access and Support Services	Watt, Murray	ALP	Tobacco Plain Packaging Act	Senator WATT: Is it reasonable to assume that in some cases there is a particular entity who might be getting multiple warning letters? Dr Southern: That is possible, and over that period of time that is certainly a possibility, given that we are talking about the period from 1 December 2012. Senator WATT: Does anyone at the table know whether any entity has received more than one warning letter? Dr Southern: No. We would have to take that on notice. I just make the point again that the compliance activity is done on our behalf by the National Measurement Institute.	89 - 01/03/2017
SQ17-000066	2 - Health Access and Support Services	Watt, Murray	ALP	Tobacco Plain Packaging Act	Senator WATT: Is it normal that there is an exchange of correspondence with someone who has breached the act before a warning letter is issued? Dr Southern: I do not know. I know some of the details of this particular case, but it was one where clearly we believed it was circumventing the plain-packaging legislation, so we undertook to deal with the organisation to get it compliant. Senator WATT: Are you aware of any other instance where an entity that has breached the act has been sent correspondence or there has been some correspondence prior to receiving a warning letter? Dr Southern: I will take that on notice and take on notice whether one of these letters was a warning letter.	90 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000067	2 - Health Access and Support Services	Leyonhjelm, David	LDP	Plain Packaging - Cigars	<p>Senator LEYONHJELM: The argument that I have heard regularly is that cigar smokers are not young people, that they are most predominantly men and that they are probably closer to my age than young people. Is there any research—and you used the word 'research' in your earlier answer—that would indicate that the consumers of cigars are influenced by plain packaging? Dr Southern: I would need to take that one on notice. When I was talking about research in my earlier answer, I was thinking back to work that had informed the original government position to introduce plain packaging. I was not around at the time, so I would have to go back and check that, and take on notice your request around whether there is any research that goes to the issue that you have just spoken of.</p> <p>Senator LEYONHJELM: The reason I draw this to your attention is because, amongst other things, the UK has decided that the criteria are different for cigarettes and cigars, consumers are different and factors that determine consumption are different, and as a consequence cigars are not included in plain packaging in the UK. Dr Southern: Yes, that is correct. Senator DI NATALE: Just ask Joe Hockey and Mathias Cormann. Senator LEYONHJELM: Yes. I smoke them myself. I am wondering what the foundation for the policy is that they get treated the same. Take that on notice by all means.</p>	91 - 01/03/2017
SQ17-000068	2 - Health Access and Support Services	Polley, Helen	ALP	Mersey Hospital	<p>Senator POLLEY: In relation to the meeting that was held in late February with the Tasmanian minister and the Premier, can you provide to us the number of times the state minister for health and whichever federal minister was in town at the time have met with the Tasmanian government. Can you give us the dates, please. Mr Bowles: We could take it on notice, but, again, we do not manage ministers' diaries. Senator POLLEY: No, but you would have provided advice around those times— Mr Bowles: We may or may not have. Senator POLLEY: Could you take that on notice. Mr Bowles: There are a whole range of ways ministers talk to each other. We are not necessarily privy to all of those. We will take it on notice and give you a qualified answer for what we know.</p>	95 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000069	2 - Health Access and Support Services	Di Natale, Richard	AG	Cost of Pap Smears	<p>Senator DI NATALE: Yes, \$28. It is basically the number of women who are having a Pap smear over that six-month period at \$30 each. That is an additional cost—not to mention the fact that you are exposing women to an intervention that would not have been necessary had the deadline been met. What is the total cost of \$28 per smear for that six months?</p> <p>Prof. Murphy: I think we built the additional cost in on the basis of the increase. We would have to take that on notice from the medical benefits division. All I know is that the modelling over the six months is about \$13.5 million. We would have to provide on notice what the breakdown is, but the majority of that is the liquid-based cytology.</p>	99 - 01/03/2017
SQ17-000070	2 - Health Access and Support Services	Griff, Stirling	NXT	National Diabetes Strategy	<p>Senator GRIFF: I would like to briefly discuss the National Diabetes Strategy 2016 to 2020. Whilst the strategy itself is not too dissimilar to the 2000 to 2004 strategy, the responsibility for action seems to fall on the Australian National Diabetes Strategy implementation group. Is that correct? Dr Southern: At this present time, yes. The next stage of the process, which was agreed by COAG health ministers, was that we form an implementation group with states and territories to work up an implementation plan for the strategy. Senator GRIFF: How often does that group meet? Dr Southern: It met quite a number of times. We might have to take on notice the exact number, but I think it had its most recent meeting about two weeks ago. Senator GRIFF: If you could let me know that, that would be fantastic. How far have they actually progressed with their five key objectives in the last 12 months? Dr Southern: The five key objectives under the actual plan? Senator GRIFF: Yes.</p>	99 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000071	2 - Health Access and Support Services	Griff, Stirling	NXT	National Diabetes Strategy	Senator GRIFF: I kind of understand, Dr Southern. But the first objective is: 'Compile a stocktake of national and state and territory existing diabetes related activities'. I would have thought that would be something they should be doing now—without having to put that plan out for consultation. Dr Southern: We might be getting a bit confused here between the plan of work for the implementation plan working group and the actual implementation plan. That stocktake was one of the first pieces of work the implementation plan group did. That work has been undertaken. Senator GRIFF: Is that something you can table or provide us with? The stocktake? Mr Smith: We would need to take that on notice.	100 - 01/03/2017
SQ17-000072	2 - Health Access and Support Services	Watt, Murray	ALP	Cancer Screening Register	Senator WATT: When you say around or before Christmas time, did Telstra advise you of concerns they had? Is that how you became aware of the delays? Mr Bowles: Between Telstra and us talking about what is possible and feasible, yes. Senator WATT: Could you narrow that down a little bit more than before or around Christmas? Mr Bowles: I would have to take that on notice.	103 - 01/03/2017
SQ17-000073	2 - Health Access and Support Services	Di Natale, Richard	AG	Cancer Screening Register	Senator DI NATALE: Yes. So the penalty clauses in the contract were that, if this is not met by this particular deadline of 30 October - and if you have not got it in front of you, can you take on notice the nature of the penalty clauses in terms of - Mr Bowles: We can take that on notice	107 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000074	2 - Health Access and Support Services	Watt, Murray	ALP	Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund	<p>Senator WATT: I have questions about the Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund. How many grants are currently administered through these two funds? Dr Southern: Approximately 180. Senator WATT: 180 across both? Dr Southern: Yes, that is right. Senator WATT: Can you easily split that into each program? Dr Southern: Do we have a split? No, we do not have a split with us. Senator WATT: Can you take that on notice. Dr Southern: Yes, certainly. Senator WATT: How many organisations receive funding through each of these funds? Dr Southern: It is almost equivalent to the number of grants for individual services. Senator WATT: It tends to be one organisation per grant? Dr Southern: Pretty much. Senator WATT: What is the current value of grants administered under each fund? Dr Southern: I think in total the amount for alcohol and other drug services under those two programs is around \$80 million a year. Senator WATT: That covers both funds? Dr Southern: Yes. Senator WATT: Do you know how much in each? Dr Southern: I would have to take that on notice.</p>	109 - 01/03/2017
SQ17-000075	2 - Health Access and Support Services	Watt, Murray	ALP	Drug and Alcohol Services	<p>Senator WATT: Have you worked out in dollar terms how much is actually being spent right now operating programs on the ground? Dr Southern: We would have to you calculate that. We will take it on notice. The money is being disbursed through the PHNs.</p>	111 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000076	2 - Health Access and Support Services	Di Natale, Richard	AG	Ice Taskforce	<p>Senator DI NATALE: Can I ask you about the Ice Taskforce and the \$300 million commitment. I think \$240 million was provided to the Primary Health Networks. Can I just confirm: is that new money? Dr Southern: Yes, it was new money.</p> <p>Senator DI NATALE: That is not money that is coming from other existing programs? This is new money? Dr Southern: Sorry. The bulk of it was new money for the program but was offset within Health, except for the quantum of funds that relate specifically to Aboriginal and Torres Strait Islander— Senator DI NATALE: How can new money be offset? Mr Bowles: That is how a budget works. That is how it has worked for a long period of time. Senator DI NATALE: Where has it been offset from? Mr Bowles: From the broader health budget. Every year we will make savings in different areas and that will be used to offset against additional expenditure. Senator DI NATALE: Has it come from any other drug and alcohol services? Mr Bowles: The answer to that is no. Senator DI NATALE: It has not come from NGO programs, flexible funds— Mr Bowles: The broader part of the health portfolio. Senator DI NATALE: But those are within the health portfolio? Mr Bowles: Yes. Senator DI NATALE: Absolutely not within any of those other areas? Mr Bowles: No to my knowledge. The way the budgeting works is that we will look at what savings are— Senator DI NATALE: Sure, we have the MBS freeze et cetera. Mr Bowles: —going to be achieved, and all those sorts of things. Senator DI NATALE: But no money has been taken from existing programs? Mr Bowles: I would have to take that on notice to be absolutely clear, but I am not aware of any money coming out of drug and alcohol type programs to put back into drug and alcohol type programs.</p>	112 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000077	2 - Health Access and Support Services	Leyonhjelm, David	LDP	Tobacco Plain Packaging	<p>Senator LEYONHJELM: Because I was being hurried up, I skipped a question when I was in here before. Mr Bowles would be interested, and Dr Southern might also be needed. It concerns plain packaging and the contract between the health department and Cancer Council Victoria that was to look at the impact of plain packaging and determine whether it was successful or not. The contract between the health department and Cancer Council Victoria was published late last year, and the final reports were to include consideration of the impact of packaging changes on key proximal outcome measures, consideration of independent and combined influences of plain packaging, health warnings, mass media campaign exposure, any tobacco pricing and product changes and also the impact on quit intentions, quit attempts and consumption. Professor Sinclair Davidson and another author then wrote a paper basically challenging the results of the Cancer Council Victoria survey. As a consequence, Cancer Council Victoria put out a press release in which they said their study was: 'quite explicitly not designed to assess quitting success or change in smoking prevalence but rather focussed on the immediate impact of the legislation on perceptions of the pack, effects of health warnings and understanding of product harmfulness. The separate review, which was a post-implementation review, also commented: 'Given the timing of these changes, it is not possible to separately identify the effects of tobacco plain packaging' from those of other changes— Mr Bowles: Sorry, Senator, you have passed all of us, I am afraid. We have no knowledge. We are happy to take that on notice. Senator LEYONHJELM: This is a question relevant to your earlier point about your concern about programs and needing to fix them up. I will provide this information on notice, but the point is that \$3 million—in fact \$3,084,000, to be precise—was spent on this study involving Cancer Council Victoria in which the contract said, 'You will do certain things,' the results said, 'You can't do those things,' and another study, almost concurrently, said, 'You can't do those things anyway.' It looks to me, on the face of it, that we did not get very much for our \$3 million, and certainly not what was contracted. Mr Bowles: I am happy to take it on notice. Senator LEYONHJELM: You have no knowledge of it? Mr Bowles: I have no knowledge of it whatsoever. Senator LEYONHJELM: Okay. Thank you very much.</p>	118 - 01/03/2017
SQ17-000078	2 - Health Access and Support Services	Griff, Stirling	NXT	After-Hours Primary Health Care	<p>Senator GRIFF: I would like to discuss after-hours primary health care. I understand there are two primary options for the public. You have private GP practices and the corporate medical deputising services. Firstly, I will go to private GPs. My understanding is that the PIP is utilised by private GP practices for after-hours care. Ms Cole: Yes, that is correct. There are after-hours items in the MBS and there is also a PIP payment depending on the level of after-hours provision that a practice makes. Senator GRIFF: What do GP practices have to do in order to receive this? Ms Cole: It varies depending on the level of payment. I can provide that to you on notice. It is reasonably detailed around the difference—</p>	121 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000079	2 - Health Access and Support Services	Griff, Stirling	NXT	Corporate Medical Deputising Services	Senator GRIFF: In the interest of time, I will put some questions on notice and move on to the corporate medical deputising services. Can you provide a breakdown of the total cost of this service for the Commonwealth? Mr Cormack: We will take that on notice.	121 - 01/03/2017
SQ17-000080	4 - Individual Health Benefits	Griff, Stirling	NXT	MBS Payments	Senator GRIFF: What proportion of total funding was for urgent after-hours visits, specifically items that— Mr Cormack: That is a different outcome. I think you are talking about the MBS payments—is that right? Senator GRIFF: Yes. Mr Cormack: We will take that on notice as well, because it is in one of the earlier outcomes. Senator GRIFF: I understand that the amount of MBS rebates being paid for urgent after-hours services is escalating significantly, and that it has doubled between 2010 and 2015. Mr Cormack: Same; we will have to take that on notice. Senator GRIFF: I will send you separate questions regarding that. Also, as it turns out, my home state is the heaviest user of item 597, but again I will send that to you. Do you actually know the proportion of those patients that attend their usual GP the following day? Mr Cormack: No. We will take it on notice. I am not sure we will be able to answer that; it is more in the MBS world. Senator GRIFF: According to various news articles, many of these after-hours GP services rely on less-experienced or overseas-trained doctors. Is there any concern over the standard of care that these doctors are providing? Mr Cormack: I think that is not necessarily a question we can answer. The medical board would have a view on whether doctors are appropriately qualified or not in that context. The MBS review process is actually looking at the whole after-hours issue, so we will take that on notice and deal with it in that context.	121 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000081	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT Assessments	<p>Senator POLLEY: I have some questions around the ACAT assessments. The number of ACAT assessments performed annually has actually reduced, with the figures that I have been provided, from 223,649 in 2013 to 192,087 in 2015. Can you explain to what the reason would be behind this? Bear in mind that we have to be very succinct if we can. Ms Buffinton: I did not actually catch the figures, but I could hear that it was 2013 through to 2015-16. Was that the time frame? Senator POLLEY: Yes. There has actually been a decline in the number of assessments that have been performed, and I would like you to explain why there has been a reduction. Ms Buffinton: As you know, we have an agreement with the states. There is certainly no intention of a reduction or hold up in assessments during that period. As you know, they are demand-driven, so that would depend. I would have to take it on notice. Whether there have been reassessments—certainly from 2015-16 we did see that with the introduction of regional assessment services there has been a small flow to regional assessment services rather than to ACATs.</p>	124 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000082	4 - Individual Health Benefits	Siewert, Rachel	AG	MBS Review	<p>Senator SIEWERT: I understand the review, but, in order to put even a temporary fix in that provides better access to services than what we have just talked about, what has to be done to make that happen in terms of process? Surely you could do it via a change to regulation. Mr Bowles: I would have to take some advice on that. But clearly it is a policy decision of government to do it, so we are working on that at the moment through this review mechanism that Mr Cormack talked about. Senator SIEWERT: But that is the general MBS review. I am asking if it is possible to elevate it and fix it in the short term while you carry out the review to ensure that people in residential care are no longer classed as 'patients'? Surely that is something you could fix fairly easily through either a delegated instrument or a policy decision by government to change that definition of 'patient', given that we have all agreed things have moved on and it is not contemporary anymore. Mr Bowles: I am happy to take it on notice to see what we can do. I do not have the answer here. Again, I cannot make that decision. Senator SIEWERT: So no-one has asked yet look at how we solve this issue in both the short and long term? Mr Cormack: We have just indicated to you that we recognise that there is an issue here. It is an issue of longstanding. It was predicated on a previous policy decision. We are seeking to have a look at that. We will take some advice to government. Currently like items are available under the chronic disease management Medicare Benefits Schedule. Senator SIEWERT: Mr Cormack, I have taken that on board. I understand that the review is happening but you have also told me that there is no end date for that and it is going to take a while. I am looking for a short-term fix. Is it possible to do either a short-term fix or prioritise fixing this much more quickly given the circumstances? Mr Bowles: As Mr Cormack said, there are some items available. That is fine. We can deal with that. I will take the rest on notice because I do not have the answer right here right now.</p>	127 - 01/03/2017
SQ17-000083	6 - Ageing and Aged Care	Polley, Helen	ALP	Depression in Aged Care Residents	<p>Senator POLLEY: I just want to follow-up on the mental health issues. Back in 2012, the Australian Institute of Health and Welfare found that more than half of all permanent aged-care residents had mild, moderate or major symptoms of depression. I think at that time this figure was fairly conservative. Have you got any updated data as to how many residential older Australians living in aged-care homes have mild or other mental health issues, particularly around depression? Dr McCarthy: We would have to take that on notice.</p>	128 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000084	6 - Ageing and Aged Care	Polley, Helen	ALP	National Dementia Strategy	Senator POLLEY: I will ask a very quick question in relation to the national dementia strategy. Minister Wyatt stated in parliament on 16 February of this year that the government announced the first national strategy for dementia in 2015. Because there is no reference of it anywhere, can you provide a copy of this strategy? Dr McCarthy: Minister Wyatt was referring to the Council of Australian Governments' national framework on dementia, which I think we have discussed in this forum before. Senator POLLEY: Can you table the implementation strategy for that minister's reference please? Ms Rule: We can take that on notice and table the documents.	128 - 01/03/2017
SQ17-000085	6 - Ageing and Aged Care	Polley, Helen	ALP	Short-Term Restorative Care Program	Senator POLLEY: Okay. While 33.4 per cent of Australians aged 65 and older live in New South Wales, only 21 per cent of the STRC places were allocated. There seems to be some significant difference about how this has been allocated. If you cannot explain it tonight then you will take on notice. Ms Rule: We can take it on notice. As I said at the beginning, the process that underpins the allocation of these places is based on data and is based on consultation with the sector about areas of need, and that applied to this program as well as the broader aged-care assessment round.	130 - 01/03/2017
SQ17-000086	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care	Senator POLLEY: Can you then provide to the committee details about any other external tenders that have been awarded in 2016 and what the total cost of those were? Dr Hartland: They are routinely published and made available on AusTender. Senator POLLEY: But can't you just give us that information? Dr McCarthy: We can take that on notice. Dr Hartland: We can take it on notice, if you wish. Senator POLLEY: You will take it on notice—you cannot tell me now.	131 - 01/03/2017
SQ17-000087	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Medicinal Cannabis	Dr Skerritt: I would have to check the list of specialties. I know they are not only paediatric neurologists, but that is the overwhelming bulk of them. Senator DI NATALE: Perhaps, on notice, you can give us a list? Dr Skerritt: Yes.	134 - 01/02/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000088	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Medicinal Cannabis	Dr Skerritt: The time lines that the states take are obviously set to the time lines. I should correct you by also saying that some states require the prescriber to be a specialist physician; others do not have that stipulation. Senator DI NATALE: Okay. Can you take on notice which states require that? Dr Skerritt: Certainly. We have that information, but in the interests of time we will take it on notice.	135 - 01/03/2017
SQ17-000089	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Medicinal Cannabis	Senator DI NATALE: On notice, can I ask you to provide a list of those oversight mechanisms in each state, the clinician who is able to prescribe and whether that be a GP with specialist oversight. Could I have the detail on each of those? Dr Skerritt: Yes.	136 - 01/03/2017
SQ17-000090	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Supply of Bexsero	Senator SINGH: 27 October last year. Why did the minister tell parents via the media that he expected the shortage to be resolved 'soon'? 'Soon', to me, is not July. Mr Bowles: That is a question for the minister. Senator Nash: I would have to take that on notice.	138 - 01/03/2017
SQ17-000091	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Supply of Bexsero	Senator SINGH: What undertaking did GSK give the government after the minister made that call? Senator Nash: I am not aware. I would have to take that on notice	138 - 01/03/2017
SQ17-000092	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Supply of Bexsero	Senator SINGH: My last question is: if GSK had advised the department in October that shortages would be ongoing until July, which you have stated, then why did the Prime Minister's letter say differently? Dr Skerritt: Why did which letter? Senator SINGH: Apparently, the Prime Minister's letter said differently. CHAIR: The witnesses are not familiar with that letter, so if there is one there to table then that may assist them. Otherwise— Mr Bowles: Maybe if you table that and we take it on notice—	138 - 01/03/2017
SQ17-000093	1 - Health System Policy, Design and Innovation	Ludlam, Scott	AG	Diagnosis	Senator LUDLAM: That is fair enough. Minister or Mr Secretary, can I throw that one to you on notice, seeing that we are out of time. In the specific case of when you have got diagnostic criteria that have been identified for conditions such as this, which has been out there in the cloud for a while as very poorly understood, how do we get that information into the hands of GPs so that people are properly diagnosed? Senator Nash: We will take that on notice.	139 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000094	3 - Sport and Recreation	Farrell, Don	ALP	Staffing Information - ASADA	<p>Senator FARRELL: ASADA's July to December 2016 file list includes a file about advice on general staffing information from the department and one about an MOU with the Australian Public Service Commission. Could you explain what that advice was and what the MOU is? Ms Perdikogiannis: I would have to take the advice part of the question on notice. Regarding the MOU, the Public Service Commission enters into MOUs with Australian government agencies for the provision of its services. We pay an amount, which is based on our staffing level as calculated by the APSC each year, and that amount buys us a suite of services from the Australian Public Service Commission. Senator FARRELL: Like what? Ms Perdikogiannis: Things like training and general information provision. I do not have the MOU with me, so I cannot give you the specifics of the services. Senator FARRELL: But you could make that available to us? Ms Perdikogiannis: I could certainly take that on notice and make it available.</p>	142 - 01/03/2017
SQ17-000095	3 - Sport and Recreation	Farrell, Don	ALP	2018 Gold Coast Commonwealth Games - Meetings	<p>Senator FARRELL: I want to ask some questions about the former minister. As you know we have had three ministers of sport in the last four or five weeks. One of them, of course, was former Minister Sussan Ley. Are you able to tell us how many meetings, visits or other events related to the Gold Coast 2018 Commonwealth Games that the former minister attended? Ms Palmer: No, I would have to take that question on notice. I am not aware of that. Senator FARRELL: Is there anybody in your entourage who would happen to know that? Mr Bowles: Sorry, what was the question? I am struggling to hear. Senator FARRELL: My question was: how many meetings, visits or other events related to the 2018 Gold Coast Commonwealth Games did the former minister attend? Mr Bowles: I would have to take that on notice—specifically around the Commonwealth Games? Senator FARRELL: Yes.</p>	143 - 01/03/2017
SQ17-000096	3 - Sport and Recreation	Farrell, Don	ALP	2018 Gold Coast Commonwealth Games - Events	<p>Senator FARRELL: How many of the events of that nature did the departmental or Sports Commission staff attend with the former minister, or provide advice on? Mr Bowles: In relation to the Commonwealth Games? Senator FARRELL: Yes. Mr Bowles: We would have to take that on notice.</p>	143 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000097	3 - Sport and Recreation	Farrell, Don	ALP	2018 Gold Coast Commonwealth Games - Events	Senator FARRELL: If you can tell us how many of those events that I referred to there were actually held in the Gold Coast—events that relate to the Gold Coast Commonwealth Games and how many of them actually occurred in the Gold Coast itself. Mr Bowles: We can take that on notice. Senator FARRELL: Can you advise us of any basic details of the events that did occur at the Gold Coast? Mr Bowles: No. I am not aware of any meetings at all in relation to the Commonwealth Games at the Gold Coast. As I said, I would have to take it on notice.	143 - 01/03/2017
SQ17-000098	3 - Sport and Recreation	Farrell, Don	ALP	Ministerial Briefs - Office for Sport	Senator FARRELL: How many ministerial briefs has the sports division of the department prepared and provided to the Minister for Sport since the 2016 election? Mr Bowles: I would have to take that on notice. It would be a number, I am sure.	144 - 01/03/2017
SQ17-000099	3 - Sport and Recreation	Farrell, Don	ALP	Ministerial Briefs - ASC	Senator FARRELL: How many have the ASC and ASADA each prepared and provided? Mr Bowles: How many each at ASC and ASADA? I will take on behalf of ASADA and Kate -	144 - 01/03/2017
SQ17-000100	3 - Sport and Recreation	Farrell, Don	ALP	Ministerial Briefs - ASADA	Senator FARRELL: How many have the ASC and ASADA each prepared and provided? Mr Bowles: How many each at ASC and ASADA? I will take on behalf of ASADA and Kate -	144 - 01/03/2017
SQ17-000101	3 - Sport and Recreation	Farrell, Don	ALP	Ministerial Briefs - Sport	How many of those briefs were provided between the minister taking over the portfolio and the end of 2015? How many were provided between 1 January 2016 and the former minister's resignation on 13 January 2017? You may know the answer to this question: did the former minister travel overseas in her role as Minister for Sport?	144 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000102	3 - Sport and Recreation	Farrell, Don	ALP	Ministerial Briefs - AOC and ASC	<p>Senator FARRELL: How many briefs did the department prepare and provide to the former minister regarding the relationship between the AOC president, John Coates, and the ASC chairman, John Wylie? Mr Bowles: I am not aware. I would have to take that on notice. Senator FARRELL: You do not happen to know, Ms Palmer? Ms Palmer: No. I would have to take that on notice. Mr Bowles: It would have been an issue that would have been dealt with in the department as opposed to the ASC, I believe, but I will take that on notice. Senator FARRELL: You cannot recall anything coming across your desk about it? Mr Bowles: I can probably recall about one piece of correspondence, but I would have to take on notice to check what else might have happened. Senator FARRELL: When you are doing that, if you do not know the answer to this question, did the former minister at any stage meet with Mr Coates and/or Mr Wylie, either separately or together, to mediate the dispute between the two gentlemen? Mr Bowles: I think we are jumping to an end point. Then Minister Ley would have met with John Wylie on a number of occasions. She would have met with Mr Coates as well, I am sure. In relation to any other issue about contention between the two, I am not sure there was any real contention between the two that Minister Ley would have intervened in. I am happy to take on notice to check on if they met together. I am not aware of them ever meeting together, but, as I said, I do not manage the minister's diary. We will see what information we have.</p>	145 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000103	3 - Sport and Recreation	Brown, Carol	ALP	Special Olympics Australia	Senator CAROL BROWN: That is sort of wrong, but anyway. Special Olympics Australia have closed the office in Tassie and they may be looking at closing other offices. Have Special Olympics Australia been in contact with anyone at the table about receiving extra funding, some assistance or any sort of other resource? Ms Palmer: Not to my knowledge. Senator CAROL BROWN: Mr Howes, you seem to know something. Mr Howes: No. There are always conversations about funding and additional resources. There have been no specific requests around this, although there have been some conversations with the Tasmanian sport and rec department about what sort of assistance can be provided in a local sense but they have not progressed any further than that. Senator CAROL BROWN: But Special Olympics Australia have not come to you? Mr Howes: I am not aware that they have. Can I take that on notice?	146 - 01/03/2017
SQ17-000104	3 - Sport and Recreation	Brown, Carol	ALP	Special Olympics Tasmania	Senator CAROL BROWN: You know, there are 600,000 people with an intellectual disability in Australia and there are only about 3,000 who participate. I have some concerns that the programs that are on the ground in Tasmania will not continue to operate if there is not some more assistance given. Could the minister check with the minister whether there is anyone from Special Olympics Australia or even from Special Olympics Tasmania who has put in a request for more funding— Senator Nash: I will take that on notice.	147 - 01/03/2017
SQ17-000105	3 - Sport and Recreation	Brown, Carol	ALP	Special Olympics - Tasmania	Senator CAROL BROWN: So it is \$500,000 for 600,000 people with intellectual disability and, of that 600,000, only 3,000 are able to participate. It is not a great deal of money. We have already heard that there is a cut in funding for Deaf Sports. Mr Howes: There are a range of different ways we actually support Special Olympics. Senator CAROL BROWN: I asked that question. Mr Howes: As part of the Sporting Schools program, we actually work closely with Special Olympics around providing support to special schools. There are a number of different things that we do, including providing broader levels of support for people with disability in general. Senator CAROL BROWN: What do you do in Tasmania? Mr Howes: Can we take that on notice? Senator CAROL BROWN: Yes, it would be great if you could provide what you do in Tasmania.	147 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000106	3 - Sport and Recreation	Brown, Carol	ALP	Special Olympics Australia	Senator CAROL BROWN: I will put some questions on notice. You have taken on board to provide the committee with some information as to what resources and other assistance you give Special Olympics Australia, particularly in Tasmania. Could you also have a look to see if any other state or territory branches are under threat. Mr Howes: Sure. Senator CAROL BROWN: It is a grave situation. We hope that the Tasmanian branch will be able to be established again soon. If you do not give me the appropriate responses, I will come back and see you in May!	147 - 01/03/2017
SQ17-000114	2 - Health Access and Support Services	Bushby, David	LP	Australian Health Practitioner Regulation Agency (AHPRA)	My questions concerns the way complaints are administered under the Australian Health Practitioner Regulation Agency (AHPRA). Specifically; If a complaint is made by a patient against a Dentist: a) What is the complaint process? b) Who is responsible, in the first instance, to determine the veracity of the complaint? c) Who comprises the body that 'hears' / determines the complaint? d) What rights of reply does a Dentist, to whom a complaint has been made, have?	Written
SQ17-000115	2 - Health Access and Support Services	Bernardi, Cory	LP	Taxpayer spending on the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC)	When did the Australian Government commence funding to the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC)?	Written
SQ17-000116	2 - Health Access and Support Services	Bernardi, Cory	LP	Taxpayer spending on the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC)	How much has the Australian Government provided the FCTC each financial year since funding first commenced and what was the Government's stated objective for doing so?	Written
SQ17-000117	2 - Health Access and Support Services	Bernardi, Cory	LP	Taxpayer spending on the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC)	Does the FCTC provide the Australian Government with any detail on how Australian taxpayers money is being spent? If not, has the Australian Government or the Department of Health ever requested an itemised account of what this money has been used for?	Written
SQ17-000118	2 - Health Access and Support Services	Bernardi, Cory	LP	Taxpayer spending on the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC)	How is Australia's contribution to the FCTC calculated and are any outstanding monies currently owed?	Written
SQ17-000119	2 - Health Access and Support Services	Bernardi, Cory	LP	Taxpayer spending on the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC)	Will the Australian Government be making any future contributions to the FCTC and if so will it ensure the FCTC provides full disclosure on where this money is being spent and for what purpose?	Written

