



## Our Purpose



Lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation



**In 2015-16, we undertook activities which contributed to achieving Our Purpose, including under Outcome 2**

## Outcome 2

# Access to Pharmaceutical Services



Access to cost-effective medicines, including through the Pharmaceutical Benefits Scheme and related subsidies, and assistance for medication management through industry partnerships

## Analysis of performance – **Outcome 2** Access to Pharmaceutical Services

In 2015-16, the Department continued to support the Pharmaceutical Benefits Scheme (PBS), ensuring the efficiency and cost-effectiveness of the PBS, and supporting a viable effective community pharmacy sector. Access to a contemporary range of effective medicines is integral to improving health outcomes in Australia.

The Department managed the ongoing application of price disclosure policy which continues to reduce the price of many medicines for consumers and taxpayers.

The Department also continued to review medicines that are listed on the PBS to ensure that they remain clinically and cost effective. This helps to ensure that Australians have access to innovative and affordable medicines. In 2015-16, there were 370 new and amended PBS listings. This included high cost medicines for the treatment of cancers such as trastuzumab, pertuzumab and trastuzumab emtasine for the treatment of metastatic breast cancer, and pembrolizumab and trametinib for the treatment of melanoma.

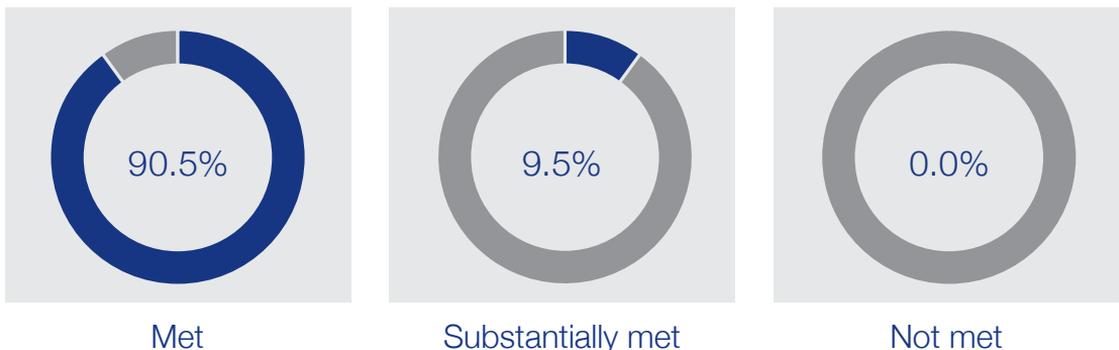
The Department continued to support the integrity of the PBS by delivering on health provider compliance activities. Refer Program 3.1: Medicare Services and Appendix 3: *Health Provider Compliance Report*.

These activities have contributed to the Department's achievement of objectives under Outcome 2 and Our Purpose.

## Key community benefits for Outcome 2 in 2015-16

	<p><b>Ensured access to cost-effective, innovative and clinically effective medicines</b></p> <p>The Department worked with the Pharmaceutical Benefits Advisory Committee and product sponsors to ensure the Australian community has access to contemporary, high quality and affordable medicines. 370 new and amended medications were listed on the PBS in a timely manner at a cost of \$2.1 billion (including revenue).</p>
	<p><b>Provided access to expensive and lifesaving drugs for rare and life threatening medical conditions through the Life Saving Drugs Program</b></p> <p>71 new patient applications to access medicines listed on the Life Saving Drugs Program were approved within 30 days, giving these patients access to critical medication.</p>
	<p><b>PBS subsidy for break-through drugs to cure chronic hepatitis C from 1 March 2016</b></p> <p>Over 230,000 Australians living with chronic hepatitis C will benefit from having access to new medicines that cure this potentially fatal disease.</p>

## Summary of performance criteria results for Outcome 2



## Looking ahead

- The Department will implement the Pharmacy Trial Program during 2016-17. This program will test new approaches to providing primary care services to Australians through pharmacies.
- In 2016-17, the Australian Government will continue to consider new listings as recommended by the Pharmaceutical Benefits Advisory Committee.
- The Australian Government will continue to support the PBS by:
  - looking at ways to reduce the cost of medicines for taxpayers and consumers;
  - bringing new and innovative medicines on to the PBS in a timely way; and
  - ensuring efficiency in the pharmaceutical supply chain.
- The Department implemented the first phase of the Hospital Medication Chart on 1 July 2016, with electronic Hospital Medication Charts to be implemented by March 2017. The Hospital Medication Chart aims to improve the efficiency and safety of medication management in Australian hospitals, leading to improved quality use of medicines outcomes.

