

Supplementary Budget Estimates 2017-2018

Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001063	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	For each year from 2016-17 to 2020-21 please provide a disaggregation of the pharmaceutical benefits, services and supplies expenses component in Table 8.2 of 2017-18 Budget paper No 1.	Written
SQ17-001064	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	For each year from 2010-11 to 2016-17 what were the projected four-year forward estimates for pharmaceutical benefits, services and supplies expenses at the time of the Budget in each year and what have been the subsequent expense outcomes for each financial year.	Written
SQ17-001065	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	What have been the underlying expenses of the Commonwealth Government on Pharmaceutical benefits, services and supplies in each of 2010-11 to 2015-16 . net of actual aggregate rebates paid to the Government by pharmaceutical companies? Note: In the response it is adequate to provide the aggregate total figure if there is commercial sensitivity in providing the figures in a detailed form.	Written
SQ17-001066	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	What are the estimated underlying expenses of the Commonwealth Government on Pharmaceutical Benefits, Services and Supplies in each of 2016-17 to 2020-21 net of estimated aggregate rebates paid to the Government by pharmaceutical companies? Note: In the response it is adequate to provide the aggregate total figure if there is commercial sensitivity in providing the figures in a detailed form.	Written
SQ17-001067	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	What are the latest projected Commonwealth Government savings in each financial year from 2015 -16 (actual outcome) to 2020-21 from the discounting of the patient co-payment for claimable PBS prescriptions? ("the \$1 discount")?	Written
SQ17-001068	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	What are the most up to date estimates of uptake of the \$1 discount going forward compared with estimates at the time of the 6th Community Pharmacy Agreement (6CPA)?	Written
SQ17-001069	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	For each financial year from 2010-11 to 2016-17 what were the estimated 4-year Commonwealth Government savings (at the time of the Budget in each year) from the Price Disclosure policy on PBS medicines and what were the subsequent financial year savings outcomes?	Written
SQ17-001070	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	What has been the annual composition of total PBS prescription volumes dispensed and associated Commonwealth Government expenditure between community pharmacy and public hospitals for each of the years 2010-11 to 2016-17? What is the expected composition 'in the years to 2020-21?	Written
SQ17-001072	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	What are the Commonwealth Government's current estimates of its expenditure in each year from 2015-16 to 2020-21 on components of the \$18.9 billion 6th Community Pharmacy Agreement (6CPA) compared with expenditure estimates at the time of the 6CPA signing. The expenditure component breakdown should include: Dispense fee Administration, Handling and infrastructure Fee Dangerous drug fee Premium Free Dispense Incentive Programmes Community Service Obligation for wholesalers Wholesalers Mark Up New listings on the PBS Other	Written
SQ17-001073	4 - Individual Health Benefits	Williams, John	Capital Health Network (CHN)	Could the Department publicly release the full results of the initial pilot program run by the Capital Health Network (CHN) and any evaluation of it? Did the pilot have an approved research design? What is the underpinning cost-effectiveness evaluation that has been used to demonstrate the feasibility and viability or otherwise of this practice model following the pilot? Has any evaluation of the pilot been peer reviewed and if so can the Department release any peer review? On what basis did the CHN extend the pilot?	Written
SQ17-001074	6 - Ageing and Aged Care	Gichuhi, Lucy	Elderly abuse	A report on Elderly Abuse- A National Legal Response (June 2017) by Australia's law reform body has recommended strengthening protections for seniors in aged care including a more extensive scheme for reporting and investigating alleged incidents. Among its 14 recommendations for legal changes in aged care, the commission proposed a new "serious incident response scheme" to replace the current mandatory reporting regime. 1. Has the department considered implementing any of these recommendations? a) If so, how many? b) When can we expect recommendations to be implemented or is this up to Individual states?	Written
SQ17-001075	6 - Ageing and Aged Care	Gichuhi, Lucy	Aged Health Care Workforce	Major workforce surveys show that Personal Care Workers prove the majority of care in Residential Aged Care facilities. This growing workforce is however, not covered by A national professional standards and there is no professional body handling misconduct that is reported. The National code of conduct for health care workers sets out minimum standards of practice for health workers who are not currently registered under the national registration and accreditation scheme. 1. Is the New code of conduct covering unregistered health care workers now enforced in all states and territories? 2. If not do we have a deadline for when all states must have the national code operational?	Written
SQ17-001076	6 - Ageing and Aged Care	Gichuhi, Lucy	Aged Health Care Workforce	I am aware that some states such as South Australia have had an existing code conduct for their workers since 2013). 1. Do you have data that shows the number of "serious allegations" or actual concerns over elderly abuse as a result of misconduct from unregulated health care workers in states that had an existing code of conduct compared with states that did not? a) If so, can you provide it?	Written
SQ17-001077	6 - Ageing and Aged Care	Gichuhi, Lucy	Aged Health Care Workforce	I am aware that some states such as South Australia have had an existing code conduct for their workers since 2013). For states that have already implemented the National code of conduct, can you give a report on the number of complaints that have been reported to the Aged Care Complaints Commissioner since this implementation?	Written

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SQ17-001078	6 - Ageing and Aged Care	Gichuhi, Lucy	Unannounced Compliance Site Visits	In the 2016- 2017 Budget, The Government provided \$10.1 million in 2016-17 to continue unannounced compliance site visits by the Australian Aged Care Quality Agency to aged care providers until 30 June 2017. How many Unannounced compliance visits did the department complete in 2016-2017 compared to 2015- 2016?	Written
SQ17-001079	6 - Ageing and Aged Care	Gichuhi, Lucy	Unannounced Compliance Site Visits	In the 2016- 2017 Budget, The Government provided \$10.1 million in 2016-17 to continue unannounced compliance site visits by the Australian Aged Care Quality Agency to aged care providers until 30 June 2017. How many facilities were found non complaint in any standard in financial years 2016- 2017 & 2015- 2016?	Written
SQ17-001080	6 - Ageing and Aged Care	Gichuhi, Lucy	Unannounced Compliance Site Visits	In the 2016- 2017 Budget, The Government provided \$10.1 million in 2016-17 to continue unannounced compliance site visits by the Australian Aged Care Quality Agency to aged care providers until 30 June 2017. How many residential care facilities were sanctioned as a result of non-compliance in 2016- 2017 & 2015- 2016 by state?	Written
SQ17-001081	6 - Ageing and Aged Care	Gichuhi, Lucy	Unannounced Compliance Site Visits	In the 2016- 2017 Budget, The Government provided \$10.1 million in 2016-17 to continue unannounced compliance site visits by the Australian Aged Care Quality Agency to aged care providers until 30 June 2017. Were unannounced visits for both residential Aged Care facilities as well as Community / home care ?	Written
SQ17-001082	6 - Ageing and Aged Care	Gichuhi, Lucy	Unannounced Compliance Site Visits	In the 2016- 2017 Budget, The Government provided \$10.1 million in 2016-17 to continue unannounced compliance site visits by the Australian Aged Care Quality Agency to aged care providers until 30 June 2017. How much of the \$10.1 million has been used for this initiative?	Written
SQ17-001083	6 - Ageing and Aged Care	Gichuhi, Lucy	Unannounced Compliance Site Visits	In the 2016- 2017 Budget, The Government provided \$10.1 million in 2016-17 to continue unannounced compliance site visits by the Australian Aged Care Quality Agency to aged care providers until 30 June 2017. What was the outcome of this extended funding and how have you measured the success of this initiative?	Written
SQ17-001084	6 - Ageing and Aged Care	Gichuhi, Lucy	Unannounced Compliance Site Visits	In the 2016- 2017 Budget, The Government provided \$10.1 million in 2016-17 to continue unannounced compliance site visits by the Australian Aged Care Quality Agency to aged care providers until 30 June 2017. Have you received reports of better care for elderly clients as a result of extending funding for unannounced compliance site visits to aged care providers: 2016- 2017	Written
SQ17-001085	5 - Regulation, Safety and Protection	Lambie, Jacqui	Government response to Lyme-like disease Senate Inquiry	Statement: I'd like to ask some questions today about what on earth is happening with the government's response to the Lyme-like disease Senate inquiry. I tabled questions on notice in February and received unbelievably vague answers in March and here I find myself asking the same questions again. I can't imagine what very sick and vulnerable people would be feeling about the lack of prioritisation of this issue by your government. Responses to my questions always start with "my Department puts the welfare and health of patients first and foremost" while you continue to do nothing to help them. Its an absolute disgrace. It is now almost a year since the final report of the Committee was tabled and it's not good enough. Question: 1. When will the government's response be tabled? I want a date. 2. What is the date and the arrangements for the urgent summit that was recommended a year ago?	Written
SQ17-001086	5 - Regulation, Safety and Protection	Lambie, Jacqui	Government's response to the Lyme-like disease Senate inquiry	Statement: During the Committee's public hearings, we heard from Ms Sue Best of the National Serology Reference Laboratory. Her organisation had been contracted by your Department, as a result of deliberations of the then Clinical Advisory Committee on Lyme Disease established by the former Chief Medical Officer, to conduct a study on the pathology tests for Lyme like illness. Ms Best told the committee her study was almost complete and would be reported on in early 2017; indeed the contracted time has elapsed and I presume the organisation has been paid by your department. So where is the report? Why is the Department withholding critical information about the quality, or not, of pathology conducted for Lyme Disease in Australia?	Written
SQ17-001087	0 - Whole of Portfolio	Abetz, Eric	Secretary Messages	Please provide the messages (if any) sent to staff (on the most recent occasions) of Christmas/New Year, Easter and Ramadan by the Secretary of the Department at the relevant time.	Written
SQ17-001088	0 - Whole of Portfolio	Abetz, Eric	Enterprise Agreement	In the most recent Enterprise Agreement negotiations, was/were any side-agreement/s, protocol/s, arrangement/s, agreement/s entered into? If so, please provide a copy.	Written
SQ17-001089	0 - Whole of Portfolio	Singh, Lisa	Reviews	Senator SINGH: Good morning. Ms Beauchamp. I want to begin by getting an update on the number of reviews and other activities that are underway. Ms Beauchamp: That's a very broad-ranging question. Obviously there's a big reform agenda the department and portfolio are progressing on behalf of the government, and you would expect a number of reviews to be taking place across our keys areas of operation. I haven't a consolidated list of reviews, but, if there's a particular area you'd like to focus on, I'm happy to take that, or take the question on notice.	5 - 26/10/2017

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SQ17-001090	5 - Regulation, Safety and Protection	Di Natale, Richard	Special Access Scheme	Senator DI NATALE: Thank you. I think we're there. Can you just tell me the total number of medicinal cannabis prescriptions that have been approved through the Special Access Scheme? Dr Skerritt: The total number of Special Access Scheme approvals is 213, and there are a further 101 at least as of 30 June under authorised prescriber. Senator DI NATALE: How do the 213 compare to when we spoke last time? Dr Skerritt: I don't have a comparative figure, but I believe there's about an additional 60 or 70 or so. But I would have to take that on notice. Senator DI NATALE: I think that broadly tallies with my recollection of where we were last time. So, since May, we think there have been an additional 60. Dr Skerritt: I would have to take the exact figure on notice. I have figures in front of me from January 2016. There's certainly been, in 2017, a significant increase in the amount of Special Access Scheme patient access to medicinal cannabis.	11 - 26/10/2017
SQ17-001091	5 - Regulation, Safety and Protection	Di Natale, Richard	Special Access Scheme	Senator DI NATALE: Yes, close to zero. So you're saying you feel like 213 over the course of a year is a significant increase? Dr Skerritt: It's a significant increase from 2016. That's what I said. Senator DI NATALE: Where the numbers were in the— Dr Skerritt: Well, back in 2016 we were probably sitting at about 100 or so, but again I'd take those figures on notice.	11 - 26/10/2017
SQ17-001092	5 - Regulation, Safety and Protection	Di Natale, Richard	Special Access Scheme	Senator DI NATALE: What's the longest it's taken for you to approve an application? Dr Skerritt: I would have to take the longest on notice. The time with us averages between two and three days. There are times, as we've discussed before in this place, where a doctor might write 'medicinal cannabis', and the laws require us to specify a particular product and a specific dose, so we go back to the doctor. They may take overnight to come back to us; they may take six months. That period is out of our control even when we give them reminders	12 - 26/10/2017
SQ17-001093	5 - Regulation, Safety and Protection	Di Natale, Richard	Amount of doctors	Dr Skerritt: As I've said, we've had 217 SAS B approvals. It's not one doctor who has done 90 of them. There is a spread of doctors. Again, I would have to take on notice the precise number of individual doctors. Senator DI NATALE: How many doctors are there across the country, do you know? Dr Skerritt: I'll check with the CMO. I think the figure is about 10,000.	13 - 26/10/2017
SQ17-001094	4 - Individual Health Benefits	Siewert, Rachel	Medicare provider number	Senator SIEWERT: I remember a couple of years ago we spent quite a lot of time on this issue. I'm following it up, given I think it sounds like there have been some changes. Am I correct in my understanding that there has been a change in the requirement for evidence on collaborative arrangements for the provision of midwives who are seeking a Medicare provider number?... Ms Shakespeare: I think the way that the policy and legislation are implemented at DHS is something we would have to ask them to comment on if they've had a change to their systems or other arrangements for monitoring compliance. So I'm not sure that we can comment on that today. As the witness has said, we haven't had a change in policy, but we're happy to follow up with them. Senator SIEWERT: Okay. So could you take that on notice. I will obviously now put some more questions to add to the list to DHS. Ms Street: Yes. Senator SIEWERT: If you could look at that for me as well from your perspective, and at whether you think this does actually affect the way that your policy operates, that would be very much appreciated. Ms Shakespeare: We'll certainly do that... Senator SIEWERT: This sounds like it is affecting the policy, so can you expand as much as possible on the question you've taken on notice as to whether this is affecting the policy intent and the way it's actually being applied.	16-17 - 26/10/2017
SQ17-001095	4 - Individual Health Benefits	Griff, Stirling	Professional Services Review	Senator GRIFF: You're not undertaking any other compliance issues in relation to this item or any other related item? Ms Shakespeare: There are always a range of compliance activities underway. We may need to take on notice whether there are any investigations, any referrals that have taken place to the Professional Services Review. Senator GRIFF: So that will be on notice. Thank you.	17-18 - 26/10/2017
SQ17-001096	4 - Individual Health Benefits	Griff, Stirling	Professional Services Review	Mr Cotterell: A number of practitioners have been referred to PSR. We continue to do compliance activity on the urgent after-hours practices. Senator GRIFF: How many practitioners have voluntarily acknowledged incorrect after-hours claiming in 2016-17? Mr Cotterell: I might need to take that on notice.	18-19 - 26/10/2017
SQ17-001097	4 - Individual Health Benefits	Griff, Stirling	eHealth practice incentive payments	Senator GRIFF: Out of the \$30 million, are there any particular specialty areas where the bulk of the debt applies? Mr Cotterell: It's a broad range right across the MBS. From time to time, we conduct campaigns on particular issues. A portion of the debt repaid was from the eHealth practice incentive payments, on which we ran a particular campaign. Senator GRIFF: Could you provide us on notice with a breakdown? Mr Cotterell: Yes.	19 - 26/10/2017
SQ17-001098	4 - Individual Health Benefits	Di Natale, Richard	After Hours	Senator DI NATALE: Do you know how many GPs who currently provide those services, or what proportion of GPs who provide those services, are GPs working during regular hours? Mr Simpson: I think we'd have to take that on notice.	21 - 26/10/2017

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SQ17-001099	4 - Individual Health Benefits	Di Natale, Richard	Urgent After Hours	Senator DI NATALE: What that says to me is that, if you're taking that call out from the urgent after-hours item numbers, you're going to be left with 27 per cent of doctors who are able to provide those urgent after-hours services; is that correct? Ms Shakespeare: There are a range of after-hours items. Senator DI NATALE: I'm talking about the urgent after-hours services. Ms Shakespeare: The impact of the task force's report is one thing. We can take on notice the number of doctors who would be affected by the restrictions if they were to be taken up for in-hours compared to out-of-hours doctors... Ms Shakespeare: I think what we need to do is take on notice the number of doctors who primarily work in the in-hours period who have been billing the urgent after-hours items and those working primarily in the after-hours period who have been billing urgent after-hours items. The information that was previously provided in response to question 1031 related to percentages of doctors billing urgent after-hours items, who were vocationally registered GPs and non-vocationally registered GPs, which are different figures. I need to take your earlier question on notice about proportions that would be affected by the task force's recommendations.	21-22 - 26/10/2017
SQ17-001100	4 - Individual Health Benefits	Di Natale, Richard	Malpractice	Senator DI NATALE: This was a pretty big smear on the people who were providing those services. The implication was that they were dodgy house calls. I can go through it, but ultimately that was the implication. I think '1800 bad call' was in one of the photos. There were stories about people who'd experienced misdiagnosis and so on. I'm interested to know whether you have any evidence, if we're talking about malpractice and misdiagnosis, to back up that there are higher rates within these deputising services than there are within 9-to-5 general practice. Ms Shakespeare: That's an area that we are currently investigating. Senator DI NATALE: Okay. But is there nothing at the moment to indicate that that's the case? Ms Shakespeare: We will take that on notice to see what we can provide. It's difficult to comment while we've got investigations underway. They haven't been completed, so we'd be providing you with an early view. Senator DI NATALE: Is that the reference to the further departmental investigation that's made in that report?	25 - 26/10/2017
SQ17-001101	4 - Individual Health Benefits	Dastyari, Sam	Recommendations	Senator DASTYARI: . For those that were modified, do you have in front of you the ability to run through for us what the difference between what was recommended and what was modified and accepted for those four? Or is that something you need to take on notice? Is that going to be detailed and lengthy? Mr Simpson: We would take it on notice. Broadly speaking, it has to do with policy and implementation issues, but we could take it on notice for you. Senator DASTYARI: There are 45. You take 41 in as they're recommended. With four the decision is made to modify. That gets you to the 45, yes? I'm a bit surprised. That seems to be a bit different than what the statement says, but that could be my mistake here. I'd want to check that. With those four, what's the save spend from this group of—what's the save spend across the whole thing? Ms Beauchamp: Could I take that on notice? You're asking a broad-ranging question about acceptance of the 45 recommendations and the impact financially. I'd prefer to take that on notice, because we probably need to work through that considering over what period of time we're talking about. Senator DASTYARI: You'd have some calculations, surely. Ms Beauchamp: We probably have had some calculations, but I'll take that on notice about the total number.	27 - 26/10/2017
SQ17-001102	4 - Individual Health Benefits	Dastyari, Sam	MBS Measures	Senator DASTYARI: You can't even say whether the adoption of the 45 is a net save or a net spend? Ms Beauchamp: It would be pre-empting an outcome that's going to be included in the government budget statement later this year. Senator DASTYARI: Out of the 45 measures, how many of them involve an increase in expenditure and how many involve a decrease in expenditure? Ms Beauchamp: I think it would be wise for us to take that on notice, as we're working through that in terms of the budget update.	29 - 26/10/2017
SQ17-001103	4 - Individual Health Benefits	Dastyari, Sam	Reinvesting in Medicare System	Minister, any savings out of the 45, as you understand it, will be reinvested in the Medicare system. Does that commitment also apply to the future recommendations, not the ones that have been saved so far? There's obviously a process going on right now to get to the end of the 45. The secretary has just identified that the anticipation is that that will be as part of end of year MYEFO. When you made that statement before that all of it will be reinvested back into Medicare, that's referring to the entire strengthening of the PBS, agreement with Medicines Australia on behalf of the innovative medicines sector—that entire saving from that process. Senator Nash: Clearly this government is investing more than ever into health, but in terms of the specifics of those I'll take that on notice and come back to you... Senator DASTYARI: I want to be clear. I think it was my fault, Minister, and I was unclear to you in the question that I was asking. You answered the question about the outcome of how much money would be saved from the review that we cited earlier. You said that your understanding was that all the savings from that would be reinvested into Medicare. I then asked you unclearly whether that would extend to all future MBS review savings. That's the question I meant to ask. I asked about the 45 and was asking more broadly about future MBS savings and whether there had been any kind of statement or commitment from the government that future savings would also be reinvested. Senator Nash: Thank you. Again, I would actually need to take that on notice.(Page 32)	29 - 26/10/2017

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SQ17-001104	4 - Individual Health Benefits	Siewert, Rachel	Inquiry into health and wellbeing recommendations	Senator SIEWERT: Are there any recommendations that jump out at you that you feel are ones that are obviously supportable, or haven't you even got to that point yet? Ms Garrett: That will be a matter for government. Senator SIEWERT: Minister? Have you had a chance to have a look at the House of Representatives committee report on the hearing health and wellbeing of Australia? Senator Nash: I would have to take that on notice. I'm not sure— Senator SIEWERT: If you could. Senator Nash: Certainly. Senator SIEWERT: I understand where Ms Garrett's coming from. It's a matter for government. I'm interested to know your initial response. Senator Nash: I'm happy to take it on notice for you.	30-31 - 26/10/2017
SQ17-001105	4 - Individual Health Benefits	Dastyari, Sam	Medicare Rebate	medicine called ibrutinib, which will be available from 1 December 2017. Senator DASTYARI: Okay. What I'm trying to get a sense of is, out of that \$1.8 billion in savings, how much of that has already been spent and how much of that is still to be spent. Ms Shakespeare: It's difficult for us to give you those figures, because the listing figures that we are able to talk about are public prices that are included on the Pharmaceutical Benefits Scheme legislation. Many of these medicines have effective prices where there are rebates paid to the government. Senator DASTYARI: These figures don't include the rebates. Ms Shakespeare: That's right. Senator DASTYARI: Walk me through this. That \$2.4 billion and the \$466 million which you just gave me add up to \$2.86 billion, or \$2.87 billion if you're going to round. That is not including rebate? Ms Shakespeare: That's correct. Senator DASTYARI: Okay. Without going to the specifics, even after the rebate, you're saying there's \$2.8 billion in announcements. Some of you take off the \$2.8 billion. That's a higher figure than it would be because of rebates, and you've raised \$1.8 billion. So a figure under \$2.87 billion is the figure that it would finally be. Is that correct? Ms Shakespeare: Yes. Senator DASTYARI: And you saved \$1.8 billion. Generally—without going to the specifics of the exact figures, because I notice you don't list the rebates—are the rebates normally 10, 20, 30, 40, 50 per cent? Ms Shakespeare: It varies for every medicine. Senator DASTYARI: Across the PBS, what is it? What's the benchmark? Roughly what do we work towards? Ms Shakespeare: What we can give you are the last published aggregate rebate numbers, which would be for 2015-16. I don't think we have published for 2016-17 at this point. It's published in the PBS expenditure and prescriptions report. We don't have the data here with us. We'll take that on notice, but it is publicly available. Senator DASTYARI: I understand it will be and that that's a detailed document that obviously you have spent much time with. Ms La Rance and Ms Smith, are we talking about 20 per cent, 25 per cent, 30 per cent? Without the exact figures, what ballpark are we talking about? Ms Shakespeare: We'll need to take it on notice. Senator DASTYARI: You don't know? Ms Shakespeare: We'll need to take it on notice. Senator DASTYARI: Sure, but the question wasn't whether or not you know you have to take it on notice. Ms Shakespeare: The figure changes each year. CHAIR: The question's been taken on notice. Let's move on.	32-33 - 26/10/2017
SQ17-001106	4 - Individual Health Benefits	Dastyari, Sam	Listing and Rebate of Medicine	What you're getting for me is, in the previously published 2015-16 figures, what that gap was, or what the rough proportion—noting that nothing will be exactly the same—was between what was the listing in 2015-16 and the overall rebate component. Is that correct? Ms Shakespeare: We can get you that information. Whether it relates in terms of a proportion to a different year with different medicines and different listings is another question.	34 - 26/10/2017
SQ17-001107	4 - Individual Health Benefits	Dastyari, Sam	Listing of Medicines	Senator DASTYARI: I can understand that at a drug-by-drug level, and I assume this has been a practice that's been going on for a long period of time across many, many governments. There's no politics here, per se. I don't understand—I guess this is probably a question for the minister, because you'd be following their directive, and maybe you want to take this on notice, Minister—what the rationale is to not release that information at an aggregate level at an earlier period rather than just retrospectively. Senator Nash: You're right, I would need to take that on notice for you.	34 - 26/10/2017
SQ17-001109	4 - Individual Health Benefits	Dastyari, Sam	Listing on PBS	Senator DASTYARI: You're saying that at the last meeting there were 25, that was July. You seem to be saying that around a six-month period tends to be standard; so out of those 25, none of those have yet made it onto the PBS. Is that correct? Ms Shakespeare: I'm not sure, I would have to take that on notice... as of today, how many of those from earlier months have made it onto the PBS, and how many have not made it? You're taking that question on notice, is that correct?	37-38 - 26/10/2017
SQ17-001110	4 - Individual Health Benefits	Dastyari, Sam	PBS listings	Senator Nash: Senator, it might assist just to run through the listings since the budget. Senator DASTYARI: Yes. Senator Nash: Entresto for chronic heart disease, \$514.6 million; Opdivo, I think it is, for lung and kidney cancer, \$1.1 billion; Stelara for Crohn's disease, \$378.5 million, and ibrutinib for leukaemia and lymphoma, \$466 million. Senator DASTYARI: And that's what gets us to that \$2.86 billion that we were talking about a moment ago, is that correct? Ms Shakespeare: Senator, if you'd like that figure broken down I'd need to take it on notice. There are a lot of other listings not included in the ones read out. Senator DASTYARI: Okay, if you can take that on notice; thank you.	38 - 26/10/2017
SQ17-001111	4 - Individual Health Benefits	Dastyari, Sam	PBS listing	It sounds like you wouldn't have this information, but what's the oldest positive recommendation by PBAC which is yet to be listed on the PBS? Ms Shakespeare: Senator, I think we'd have to take that on notice. There is actually a PBAC time period, and if a positive recommendation hasn't been actioned in that time period then the positive recommendation is rescinded, and occasionally that happens because a medicine's company decides not to list. Senator DASTYARI: What is that time period? Ms Shakespeare: I'd need to check that. I'll take it on notice.	38 - 26/10/2017