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SQ17-000120	2 - Health Access and Support Services	Roberts, Malcolm	ON	Mental Health	a) Based on the changes implemented in the 9 key area's is there intent to increase or has there been an increase in funding in attempt to prevent Australians at most risk from taking their lives? b) Based on this renewed approach to suicide prevention have these changes been effective in reducing the number of suicides per year?	Written
SQ17-000121	2 - Health Access and Support Services	Roberts, Malcolm	ON	Mental Health	The review stated that there has been a steady trend and that the rate of suicide has not changed dramatically over the past 10 years (fact sheet 4, key issue 1) it is also verifiable via the Australian Bureau of Statistics. Have these changes had a negative impact on delivering preventative suicide programs to those that need them most?	Written
SQ17-000122	2 - Health Access and Support Services	Roberts, Malcolm	ON	Mental Health	Can you explain the marked increase in Suicides from 2014 with approx. 2300 to 2015 with approx. 3000 given the trend over the last decade. Can you attribute the increase to an ineffective implementation of the named changes?	Written
SQ17-000123	2 - Health Access and Support Services	Roberts, Malcolm	ON	Mental Health	What is the cost to the Australian Economy, in terms of lost days at work, productivity and the related trauma to the family can be attributed to suicide?	Written
SQ17-000124	2 - Health Access and Support Services	Roberts, Malcolm	ON	Mental Health	The rate of suicide is twice that of the national road toll average and in some instances it is six times more as is the case in the Northern Territory. It costs the Australian Economy billions of dollars per year and has been identified as the leading cause of death in amongst Australians aged 15-44. Is there any plan to effectively respond to this crisis or can we assume that legislation of voluntary euthanasia is the government solution?	Written
SQ17-000125	5 - Regulation, Safety and Protection	Williams, John	NATS	Q Fever Vaccine	The National Immunisation Program - Q fever vaccine was announced in 2007 to ensure that an ongoing supply of Q fever vaccine and screening tests are available to the Australian public. The program was announced in response to supplies of the drug reaching critically low levels after the manufacturer of the vaccine, CSL, announced it would cease production as the vaccine was no longer profitable. According to the Department of Health, the Australian Government provided funding to vaccine manufacturer CSL to secure the supply of Q fever vaccine until 2016. a) What arrangements are in place to ensure the continued manufacture of the vaccine following the cessation of this program?	Written

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SQ17-000126	5 - Regulation, Safety and Protection	Williams, John	NATS	Q Fever Vaccine	Did the department evaluate the effectiveness of the National Immunisation Program - Q fever vaccine? If so, what were the findings?	Written
SQ17-000127	5 - Regulation, Safety and Protection	Williams, John	NATS	Q Fever Vaccine	What is the department doing to ensure that Q fever notifications do not rise to the levels that prompted the introduction of the former National Q fever Management Program?	Written
SQ17-000128	2 - Health Access and Support Services	Duniam, Jonathon	LP	Mersey Community Hospital	a) Is the Department of Health aware of alternative plans regarding future hospital services and proposed greenfield facilities in North West Tasmania? b) If so, what would be the impact on the two existing hospitals, being the state-owned North West Regional Hospital and the federally-owned Mersey Community Hospital, of a new and third hospital based on the North West coast? c) Specifically, and subject to the services provided, would the construction of a third hospital necessitate the closure of one or both of the two existing hospitals?	Written
SQ17-000129	2 - Health Access and Support Services	Duniam, Jonathon	LP	Hemp Derived Foods	a) When did considerations of the proposal to authorise the manufacture, sale and consumption of foods derived from hemp commence and at what stage are these considerations? b) Which jurisdictions have expressed support for this proposal? c) What has been the cause or causes for the delay of these considerations and when is a decision on the proposal expected? d) What authority or jurisdiction has been responsible for the design, conduct and assessment of the possible effects of hemp-derived foods on roadside drug testing?	Written
SQ17-000130	4 - Individual Health Benefits	Duniam, Jonathon	LP	Indefinite referrals	a) What are the current regulatory provisions relating to the issuing of an indefinite referral to a specialist or consultant physician by a general practitioner (GP)? b) What plans are in place to widen the conditions for which a GP can issue an indefinite referral to a specialist or consultant physician? c) In instances where a GP issues a new referral to replace an expired or expiring referral for the continued management of a condition should a specialist or consultant physician use Medicare item 104 (initial attendance) or item 105 (subsequent attendance) in claiming continued consultations?	Written

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SQ17-000131	2 - Health Access and Support Services	Duniam, Jonathon	LP	Health Complaints and Regulatory Oversight	a) What complaints have been made against Australian Health Practitioner Regulation Agency (AHPRA) to the National Health Practitioner Ombudsman? b) What groups of people have made those complaints? c) What have been the outcomes of these complaints? d) What has been the feedback from those who have made the complaints about AHPRA? e) What is the nature of the relationship between AHPRA and the Australian College of Surgeons with respect to complaints and dispute resolution? f) What are the complaint and dispute resolution processes of AHPRA and what measures are used to determine whether a complaint is of a vexatious nature?	Written
SQ17-000132	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health Commissioning in Tasmania	a) What consultations were undertaken by Primary Health Tasmania in order to inform the rural health services commissioning process in Tasmania? b) Specifically, what measures were used to engage stakeholders in the commissioning process and which service providers, community organisations and local councils have been consulted to date and by what means? c) How are existing primary health services assessed and what is the process of determining which health services form part of the commissioning process? d) By municipal area, what rural health services were discontinued as a result of the commissioning process and what was/is the cessation date for these services?	Written
SQ17-000133	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health Commissioning in Tasmania	What planning was undertaken to ensure continuity of care to clients of existing rural health services, including liaison with the Tasmanian Government?	Written
SQ17-000134	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health Commissioning in Tasmania	In instances where possible or real service gaps arise out of the commissioning process what measures are put in place to address such gaps?	Written
SQ17-000135	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health Commissioning in Tasmania	What consideration was given in the commissioning process for a prospective service provider's ability to commence local services in each relevant municipal area at the commencement of funding?	Written
SQ17-000136	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health Commissioning in Tasmania	Given the nature of Tasmania's small population, do any conflicts of interest exist for Primary Health Tasmania board directors and/or staff with service providers that were successful through the commissioning process? a) If so, what measures are put in place to address such conflicts of interest?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000149	5 - Regulation, Safety and Protection	Smith, Dean	LP	Application to Redefine the Definition of Nicotine in Schedule 7 of the Poisons Schedule	<p>Substance of the Decision In respect to the delegates Interim Decision on the application, what steps were taken to ensure: The Interim Decision satisfactorily met TGA assessment criteria for a risk: benefit analysis? The substantial potential public health benefits of vaping as seen from 10 years of research and overseas experience was fairly and fully taken into account? Overseas experience in which nicotine vaping is permissible "especially the United Kingdom and the European Union" that to date indicates little empirical evidence of the range of risks and uncertainties raised in the Interim Decision findings? 1) The Poisons Standard specifically exempts nicotine when~tobacco prepared and packed for smoking". How can exempting nicotine in tobacco prepared and packed for smoking while banning its use in low concentrations in a far safer delivery system for helping smokers to reduce the harm from smoking? 2) Given this, is there any intention to review the current Poisons Schedule exemptions for tobacco prepared and packed for smoking, given the logical inconsistency of this position with the delegates findings in the Interim Decision?</p>	Written