## Programs and program objectives contributing to **Outcome 2**<sup>22</sup>

### Program 2.1: Community Pharmacy and Pharmaceutical Awareness

- Support timely access to medicines and pharmacy services

### Program 2.2: Pharmaceuticals and Pharmaceutical Services

- Increase the sustainability of the PBS<sup>23</sup>
- List cost-effective, innovative, clinically effective medicines on the PBS
- Post-market surveillance

### Program 2.3: Targeted Assistance – Pharmaceuticals

- Provide access to new and existing medicines for patients with life threatening conditions

### Program 2.4: Targeted Assistance – Aids and Appliances

- To improve health outcomes for people with diabetes across Australia through the provision of subsidised products and self-management services
- Assist people with a stoma by providing stoma related products
- Improve the quality of life for people with Epidermolysis Bullosa
- Access to aids and appliances

<sup>22</sup> Revised performance information for Outcome 2 was published in the *2015-16 Portfolio Additional Estimates Statements*, replacing the performance information published in the *2015-16 Health Portfolio Budget Statements* and the Department's *2015-16 Corporate Plan*.

<sup>23</sup> Sustainability of the PBS refers to the ability of the Government to continue to fund medicines over the longer term given increasing demand for and costs of medicines and related services, e.g. dispensing.

## Analysis of performance – Program 2.1: Community Pharmacy and Pharmaceutical Awareness

The Department has met all performance targets for Program 2.1: Community Pharmacy and Pharmaceutical Awareness. Access to pharmacy services is key to improving the health of all Australians. The Department has worked with key stakeholders, including consumer organisations and industry groups, to ensure access to community pharmacies.

The Department implemented new and continuing measures such as the pharmacy Administration, Handling and Infrastructure fee, the Co-payment \$1 discount measure and the continuation of existing pharmacy programs. These have enhanced the timely and affordable access to PBS medicines and professional services, through community pharmacies, for all Australians.

In 2015-16, the Department also commenced developing a Pharmacy Trial Program which will trial new and expanded community pharmacy programs with the aim of improving clinical outcomes for consumers. This included work to develop trial protocols for three trials and a ‘call for ideas’ which generated 108 ideas for future trials.

The aim of the Community Services Obligation (CSO) Funding Pool is to ensure there are arrangements in place for all Australians to have timely access to PBS medicines, via their community pharmacy, regardless of where they live and usually within 24 hours. The CSO financially supports pharmaceutical wholesalers to supply the full range of PBS medicines and diabetes products under the National Diabetes Services Scheme to pharmacies across Australia, regardless of pharmacy location, within agreed timeframes.

### Support timely access to medicines and pharmacy services

**Maintenance of PharmCIS and delivery of an increased suite of reporting and data related to pharmacy and PBS funded medicine access and cost made available to Parliament, consumers, business.**

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 42

2015-16 Target	2015-16 Result
Periodically increase the volume and nature of data on the Department of Health website during the course of 2015-16.	The target was achieved with the ongoing publication of regular PBS schedules and data sets, and an increased range of data published.  <b>Result: Met</b> 

In addition to the regular PBS data that is published and made available to the public, in 2015-16 there was an increase in the range and availability of data captured and the level of breakdown that is publicly available. For example, the Date of Supply and Under Co-payment PBS datasets are now updated and available monthly. This provides a complete picture of the PBS data to allow researchers and stakeholders the capability to perform more detailed analysis. The pbs.gov.au website was updated on 4 May 2016 to include additional data on Fifth Community Pharmacy Agreement expenses in 2014-15. This can be found in tables 21, 22, 23 and 24 of the publication *Expenditure and prescriptions twelve months to 30 June 2015*.<sup>24</sup>

From 1 January 2016, under the Sixth Community Pharmacy Agreement, the Department commenced capturing point of sale data from community pharmacy and patient payments for medicines. Opportunities to publish this data will be available in PBS data releases as the data set grows.