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SQ17-001112	4 - Individual Health Benefits	Dastyari, Sam	Rescinding of Drugs in the past 5 years	Senator DASTYARI: Can I ask a question then, and you can take this on notice. Can you cite the instances in the past five years of drugs being rescinded because they haven't met that period of five years? How many drugs are we talking about? Can that can be broken down to the granularity of what the specific drugs are? I assume this is not the most common thing to have happened. Ms Shakespeare: No. Senator DASTYARI: But it appears there are instances of this having happened. Is that a fair statement? Ms Shakespeare: That's correct, Senator.	38 - 26/10/2017
SQ17-001113	4 - Individual Health Benefits	Dastyari, Sam	PBS listing	Senator DASTYARI: Can you take on notice, more specifically, which PBAC positive recommendations are yet to be listed on the PBS. Can I get, as of now, all of those that were recommended in 2014, 2015, and 2016 but have not made it onto the PBS at this point in time? In July 2016, PBAC recommended the listing of the combined diphtheria-tetanus-acellular pertussis vaccine called Boostrix for immunisation of women in the third trimester of every pregnancy. Is that something you're aware of? Ms Shakespeare: I'm not aware of that particular recommendation. I would need to go and get you more detailed information.	38 - 26/10/2017
SQ17-001114	5 - Regulation, Safety and Protection	Dastyari, Sam	Pevnar	Senator DASTYARI: In July 2016 a vaccine for the prevention of pneumococcal disease, Pevnar, was listed on the NIP. That one hasn't been listed yet either, has it? Prof. Murphy: No, that's still undergoing a consultation process because, before we finally list it, we have to change the immunisation schedule and do a range of consultations, and then the immunisation schedule is finally approved by the NHMRC. That consultation is under way at the moment. Senator DASTYARI: When do you anticipate that will be completed? Prof. Murphy: I'll have to take that on notice, too.	40 - 26/10/2017
SQ17-001115	4 - Individual Health Benefits	Dastyari, Sam	Processes for vaccines and medicines	Senator DASTYARI: Okay. To save us going through all of these, I note you have already taken on notice the gap between those that have been positively identified and those that are outstanding. You have already taken on notice looking at the list of what those drugs are that have and haven't been approved and the time frame. Is it perhaps possible to add, where appropriate to that table,—and it will save us at future estimates having to go through the list—where it is up to in the process? It sounds like different drugs at this point in time are in different parts of the process. We have had different information as to where the drugs related to whooping cough were up to, for instance, as opposed to this other thing. If you can give a brief summary of where in the process you see those drugs are up to insofar as it is possible to be provided. I think you then might be able to take a lot of this on notice and we can then move on. Is that something that you would have available, Ms Shakespeare? Ms Shakespeare: Yes. I think we will probably have to provide different explanations of processes for the vaccines that go to the National Immunisation Program and the medicines that go to the Pharmaceutical Benefits Scheme	40 - 26/10/2017
SQ17-001116	4 - Individual Health Benefits	Dastyari, Sam	Contingency reserve future savings	Senator DASTYARI: Minister,—I don't want to misquote or paraphrase you—at the last estimates you said that a proportion of the \$1.8 billion of savings that had already been identified would go into the contingency reserve for future listings. What is that proportion? Senator Nash: I'd need to take that on notice for you, Senator. Senator DASTYARI: If the \$4.18 billion is also listed as a savings measure for the health portfolio—you can take this on notice—that's not going to be double listed, then, is it? Senator Nash: I'll take on notice for you. Senator DASTYARI: I asked the question very specifically, for the people taking on notice. Senator Nash: Absolutely, of course. Senator DASTYARI: In relation to the savings, Minister, last estimates you told us that a proportion will go into the contingency reserve for future listings. The question is: what is the exact proportion of that that is going to go into the contingency reserve future savings? Also, can we get confirmation that there isn't going to be a double booking—that if the \$1.8 billion is also listed as a savings measure for the health portfolio, it hasn't been recorded twice? I'm sure it hasn't, but can you just have the people who do the paperwork and look at these things confirm that? Senator Nash: Certainly.	40 - 26/10/2017
SQ17-001117	4 - Individual Health Benefits	Dastyari, Sam	Breakdown of medicine-related costs	Senator DASTYARI: And also at the last estimates we were told that some of the \$1.8 billion had already been spent on medicine-related costs. Are we able to get a breakdown of what these are, how much has been spent now and how much had been spent at the point of the last budget estimates? Senator Nash: I will ask if the officials have that. Ms Shakespeare: We'll need to take on notice the amounts that were included in the budget back in May, but we can certainly provide that information. Senator DASTYARI: Thank you.	40 - 26/10/2017

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001118	5 - Regulation, Safety and Protection	Roberts, Malcolm	Medicinal Cannabis approval timeframes	Senator ROBERTS: Thank you. Can you confirm that doctors are reporting substantial toing and froing with the department in an almost endless loop of requests for further documentation of medicinal cannabis prescriptions approved? What is the average time an application takes from first contact with the specialist making a new application to approve that application? Dr Skerritt: I don't think there'd be data on first contact with the specialist. We will be able to provide you on notice the different systems, where a request has had to go back to the doctor for further information. In terms of time actually spent physically within the department on these applications, the latest figure I have, and again it may be couple of months old—so again we'll provide the up-to-date figure on notice—is 2.7 days. Senator ROBERTS: I'm aware of that—it's around two days—but apparently it takes months of toing and froing to eventually get it done. Dr Skerritt: Senator, I think that's a generalisation. There are a number of submissions that are approved within hours on the same day. If a form is fully complete, the submission is considered and approved within a matter of hours. Senator ROBERTS: Well, you're going to send the data on that. Dr Skerritt: We'll send you the information. As I've said in this place previously, if, for example, someone writes 'medicinal cannabis' on an application, under law, that's not enough. It would be the same as someone writing 'antibiotic'. You actually have to clarify the product, the dosage and the patient group. Unfortunately, we find that information missing in a proportion of submissions.	41 - 26/10/2017
SQ17-001119	5 - Regulation, Safety and Protection	Roberts, Malcolm	Audit trail on medicinal cannabis applications	Senator ROBERTS: Does the department maintain an audit trail on medicinal cannabis applications that can provide an accurate answer to my previous question? Dr Skerritt: We can provide an answer on the time it was received and when we sent it back for questions. Unfortunately, some doctors take weeks or months to come back with what would be fairly straightforward requests:	41 - 26/10/2017
SQ17-001120	4 - Individual Health Benefits	Dastyari, Sam	PHI Analysis	Senator DASTYARI: You've said that you've done your own analysis and, separate to that, industry has done its own analysis. Could you to take this on notice: what analysis was done, what steps were taken, what stress testing of the information provided by the insurers was done by the department? If you're able to provide that, ideally in table form, on Tuesday, if you can table it as part of your opening statement, then I think that will make things move a lot quicker.	45 - 26/10/2017
SQ17-001122	4 - Individual Health Benefits	Dastyari, Sam	Private Health Insurers net profits	Senator DASTYARI: Minister, private health insurers made \$1.4 billion in net profits last year. Reading through the proposal from the government, there's nothing in the package that addresses excess profits, is there? Senator Nash: Senator, this not being my area, I'll take that on notice for you.	46 - 26/10/2017
SQ17-001123	4 - Individual Health Benefits	Di Natale, Richard	Private Health Insurance	Senator DI NATALE: Perhaps let me talk generalities then. The ombudsman has indicated a rise in complaints over the last four years. Do you have any view as to why that's occurred? Ms Shakespeare: I think you'd probably need to ask the ombudsman for details about the reasons for the complaints. Senator DI NATALE: You don't have any sense as to why there is an increasing number of complaints? Do you have a sense as to why there's an increasing number of complaints? Ms Shakespeare: I think we'd need to check with the ombudsman for the reasons for the complaints.	48 - 26/10/2017
SQ17-001124	4 - Individual Health Benefits	Di Natale, Richard	Child Dental Benefits Schedule	Senator DI NATALE: What is the uptake of the child dental benefit schedule? Mr Cormack: Since commencement, 2,095,677 children have utilised the program. In 2017 that number is 859,714 children; that's to September. Senator DI NATALE: What's that as a proportion of eligible children? Mr Cormack: It's 34.6. Senator DI NATALE: What was the raw number? Mr Cormack: The 34.6 refers to the 2016 year. Let me give you those figures first, then I'll come back to the one I just gave you. In 2016 it was 1,036,920 children out of, basically, 2.9 million, equating to 34.6 per cent. So this year, and I don't have up-to-date figures for the number of notified eligibles, we can say that 859,714 children have utilised the program in 2017. Senator DI NATALE: How is that tracking compared to the same time— Mr Cormack: It's looking better. Senator DI NATALE: How much better? Mr Cormack: I'll have to do the precise maths, but we are basically— Senator DI NATALE: What was the raw number back then? Mr Cormack: The raw number for the full year in 2016— Senator DI NATALE: But up to September? Mr Cormack: I don't have the September-to-September comparisons in front of me. Senator DI NATALE: Right. But you're confident that 800,000 number is higher than it was at the same time last year. Mr Cormack: We believe that it is, but we will certainly need to take that on notice; we will certainly do that. Also, there's been a much higher level of awareness since the settling of the policy and, as you're probably aware, a number of the corporate dental companies have been very actively promoting the scheme since it was settled.	51 - 26/10/2017

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001125	4 - Individual Health Benefits	Di Natale, Richard	Child Dental Benefits Schedule	Senator DI NATALE: Okay. So we have gone from 155 per year to 128 per year to, now, 110 per year. Mr Cormack: I'm not sure where you are getting the 128 per year. Senator DI NATALE: It was cut from 155 down to 128—was supposed to be in the calendar 2017. Mr Cormack: We'll double-check your figuring, but I'm confirming there's been no further change to what was announced earlier. And, yes, the funding on a per-year basis is lower. That was announced when the government settled its arrangements. We're finalising agreements with a number of jurisdictions. We have a couple of them formally signed up—South Australia and Tasmania—and we'll be finalising arrangements with the other states. Senator DI NATALE: We've had a significant reduction from \$155 million originally, which itself was a reduction, down to \$110 million per year now, is that correct? Mr Cormack: We'll get a calculator out in a minute Senator DI NATALE: I just want to compare apples with apples. Mr Cormack: The figure is \$242.5 million. Senator DI NATALE: But that's over 2½ years, yes? Mr Cormack: \$242.5 million plus \$54 million on top of that for the first six months of the three-year period. That's \$297 million for that three-year period. Senator DI NATALE: So you'll give me that per annum? Mr Cormack: Yes, we'll get you that before we finish today.	53 - 26/10/2017
SQ17-001126	4 - Individual Health Benefits	Griff, Stirling	IVF	Senator GRIFF: The minister would be aware of this, because I asked a similar question in question time: if we have a look at the publication, or the lack of publication, of IVF success rates—from the 2014 Hansard report, live-birth rates vary from 9 per cent to 24 per cent between clinics for fresh cycles. This information is not available on a clinic-by-clinic basis, so it's not transparent to consumers. I also note that the ACCC reviewed the claims made by some clinics that are advertising what their rates are, and forced a number to change the way they publish their success rates on their websites. Is the department actually doing any work to investigate the possibility of publishing nationally consistent data for outcomes for all clinics rather than leaving clinics to voluntarily publish their own selective data? Ms Shakespeare: We are having discussions and doing work with the Fertility Society of Australia, which owns that particular information and database that you mentioned. Yes, we are working with them. Senator GRIFF: You're working with them to achieve what? Ms Shakespeare: To see whether or not more information can be provided to the public about the success rates of particular clinics. Senator GRIFF: So, you've discussed with them the option of being able to publish them on a clinic-by-clinic basis? Ms Shakespeare: We are discussing that; it's an ongoing piece of work. Senator GRIFF: When do you expect that to be finalised? Ms Shakespeare: I'm afraid I couldn't say. Perhaps I can take that on notice.	55 - 26/10/2017
SQ17-001127	2 - Health Access and Support Services	Watt, Murray	Cervical Screening system	Senator WATT: The next one was having the system ticked off by users. You said that this had to happen in mid-September. Did that happen on schedule? Mr Madden: We have had user based testing. I don't have the exact date with me, but the user based testing has been completed and ticked off. Senator WATT: So it's been completed. You're not sure if it happened by mid-September? Mr Madden: No. I can check that., if you like.	60 - 26/10/2017
SQ17-001128	2 - Health Access and Support Services	Siewert, Rachel	FASD Strategy	Senator SIEWERT: There won't be another step in between what's come out of the consultation process, the next version and it going for final approval by the minister? Mr Laffan: No, the consultation process is complete. Senator SIEWERT: Okay. Were there major things that came out of that consultation process? Mr Laffan: I'd have to take some of the specifics on notice. Senator SIEWERT: Could you take that on notice: what were the major issues that came up in that process? Mr Laffan: Certainly. Senator SIEWERT: Thank you.	65 - 26/10/2017
SQ17-001129	2 - Health Access and Support Services	Kakoschke-Moore, Skye	LDAT	Senator KAKOSCHKE-MOORE: Are you able to give us a breakdown of the areas where those unsuccessful applications were made? I'm try to get a sense of if they were in metropolitan areas or rural areas. Mr Laffan: For unsuccessful applications we'd need to take that on notice. Senator KAKOSCHKE-MOORE: That's fine, thank you. I'd also like to know what some of the reasons are for unsuccessful applications—not those that were commenced and they just never completed the application but the completed applications that were knocked back. What are some of the reasons why and also what sort of feedback is provided to those organisations that made an unsuccessful application? Mr Laffan: I don't have a specific list of reasons in front of me, although of course you'll appreciate that, with a competitive round that's been undertaken, in the assessment by the independent expert panel they've made the recommendation to the Alcohol and Drug Foundation that these were the best 40 to proceed.	67 - 26/10/2017

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001130	2 - Health Access and Support Services	Kakoschke-Moore, Skye	LDAT	Senator KAKOSCHKE-MOORE: Okay. Can you tell me what analysis you're doing on the LDATs that have been established and the work that they're doing? How do you ensure that they're achieving what they said they were going to achieve with the money? Mr Laffan: There's an annual reporting process which is required for those LDATs. The LDATs that were successful in round 1 need to provide an annual report to the Alcohol and Drug Foundation by the end of this month. Senator KAKOSCHKE-MOORE: Is that report made public—are we able to see it? Mr Laffan: I'm not sure; I don't think it is. But there'll be monitoring to ensure that they are achieving the outcomes they set out to achieve and are conducting activities they said they were going to do with that grant money. Senator KAKOSCHKE-MOORE: You haven't had any feedback yet on the first round of funding. These are the first reports that will be tabled. Mr Laffan: Yes. We have some anecdotal information but the reports themselves will come through to the Alcohol and Drug Foundation at the end of this month. Senator KAKOSCHKE-MOORE: Will you take on notice whether or not they'll be made public? Mr Laffan: I can take that on notice, yes.	68 - 26/10/2017
SQ17-001131	2 - Health Access and Support Services	Siewert, Rachel	Residential Rehabilitation Services	Senator SIEWERT: Okay. Has there been any work done on what state services are available in that region? Dr Studdert: We'll take that on notice. Senator SIEWERT: Could you take that on notice and provide what you can tonight. Dr Studdert: All right. Senator SIEWERT: If you can take that on notice, that would be appreciated. Could you also take this on notice, if you can't answer it now. In answer to that question, you articulated Northam and South Hedland as residential rehabilitation services, which are quite some distance and a very large distance away from Mandurah. Which residential treatment services would you be using or would you envisage would be used for the drug-testing trial? Dr Studdert: Senator, just to be clear: there's no prescription around what the treatment services will be. Senator SIEWERT: I know that. Dr Studdert: That would be up to the clinicians and the clients. Senator SIEWERT: Yes, but residential treatment services are required for many people with addiction, so, if you could take on notice which services you would intend that people would use, that would be very much appreciated. Dr Studdert: Okay.	71 - 26/10/2017
SQ17-001132	2 - Health Access and Support Services	Griff, Stirling	PHN Outcome Measures	Senator GRIFF: Could you provide on notice the outcome measures that you're looking to. Ms Cole: Yes, we can do that, for example in the mental health area. Senator GRIFF: Okay, great. Thank you.	71-72 - 26/10/2017
SQ17-001133	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Trial Sites	Senator O'NEILL: What's the breakdown of expenditure to date for each of the suicide prevention trial sites? Ms Cole: We don't have breakdown figures to date. I can get that for you on notice for each of the 12 trial sites.	74 - 26/10/2017
SQ17-001134	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Trial Sites	Senator O'NEILL: I might put on notice why you haven't stipulated what the funding should be used for, given community expectation that this is about service change and trials of new services, not about covering the costs of travel, as much as that is an important part to get people together. The service provision is going to be different from place to place. I'd like a more fulsome answer on that. Could I go to the department to give me an update on the progress of each of the 12 suicide prevention sites, including population groups, locations, the list of steering committee working group members and whether on-ground services or activities have been commissioned? How quickly do you think you can do that? Ms Cole: Would you prefer me to put it on notice, because it is quite a lot of information you've just asked for? Senator O'NEILL: I think, in the interests of time, that we might need to do that, but I had hoped that you might be able to do it reasonably quickly, because it is just facts that probably are to hand. If there's any way you could get it before this evening's finished, that would be very much appreciated. Ms Cole: I can run through this very quickly for you now. Are there any sites you would like me to focus on? Senator O'NEILL: As I said, if there's any way you could get a tabulation of that together by 11 o'clock tonight, that would be great. Ms Cole: Yes. Senator O'NEILL: If there's somebody who can do that, that would be really helpful. Ms Cole: How about I give you the memberships? The memberships are not the individual names; it's where they're from. Senator O'NEILL: I was actually after the list of the steering committee members, the working group members. Ms Cole: So, for example, the one for the Kimberley, which I just have here in front of me, we did actually give the actual names to you on a question on notice. Senator O'NEILL: I'm trying to get the whole thing together in one go. If you can possibly dump that information into a document, that would be great. Mr Cormack: Yes, we'll do that. Ms Cole: We'll do that... Senator O'NEILL: When you put that data together in that data dump for me, would you be able to identify which one is using which methodology—or a blend of two by the sounds of things in some cases? Thank you very much.	75-78 - 26/10/2017
SQ17-001135	2 - Health Access and Support Services	O'Neill, Deborah	PHN Correspondence	Senator O'NEILL: I understand that you're looking at giving support, but, given this collapse of time, surely getting meaningful data is also a concern to you. Again I ask: have any PHNs written to you formally—apart from the trial site participants or project officers—to say, 'We need more time. We're starting this late and we can't do quality data collection and analysis in the time you're allowing us.' Ms Beauchamp: I'll take on notice whether we've been asked for an extension of time. I should also add we're in the process of engaging an evaluator to look at the sort of data that's being collected and to assess the trial.	76-77 - 26/10/2017

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001136	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Trials	Senator O'NEILL: Could you take on notice how you're going to deal with getting the complete set of evaluations and a comparative set of evaluations when you've got such a significantly staggered start? Without adjusting that—it's a very significant and important question I think. Mr Cormack: Sure. Ms Cole: Yes.	77 - 26/10/2017
SQ17-001137	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Trial Sites	Senator O'NEILL: What's the time difference between the first announcement and the final announcement of the sites? Ms Cole: I'll have to check, but it's between six and nine months.	78 - 26/10/2017
SQ17-001138	2 - Health Access and Support Services	Siewert, Rachel	Mental Health in Multicultural Australia	Senator SIEWERT: Okay, thank you. In relation to the Mental Health in Multicultural Australia program, where is the targeted competitive approach up to and has a service provider been selected? Ms Cole: We're currently in discussion. The process is finished and we're just in discussion with a possible provider. Senator SIEWERT: Sorry. We have trouble hearing you. I apologise. Ms Cole: Apologies, Senator. The tender process, the evaluation process, has been finished and we're currently in discussions with a potential service provider. Senator SIEWERT: Does that mean, because you're still in discussions, you can't tell us who the successful tenderer is? Ms Cole: That's correct. Senator SIEWERT: When do you expect to be making the decision? Ms Cole: Very soon. Senator SIEWERT: Are you able to take on notice the process you've gone through and the time line you've gone through for the selection of the successful tenderer, rather than going through it now?	81 - 26/10/2017
SQ17-001139	2 - Health Access and Support Services	Smith, Dean	Rural & Remote Mental Health	Senator SMITH: Would you be open to exploring some of those specific Western Australian concerns that have been raised with Senator Siewert and myself—putting the metropolitan and the regional aside—about the representations that have come to us specifically around the genuinely remote and rural aspects of this? Ms Cole: I'd be happy to provide you with further information about what the PHN is already doing in this scenario.	82 - 26/10/2017
SQ17-001140	2 - Health Access and Support Services	Siewert, Rachel	Forced Adoptions	Senator SIEWERT: Yes, they'll be really sad! You may need to take this on notice. I asked this in the Department of Social Services yesterday and they said to ask Health. As you may recall, there was a package of measures that were rolled out to help people affected by forced adoptions, and part of that package included training for psychologists specifically around forced adoption. They were then to prepare a list of the people that had been trained so that people requiring specialists could find people that had been trained on forced adoptions. I have had contact from people that have indicated they're finding it hard to find that list. In fact, they don't know if it was ever developed. Are you aware whether that list was actually developed? As I understand it, it was APS that was supposed to be doing it. Ms Cole: DSS did let me know that you were going to ask this question. Essentially, we do not have in our records any requirement for the APS to develop a list. They have developed the training and engaged with a number and 563 clinicians have actually complete that training. I understand the point that you're making, so I'll have a separate discussion with the APS and see whether it can be— Senator SIEWERT: Can you please. I was a part of that reference committee. I was know there was a commitment to do that. Ms Cole: Yes. We'll see whether we can retrospectively fix that issue for you. Senator SIEWERT: That would be appreciated because, as I said, people are finding it hard. Ms Cole: Yes, I understand the issue. Senator SIEWERT: It's hard to find somebody with the skills and the understanding, and that was why the commitment was made in the first place. Ms Cole: I'll talk to the APS and perhaps report back to you on notice as to how we go.	83 - 26/10/2017
SQ17-001141	2 - Health Access and Support Services	O'Neill, Deborah	The Fifth National Mental Health Plan	Mr Cormack: The fifth national mental health plan was settled at the last COAG Health Council meeting in August, agreed by all ministers. And Minister Hunt, on the final day of Mental Health Week, made some public statements around the fifth national mental health plan. The more important thing you're referring to is the implementation. Senator O'NEILL: Can I clarify first: is the version that's on the website the actual final version? Mr Cormack: That is correct. The one on the COAG Health Council website, I think, is up; I'll just check. I think it's up on our website. Senator O'NEILL: There's uncertainty in the sector if that's the final one because there was actually no launch for this. Mr Cormack: It was announced, as I said, at the August COAG Health Council meeting and the final version of the plan and the implementation approach was put up on the COAG Health Council workshop about a week-and-a-half ago, from memory—I'll check the date—and that's the version. Certainly the stakeholder groups that were part of that would be aware that the plan has been finalised.	84 - 26/10/2017
SQ17-001142	2 - Health Access and Support Services	Watt, Murray	LGBTIQ specific services	Senator WATT: For instance, there's a group called Qlife. Have they had contact with the department, and what have they advised you in this regard? Mr Cormack: They have been in contact with the department, and they have advised that they have had an increase in the number of contacts. Senator WATT: How have their characterised that increase? Mr Cormack: For specific information we have to take that on notice, because we haven't got the stats with us. But they have indicated that they're monitoring it very closely. That organisation put some guidance materials on their website for people who may have concerns during the period of the postal survey. We have kept in touch with them, but we don't have any statistics or information available with us today.	86 - 26/10/2017
SQ17-001143	2 - Health Access and Support Services	Siewert, Rachel	Partners in Recovery (PIR) in ACT	Senator SIEWERT: Last estimates, we had a discussion about the PIR in the ACT and the issues around the specific nature of ACT moving more quickly to full rollout. How many of the clients of ACT Partners in Recovery are yet to seek access to the NDIS? Mr Cormack: I think we might need to take that one on notice. We don't have that information available.	86 - 26/10/2017