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SQ17-000150	5 - Regulation, Safety and Protection	Smith, Dean	LP	Application to Redefine the Definition of Nicotine in Schedule 7 of the Poisons Schedule	<p>Redaction of submissions to the consultations on the application Many submitters to the enquiry agreed in writing that their submissions could be published in full. Versions of submissions to the inquiry published online by the TGA were heavily redacted with the identities of the submitters and key elements of their submissions concealed. Redaction went much further than identifying submitters, it also went to the bodies of submissions and evidence cited by submitters. This made it difficult for third parties to evaluate the quality of the submissions, and the motives and interests of the submitters. The unwarranted redaction raises perceptions of intentional or unintentional bias in favour of their decision. Given these factors: 1a) On what grounds did the TGA redact these documents, particularly, in many instances, against the express desires of the authors? b) If the public interest is a reason for the redaction, how was public interest defined for this purpose? c) Is the TGA aware that Australian and international experts who submitted to the Joint Advisory Committee on Chemical and Medicines feel that the redaction was in effect editorial, minimizing their opportunity for public scrutiny of the TGA/ACMS decision process that should be in the public domain, and undermining the integrity of the submissions to which they put their names and reputations? d) Will it make statements of regret or apology to those experts, and any other affecter submitting parties, for the unauthorised redactions? 2) Will submissions by all parties who indicated their submission be released in full, now be released unredacted? 3) Will a list of submitting parties, who have not objected to their identities or submissions being disclosed, be released? 4) Were there submissions by companies or persons that manufacture, distribute or retail other aids to smoking cessation? 5) Were there submissions made by companies or persons that manufacture, distribute of retail cigarettes and other combustible tobacco products?</p>	Written

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SQ17-000151	5 - Regulation, Safety and Protection	Smith, Dean	LP	Application to Redefine the Definition of Nicotine in Schedule 7 of the Poisons Schedule	Input into the decision It is understood that the TGA and/or the ACMS commissioned consultancy advice on the application, and may have engaged directly with some interested parties or experts. 1) Did the TGA, ACMS or any associated entity consult with the Department of Health in the consideration of the application? 2) Did the Department give any guidance, direction or suggestions in relation to this application? 3) In respect of consultancy advice: a) What organization was contracted and who were the key personnel on the project? b) Was it by select or open tender? c) What were the terms of the tender brief? d) How many other tenderers were considered? e) What was the contract price of research and producing the report? f) What weight was given to the report in reaching the Interim Decision? g) Will the report be made public? 4) Besides the contracted advice, what organisations and/or individuals met with the advisory committee or the TGA as part of the consultation process (ie, meetings and discussions as opposed to written submission)? 5) Did any such people or organisations include: a) Tobacco harm reduction advocates b) Professional and advocacy associations (eg the AMA, the Cancer Council? c) Providers of other nicotine products (eg tobacco companies and manufacturers of nicotine gum and patches)? d) If so, can a list of direct consultees be provided?	Written
SQ17-000152	5 - Regulation, Safety and Protection	Smith, Dean	LP	Application to Redefine the Definition of Nicotine in Schedule 7 of the Poisons Schedule	Publication of scheduling amendment application and supporting information Will the actual application documents, submitted by the New Nicotine Alliance Australia advocacy group as the applicant, be publicly released given the applicant has indicated their consent to release?	Written
SQ17-000153	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	e-Cigarettes	A recent report for Public Health England stated that e cigarettes are 95 per cent less harmful to health than cigarettes. Can the Department provide any evidence questioning the validity of this statement?	Written
SQ17-000154	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	e-Cigarettes	Can the Department provide any evidence that e-cigarette use would increase and re-normalise smoking?	Written
SQ17-000155	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	Poisons Standard - Cigarettes	What are the costs and benefits of the continuing exclusion of cigarettes from the Poisons Standard?	Written

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SQ17-000156	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	Poisons Standard - Cigarettes	Should cigarettes continue to be excluded from the Poisons Standard?	Written
SQ17-000157	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	Poisons Standard - Cigarettes	Is there any cost from the inconsistency whereby cigarettes are excluded from the Poisons Standard but e-cigarettes are not?	Written
SQ17-000158	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	e-Cigarettes	What, if any, amendment to Commonwealth law, beyond changes to the Poisons Standard, would be required to make e cigarettes available for commercial sale in Australia?	Written
SQ17-000159	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	Scheduling of Products Containing Codine	Regarding the issue of moving codeine to prescription only, I have been advised by the Department's Adjunct Professor John Skerritt that rescheduling codeine was originally proposed in public submissions by two groups of healthcare professionals. Please advise who these two groups were.	Written
SQ17-000160	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	Medicinal Cannabis	Does the Department have evidence of someone in Australia receiving legal medicinal marijuana by the end of February 2017, a year after the Narcotics Drug Amendment Act 2016 received the Royal Assent? If so, in what circumstances were they able to receive legal medicinal marijuana?	Written
SQ17-000161	5 - Regulation, Safety and Protection	Leyonhjelm, David	LDP	Cigarette Packaging	On 17 October 2014 Mr Smyth from the Department referred in Senate Estimates to a Cancer Council tracking survey of "smoking habits". A subsequent Freedom of Information release of the contract and contract variations with the Cancer Council revealed that the Final Report must cover and discuss the overall impact of packaging changes on outcome measures including "consumption". 1) Did the final report cover and discuss the overall impact of packaging changes on consumption? a) If so, what was concluded in this regard? b) If not, will the Government seek to recover any or all of the \$3 million paid to the Cancer Council given this omission? 2) What is the explanation for the conflict between the contract's reference to "consumption", and the Cancer Council's statement of 3 June 2016 that the survey was quite explicitly not designed to assess quitting success or change in smoking prevalence?	Written

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SQ17-000162	1 - Health System Policy, Design and Innovation	Leyonhjelm, David	LDP	Alcohol Guidelines	The NHMRC is updating its 2009 guidelines to reduce health risks from drinking alcohol. The NHMRC website states that, if possible, consumers and/or representatives from the guideline target group are invited to join the guideline development committee. Was an alcohol consumer or representative of alcohol consumers invited to join the committee? If not, why not?	Written
SQ17-000163	1 - Health System Policy, Design and Innovation	Leyonhjelm, David	LDP	Alcohol Guidelines	Does the NHMRC consider that Ms McKenzie AM, listed on the NHMRC websites as the sole "consumer advocate" on the committee, is an advocate of alcohol consumers, or representative of alcohol consumers? If yes, on what basis (noting that Ms McKenzie's Consumer and Community Health Research Network specifically engages with consumers of health services, rather than consumers of alcohol)?	Written
SQ17-000164	1 - Health System Policy, Design and Innovation	Leyonhjelm, David	LDP	Alcohol Guidelines	Would representation of alcohol consumers provide information on alcohol consumption relevant in the preparation of guidelines to reduce health risks from drinking alcohol? Would such representation provide information on the benefits of alcohol drinking that would provide useful context in the preparation of the guidelines? Would such representation also help ensure that positions expressed by health experts on the committee are tested, or are such positions impervious to bias?	Written
SQ17-000165	1 - Health System Policy, Design and Innovation	Leyonhjelm, David	LDP	Alcohol Guidelines	Which, if any, of the members of the committee, drink alcohol above the quantities and frequencies referred to in the current guidelines? Why, if any, members of the committee drink alcohol at all?	Written
SQ17-000166	2 - Health Access and Support Services	Siewert, Rachel	AG	Community Mental health Programs	How does the Department expect to monitor the impact of the transition of community mental health programs such as the Mental Health Nurse Incentive Program, if it does not collect information indicating the workforce levels against the amount and type of services being provided across the PHN regions?	Written

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SQ17-000167	2 - Health Access and Support Services	Siewert, Rachel	AG	Community Mental Health Programs	a) What did the Department envisage the affected PHNs would do to manage the funding reductions to mental health nursing services and what consideration and risk management strategies were put in place to address the inevitable impact of people with mental illness losing service access? b) I understand that additional funding being provided will not be enough to make up for the cuts, will only be provided to a few of the PHNs in Victoria and is only available until the end of this year. Is this correct and what is the plan for the other PHNs who have had a reduction and what will happen at the end of this year when that additional funding is no longer available?	Written
SQ17-000168	2 - Health Access and Support Services	Siewert, Rachel	AG	Community Mental Health Program	I stated at the hearing, "I have had reports that there are a number of PHNs that are substituting nonclinical workers who do not have mental-health qualifications." I have also had reports of this being implemented even for people who have recently been discharged from hospital after attempting suicide and these people may be referred to someone who has no clinical mental health qualification or training. What is the Department doing to ensure quality of care is not compromised in favour of providing more services at reduced quality by using unqualified, non-clinical workers?	Written
SQ17-000169	2 - Health Access and Support Services	Siewert, Rachel	AG	Community Mental Health Program	As part of its data collection, I understand the Department collects information on the proportion of the regional population receiving PHN commissioned mental health services. a) What are all of the key performance indicators the PHNs must report under? b) How does the Department use these indicators to measure whether service quality and integrity is being maintained? c) Are there minimum standards for PHNs to maintain service quality, such as minimum levels of qualifications for specialist mental health services? i. If yes, then why are the PHNs able to replace specialist mental health services delivered by appropriately trained and qualified clinicians, with non-clinical staff who have no qualification in the provision of mental health care? ii. If no, why not? d) What guidance around service quality and evidence based practice is mandatory for the PHNs to adhere to?	Written
SQ17-000170	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	Can you provide details of the training that is required to be undertaken by My Aged Care contact centre staff?	Written

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SQ17-000171	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	Can you provide details of the training that is required to be undertaken by members of the My Aged Care Regional Assessment Service (RAS)/Aged Care Assessment Teams (ACATs)?	Written
SQ17-000172	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	What are the average wait times by states for metropolitan and regional areas for clients to be assessed by a member of the My Aged Care Regional Assessment Service (RAS)/an Aged Care Assessment Team (ACAT) once a referral to My Aged Care has been submitted?	Written
SQ17-000173	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	What follow up communication is provided to health professionals who make a referral to My Aged Care via the online webform?	Written
SQ17-000174	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	Has consideration been given to expanding the list of services for which health professionals can make "direct to service referrals" through My Aged Care?	Written
SQ17-000175	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	Can the Department detail specific measures that have been taken to improve the functionality of the My Aged Care web-based portals?	Written
SQ17-000176	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	Can you provide a breakdown of the current take up rates of level 1, 2, 3 and 4 home care packages?	Written
SQ17-000177	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	Can you provide a breakdown of the average waiting periods for level 1, 2, 3 and 4 home care packages, between the time the consumer is approved for care and the time they are assigned a home care package?	Written
SQ17-000178	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Reforms	Can you detail the revised process for becoming an approved provider of home care following the introduction of the Increasing Choice in Home Care reforms in February 2017?	Written
SQ17-000179	6 - Ageing and Aged Care	Siewert, Rachel	AG	National Screening and Assessment Form	Can you provide details of any recent/upcoming changes to the National Screening and Assessment Form (NSAF)?	Written
SQ17-000180	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	What steps is the Department taking to improve the accessibility of My Aged Care for older people who may lack familiarity with computers?	Written
SQ17-000181	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	What steps is the Department taking to improve the accessibility of My Aged Care for people with diverse needs, including those from culturally and linguistically diverse (CALD) backgrounds?	Written
SQ17-000182	6 - Ageing and Aged Care	Siewert, Rachel	AG	Aged Care Legislation Review	Can the Department provide details of any upcoming public consultation with key stakeholders as part of the Aged Care Legislated Review?	Written