The Department has a contract in place to maintain the PharmCIS application. The PharmCIS application is used to support the efficient management of the PBS listing process. The Department continues to manage a formal change control process to modify the PharmCIS application to accommodate policy, legislative and PBS listing changes as required.

<sup>24</sup> Available at: [www.pbs.gov.au/statistics/2014-2015-files/exp-prs-book-01-2014-15.pdf](http://www.pbs.gov.au/statistics/2014-2015-files/exp-prs-book-01-2014-15.pdf)

Providing transparency of PBS expenditure data provides the Australian community with an understanding of the costs to Government associated with the PBS supply chain, including pharmaceutical manufacturers, pharmaceutical distributors and community pharmacies, as a result of providing Australians with access to necessary medicines.

### Percentage of urban centres/localities in Australia with a population in excess of 1,000 people with a resident community pharmacy or approved supplier of PBS medicines.<sup>25</sup>

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 42

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
>90%	91.8%	N/A	N/A	N/A	N/A
	<b>Result: Met</b> 				

91.8% of communities with a population of at least 1,000 people have timely access to PBS subsidised medicines from a community pharmacy or approved supplier when needed. Approved suppliers can be a pharmacy, a medical practitioner (in rural/remote locations where there is not access to a pharmacy) or an Aboriginal Health Service, approved to supply PBS medicines to the community.

### Percentage of urban centres/localities in Australia with a population in excess of 1,000 people with a resident service provider of, or recipient of, Medscheck, Home Medicines Review, Residential Medication Management Review or Clinical Intervention.<sup>26</sup>

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 42

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
>80%	97%	N/A	N/A	N/A	N/A
	<b>Result: Met</b> 				

97% of communities with a population of at least 1,000 people, have access to advice and reviews when needed.

Medication Management Review services include the following programs:

- *Clinical Intervention* – the process of a pharmacist identifying, and making a recommendation to prevent or resolve a drug-related problem; for example, a change in the patient's medication therapy, means of administration or medication-taking behaviour;
- *Medscheck/Diabetes Medscheck* – a structured pharmacy service, which takes place in the pharmacy, involving face-to-face consultations between the pharmacist and consumer, with the aim to improve medicine use through education, self-management and medication adherence strategies;
- *Home Medicines Review* – a comprehensive clinical review of a patient's medicines in their home by an accredited pharmacist on referral from the patient's general practitioner (GP). An assessment is undertaken to identify, resolve and prevent medication-related problems and a report is provided to the patient's GP; and

<sup>25</sup> The 2015-16 Health Portfolio Additional Estimates Statements indicated that this performance criterion would report against urban centres/localities (UC/Ls) in Australia with a population in excess of 1,000 people. In determining the result for 2015-16 only Urban Centres (UCs) with a population in excess of 1,000 people were utilised, consistent with the Australian Bureau of Statistics definition of an urban centre.

<sup>26</sup> Ibid.

- *Residential Medication Management Review* – a service provided to a permanent resident of an Australian Government funded aged care facility. It is conducted by an accredited pharmacist when requested by a resident’s GP. An assessment is undertaken to identify, resolve and prevent medication-related problems and a report is provided to the resident’s GP.

**Percentage of subsidised PBS units delivered to community pharmacy within agreed requirements of the Community Service Obligation.**

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 42

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
>95%	96%	N/A	N/A	N/A	N/A
	<b>Result: Met</b> 				

Communities have timely access to subsidised medicines from community pharmacies within specified timeframes. The timely supply of PBS medicines is secured under the Community Services Obligations (CSO) Funding Pool. Wholesalers engaged under the CSO are contractually required to deliver medicines within the guaranteed supply period of 72 hours for medicines in the Top 1,000 Brands list and 24 hours for all other medicines.

**Average cost per subsidised script funded by the PBS.<sup>27</sup>**

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 43

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
\$30.04	\$27.37	N/A	N/A	N/A	N/A
	<b>Result: Met</b> 				

In 2015-16, the average cost of subsidised scripts under the PBS was \$27.37. This includes PBS prescriptions that are subsidised (cost above the patient co-payment) and unsubsidised (those below general patient co-payment).