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001144	2 - Health Access and Support Services	Siewert, Rachel	Mental Health Research	Senator SIEWERT: I'll be really quick, and you may need to take some of these on notice. The research that you're doing, there is an established agreement that there is a significant issue in older Australians, particularly those in aged care, around mental health. Can I ask you take on notice to give me the details of the research that you're doing on that—who's undertaking it and the time line for completing that? Mr Cormack: Sure. We're happy to take that on board.	87 - 26/10/2017
SQ17-001145	2 - Health Access and Support Services	Roberts, Malcolm	National Mental Health Commission	Senator ROBERTS: In March 2013, the National Mental Health Commission announced a partnership with the Mental Health Commission of Canada. The two countries signed a memorandum of understanding, and agreed to share knowledge on best practises for mental health research. The Marijuana for Trauma organisation now has 11 clinics across Canada, treating literally thousands and thousands of patients. Are you monitoring this proven, successful strategy? Mr Cormack: It's probably best if we ask the Chief Executive Officer of the National Mental Health Commission, Dr Peggy Brown, to talk to that item. Dr Brown: It is not something that we have been actively monitoring in recent times, but I am actually attending a meeting with the Mental Health Commission of Canada in two weeks time, and I'll certainly raise it there. Senator ROBERTS: Would you be able to let us know how that goes? Dr Brown: I'd be happy to do that.	87 - 26/10/2017
SQ17-001147	6 - Ageing and Aged Care	Polley, Helen	ACAT and RAS Wait Times	Senator POLLEY: Can you tell me, then, which of the states currently have the longest waiting times for ACAT and RAS assessments? Ms Buffinton: Let's start with ACATs because that was the area where we were particularly concerned. In terms of wait times, there's been a strong improvement. Just to remind: we did have an improvement schedule. We asked each state to give us an improvement schedule on their work. Assessments that are open for more than 75 days we put as a formal benchmark for this financial year. First of all, in terms of those that are open by jurisdiction, you'll be pleased to know, for example, in your state of Tasmania that whereas in May there were 89 assessments still open with more than 75 days, that was down to one assessment open for more than 75 days. Senator DUNIAM: That's great news. Ms Buffinton: Many of the states have made major improvements after we've both gone out and spoken to them. We've sent out people to share best practice, and the minister also wrote to his counterpart health ministers to make sure that there was a focus on improving ACAT performance. Senator POLLEY: So it was just a matter of having a conversation with him? Ms Buffinton: No. We began in February, where we've gone out and spoken. It's been six months. It's still a work in progress, but by May they all had to submit a work plan. Whereas there was a lot of concern in the community, and we shared that concern, there's been a lot of improvement. Senator POLLEY: Is that also for Queensland and South Australia? Ms Buffinton: Indicative in Queensland in May there were 1,479 assessments beyond 75 days, and by September it was 127. Senator POLLEY: To save a little bit of time would it be possible to table a copy of what you're reading from? That would probably save some time. Senator DUNIAM: That would be an idea. Ms Buffinton: Yes, that's fine. Senator POLLEY: Excellent. What is the situation with RAS? Or, again, have you got a table? Ms Buffinton: We could provide a table on RAS as well. Again, RAS, we've never had that same level of concern. ACATs were our concern. RAS have been timely. We've had a couple of providers of concern. Because they're on a contract we can have a much faster direct engagement with them to getting them to focus on improving.	90 - 26/10/2017
SQ17-001148	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Senator POLLEY: The government has announced it will convert lower level packages into an additional 6,000 packages at level 3 and 4 in 2017. Can you confirm that there is no additional funding associated with this commitment, and when will the 6,000 packages be delivered? Ms Buffinton: I can confirm that there is no additional funding converting from level 1 and level 2 packages to the more highly demanded level 3 and level 4 packages. They are already rolling out, but it's not just in one instant. We are now increasing the offer of level 3 and level 4 packages and that will be going over the next few months. Senator POLLEY: So how many have been released thus far? Ms Buffinton: Of that 6,000? I probably will have to take that on notice. But the intention is to roll them out fairly quickly.	93 - 26/10/2017
SQ17-001149	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Senator POLLEY: How many of the level 1 and 2 packages will be scrapped to deliver the additional 6,000 level 3 and 4 packages? Ms Buffinton: Just under 17,000—remembering, as you might recall, that a level 1 package is worth around about \$8,000 and a level 2 package is worth just under \$15,000, but a level 3 is worth almost \$33,000 and a level 4 is worth just under \$50,000 in terms of annual value. Senator POLLEY: Will this create a problem in having access to that lower level package? Ms Buffinton: In making that decision, the government did take into account that level 1 and level 2, when we offer those packages, are the highest volume of packages where people choose not to take them up. First of all, many who are offered level 1 and level 2 are already in Commonwealth home support. Whether they're a pensioner or they're independent, they do not pay for that Commonwealth home support. When they come into home care, if they're a pensioner, they do make a small contribution. If they're self-funded, they make a full contribution. At this point, consumers are opting to stay on their Commonwealth home support package and the relative attractiveness is when their needs get to a point of level 3 or level 4. So when we do offer them level 1 or level 2, they choose not to take up that package—not everyone, but on average there is a higher propensity not to take up level 1 and level 2 when they're offered. Senator POLLEY: Have you got any data or statistics that you can provide to us on that? Ms Buffinton: Yes, on notice. We can show how that trend works.	93 - 26/10/2017

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SQ17-001150	6 - Ageing and Aged Care	Griff, Stirling	ACCC Site Visits	Senator GRIFF: Welcome, Ms Lamb. I'd like to refer to page 22 of your annual report where you state that you made 50 site visits, of which only seven were not announced. Why were only seven out of 50 not announced? Ms Lamb: Our site visits are a little different from the ones the accreditation agency does. Our site visits are usually part of the process of dealing with a complaint. Most of the time when we make a site visit it's usually to talk to the care recipient and often to meet with the family, or it may be to interview particular staff, so they kind of need to know we're coming. It's a little different from the role of the agency, which I'm sure Nick will talk about, where they're doing visits as part of their assessment and monitoring. Senator GRIFF: Were the unannounced ones done for a particular reason, such as there was a concern of some type? Ms Lamb: It depends on the complaint issue. When we receive a complaint we look closely at the issue, and, on occasion, there is an issue which is such that we think that the best thing to do is to go straightaway and have a look. Senator GRIFF: What were these seven? Ms Lamb: I'm sorry; I don't have that information at hand. Obviously with 4,500 complaints— Senator GRIFF: I understand. Ms Lamb: I could certainly take it on notice.	94 - 26/10/2017
SQ17-001151	6 - Ageing and Aged Care	Griff, Stirling	AACQA accreditation visits	Senator GRIFF: How many other homes have you uncovered this year that, like Makk and McLeay, have been generously treated by auditors—that is, they did not deserve a clean slate and three-year accreditation?... Senator GRIFF: Is that 11 out of the 14, or is that separate? Mr Ryan: I beg your pardon, no; that's 11 findings overall, against all accreditation visits, which includes—year to date—696 unannounced assessment contacts, 88 announced assessment contacts, 15 review audits and 204 reaccreditation side audits. Senator GRIFF: Could you provide that list, or those details? Mr Ryan: Of course, we will be happy to table that, Senator.	95-96 - 26/10/2017
SQ17-001152	6 - Ageing and Aged Care	Griff, Stirling	AACQA accreditation visits	Senator GRIFF: So the last positive audit was actually in February, then obviously everything has changed. Is there any reason why the 2017 audit report is not available on your website? When you click on the link, you get the May 2017 audit report, even though it actually says it's the February 2017 report. Mr Ryan: I would have to check on that, but normally the most recent decision that has a bearing on a period of accreditation is on our website. If you seek that February report, we will be happy to table that or to provide that to you. I would need to come back with a specific reason as to why the February wouldn't be available, but we will certainly follow up on that.	96 - 26/10/2017
SQ17-001153	6 - Ageing and Aged Care	Griff, Stirling	Unspent Funds From Package	Senator GRIFF: But how do you know that the provider is actually returning appropriate funds to you? And do you do regular audits? Do you undertake audits of the providers to make sure that they are returning the correct amount of funds? Ms Goddard: As Ms Buffinton said in relation to unspent funds, there is a process that we go through through the department and through the service provider, and that is led by the service provider. Senator GRIFF: Do you audit the providers? Ms Goddard: I would need to take that on notice. Senator GRIFF: So you don't believe that you audit the providers? Ms Buffinton: This will link in with the Department of Human Services. The Department of Human Services run the payments to the provider. They actually have the system of identifying that somebody has left and so therefore we cease payments, so I would have it take that on notice because that would be an answer that we would provide in consultation with the Department of Human Services.	97 - 26/10/2017
SQ17-001154	6 - Ageing and Aged Care	Siewert, Rachel	Homelessness supplement for residential care	Senator SIEWERT: I have a number of areas I want to go through, so I will try to move through them as quickly as I can. I wanted to go to the homelessness supplement. You may need to take some of these questions on notice. I'm after, initially, how many places in how many services were or are receiving the homelessness supplement for residential care and also the viability supplement for people who are homeless or at risk of homelessness. Is that something you can supply fairly easily? Mr Murray: Unfortunately, we don't have those details with us. I'm happy to take that on notice.	98 - 26/10/2017
SQ17-001155	6 - Ageing and Aged Care	Siewert, Rachel	Homeless viability supplement	Mr Murray: The viability supplement covers a number of components. It covers rural and remote areas. There's also a homelessness component of that. Senator SIEWERT: Can you break it down to the homeless— Mr Murray: To get that breakdown, I would have to actually take that part on notice. Senator SIEWERT: Okay. That's why I was asking— Mr Murray: Trying to break that down into its components? Senator SIEWERT: Exactly. Can you take that on notice? If you can break it down to each of the components, that would be really appreciated. Mr Murray: Sure. Senator SIEWERT:	98 - 26/10/2017

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SQ17-001156	6 - Ageing and Aged Care	Siewert, Rachel	ACFI flexi fund recommendation	Senator SIEWERT: In terms of the recommendations, the question I really want to focus on is the ACFI flexi fund recommendation No. 1—providing an opportunity for eligible, existing, Indigenous-focused aged care services—that is not currently funded under the program to access the available funding under this scheme. The department agreed, with qualification. Can I ask you to expand a little on your thinking on that and where it's progressed to? Ms Rule: Senator, you'll have to forgive me. As that audit report was released before the previous estimates, I don't have a copy of the recommendations and the response in front of me. I can tell you that our thinking on agreeing to that recommendation, with qualification, is that, yes, we should look at opportunities to expand that program but that we really had to do that within existing resources or take it through a budget process to get additional resources. So the qualification was about how we would manage within the existing funding envelope. Since then we have provided opportunity for providers. We have offered some expanded funding for those services, so we have partly implemented that recommendation. Senator SIEWERT: So how much have you— Ms Rule: I'm sorry, I'll have to take that on notice as I don't have a brief on that. Senator SIEWERT: Could you take on notice whether that has been taken up? Ms Rule: Yes. Senator SIEWERT: You're saying it has been? Ms Rule: We basically did a funding round where providers could apply for additional funding, so all of the available additional funding was allocated through that round. I just can't tell you the numbers off the top of my head. Senator SIEWERT: If you could take that on notice.	98-99 - 26/10/2017
SQ17-001157	6 - Ageing and Aged Care	Siewert, Rachel	Consumer Directed Care	Senator SIEWERT: In terms of having at least two providers in each area, how frequently are some of those changing over in some of the regional and remote areas? Ms Rule: I'd have to take that on notice. I'm not aware. Senator SIEWERT: I'm particularly interested because, again, it's anecdotal. I know of one where this has happened—where one of the providers has packed up and left. So in those regional and remote areas, again, it's a market issue. Ms Rule: Yes. Senator SIEWERT: Could you perhaps take on notice how frequently some of those providers are in fact non-existent? Ms Rule: Yes. We also know that there's been a real spike in providers coming into the market since the new policy arrangements have been in place. So we'll have a look for you at what data we've got about that churn of people coming in and out.	101 - 26/10/2017
SQ17-001158	6 - Ageing and Aged Care	Siewert, Rachel	Workforce Taskforce	Senator SIEWERT: Can you tell us whether the advice given to Minister Wyatt included members of consumers and representatives of the workforce? Senator Nash: I would have to take that on notice for the minister. Senator SIEWERT: Could you take that on notice, please?	104 - 26/10/2017
SQ17-001159	6 - Ageing and Aged Care	Polley, Helen	Home Care Package	Senator POLLEY: It was reported earlier this year by the minister that 212 people had been identified through the national prioritisation system as waiting over two years for a home care package. Are any of them still waiting for a package? Ms Buffinton: I would have to look at those individual cases to comment. Senator POLLEY: You will take that on notice? Ms Buffinton: I will take it on notice.	107 - 26/10/2017
SQ17-001160	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Senator POLLEY: It also appears from the data that 16,180 people have been waiting for a package since 1 July 2016. Is this accurate? Ms Rule: Given that the system of the current national queue has only been in place since 27 February, I'm not quite sure how we could tell from the data how long people have been waiting into previous years. Senator POLLEY: Would you like to take that on notice? Ms Rule: I'm happy to take that on notice. Ms Buffinton: Yes, we can take that on notice.	107 - 26/10/2017
SQ17-001161	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Senator POLLEY: What's the average delay between a care recipient being allocated a home care package and that package becoming operational? Ms Buffinton: Once they're allocated a package and we write to them to offer them the package, they have 56 days to make a choice. We send out a reminder letter. If they need more than 56 days, they can ring My Aged Care and ask for an additional 28 days. At this stage, I can't give you the average. I might have to take that one on notice.	107 - 26/10/2017
SQ17-001162	6 - Ageing and Aged Care	Polley, Helen	CHSP and Home Care Packages	Senator POLLEY: Approximately 50 per cent of all residential-care consumers had a diagnosis of dementia, according to the Department of Health 2015-16 report on the operation of the Aged Care Act. Do you know what proportion of home care and Commonwealth Home Care Support Programme consumers have a diagnosis of dementia? Ms Rule: We would have to take that on notice. I suspect we don't collect that data. Senator POLLEY: Isn't there a supplement to the home-care package for people who have been assessed and diagnosed with dementia? So you must have figures as to those payments. Ms Rule: As I was in the process of saying, I suspect we don't collect that data for the Commonwealth Home Care Support Programme because it is a different type of program. It's a block-grant-funded program. For home care, we would have to take that question on notice—we don't have that data with us.	108 - 26/10/2017
SQ17-001163	6 - Ageing and Aged Care	Polley, Helen	Dementia Supplement	Senator POLLEY: The Tune Review reports 11,147 home-care recipients received a dementia supplement for 2015-16. How many received that supplement for 2016-17, and what percentage of all packages is this? Ms Rule: I'd have to take that on notice. I haven't got that data with me.	108 - 26/10/2017
SQ17-001164	6 - Ageing and Aged Care	Polley, Helen	Dementia Packages	Senator POLLEY: Can you give me any figures as to how many of those interim packages are being given to people diagnosed with dementia? Ms Rule: We will have to take that on notice.	108 - 26/10/2017

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001165	6 - Ageing and Aged Care	Siewert, Rachel	Dementia Funding	Senator SIEWERT: Could I ask a specific question about dementia funding. What I'm trying to find out is the total spend on dementia. Does anybody pull that together? Ms Rule: I think the answer is no. As you can imagine, there's a range of funding programs for dementia under aged care. There are also funds provided at state level through the health system. There's funding provided through Medicare. There's a whole range of funding sources. Senator SIEWERT: I should make that more specific; I apologise for that. I understand what you've just said, but in terms of funding that is specific dementia funding through the department, do you pull that overall amount together, and, if you do and I can find it somewhere, can you point me to where I can find it? Ms Rule: We can certainly give you that figure for funding provided through the aged-care system. Senator SIEWERT: Yes, for all the different components pulled together. Ms Rule: Yes, we can take that on notice. I've got a number of briefs so I could tell it to you now, but I think we are going to run out of time. Senator SIEWERT: Yes, we are. So can I ask, on notice, can you pull that together over the last, say, four years? Is that too big a task? Ms Rule: No, that is reasonable.	116 - 26/10/2017
SQ17-001166	6 - Ageing and Aged Care	Smith, Dean	ISQUA	My second question was that you mentioned that the regime had been internationally accredited with a score of 91. Mr Ryan: Correct. Senator SMITH: I don't like to assume in this business, so is it 91 out of 100? Mr Ryan: Yes, 91 per cent, Senator. Senator SMITH: That sounds impressive, so I'm assuming that 91 is well above similar regimes. Mr Ryan: I have asked the question of my colleague, Ann Wunsch, who is a surveyor for ISQua, as well as my executive director of operations. They don't normally tell everyone what they get, but I'm happy to be above 90 per cent, Senator happy. I don't have a comparative benchmark, but we will take that on notice.	116 - 26/10/2017
SQ17-001167	5 - Regulation, Safety and Protection	Singh, Lisa	Blood Tests in Williamstown and Oakey	Senator SINGH: So you waited until the completion of the risk assessment to offer the blood tests to Williamstown and Oakey? Is that what you're saying? Ms Appleyard: What we're saying is that the human health risk assessment forms an important evidence base upon which it would be determined whether blood testing should be offered. Senator SINGH: No; I'm talking about Williamstown and Oakey. Ms Appleyard: In Williamstown and Oakey, yes, that's correct. The human health risk assessment had been undertaken and it was based on that. The voluntary blood testing— Senator SINGH: Had the risk assessment been completed before you offered the blood tests? Ms Appleyard: The risk assessments were certainly underway. Senator SINGH: But they weren't completed, were they? Ms Appleyard: That announcement was made at the time that this was all in the hands of the Department of Defence. So I would have to take that on notice in terms of timing. The voluntary blood testing program and epi study have transferred to the Department of Health from the Department of Defence.	119 - 26/10/2017
SQ17-001168	5 - Regulation, Safety and Protection	Singh, Lisa	Up scheduling of Codeine	Mr Hawkins: NPS MedicineWise have been funded. They've been dealing with a more generalised communication campaign on social media. So there has been a range of products they've put together on Facebook. They've been putting some general videos on YouTube with people's different patient stories around codeine and general information around lives and families that have been affected by people who have had issues with codeine. Senator SINGH: Anyone else? Dr Skerritt: There are a number of organisations that are in discussions with government about involvement, and they're the obvious ones, ranging from people involved in rural health care, people involved in— Senator SINGH: Can you take it on notice to provide the list of organisations that will be funded? Dr Skerritt: I would be delighted to, because I would expect in the next couple of weeks that will all be finalised.	121 - 26/10/2017
SQ17-001170	3 - Sport and Recreation	Farrell, Don	National Lottery modelling	Senator FARRELL: At last estimates we also talked about modelling conducted on the revenue potential of a lottery structured in the way that Minister Hunt has described. Mr Howes mentioned at the time that more robust modelling was needed. An answer to question on notice No. 657 from the last estimates, provided an update and suggested some more robust market analysis has been completed. Are you able to share with us any of the findings of that modelling? Can it be tabled to the committee? Dr Studdert: I will ask Ms Palmer to answer that because modelling was done by ASC. Ms Palmer: My response is that because of the market sensitivities it wouldn't be prudent for us to provide that detailed information in public. We are willing to provide advice in camera and meet with you to provide further information, however. Senator FARRELL: I just want to be clear—thank you for that, and I will take up that offer. Will that extend to other members of the committee if they so wish? Ms Palmer: Can I take that on notice so that I can confirm that?	126-127 - 26/10/2017
SQ17-001171	3 - Sport and Recreation	Farrell, Don	National Sports Lottery	Ms Beauchamp: Could I just comment? I may need to take this on notice, but I would much prefer, while the government is in consideration of the sports plan and the feasibility around revenue options, to take government and the minister through this before we provide any further information in camera. I will take advice from the minister about provision of that modelling information. Senator FARRELL: Does that mean the offer to Senator Smith and I to receive in camera information the week after next has been withdrawn? Ms Beauchamp: I just want to make sure that we are briefing the government and the minister first before we offer that, yes. So it might be around timing. Senator FARRELL: So you're not withdrawing the offer; you're simply— Ms Beauchamp: I am taking it on notice and we will provide you with further advice on that. Senator FARRELL: I want to be clear: is the offer to provide the in camera information being withdrawn?	127 - 26/10/2017

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SQ17-001172	3 - Sport and Recreation	Farrell, Don	National Sports Lottery	Senator FARRELL: Well, in that case, if I'm not going to be provided with the information, can I go back to the questions that I was happy to discuss in camera and see whether I can get a response here tonight? Can you tell us about the sample size of this more recent modelling exercise and also the less robust research? Mr Howes: I will take that on notice.	128 - 26/10/2017
SQ17-001173	3 - Sport and Recreation	Farrell, Don	Survey on community perceptions on sport	Ms N Smith: 433. We also had a survey on community perceptions on sport, and we had 3,541 people respond to that. Senator FARRELL: How did you do that survey? Ms N Smith: The survey was on a website and people were able to go on and complete the survey online. Senator FARRELL: How did they become aware that they could do that survey? How did you communicate with them? Ms N Smith: We had that on the ASC website, and we communicated that in the forums as well. Senator FARRELL: I mean, that's a high number who've responded; would you not say? Ms N Smith: Yes. We were pleased that people took the time to respond. Senator FARRELL: Those 433 submissions—are you able to provide or table those submissions? Ms N Smith: The actual submissions themselves? Senator FARRELL: Yes. Ms N Smith: I'm not sure that they are for public display. Ms Beauchamp: We can take that on notice, in consultation with those that put in the submission, whether we can make them public. Senator FARRELL: Right, so if they are happy to have their— Ms Beauchamp: I'll take it on notice.	130 - 26/10/2017
SQ17-001174	3 - Sport and Recreation	Farrell, Don	National Sports Plan	Senator FARRELL: Does it have a special name, the steering committee? Mr Smith: The Steering Committee for the National Sports Plan. Unidentified speaker: You've got to do better than that, come on! Dr Studdert: It must have been devised after a long estimates hearing. Ms Beauchamp: National sports plan steering committee. Mr Smith: It could be that too. Senator SMITH: Does it have an acronym? Mr Smith: No, it doesn't. We refer to it as the 'steering committee'. Senator FARRELL: I'm hoping that after we finish at 11 o'clock they'll let you go home and not give you any further work to do tonight. How many meetings has this steering committee had? Mr Smith: I would need to take the exact number on notice. It's three or four meetings so far.	131 - 26/10/2017
SQ17-001175	3 - Sport and Recreation	Farrell, Don	FFA's 2023 Women's World Cup bid	Senator FARRELL: No, we did not, no. Has the FFA been told in clear terms that those are the criteria for the remaining \$4 million? Mr Smith: Yes. Senator FARRELL: When was that? Mr Smith: At the time at which the initial amount of funding—the initial \$1 million—was made available, it was made clear to them. I think that was in the budget context, I believe; I'd have to check the dates. It was at the time that the original money was made available—that the subsequent money would be subject to those. Senator FARRELL: Was that in writing? Mr Smith: Yes, I imagine so. I'd have to double-check the exact details. Senator FARRELL: Is it possible to get a copy of that letter? Mr Smith: I'd have to take that on notice.	134 - 26/10/2017
SQ17-001176	3 - Sport and Recreation	Farrell, Don	AIS Facilities land ownership	Senator FARRELL: You may want to take this question on notice. Could you explain what parts of the AIS facilities are on state or Commonwealth-held Crown land, what is owned and what is leased from the ACT government? Ms Palmer: I can take that on notice.	136 - 26/10/2017
SQ17-001177	3 - Sport and Recreation	Farrell, Don	Indigenous Sport and Active Recreation Program and Elite Indigenous Travel and Accommodation Assistance Program	Senator FARRELL: I'd like to ask some questions about a couple of former funding programs. These programs are not current and were moved out of the sports portfolio and into the Department of Prime Minister and Cabinet. If you need to take them on notice, please do so. Can you tell me exactly when the Indigenous Sport and Active Recreation Program and Elite Indigenous Travel and Accommodation Assistance Program were moved to the Department of Prime Minister and Cabinet? Ms Palmer: I would need to take that on notice. Senator FARRELL: Could you also tell me exactly when the last grant under each of those programs was provided? Ms Palmer: I do know the Elite Indigenous Travel and Accommodation Assistance Program ceased this year. The last grant was provided, I think, on 30 June. Senator FARRELL: Would that have been June this year? Ms Palmer: It was 30 June this year, yes. Senator FARRELL: And did you say you knew the other one? Ms Palmer: No, I don't, I'm sorry. Senator FARRELL: Can you find that out for me? Ms Palmer: I can find that out, yes. Senator FARRELL: Can you please tell me how much in total was provided through each of those programs prior to the 2013 election? Ms Palmer: I'd have to take that on notice as well.	136 - 26/10/2017
SQ17-001178	3 - Sport and Recreation	Farrell, Don	GOLDOC and ASADA Contract	Senator FARRELL: Is that contract going to be publicly available? Mr Sharpe: That would be a contract between us and GOLDOC. That would be a matter I'd have to take on advice. Senator FARRELL: Could you let me know? Mr Sharpe: I can.	138 - 26/10/2017