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SQ17-000183	6 - Ageing and Aged Care	Siewert, Rachel	AG	Hoe Care Packages	In relation to the recent changes to home care packages, why has no cap been placed on the amount that can be charged as an exit fee by providers?	Written
SQ17-000184	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	In relation to the recent changes to home care packages, why is there no requirement for the hourly rate of care for each provider to be stipulated online so that consumers can properly compare providers?	Written
SQ17-000185	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	a) How many people accessing My Aged Care identify as coming from a CALD background? b) How is this data disaggregated?	Written
SQ17-000186	6 - Ageing and Aged Care	Siewert, Rachel	AG	Aged Care Facilities	a) Can GPs still refer patients directly to aged care facilities, rather than referring them through My Aged Care? b) If yes, please provide the data on how many people are being directly referred to aged care facilities by GPs?	Written
SQ17-000187	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	What are the plans for increasing search options in My Aged Care to look for services based on specialities?	Written
SQ17-000188	6 - Ageing and Aged Care	Siewert, Rachel	AG	My Aged Care	How many phone calls are made to My Aged Care though the Federal Translating & Interpreting Services?	Written
SQ17-000189	6 - Ageing and Aged Care	Siewert, Rachel	AG	Access to Federal Translating and Interpreting Services	a) How many registered aged care providers have access to Federal Translating & Interpreting Services nationally? Please provide a state and territory breakdown. b) What is the cost of providing these services and how is this cost burden being shared?	Written
SQ17-000190	6 - Ageing and Aged Care	Siewert, Rachel	AG	Cost of Federal Translating and Interpreting Services	a) How much is spent on Federal Translating & Interpreting Services to facilitate access to/understand My Aged Care? i. Who is covering these costs (individuals/community organisations/GPs etc.)? b) Are translation services a part of the Department of Health agreement with Federal Translating & Interpreting Services?	Written
SQ17-000191	6 - Ageing and Aged Care	Siewert, Rachel	AG	Diversity Framework	a) What are the resources (human/financial) allocated to the development of the Diversity Framework that is being designed to replace the existing strategies? b) How will these resources be distributed to peak bodies to develop the framework? c) What measures are in place to ensure there is a smooth transition of the existing strategies and the new framework?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000192	5 - Regulation, Safety and Protection	Siewert, Rachel	AG	NICNAS	a) Can you give us an update on the delay in releasing the National Assessment of CSG Chemicals conducted by NICNAS? It was originally slated for release at the end of 2013. b) Is there a draft report? i. If yes, when was it completed? c) Is the final report sitting with the Department of Environment and Energy? i. When was it sent? d) When will the final assessment be released? e) Have you already sent a final draft? f) Did the Minister ask for changes? g) Has the Department provided feedback on the report/will they? h) What format will the final report take? i) Have you discussed any follow-on work with the Department i.e. amendments to regulations, guidelines, public communication campaign?	Written
SQ17-000193	6 - Ageing and Aged Care	Reynolds, Linda	LP	Residential Aged Care Breakdown	Can the Department of Health provide a breakdown of the people under 65 years in Residential Aged Care based on ACFI information of: a) The number who have a need for assistance with mobility (physical assistance or mechanical lifting); b) The number who have a severe cognitive impairment; c) A complex healthcare rating of 'D'.	Written
SQ17-000194	6 - Ageing and Aged Care	Reynolds, Linda	LP	Residential Aged Care Services	a) How many Residential Aged Care providers provide Residential Aged Care services to more than 15 people under the aged of 65? b) Can the department provide the names of Residential Aged Care providers that provide Residential Aged Care services to more than 15 people under the aged of 65?	Written
SQ17-000195	6 - Ageing and Aged Care	Reynolds, Linda	LP	Residential Aged Care Services	What is the total value of "Means-tested care fees" paid by people under 65 years in Residential Aged Care services in the last financial year?	Written
SQ17-000196	6 - Ageing and Aged Care	Reynolds, Linda	LP	Residential Aged Care Services	What is the total value of "Daily Accommodation Payments" and amount paid in "refundable accommodation deposits" by people under 65 years in Residential Aged Care services in the last financial year?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000197	6 - Ageing and Aged Care	Griff, Stirling	NXT	Aged Care Assessment Team (ACAT)	a) What are the KPIs for the Aged Care Assessment Team (ACAT) in each state? b) How is each state team performing against these KPIs? c) If any states are not meeting their KPIs, what are the reasons for this? d) If any states are exceeding their KPIs, what are the reasons for this? e) What are the ACAT customer classification segments? i. How many people have been assessed in each segment, by state, for the 2015-16 financial year, and financial YTD. f) Is there a different set of ACAT KPIs for different customer segments? If so, what are the KPIs for each customer segment? g) What is the average waiting time by all ACAT customer classification segments for an assessment to be made, from the time of the first notification to their local ACAT?	Written
SQ17-000198	2 - Health Access and Support Services	Griff, Stirling	NXT	Practice Incentives Program	According to the Budget, there is a target of 4,650 general practices participating in the Practice Incentives Program (PIP) After Hours Incentive scheme this FY (representing 84.2% of practices) a) What is the actual number of practices enrolled in the scheme for 2015-16 and 2016-17? b) What is the cost of this per year?	Written
SQ17-000199	2 - Health Access and Support Services	Griff, Stirling	NXT	Practice Incentives Program	What obligations did the GP practices have to meet in order to receive the PIP in 2015-16?	Written
SQ17-000200	2 - Health Access and Support Services	Griff, Stirling	NXT	Practice Incentives Program	According to the Budget papers, in 2016-17, "the Government will work towards introducing changes to the PIP to include a new quality improvement incentive payment that will streamline and simplify current PIP payments to help general practice achieve high quality health care and improved patient outcomes". a) What changes are being/will be introduced? b) What progress has been made on this to date?	Written
SQ17-000201	2 - Health Access and Support Services	Griff, Stirling	NXT	Practice Incentives Program	Is there any evaluation of the number and type of after-hours services provided by GP practices receiving the PIP incentive?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000202	2 - Health Access and Support Services	Griff, Stirling	NXT	After-Hours Medical Deputising Services	a) Regarding after-hours medical deputising services, can you please provide a breakdown of the total cost of this service to the Commonwealth? b) What proportion of this total funding was for urgent after hours visits “ specifically items 597, 598, 599 and 600? i. Does the department have projections of what these items will cost the MBS in forward years? ii. Does the department have a definition of what constitutes "urgent" to guide doctors? If not, has the department considered whether this would be useful?	Written
SQ17-000203	2 - Health Access and Support Services	Griff, Stirling	NXT	After Hours Services	The number of MBS rebates being claimed for urgent after hours services is reportedly escalating each year and has doubled between 2010 and 2015 (as reported in the SMH: http://www.smh.com.au/national/health/boom-in-afterhours-gps-raises-concerns-about-medicare-cost-blowout-20160511-gosr95.html) a) What does the department attribute this growth to? b) Is this rate of growth considered sustainable? c) If not, what measures is the department considering in order to address this?	Written
SQ17-000204	2 - Health Access and Support Services	Griff, Stirling	NXT	After Hours Medical Deputising Services	According to the SMH article and other news reports, after hours medical deputising services often rely on less experienced, or overseas trained doctors. Have there been any complaints to the department about this, and/ or any concerns raised by/to the department over the standard of care these doctors are providing?	Written
SQ17-000205	2 - Health Access and Support Services	Griff, Stirling	NXT	After Hours Services	According to Medicare statistics, South Australia is the heaviest user of item 597. In 2015-16, it had almost 11,750 urgent after hours home visits per 100,000 population, which is more than double the rate of Victoria and NSW, and six times the rate of NT. a) Can the department provide reasons for the large variations between states in the use of this item number? b) Is there any correlation between the use of after hours medical deputising services and marketing activities of the after hours service providers? c) Is SA "overusing" after hours services?	Written
SQ17-000206	2 - Health Access and Support Services	Griff, Stirling	NXT	After Hours Services	a) Can the department provide data on what proportion of patients who use an after hours service attend their usual GP the following day? b) What proportion have their problem dealt with by the after-hours doctor alone and seek no further care?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000207	2 - Health Access and Support Services	Griff, Stirling	NXT	After Hours Primary Health Care System	Professor Claire Jackson's 2014 review of the after hours primary health care system recommended that the Commonwealth work with stakeholders to examine the drivers behind the rapid escalation of these services and seek to improve the system (recommendation 4). a) Has this happened? b) If not, why not? Is any such consultation/review planned? c) If so, what have been the findings so far?	Written
SQ17-000208	2 - Health Access and Support Services	Griff, Stirling	NXT	After Hours Services	One of the stated benefits of the after hours service is that it steers people away from using emergency departments. In light of this, does this make the after-hours GP service cost effective despite the increase in cost to the MBS?	Written
SQ17-000209	2 - Health Access and Support Services	Griff, Stirling	NXT	After Hours Services	What audit and evaluation processes of after hours services does the department have in place?	Written
SQ17-000210	2 - Health Access and Support Services	Griff, Stirling	NXT	Fraud Relating to After Hours Services	a) Has there been any fraud relating to the after hours services (for example, billing for services not rendered)? b) If so, please provide a breakdown of the type and number of fraudulent incidents detected c) Have any doctors been referred to professional regulatory bodies or police over fraud relating to after hours items?	Written
SQ17-000211	2 - Health Access and Support Services	Griff, Stirling	NXT	Healthcare Homes	a) Please outline all the parameters that will be measured by contractor Health Policy Analysis in its evaluation of the Health Care Homes program. b) What KPIs does Health Policy Analysis itself have to meet?	Written
SQ17-000212	2 - Health Access and Support Services	Griff, Stirling	NXT	Healthcare Homes	The Health Care Homes FAQ booklet 1 (Version 1.1) says evaluation of the program will include "general clinical indicators such as blood pressure, BMI or smoking status" Is this list definitive? a) If not, how will the final list of outcomes be decided? b) If they are to be revised, will they include wellbeing measures / quality of life assessments?	Written
SQ17-000213	2 - Health Access and Support Services	Griff, Stirling	NXT	Healthcare Homes - Payments	Can the Department confirm whether the following items are quarantined and separate from the bundled payments: a) Item 715 (MBS item for indigenous preventative health assessments) b) Item 10987 (follow up items for issues identified in the indigenous preventative health assessments) c) Items 701, 703, 705, 707 (MBS items for Health assessments)	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000214	2 - Health Access and Support Services	Griff, Stirling	NXT	Healthcare Homes	a) If a practice withdraws from the program, under what circumstances would it have to pay back the \$10,000 grant funding? b) Would this be repaid in total, or partially/any unspent amount?	Written
SQ17-000215	2 - Health Access and Support Services	Griff, Stirling	NXT	Healthcare Homes	Why is diabetes monitoring not mentioned in Health Care Homes evaluation as a performance outcome measure? (For instance, including a HBA1c glucose blood test to screen overweight participants in the Health Care Homes trial.)	Written
SQ17-000216	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	NHMRC	a) The Deloitte Access Economics report on Australia's Health and Medical Research Workforce released late last year shows NHMRC's expenditure and workforce dropped in 2013 (pg vi and 12 of the report). What are the factors behind this? b) The report indicates there are increasing numbers of part time researchers (Table 2.4 of report). What are the factors behind this?	Written
SQ17-000217	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	NHMRC	a) What proportion of grant requests did NHMRC fund last financial year? b) How has this changed over time? Please provide this data for each year from FY2010-11 to FY2015-16. i. Please explain the reasons for variances in the data.	Written
SQ17-000218	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	NHMRC	a) Does NHMRC monitor the number of research positions, researcher migration flows and other related employment indicators? b) If so, what does it monitor? c) Can the NHMRC advise how many Australian medical researchers have left Australia permanently in the last 3 years?	Written
SQ17-000219	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	NHMRC	When does the NHMRC anticipate the new Medical Research Future Fund will start providing funding for research?	Written
SQ17-000220	4 - Individual Health Benefits	Griff, Stirling	NXT	Biologic Drugs	a) What proportion of PBS expenditure is on biologics (drugs whose names end in mab - monoclonal antibody)? b) How has that proportion changed over the last 5 years?	Written
SQ17-000221	4 - Individual Health Benefits	Griff, Stirling	NXT	Biologic Drugs	How are prices for the biologic drugs agreed?	Written
SQ17-000222	4 - Individual Health Benefits	Griff, Stirling	NXT	Biologic Drugs	What strategies does the department have to continue to make innovative drugs available for Australians without impacting the federal budget further?	Written
SQ17-000223	4 - Individual Health Benefits	Griff, Stirling	NXT	Biologic Drugs	What generic (biosimilar) drugs are available in Australia?	Written
SQ17-000224	4 - Individual Health Benefits	Griff, Stirling	NXT	Biosimilar Drugs	What cost savings do the biosimilar drugs provide?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000225	4 - Individual Health Benefits	Griff, Stirling	NXT	Biosimilar Drugs	a) What percentage market share in their category do they have? b) How does this compare with market share for generic drugs in general?	Written
SQ17-000226	4 - Individual Health Benefits	Griff, Stirling	NXT	Biosimilar Drugs	Does the department have any strategy to increase use of biosimilar drugs? If so, please outline this.	Written
SQ17-000227	4 - Individual Health Benefits	Griff, Stirling	NXT	Medicare Benefits Schedule	What is the exact number of items on the MBS?	Written
SQ17-000228	4 - Individual Health Benefits	Griff, Stirling	NXT	MBS Review Taskforce	Regarding the MBS Review Taskforce, please advise: a) How many items in total are on the prosthesis list i. Of these, how many have been reviewed by the taskforce? b) How many items have been removed from the MBS, and how many have been added c) How many items have further been identified for removal or addition?	Written
SQ17-000229	4 - Individual Health Benefits	Griff, Stirling	NXT	MBS Review Taskforce	a) Does the department consider this a reasonable rate of progress? b) Has any advice been provided to the Taskforce and its committees about progression milestones and/or when the department would like the review of the 5700 items to be completed? i. If no timeframes have been provided, why not? c) Are there plans to fold the Review into the regular review processes run by the Department of Health?	Written
SQ17-000230	4 - Individual Health Benefits	Griff, Stirling	NXT	MBS Review Taskforce	Can you please clarify the decision making chain: a) Is it correct that the working group recommendations are assessed by the 34 clinical committees? b) What happens then - are these recommendations then assessed by the taskforce? c) How many clinical committee recommendations have been overturned at the taskforce level? d) In cases where recommendations are overturned, does the taskforce provide feedback to the committees on its reasoning?	Written
SQ17-000231	4 - Individual Health Benefits	Griff, Stirling	NXT	MBS Review Taskforce	a) How many of these clinical committees have reported back to the Taskforce so far? b) Is this a satisfactory rate of response after almost two years? c) When do you expect the remainder will report to the Taskforce?	Written
SQ17-000232	4 - Individual Health Benefits	Griff, Stirling	NXT	MBS Review Taskforce	What is the cost of running the Taskforce: a) Per year? b) What has been spent in total so far?	Written

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SQ17-000233	2 - Health Access and Support Services	Griff, Stirling	NXT	National Diabetes Strategy 2016-2020	Please provide a copy of the "stocktake" of existing national and state and territory diabetes related activities which has been undertaken by the implementation group. a) In addition, please advise whether there are any existing federally funded programs to combat the rate of pre-diabetes - either through awareness raising or preventative programs targeting this cohort of people at risk.	Written
SQ17-000234	2 - Health Access and Support Services	Griff, Stirling	NXT	National Diabetes Strategy 2016-2020	Please provide a copy of the implementation plan which is currently out for consultation (issued February 28, as advised during Estimates).	Written
SQ17-000235	2 - Health Access and Support Services	Griff, Stirling	NXT	National Diabetes Strategy 2016-2020	Can the department outline all timelines or milestones for the progression of the National Diabetes Strategy 2016-2020.	Written
SQ17-000236	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Ministerial Functions	In relation to any functions or official receptions hosted by Ministers or Assistant Ministers in the portfolio since 1 October 2016, can the following please be provided: a) List of functions; b) List of attendees including departmental officials and members of the Minister's family or personal staff; c) Function venue; d) Itemised list of costs (GST inclusive); e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; and g) Details of any entertainment provided.	Written
SQ17-000237	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Departmental Functions	In relation to expenditure on any departmental functions or official receptions etc since 1 October 2016, can the following please be provided: a) List of functions; b) List of attendees; c) Function venue; d) Itemised list of costs (GST inclusive); e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; and g) Details of any entertainment provided.	Written
SQ17-000238	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Plants and Gardens	a) What was the total cost (GST inclusive) of acquiring and maintaining indoor plants for all departmental premises in calendar year 2016? b) What was the total cost (GST inclusive) of external gardens and landscaping for all departmental premises in calendar year 2016?	Written
SQ17-000239	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Plants and Gardens	What was the total cost (GST inclusive) of acquiring and maintaining indoor plants for ministerial offices in calendar year 2016? Please provide separate figures for each Minister's office in the portfolio, covering ministerial offices both at Parliament House and elsewhere.	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000240	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Subscriptions	What was the total cost (GST inclusive) of subscriptions to print and online news services, newspapers, magazines, journals and periodicals etc in calendar year 2016 for the Department? Please provide a complete list of each service top which the Department subscribed.	Written
SQ17-000241	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Subscriptions	What was the total cost (GST inclusive) of subscriptions to print and online news services, newspapers, magazines, journals and periodicals etc in calendar year 2016 for Ministers in the portfolio? Please provide a complete list of each service top which ministerial offices subscribed.	Written
SQ17-000242	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Gifts	a) What was the total cost (GST inclusive) of all gifts purchased for use by departmental officials in calendar year 2016? Can an itemised list of gifts and costs thereof (GST inclusive) please be provided? b) Who was the recipient of each gift? c) For what purpose was each gift given?	Written
SQ17-000243	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Gifts	a) What was the total cost (GST inclusive) of all gifts purchased for use by Ministers in the portfolio in calendar year 2016? Can an itemised list of gifts and costs thereof (GST inclusive) please be provided? b) Which Minister gave each gift? c) Who was the recipient of each gift? d) For what purpose was each gift given?	Written
SQ17-000244	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Water Coolers	What was the total cost (GST inclusive) of providing water coolers at departmental premises in calendar year 2016? Please provide a breakdown of costs for acquiring and maintaining/resupplying water coolers.	Written
SQ17-000245	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Water Coolers	What was the total cost (GST inclusive) of providing water coolers to ministerial offices in calendar year 2016? Please provide a breakdown of costs for acquiring and maintaining/resupplying water coolers.	Written
SQ17-000246	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Snacks	What was the total cost (GST inclusive) of supplying fruit and other snacks at departmental premises in calendar year 2016?	Written
SQ17-000247	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Snacks	What was the total cost (GST inclusive) of supplying fruit and other snacks to ministerial offices in calendar year 2016? Please provide a breakdown of the costs for each separate ministerial office, covering both offices at Parliament House and elsewhere.	Written
SQ17-000248	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Coffee Machines	Can an itemised list of coffee machines at departmental premises please be provided including i) make and model; ii) purchase or lease cost; iii) ongoing maintenance costs; iv) ongoing cost of supplying coffee and other consumables?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000249	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Mobile Devices	a) How many mobile telephones are currently on issue to departmental staff? Can an itemised list showing make and model please be provided? b) How many new mobile phones were purchased by the Department in calendar year 2016? c) What was the total cost (GST inclusive) of purchasing mobile telephones for departmental staff in calendar year 2016? d) How many mobile telephones had to be replaced due to damage in calendar year 2016? What was the cost of replacement (GST inclusive)? e) How many mobile telephones were reported lost or stolen in calendar year 2016? What was the cost of replacement (GST inclusive)? f) How many ipads/tablets are currently on issue to departmental staff? Can an itemised list showing make and model please be provided? g) How many new ipads/tablets were purchased by the Department in calendar year 2016? h) What was the total cost (GST inclusive) of purchasing ipads/tablets for departmental staff in calendar year 2016? i) How many ipads/tablets had to be replaced due to damage in calendar year 2016? What was the cost of replacement (GST inclusive)? j) How many ipads/tablets were reported lost or stolen in calendar year 2016? What was the cost of replacement (GST inclusive)?	Written
SQ17-000250	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Stationery and Paper	a) How much did the Department spend on stationary and office supplies (excluding paper) in calendar year 2016 (GST inclusive)? b) How much did the Department spend on paper in calendar year 2016 (GST inclusive)? c) What brand of paper does the Department use? d) Is this paper Australian made? e) If no, why doesn't the Department buy Australian made paper?	Written
SQ17-000251	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Executive Office Upgrades	Have the furniture, fixtures or fittings of the Secretary's office, or the offices of any Deputy Secretaries, been upgraded since 1 October 2016? If so, can an itemised list of costs please be provided (GST inclusive)?	Written
SQ17-000252	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Facilities Upgrades	Have the facilities of any of the Department's premises been upgraded since 1 October 2016, for example, staff room refurbishments, kitchen refurbishments, bathroom refurbishments, the purchase of any new fridges, coffee machines, or other kitchen equipment? If so, can a detailed description of the relevant facilities upgrade please be provided together with an itemised list of costs (GST inclusive)? Can any photographs of the upgraded facilities please be provided?	Written

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SQ17-000253	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Vacancies	Please provide a list of all statutory, board and legislated office vacancies and other significant appointments vacancies within the portfolio, including length of time vacant and current acting arrangements.	Written
SQ17-000254	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Media and Public Relations	a) How much has the Department spent on media monitoring since 1 October 2016 (GST inclusive)? Can a list of all Contract Notice IDs for the Austender website in relation to media monitoring contracts please be provided? b) How many media or public relations advisers are employed in the Department? At what APS level (eg EL2, APS5) is each staff member employed? Can an organisational chart for the relevant area of the Department please be provided? What was the total cost of employing relevant staff in calendar year 2016 (please provide a global figure)?	Written
SQ17-000255	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Advertising and Information Campaigns	a) How much has the Department spent on advertising and information campaigns since 1 October 2016 (GST inclusive)? Can a list of all Contract Notice IDs for the Austender website in relation to advertising and information campaign contracts please be provided? b) How much did the Department spend on Facebook advertising or sponsored Facebook posts in calendar year 2016 (GST inclusive)? c) How much did the Department spend on Google adwords advertising in calendar year 2016 (GST inclusive)?	Written
SQ17-000256	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Market Research	a) How much did the Department spend on market research in calendar year 2016 (GST inclusive)? b) Can a list of all market research contracts entered into please be provided, together with the Austender Contract Notice number? c) What was the purpose of this market research? d) Did it relate to an advertising or information campaign? If so, which campaign?	Written
SQ17-000257	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Legal Costs	a) What was the Department's total spend on external legal services (including services provided by the Australian Government Solicitor) (GST inclusive) for calendar year 2016? Can an itemised list of costs of each legal matter (GST inclusive) please be provided? b) Can a list of relevant Contract Notices published on Austender please be provided?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000258	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Consultancies	Please provide an itemised list of costs (GST inclusive) for spending in calendar year 2016 on external consultants/service providers in the following categories please be provided: i) social media; ii) photography; iii) graphic design; iv) web design v) electronic communications vi) acting or public speaking training; vii) ergonomics.	Written
SQ17-000259	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Redundancies	a) How many staff were made redundant in calendar year 2016? b) How many were voluntary redundancies? c) How many were forced redundancies? d) What was the total cost of all redundancies (expressed as a single global figure)? e) Have any staff made redundant in calendar year 2016 subsequently carried out work for the Department as a contractor? If so, please provide an itemised list of relevant contracts and related Austender Contract Notice numbers.	Written
SQ17-000260	0 - Whole of Portfolio	Bilyk, Catryna	ALP	iTunes/Android	a) Does the Department have an iTunes account? If so, what was the total expenditure on iTunes in calendar year 2016 (GST inclusive)? What applications/subscriptions/services purchased through iTunes in calendar year 2016? b) Does the Department have an Android account? If so, what was the total expenditure on Android in calendar year 2016 (GST inclusive)? What applications/subscriptions/services purchased through Android in calendar year 2016? c) Do any ministerial offices in the portfolio have an iTunes account? If so, what was the total expenditure on iTunes in calendar year 2016 (GST inclusive)? Please provide separate figures for each Minister. What applications/subscriptions/services purchased through iTunes in calendar year 2016? d) Do any ministerial offices have an Android account? If so, what was the total expenditure on Android in calendar year 2016 (GST inclusive)? Please provide separate figures for each Minister. What applications/subscriptions/services purchased through Android in calendar year 2016?	Written
SQ17-000261	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Websites	a) What were the top 20 most utilised (by data sent and received) unique domain names accessed by departmental staff in calendar year 2016? b) What were the top 20 most accessed (by number of times accessed) unique domain names accessed by departmental staff in calendar year 2016?	Written
SQ17-000262	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Flights	What was the Department's total expenditure on flights for departmental staff in calendar year 2016 (GST inclusive)?	Written

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SQ17-000263	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Ground Transport	What was the Department's total expenditure on the following categories of ground transport in calendar year 2016 (GST inclusive): i) Taxi hire; ii) Limousine hire; iii) Private hire car; and iv) Ridesharing services.	Written
SQ17-000264	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS Assessments	a) Page 21 of the 2015-16 Report on the Operation of the Aged Care Act 1997 shows the number of ACAT assessments performed annually has reduced from 223,649 in 2013, 219,207 in 2014 and down to 192,087 in 2015. What is the reason for the reduction in assessments? b) Can you provide a breakdown, by assessment area and by priority (high, medium, low) of the current wait time for an ACAT and RAS assessment? c) Can you provide a breakdown, by ACAT assessment team, of performance against all key performance indicators? d) How many RAS assessments (by have been completed since the program commenced? e) What is the average and the mean wait times for ACAT and RAS assessments, by assessment area and by priority? f) Does the Government have the capacity to put on additional ACAT resources? If yes, will the Government put on additional assessment teams in order to clear this obvious backlog?	Written
SQ17-000265	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Guide	a) Who made the decision to archive the Guide to Aged Care Law (on 2 January 2017) and no longer update the guide? Why was this decision made? Are there any savings from making this decision? b) Has the government received feedback that providers are unhappy with this decision? Who did the Government consult before taking this decision? c) The guide provides critical interpretation of a very complex area of law. Do you not think that given the ongoing reforms in aged care policy, that this kind of guidance is needed now more than ever? d) What should providers use instead of the Guide to Aged Care Law?	Written
SQ17-000266	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program (CHSP)	What is the average and the mean wait times for CHSP services by service type for each electorate (if available) and aged care planning region?	Written
SQ17-000267	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program (CHSP)	a) How does the Government measure unmet demand for CHSP services? And can you provide details of unmet demand by service type for each electorate and aged care planning region? b) How is the Government addressing areas with significant unmet demand for CHSP services?	Written