**Average cost per subsidised script paid by consumers for subsidised medicines.<sup>28</sup>**

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 43

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
\$9.76	\$9.27	N/A	N/A	N/A	N/A
	<b>Result: Met</b> 				

In 2015-16, the average cost of subsidised scripts paid by consumers under the PBS was \$9.27. This includes PBS prescriptions that are subsidised (cost above the patient co-payment) and unsubsidised (those below general patient co-payment).

<sup>27</sup> This is the average across all PBS prescriptions, including under co-payment prescriptions.

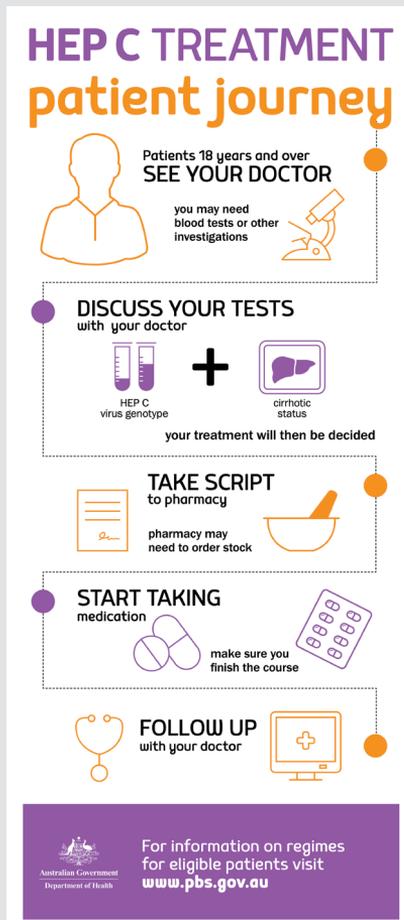
<sup>28</sup> This is the average across all PBS prescriptions for the period 1 January 2016 – 30 June 2016 to allow for the inclusion of actual under co-payment patient payment amounts.

## Analysis of performance – Program 2.2: Pharmaceuticals and Pharmaceutical Services

The Department has met majority of the performance targets for Program 2.2: Pharmaceuticals and Pharmaceutical Services. The PBS has continued to be managed in a fiscally responsible way which has ensured that all Australians have had access to new, innovative and affordable medicines, such as the new generation of hepatitis C medicines. Pressure is still expected to continue on the PBS growth rate due to factors such as an increase in the prevalence of chronic disease, the ageing population and the listing of specialised new and expensive medicines in Australia.

The Department has undertaken reviews of medicines to ensure the appropriateness and quality of medicines to help improve health outcomes for patients and to ensure value for money for taxpayers.

### A new generation of hepatitis C medicines



Hepatitis C is an infectious, blood-borne virus that attacks the liver, causing inflammation and in some cases leading to cirrhosis, end-stage liver disease, liver cancer or death. Approximately 230,000 Australians are living with this disease.

On 1 March 2016, a breakthrough of new generation hepatitis C medicines was listed on the Pharmaceutical Benefits Scheme (PBS), at a total cost to Government of over \$1 billion dollars.

So far, approximately 20,000 Australians have begun treatment to cure their hepatitis C. About 5,000 of these Australians have already completed their course of treatment. At this rate, Australia is on track to eliminate hepatitis C within a generation.

The new drugs cure hepatitis C in over 90% of patients, after just 12 weeks of treatment, making them significantly more effective than previous treatment options. They are also less complex to administer and have fewer side effects than other hepatitis C medications.

The new direct-acting antiviral medicines are available through the PBS for use by all Australians over the age of 18 who suffer from chronic hepatitis C. Eligible patients pay the normal PBS co-payment for a prescription – currently \$6.20 for concessional patients and \$38.30 for general patients for a treatment, which would otherwise cost more than \$20,000.

## Increase the sustainability of the PBS<sup>29</sup>

### Estimated savings to Government from Price Disclosure.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 43

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
\$2,429.7m	\$2,258.4m <b>Result: Substantially met</b> ✓	N/A	N/A	N/A	N/A

The save in 2015-16, from all rounds, was \$2,258.4 million, which is \$171.3 million, or 7.1%, below the target. The savings are driven by market behaviour, and while the savings to Government are below estimates, price disclosure is still producing significant savings to consumers as the price of most medicines subject to price disclosure reductions are below the general co-payment of \$38.30.