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SQ17-001180	5 - Regulation, Safety and Protection	Georgiou, Peter	Australian Water Guidelines	Minister, I was recently in Kalgoorlie for a Senate Committee hearing and met with a Doctor who provided information on ground-breaking findings from her research into kidney disease and diabetes in regional and remote areas. Contrary to assumptions the problem is NOT Indigenous specific and while diet and other factors do have some impact, the problem was identified as the levels of nitrate in the groundwater which is the drinking water source. I am well aware that health delivery and water are State and Territory responsibilities. However, the Australian Water Guidelines are set by the National Health and Medical Research Council in your portfolio. Those Guidelines include a requirement for providing safe drinking water from catchment to consumer. As well, Dr Jeffries-Stokes research indicates it is the cause of major health issues right across different areas in the country. 1. Dr Christine Jeffries-Stokes has undertaken her research without support from any government agency and in fact has met a wall in trying to get support although solutions have been identified and are available. 2. Can you advise of action, if any, from your department to follow up on what appears to be an achievable solution to a major, and costly, health issue for the country? Further to this can you also elaborate on the following: (3) I refer to water supplied to remote towns and communities in Australia (WA) and ask: (a) how is water supplied; (b) are there water source monitoring programs; (c) if yes to (b), what is the water level data used for; (d) if no to (b), why not; (e) Is there a 'multiple barrier' approach to drinking water delivery, whereby multiple barriers are in place so that if one fails, other systems still prevent or reduce potentially harmful contaminants from reaching consumers; (f) if no to (e), why not; (g) are water supplies continuously disinfected, which is essential to reducing consumers' exposure to disease-causing micro-organisms; (h) if yes to (g), how and when; (i) if no to (g), why not; (j) are the physical and chemical characteristics of the water analysed to ensure safe levels as recommended in the Australian Drinking Water Guidelines (ADWG); (k) if yes to (j), how and when; (l) if no to (j), why not; (m) Are there universal online monitoring systems at critical water supply points, allowing signals to be sent to operators immediately when problems occur; (n) if no to (m), why not (o) if yes to (n), to where and when?	Written
SQ17-001181	5 - Regulation, Safety and Protection	Georgiou, Peter	Australian Water Guidelines	1. I refer to testing of water supplied to remote towns and remote communities in Australia and ask: (a) how are water samples collected; (b) where are the water samples collected from; (c) are samples collected for each town and remote community; (d) how are samples delivered to testing laboratories; (e) where are the testing laboratories located; (f) how many analyses are carried out for each town and remote community each year to determine microbiological, physio-chemical, trace metal and radiological characteristics of the water to confirm it is safe to drink; and (g) please identify which towns and remote communities are at risk for: (i) microbiological indicators that pose an immediate risk; and (ii) physical and chemical water quality characteristics that may present a risk if the consumer was exposed to concentrations above ADWG levels over a lifetime? (iii) Where the characteristics are found to exceed the ADWG levels what is done to rectify the situation? (iv) Who is responsible to ensure the levels are below the ADWG guideline levels? (v) what will be the health effects if the guidelines are exceeded for the people consuming the water?	Written
SQ17-001183	5 - Regulation, Safety and Protection	Georgiou, Peter	Australian Water Guidelines	For all towns and remote communities please table a list of the following in the water and the levels or range (not the averages) for all years available: Aluminium, Alkalinity, Antimony, Arsenic, Boron, Barium, Beryllium, Bromide, Carbonate, Calcium, Cadmium, Chloride, Cobalt, Chromium, Copper, Conductivity, Fluoride, Iron, Bicarbonate, Hardness, Mercury, Potassium, Magnesium, Manganese, Molybdenum, Nitrate, Sodium, Nickel, Lead, Silver, Sulphate, Selenium, Silica, Total Soluble salts, Vanadium, Zinc, pH, Nitrates, and Uranium.?	Written
SQ17-001206	2 - Health Access and Support Services	Siewert, Rachel	Mental Health Nursing Services	In April of this year, Minister Hunt announced an extra \$2 million for local mental health nursing services. The press release dated 28 April 2017 states, 'A total of \$7.7 million will be made available to four Primary Health Networks: South Eastern Melbourne; Eastern Melbourne; Murray and Western Victoria.' Has this additional funding being provided to these four PHNs and is it being used solely to commission mental health nursing services as was intended?	Written
SQ17-001207	5 - Regulation, Safety and Protection	Rhiannon, Lee	Toxoplasmosis	Is Toxoplasmosis a notifiable disease? a. If not when and why did it cease to be such? b. If it is, what are the circumstances that determine notification?	Written
SQ17-001208	2 - Health Access and Support Services	Siewert, Rachel	Cost of Mental Health	Given the high cost of mental health care provided by hospitals and high rates of hospital admittance what is being done to improve referral rates by general practitioners to psychologists, psychiatrists or counsellors?	Written
SQ17-001209	6 - Ageing and Aged Care	Siewert, Rachel	24/7 Registered Nurse	A requirement that there must be a registered nurse present in aged care homes 24/7 has been proposed as an important patient safety measure. Has there been any progress towards implementing this?	Written
SQ17-001210	2 - Health Access and Support Services	Siewert, Rachel	Nationally consistent practice framework	What is being done to develop a nationally consistent practice framework underpinned by the National Registration and Accreditation Scheme (NRAS) to adequately safeguard patient safety amidst increasing numbers of Assistants in Nursing (AINs) (however titled) in aged care settings?	Written
SQ17-001211	6 - Ageing and Aged Care	Siewert, Rachel	Home Care Package	a) Between 27 February and the latest cut-off for available data, how many people commenced a new home care package after reaching the top of the queue and being assigned a package? b) Of those people who did take up a new package, what was the mean and median amount of time between being assigned a package and commencing the new package?	Written

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001212	6 - Ageing and Aged Care	Siewert, Rachel	Home Care Package	In the time for which there is available data, how many people did not take up their assigned home care package within the allotted 56-day period? • How many of those people chose to obtain the 28-day extension? • And how many of those people did not take up their assigned package after a total of 84 days?	Written
SQ17-001213	6 - Ageing and Aged Care	Siewert, Rachel	Aged Care Funding Cuts	Blue Care in Queensland has just terminated the employment of 9 registered nurses, saying that these staff cutbacks are as a direct result of the Federal Government reforms and cuts to aged care funding. Many other aged care providers around Australia are also reducing staff and cutting nurses citing the Government cuts to aged care funding. Is the Government aware that the cuts to funding for aged care are causing staff cutbacks by Blue Care in Queensland, Southern Cross Care in Tasmania and Bupa in Victoria?	Written
SQ17-001214	6 - Ageing and Aged Care	Siewert, Rachel	Redundant Bupa Nurses	Bupa has just made 25 senior clinical nurses redundant across its 26 Victoria sites, because they state that aged care funding is tightening. Bupa management is expected to generally not replace someone who calls in sick. The money-saving practice, known as 'save a shift', exacerbates already stretched staff and would not be detectable in a nursing home audit. Is the Department monitoring the decrease in nursing home staff and the impact on resident care since cuts were announced?	Written
SQ17-001215	6 - Ageing and Aged Care	Siewert, Rachel	Staff Ratios	Is the Department following up on reports of understaffing in aged care facilities with spot, unannounced inspections in the evenings and on weekends, and when staff call in sick?	Written
SQ17-001216	6 - Ageing and Aged Care	Siewert, Rachel	Staff ratios	What policy or action does the Department take to ensure that providers are filling staff on annual leave and sick leave and not leaving facilities short staffed?	Written
SQ17-001217	6 - Ageing and Aged Care	Siewert, Rachel	Bupa Ballarat Staff Ratios	The Aged Care Act states aged care providers must have 'adequate' skilled staff. If Bupa Ballarat's night shift is two nurses and four carers for 144 residents, is this considered 'adequate'? • At what point would the Department consider a facility's skilled staffing level as 'inadequate'?	Written
SQ17-001218	6 - Ageing and Aged Care	Siewert, Rachel	Bupa Staff ratios	Bupa has just made 25 senior clinical nurses redundant across its 26 Victorian nursing homes because 'funding to care for residents in residential aged care is tightening'. Victorian government figures reported in Fairfax media this month reveal a 25 per cent increase in nursing home resident transfers to hospital – more than 14,000 residents in the last financial year, up from 11,200 in the previous year. The increase corresponds with a decrease in nurses employed in nursing homes. Does the Government consider that the increase in transfers to hospital may be due to its funding cuts??	Written
SQ17-001219	6 - Ageing and Aged Care	Siewert, Rachel	Bupa staff ratios	The current annual report for BUPA indicates that they made an annual profit of \$172 million in the last financial year, while entering into a process of cutting nurses and care staff in their aged care facilities in Victoria. Given the large profit made by Bupa, does the Government stand by its statement that "workforce decisions and strategies are matters for individual provider to determine"?	Written
SQ17-001220	6 - Ageing and Aged Care	Siewert, Rachel	Staff ratios	The Minister has stated that funding to the aged care sector would increase from \$17.5 billion in the past financial year to \$22.3 billion in 2020-21. Does the Government still believe that providers should alone determine staffing and care levels, particularly with repeated reports in the media around lack of staff, quality of care and dissatisfaction from family members and residents?	Written
SQ17-001221	6 - Ageing and Aged Care	Siewert, Rachel	Care and staffing standards of residential aged care facilities	What actions is the Department taking, on the back of these negative media reports, to determine the care and staffing standards of residential aged care facilities?	Written
SQ17-001223	3 - Sport and Recreation	Brown, Carol	Funding for Disability Sports	1. How much funding has been allocated by the Australian Sports Commission to disability sports? 2. Which organisations have been funded? 3. How much has been allocated to each sport?	Written
SQ17-001224	2 - Health Access and Support Services	Di Natale, Richard	Review of Australian Liquor Licensing legislation	ANACAD commissioned the National Drug and Alcohol Research Centre (NDARC) at the University of NSW to undertake a review of Australian liquor licensing legislation, with a specific focus on how communities can be involved in the decision-making process. Can the Department please confirm if this report will be made publically available? If not, why not? If so, when?	Written
SQ17-001225	2 - Health Access and Support Services	Di Natale, Richard	Alcohol Advertising	It is understood that ANACAD have also undertaken work on alcohol advertising and its impact on children, is that correct? Can the Department please provide details on what this work involves? What will be the outcome of this work?	Written
SQ17-001226	2 - Health Access and Support Services	Di Natale, Richard	Key Achievements of ANACAD	ANACAD has now been in place for more than 18 months, can the Department outline what it considers the key achievements have been during this time and what its impact has been?	Written
SQ17-001227	2 - Health Access and Support Services	Di Natale, Richard	National Drug Strategy	The release of the National Drug Strategy was criticised by many in the public health sector, including the AMA, for its failure to acknowledge the significant level of harm caused by alcohol. Will the National Alcohol Strategy include clear targets and goals aimed at reducing alcohol harm in Australia?	Written
SQ17-001228	2 - Health Access and Support Services	Di Natale, Richard	National Drug Strategy	Now that the National Drug Strategy has been released, what funding is being allocated to ensure this Strategy is able to be delivered?	Written
SQ17-001231	2 - Health Access and Support Services	Di Natale, Richard	National Drug Strategy	What discussions have taken place with the states and territories about this Strategy, given the importance of nationally coordinated but locally implemented work?	Written

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001232	2 - Health Access and Support Services	Di Natale, Richard	Ice Taskforce	How much of the committed funding for the Ice Taskforce has now been allocated/spent a)On what? Please break down.	Written
SQ17-001233	2 - Health Access and Support Services	Di Natale, Richard	Drug and Alcohol Funding	How much funding does the government currently commit to supply, demand and harm reduction for drug and alcohol use?	Written
SQ17-001234	2 - Health Access and Support Services	Di Natale, Richard	Alcohol Pregnancy Warning Labels	What is the status of the evaluation of the alcohol pregnancy warning labels, commissioned in 2014?	Written
SQ17-001235	2 - Health Access and Support Services	Di Natale, Richard	Alcohol pregnancy warning labels	Can the Department confirm that the evaluation report will be discussed at the Legislative and Governance Forum on Food Regulation meeting on 24 November this year?	Written
SQ17-001236	2 - Health Access and Support Services	Di Natale, Richard	Alcohol pregnancy warning labels	Will the Department be recommending that pregnancy warning labels now be mandated on all alcohol products as originally recommended by Neal Blewett?	Written
SQ17-001237	2 - Health Access and Support Services	Di Natale, Richard	National Cancer Screening Register	•Will the department confirm that all state based cancer registries will be transitioned over to the National Cancer Screening Register (NSCR) by 1 December 2017? oIf no, what is the reason for the continued delay? oWhat is the cost to taxpayers of that delay?	Written
SQ17-001238	2 - Health Access and Support Services	Di Natale, Richard	National Cancer Screening Register	•Has Telstra Health allocated sufficient time to enable laboratories to test their Laboratory Information Systems (LIS) properly to ensure connectivity with the NCSR prior to 1 December 2017? oIf not, does the government have to endorse alternatives to ensure the program will commence on 1 December 2017? oHas the government endorsed these alternatives?	Written
SQ17-001239	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	What consultation was undertaken with the relevant PHNs about who should be selected for these sites?	Written
SQ17-001240	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	What criteria were the sites that expressed interest in joining the trial considered against?	Written
SQ17-001241	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	How many Indigenous Health providers are included in the successful sites?	Written
SQ17-001242	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	How many sites are part of a corporate health care group? Please break down the sites by type (independent, corporate, etc)	Written
SQ17-001243	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	•Please explain more detail relating to the stipulations for the care of health care home trial participants: oWhat specific elements must a Health Care Home trial participant's care plan have? oWhat is the minimum number of consultations with the doctor per year/quarter? oIs it required that the GP produce the care plan or can another health practitioners do that? oHow many/what types of other allied health or nurse practitioners must a participant be referred to? (what is the minimum number) oAre the requirements universal to all trial sites? Or do they change from site to site? If so, why?	Written
SQ17-001244	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	What are the specific KPIs relating to patient health outcomes are attached to the trial?	Written
SQ17-001245	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	•The announcement of the first sites was delayed and we are still waiting for the announcement of the rest. Will the end date for the trial be moved from the current date of Dec 2019? oIf not, will that be a sufficient time to examine whether patient health improves?	Written
SQ17-001246	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	•Please provide the full list of committees advising/being consulted with for the trial. oPlease list full membership and affiliations.	Written
SQ17-001247	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	•What is the Precedence software? oIs this the software that determines who complex a HCH trial participant's care will be? oWho owns this software? oHas this been verified as accurate by a third party?	Written
SQ17-001248	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	It is the role of PHN's to commission services based on their regional need, correct? Can you tell me what consultation was undertaken with the relevant PHNs about who should be selected for these sites?	Written
SQ17-001249	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	•The Primary Health Care Advisory Group recommended a national minimum data set for patients with chronic and complex conditions – where is it? When will it commence? oHow can the HCH trial be effectively analysed or evaluated without this? oWill the PHNs be engaged actively in the establishment of this data set?	Written
SQ17-001250 - Awaiting transfer advice to DSS	2 - Health Access and Support Services	Di Natale, Richard	Chronic Fatigue Syndrome	•Is the department/CMO aware that assessors in Centrelink, with no medical training, are overruling the report of treating doctors that their ME/CFS patient is fully treated and demanding participation in Graded Exercise Therapy and Cognitive Behavioural Therapy as a prerequisite for receiving the Disability Support Pension? oIs the department/CMO aware that assessors in the NDIS are rejecting applications for assistance from the NDIS for people with ME/CFS, on the basis that a program of exercise will reduce the applicants' level of impairment, making support from the NDIS unnecessary? oWhat can the CMO/Department do to ensure that the report of a treating doctor is accepted and that assessors do not demand participation in specific therapies that the treating doctor considers to be unwarranted or harmful for that patient?	Written

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SQ17-001251	2 - Health Access and Support Services	Di Natale, Richard	Voluntary Assisted Dying	•With Voluntary Assisted Dying Bills in NSW and Vic being voted on, and a recent inquiry into VAD announced in WA, has the Department done any work to respond to the respective states and territories with regard to accessing MBS and PBS item numbers in the eventuality that either or both of these Bills are passed? •If not, is the Commonwealth happy that only wealthy people will be able to access VAD in Australia when it is eventually introduced? If private billing, how will patient fees be monitored? If private billing, what will be put in place for patients that cannot pay to ensure equitable access?	Written
SQ17-001252	2 - Health Access and Support Services	Di Natale, Richard	Voluntary Assisted Dying In RACF	Has the Department done any work on how the Commonwealth, as the funder of residential aged care services, will respond to the introduction of VAD in either Victoria or NSW? What will be the Commonwealth's position in regard to someone wanting to access VAD whilst in a RACF?	Written
SQ17-001253	2 - Health Access and Support Services	Di Natale, Richard	Funding of Voluntary Assisted Dying	•Has the Commonwealth done any work regarding funding of VAD? •Will the dispensing pharmacy be able to claim any reimbursement from the Commonwealth for the authorised substance or will it all be private billing? •Who will monitor what a pharmacist charges for compounding and/or dispensing the authorised substance?	Written
SQ17-001254	2 - Health Access and Support Services	Di Natale, Richard	Nurse scope of practice	The National Strategic Framework for Chronic Conditions identified the Health Workforce a specific enabler to assist in achieving the vision of the Framework. It specifically states that such a workforce should be supported to work to its full scope of practice and is responsive to change. Nursing makes up the largest proportion of the health workforce and has a long history of being responsive to change, often working where others are unwilling or unable to. Expansion of MBS/PBS access to appropriately qualified nurses and midwives is one area where it has been proposed that this support can be provided. •Please outline what measures are being taken to support nurses to work to their full scope of practice?	Written
SQ17-001255	6 - Ageing and Aged Care	Di Natale, Richard	Registered Nurses in Aged Care	The survey 'National Aged Care Staffing and Skills Mix Project Report 2016' found only 8.2 percent of respondents indicated staffing was always adequate and all nursing services and personal care interventions were missed at least some of the time. A mandated requirement that there must be a registered nurse present in aged care homes 24/7 has been proposed as an important patient safety measure. Not only would this be beneficial for patient safety and better care, registered nurses have also been shown to reduce the number of unnecessary hospital admissions. •What work has the department done on this issue/ what advice has been provided to the Minister? Please indicate if there is any progress in mandating this situation?	Written
SQ17-001256	2 - Health Access and Support Services	Di Natale, Richard	Assistants in Nursing	•Is any work being done to develop a nationally consistent practice framework underpinned by the National Registration and Accreditation Scheme (NRAS) to adequately safeguard patient safety amidst increasing numbers of Assistants in Nursing (AINs) (however titled) in aged care settings? Please outline what is being done and the progress of this work.	Written
SQ17-001257	4 - Individual Health Benefits	Di Natale, Richard	The MBS Review	Accessibility to allied health care remains a key issue with significant evidence showing both the importance and value of adequate allied health care for those with chronic conditions, and the disproportionate burden of chronic illnesses on those consumers with the most limited access to allied health care. The MBS Review process is intended to review the efficacy of the Medical Benefits Schedule but allied health items are only being reviewed as part of Tranche 4 and with the continued delays in progressing this work, there remains no certainty about when that tranche will commence and the allied health items be reviewed. •What is being done to ensure that this review program is sufficiently resourced and can be undertaken in a timely fashion? When will there be concrete timelines associated with upcoming review activities?	Written
SQ17-001258	0 - Whole of Portfolio	Di Natale, Richard	My Health Record	a) Is it possible to register for a My Health Record under a pseudonym? b) What is a Pseudonym Health Identifier? How does the department ensure that these effectively prevent their data from being re-identified?	Written
SQ17-001259	2 - Health Access and Support Services	O'Neill, Deborah	Psychosocial Support	1. Can the Department confirm if the \$80 million funding announced in the 2017-18 Federal Budget for people with psychosocial disability not eligible for the NDIS has now been named the National Psychosocial Support Scheme? 2. Can the Department provide a progress regarding negotiations with state and territory governments in relation to their share of the contributions for the Federal Government's psychosocial support? Is there a time-limited working group who will develop criteria which the states and territories will need to follow? If yes: a) Can you provide the names of who is on this working group? b) Has the group already met? If not when will it and how often? If yes, when and how often will it meet? c) Has the criteria been developed as yet? If yes, can a copy be provided and will these criteria be made available to the mental health sector? If no, is there a starting point for what the criteria will look like, if they haven't yet been developed? 3. Has the Department decided yet if existing funding will be able to count towards the matched funding that is required by states/territories? If Yes, what would therefore classify as new money - for example funding allocated in the most recent budgets for states and territories or something that had been funded for over a year? 4. Has the Department decided yet how the funding will be distributed to each state/territory? That is, direct to each government or via PHNs or another mechanism? Will the funding be able to be used to continue those programs that are moving to the NDIS such as Partners in Recovery?	Written
SQ17-001260	0 - Whole of Portfolio	Di Natale, Richard	My Health Records	•Has a risk assessment of the My Health Records System been undertaken? •If yes, will this be made public?	Written