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SQ17-000268	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program (CHSP)	a) Information on the My Aged Care service finder about the availability of CHSP services and waitlists is regularly inaccurate (Eg. Home maintenance services in Belconnen ACT). How does the Government monitor the information being displayed and how is inaccurate information removed? b) What is the Government doing to stop inaccurate and misleading information being displayed on My Aged Care?	Written
SQ17-000269	6 - Ageing and Aged Care	Polley, Helen	ALP	Dementia and National Strategic Framework for Chronic Conditions	Minister Wyatt stated during question time on 16 February 2017 in relation to the lack of a National Dementia strategy that "in early 2017 we will release the new national strategic framework for chronic conditions". The Department's website (www.health.gov.au/internet/main/publishing.nsf/content/nsfcc) however says the Framework will be completed in late 2016. What is the reason for this delay?	Written
SQ17-000270	6 - Ageing and Aged Care	Polley, Helen	ALP	Specialist Dementia Care Units	a) What progress has been made on the \$7.5 million commitment to establish 31 Specialist Dementia Care Units? When will the facilities be operational? b) Where will the units be based? Who will run the units? How will they be funded on an ongoing basis? c) How many dementia sufferers in Australia fall into the category of residents that would be cared for in these specialist units? Can you provide a breakdown by PHN? d) And how many places will be available, by PHN? e) How are people who will be cared for in these Specialist Dementia Care Units currently being cared for?	Written
SQ17-000271	6 - Ageing and Aged Care	Polley, Helen	ALP	2016-17 Aged Care Approvals Round	Can you provide, in detail, how the distribution between states and territories of the 475 short-term restorative care program places was determined? Given 400 of these places were funded from 1 July 2016, why were they not announced until 23 February 2017?	Written
SQ17-000272	6 - Ageing and Aged Care	Polley, Helen	ALP	2016-17 Aged Care Approvals Round	a) When will the allocation of 10,000 residential aged care places and \$64 million in capital grants under the 2016-17 Aged Care Approvals Round be made? What is the reason for the delay, given these places and capital grants were funded from 1 July 2016? b) Will the Government commit to firm timelines for future ACAR announcements to allow providers to better plan for the delivery of services?	Written

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SQ17-000273	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Provision Ratio	Can you detail how many residential aged care places, home care packages (and each level) and short term restorative places will be allocated in each financial year between 2017-18 and 2021-22 in order to meet the provision target of 78 residential care places, 45 home care packages and two short term care places per 1,000 people aged 70 and over by 2021-22.	Written
SQ17-000274	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Roadmap	a) Can you provide a list of all 100 providers and peaks that attended Minister Wyatt's forum in Sydney on 22 February 2017 and any documentation pertaining to the forum? What was the purpose of the forum? What was discussed? What was the outcome of the forum? b) Why did the Government decide to exclude consumer advocates, employee representatives and other key aged care stakeholders from this forum? c) Mr Wyatt reportedly (by media release) told the forum that he supports the Aged Care Roadmap, however, "reform and the sequencing of reform were complex". Does this mean the Roadmap is Government policy or not? If yes, when will the Government deliver an implementation strategy for the Roadmap or at least formally respond to it? If no, what status does the Roadmap hold? d) Has Cabinet considered the Aged Care Roadmap and if not are there any plans for the Aged Care Roadmap to be considered by Cabinet?	Written
SQ17-000275	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Legislative Review	Did David Tune attend the forum and will the outcomes feed into the Legislative Aged Care Review?	Written
SQ17-000276	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Legislative Review	When will the Legislative Aged Care Review be tabled in parliament?	Written
SQ17-000277	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Legislative Review	Will the Wollongong University review of ACFI and alternative models be provided to the Legislative Aged Care Review? Is not, why not? If yes, is the Legislative Aged Care Review then considering the issue of ACFI and the financing of residential aged care?	Written
SQ17-000278	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Legislative Review	When and how will the Wollongong University Funding Review and Recommendations of residential care funding be released?	Written
SQ17-000279	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Legislative Review	When will the government commence work on the design of a new funding system for residential aged care? What process will the Government adopt to ensure transparency and whole of sector input into the designed of a new funding system?	Written

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SQ17-000280	6 - Ageing and Aged Care	Polley, Helen	ALP	MYEFO 2016-17	When will the \$2.4 million pilot to test alternative funding models for residential aged care funding, announced in 2016-17 MYEFO commence? Please provide details of the pilot, including time frames, who will operate the pilot, who will be included in the pilot and what the outcomes of the pilot will be.	Written
SQ17-000281	6 - Ageing and Aged Care	Polley, Helen	ALP	MYEFO 2016-17	What data do you have on the impact of ACFI cuts on rural, remote and homeless providers? How was the amount of \$19.3 million over four years to increase the viability supplement determined as an appropriate amount to compensation these providers for the impact of the ACFI cuts?	Written
SQ17-000282	6 - Ageing and Aged Care	Polley, Helen	ALP	Tendering Practices	Can you provide details of all external tenders relating to aged care awarded in 2016/17, including the subject of the tender, the reason why the work was not undertaken by the department, the total value, the date the tender will be completed, whether the report or other outcome of the tender will be publicly released and if not why not, and the date of expected public release?	Written
SQ17-000283	6 - Ageing and Aged Care	Polley, Helen	ALP	Mental Health Services in Residential Care	a) How are psychological services funded for people living in residential care? b) Fairfax Media reported (http://www.smh.com.au/national/health/nursing-homes-story-headline-20161228-gtiqc6.html) that they contacted 20 randomly selected residential care facilities to ask if they would fund a depressed resident's treatment by a psychologist" and all said they would not. Is this correct? A department official confirmed in this report that older Australians in residential care are not eligible for mental health treatment plans and associated psychological therapies provided by the Better Access Medicare program. Is this correct? They said aged care providers are required to "facilitate access" for residents to health practitioners of their choosing, such as providing transport. Is this correct?	Written
SQ17-000284	6 - Ageing and Aged Care	Polley, Helen	ALP	Mental Health Services in Residential Care	The Government has referred the issue of access to psychological treatment under the better access program in residential aged care to the MBS review. What advice has the Department provided to this review?	Written

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SQ17-000285	6 - Ageing and Aged Care	Polley, Helen	ALP	Mental Health Services in Residential Care	A report (http://www.aihw.gov.au/publication-detail/?id=60129544869) by the Australian Institute of Health and Welfare in 2012 found that more than half of all permanent aged care residents had mild, moderate or major symptoms of depression, and that this figure was probably conservative. Does the Department have any updated figures on the prevalence of mental illness in older Australians?	Written
SQ17-000286	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	What are the most recent figures on how many Home Care Providers are now accredited broken down by previously accredited, not previously accredited and previously accredited for a different service?	Written
SQ17-000287	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	What are the most recent figures on how many providers have registered exit fees? What is the average maximum exit fee? How is the government monitoring the application of exit fees?	Written
SQ17-000288	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	What are the most recent figures on how many home care package holders have changed providers since the reforms commenced on Monday?	Written
SQ17-000289	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	What is the average and mean value and percentage of total package value of administration and other fees for each level of home care package?	Written
SQ17-000290	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	What is the evaluation framework for the Increasing Choice reforms and what information will be available publically to monitor implementation and inform Government's planning and funding of home care services?	Written
SQ17-000291	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	How many unoccupied packages are currently in the central pool, broken down by package level?	Written
SQ17-000292	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	How many operational home care packages are currently occupied broken down by package level and state/territory?	Written
SQ17-000293	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	How many people are currently on the waitlist for a package, broken down by state/territory and package level?	Written
SQ17-000294	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	What information is provided to clients when they are approved for a home care package? Can you please provide a copy of the standard information provided to approved home care recipients? What information is given to approved recipients about the wait time for a package? Are approved recipients given a time frame for the length they will have to wait or an estimate of the time?	Written

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SQ17-000295	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	What monitoring will there be on the equity of allocation of places and how will any changes be made if the existing process leads to an unfair allocation of home care places by region or special needs groups?	Written
SQ17-000296	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	Can you provide a list of all the factors considered in the placement of an approved client on the national prioritisation system?	Written
SQ17-000297	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	Can you confirm the date that determines where a clients sits on the national prioritisation system? Is it the date a client is approved for an ACAT assessment, or the date a client is approved for a home care package? If it is the date they receive their home care approval, what is the government doing to ensure that people in areas with significant ACAT waitlists will not be disadvantage by being prioritised behind people in areas with no ACAT waitlist?	Written
SQ17-000298	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	How will the portability of home packages impact the aged care workforce? Are the industrial instruments still fit for purpose, given the growing need for flexibility and the lack of security for workers? Is the government considering any reforms in this area as a result?	Written
SQ17-000299	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	Has there been any examination of potential negative impacts on security of employment, which may flow on to the aged care sector's ability to attract quality staff and compete with other emerging sectors?	Written
SQ17-000300	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	The Department stated that they would commence consulting on the design and implementation of stage two of the Increasing Choice reforms, namely the integration of CHSP and Home Care Packages into one care at home program, from early 2016. Can you detail what consultation has occurred, including dates and attendees of any consultations and meetings and any associated documentation?	Written
SQ17-000301	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	Can you provide details of how the different funding, fee and assessment arrangements of CHSP and Home Care Packages will be combined?	Written
SQ17-000302	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	Is the Government still committed to the July 2018 commencement date for stage two of the Increasing Choice reforms?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000303	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	\$250,000 was provided to peak stakeholders to support their networks with the introduction of Increasing Choice last year - how was this funding utilised?	Written
SQ17-000304	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	Can you table the comprehensive information and support strategy for Increasing Choice also provided to these peak stakeholders.	Written
SQ17-000305	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care	Can you outline how the Increasing Choice reforms will benefit or impact those living in remote parts of Australia like Alice Springs? Please outline what alternative delivery models have been developed for CALD and regional and remote communities?	Written
SQ17-000306	6 - Ageing and Aged Care	Polley, Helen	ALP	Residential Care	Can you provide a current list of government-funded aged care places by type (residential, home care, STRC etc.), status (operational or non-operational) and occupancy rate broken down by aged care planning region? Can you also detail to unmet demand and wait time for all types by aged care planning region?	Written
SQ17-000307	6 - Ageing and Aged Care	Polley, Helen	ALP	Residential Care	What is the current average length of stay in residential aged care, broken down by state/territory?	Written
SQ17-000308	2 - Health Access and Support Services	Watt, Murray	ALP	Rural Health Workforce Agencies	a) What is involved in the new Rural Workforce Agency program? b) What programs are being redesigned? c) Where is the funding coming from? d) Over what period will the funding be provided? e) Have any programs been cut to pay for this measure? f) Can you provide a breakdown of the proposed expenditure by state and territory?	Written
SQ17-000309	2 - Health Access and Support Services	Watt, Murray	ALP	Health Workforce Scholarship Programme	a) Services for Australian Rural and Remote Allied Health have received for \$1.72 million to allocate to allied health scholarships. Why has the government failed to ensure that students awarded these scholarships which are for the 2017 academic year have financial support in future years? b) Will there be any measures to ensure those students will receive funding for the future years of their studies?	Written
SQ17-000310	2 - Health Access and Support Services	Watt, Murray	ALP	Health Workforce Scholarship Programme	Why has the number of scholarships for the allied health stream been cut by 65%?	Written
SQ17-000311	2 - Health Access and Support Services	Watt, Murray	ALP	Health Workforce Scholarship Programme	a) Has any funding been allocated for nurses under the NAHSSS for the 2017 year or beyond to any other body, if so whom and how much? b) How does that compare with funding for the 2016 academic year?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000312	2 - Health Access and Support Services	Watt, Murray	ALP	GP Numbers	Previous answer SQ16-000684 advises that doctor numbers Full-time Service Equivalent (FSE) by MMM classification have increased, yet the Medical Practitioner Workforce 2015 report by the Australian Institute of Health and Welfare showed decreases in the number of GPs (Full Time Equivalent) per 100,000 decreased in Remote/Very Remote and Outer Regional Areas. a) How do you explain the discrepancy between these figures? b) Does that mean that the number of hours worked per doctor has increased? c) How do the work hours of doctors in rural and remote areas compare to their city counterparts d) Does that show that GPs in these areas are now being even further overworked than previously?	Written
SQ17-000313	2 - Health Access and Support Services	Watt, Murray	ALP	Rural Health Commissioner	a) How soon after the legislation has been passed does the Government expect to appoint the Rural Health Commissioner? b) Has anyone been identified for the role of National Rural Health Commissioner? c) What skills will the Commissioner be expected to have? d) What resourcing will be provided to the Commissioner by the department? e) Does the Government believe that it will have resolved all of the Rural Health problems in 3 years?	Written
SQ17-000314	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	Imported Blood Products	a) I understand the National Blood Authority is currently holding a consultation process with suppliers and stakeholders via a Request for Information and stakeholder consultation paper to inform future decision making for the supply of imported blood products. What is the NBA looking to achieve from the current public consultation process? b) Following the conclusion of the public consultation, can you explain the steps for evaluation, deliberation and policy formation? c) Will the outcomes of the consultation process be made publically available?	Written
SQ17-000315	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	Imported Blood Products	a) The NBA suggests in one of its document for industry that it is aware of market intelligence that suggests there may be the potential to achieve an improved value for money outcome. Can you explain the term "improved value for money outcome"? b) Does the NBA expect the process to potentially deliver savings to the Budget? c) How useful would the NBA characterise previous consultations have been in informing future planning and decision making?	Written

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SQ17-000316	0 - Whole of Portfolio	Watt, Murray	ALP	Sussan Ley travel to USA	<p>a) Who was responsible for making travel arrangements, both to and from Australia and internal travel from within the USA when Sussan Ley travelled to the US in February 2016? b) What support was provided by DFAT to Ms Ley with respect to this trip? c) Who accompanied Ms Ley to the USA in terms of staff - her own staff and/or DFAT officials? d) Was Ms Ley accompanied by her partner or any family members? Did DFAT provide support to those family members? What form of support was provided? e) How did Ms Ley transit from San Francisco to Houston? f) Who did Ms Ley meet with in San Francisco and Houston? g) Where did Ms Ley and her accompanying staff stay in San Francisco and Houston? h) It is reported that the purpose for this trip was for Ms Ley to attend the MedTech stream of the Australia-US Business Week to generate business. It is now 12 months since the trip. What business has actually been generated by Ms Ley's attendance? i) How did it occur that DFAT created duplicate invoices in its system with respect to Sussan Ley's travel? j) How often has DFAT experienced administrative errors of this nature? k) Once this error was highlighted, what action did DFAT take to ensure that a similar error had not occurred in the past? What action did DFAT take to ensure that a similar error will not occur again in future? l) A duplication of the ground transport bill of \$12,143 would have totalled \$24,286, not \$21,271. Further, if a duplication error had occurred, the reported cost of accommodation and meals of \$5,944 should have been \$11,888, not \$11,230 as first reported. How did these discrepancies occur?</p>	Written
SQ17-000317	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Codeine	<p>a) How many transactions of codeine were recorded last year? b) What is the trend around codeine use - "has it been increasing?"</p>	Written

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SQ17-000318	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Codeine	a) Can you please outline what public awareness campaigns are being developed to support the scheduling change of codeine - including specific details of how the campaigns will reach consumers? b) What is the timeline for this? c)How much money has been allocated to developing materials to educate consumers about the change? d)What work is being undertaken to engage with pharmacists about this issue? e) What work is being undertaken to engage with GPs about the change? f) How many additional GP visits are anticipated because of the change - and what will this cost? g) Are there any plans to offset this cost with cuts in the health portfolio?"	Written
SQ17-000319	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Chronic Diseases	a) Has the National Strategic Framework for Chronic Diseases been distributed to the Australian Health Ministerial Advisory Council yet? b) The website for the Strategic Framework says that it is expected that the Framework will be completed in late 2016 - why hasn't this happened? When will it be completed?"	Written
SQ17-000320	2 - Health Access and Support Services	Watt, Murray	ALP	Public Hospitals	Based on Commonwealth data and data provided by the states and territories, please provide a breakdown of the use of Commonwealth payments to the states and territories for public hospitals by: a) State or territory b) Local Hospital Network (or similar) c) Hospital Please provide this data for each year of the forward estimates.	Written
SQ17-000321	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	For each Commonwealth electorate, please provide the most recent data on the percentage of GP services that are bulk billed. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ17-000322	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	For a) Australia b) each state and territory and c) each Commonwealth electorate, please provide the percentage of patients that are bulk billed for GP services. This data should be provided by year and the most recent quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ17-000323	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	For a) Australia b) each state and territory and c) each Commonwealth electorate, please provide the percentage of item 23 GP services that are bulk billed. This data should be provided by year and the most recent quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written

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SQ17-000324	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	For a) Australia b) each state and territory and c) each Commonwealth electorate, please provide the percentage of patients who are bulk billed for item 23 GP services. This data should be provided by year and the most recent quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ17-000325	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	For each Commonwealth electorate, please provide the percentage of specialist services that are bulk billed. This data should be provided by year and the most recent quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ17-000326	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	For a) Australia b) each state and territory and c) each Commonwealth electorate, please provide the percentage of patients who are bulk billed for specialist services. This data should be provided by year and the most recent quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ17-000327	2 - Health Access and Support Services	Di Natale, Richard	AG	National Cancer Screening Register	Please outline in detail the specific reasons for the delay to the introduction of the National Cancer Screening Register. a) Who is responsible for the delay? b) What penalties are applicable to either the Department of Health, Telstra Health or any other party? c) How many women are impacted by the delay? d) Please break down the full cost of the delay to the department.	Written
SQ17-000328	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	For each Commonwealth electorate, please provide the average out-of-pocket cost for privately billed GP services. This data should be provided by year and the most recent quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ17-000329	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk Billing	For each Commonwealth electorate, please provide the average out-of-pocket cost for privately billed specialist services. This data should be provided by year and most recent quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ17-000330	2 - Health Access and Support Services	Watt, Murray	ALP	Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund	How many grants are currently administered through the Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund? Please break down by each fund.	Written
SQ17-000331	2 - Health Access and Support Services	Watt, Murray	ALP	Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund	How many organisations receive funding through the Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund? Please break down by each fund.	Written