## List cost-effective, innovative, clinically effective medicines on the PBS

### Percentage of submissions for new medicines for listing that are considered by PBAC within 17 weeks of lodgement.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 44

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100% <b>Result: Met</b> ✓	N/A	N/A	N/A	N/A

The Pharmaceutical Benefits Advisory Committee (PBAC) met on five occasions in 2015-16, including two special meetings in August 2015 and April 2016.<sup>30</sup>

The PBAC consistently met to consider recommendations within the specified 17 week timeframe from lodgement of submissions. Approved medications were made publicly available in timeframes consistent with long standing arrangements agreed with the pharmaceutical industry.

All PBAC assessments are based on the clinical and cost effectiveness of the medicine.

### Percentage of submissions for new medicines that are recommended for listing by PBAC, that are listed on the PBS within six months of agreement of Budget impact and price.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 44

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
80%	92% <b>Result: Met</b> ✓	N/A	N/A	N/A	N/A

Negotiations with product sponsors and listing activities for new listings of medicines on the PBS were completed in a timely manner, with 92% being listed on the PBS within six months of agreement on price, and the overall cost to Government (Budget impact), meeting the performance target.

<sup>29</sup> Sustainability of the PBS refers to the ability of the Government to continue to fund medicines over the longer term given increasing demand for and costs of medicines and related services e.g. dispensing.

<sup>30</sup> Refer Appendix 1: Processes Leading to PBAC Consideration – Annual Report for 2015-16 for more information.

## Post-market surveillance

### Percentage of post-market reviews completed within scheduled timeframes.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 44

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
90%	100% <b>Result: Met</b> ✓	N/A	N/A	N/A	N/A

Post-market reviews enable the systematic review of Government funded medicines against agreed objectives including improved patient safety, achievement of intended clinical benefits, ongoing viability of the PBS and improvements to the quality use of medicines and education for patients and prescribers.

The Post-market Review of the Life Saving Drugs Program, which sought to ensure Australians with very rare conditions continue to have subsidised access to much needed, expensive medicines, was completed and the report finalised.

The Post-market Review of Authority Required PBS Listings (Authority Review), which sought to reduce administrative burden on prescribers and dispensers of PBS listed medicines, has been completed.

### Percentage of Government-accepted recommendations from post-market reviews that have been implemented within six months.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 44

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
80%	80% <b>Result: Met</b> ✓	N/A	N/A	N/A	N/A

All Government accepted recommendations arising from the Post-market Authority Review were implemented through core PBS listing processes. Implementation of the remaining Review recommendations continue to be processed.

To date, the Authority Review has produced total savings of approximately \$6,308,862, and an expected \$7 million per year in red tape reduction once implementation of Authority Review recommendations is completed. The following savings have been reported:

- 2014-15: savings of approximately \$935,612 (57 recommendations) in regulatory burden were reported;
- 1 September 2015: 30 recommendations were implemented saving approximately \$1,470,250 in regulatory burden; and
- 1 June 2016: a further 73 recommendations were implemented, saving approximately \$3,903,000 in regulatory burden.

Some recommendations required IT system changes, and/or further policy development work, which are being progressed.

## Analysis of performance – Program 2.3: Targeted Assistance – Pharmaceuticals

The Department has met the majority of performance targets for Program 2.3: Targeted Assistance – Pharmaceuticals. The Department, through the Life Saving Drugs Program (LSDP), has continued to ensure access to expensive and life saving drugs to eligible patients, for rare and life threatening medical conditions.

During 2015-16, the Department undertook a review of the LSDP to ensure it continued to provide Australians with access to much needed and very expensive medications for rare conditions. The review has been completed.

### Provide access to new and existing medicines for patients with life threatening conditions

#### Number of patients assisted through the LSDP.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 45

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
287	335 <b>Result: Met</b> ✓	278	257	228	215

The LSDP is a demand-driven program based on assessment of patients against set eligibility criteria.