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SQ17-001262	5 - Regulation, Safety and Protection	Di Natale, Richard	Codeine	•What consultations has the department undertaken, both formal and informal, following the TGA decision to make medications that contain codeine only available on prescription from 1 February 2018?	Written
SQ17-001263	5 - Regulation, Safety and Protection	Di Natale, Richard	Codeine	•What discussions have taken place following the decision with key stakeholders that include consumers with pain, clinicians and specialists, to inform how the department implements the changes to codeine e.g. PainAustralia, Consumer Health Forum, RACGP and RACP, AMA, Australian Pain Management Association? •What are the key outcomes from the Working Group? •Are any other discussions planned in coming months?	Written
SQ17-001264	2 - Health Access and Support Services	O'Neill, Deborah	Psychosocial Support	The Joint Standing Committee on the NDIS report on people with psychosocial disability made the following recommendations: • The Committee recommend the Australian, state and territory governments clarify and make public how they will provide services for people with a psychosocial disability who are not participants in the NDIS. • The Committee recommends the Council of Australian Governments (COAG) conduct and audit of all Australian, state and territory services, programs and associated funding available for mental health. Will the Government be implementing these recommendations, which are directly related to the \$80 million funding?	Written
SQ17-001265	2 - Health Access and Support Services	O'Neill, Deborah	Psychosocial Support	Have there been any discussions at COAG level about conducting the audit of funding available for mental health?	Written
SQ17-001266	5 - Regulation, Safety and Protection	Di Natale, Richard	Codeine	What discussions have taken place with State and Territory Governments to guide the implementation of the change access to medications that contain codeine?	Written
SQ17-001267	5 - Regulation, Safety and Protection	Di Natale, Richard	Codeine	•Have any projects been developed to communicate and inform specialists, clinicians, physicians, pharmacists and consumers about the change? •Why were these organisations chosen to provide this information? •What information has been provided? •What further information will be provided?	Written
SQ17-001268	5 - Regulation, Safety and Protection	Di Natale, Richard	Indigenous Sexual Health	Please provide an update on the Commonwealth's coordination of state and territory activities in relation to the syphilis outbreak in Qld, NT, WA and SA?	Written
SQ17-001269	5 - Regulation, Safety and Protection	Di Natale, Richard	Indigenous Sexual Health	During Budget Estimates in May the department said that it is working with states and territories to identify and fill gaps in funding and resources. What gaps have been identified and how are they being filled?	Written
SQ17-001270	5 - Regulation, Safety and Protection	Di Natale, Richard	Indigenous Sexual Health	In Additional Estimates last year we heard that there was \$11.8 million in funding allocated towards Indigenous sexual health from 2016-17 out to 2018-19. How is this funding being used?	Written
SQ17-001271	5 - Regulation, Safety and Protection	Di Natale, Richard	Indigenous Sexual Health	•Please provide an update on the development of the Fifth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy? •What specific measures will this document include to address the syphilis outbreak and increasing rates of STIs and BBVs in Aboriginal and Torres Strait Islander communities? •What funding will be allocated to support the implementation of the Strategy? •Please provide details on the plans with the states and territories for the implementation of this Strategy, and how they will address the roles and responsibilities of the different jurisdictions?	Written
SQ17-001272	2 - Health Access and Support Services	O'Neill, Deborah	Psychosocial Support	The ACT is the only jurisdiction at full roll-out for the NDIS. Is continuity of support happening in the ACT and can the Department describe what it looks like and how it is working in practice?	Written
SQ17-001273	2 - Health Access and Support Services	O'Neill, Deborah	MHiMA Project	Can the Department provide an update regarding progress around the tender process for the Mental Health in Multicultural Australia (MHiMA) Project? If not, why not?	Written
SQ17-001274	2 - Health Access and Support Services	O'Neill, Deborah	Funding for Psychosocial Support	1. Can the Department provide information in relation to psychosocial support: a) What was the total amount of funding allocated to Partners in Recover (PIR) and Day to Day Living (D2DL) from 2013-14 onwards until the programs are transitioned into the NDIS? b) Can the Department explain how the funding for these programs is allocated including directly to organisations and to PHNs? c) How many PIR regions are there? d) Can the Department provide a list of all of the organisations and PHNs that receive PIR and D2DL funding and for how many areas? 2. Can the Department also provide the number of clients who have accessed services for each of these programs on an annual basis?	Written
SQ17-001275	2 - Health Access and Support Services	O'Neill, Deborah	Funding - Mental Health	1. Can the Department provide a detailed breakdown of all Commonwealth funding for the following organisations from 2014-15 for each year including across the forward estimates: a) Orygen b) Beyondblue c) Headspace d) Black Dog Institute e) Connetica f) Brain and Mind Centre g) ReachOut 2. Can the Department also provide information in relation to any state or territory funding that has been allocated to these organisations?	Written
SQ17-001276	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health & Suicide Prevention funding	1. Can the Department confirm the total funding amount for this package given there are a number of figures being used including \$192 million and \$194.5 million? 2. Can the Department also provide a breakdown of the 'Strengthening mental health care in Australia' funding package? What initiatives including services/programs does this funding package include?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001277	2 - Health Access and Support Services	O'Neill, Deborah	ATAPS Funding	1. With funding for the Access to Allied Psychological Services funding transitioning to the PHNs can the Department provide the following information: a) The amount of annual funding that was previously allocated annually to ATAPS since 2014-15 to July 2017? b) Was all of the ATAPS funding redirected to the PHNs? If yes, which PHNs received funding and what were the amounts of funding? If no, why not and how was the left over funding re-allocated? c) Was the allocated funding to the PHNs to be used for similar services or was the funding directed to the flexible funding pool? d) The \$9.1 million allocated to the Rural Telehealth Psychological Services that was included in the 2017-18 Budget funded from new money or from reallocated ATAPS funding? 2. Can the Department provide the number of clients who accessed services under ATAPS funding since 2014-15 to July 2017?	Written
SQ17-001278	2 - Health Access and Support Services	Brockman, Slade	Telehealth	Please provide a list of all current telehealth facilities and their locations across WA.	Written
SQ17-001279	2 - Health Access and Support Services	O'Neill, Deborah	PHN Lead Sites	1. Does the Department know of any PHNs that will no longer be offering ATAPS? If yes, can the Department provide a list of PHNs that will no longer offer these services and what will replace these services? a) Can the Department confirm the total amount of funding that is allocated to the 10 PHN Mental Health Lead Sites for all mental health and suicide prevention programs and provide a breakdown for each PHN? b) Does this funding amount include the cost of evaluate of the lead sites work undertaken by the PHNs? If not, how much funding has been allocated to evaluate this work? c) Can the Department provide a breakdown of this funding into administration and service delivery for each of the 10 PHN lead mental health sites?	Written
SQ17-001280	2 - Health Access and Support Services	O'Neill, Deborah	Indigenous Mental Health Funding	a) Can the Department provide a breakdown of the \$84.75 million by PHN and by program under each PHN? b) Can the Department also provide a breakdown of the funding each PHN receives around administration and service delivery for this program?	Written
SQ17-001281	2 - Health Access and Support Services	Brockman, Slade	Telehealth	Please provide a breakdown of the number of specialist health professions that have participated in telehealth service in rural WA and their specialisation areas.	Written
SQ17-001282	2 - Health Access and Support Services	O'Neill, Deborah	Headspace Funding	1. Can the Department provide a detailed breakdown of how much funding is allocated specifically for headspace since 2014-15 and for every year including those across the forward estimates: a) National headspace; b) Each of the 100 headspace centres and which PHN is administering its funding; and c) Each of the 10 additional headspace centres. 2. Can the Department also provide a detailed breakdown of how much state funding National headspace and the 110 headspace centres receive?	Written
SQ17-001283	2 - Health Access and Support Services	Brockman, Slade	Telehealth	Please advise: a) The number of telehealth clinical consults with a specialist in WA each year from 2014 to 2017 b) The number of telehealth consults without a specialist across WA each year from 2014 to 2017	Written
SQ17-001284	2 - Health Access and Support Services	Brockman, Slade	Telehealth	Does the Department track patient outcomes from telehealth consultations? What feedback has been received from patients regarding telehealth consultations?	Written
SQ17-001285	2 - Health Access and Support Services	Brockman, Slade	Telehealth	What are the significant barriers/obstacles that clinics face in order to obtain telehealth facilities?	Written
SQ17-001286	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health State and Territory Funding	Can the Department provide a detailed breakdown of any federal mental health funding that is distributed directly to state and territory governments?	Written
SQ17-001287	2 - Health Access and Support Services	Brockman, Slade	Telehealth	Is consideration being given to extend MBS rebates to GP services and allied health professionals, for telehealth into rural and remote communities?	Written
SQ17-001288	0 - Whole of Portfolio	McAllister, Jenny	ASL	Please provide as at 30 June 2017: - ASL by state	Written
SQ17-001289	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health State and Territory Funding	How much Commonwealth funding is allocated to each state and territory government for mental health and suicide prevention?	Written
SQ17-001290	0 - Whole of Portfolio	McAllister, Jenny	Headcount of people employed	Please provide as at 30 June 2017: 1. Headcount of people employed as a. Labour Hire, b. Contractors, or c. Outsourced staff, d. And the value of each of these contracts for the 2016-2017 financial year.	Written
SQ17-001291	2 - Health Access and Support Services	Carr, Kim	Clinical Trials	1. Please provide a breakdown of Commonwealth funding for clinical trials over the past five years. 2. What is currently the average time it takes to process ethical approvals for clinical trials? a. What work is the Department doing to better this process? Are any changes to the ethics process being considered? Please provide details. 3. What is the average time it takes to initiate clinical trials in Australia? 4. Please provide a breakdown of the number of clinical trials that were initiated within 60 days during the period from 2013 – 2017. 5. Please provide a breakdown of the number of clinical trials that took longer than 60 days to initiate from 2013 – 2017. 6. Please provide a breakdown of the number of clinical trials registered each year since 2007. 7. Please provide a breakdown of the number of: a. Clinical trial sites in Australia from 2015-2017 b. Clinical trial patients from 2015 -2017 c. Companies conducting clinical trials in Australia from 2015-2017 d. Ethics committees in Australia	Written

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001292	0 - Whole of Portfolio	McAllister, Jenny	Departmental IT System	The total number of people who have a log in to the departmental IT system, and the breakdown by category of these log-ins (permanent, non-ongoing, casual, labour hire, outsourced, contractors, and any other category that has access to the system).	Written
SQ17-001293	0 - Whole of Portfolio	McAllister, Jenny	Number of Departmental Security Pass	The total number of people who have a security/access pass into your departmental buildings, and the breakdown by category of these pass holders (permanent, non-ongoing, casual, labour hire, outsourced, contractors, and any other relevant category).	Written
SQ17-001294	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health State and Territory Funding	How does the Department monitor how this money is spent by each state and territory government? Can the Department provide a detailed breakdown for each state and territory government in relation to where the funding is going, what programs or services is the funding being spent on?	Written
SQ17-001295	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health State and Territory Funding	Does the Department monitor the success of programs or services that are funded from the Commonwealth to state and territory governments? Is there any evaluation carried out by the Department of Health or by State or Territory Departments?	Written
SQ17-001296	0 - Whole of Portfolio	McAllister, Jenny	External staff logging into Departmental IT System	A list of organisations/companies that have staff who can log into your departmental IT system.	Written
SQ17-001297	2 - Health Access and Support Services	Carr, Kim	Biomedical Translation Fund	1. In relation to the Biomedical Translation fund, please advise the following: a. The breakdown of policy responsibility between the Department of Industry and the Department of Health. b. Governance arrangements for the fund. c. Profile of staffing in the Fund's units within each department. d. How many companies have sought investment from the BTF to date? e. How many have been approved. Please provide a breakdown of industry sector. f. How many companies are currently under consideration? g. What was the process for selecting the three fund investment managers? h. What is the average time it takes to assess applications? i. How many applications have failed to meet the eligibility criteria of the Fund? j. How many applications have reached the merit assessment stage? k. How many licensing rounds have been conducted? l. How many applicants were shortlisted in each licensing round? m. How many applicants have been offered a license under the BTF Programme? n. How many written offers have been made? o. How many licensing rounds are scheduled for the financial year 2017-18?	Written
SQ17-001298	2 - Health Access and Support Services	O'Neill, Deborah	ATSI Funding	a) Can the Department provide a detailed list of the Aboriginal and Torres Strait Islander mental health and suicide prevention funding? Can the Department provide this information by state and territory? b) Can the Department provide a detailed list of the specific funding allocated to Western Australian and Northern Territory PHNs for mental health and suicide prevention activities, services and programs?	Written
SQ17-001299	0 - Whole of Portfolio	McAllister, Jenny	Face to Face interaction with Public	Does any part of your agency/department have a service delivery function, or which has face to face interactions with the public? If yes: 1. Do you provide staff with training on how to deal with client aggression or customers experiencing mental illness? 2. Please provide the dates and locations that training has been run over the last 5 years. 3. How many of your staff have received this training? How many in the last 2 years? 4. Who provides this training?	Written
SQ17-001300	4 - Individual Health Benefits	Griff, Stirling	GP Telehealth	Ms Shakespeare said during Estimates that extending telehealth access to GPs who have training in Focussed Psychological Strategies is "something that we would have ongoing discussions with the medical profession about". Can you clarify what that means – does that mean that the Department would act/advise that telehealth be extended to GPs with this training if the RACGP asked for it?	Written
SQ17-001301	0 - Whole of Portfolio	McAllister, Jenny	Digital Transformation Agency Collaboration Projects	1. What projects are you undertaking in conjunction with the Digital Transformation Agency? 2. For each project: a. What criteria are you using for assessing success? b. What is the role of the DTA in the project? c. What is the timeframe for completion?	Written
SQ17-001302	6 - Ageing and Aged Care	Griff, Stirling	Australian National Audit Office's (ANAO) report into Indigenous Aged Care	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). a) In the Australian National Audit Office's (ANAO) report into Indigenous Aged Care published in May this year, it was found that the National Aboriginal and Torres Strait Islander Flexible Aged Care Program has been effective in increasing the access to culturally appropriate aged care services for elderly Indigenous Australians. How many Aged Care Centres/Providers are currently funded under the NATSI Flexi program?	Written
SQ17-001303	2 - Health Access and Support Services	O'Neill, Deborah	KidsMatter	Can the Department provide the total amount of funding under the National Support for Child and Youth Mental Health Program and all of the associated activities and funding amounts under this program for each year including funding that has been allocated across the forward estimates?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001304	4 - Individual Health Benefits	Griff, Stirling	GP Telehealth	What would be the budget implication, if any, of expanding the telehealth measure to FPS-trained GPs?	Written
SQ17-001305	2 - Health Access and Support Services	O'Neill, Deborah	KidsMatter	Can the Department provide a detailed update in relation to KidsMatter funding including: a) How long is the extension of funding for Beyondblue to deliver the KidsMatter funding? b) How much funding is allocated to Beyondblue to deliver the Kids matter funding? Can the Department provide an annual breakdown of funding from 2012 to 2017 and over the forward estimates? c) Can the Department provide an update in regard to the number of primary schools that have been recruited as 'KidsMatter Primary Schools' since the Commonwealth funded the program since 2012?	Written
SQ17-001306	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention 2017-18 Budget Measures	Infrastructure funding: Can the Department provide details of any state or territory governments that applied for funding under the \$9 million initiative to improve safety and infrastructure around suicide prevention?	Written
SQ17-001307	4 - Individual Health Benefits	Griff, Stirling	After-hours Medicare rebates	I understand that at present the majority of after-hours services are provided by medical deputising services. Does the Department anticipate there might be a reduction in these services if the Taskforce's recommended changes to the scheme are implemented, as indicated by the Minister?	Written
SQ17-001308	2 - Health Access and Support Services	O'Neill, Deborah	Telehealth 2017-18 Budget Measures	Telehealth Initiative The Turnbull Government announced the introduction of a \$9 million over four year measure to improve access to mental health treatment services in rural and remote locations. Is the Department aware of any issues raised by psychology practices in relation to the difficulty some patients who reside in rural and remote areas may face as a result of having to travel long distances to meet the requirements of the face-to-face consultations?	Written
SQ17-001309	4 - Individual Health Benefits	Griff, Stirling	After-hours Medicare rebates	With regards to 16 practitioners investigated for inappropriate claiming of after-hours services, can the department confirm none of these cases involved fraud?	Written
SQ17-001310	4 - Individual Health Benefits	Griff, Stirling	Medical transparency	In response to my questions regarding making outcomes data publically available, Mr Shakespeare said: "we are having discussions on a range of fronts about increasing the information that is available to patients". Can the Department please clarify what the ultimate aim of these discussions will be? a. What range and type of information would the Department seek to publish, and in what format? b. Is the Department taking advice or looking to see what overseas jurisdictions have done in this space, for instance MyNHS in the UK?	Written
SQ17-001311	4 - Individual Health Benefits	Griff, Stirling	Medical transparency	With regards to publishing comparable IVF data, Ms Shakespeare said: "We are discussing that; it's an ongoing piece of work." Can the Department please detail what discussions and meetings have been had to date on this issue (when and with whom) and what discussions and meetings are planned for the rest of the FY. a. Have any particular options been examined? If so, please provide detail. b. Has the made any assessment of the systems used in the UK and US – where the UK's HFEA collects and publishes clinic performance data and the US's CDC publishes data on ART clinic pregnancy rates - and considered whether it could be applied in Australia? If not, does it plan to do so?	Written
SQ17-001312	4 - Individual Health Benefits	Griff, Stirling	Medical transparency	As mentioned in the Department's 2015-16 annual report, the Department audited specialists to determine if they had incorrectly claimed Medicare benefits for services related to Assisted Reproductive Technology (ART) treatment cycles. Can the Department please provide a copy of the audit or summarise the findings and outcomes of that audit?	Written
SQ17-001313	4 - Individual Health Benefits	Griff, Stirling	Diabetes	1. Has there been any health technology assessment for Flash Glucose Monitoring systems? a. If so, what is the evaluation committee's recommendation?	Written
SQ17-001314	2 - Health Access and Support Services	O'Neill, Deborah	Telehealth 2017-18 Budget Measures	Telehealth Initiative The Turnbull Government announced the introduction of a \$9 million over four year measure to improve access to mental health treatment services in rural and remote locations. Can the Department explain why, under this budget initiative, there is a requirement for people living with a mental ill health to travel long distances to meet the requirements of a face-to-face consultation? What advice, research or evidence-based practice did the Department use to ascertain there should be seven of ten Better Access mental health consultations be provided via video conference, that one of the first four sessions is required to be delivered through a face-to-face consultation and that three consultations out of the ten had to be via face-to-face consultations?	Written
SQ17-001315	4 - Individual Health Benefits	Griff, Stirling	Diabetes	How many submissions from consumers were lodged in the public stakeholder consultation phase in support for the inclusion of Flash Glucose Monitoring on the NDSS? a. How does this number compare typically with the number of consumer submissions for medicines on the PBS?	Written
SQ17-001316	4 - Individual Health Benefits	Griff, Stirling	Diabetes	What other diabetes products are currently under consideration for reimbursement?	Written
SQ17-001317	4 - Individual Health Benefits	Griff, Stirling	Diabetes	What is the status of the \$54m the government committed under the National Diabetes Services Scheme (NDSS) for Continuous Glucose Monitoring technologies for people under 21 with Type 1 Diabetes. a. How much funding was expended FY 2016-17? b. What has been the demand for the program? Is demand likely to outstrip currently available funding? c. Has an evaluation of the outcomes from this initiative started or been completed?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001318	4 - Individual Health Benefits	Griff, Stirling	Diabetes	I understand there is no defined pathway for the health technology assessment for products destined for the National Diabetes Services Scheme – they don't fit the criteria for assessment on the government Prosthesis List nor the Pharmaceutical Benefit Scheme. Is the Department doing anything to remedy this? a. If so, will the time frames, requirements and procedures for health technology assessment for new technologies for managing diabetes be comparable to a typical process for the PBS?	Written
SQ17-001319	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	Regarding Table 8.2 of the 2017-18 Budget Paper No. 1. 'Trends in the major components of pharmaceutical benefits and services sub-function expenses': Please provide a breakdown of the Pharmaceutical benefits, services and supplies expenses component in this table for each year from 2016-17 to 2020-21.	Written
SQ17-001320	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	For each year from 2010-11 to 2016-17, what were the projected four-year forward estimates for Pharmaceutical benefits, services and supplies expenses at the time of the Budget in each year and what have been the subsequent expense outcomes for each financial year?	Written
SQ17-001321	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	What have been the underlying expenses on Pharmaceutical benefits, services and supplies in each of 2010-11 to 2015-16 financial years, net of actual aggregate rebates paid to the Government by pharmaceutical companies?	Written
SQ17-001322	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	What are the estimated underlying expenses of the Commonwealth Government on Pharmaceutical Benefits, Services and Supplies in each of 2016-17 to 2020-21 net of estimated aggregate rebates paid to the Government by pharmaceutical companies?	Written
SQ17-001323	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	What are the latest projected Government savings in each financial year from 2015-16 (actual outcome) to 2020-21 from the discounting of the patient co-payment for claimable PBS prescriptions ("the \$1 discount")?	Written
SQ17-001324	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	What are the most up to date estimates of uptake of the \$1 discount going forward compared with estimates at the time of the 6th Community Pharmacy Agreement (6CPA)?	Written
SQ17-001325	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	For each financial year from 2010-11 to 2016-17 what were the estimated 4-year savings (at the time of the Budget in each year) from the Price Disclosure policy on PBS medicines and what were the subsequent financial year savings outcomes?	Written
SQ17-001326	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	What has been the annual composition of total PBS prescription volumes dispensed and associated Government expenditure between community pharmacy and public hospitals for each of the years 2010-11 to 2016-17? What is the expected composition in the years to 2020-21?	Written
SQ17-001327	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical benefits	What are the current estimates of Government expenditure in each year from 2015-16 to 2020-21 on components of the \$18.9 billion 6th Community Pharmacy Agreement (6CPA) compared with expenditure estimates at the time of the 6CPA signing. Please include in the expenditure component breakdown: b. Dispense fee c. Administration, Handling and Infrastructure Fee d. Dangerous drug fee e. Premium Free Dispense Incentive f. Programmes g. Community Service Obligation for wholesalers h. Wholesalers Mark Up i. New listings on the PBS j. Other	Written
SQ17-001328	0 - Whole of Portfolio	Griff, Stirling	Pharmaceutical benefits	I refer to Table 8 of the 2017-18 Budget Paper No. 1 'Summary of expenses — health'. What are the nominal and real rates of Commonwealth expense growth from 2017-18 to 2027-28 for overall health expenditure and key areas of expenditure of the MBS, PBS, hospitals and aged care?	Written
SQ17-001329	6 - Ageing and Aged Care	Griff, Stirling	Aged care accreditation standards	With regards to the Aged Care accreditation standards, what work is being done to review these (and where is that at?)	Written
SQ17-001330	2 - Health Access and Support Services	O'Neill, Deborah	Telehealth 2017-18 Budget Measures	Telehealth initiative The Turnbull Government announced the introduction of a \$9 million over four year measure to improve access to mental health treatment services in rural and remote locations. Can the Department provide advice, research of evidence outlining the benefit to the patient and the mental health professional by using this mix of video and face-to-face consultation?	Written
SQ17-001331	2 - Health Access and Support Services	O'Neill, Deborah	Telehealth 2017-18 Budget Measures	Telehealth initiative The Turnbull Government announced the introduction of a \$9 million over four year measure to improve access to mental health treatment services in rural and remote locations. Can the Department provide details in relation to who made the decision or gave advice that it would be a reasonable practice for a person accessing services under the Better Access initiative to have to travel long distances to a capital city to connect with their mental health professional face to face within the first four sessions?	Written
SQ17-001332	2 - Health Access and Support Services	O'Neill, Deborah	Telehealth 2017-18 Budget Measures	Telehealth initiative The Turnbull Government announced the introduction of a \$9 million over four year measure to improve access to mental health treatment services in rural and remote locations. Can the Department explain why patients living in a rural or remote setting cannot access all of their ten Better Access mental health consultations via video conference?	Written
SQ17-001333	2 - Health Access and Support Services	O'Neill, Deborah	Telehealth 2017-18 Budget Measures	Telehealth initiative The Turnbull Government announced the introduction of a \$9 million over four year measure to improve access to mental health treatment services in rural and remote locations. Can the Department provide details on how many patients are set to benefit from this initiative? How many consultations will be made available given the initiative is only \$9 million over four years?	Written
SQ17-001334	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Nurse Funding	Can the Department provide an update in relation to how the NMHNIP is transitioning from primary health care settings to the PHNs?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001335	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Nurse Funding	Can the Department provide information in relation to the mechanisms it is using to determine how many mental health nurses have been employed through the PHNs?	Written
SQ17-001336	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Nurse Funding	How many PHNs have services delivered by mental health nurses?	Written
SQ17-001337	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Nurse Funding	Can the Department provide information on how the employment of mental health nurses differs from when they were working in a primary health care setting to applying through the PHNs to deliver services?	Written
SQ17-001338	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Nurse Funding	Is the Department aware of any examples where the PHNs are not offering mental health nurses commensurate salaries compared to other mental health workers including those offered to occupational therapists?	Written
SQ17-001339	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Nurse Funding	Funding historically provided under the Mental Health Nurse Incentive Program (MHNIP) was rolled into the flexible funding pool of PHNs from 1 July 2016, and quarantined to continue community-based mental health nursing services until 30 June 2017. From 1 July 2017, how much of this funding continues to be used for mental health nursing services, for each PHN? Please also provide the amount of funding expended on mental health nursing services for 2015-16, 2016-17 and (budgeted) 2017-18 for each PHN.	Written
SQ17-001340	2 - Health Access and Support Services	O'Neill, Deborah	Head to Health	a) What is the total amount of funding allocated to the Digital Gateway project? How much of this was spent on Head to Health? b) Can the Department provide details in relation to the total development costs of Head to Health, including payments to any service providers and consultants that worked on any part of the project? c) Can the Department provide the annual ongoing operating costs for Head to Health? d) Can the Department outline how many people are forecast to visit Head to Health annually?	Written
SQ17-001341	2 - Health Access and Support Services	O'Neill, Deborah	Head to Health	The Head to Health website says that its development involved a co-design process with people and families with a lived experience, as well as mental health organisations, service providers, health professionals and the Australian public. Can the Department provide details on the following: a) How many people were involved in the process? b) How many were veterans? c) How many were Australians aged over 65? d) How many mental health organisation or service providers? e) How many were young people 12-18 years? f) How many young adults 18-25? g) How many identified as ATSI? h) How many identified as LGBTIQ?	Written
SQ17-001342	2 - Health Access and Support Services	O'Neill, Deborah	Head to Health	a) Can the Department confirm what is Head to Health's target audience? b) Before or since launching Head to Health have any concerns, issues or complaints been raised with the Department regarding the service?	Written
SQ17-001343	2 - Health Access and Support Services	O'Neill, Deborah	National Mental Health Commission Funding	a) The Commission has received \$2 million in additional funding – how will the commission utilise this funding? Will it be used to employ staff? If so, at what level? b) Can the Commission provide details of all Commissioner and their current terms of office, ie when they were appointed and when they are up for renewal?	Written
SQ17-001344	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Research Funding	Can the Department provide a detailed list of the mental health/suicide prevention research projects that were successful in this round of the National Health and Medical Research Council's fellowship program announced by the Minister on 11 October, 2017? Can the Department also provide the total amount of funding allocated to this particular round as well as the total amount of funding that was allocated to mental health/suicide prevention specific research projects/programs/services?	Written
SQ17-001345	6 - Ageing and Aged Care	Griff, Stirling	Breakdown of the location of providers	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). a) Can the Department please provide a breakdown of the location of providers by state and region (metropolitan, regional & remote)?	Written
SQ17-001346	6 - Ageing and Aged Care	Griff, Stirling	Funding approach of the NATSIFACP	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). a) The ANAO found the direct selection and recurrent funding approach of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program provides few opportunities for new service providers to enter the market. How is the Department addressing these issues?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001348	6 - Ageing and Aged Care	Griff, Stirling	NATSI Flexi program	In the Australian National Audit Office's (ANAO) report into Indigenous Aged Care published in May this year, it was found that the National Aboriginal and Torres Strait Islander Flexible Aged Care Program has been effective in increasing the access to culturally appropriate aged care services for elderly Indigenous Australians. How many Aged Care Centres/Providers are currently funded under the NATSI Flexi program? a) Will the Department be extending the application process to new service providers? And to existing Indigenous-focused aged care service providers? b) What are time frames for opening this funding to additional providers?	Written
SQ17-001349	6 - Ageing and Aged Care	Griff, Stirling	NATSI FLEX Program	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). The Department agreed with the ANAO recommendation that it apply a consistent assessment process to ensure places allocated through the NATSI FLEXI program "align with service provider capacity and are targeted to those service providers who will generate the greatest community benefit". How does the Department currently assess providers for this program? a) How does the Department ensure a transparent assessment process? b) How does the Department determine who has priority for these programs? c) Can the Department roll out the NATSI FLEXI program (in place of MAC individualised packages) to improve client access to services in remote areas where providers face high cost, low volume constraints (due to the limited ability to increase client numbers to offset costs associated with small populations over a large geographical area)?	Written
SQ17-001350	6 - Ageing and Aged Care	Griff, Stirling	Review of Aged Care	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). The Department also agreed to the regular review of the ongoing needs of communities serviced by culturally aware service providers, and the identification and communication of available sector support and pathways for service providers to enter and exit the program. a) What is the status of the implementation of this recommendation? b) What process does the Department undertake to review community needs? What communication takes place with remote providers on these needs? c) Has the Department developed communications strategies and/or materials to make the sector aware of support available and pathways to enter the program?	Written
SQ17-001351	1 - Health System Policy, Design and Innovation	Griff, Stirling	Strategic Interoperability Framework for Australia	1. I refer to the Request for Tender (RFT) in June to develop a "Strategic Interoperability Framework for Australia" – can the agency please provide some background on what that Framework is designed to achieve and how that tender process is going? a) Will that framework allow for the collection and public dissemination of hospital and specialist performance data – similar to the My NHS portal in the UK – if required? b) Will such a framework improve transparency and accountability? How?	Written
SQ17-001352	1 - Health System Policy, Design and Innovation	Griff, Stirling	Strategic Interoperability Framework for Australia	Is there a prospect that data could be extracted for secondary use for either government or private industry use? Has there been any work done or is there any work currently underway to investigate this possibility?	Written
SQ17-001353	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record Portal	Regarding the My Health Record Portal, according to a recent article in IT News the Agency is developing an opt out portal for people who don't have a MyGov account, and that it will operate for three months only – is that detail correct? a) What was the cost of developing this? b) How will interested consumers be informed about this? c) Will that portal close once the national rollout of MHR commences?	Written
SQ17-001354	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record Implementation Services	In the Agency's contracts for 2016/17, you paid Sonic Healthcare half a million dollars (\$550,000) for "My Health Record Implementation Services". What was that for?	Written
SQ17-001355	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	The agency also paid Southern Cross Computing almost \$132,000 over two months for a "Security Assessment of My Health Record". What was the resulting assessment?	Written
SQ17-001356	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health record	Converging Data was paid \$121,000 for "Security Monitoring Services for My Health Record". How many other agencies have you contracted to test or advise on the security arrangements for My Health Record? a) Is that security advice and testing for the 'opt out' portal, or does that extend to MyGov and the profiles already registered through myGov?	Written
SQ17-001357	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Will security monitoring arrangements be wholly conducted by the Agency or will any aspect of My Health Record's security be even partially outsourced? Please detail.	Written