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SQ17-000332	2 - Health Access and Support Services	Watt, Murray	ALP	Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund	What is the current value of grants administered under the Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund? Please break down by each fund, and provide a total number for 2016-17.	Written
SQ17-000333	2 - Health Access and Support Services	Watt, Murray	ALP	Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund	Please provide a full list of organisations funded under the Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund, with the amount of funding they are receiving for the 2016-17 financial year.	Written
SQ17-000334	2 - Health Access and Support Services	Watt, Murray	ALP	Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund	a) What will be the funding amounts for the Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund next financial year? b) What will be the split between organisations directly funded by the Department, and those funded by PHNs? c) How will the PHNs allocate money to organisations? Please outline the full process and timeline. Please breakdown the amount of funding allocated to each PHN.	Written
SQ17-000335	2 - Health Access and Support Services	Di Natale, Richard	AG	Scholarships	When will the Government be releasing the Health Workforce Scholarships Program tender?	Written
SQ17-000336	2 - Health Access and Support Services	Watt, Murray	ALP	Non-Government Organisation Treatment Grants Programme and the Substance Misuse Prevention and Service Improvement Grants Fund	When will organisations that might expect not to receive any funding through these Funds be advised of this?	Written
SQ17-000337	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	a) What was the date that Telstra advised the Secretary that they had concerns about completing the project by May 1? b) When was the Minister's Office informed that there were concerns about completing the project by the deadline? c) Are there any penalties for Telstra for failing to be able to deliver the project on time?	Written
SQ17-000338	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	One of the reasons cited for the delay is the complexity of combining the existing state and territory registers - but this was known at the time the project commenced, wasn't it? What has changed since the project started in relation to the complexity of the project?	Written

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SQ17-000339	2 - Health Access and Support Services	Di Natale, Richard	AG	Scholarships	Has the Government considered the implications of offering Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) scholarships for 1 year only in 2017, and what future funding support will be available to these recipients after this?	Written
SQ17-000340	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	What is the new date for the rollout of the National Cancer Screening Register?	Written
SQ17-000341	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	Has the contract with Telstra been amended as a result of the delay? Has the amount paid to Telstra under this contract been amended in any way?	Written
SQ17-000342	2 - Health Access and Support Services	Di Natale, Richard	AG	Specialist Training Program	When will the next round of funding for the Specialist Training Program be announced and is the Government committed to: a) Maintaining funding at or above current levels? b) Providing better certainty around rural training posts with the provision of longer-term funding (ie 3-5 years)?	Written
SQ17-000343	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	Did the Department have any involvement in advising the CMO about the content of his statement on October 23?	Written
SQ17-000344	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	Did anyone in the Minister's Office have any involvement in the content of the CMO's statement on October 23?	Written
SQ17-000345	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	Specifically, the reference to "a delay in legislation" which was included in the CMO's statement on October 23, was this included at the Department's suggestion, the Minister's Office's suggestion, or did the CMO write it himself?	Written
SQ17-000346	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Can you provide an update on the National Ice Action Strategy, particularly how the reported allocation of \$300 million is being allocated to rehabilitation and treatment services?	Written
SQ17-000347	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	How is the Department communicating with women about the delay? How is the Department communicating with GPs about the delay?	Written
SQ17-000348	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	Please outline the strategy for communicating the National Cancer Screening Register until its implementation, including expenditure and timelines.	Written
SQ17-000349	2 - Health Access and Support Services	Watt, Murray	ALP	National Cancer Screening Register	Please outline the strategy for communicating the new cervical screening test, including expenditure and timelines.	Written

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SQ17-000350	2 - Health Access and Support Services	Watt, Murray	ALP	Preventive Health	What percentage of the health budget is currently spent on preventive health, for the 2016-17 financial year? How does that compare to previous governments?	Written
SQ17-000351	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Where are the new treatment services located - is there a map or table of how the funding for the National Ice Action Strategy has been allocated across Australia?	Written
SQ17-000352	2 - Health Access and Support Services	Watt, Murray	ALP	Preventive Health	Can you please provide an update on Australia's progress in relation to the World Health Organisation's global action plan for preventing non-communicable diseases - specifically, how is Australia tracking on the 9 targets and 25 indicators of performance?	Written
SQ17-000353	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Many users with severe methamphetamine problems have other comorbidities, especially alcohol and poly drug use. How is the Ice Action strategy working with other alcohol and drug services to help and treat users?	Written
SQ17-000354	2 - Health Access and Support Services	Watt, Murray	ALP	Preventive Health	Is there any work underway in the Department to re-establish a National Partnership in the area of preventive health?	Written
SQ17-000355	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Health groups have repeatedly said that accessing drug treatment services can be difficult; that many are already overwhelmed, and some services are not attuned to the needs of crystal methamphetamine users (which can be quite different from other addicts). How has the Government responded to the demand and the problems in accessing services?	Written
SQ17-000356	2 - Health Access and Support Services	Watt, Murray	ALP	Preventive Health	The National Partnership established specific actions to be achieved by the states and territories - is the Department still tracking progress against these actions? If so, how many have been achieved?	Written
SQ17-000357	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Can you provide an update on the specific measures implemented in the Ice Action Strategy to assist Aboriginal and Torres Strait Islander users, where there are reports of higher than average use of ice?	Written
SQ17-000358	2 - Health Access and Support Services	Watt, Murray	ALP	Preventive Health	How much funding was left in the Healthy Children initiative when the program was abolished?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000359	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	In November last year the Department published a Health Care Homes fact sheet which said that patients in the trial would only be eligible for Medicare funding for up to five general practice visits that are not related to their chronic illness. Is there a cap on the number of times a HCH patient can visit a GP outside their trial?	Written
SQ17-000360	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	Will the Department be tracking the number of GP visits a patient undertakes outside the trial?	Written
SQ17-000361	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Without access to appropriate medical treatment, support and rehabilitation, many ice users end up in prison - given the high rates of incarceration of Indigenous Australians in custody, how has the Ice Strategy worked in keeping young Indigenous offenders out of prison and into treatment services?	Written
SQ17-000362	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	If the number of visits a patient undertakes outside the HCH trial exceeds five, will the Department take any action? Is there any limit that would trigger action from the Department?	Written
SQ17-000363	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	\$93 million in MBS money is being redirected to the pilot. How was this saving calculated? Is it calculated from by a number of chronic patients no longer accessing fee-for-service billing?	Written
SQ17-000364	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	For patients in the trial, how many fewer fee-for-service GP visits is the Department estimating per person?	Written
SQ17-000365	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	Will Health Care Homes be rolled out as planned on 1 July 2017?	Written
SQ17-000366	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	a) How many applications were received for the program? Please be specific about the number of individual applications vs practices. b) Of these applications, how many came from GP clinics and how many from Aboriginal Community Controlled Health Services (ACCHS)? c) Of the applications from GP practices, how many were from corporate providers? d) Can you please provide the number of applications by each of the 10 eligible PHNs? e) When will practices be notified whether they have been chosen?	Written
SQ17-000367	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	Has the Department done an assessment of how many of the applications fit the eligibility criteria? How many have been ruled out because they are not eligible?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000368	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	How will the Department work with practices to identify the 65,000 target patients? How will they be recruited, given enrolment is meant to be voluntary?	Written
SQ17-000369	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Can you provide an update on where the Government is at with the National Alcohol Strategy 2016-2021? As it is now 2017, when will the Strategy be finalised and released publicly?	Written
SQ17-000370	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	The National Strategy is meant to provide a framework for a safer and more responsible drinking culture, and to reduce harms and preventable deaths caused by alcohol misuse. In the absence of the National Strategy, what has been done to achieve these outcomes?	Written
SQ17-000371	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Emergency physicians are constantly in the media calling for immediate action to reduce alcohol-fuelled violence and reduce the harms caused by misuse and abuse of alcohol. What measures have been implemented to provide a consistent national approach to the supply of, and access to, alcohol?	Written
SQ17-000372	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	Has any element of the Health Care Homes project been delayed? I.e. The Risk Stratification Tool? The educational project?	Written
SQ17-000373	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Is there any Government advertising or education campaigns that address public understanding of unsafe drinking and the harms of excess alcohol use, especially for pregnant women at risk of Fetal Alcohol Syndrome Disorder [FASD]?	Written
SQ17-000374	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	a) When will service delivery actually start under the pilot? How many patients will be enrolled in the program by this date? When will the target of 65,000 patients be reached? b) How much funding has been spent on the pilot to date?	Written
SQ17-000375	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Can the Department advise if the newly formed National Drug Strategy Committee is reviewing the recommendations made by the Australian National Preventive Health Agency in its report Alcohol advertising: The effectiveness of current regulatory codes in addressing community concerns?	Written
SQ17-000376	2 - Health Access and Support Services	Watt, Murray	ALP	Health Care Homes	The Department's website says that the first tranche of enrolled patients will be identified by March 2017. Has this happened? If not, why not?	Written
SQ17-000377	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	How is the Department working with addiction medicine specialists to increase the availability and accessibility of drug and alcohol treatment programs?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000378	4 - Individual Health Benefits	Watt, Murray	ALP	Life Saving Drugs Program	When does the Department of Health plan on publicly releasing the outcomes of the LSDP post-market review?	Written
SQ17-000379	4 - Individual Health Benefits	Watt, Murray	ALP	Life Saving Drugs Program	Can you please outline the role of PBAC in the Life Saving Drugs Program? Did the role of PBAC change in 2016?	Written
SQ17-000380	4 - Individual Health Benefits	Watt, Murray	ALP	Life Saving Drugs Program	a) When the LSDP criteria for funding therapies for rare diseases was established by PBAC in July 2012, there was a criteria in section A that - "There is evidence acceptable to the PBAC to predict that a patient's lifespan will be substantially extended as a direct consequence of the use of the drug." The Department of Health website now states that criteria as, There is evidence to predict that a patient's lifespan will be substantially extended as a direct consequence of the use of the drug. When was the criteria changed? b) Were any evaluations ongoing when this criteria was changed? Answer is yes c) Do you think it is appropriate to change the criteria while evaluations were ongoing? d) Did you consult with stakeholders before this change? e) Did you notify stakeholders before this change? f) Did you notify companies with ongoing evaluations before this change?	Written
SQ17-000381	4 - Individual Health Benefits	Watt, Murray	ALP	Life Saving Drugs Program	a) The new criteria does not reference PBAC at all - does this mean that PBAC has no role in assessing applications? b) If PBAC doesn't assess the applications, who does? c) Does this mean that that the "life-saving" component will be judged by a panel without the expert/medical knowledge of PBAC? d) Do you think this is appropriate given the lack of longitudinal data around rare diseases? e) What impact does the wording change for criteria number 4 have on reimbursement submissions that were already being considered for funding on the LSDP against the previous wording?	Written
SQ17-000382	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Meningococcal B	a) When was the TGA first advised there would be issues with shortages of the meningococcal B vaccine Bexsero? b) Is it correct that in October 2016 GlaxoSmithKline advised the TGA that there would be shortages until July 2017? c) When was the Minister's Office informed that the shortages of Bexsero would be ongoing until July 2017? d) At the start of February, did the Minister know that there would be shortages of Bexsero until July 2017? e) What communication has the Department undertaken with parents to communicate this shortage?	Written

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SQ17-000383	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Can you tell us what measures the Department is taking to build capacity and ensure the quality of drug and alcohol treatment services?	Written
SQ17-000384	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide a list of organisations funded under the Chronic Disease Prevention and Service Improvement Fund whose grants are expiring on 30 June 2017. Please provide a) organisation name b) funding amount for 2016-17 c) state/territory d) funding allocation for 2017/18.	Written
SQ17-000385	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	How are the recommendations of the National Alcohol and other Drug Workforce Development Strategy 2015-2018 being incorporated into this work?	Written
SQ17-000386	2 - Health Access and Support Services	Di Natale, Richard	AG	Alcohol and other Drugs	Can you confirm that all 31 PHNs have now commenced delivery of drug and alcohol treatment services in line with their agreed work plans? If not, can you advise which PHNs have not commenced these services and can you advise the reasons for the delay?	Written
SQ17-000387	0 - Whole of Portfolio	Watt, Murray	AG	Flexible Funds	Please provide the total amount of funding administered through the Chronic Disease Prevention and Service Improvement Fund for 2016-17, and the budgeted amount for 2017-18.	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000388	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Biosimilars	In response to a question I placed on notice from October's Supplementary Budget Estimates, the TGA stated that: "The TGA review of our naming policy is dependent upon the World Health Organisation's (WHO) review and associated findings, and developments in nomenclature by the US Food and Drug Administration (FDA). As they have not yet announced their final nomenclature policy, there is no proposed date for finalisation at this stage." Last month, the US Food and Drug Administration released its final nomenclature policy on the naming of biological products, which stipulates that biological products, including biosimilars, bear a non-proprietary name that includes an FDA-designated suffix1. a) With this announcement, and following on from the release of the draft WHO naming policy in January 2015, when does the TGA expect to finalise, and release, its review of its naming policy? b) Is the TGA able to outline in detail the consultation process it will undertake to finalise its policy? c) The FDA clearly states that its naming convention will facilitate pharmacovigilance for originator biological products, related biological products, and biosimilar products, and facilitate accurate identification of these biological products by health care practitioners and patients. d) Does the TGA believe that adopting the proposed a naming convention in line with the WHO and FDA's naming conventions will provide clarity, and avoid confusion, for Australian prescribers and patients by clearly distinguishing biological medicines and biosimilars?	Written
SQ17-000389	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide a list of organisations funded under the Communicable Disease Prevention and Service Improvement Grants Fund whose grants are expiring on 30 June 2017. Please provide a) organisation name b) funding amount for 2016-17 c) state/territory d) funding allocation for 2017/18.	Written
SQ17-000390	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide the total amount of funding administered through the Communicable Disease Prevention and Service Improvement Grants Fund for 2016-17, and the budgeted amount for 2017-18.	Written
SQ17-000391	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	TGA Drug warning labels	Please confirm how many complaints/adverse event reports the TGA has received from use of the asthma medication "Singulair"?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000392	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	TGA Drug warning labels	Why aren't leaflets about side effects and interactions mandatory for all prescription medication or at least those for children?	Written
SQ17-000393	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	TGA Drug warning labels	How can the department and Minister guarantee that medications are safe, when basic safety information is missing?	Written
SQ17-000394	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	TGA drug warning labels	I have heard that system in which pharmacists are meant to distribute consumer medicine information is failing as very often no leaflets are given to people purchasing medicines. Are you confident in the system?	Written
SQ17-000395	3 - Sport and Recreation	Di Natale, Richard	AG	ASADA / Essendon	Why did ASADA conduct a joint investigation with the AFL into the Essendon supplements program instead of conducting an investigation into the AFL's conduct in relation to the Essendon supplements program?	Written
SQ17-000396	3 - Sport and Recreation	Di Natale, Richard	AG	ASADA / Essendon	Why did ASADA issue an interim report on 2 August 2013 (which was subsequently used by the AFL to ban Essendon from the 2013 AFL finals series) when at that stage there was no determination of the use of the banned substance TB4?	Written
SQ17-000397	3 - Sport and Recreation	Di Natale, Richard	AG	ASADA / Essendon	Has ASADA conducted investigations into allegations that players at AFL clubs other than Essendon were being administered banned substances?	Written
SQ17-000398	3 - Sport and Recreation	Di Natale, Richard	AG	ASADA / Essendon	Has ASADA at any stage referred text messages related to supplements programs of any AFL club other than Essendon to the Court of Arbitration for Sport? a.) If so, can you provide details? b.) If not, why not?	Written