#### Percentage of Government-accepted recommendations from LSDP post-market reviews that are implemented.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 45

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	N/A	N/A	N/A	N/A	N/A

There were no Government-accepted recommendations to implement in 2015-16.

#### Eligible patients have timely access to the LSDP.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 45

2015-16 Target	2015-16 Result
Patient applications are processed within 30 calendar days of receipt of the complete data package to support the application.	All patient applications were processed within 30 calendar days of receipt of the complete data package to support the application. <b>Result: Met</b> ✓

All 72 new patient applications received this financial year were processed within 30 calendar days of receipt of the complete data package to support the application, with 71 being approved.

### Percentage of eligible patients with access to fully subsidised medicines through the LSDP.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 45

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100% <b>Result: Met</b> ✓	100%	100%	100%	100%

The Australian Government provides fully subsidised access for eligible patients to expensive drugs for rare and life threatening medical conditions through the LSDP.

Twelve drugs are currently funded through the program to treat eight serious and rare medical conditions. These conditions are: Fabry disease, Gaucher disease, Mucopolysaccharidosis Types I, II and VI, Pompe disease (Infantile-onset, Juvenile-onset or Adult Late-onset), Paroxysmal Nocturnal Haemoglobinuria, and Hereditary Tyrosinaemia Type I.

## Analysis of performance – Program 2.4: Targeted Assistance – Aids and Appliances

The Department has met the majority of performance targets for Program 2.4: Targeted Assistance – Aids and Appliances. Diabetes is a serious complex condition that can have a significant impact on quality of life. Through the National Diabetes Services Scheme (NDSS), the Department ensures the provision of timely, reliable and affordable access to products and services to help people effectively self-manage their condition.

In 2015-16, the Department also continued to assist people with stomas by ensuring access to stoma-related products, with a greater choice of new improved products.

In addition, the Department continues to support access to clinically appropriate dressings and education on best treatment practices to improve the quality of life for people with Epidermolysis Bullosa.

The NDSS, Stoma Appliance Scheme, Insulin Pump Program and Epidermolysis Bullosa Dressing Scheme were established as a result of Government decisions to subsidise the supply of products. As the products supplied in these programs are aids and appliances and not medicines, they do not fit within the PBS.

## To improve health outcomes for people with diabetes across Australia through the provision of subsidised products and self-management services

### Number of people with diabetes receiving benefit from the NDSS.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 46<sup>31</sup>

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
1,326,000 <sup>32</sup>	1,320,328 <b>Result: Met</b> 	1,259,203	1,133,412	1,086,860	1,037,621

The NDSS is a demand-driven program. In 2015-16, the number of people with type 1, type 2 and gestational diabetes receiving benefit from the NDSS was 1,211,251.

There were also a further 109,077 people registered on the post-gestational diabetes register who were also eligible to receive services (but not products) from the NDSS. All eligible individuals were provided access throughout the financial year.

### The NDSS meets the needs of stakeholders.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 46

2015-16 Target	2015-16 Result
Annual survey of registrants demonstrates that the needs of stakeholders are being met.	Approximately 70% of surveyed registrants indicated that the NDSS improved their knowledge and understanding of diabetes and helped them manage their condition more effectively. <b>Result: Met</b> 

Since 2012, Diabetes Australia has been required to undertake an annual customer satisfaction and awareness survey. The results for the 2015-16 survey indicate that overall satisfaction with the NDSS ranged from 63% to 79% nationally.

<sup>31</sup> An identical performance criterion to this was reported in error on page 47 of the 2015-16 Health Portfolio Additional Estimates Statements.

<sup>32</sup> The 2015-16 target has been revised. The target of 1,526,000 published in the 2015-16 Health Portfolio Additional Estimates Statements was incorrect.

### Number of people with access (through the program) to insulin pumps and associated consumables for children under 18 years of age with Type 1 diabetes.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 47

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
68	66 <b>Result: Substantially met</b> ✓	65	204	76	178

Funding for insulin pump subsidies is capped and provided on a sliding scale with those on lower incomes being provided greater subsidy. The 2015-16 target was set based on the expectation that families on incomes across the range would receive subsidies. The fact that the target was not fully met indicates that higher subsidies were provided to less people, thus assisting those families in greater need.