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001358	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Regarding contracts with HiTech Personnel for project management services to support My Health Record – was that a labour hire arrangement? What aspect of MHR was being project managed? a) Why did that require more than one contract?	Written
SQ17-001360	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Given people can opt out before the national rollout or at any time once the My Health Record system is in place, please advise what records are available through the system once someone registers – is it their entire medical history to that point, or only their medical history from the date of registration?	Written
SQ17-001361	6 - Ageing and Aged Care	Griff, Stirling	Aged care accreditation standards	Is consideration being given to incorporating morbidity and mortality data, in particular: choking events, pressure sores and falls? a. Has the department given consideration to what other sentinel events could be a good proxy marker for quality – such as weight loss of more than 20% in a care recipient following admission?	Written
SQ17-001362	2 - Health Access and Support Services	Griff, Stirling	Health Care Homes/PHNs	Have the 20 sites meant to commence on 1 October 2017 done so?	Written
SQ17-001363	2 - Health Access and Support Services	Griff, Stirling	Health Care Homes/PHNs	Please list which Practices are among the 20 early adopters from the list of 200?	Written
SQ17-001364	2 - Health Access and Support Services	Griff, Stirling	Health Care Homes/PHNs	What indicators have been decided to assess HCH practices to see if they are achieving positive health care outcomes? a. Are these the same indicators that will be used to monitor PHNs?	Written
SQ17-001365	2 - Health Access and Support Services	Griff, Stirling	Health Care Homes/PHNs	Why are individual PHNs developing their own indicators? How will this enable any comparison of efficacy and efficiency between PHNs?	Written
SQ17-001366	6 - Ageing and Aged Care	Griff, Stirling	Home care packages	In response to my questions on what happens to unspent home care package funds after a person dies or moves into residential aged care (related to a previous QoN SQ17-000923) the department advised that the onus is on the provider to return the funds within specified timeframes. Please outline what, if any, auditing is done to assess that aged care providers have: a. Acted within designated timeframes b. Returned all unspent funds owed the recipient's estate and the Commonwealth c. Accurately accounted for all unspent funds (and that there has been no siphoning or inappropriate spending)	Written
SQ17-001367	6 - Ageing and Aged Care	Griff, Stirling	My Aged Care	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). My office has been made aware of concerns regarding My Aged Care portal staff based in Melbourne. Remote providers are concerned that there is little understanding of remote, first nations context (language, distance and access to services, time required to coordinate, culturally appropriate questions, assumptions that providers can access clients at any time). a. What training is given to My Aged Care staff on Indigenous Aged Care contexts? b. On average, how many hours of training per year would a portal staff member receive? c. Who (which agency, organisation) delivers this training? d. Does My Aged Care have specialist staff with in-depth knowledge on delivering services for Indigenous Australians, and in remote areas? If not, why not?	Written
SQ17-001368	6 - Ageing and Aged Care	Griff, Stirling	My Aged Care	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). I am also aware of occasional mistakes in the My Aged Care registration process where a CHSP allocation is mistaken for HCP and vice versa resulting in further delays for the client – in some cases up to 6 months. The onus is on the provider to communicate and advocate the level of need on behalf of the client. Such processes are currently unfunded and pose potential risk to the provider. a. What safeguards exist within the registration process to ensure that packages are correctly applied? b. If mistakes are made, what are My Aged Care's KPIs with regards to time frames for rectification?	Written

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001369	6 - Ageing and Aged Care	Griff, Stirling	Remote providers	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). I refer again to the high cost/low volume constraints faced by remote providers which may undermine financial viability in the near future, ultimately impacting consumers. Operational costs in remote centres are inflated, primarily due to transport costs over large distances combined with the limited ability to increase client numbers in communities with a population range of 70 – 600. a. Has the Department considered the potential for remote providers to ‘pool’ client packages beyond current conditions – i.e. Extending current package pooling options from one shared consumer residence to community-wide? b. What is the Department’s position on this?	Written
SQ17-001370	6 - Ageing and Aged Care	Griff, Stirling	My Aged Care	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). There are also concerns the My Aged Care individualised package funding model is insufficient to meet basic needs in remote areas; particularly client demand and need; employment of supervisory, nursing and support staff; administrative load; staff training, vehicle and housing requirements; and site maintenance to meet Environmental Health standards. a. How does the Department intend to address these issues? b. Is the Department considering the introduction of the capital expenditure fund for Community Care remote services (not only residential services)?	Written
SQ17-001371	6 - Ageing and Aged Care	Griff, Stirling	Remote Aged Care	I refer to issues raised by an Aged Care provider operating in a remote area. For remote providers, there are concerns their clients are receiving reduced or insufficient services due to the high cost of delivering services to remote communities. For example, in remote areas there is a limited ability to provide Level 3 and 4 Community Aged Care services due to the cost of employing suitably skilled staff and the limited ability to outsource high level care packages. Instead this leads to Indigenous clients having to enter residential care at great distances away, or providers being forced to take on risk by providing a lower level of care (i.e. a Level 3 Package, where the person has been assessed for a Level 4). Remote Councils are reliant on grants with very limited income from land rates with which to bolster aged care services. a. Is it the Department’s position that Councils should be cross-subsidising aged care? b. Does this also extend to remote councils? c. What does the Department suggest for Councils which may not have the capacity to subsidise services? d. Understand Local Government providers also are excluded for applying for a number of grants – does the Department currently exclude Local Government providers from any Federal Grants related to aged care? If so, is the Department considering opening up these exclusions for remote council areas? If not, why not?	Written
SQ17-001372	6 - Ageing and Aged Care	Griff, Stirling	Northern Territory Jobs Program	I refer to the Northern Territory Jobs Program (NTJP) funding model, which is for many providers essential to maintain service viability and contribute to broader economic development of communities. I understand under this program an accredited training provider is assigned to remote providers by the Department who manages the contract directly. a. How does the Department select the training provider? b. Does the aged care service provider have any input into this? c. What ability exists for the Service provider to leverage training that is appropriate to their context and that will result in real improvement outcomes? d. How does the Department ensure that training is of a high quality and culturally appropriate	Written
SQ17-001373	6 - Ageing and Aged Care	Griff, Stirling	Northern Territory Jobs Program (NTJP)	I refer to the Northern Territory Jobs Program (NTJP) funding model, which is for many providers essential to maintain service viability and contribute to broader economic development of communities. The NTJP funding provides a model sufficient to support a 4 hour operational model from Monday to Friday, across 8 sites. Does the Department consider these hours sufficient and does it have any plans to support longer operational hours to support services available to remote clients, and the time available for staff training?	Written
SQ17-001374	6 - Ageing and Aged Care	Griff, Stirling	Northern Territory Jobs Program (NTJP)	I refer to the Northern Territory Jobs Program (NTJP) funding model, which is for many providers essential to maintain service viability and contribute to broader economic development of communities. Has the Department reviewed the CHSP package levels of funding with regards to remote communities and the additional staff training and challenges? If not, why not?	Written

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SQ17-001375	6 - Ageing and Aged Care	Griff, Stirling	Northern Territory Jobs Program (NTJP)	I refer to the Northern Territory Jobs Program (NTJP) funding model, which is for many providers essential to maintain service viability and contribute to broader economic development of communities. a) What action does the Department take if an aged care provider finds that the allocated provider is failing to meet its training needs or deliver the contract?	Written
SQ17-001376	6 - Ageing and Aged Care	Griff, Stirling	Northern Territory Jobs Program (NTJP)	I refer to the Northern Territory Jobs Program (NTJP) funding model, which is for many providers essential to maintain service viability and contribute to broader economic development of communities. a) What actions/sanctions does the Department have available to it for training providers that are failing to meet standards?	Written
SQ17-001377	6 - Ageing and Aged Care	Griff, Stirling	Northern Territory Jobs Program (NTJP)	I refer to the Northern Territory Jobs Program (NTJP) funding model, which is for many providers essential to maintain service viability and contribute to broader economic development of communities. a) I am aware of one case where it took four years to negotiate a new training provider with the Department. Does the Department consider this to be an acceptable timeframe?	Written
SQ17-001378	6 - Ageing and Aged Care	Griff, Stirling	Northern Territory Jobs Program (NTJP)	I refer to the Northern Territory Jobs Program (NTJP) funding model, which is for many providers essential to maintain service viability and contribute to broader economic development of communities. a) Is the NTJP training open to tender where service providers can manage training directly and negotiate training that meets their unique needs? If not, why not?	Written
SQ17-001379	6 - Ageing and Aged Care	Griff, Stirling	Commonwealth Home Support Programme	I understand that service providers deliver a number of activities that had previously been funded (where funding ceased in 2015) including: Client Registration support, Provider Assessment, Reassessment, Coordination, and long-term Case Management. These activities are expected to be completed in order to meet national home care standards. In one case, a provider has suggested that for 90 CHSP clients, this represents approximately 540 hours unfunded direct service activity per annum. A remote provider has also advised that they have the additional activities of being requested by RAS staff to assist with their assessment processes as they are unable to visit communities. a. Is the Department addressing these issues in the CHSP move to individualised client packages? How? b. Is there any consideration of allowing providers to charge for this labour? If so, will this authorisation be built into the Guidelines and Programs? Will package allocations reflect these costs? If not, why not?	Written
SQ17-001380	6 - Ageing and Aged Care	Griff, Stirling	ACAT and RAS Assessments	My office has been told that in some cases it takes up to 6 months to allocate packages as ACAT are unable to visit remote communities to conduct assessments, which has a significant impact both on client care and the provider's bottom line. Can the Department provide current waiting periods for ACAT assessments (from the time the assessment referral is issued to when the assessment is complete) in each state and by: a. Metropolitan areas b. Rural/Regional areas c. Remote areas	Written
SQ17-001381	6 - Ageing and Aged Care	Griff, Stirling	ACAT and RAS Assessments	My office has been told that in some cases it takes up to 6 months to allocate packages as ACAT are unable to visit remote communities to conduct assessments, which has a significant impact both on client care and the provider's bottom line. In 2015-16 and 2016-17, how many assessment referrals (by priority) had waiting times of: a. Over 14 days b. Over 2 months c. Over 4 months d. Over 6 months	Written
SQ17-001382	6 - Ageing and Aged Care	Griff, Stirling	ACAT and RAS Assessments	My office has been told that in some cases it takes up to 6 months to allocate packages as ACAT are unable to visit remote communities to conduct assessments, which has a significant impact both on client care and the provider's bottom line. I also refer to the availability of RAS Assessments. One provider has suggested they have had no communication from their RAS about changes or staffing levels and from December 2015 to March 2016 were without an officer in their region. Can the Department provide details of number of staff conducting RAS Assessments both by state, and by region?	Written
SQ17-001383	6 - Ageing and Aged Care	Griff, Stirling	ACAT and RAS Assessments	My office has been told that in some cases it takes up to 6 months to allocate packages as ACAT are unable to visit remote communities to conduct assessments, which has a significant impact both on client care and the provider's bottom line. a) How many face-to-face RAS assessments were conducted in the last financial year by state?	Written
SQ17-001384	6 - Ageing and Aged Care	Griff, Stirling	ACAT and RAS Assessments	My office has been told that in some cases it takes up to 6 months to allocate packages as ACAT are unable to visit remote communities to conduct assessments, which has a significant impact both on client care and the provider's bottom line. a) How many RAS assessments were conducted over the phone in the last financial year?	Written
SQ17-001385	6 - Ageing and Aged Care	Griff, Stirling	ACAT and RAS Assessments	My office has been told that in some cases it takes up to 6 months to allocate packages as ACAT are unable to visit remote communities to conduct assessments, which has a significant impact both on client care and the provider's bottom line. I have been told that in one region, during July 2016, RAS assessments were "temporarily" outsourced to another organisation. Despite this, only phone assessments were conducted. Can the Department advise of when these assessments would need to be outsourced? a. Can you advise of which organisations RAS assessments have been outsourced to?	Written

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001386	6 - Ageing and Aged Care	Griff, Stirling	Remote and Aboriginal and Torres Strait Islander Aged Care Services Assistance Panel (SDAP)	Regarding the new Remote and Aboriginal and Torres Strait Islander Aged Care Services Assistance Panel (SDAP): This panel will be effective from 1 July 2017 until 30 June 2020 and may be extended for a further period of up to two years at the discretion of the department. What was the time frame of the previous panel (expiring June 2017)? a) Was the previous panel extended? If not, why not? b) Note concerns that the previous panel appeared to have a narrow range of Indigenous groups accessing funds, along with a narrow range of service providers allocated to the panel. Can you provide a breakdown of support/funding allocated by the previous panel? c) Can you provide a breakdown of service providers allocated to the previous and new panels? d) What benefits are providers eligible for under the program? e) How has the Department made providers aware of the Remote and Aboriginal and Torres Strait Islander Aged Care Services Assistance Panel and the available support available to them (such as capacity to make applications for support and funding)? f) Does the Department consider that providers that would benefit from the program are sufficiently aware of the support available to them? g) What changes has the Department made from the previous panel in the new panel?	Written
SQ17-001387	2 - Health Access and Support Services	Rice, Janet	LGBTIQ Health	What training for trans and gender diverse inclusion currently exists in the curriculum for GPs and medical providers?	Written
SQ17-001388	3 - Sport and Recreation	Farrell, Don	ASC Staffing	Referring to the answer to Budget Estimates QoN 663, are there still 570 FTE positions at the ASC? a) Are 197 of those still with the AIS? b) Please provide a breakdown of staff working in each of the four key areas listed in the answer to Budget Estimates QoN 663, including their classifications as provided in the answer to QoN 663 c) Please provide a breakdown of staff numbers and classifications across the grouped roles described in the answer to Budget Estimates QoN 663	Written
SQ17-001389	3 - Sport and Recreation	Farrell, Don	Ministerial Meetings and Events	Is there any reason why an answer was provided to my Additional Estimates QoN 97 regarding former Minister Ley but in response to Budget Estimates QoN 670 regarding Minister Hunt the response was "The Department cannot comment on the number of trips Minister Hunt has made to Queensland"?	Written
SQ17-001390	3 - Sport and Recreation	Farrell, Don	Local Sporting Champions	1. Have applicants for Round 1 of 2017-18 been notified of the outcome of their applications? a) If not, why not and when will they be notified? b) If they have been notified, have successful applicants received their funding? c) If not, why not and when will they receive their funding? 2. Has the program always been funded within the ASC annual appropriation? a) If not, how many more rounds will the ASC be able to fund from within its annual appropriation without any increase in that appropriation or an injection of new funding specifically for the program?	Written
SQ17-001391	3 - Sport and Recreation	Farrell, Don	ISARP and EITAAP Grants	a) When did the ISARP and EITAAP grants programs begin? b) How many grants were provided under the ISARP program from its implementation to the 2013 election and what was the total amount of funding provided over that period? c) How many grants were provided under the EITAAP program from its implementation to the 2013 election and what was the total amount of funding provided over that period? d) How many grants were provided under the ISARP program from the 2013 election to the program's end and what was the total amount of funding provided over that period? e) How many grants were provided under the EITAAP program from the 2013 election to the program's end and what was the total amount of funding provided over that period? f) If any grants were provided between the 2013 election and either of the programs being shifted to DPMC, could you please separate out those details for the above questions?	Written
SQ17-001392	3 - Sport and Recreation	Farrell, Don	Lease Arrangements	a) Are there any risks associated with the fact that ASADA is currently operating on a month-to-month lease? If so, what are those risks? b) What considerations would need to be taken into account if ASADA was required to find new premises? c) Does the nature of ASADA's work, particularly in terms of testing and storage, restrict the type and / or number of premises that might be suitable if a move is required? d) Do those same factors have the potential to complicate any move, if one was required, or to make a refit in new premises more costly than might be the case for an agency without the need for testing and storage equipment?	Written
SQ17-001393	6 - Ageing and Aged Care	Polley, Helen	ACAR - Electorate Breakdown	When will the 2017-18 ACAR round open, and be announced? Can you provide a full breakdown of what will be allocated in the ACAR 2017-18?	Written
SQ17-001394	6 - Ageing and Aged Care	Polley, Helen	ACAT - Penalties	What penalties are in place for ACAT providers that fail to meet their KPIs?	Written
SQ17-001395	6 - Ageing and Aged Care	Polley, Helen	ACAT and RAS Assessments - KPIs	Can you provided the most recent data available, by jurisdiction, of the percentage met KPI targets for high, medium and low priority for assessments? Can you provide this data by electorate?	Written
SQ17-001396	6 - Ageing and Aged Care	Griff, Stirling	Home care Packages	What action does the department take if a provider breaches their obligations, i.e. has not advised of a client's death or departure, or has not returned unspent funds as required?	Written
SQ17-001397	6 - Ageing and Aged Care	Polley, Helen	ACAT and RAS Assessments - Maximum Wait Times	Can you provide the most recent data available of the wait time from ACAT and RAS assessment referral issued to assessment complete, by jurisdiction and by priority? Can you provide this data by electorate?	Written
SQ17-001398	6 - Ageing and Aged Care	Griff, Stirling	Home care packages	Have there been instances where a provider has been late in advising that a recipient has left their care, and the Commonwealth has continued paying them? a) If so, please outline how many instances in the past three financial years, the total amount delivered to providers, and the total amount subsequently recovered.	Written