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SQ17-000399	2 - Health Access and Support Services	Rice, Janet	AG	Nano titanium dioxide in food	<p>1. A recent peer-reviewed paper (Food-grade TiO2 impairs intestinal and systemic immune homeostasis, initiates preneoplastic lesions and promotes aberrant crypt development in the rat colon. http://www.nature.com/articles/srep40373) found that long-term exposure to nanoparticles in the food additive titanium dioxide (TiO2) can trigger and accelerate the early stages of colorectal cancer among rats. a) On a number of occasions FSANZ has asserted the safety of nano-titanium dioxide on the basis of the safety of larger particles of titanium dioxide and claimed there is no evidence of harm from the consumption of nano-titanium dioxide. Would FSANZ agree that there is now evidence of harm? b) FSANZ indicated in media reports that it was reviewing the study. Has that review been completed? i.If yes, what has FSANZ concluded? ii.If no, who is conducting the review and when will it be completed? c)FSANZ has previously disputed the claim that children have high exposure levels to titanium dioxide from exposure through food. This study confirms that children have exposure rates in the UK and US 2 to 5 times higher than adults. Does FSANZ accept that this is likely to be true here as well? d)FSANZ has previously claimed there is no evidence of widespread use of nanoparticles in food. This study also notes the widespread presence of nano-titanium dioxide in food. Does FSANZ now accept that this is the case? e)Will FSANZ now reassess the safety of food grade and nano titanium dioxide? i.If not: why not? ii.If yes: will you also require a recall of foods containing food grade and nano-titanium dioxide? iii.If no: So FSANZ is prepared to put children at risk in the absence of certainty?</p>	Written
SQ17-000400	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide a list of organisations funded under the Health Protection Fund whose grants are expiring on 30 June 2017. Please provide a) organisation name b) funding amount for 2016-17 c) state/territory d) funding allocation for 2017/18.	Written
SQ17-000401	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide the total amount of funding administered through the Health Protection Fund for 2016-17, and the budgeted amount for 2017-18.	Written
SQ17-000402	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide a list of organisations funded under the Health Social Surveys Fund whose grants are expiring on 30 June 2017. Please provide a) organisation name b) funding amount for 2016-17 c) state/territory d) funding allocation for 2017/18.	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000403	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide the total amount of funding administered through the Health Social Surveys Fund for 2016-17, and the budgeted amount for 2017-18.	Written
SQ17-000404	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide a list of organisations funded under the Health Surveillance Fund whose grants are expiring on 30 June 2017. Please provide a) organisation name b) funding amount for 2016-17 c) state/territory d) funding allocation for 2017/18.	Written
SQ17-000405	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide the total amount of funding administered through the Health Surveillance Fund for 2016-17, and the budgeted amount for 2017-18.	Written
SQ17-000406	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide a list of organisations funded under the Substance Misuse Prevention and Service Improvement Grants Fund whose grants are expiring on 30 June 2017. Please provide a) organisation name b) funding amount for 2016-17 c) state/territory d) funding allocation for 2017/18.	Written
SQ17-000407	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide the total amount of funding administered through the Substance Misuse Prevention and Service Improvement Grants Fund for 2016-17, and the budgeted amount for 2017-18.	Written
SQ17-000408	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide a list of organisations funded under the Substance Misuse Service Delivery Grants Fund whose grants are expiring on 30 June 2017. Please provide a) organisation name b) funding amount for 2016-17 c) state/territory d) funding allocation for 2017/18.	Written
SQ17-000409	0 - Whole of Portfolio	Watt, Murray	ALP	Flexible Funds	Please provide the total amount of funding administered through the Substance Misuse Service Delivery Grants Fund for 2016-17, and the budgeted amount for 2017-18.	Written
SQ17-000410	2 - Health Access and Support Services	Watt, Murray	ALP	Hospitals	On March 9, the Minister's Office confirmed there has been a COAG change that the Commonwealth will no longer fund sentinel events. How much will the Commonwealth save from this change? Will this be reinvested into hospitals?	Written
SQ17-000411	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Q Fever	a) Are you concerned about reported increases in the rise of Q fever cases? b) Can you tell us what the incidence of Q fever is? c) Is ATAGI looking at this issue?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000412	2 - Health Access and Support Services	Rice, Janet	AG	Intentional nanoparticles in food	In Senate Estimates in October last year a FSANZ representative (Mr McCutcheon) stated that: "There are lots of products where the manufacturing process for incorporating food additives into food products does produce materials in the nanoscale size."a) Would you also agree that there are lots of products where nanomaterials are intentionally engineered at the nanoscale and intentionally added to food? b) In food testing commissioned by Friends of the Earth for example, all of the particles in the six samples containing nano silica were 100% nanoscale, would you agree that is likely to be the result of intentional manufacturing?	Written
SQ17-000413	0 - Whole of Portfolio	Watt, Murray	ALP	Market Research	In relation to the contract notice CN3408296, market research with Orima: a) what is the purpose of this contract? b) what is being tested? c) who is the group being tested? Please include numbers, location, demographic.	Written
SQ17-000414	4 - Individual Health Benefits	Watt, Murray	ALP	MBS Review	a) How many subcommittees does the Taskforce have? How many times have they met? b) What are the costs associated with the operation of the Taskforce, including sitting fees for members? c) How many Departmental staff are responsible for supporting the Taskforce and its sub-committees?	Written
SQ17-000415	4 - Individual Health Benefits	Watt, Murray	ALP	MBS Review	a) Is McKinsey and Company still engaged to support the work of the MBS Review? b) How many McKinsey staff are involved in the Review? c) How much has the Department paid McKinsey and Company since the Review commenced? d) How about other consultancies? Are there other contracts? What are they worth?	Written
SQ17-000416	4 - Individual Health Benefits	Watt, Murray	ALP	MBS Review	a) How many recommendations has the Taskforce made to Government since the Review commenced? b) How many of these recommendations have been accepted and enacted? c) What has been the total savings of these enacted recommendations?	Written
SQ17-000417	4 - Individual Health Benefits	Watt, Murray	ALP	MBS Review	When is the Aboriginal and Torres Strait Islander Clinical Committee expected to finalise its recommendations?	Written
SQ17-000418	4 - Individual Health Benefits	Watt, Murray	ALP	MBS Review	Please outline what funding allocation exists for the continuation of the Taskforce.	Written
SQ17-000419	4 - Individual Health Benefits	Watt, Murray	ALP	AusTender Contract - MBS Review	In relation to a contract listed on AusTender - CN3407648 - for "risk management project for the MBS Review". a) what is this contract for? b) what "risk" is this contract to manage? c) why does the Government think it needs to manage risks around the MBS review?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000420	4 - Individual Health Benefits	Watt, Murray	ALP	Biosimilars Awareness	a) How much of the \$20 million allocated has been spent on the Biosimilars Awareness Initiative? b) How much have you planned to spend between now and 2018? c) Do you expect to spend the allocated \$20m? Why/why not? d) Has the Initiative supported the awareness of and confidence in biosimilar medicines? e) How is the impact of the Initiative being evaluated? f) The project management plan states that one evaluation measure will be PBS cost savings, with a KPI of savings of to \$880m (2015-2020). How are you going against that KPI? What is the current value of PBS savings from biosimilars?	Written
SQ17-000421	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Roadmap for National Mental Health Reform 2012-2022	For some time the Roadmap for national mental health reform 2012-2022 has not been available on the Department of Health's website. As late as 9 March, 2017 it was not on the website. There is a page dedicated to the roadmap with an explanation about what it was and that the page had been reviewed back in mid-2014. However, when you click on the roadmap link - there is no roadmap to be seen. What comes up instead is message 404. a) Is the Turnbull Government and the Minister for Health still committed to progressing work around the roadmap? Is the information on the Department of Health's website about the roadmap up to date and accurate? If not, why not? b) How often does the roadmap reference group that is chaired by the National Mental Health Commission meet? When was the last time this reference group met? The reference group assists the roadmap working group - can you list the people who are members of the reference and working groups? When did the working group last meet? Can the Department provide an update on what the working group has achieved in relation to the roadmap so far?	Written
SQ17-000422	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	There have been further delays to the Fifth National Mental Health Plan. Can the Department provide a timeline for the Fifth National Mental Health Plan from its inception until now outlining key milestones during the plan's development and drafting? Is there a date of completion and a date that the plan will become operational?	Written
SQ17-000423	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	What is the full cost of the Fifth National Mental Health Plan? Since the plan has been re-drafted, after further stakeholder feedback, has there been any additional funding allocated to the plan?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000424	2 - Health Access and Support Services	Rice, Janet	AG	FSANZ travel	In response to question SQ16-000559, FSANZ indicated it had made 2 trips - one to the Phillipines and one to Singapore paid for by industry bodies. What was the value of these trips, including expenses? Does FSANZ have a policy regarding the accepting of such gifts from industry?	Written
SQ17-000425	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	What has been the level of support for the plan from stakeholders on the first draft plan? What where the main issues and concerns raised by the stakeholders around the first draft of the plan that contributed to the re-drafting of the plan?	Written
SQ17-000426	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	Can the Department confirm there was a letter from the Mental Health Drug and Alcohol Principal Committee that was sent to stakeholders regarding the consultations stating 130 written submissions had been received? Will these submissions be made publicly available and will there be a summary report of feedback?	Written
SQ17-000427	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	Can the Department confirm the following will be included in the re-draft of the Fifth National Mental Health Plan: â€¢ Measurement of and improved mental health? â€¢ A comprehensive suicide prevention strategy?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000428	5 - Regulation, Safety and Protection	Rice, Janet	AG	Office of the Gene Technology Regulator	<p>From its recent Discussion Paper regarding its Technical Review of the Gene Technology Regulations 2001, it is apparent that the OGTR has made a decision not to include certain techniques in the four proposed options to be considered. According to its Discussion Paper (p. 18) these include organisms that are genetically modified in a transient manner (e.g. using agro-infiltration) and techniques that theoretically result in null segregants such as DuPont Pioneer's Seed Production Technology (SPT), reverse breeding (RB) and accelerated breeding (AB). 1.Are you aware that an Austrian Government review of these techniques concluded that: a.Seed production technology can result in undetected secondary insertions of GM materials that may be retained during segregation; changes to the expression of the target genes which may be preserved in subsequent generations; and unintentional changes to the regulation of other genes. b.A thorough characterisation of the final products of RB and AB is needed to exclude the unexpected presence of GM modifications. c.the final breeding plants produced be assessed for traits expected for the initial modifications such as early flowering and unintentional changes to the regulation of other genes. They argued that this requires a thorough assessment of the resulting plants, in case molecular evidence cannot exclude off-target effects. d.Maintainer lines for SPT need to be grown in containment, or risk assessed according to GM regulation. The absence of transgenic traits contained in the maintainer lines needs to be confirmed by appropriate monitoring. e.in the case of agroinfiltration: i.The absence of modifications needs to be demonstrated in cells used for future breeding; ii.Changes in the expression of the target genes as well as other likely-affected non-target genes need to be evaluated; iii.The unintended release of transgenic bacterial strains into the environment can result in adverse effects as they may survive in soil and transfer transgenes to other plants or other microorganisms. The release of transgenic plant viruses from agroinfected material is a concern for the same reasons; iv.Any plant materials originating from agoinfiltration and agroinfection applications needs to be tested rigorously for the presence of transgenic bacterial and viral DNA.</p>	Written
SQ17-000429	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	Has the Department carried out any future workforce modelling in relation to the plan? If not, why not? Will the Fifth National Mental Health Plan clearly show which tiers of government will be responsible for each action?	Written
SQ17-000430	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	Will the Fifth National Mental Health Plan be integrated with other Government strategies? That is, PHN reform and the National Mental Health Commission's recommendations for example. How will it be integrated with other strategies or will the Fifth Mental Health Plan be a stand-alone document?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000431	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	Have any consultants worked on the Fifth Mental Health Plan? If yes, how many consultants worked on the plan? Can the Department provide a list, to date, of consultants who worked on the plan? What was the cost of hiring the consultants? Whose decision was it to use consultants?	Written
SQ17-000432	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth National Mental Health Plan	Is this plan being driven by the Government, the Department or by the mental health sector?	Written
SQ17-000433	5 - Regulation, Safety and Protection	Rice, Janet	AG	Office of Gene Technology Regulator	On what basis did you arrive at the decision that techniques such as Seed Production Technology (SPT), reverse breeding (RB), accelerated breeding (AB) and agroinfiltration should not be included in the discussion paper? a. Would you agree that the omission of these techniques from the discussion paper effectively makes an interpretation that these techniques are not GMOs as defined in the Gene Technology Act? b. Would you agree that biotech companies could act upon this effective decision and commercialise products using these techniques without going through any formal process with the OGTR? i. IF NO: Are you then indicating these are GM techniques? ii. IF YES: Then why were they excluded from the discussion paper?	Written
SQ17-000434	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Funding	How much funding is allocated across the mental health portfolio? Can a breakdown of funding be provided from when the Coalition Government was elected and across the forward estimates? Can the Department provide a full list of all the programs and services funded across the mental health portfolio? Can the Department provide this information by organisation, by state and territory? This includes: - a full list of community-based mental health programs across state and territories. - a full list of suicide prevention programs across state and territories. How do you know that the funding allocated across mental health services and programs is making a difference? How is the Department measuring outcomes? Has the Department given any advice to the Minister in regard to how programs and services are being evaluated?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000435	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Funding	Mental Health Nurse Incentive Program Can the Department confirm that the funding allocated to the PHNs for the Mental Health Nurse Incentive Program is quarantined? If not and it is part of the flexible pool of funds, why was that decision made? Who made that decision? Can the Department provide the amount of funding that will be allocated to mental health nurses services in primary care across the forward estimates? If funding isn't allocated across the forward estimates, why is this the case?	Written
SQ17-000436	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental health Funding	Suicide Prevention National Leadership Initiative Successful recipients have been notified that they are to receive funding under the \$44.5 million suicide prevention national leadership initiative. Why has there yet to be a formal announcement? Do all recipients know if they are successful? What are the terms of funding? One year, two years? How many years? How much funding was allocated to this program across the forward estimates? Can the Department provide a list of the successful recipients by state and territory and the funding amounts?	Written
SQ17-000437	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Funding	Suicide prevention grants Apart from the national leadership initiative are there any other suicide prevention grant rounds? If yes: a) What is the total funding for the grants and can a list of successful recipients be provided by state and territory. b) When will there be an announcement?	Written
SQ17-000438	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Funding	Research future fund - \$12 million The tender process for this funding closed at the end of September last year? Can the Department provide an update regarding when these funds will be announced? Are there any delays? Is there a reasons why funding has yet to be allocated? If the Department has given advice to the Minister on the successful recipients can this be provided?	Written
SQ17-000439	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Funding	Build and operate digital mental health gateway Can the Department provide an update of what is happening with the \$6.2 million spend to build and operated the digital mental health gateway?	Written
SQ17-000440	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Review of Suicide and Self-harm Prevention Services	What was the outcome of this review? If there is no outcome of the review, has the review even started? Who is doing the review? When is the review supposed to be completed?	Written

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SQ17-000441	5 - Regulation, Safety and Protection	Rice, Janet	AG	Office of Gene Technology Regulator	The OGTR has also advised Dow AgroSciences that crops developed using its ZFN based EXZACT Delete technology, where the ZFN genes are purportedly no longer present, would not be considered a GMO and therefore would not be regulated under the Gene Tech Act. a.Would you agree that in the absence of any formal decision or decision-making process, the interpretation of the OGTR and the advice provided entitle Dow and other companies to act on that advice? b.IF YES: Would you agree that these companies would be entitled to market products of this technology in Australia as if they are not GMOs? Would you agree then, that the OGTR has effectively made a decision that deprives the public and Ministerial Council of any right of review?	Written
SQ17-000442	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health First Aid Training	How much funding is allocated to Mental Health First Aid Training? How many people are trained? How many organisations are involved? Can the Department provide a list of organisations and/or numbers of people by state and territory? How much funding is allocated to the delivery of mental health first aid instructor training?	Written
SQ17-000443	3 - Sport and Recreation	Rice, Janet	AG	Participation in Sport	1.The Department of Health is also committed (Program 3.1, "Sport and Recreation") to increasing participation in sport. Participation in sport is also linked to broader health and social inclusion goals. Can the Department point to specific expenditure items which go to increasing: a.Women's representation in sport leadership roles? b.Women's active participation in sport? 2.Does the Commonwealth Government provide funding to the Australian Sports Commission for these purposes?	Written

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SQ17-000445	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Suicide Prevention Trial Sites	On 11 August, 2016 the Prime Minister distributed a media release titled 'Government supports veterans and ADF personnel. In this media release the Prime Minister made reference to the 12 suicide prevention trial sites. The media release stated: "This(North Queensland) will be one of 12 innovative, front-line trials in our fight against suicide which will improve understanding of the challenges and work to develop best-practice services which we can be applied nationwide. All of these sites will incorporate a focus on veterans and Defence personnel". During Estimates on 1 March, 2017 the Department listed the locations of the 12 suicide prevention trials and for some, what those trial sites would focus on. The only suicide prevention trial site to have a veterans' focus was Townsville. Can the Department explain why this was not reported and mentioned during Estimates and why the other 11 trial sites will not have a veterans and Defence personnel focus as the Prime Minister's media release states? When did the Department of Health have discussions about these 12 trial sites with Prime Minister and Cabinet in relation to them having a veterans and Defence personnel focus?	Written
SQ17-000446	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Commissioning of Psychosocial Services	In relation to the implementation guidance in the Primary Mental Health Care Services for People with Severe Mental Illness. It states: Generally, PHNs cannot commission psychosocial support services from the flexible primary mental health funding pool, with the exception of limited vocational or education support, or services relevant to suicide prevention actions. a) Can an exact reason be provided to why the PHNs have that directive given a number of programs having their funding transition to the PHNs routinely undertook psychosocial service provision? For example, the Mental Health Nurse Incentive Program, Mental Health Services in Rural and Remote Areas Program, Improving Indigenous Access to Mainstream Care and headspace. b) Are any of the PHNs needs assessments showing psychosocial services/support as their highest need? If yes, can a list of these PHNs be provided. If PHNs want to commission psychosocial services do they have to submit a request to the Department of Health and demonstrate why it is considered their highest need?	Written

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SQ17-000447	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Eligibility	As the Department of Social Services stated in Estimates that it is the Department of Health's responsibility "for data and numbers of people who have a mental illness outside the NDIS" has the Department of Health or any other organisation on behalf of the Department have generated any data or undertaken any modelling, assessment or analysis on the number of people with mental illness who will not be eligible for the NDIS or how many people currently using Commonwealth funded mental health programs will not be eligible for the NDIS? If the Department of Health has generated any data, or undertaken any analysis, modelling or assessment in relation to the number of people with mental illness who will not be eligible for the NDIS why hasn't the Department released these figures or conveyed this information during Senate Estimates?	Written
SQ17-000448	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Eligibility	Has the Department of Health advised the Minister for Health on matters related to people with mental illness who will not be eligible for the NDIS? When did the Department begin advising the former Minister and new Minister for Health on this issue? What advice has the Department given to the Minister in relation to continuing funding for people with mental illness who will not be eligible for the NDIS?	Written
SQ17-000449	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Eligibility	Can the Department of Health outline what discussions have taken place with the Department of Social Services and State and Territory Governments in relation to people with a mental health illness who will not be eligible for the NDIS ? When did these discussions take place?	Written

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SQ17-000450	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Eligibility	Last December, The Australian ran a story on official modelling. Included in the article was reference to state modelling undertaken for all health ministers by the New South Wales and Queensland Government. These figures, suggest more than 100,000 people will not be eligible. a) Is the Department aware of this modelling? Does the Department agree with these figures? In that article there was also a response from a Department of Health Spokesperson stating: "Any of our commonwealth clients who are not eligible for the NDIS will receive continuity of support" Can the Department explain how these clients, the spokeswoman is referring to, will receive continued support? b) If State Governments can undertake modelling and understand the number of people who will not be eligible for the NDIS, why can't the Commonwealth or the Department of Health undertake any modelling?	Written
SQ17-000452	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Eligibility	To provide certainty for people with a mental health illness who will not be eligible for the NDIS why isn't the Department of Health, the Minister for Health or the Turnbull Government treating this with the utmost importance and giving it the priority it deserves?	Written
SQ17-000453	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Workforce	Has the Department undertaken any mapping in relation to the mental health workforce? If yes, can the Department provide this mapping.	Written
SQ17-000454	3 - Sport and Recreation	Rice, Janet	AG	Participation in Sport	3.Has the Commonwealth Government provided funding to the AFL for the creation of its Women's AFL League, which has created marketable role models for girls who may now be encouraged to pursue AFL as a participation sport?	Written
SQ17-000455	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Workforce	Has the Department carried out any modelling to determine what the mental health workforce need will be in the future. If yes, can the Department provide the modelling. If not, why not?	Written
SQ17-000456	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Workforce	Does the Department believe the mental health workforce currently correlates with the mental health system?	Written
SQ17-000457	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Workforce	How does the Department advise the Minister if there are enough mental health workers to deliver services and programs? For example, the actions included in the Fifth Mental Health Plan. What work has the Department done to ensure activities in the plan can be met with the current workforce? If there has been work undertaken, can the Department provide this information.	Written

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SQ17-000458	2 - Health Access and Support Services	O'Neill, Deborah	ALP	10 PHN Mental Health Lead Sites	a) Can the Department confirm the total amount of funding for the 10 PHN lead sites? b) Can a breakdown of funding be provided for each of the 10 PHN lead sites?	Written
SQ17-000459	3 - Sport and Recreation	Rice, Janet	AG	Participation in sport	4.Has the Commonwealth Government provided funding to Cricket Australia for the creation of its Women's Big Bash League, which has created marketable role models for girls who may now be encouraged to pursue cricket as a participation sport? If so, how much?	Written
SQ17-000460	2 - Health Access and Support Services	O'Neill, Deborah	ALP	10 PHN Mental Health Lead Sites	There were delays across the 10 PHN lead sites in regards to suicide prevention. Have these delays now been addressed?	Written
SQ17-000461	2 - Health Access and Support Services	O'Neill, Deborah	ALP	10 PHN Mental Health Lead Sites	How will these sites and other programs, in particular the Health Care Homes trial, work together given they both have mental health as a priority, are looking to engage with GPs and aiming to achieve similar outcomes? Is there any duplication occurring between PHN lead sites and sites for the Health Care Homes, that is will any sites be both PHN lead sites and Health Care Home trial sites?	Written
SQ17-000462	3 - Sport and Recreation	Rice, Janet	AG	Distribution of Grants across Females/males	Does the ASC keep information on what proportion of its grants go to men/boys and to women/girls? If so, please supply details. If not, why not?	Written
SQ17-000463	2 - Health Access and Support Services	O'Neill, Deborah	ALP	10 PHN Mental Health Lead Sites	Can you provide an update on the evaluation of the Primary Health Network Mental Health Lead sites? What are you evaluating? Will more than \$3 million be spent on evaluating these sites?	Written
SQ17-000464	2 - Health Access and Support Services	O'Neill, Deborah	ALP	PHNs	Can the Department explain how it engages with each of the 31 PHNs? Does the Department meet regularly with the PHNs or a representative of people from the PHNs? If yes, what do you discuss in these meetings?	Written
SQ17-000465	2 - Health Access and Support Services	O'Neill, Deborah	ALP	PHNs	Is there anyone or a group within the Department responsible for coordinating the activities of the PHNs? Can the Department explain how State and Territory Governments currently engage with the PHNs?	Written

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SQ17-000466	2 - Health Access and Support Services	O'Neill, Deborah	ALP	PHNs	PHN Evaluation Has the Department undertaken any evaluation of the services commissioned by the PHNs since they were established? If yes, can you provide the evaluation and the outcomes? If not, how does the Government or Department know when services or programs are working well? Is the Department measuring any outcomes from the PHNs? Do the PHNs undertake any evaluation of services or programs? How do the PHNs determine if a program is worthy of continued funding or if that program or services will not be funded again? What is the evaluation process?	Written
SQ17-000467	2 - Health Access and Support Services	O'Neill, Deborah	ALP	PHNs	Engaging PHNs There are issues raised by some stakeholders that the process of working with the PHNs can be confusing, there is a cost to the service provider in relation to engaging with the PHN and there are also issues around the level of mental health expertise within some PHNs. Is the Department and Minister confident each of the PHNs has the necessary expertise to commission mental health services and programs? If not, what is the Minister or Department doing to ensure there is a high level of mental health expertise across the PHNs? Some service providers in rural and regional areas have to engage between 8 and 13 PHNs. That means they have to submit between 8 and 13 applications to each of the PHNs. This, for the service provider, means dedicating a lot of cost and time to this process. Does the Department think this is an efficient way for service providers to be dealing with PHNs?	Written
SQ17-000468	3 - Sport and Recreation	Rice, Janet	AG	Participation of girls and women in sport	Does the ASC provide funding to sporting bodies for the express purpose of increasing the participation of girls and women in sport? If so, please supply details. If not, why not?	Written
SQ17-000469	2 - Health Access and Support Services	O'Neill, Deborah	ALP	PHNs	Efficiencies Do each of the 31 PHNs develop their own programs? For example, does each of the PHNs have to develop their own suicide prevention program? If yes, why isn't there a harmonisation of processes where one program is developed and adapted locally for each of the 31 local areas?	Written
SQ17-000470	3 - Sport and Recreation	Farrell, Don	ALP	Former Minister Ley	Please provide details of any Departmental and / or agency staff who travelled with Ms Ley to Rio in 2016 and a breakdown of any travel costs incurred by the Department or agencies included flights, accommodation, meals and other miscellaneous expenses.	Written

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SQ17-000471	3 - Sport and Recreation	Rice, Janet	AG	Funding of Women's sport	Does the ASC provide funding to sporting bodies for the express purpose of increasing the exposure of women's sport (e.g. recent developments such as Women's AFL and Cricket Australia's Women's Big Bash League)? (If so, please supply details. If not, why not?)	Written
SQ17-000472	3 - Sport and Recreation	Farrell, Don	ALP	File List (Harradine Order)	Why hasn't the July-December 2016 file list (Harradine Order) for the Population Health and Sport Division been uploaded to the department's website yet and when will it be uploaded?	Written
SQ17-000473	3 - Sport and Recreation	Farrell, Don	ALP	Funding	Please provide detailed year-by-year breakdowns of all Federal funding for sport from the 2014 Budget to the present, including funding to the ASC, ASADA and all other programs and a total Federal sport funding figure for each Budget year.	Written
SQ17-000474	3 - Sport and Recreation	Farrell, Don	ALP	Savings Measures	Please provide detailed year-by-year breakdowns of all Efficiency Divided and other savings measures in terms of their financial impacts on the ASC, ASADA and all other programs from the 2014 Budget to the present.	Written
SQ17-000475	3 - Sport and Recreation	Farrell, Don	ALP	Funding	ASC funding to sporting organisations in 2016-17 has decreased by more than \$3.7 million compared with 2015-16, to what extent has that reduction been forced by reductions in Government funding of sport?	Written
SQ17-000476	3 - Sport and Recreation	Farrell, Don	ALP	Funding	Why has nearly half of the cut (more than \$1.8 million) been to participation programs?	Written
SQ17-000477	3 - Sport and Recreation	Farrell, Don	ALP	Funding	Why has the vast majority of the reduction in participation funding come from major participation sports including cricket (\$403,500), Aussie rules (\$253,500), tennis (\$253,500), Rugby League (\$152,500) and netball (\$29,900)?	Written
SQ17-000478	3 - Sport and Recreation	Farrell, Don	ALP	Funding	What is the reasoning behind the biggest cuts being to the sports that are among those doing the most to support and boost participation?	Written
SQ17-000479	3 - Sport and Recreation	Farrell, Don	ALP	Redundancies	Last month it was reported that there would be about 250 voluntary redundancies in the Department. Could any of those come from the Population Health and Sport Division? Could any come from the Office for Sport? If so, what positions might be lost?	Written

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SQ17-000480	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	a) Concerns have been raised with me that some schools are only able to access funding for three terms, whereas under the Active After-School Communities Program schools could access funding all year, are there criteria that could mean that some schools might not be eligible for funding for every term? b) If so, why is that the case?	Written
SQ17-000481	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	In response to an October Estimates QoN, I was told there had been complaints about three National Sporting Organisations in relation to endorsement of non-aligned groups or people wanting to deliver the program, which NSOs have complaints been made about and how many?	Written
SQ17-000482	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	Is it correct that under the Active After-School Communities program "Regional Officers" were available to visit participating schools, while under Sporting Schools support is largely provided through a hotline?	Written
SQ17-000483	3 - Sport and Recreation	Farrell, Don	ALP	Local Sporting Champions	a) Has assessment of Round 2 Local Sporting Champions applications for the 2016-17 allocation year been completed? b) If not, when will it be completed? c) If so, could you please provide details of the successful applicants, by Federal electorate and / or place of residence?	Written
SQ17-000484	3 - Sport and Recreation	Farrell, Don	ALP	Local Sporting Champions	In answer to an October Estimates QoN, I was told that ongoing funding was "subject to the Efficiency Dividend and other Government decision". Have any discussions been had with Government or any decisions made about the program's future?	Written
SQ17-000485	3 - Sport and Recreation	Farrell, Don	ALP	AIS Review	a) Did the AOC/AIS briefing scheduled for November 8 last year go ahead? If not, why not? b) If it did go ahead, please summarise any outcomes or decisions made through that process?	Written
SQ17-000486	3 - Sport and Recreation	Farrell, Don	ALP	AIS Review	Will any of the review's findings might be made public and if so, when?	Written
SQ17-000487	3 - Sport and Recreation	Farrell, Don	ALP	AIS Review	After John Coates withdrew from the advisory panel in August, was any attempt made to recruit any other representative of the AOC to the panel?	Written

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SQ17-000488	4 - Individual Health Benefits	Griff, Stirling	NXT	Child Dental Benefit Schedule - promotion	The chief medical officer's Report on the Third Review of the Dental Benefits Act 2008 found the CDBS program was poorly promoted. a) Does the department have any plans to improve promotion of this program? If so, what is planned? b) In drafting the CDBS letter, why did the department not replicate the format of the Medicare Teen Dental Plan letter (given this program was replaced by the CDBS, and hence the letter was already a familiar "voucher" format for many families)?	Written
SQ17-000489	3 - Sport and Recreation	Farrell, Don	ALP	AIS Review	The Panel was scheduled to meet in December to finalise its recommendations â€ did that meeting go ahead?	Written
SQ17-000490	4 - Individual Health Benefits	Griff, Stirling	NXT	Child Dental Benefit Schedule - review recommendations	Four of the 11 recommendations contained in the Report on the Third Review of the Dental Benefits Act 2008 related to better notification and promotion. a) Which of these, if any, will the department implement? b) If none of these are being considered, why not? What is the impediment? c) Of these that are to be implemented, what is the timeline for doing so?	Written
SQ17-000491	4 - Individual Health Benefits	Griff, Stirling	NXT	Child Dental Benefit Schedule - marketing	a) Is there is a decision to engage marketing experts to better promote the program? b) If so, will this be put to tender? c) When will the tender be issued? d) What budget is to be set aside for this marketing activity?	Written

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SQ17-000493	0 - Whole of Portfolio	Xenophon, Nick	NXT	Waste	<p>Given that government and opposition politicians have all raised concerns over time and had policies on government waste: 1. Is there a central government authority responsible for the elimination of waste? 2. If so a. Is there a government wide definition on the meaning of "waste", and if so, what is that definition? b. How does this central government authority monitor and manage waste within the Department? c. Is there a central government mechanism (e.g. phone number, email address, web site) for public servants or contractors to report Departmental waste? d. How much Departmental waste was identified by the central government authority in FY 13/14, FY 14/15 and FY 15/16? 3. If not: a. Is there a departmental definition on the meaning of "waste", and if so, what is that definition? b. What are the Department's arrangements for monitoring and managing waste? c. Is there a central Departmental mechanism (e.g. phone number, email address, web site) for public servants or contractors to report Departmental waste? d. How much waste was identified by the Department in FY 13/14, FY 14/15 and FY 15/16? 4. In either case: a. Can Departmental officers or contractors report waste anonymously? b. Are they afforded a protection if they do so?</p>	Written
SQ17-000494	2 - Health Access and Support Services	Xenophon, Nick	NXT	Ice	<p>On 6 December 2015 the Prime Minister announced a \$298.2 million action plan to tackle ice. Funds were intended to be available from 1 July 2016. 1. Of the \$241.5 million allocated to the Primary Health Networks (PHNs): a) How much has been actually spent to date? i. In total? ii. By state? iii. By PHN? iv. By Organisation type (Government, NGO, or consultant)? v. By direct service delivery vs non service delivery (i.e. planning, needs analysis, tender process costs, consultants, etc)? b) How much is allocated to finalised contracts but not yet been spent? i. In total? ii. By state? iii. By PHN? iv. By Organisation type (Government, NGO, or consultant)? v. By direct service delivery vs non service delivery (i.e. planning, needs analysis, tender process costs, consultants, etc)? c) How much is subject to tender processes commenced but not yet completed? i. In total? ii. By state? iii. By PHN? iv. By Organisation type (Government, NGO, or consultant)? v. By direct service delivery vs non service delivery (i.e. planning, needs analysis, tender process costs, consultants, etc)?</p>	Written

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SQ17-000495	2 - Health Access and Support Services	Xenophon, Nick	NXT	Ice	What steps have been taken to ensure consistency in tender processes across PHNs?	Written
SQ17-000496	2 - Health Access and Support Services	Xenophon, Nick	NXT	Ice	What mechanisms or arrangements have been put in place to: a) Avoid duplication of services? b) Co-ordinate the delivery of state-wide services that may not be viable or sustainable for individual local PHNs? c) Co-ordinate the procurement and delivery of services in regions covered by multiple PHNs?	Written
SQ17-000497	2 - Health Access and Support Services	Xenophon, Nick	NXT	Ice	a) How many new residential rehabilitation beds have been opened and become operational as a result of this funding? b) When and where have they been established and which ones are specifically for Aboriginal or Torres Strait Islander clients? c) How many unique individuals have been able to utilise these beds? i. In total? ii. By state? iii. By PHN?	Written
SQ17-000498	2 - Health Access and Support Services	Xenophon, Nick	NXT	Ice	How many extra people (unique individuals): a) Have received treatment for Ice as a result of the funding? i. In total? ii. By state? iii. By PHN? b) How many of these were in residential rehabilitation. i. In total? ii. By state? iii. By PHN?	Written
SQ17-000499	4 - Individual Health Benefits	Xenophon, Nick	NXT	MBS Items - Addiction Medicine Specialists	Of the \$13 million announced for introduction of new MBS items for Addiction Medicine Specialists to increase the availability of treatment: a) What new items have been introduced and when? b) How much of the \$13 million has been expended on the introduction costs? c) How many claims have been made against these new item numbers? d) How much has been paid out against these new item numbers? e) How many Addiction Medicine Specialists have access to (provider numbers for) these new items f) How many people (unique individuals) have received treatment using these item numbers? i. In total? ii. By state? iii. By PHN or geographical region g) What has been the increase in availability of treatment: i. In total? ii. By state? iii. By PHN or geographical region?	Written
SQ17-000500	5 - Regulation, Safety and Protection	Roberts, Malcolm	ON	Asbestos Safety	What is the government doing with regard to ensuring potentially dangerous asbestos in buildings is removed throughout Australia. For example an old cheese factory at Kongorong in South Australia has an asbestos roof and the building is deteriorating badly. It requires a big cleanup job on the roof whether it is kept as a building or is destroyed, but it is a private building. Are there any plans for cleaning up the asbestos in cases like this?	Written

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SQ17-000501	5 - Regulation, Safety and Protection	Roberts, Malcolm	ON	Asbestos Safety	In many buildings that are around 20 years old or older, tradesmen and home renovators find wall and ceiling panels that they cannot be sure are asbestos or hardiflex because the panels are painted and they appear similar. Is there any plan to assist home renovators and tradesmen with a quick and easy way to identify which is which, so renovation work has minimal delay and minimal costs in the identification, planning and quote stage of jobs?	Written
SQ17-000502	5 - Regulation, Safety and Protection	Roberts, Malcolm	ON	Asbestos Safety	In the defence force there is asbestos throughout defence buildings across the country. a) Are there any plans on removing the asbestos in these buildings? If so when? b) Many defence personnel have slept beside an asbestos wall with a Nikon pen sign saying "Safety Rule: Do not remove this sock from hole (in an asbestos wall). Are there any plans to upgrade the "Safety Sock" procedure?	Written
SQ17-000506	4 - Individual Health Benefits	Watt, Murray	ALP	Deloitte Evaluation	Senator WATT: I understand that the government's election deal with the association committed to an independent evaluation of the commercial environment for diagnostic practices. Who is doing that evaluation? Mr Bowles: It was conducted by Deloitte. Senator WATT: You used the past tense. The evaluation has been finished? Mr Bowles: I will ask Mr Stuart to say a bit more about it. Mr Stuart: That work is still ongoing. It is not finalised yet, but it has been going along reasonably well, and we are looking forward to seeing the final of that quite soon. Senator WATT: What were Deloitte paid for their work? Mr Bowles: We can take that on notice.	21 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000507	4 - Individual Health Benefits	Watt, Murray	ALP	GP Consults	<p>Mr Stuart: We did answer a question of that kind on notice from the last hearing, which goes to: what proportion of patients get bulk-billed all the time, some of the time and never? I can tell you that, in line with the trend for increased bulk-billing, all of those indicators are going in the same direction—that is, the proportion bulk-billed all the time is going up, bulk-billed some of the time is going up and bulk-billed never has fallen from about 20 per cent to about 10 per cent in the last decade. That is from memory, but it is on the record from the last hearing. Senator WATT: It might make sense if I ask for an update of those figures as a question on notice arising from this hearing as well. You would be aware that the college of GPs, among others, are of the view that the way the bulk-billing rate is reported is artificially high. Are you aware of any evidence of GPs limiting the amount of time they are spending with patients, or asking patients to come and see them for another appointment due to time constraints? Mr Bowles: I cannot speak specifically to that, but we went through a whole series of these at the last estimates hearings about differences of views, and we get back to: services versus people versus a whole range of issues. Mr Stuart: We do not accept that the rate is artificially high. It is a rate that has been consistently measured in the same way since 1984, and consistently published, and it is based on every service obtained by every Australian who goes to the doctor. Senator WATT: I understand that, but have any representations been made that you are aware of, whether it be by peak bodies, GPs or elected representatives on behalf of their constituents, that suggest that GPs are limiting the amount of time they are spending with patients? Mr Stuart: This is a longstanding debate in the health system about the amount of time that GPs spend with patients, and it is multifactorial. The government has a policy on Health Care Homes which is intended to enable longer time to be spent with patients with chronic disease. There is a long history of debate in this area. Mr Bowles: But equally there are items for longer consults as well. There are short consults: 20 minute—23 you talked about—and then there are longer consults. So GPs can use those different consults, depending on what they are actually treating in a patient, and we see evidence of all of that. Senator WATT: As to the concessional breakdown that you just provided to me - as in: older people, younger people, that kind of thing - did you say that that has been published for the most recent quarter? Mr Stuart: No. I was referring to some analysis that I have in front of me, but it is not regularly published. Senator WATT: And you have taken that on notice. In fact, if you have got that data there, would you be able to table that to the committee? Mr Bowles: We will take it on notice. It is in the context of a whole range of other things. So we will take it on notice and provide you with -</p>	63 - 01/03/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000508	2 - Health Access and Support Services	Siewert, Rachel	AG	Practice Incentives Programs	<p>Senator SIEWERT: But, surely, it should not be a choice. That is what the organisations are asking for—that is, it is not a choice but a requirement that cultural training is undertaken. Ms Cole: At the moment, my understanding is—and I will come back to you on notice to confirm this—that only if you claim that PIP do you have that requirement. So what we are suggesting is that, by moving to this overarching quality improvement PIP, you may well be able to encourage more practices to undertake that kind of quality improvement activity, which, as you say, all practices should do. The other way to address this very issue that you are talking about is to look at the accreditation requirements long run. That may actually be a more effective way of addressing the issue that you are raising.</p>	121 - 01/03/2017