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SQ17-001399	2 - Health Access and Support Services	Rice, Janet	LGBTIQ Health	What Commonwealth funding for mental health programs to specifically assist trans and gender diverse people currently exists?	Written
SQ17-001400	2 - Health Access and Support Services	Rice, Janet	LGBTIQ Health	Has any Commonwealth funding been allocated to dealing with the increased load of mental health trauma experienced by LGBTI people and families as a result of the postal survey?	Written
SQ17-001401	6 - Ageing and Aged Care	Griff, Stirling	Home care packages	Has the department ever sanctioned, fined or disqualified any providers for fraudulent claiming for services? If so, were these all individual providers or were there any group sanctions?	Written
SQ17-001402	2 - Health Access and Support Services	Rice, Janet	LGBTIQ Health	Has there been any investigation by the Department of adult gender affirmation surgeries being fully covered by Medicare?	Written
SQ17-001403	2 - Health Access and Support Services	Rice, Janet	LGBTIQ Health	Is the Commonwealth able to guarantee that transgender and gender diverse people taking a particular form of hormones are no longer put on a sex offenders register by Medicare?	Written
SQ17-001404	6 - Ageing and Aged Care	Griff, Stirling	Home care packages	What process does the Department use to confirm that billing ceased on the date of death? How does it ensure that providers are compliant in this area? a. Similarly, does the department cross check records of nursing home providers to confirm that billing ceased on the date of transfer to an aged care facility?	Written
SQ17-001405	6 - Ageing and Aged Care	Griff, Stirling	Home care packages	How does the department ascertain that a provider is appropriately charging for legitimately provided services? Does the department ever spot-check or cross check with recipients or their families?	Written
SQ17-001406	6 - Ageing and Aged Care	Griff, Stirling	Home care packages	Can you please provide a breakdown if the total number of funds returned in 2016-17 and the amount still outstanding, and how many consumers this relates to? What are the trends in recovery of the last 3 years?	Written
SQ17-001408	2 - Health Access and Support Services	Rice, Janet	LGBTIQ Health	What funding is currently available for peer support groups and services across the health portfolio?	Written
SQ17-001409	3 - Sport and Recreation	Kakoschke-Moore, Skye	Australian Sports Commission	What steps have been taken to leverage your funding power to promote gender equality in areas other than board representation eg Could you require National Sporting Organisations to provide (or have policies to provide): a) Gender-equitable access to infrastructure and facilities? b) Gender-equitable resourcing & spend across male and female participants across their entire budget / operations? c) Gender based reporting of resource allocation d) Funding allocation that will progressively narrow the gender gap between male and female sports participants e) Gender - based reporting of staff levels, including senior management and particularly coaching staff? as a condition of funding? If not, why not?	Written
SQ17-001410	3 - Sport and Recreation	Kakoschke-Moore, Skye	Australian Sports Commission	Have you considered whether a version of Title IX (highly successful regulation in the USA) could be used in Australia to ensure and reinforce that NSOs who receive government funding cannot gender-discriminate? If so, what did you conclude? If not, why not?	Written
SQ17-001411	2 - Health Access and Support Services	Rice, Janet	LGBTIQ Health	What funding is currently available for peer support groups or services for people with intersex variations? If none, has there been any investigation of providing Commonwealth funding support for peer support groups or services for people with intersex variations?	Written
SQ17-001412	3 - Sport and Recreation	Kakoschke-Moore, Skye	Australian Sports Commission	Do you use gender auditing or require funded organisations to do so e.g. in recruitment and promotion, leadership development and mentoring, flexible work, equal pay for comparable work and organisational culture? If not, why not?	Written
SQ17-001413	6 - Ageing and Aged Care	Griff, Stirling	Aged care beds	According to an Australian Institute of Health and Welfare report - Australia's hospitals 2014-15 at a glance (p23) - 1 per cent of all hospital bed days are taken up with patients waiting for aged care beds. What is the difference in cost for a hospital bed compared to an age care bed?	Written
SQ17-001414	2 - Health Access and Support Services	Rice, Janet	OGTR's Gene Technology Technical Advisory Committee (GTTAC) discussed New Technologies	On 6th June 2016 the OGTR's Gene Technology Technical Advisory Committee (GTTAC) discussed New Technologies. The minutes from this meeting state that "Prof Marie Ranson, Prof Barnard and Prof Godwin agreed that the risks posed by organisms altered by SDN-1 are unlikely to be any different to naturally mutated organisms". a) Prof. Godwin is using these techniques in sorghum and other cereal crops. Does the OGTR consider this a potential conflict of interest? b) Prof Godwin is a professor in plant molecular genetics at the School of Agricultural and Food Sciences at Queensland University. The school collaborates with Monsanto who are attempting to commercialise gene editing techniques such as CRISPR in food crops. Does the OGTR consider this a potential conflict of interest? c) Prof Godwin and Prof Barnard are both employed by the University of Queensland which provides expert genetic modification services using CRISPR/Cas9 genome editing technology in mice. Does the OGTR consider this a potential conflict of interest? d) Both Prof Barnard and Prof Godwin are affiliated with the Queensland Alliance for Agriculture and Food Innovation. According to QAAFI's website it also works with over 150 commercial companies and was the country's leading holder/recipient of agricultural patents in 2015. Does the OGTR consider this a potential conflict of interest? e) Professor Marie Ranson works for the University of Wollongong which is currently using CRISPR/Cas to understand protein changes in neurodegenerative disease. Does the OGTR consider this a potential conflict of interest?	Written
SQ17-001415	3 - Sport and Recreation	Kakoschke-Moore, Skye	Australian Sports Commission	Do you use gender impact analysis tools in policy, service delivery and budget development?	Written

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001416	3 - Sport and Recreation	Kakoschke-Moore, Skye	Australian Sports Commission	To what extent do you leverage your influence to: • Educate NSO's/stakeholders about the value of GE and diversity as an asset in the selection of coaches, professional positions and related roles. • Enable safe and inclusive spaces for women, and reduce bullying and gendered discrimination.	Written
SQ17-001417	2 - Health Access and Support Services	Rice, Janet	The Gene Technology Regulations 2001	The Gene Technology Regulations 2001 state that: "A member of the Gene Technology Technical Advisory Committee who is aware of having a direct or indirect interest, pecuniary or otherwise, in a matter being considered, or about to be considered, at a meeting of the Committee must, without delay, disclose the nature of the interest at, or before, the meeting of the Committee." In answer to SQ17-000761 the OGTR stated that no members of GTTAC declared direct or indirect interests prior to the committee's discussion of 'new technologies' on 6th June 2016. Does the OGTR accept that a number of members of GTTAC breached this regulation in not declaring their potential conflicts of interest?	Written
SQ17-001418	2 - Health Access and Support Services	Rice, Janet	The Gene Technology Regulations 2001	The Gene Technology Regulations 2001 (paragraph 20) state that: A disclosure under this regulation must be recorded in the minutes of the meeting and the member must not: a. Be present during any deliberation of the Committee about the matter, except to give information requested by the Committee; or b. Take part in any decision of the Committee about that matter. In response to SQ17-000762 the OGTR stated that no members of GTTAC removed themselves from the committee's discussion on 'new technologies'. Given the potential conflicts of interests of Prof Barnard, Prof Godwin and a number of the other members of GTTAC – does the OGTR accept that they breached this regulation?	Written
SQ17-001419	2 - Health Access and Support Services	Rice, Janet	Gene Technology Regulations 2001	Is the OGTR aware that GTTAC's advice that the "risks posed by organisms altered by SDN-1 are unlikely to be any different to naturally mutated organisms" differs markedly from the conclusions of reviews commissioned by the Austrian and Norwegian Governments? a) Since the advice the OGTR received on 6th June regarding 'new technologies' was potentially conflicted, will the agency now seek unconflicted advice? b) Since this advice was included in the OGTR's discussion paper for its Technical Review of the Gene Technology Regulations 2001 does the OGTR accept that this document is also potentially conflicted?	Written
SQ17-001420	6 - Ageing and Aged Care	Polley, Helen	ACAT and RAS Assessments - Wait Times by Priority Area	What is the average and the mean wait times for ACAT and RAS assessments, by assessment area and by priority for the period 1 July to 31 December 2016? And for the period 1 January 2017 to 30 June 2017?	Written
SQ17-001421	2 - Health Access and Support Services	Rice, Janet	Technical Review of the Gene Technology Regulations	When does the OGTR intend to release its preferred option from its Technical Review of the Gene Technology Regulations? a) How long will the public submission period be? b) Will the OGTR hold public hearings? c) If yes to b) where?	Written
SQ17-001423	2 - Health Access and Support Services	Rice, Janet	Technical Review of the Gene Technology Regulations	In SQ17-000802 the OGTR states that "the current Gene Technology Regulator takes a different view of the regulatory status of the technique referred to in the letter to Dow AgroSciences of 7 May 2012." a) What is the reason for this different view? b) Does New Zealand's decision to regulate this technique have any bearing on this view? c) Does this view mean that products organisms produced using Dow's ZFN based EXZACT Delete technology will be regulated as GMOs in Australia? d) Has this view been communicated to Dow and other industry stakeholders?	Written
SQ17-001424	2 - Health Access and Support Services	Rice, Janet	Technical Review of the Gene Technology Regulations	In SQ17-000822 the OGTR states that the null segregant offspring of GMOs do not possess the GM traits that occurred because of gene technology, and are therefore not subject to regulation. A review by the Austrian Environmental Agency concluded that 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. a) Does the OGTR disagree with this analysis? b) If yes to a), on what basis? c) What action will the OGTR take to ensure that organisms produced using this techniques are assessed for safety, given these potential unintended effects?	Written
SQ17-001425	6 - Ageing and Aged Care	Polley, Helen	Aged Care Workforce Growth Planning	Can you provide all correspondence between the Department of Health and the Department of Human Services in relation to Aged Care workforce growth planning.	Written
SQ17-001426	6 - Ageing and Aged Care	Polley, Helen	HCP - Dementia	What proportion of home care and Commonwealth Home Support Programme consumers have a diagnosis of dementia?	Written
SQ17-001428	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	(Attachment 1: Budget statement - Health Department p. 132) As per performance criteria table B (provide support to older people with complex care needs to keep them living independently in their own homes through the Home Care Packages Program, a. number of allocated home care packages), please provide a breakdown, per package level (1-4) for estimated/target results in 2016-17: 90,763, 2017-18: 100,436, 2018-19: 112,733, 2019-20: 124,443, and 2020-21: 134,545.	Written
SQ17-001429	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	What impact will the government decision to convert 17,000 level 1 and 2 home care packages to 6,000 level 3 and 4 home care packages have on the expected total number of allocated home care packages, being 90,763 as detailed on page 132 of the 2017 Budget Statement - Health Department? What is the revised total package number? what impact will this measure have on the release of packages in the future? what impact will this measure have on the government's ability to meet the provisions ratio target of 45 45 home care places per 1,000 people aged over 70 by 2021-22? Will the Government have to release less high level packages in future years to offset this measure?	Written
SQ17-001430	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	When will the current home care package wait lists be cleared?	Written

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PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001431	6 - Ageing and Aged Care	Griff, Stirling	Average Length of stay in hospital for elderly people waiting for Aged Care Beds	Can the department please advise how many elderly people were placed in hospital in the past two FY while waiting for an aged care bed, and the average length of stay in hospital for elderly people waiting for aged care beds?	Written
SQ17-001432	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Hospitals website - performance indicators	Regarding the MyHospitals website and performance indicator monitoring: The website states that the hospital standardised Mortality ratio (death rate) is "under development". How is this development progressing? a. When is it expected to be available on the website?	Written
SQ17-001433	1 - Health System Policy, Design and Innovation	Griff, Stirling	MyHospitals website - performance indicators	Similarly, how is the development of the following indicators progressing, and when will the data be publically available: a. Deaths in low mortality diagnostic related groups (DRGs) b. In hospital mortality for select conditions?	Written
SQ17-001434	1 - Health System Policy, Design and Innovation	Griff, Stirling	MyHospitals website - performance indicators	This is useful and potentially life-saving data. Is the Department treating this process with some urgency?	Written
SQ17-001435	1 - Health System Policy, Design and Innovation	Griff, Stirling	MyHospitals website - performance indicators	Is the Department undertaking any research looking at correlation between PBS data and state morbidity and mortality data (similar to what I understand the Canadians are doing)? Would the Department consider a trial to see the possible reduction in adverse effects and complications through better data management?	Written
SQ17-001436	4 - Individual Health Benefits	Watt, Murray	Medicare - Out-of-pocket Costs	Please provide the average out-of-pocket cost in each Commonwealth electorate for 2016-17 for: a. GP attendances; and b. specialist attendances (noting that average out-of-pocket costs for each of these broad types of service is already published at a state/territory level). (NB We note the Department's argument in SQ17-799 that providing such data would be labour-intensive. However: a. The Department is clearly able to provide similar data, e.g. on bulk billing rates, by electorate (SQ17-38 refers) b. In recognition of the Department's apparent capacity constraints, we have revised our request to exclude quarterly data and previous years c. There is significant public concern about this issue, justifying the use of departmental resources)	Written
SQ17-001438	4 - Individual Health Benefits	Watt, Murray	Medicare	The Department has previously provided the bulk billing rate for MBS item 23 for 2006-07 to 2015-16 (SQ16-692). Please provide: a. The figure for 2016-17 b. The average out-of-pocket cost for this item for each year from 2006-07 to 2016-17	Written
SQ17-001439	4 - Individual Health Benefits	Watt, Murray	Medicare	In SQ16-392, the Department provided the percentage of patients who had all their GP visits bulk billed in 2015-16. Please provide the same figure for 2016-17	Written
SQ17-001440	4 - Individual Health Benefits	Watt, Murray	Medicare	Please provide the combined fiscal impact of the following (interdependent) budget measures by year from 2014-15 to 2020-21: 2014 MYEFO - A strong and sustainable Medicare - this component: MBS fees for all services provided by GPs, medical specialists, allied health and other health practitioners will remain at their current level until July 2018. 2016 Budget - Medicare Benefits Schedule — pause indexation 2017 Budget - Guaranteeing Medicare — Medicare Benefits Schedule — indexation	Written
SQ17-001441	4 - Individual Health Benefits	Watt, Murray	Medicare	When were MBS rebates for GP items last indexed?	Written
SQ17-001442	4 - Individual Health Benefits	Watt, Murray	Dental	Please update the figures in SQ17-584, SQ17-1041 and SQ17-1042 as of 30 June 2017 (or later if available)	Written
SQ17-001443	0 - Whole of Portfolio	Watt, Murray	Flexible Funds	Please provide the total amount allocated to each Flexible Fund for each year from 2013-14 to 2020-21, noting that the structure of the funds has changed (i.e. please provide this detail for both former and current funds)	Written
SQ17-001444	0 - Whole of Portfolio	Watt, Murray	Flexible Funds	Please provide the total Flexible Funds allocation (i.e. all Funds combined) for each year from 2013-14 to 2020-21	Written
SQ17-001445	4 - Individual Health Benefits	Watt, Murray	Pharmaceutical Benefits Scheme	How many PBAC positive recommendations are currently waiting listing on the PBS?	Written
SQ17-001446	4 - Individual Health Benefits	Watt, Murray	Pharmaceutical Benefits Scheme	What is the oldest PBAC positive recommendation which is yet to be listed on the PBS? What is the drug? When was it recommended? Why is it yet to be listed?	Written
SQ17-001447	4 - Individual Health Benefits	Watt, Murray	Pharmaceutical Benefits Scheme	How many PBAC positive recommendations are yet to be listed on the PBS from the following years: - 2016 - 2015 - 2014	Written
SQ17-001448	5 - Regulation, Safety and Protection	Watt, Murray	National Immunisation Program	In July 2016, a vaccine for the prevention of pneumococcal disease – Prevenar – was recommended to be listed on the NIP. Why hasn't it?	Written
SQ17-001449	5 - Regulation, Safety and Protection	Watt, Murray	National Immunisation Program	When will the review of pertussis vaccines on the National Immunisation Program be completed?	Written
SQ17-001450	4 - Individual Health Benefits	Watt, Murray	Pharmaceutical Benefits Scheme	Please provide a list of major/ minor PBAC positive recommendations which are yet to be listed on the PBS - from 2014 up to the March 2017 PBAC meeting.	Written
SQ17-001451	4 - Individual Health Benefits	Watt, Murray	Pharmaceutical Benefits Scheme	In relation to the savings from the Government's agreement with Medicines Australia – at the last Estimates we were told a "proportion" would go into the contingency reserve for future listings. What is this proportion? If the full \$1.8 billion is also listed as a savings measure for the health portfolio, isn't this double counting?	Written
SQ17-001452	4 - Individual Health Benefits	Watt, Murray	Pharmaceutical Benefits Scheme	a) Can you confirm that a number of submissions were postponed from PBAC's November meeting? Why? b) Is there now a cap on submissions per PBAC meeting? What is it? How was this communicated? How are submissions prioritised?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001453	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	What is the net increase in private health insurance participation as a result of the changes announced in October?	Written
SQ17-001454	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	Insurers have referred to an expected increase of 50,000 new young members just to cover the cost of the incentives and stop older people paying more. Can you please break down the expected increase over the forward estimates?	Written
SQ17-001455	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	Has the Department updated the projected expenditure, across the forward estimates, for the private health insurance rebate as a result of the measures announced in October? Can you provide the updated projections over the forward estimates?	Written
SQ17-001456	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	How many Australians have a private health insurance policy that has an inclusion of: - Alexander technique - Buteyko - tai chi - yoga	Written
SQ17-001457	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	What is the most up-to-date figure of the number of Australians with private health insurance hospital cover? Please break this number down into estimates of how many policies will fall into the gold, silver, bronze and basic private health categories?	Written
SQ17-001458	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	In relation to the proposed 2% savings discount for a young person, what will happen if they switch to a couples policy with someone who does not have the same discount? Will they lose the discount altogether?	Written
SQ17-001459	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	How many people do you expect to be added to the waitlist, by level, each year, compared to the number of packages, by level?	Written
SQ17-001460	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	Will policies in bronze and basic bronze have to include mental health cover?	Written
SQ17-001461	4 - Individual Health Benefits	Watt, Murray	Medicare Freeze	In relation to GP mental health treatment items (MBS items 2700, 2701, 2715, 2717, 2712, 2713): - What is the average out-of-pocket cost for these items? - Is it correct that the freeze is not being lifted on these items until mid-2020?	Written
SQ17-001462	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Do you expect the home care package waitlist to be cleared? If so, when?	Written
SQ17-001463	4 - Individual Health Benefits	Watt, Murray	Medicare Freeze	No part of the freeze on GP rebates or specialist consultations will be lifted until July 2018, is that correct? What is the projected increase in out-of-pocket fees for GPs and specialist attendances to this date?	Written
SQ17-001464	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	What percentage on average does a consumer contribute to total value of a home care package, by package level?	Written
SQ17-001465	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	On average, what percentage of the year is any home care package (by level) unoccupied, due to a lack of demand or delays in a package being vacated and accepted or another other reason?	Written
SQ17-001466	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Please provide the average expected wait time, by package level (levels 1 – 4) and by assessed priority (medium or high)? It is noted that this information was request during the estimates hearing on 19 October 2017 and the Department said that it was not yet available. Given that individuals have been able to obtain expected wait time information for over a month, the statement made by the Department is clearing incorrect. Will you please correct the record on this answer.	Written
SQ17-001467	2 - Health Access and Support Services	Watt, Murray	Health Care Homes	a) Are you still expecting 180 more Health Care Homes from 1 December? b) How many of the 200 practices that you shortlisted to be Health Care Homes have now pulled out of the trial? c) How many of those have actually signed deeds/contracts to become Health Care Homes on 1 December? d) Is it correct that there is only \$2.5 million in expenditure allocated to Health Care Homes next financial year? How will that be expended? e) What is the financial incentive for practices to participate in the Health Care Homes trial?	Written
SQ17-001468	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	It was reported earlier this year by the Minister that 212 people had been identified through the national prioritisation system as waiting over two years for home care packages. Are any of them still waiting for a package? Please provide details on any that are still waiting.	Written
SQ17-001469	5 - Regulation, Safety and Protection	Watt, Murray	Flu vaccine	a) When did the Department first become aware that this year's flu vaccine was having a low effectiveness in preventing the flu? b) How did the Department communicate this? c) Did the Department issue any communications to aged care facilities, child care facilities, hospitals, schools etc about this year's flu vaccine once it found out that strains were not responding to it? d) Can you please explain how the national influenza surveillance scheme works? e) When was the Department made aware of a number of outbreaks in aged care facilities?	Written
SQ17-001470	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	It appears from (attachment 2) that 16,180 (18.2% of 88,904) people have been waiting for a package since before 1 July 2016. Is this accurate?	Written
SQ17-001471	5 - Regulation, Safety and Protection	Watt, Murray	Flu vaccine	a) In September, the Minister said he was looking into making it mandatory for aged care workers to have the flu vaccine. How would this work? b) What work has been undertaken for this? c) Has the Australian Technical Advisory Group on Immunisation (ATAGI) been tasked with looking into this? d) Would this be funded through the NIP? e) Have any costings been done to look into this? f) Would this also include hospital workers? g) Are you aware of how many states and territories have influenza immunisation programs for aged care workers and hospital workers?	Written
SQ17-001472	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Given the significant delays for people to access home care packages, what is the department doing to better prepare recipients to access packages immediately, so they don't need to use the 56 days (plus a possible 28 days) provided to enter into a Home Care Agreement?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001473	6 - Ageing and Aged Care	Polley, Helen	My Aged Care Data	a) Can you provide all comparative data regarding complaints about My Aged Care to 1 July 2017? b) Can you provide all comparative data regarding wait times on the My Aged Care hot line to 1 July 2017? c) Can you provide all reports and data provided to the National Aged Care Alliance and the Aged Care Sector Committee since this was last provided?	Written
SQ17-001474	6 - Ageing and Aged Care	Polley, Helen	Commonwealth Home Support Program	Can you provide a breakdown of successful providers for CHSP growth funding by electorate, aged care planning region and state? Including: - amount of existing funding; - total growth funding; - total services that have been contracted to be delivered or have been committed to deliver; - the percentage of the total cost of the services provided that are funded by CHSP funding?	Written
SQ17-001475	6 - Ageing and Aged Care	Polley, Helen	Commonwealth Home Support Program	Can you provide an update on the integration of the HCP and CHSP, due in 2020? Can you table all non-confidential submissions to the consultation on the discussion paper - an integrated care at home program? Can you provide a timetable and work plan for the integration?	Written
SQ17-001476	6 - Ageing and Aged Care	Polley, Helen	Commonwealth Home Support Program	Can you provide any quantitative data on unmet demand by service type for Commonwealth Home Support Program (CHSP), by electorate, aged care planning region and state?	Written
SQ17-001477	0 - Whole of Portfolio	Polley, Helen	Outstanding Senate Government Responses	1. How many Senate Committee Reports has the Government not yet responded to? 2. Could you please provide a list of these? 3. For each of those Reports, has a response been finalised and provided to the Minister's office? If so, when? 4. For each of these Reports, what was the response deadline? 5. For each of these Reports, when will the response be released?	Written
SQ17-001478	6 - Ageing and Aged Care	Polley, Helen	HCP - Administration fees	What is the median and mean value and percentage of total package value of administration and other fees for each level of home care package as at 1 July 2017?	Written
SQ17-001479	6 - Ageing and Aged Care	Polley, Helen	Review of National Aged Care Quality Regulatory Processes	Do you support the findings of the Review of National Aged Care Quality Regulatory Processes? Can you please provide a detailed response to the 10 recommendations?	Written
SQ17-001480	2 - Health Access and Support Services	Watt, Murray	PFAS - FSANZ Health Guidance Values	a) Food Standards Australia New Zealand released its Health Guidance Values for PFAS in April this year. Will these values be refined or enhanced over time? b) What information does FSANZ need to refine or enhance these values?	Written
SQ17-001481	6 - Ageing and Aged Care	Polley, Helen	Residential Aged Care Home Profiles	Senator POLLEY: The review states on page 46 that there are 57 facilities that have accreditation history matching that of Oakden. This is very concerning. I understand why the public is concerned. I understand why other providers are concerned. What's the agency doing with regard to these 57 facilities? Mr Ryan: I have read, but I have not studied, that particular part of the report. So let me talk about what we have in fact done with regard to facilities such as Oakden. Senator POLLEY: Well, no—you're saying, then, there aren't 57 facilities that are having— Mr Ryan: I would have to review the report. It says that there are 57 homes with a historical profile of homes that returned to full compliance. I've just received a note from my colleague. In the case of Oakden there was serious noncompliance in 2007, 2008 through to 2009. They then did return to full compliance, and I believe that the Carnell-Paterson report talks about those. In the last 18 months, before the Oakden matter ever emerged, we have been much stricter in terms of homes with a history of poor compliance. We have an active case management approach that looks at historic instances of noncompliance and we have a very vigorous sharing of information between the department, the complaints commissioner and ourselves. So I do not accept that whilst there may be 57 homes with a history of noncompliance that returned to compliance, I don't believe that there are 57 Oakden homes today. Senator POLLEY: I'm not saying they're Oakden; I'm saying that they have serious issues. Could you take it on notice then and provide to the committee all information relating to those that have been referred to in the review, so that we can be assured that we're not going to have a repeat of the Oakden situation? Mr Ryan: You would specifically like history on those 57 facilities? Senator POLLEY: Yes. Mr Ryan: Okay, we'll take that on notice.	113 - 26/10/2017
SQ17-001482	6 - Ageing and Aged Care	Polley, Helen	Aged Care Complaints	Your 2017 Annual Report shows a 20 per cent increase in the number of complaints from 3,936 in 2015 to 4,713 in 2016. You have suggested that this is due to an increase in the visibility of the Commission, and an increasingly willingness of consumer to make a complaint. What evidence do you have of this?	Written
SQ17-001483	2 - Health Access and Support Services	Watt, Murray	PFAS - FSANZ Health Guidance Values	Farmers in Williamstown and Oakey remain concerned about the levels of PFAS in their livestock. Has any additional work been undertaken to determine whether consumption of meat from these areas has an impact on individuals?	Written
SQ17-001484	2 - Health Access and Support Services	Watt, Murray	PFAS - FSANZ	FSANZ reviewed and tightened its recommended human PFAS maximum intake and brought it in line with US standards. According to these changes it said it would have to review its Human Health Risk Assessment. Has this been completed? When will it be released?	Written
SQ17-001485	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	In regard to the Government's recently announced reforms, the Private Health Insurance Ombudsman is to get greater powers. Can you advise the committee what these greater powers will be? When will they take effect? And do they require legislation to enact?	Written
SQ17-001486	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	The Government signed a deal with the MTAA that will result in approx. \$180m of cuts to the Prosthesis List in 2018. How will the Govt guarantee that all these cuts will be passed onto consumers?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001487	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	During the media coverage around the PHI package, HCF managing director Sheena Jack said to the ABC those price reductions should go further. "We think the total savings for prosthesis are probably more in the order of \$800 million [annually]," she said. "So it's a great start, but we would like to see that work continue." Does the Government agree with this statement?	Written
SQ17-001488	6 - Ageing and Aged Care	Polley, Helen	Aged Care Complaints	Given the number of contacts to the office only increased by 10 per cent, do you have concerns that the 20% increase in complaints is a reflection of diminishing standards in the sector?	Written
SQ17-001489	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	Can the Government clarify other than a \$1 billion reduction to medical devices what is in the Agreement with the MTAA?	Written
SQ17-001490	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	What is the timetable for the establishment of the industry working groups?	Written
SQ17-001491	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	One of the recommendations by this Committee during the prostheses list inquiry was for non-implantable devices to be included on the prostheses list, has this been taken up by the Government?	Written
SQ17-001492	6 - Ageing and Aged Care	Polley, Helen	Accreditation Processes	What changes has the agency made as result of the Nous Group Report, the Review of National Aged Care Quality Regulatory Processes and the SA Chief Psychiatrist Oakden Report?	Written
SQ17-001493	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	How long will it be before private health insurance customers will have access to clinically proven less invasive non-implantable devices? Will it require legislative changes?	Written
SQ17-001494	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	How did the Government satisfy itself that the \$86m in cuts announced in October 2016 by then Minister Ley, did indeed flow through into lower private health insurance premiums in April this year, given that premiums still went up on average by 4.8%?	Written
SQ17-001495	6 - Ageing and Aged Care	Polley, Helen	Accreditation Processes	Do you agree with the findings of the Tune review that announced site visits are ineffective tools?	Written
SQ17-001496	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	Is discounting policies for some customers based on age consistent with community rating?	Written
SQ17-001497	4 - Individual Health Benefits	Watt, Murray	Private health insurance changes	The Govt also announced that it will allow PHI providers to increase the maximum permitted excess on singles policies from \$500 to \$750 and from \$1,000 to \$1500 for couples from 1 April 2019. How many consumers might this impact?	Written
SQ17-001498	6 - Ageing and Aged Care	Polley, Helen	Accreditation Processes	Is it true that unannounced visits are currently conducted over one day and not all outcome measures are assessed and that the capacity to identify issues with care quality is seriously limited?	Written
SQ17-001499	4 - Individual Health Benefits	Watt, Murray	Strategic Agreement with Medicines Australia	The Commonwealth's Strategic Agreement with Medicines Australia notes that physicians will retain, in consultation with their patient, prescriber choice. a. What does the Department define as the core elements of 'prescriber choice'? b. Can the Department outline the safeguards it intends to implement to ensure prescriber choice is maintained? c. Who is the Department consulting on these safeguards?	Written
SQ17-001500	6 - Ageing and Aged Care	Polley, Helen	Accreditation Processes	The Review of National Aged Care Quality Regulatory Processes heard about accreditation by the Quality Agency that was focused on processes rather than outcomes, and appeared to be a 'tick-the-box' exercise. Do you believe this has been the case in the past? Is it still the case?	Written
SQ17-001501	4 - Individual Health Benefits	Watt, Murray	Strategic Agreement with Medicines Australia	Within the Strategic Agreement, the Commonwealth states that it intends to implement enhanced electronic systems for prescribing, dispensing and capturing data for PBS medicines. This will include a national consumer-centric e-Prescribing system. a. Can the Department provide an update on the implementation and timeframe for the roll out of this? b. Have consultants been engaged to develop and roll out the program? Who are they, what is their remit, and what is the value of their contract/s? c. Given the principles for prescriber choice laid out in the agreement, will the health record enable widespread inclusion of medicine dispensing information? d. Will pharmacies be required to upload medicine dispensing information into a patient's record? e. Does the Department consider a prescriber's awareness of what medicine has been dispensed to their patient to be central to the essential principle for prescriber choice?	Written
SQ17-001502	5 - Regulation, Safety and Protection	Watt, Murray	Naming of biosimilars	a) A 2016 survey conducted by the Alliance for Safe Biologic Medicines found that 76 per cent of doctors surveyed believed the TGA should insist on distinct non-proprietary names for all biosimilars and reference products. How important does the TGA consider the views of physicians to be in its consideration of the requirement for unique names for biological medicines and biosimilars? b) What is the process the TGA is following to finalise its response to the consultation process? When does the TGA expect to release its response? c) What will be the process the TGA intends to follow to implement any proposed reforms?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001503	6 - Ageing and Aged Care	Polley, Helen	Accreditation Processes	In your answer to question on notice SQ17000865, you provided details on 591 failures to meet aged care quality standards by residential aged care providers between 1/07/2012 to 14/06/2017. Of the more than 500 cases that have been resolved, 278 of those took more than 100 days to put in place the required improvements to eventually meet the required standards. Does it seem reasonable to you that older people should expect to wait more than 100 days for failures to be rectified in their nursing homes? Do you believe this is a quick turn around to rectify serious failures? In numerous examples it took more than 150 days to resolve failures. Do you think that the lack of either financial or criminal penalties for failures means that providers have little incentive to quickly rectify failures?	Written
SQ17-001504	6 - Ageing and Aged Care	Polley, Helen	Accreditation Processes	How many nursing homes are currently on improvement plans as a result of failures of one or more of the 44 accreditation standards?	Written
SQ17-001505	4 - Individual Health Benefits	Watt, Murray	Pharmaceutical Benefits Scheme Deeds	On the subject of the 'deeds' or 'risk share arrangements' between medicine companies and the Department of Health that often underpin a new listing on the Pharmaceutical Benefits Scheme: a. How long does a 'deed' typically run for? b. What happens when a deed expires? c. Are you able to confirm whether 'deeds' currently in place for medicines on the PBS, and the conditions these deeds contain, are being rolled over for a second set of five years?	Written
SQ17-001506	2 - Health Access and Support Services	Watt, Murray	Rural Health Commissioner	a) What is the remuneration paid to the Rural Health Commissioner? Please include salary and any other allowances. b) What staff has been provided? Please provide a breakdown by level. c) What office accommodation has been provided? d) Did the Minister seek expressions of interest for the appointment? e) What is the term of the appointment? f) When did the appointment commence?	Written
SQ17-001507	2 - Health Access and Support Services	Watt, Murray	FSANZ - Food Labelling	a) Over the past 3 years how many cases have there been of food processors that have provided incorrect information on their food labels? b) How many of those cases have resulted in prosecutions?	Written
SQ17-001508	2 - Health Access and Support Services	Watt, Murray	FSANZ - New GM Techniques	a) According to FSANZ it has established an Expert Advisory Group on New Breeding Techniques "to provide FSANZ with expert advice on issues relevant to the review, such as the current science relating to NBTs and potential food safety issues associated with the use of NBTs." How were these panel members selected? b) Has FSANZ required declarations of potential conflicts of interest from the panel members? c) If yes, how many panel members have declared potential conflicts of interest? d) Will FSANZ table these disclosed conflicts of interest?	Written
SQ17-001509	4 - Individual Health Benefits	Watt, Murray	Pharmaceutical Benefits Scheme Deeds	An article in Pharmadispatch dated 25 July 2017 and titled "We're adhering to deeds says Department of Health" stated that there is growing concern across the pharmaceutical industry regarding the Department's administration of product deeds. One of the concerns is the timeliness of the Department coming to the table to renegotiate an expiring deed. a. Can you confirm that the Department is required to begin conversations with companies about the state of the deed within six months of its expiry? b. In 2017 (Jan- Sept), how many times has a Deed expired before the Department: i. Initiates negotiations with a manufacturer? ii. Concludes negotiations with a manufacturer? c. Can you explain what happens to the drug's listing on the PBS if a negotiation isn't concluded prior to a Deed's expiry? d. Is it the role of the Department to initiate Deed discussions, or are manufacturers often the ones initiating a discussion? e. What is causing any potential delay in the Department initiating and concluding negotiating for expiring deeds?	Written
SQ17-001510	5 - Regulation, Safety and Protection	Watt, Murray	National Blood Authority	1. Within the NBA's Corporate Plan for the next three years, the NBA has identified the opportunity to: "Advise and report on the feasibility of integrating blood into the wider health sector arrangements and opportunities to strengthen the evidence base for blood use and costs." a. Are you able to explain the process the NBA and the JBC will undertake to identify proposals, consider proposals, and make recommendations to governments? b. What is the motivation and the desired outcome behind this process? c. Does the NBA believe the evidence base for blood use and costs can, and should, be improved? What areas of the health portfolio is the NBA focusing on to garner insights? d. Where does the NBA see alignments with other areas of the wider health sector?	Written
SQ17-001511	4 - Individual Health Benefits	Watt, Murray	Medicare	The Department has previously provided bulk billing rates by Commonwealth electorates via FOI processes (SQ17-38 refers). To save taxpayers the expense of another FOI process, please provide the 2016-17 bulk billing rates for: a. all Medicare items; b. GP items; and c. specialist items (noting that bulk billing rates for each of these broad types of service is already published at a state/territory level).	Written
SQ17-001512	2 - Health Access and Support Services	Watt, Murray	FSANZ - New GM Techniques	I understand that FSANZ intends to release an issues paper early next year on how to regulate these new GM techniques. FSANZ has previously indicated its support for the conclusion reached by an expert panel in 2012 and 2013. Has FSANZ since sought any independent advice since then? If yes, please table that advice.	Written
SQ17-001513	2 - Health Access and Support Services	Watt, Murray	Medial Rural Bonded Scholarships	a) How many medical graduates that were granted a MRBS have not completed their return of service obligations? b) How many medical graduates that graduated under a MRBS have breached their return of service obligations? c) Over the past 3 years how many medical graduates who breached their return of service obligations have applied for and been granted an exemption from their obligation?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001514	2 - Health Access and Support Services	Watt, Murray	Practice Incentives Program and Quality Improvement Incentive	a) Has the Department done (or seen) any modelling on the financial impact to practices of reforms to the PIP, including the introduction of the QI incentive? If so, what does it show? b) What would be the net fiscal impact of reforms to the PIP, including the introduction of the QI incentive?	Written
SQ17-001515	5 - Regulation, Safety and Protection	Watt, Murray	Codeine	Is the Department aware of any plans to further consider or implement the Pharmacy Guild's 'up-scheduling, except when' proposal, that would allow for the provision of codeine without a prescription under certain circumstances?	Written
SQ17-001516	5 - Regulation, Safety and Protection	Watt, Murray	Codeine	What are the details of the agreement that has been reached with the Pharmacy Guild and Pharmaceutical Society of Australia to provide training to its members around the up-scheduling of codeine?	Written
SQ17-001517	5 - Regulation, Safety and Protection	Watt, Murray	Codeine	How much funding has been provided to the Pharmacy Guild and Pharmaceutical Society of Australia to provide training to its members around the up-scheduling of codeine?	Written
SQ17-001518	5 - Regulation, Safety and Protection	Watt, Murray	Codeine	Did the Department recommend the provision of funding to the Pharmacy Guild and Pharmaceutical Society of Australia to provide training to its members around the up-scheduling of codeine? If not, who decided this?	Written
SQ17-001519	5 - Regulation, Safety and Protection	Watt, Murray	Codeine	Did the Department make a recommendation on how much funding should be provided to the Pharmacy Guild and Pharmaceutical Society of Australia? If not, what process was undertaken to determine the quantum of funding?	Written
SQ17-001520	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - National Alcohol Strategy	The Ministerial Drug and Alcohol Forum has identified finalisation of the National Alcohol Strategy as a key priority. Can you provide an update on the status of the Strategy?	Written
SQ17-001521	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - National Alcohol Strategy	Can you advise what stakeholder consultation will occur on the latest draft of the National Alcohol Strategy, given previous consultation was undertaken almost two years ago?	Written
SQ17-001522	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - National Alcohol Strategy	When can we expect to see the finalised Strategy released?	Written
SQ17-001523	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - National Alcohol Strategy	What funding is being allocated to ensure this Strategy is able to be delivered?	Written
SQ17-001524	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - National Alcohol Strategy	What discussions have taken place with the states and territories about this Strategy, given the importance of nationally coordinated but locally implemented work?	Written
SQ17-001525	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - Treatment	On 30 May, during Budget Estimates, we heard an item capturing waiting times for treatment was being developed for the alcohol and drug national dataset. What is the current status of this item? When will this be completed?	Written
SQ17-001526	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - Treatment	On 30 May, during Budget Estimates, we heard that information was given to the DSS about 'the nature and location of alcohol and drug services' provided by PHNs. Did you advise the DSS at this time that drug and alcohol services would require additional funding in order to support the proposed drug testing trial?	Written
SQ17-001527	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - Treatment	Did the DSS consult with the Department of Health before announcing the allocation of \$10 million towards a dedicated treatment fund to support the proposed drug testing trial?	Written
SQ17-001528	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - Treatment	What advice did the Department provide to the Department of Social Services in regard to the allocation of this funding?	Written
SQ17-001529	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - Treatment	Given this recognition of the need for additional funding for drug and alcohol treatment services, is the Department re-evaluating the current levels of funding provided for drug and alcohol services?	Written
SQ17-001530	2 - Health Access and Support Services	Watt, Murray	Alcohol and Other Drugs - Treatment	In 2014, Professor Alison Ritter of the National Drug and Alcohol Research Centre (NDARC) developed modelling tools for the Ministerial Council on Drug Strategy. The Drug and Alcohol Service Planning Model (DASP) and the Drug and Alcohol Clinical Care and Prevention Project (DACCP) were designed to identify unmet demand for drug and alcohol treatment on a state-by-state basis. a) Was the Department aware of these tools? b) Has the Department used these tools to inform Commonwealth policy and funding models for drug and alcohol treatment? If not, why not? c) Now that the tools are publicly available will the Department use them to develop policy and funding models?	Written
SQ17-001531	2 - Health Access and Support Services	Watt, Murray	Indigenous Sexual Health	Can you provide an update on the Commonwealth's coordination of state and territory activities in relation to the syphilis outbreak in Qld, NT, WA and SA?	Written
SQ17-001532	2 - Health Access and Support Services	Watt, Murray	Indigenous Sexual Health	During Budget Estimates you said that you are working with states and territories to identify and fill gaps in funding and resources. What gaps have been identified and how are they being filled?	Written
SQ17-001533	2 - Health Access and Support Services	Watt, Murray	Indigenous Sexual Health	In Additional Estimates last year we heard that there was \$11.8 million in funding allocated towards Indigenous sexual health from 2016-17 out to 2018-19. How is this funding being used?	Written
SQ17-001534	2 - Health Access and Support Services	Watt, Murray	Indigenous Sexual Health	Can you provide an update on the development of the Fifth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy?	Written
SQ17-001535	2 - Health Access and Support Services	Watt, Murray	Indigenous Sexual Health	a) What specific measures will this document include to address the syphilis outbreak and increasing rates of STIs and BBVs in Aboriginal and Torres Strait Islander communities? b) What funding will be allocated to support the implementation of the Strategy?	Written
SQ17-001536	2 - Health Access and Support Services	Watt, Murray	Indigenous Sexual Health	Can you provide some details on the plans with the states and territories for the implementation of this Strategy, and how they will address the roles and responsibilities of the different jurisdictions?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001537	4 - Individual Health Benefits	Watt, Murray	Diagnostic Imaging	I refer you to the Government's election commitment under the Coalition Plan for Access to Affordable Diagnostic Imaging for all Australians. What progress has been made on implementing this series of commitments?	Written
SQ17-001538	4 - Individual Health Benefits	Watt, Murray	Diagnostic Imaging	I refer you to one aspect of that election commitment, made almost 18 months ago, to "introduce a Quality Framework based on the Royal Australian and New Zealand College of Radiologist's recommendations, including for CT imaging, to ensure patients are receiving high quality and safe services". What progress has been made on that commitment?	Written
SQ17-001539	4 - Individual Health Benefits	Watt, Murray	Diagnostic Imaging	a) I understand that the original timeframe proposed to stakeholders was to have the regulations implementing Phase 1 of the Quality Framework laid before Parliament by December 2016. Can you confirm that those regulations have been drafted? What has delayed their being tabled in Parliament? b) What is the Department of Health's view on the impact of the Quality Framework?	Written
SQ17-001540	2 - Health Access and Support Services	Watt, Murray	Workforce	What support is the Commonwealth Government offering to Aboriginal and Torres Strait Islander specialists in training?	Written
SQ17-001541	2 - Health Access and Support Services	Watt, Murray	ATSI Health	How much funding does the Commonwealth Government provide to deliver the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and have there been any changes to the funding of this plan over the forward estimates?	Written
SQ17-001542	2 - Health Access and Support Services	Watt, Murray	ATSI Health	How much funding does the Commonwealth Government provide to address Aboriginal and Torres Strait Islander ear disease, and ear disease among Australians more broadly? How is the effectiveness of this funding evaluated?	Written
SQ17-001543	2 - Health Access and Support Services	Watt, Murray	ATSI Health	Does the Government support including ear disease as an objective in the Council of Australian Governments National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes?	Written
SQ17-001544	2 - Health Access and Support Services	Watt, Murray	Workforce	What incentives is the Government offering to encourage more fully qualified consultants into regional and rural areas and to retain those who are already there?	Written
SQ17-001545	2 - Health Access and Support Services	Watt, Murray	Workforce	How long are the Specialist Training Program, Integrated Rural Training Pipeline for Medicine and Regional Training Hubs funded for?	Written
SQ17-001546	2 - Health Access and Support Services	Watt, Murray	Workforce	What is the government's strategy for medical workforce maldistribution and how is it addressing the lack of public positions for junior doctors and specialist trainees?	Written
SQ17-001547	2 - Health Access and Support Services	Watt, Murray	Workforce	Does the Commonwealth Government provide any financial support for the implementation and funding of training pathways for clinical academics?	Written
SQ17-001548	2 - Health Access and Support Services	Watt, Murray	Review of National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol	Given the lack of awareness of the current NHMRC Guidelines, is the government planning to undertake a communication strategy to promote the NHMRC Guidelines existence and content?	Written
SQ17-001549	2 - Health Access and Support Services	Watt, Murray	Evaluation of Pregnancy Warning Labels	Can the Department advise what is the status of this evaluation? Is the report still expected to be finalised by the end of month as previously indicated by the Government?	Written
SQ17-001550	2 - Health Access and Support Services	Watt, Murray	Evaluation of Pregnancy Warning Labels	The 2014 evaluation found that 38.2 per cent of all products had a health warning label more than two years after the FoFR decision in 2011. Now we are more than five years past the original FoFR decision what level of uptake of voluntary labels does the Government expect from industry?	Written
SQ17-001552	2 - Health Access and Support Services	Watt, Murray	Medical Research Future Fund	Will the government take steps to ensure MRFF funding will be directed to preventive and public health research aimed at tackling the burden of chronic disease and preventing disease and disability?	Written
SQ17-001553	2 - Health Access and Support Services	Watt, Murray	National Strategic Framework for Chronic Conditions (the Framework)	Given there has been no investment in preventive health and no funding attached to the National Strategic Framework for Chronic Conditions, how does the Government expect this to contribute to achieving World Health Organization (WHO) nine global targets and 25 indicators?	Written
SQ17-001554	6 - Ageing and Aged Care	Carr, Kim	Continuity of Support Program	a) You say that the new Continuity of Support Program will be established to assist older people who do not meet NDIS eligibility. Has this been established? What has been the progress to date in its implementation? b) If so, does the program in fact provide all clients to achieve outcomes similar to those they achieved before to their transition to the new arrangements? Older amputees c) In particular, does the CoS provide adequate support to older amputees who require a prosthesis? Does the CoS cover the costs associated with the provision of a prosthesis suited to the needs of each amputee in this older age group? d) Were it the case that an appropriately-qualified specialist medical practitioner recommended a specified prosthesis for such a patient, would the CoS cover the cost of purchase, repair and servicing of that prosthesis? e) Are you aware of any instances where the CoS does not cover that cost? Other older people with disabilities f) Does the CoS cover the costs for older people associated with all hearing aids? Does it cover the cost of all visual aids? g) Does it cover the all costs of other support or services required by those over 65, if those supports or services are recommended by an appropriately-qualified specialist practitioner?	Written

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Department of Health

PDR No	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ17-001555	5 - Regulation, Safety and Protection	Brockman, Slade	OGTR Projects	CHAIR: Do you look at projects based on the general areas of health, medicine, agriculture? Do you divide up projects on that basis? If so, can you give us some sort of numerical idea on what projects are happening in what areas? Dr Bhula: We'd have to take that on notice. CHAIR: Okay.	123 - 26/10/2017
SQ17-001557	2 - Health Access and Support Services	O'Neill, Deborah	Psychosocial Support	Senator O'NEILL: Could I ask if you could provide on notice the names of the people on the working groups and the criteria that's developed. Ms Cole: Yes.	84 - 26/10/2017
SQ17-001558	6 - Ageing and Aged Care	Griff, Stirling	Unspent Funds From Package	Senator GRIFF: That's fine, Ms Buffinton, but I'm talking about someone who has passed away, so they're probably not that unhappy at that particular point, because they're not aware of what is still remaining there. If you could provide on notice again the auditing and also whether there are random spot checks or follow-ups generally, not necessarily for people that have passed away, I think we'd appreciate that.	97 - 26/10/2017
SQ17-001559	6 - Ageing and Aged Care	Griff, Stirling	Aged Care - Staff Survey's	Senator GRIFF: Thank you. In a question on notice at the last estimates, I asked to obtain copies of the care recipient and staff surveys used during the Aged Care Quality Agency's recent audits at a nursing home, and the response was that the Aged Care Quality Agency does not routinely retain documents viewed during an assessment of a home and can confirm that they do not have copies of the surveys. Why don't you keep copies of the surveys? I find it unusual that you've undertaken that work but there is no physical— Mr Ryan: We have a policy where there is a range of information available, and I would need to go back and review the specific reasons as to why we wouldn't provide that, but clearly our aim at present and the work that we've undertaken this year is to undertake a consistent consumer experience survey with between 10 and 15 per cent of the residents of a home or their family representatives. That information has been made available for every decision made since 1 July. It has been developed by the Lincoln Centre for Research on Ageing at La Trobe University. It provides a much greater transparency to existing residents and intending residents about what the actual experience was of residents within that home. On the technical question of the provision of those surveys, I would have to take that on notice, but the intent—and it's very clear—is to be far more transparent for consumers. We do provide that information in a way we've not done before.	96 - 26/10/2017