The performance result of 'substantially met' is based on meeting 97% of the target.

### Assist people with a stoma by providing stoma related products

#### Number of people receiving stoma related products.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 47

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
43,250	43,767 <b>Result: Met</b> ✓	42,678	42,228	N/A	N/A

In 2015-16, 64 new products were listed on the Stoma Appliance Scheme Schedule. These provided people with stomas with greater choice of new improved products which could lead to improved health outcomes.

### Improve the quality of life for people with Epidermolysis Bullosa

#### Number of people with Epidermolysis Bullosa receiving subsidised dressings.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 47

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
135	185 <b>Result: Met</b> ✓	179	136	99	81

The Epidermolysis Bullosa Dressing Scheme is demand-driven and more people were provided with access to dressings in 2015-16 than originally anticipated.

## Access to aids and appliances

### Average time from receipt of an approved claim to delivery of aids and appliances.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 48

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
No increase on prior year.	Average one business day - no increase. <b>Result: Met</b> ✓	N/A	N/A	N/A	N/A

In 2015-16, new patients accepted to participate in the Epidermolysis Bullosa Dressing Scheme received their first order within one business day, in comparison to one business day on average in 2014-15.

### Average cost per aid and appliance delivered to eligible persons.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 48

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
Increase at a rate less than CPI.	\$2.52 <b>Result: Met</b> ✓	N/A	N/A	N/A	N/A

In 2015-16, the average cost per aid and appliance for the Stoma Appliance Scheme remained the same as the average cost in 2014-15 of \$2.52.

## Outcome 2 – Budgeted expenses and resources

	Budget Estimate <sup>1</sup> 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
<b>Program 2.1: Community Pharmacy and Pharmaceutical Awareness</b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	298,350	276,960	(21,390)
<i>Departmental expenses</i>			
Departmental appropriation <sup>2</sup>	11,583	13,481	1,898
Expenses not requiring appropriation in the budget year <sup>3</sup>	197	639	442
<b>Total for Program 2.1</b>	<b>310,130</b>	<b>291,080</b>	<b>(19,050)</b>
<b>Program 2.2: Pharmaceuticals and Pharmaceutical Services</b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	202,161	201,078	(1,083)
Special appropriations			
<i>National Health Act 1953 - pharmaceutical benefits</i>	9,735,781	10,837,986	1,102,205
<i>Departmental expenses</i>			
Departmental appropriation <sup>2</sup>	36,116	37,444	1,328
Expenses not requiring appropriation in the budget year <sup>3</sup>	2,293	3,229	936
<b>Total for Program 2.2</b>	<b>9,976,351</b>	<b>11,079,737</b>	<b>1,103,386</b>
<b>Program 2.3: Targeted Assistance - Pharmaceuticals</b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	126,084	106,828	(19,256)
<i>Departmental expenses</i>			
Departmental appropriation <sup>2</sup>	12,138	11,673	(465)
Expenses not requiring appropriation in the budget year <sup>3</sup>	105	337	232
<b>Total for Program 2.3</b>	<b>138,327</b>	<b>118,838</b>	<b>(19,489)</b>

	Budget Estimate <sup>1</sup> 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
<b>Program 2.4: Targeted Assistance - Aids and Appliances</b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	593	572	(21)
Special appropriations			
<i>National Health Act 1953 - aids and appliances</i>	336,427	301,104	(35,323)
<i>Departmental expenses</i>			
Departmental appropriation <sup>2</sup>	3,162	3,104	(58)
Expenses not requiring appropriation in the budget year <sup>3</sup>	77	186	109
<b>Total for Program 2.4</b>	<b>340,259</b>	<b>304,966</b>	<b>(35,293)</b>
<b>Outcome 2 Totals by appropriation type</b>			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	627,188	585,438	(41,750)
Special appropriations	10,072,208	11,139,090	1,066,882
<i>Departmental expenses</i>			
Departmental appropriation <sup>2</sup>	62,999	65,702	2,703
Expenses not requiring appropriation in the budget year <sup>3</sup>	2,672	4,391	1,719
<b>Total expenses for Outcome 2</b>	<b>10,765,067</b>	<b>11,794,621</b>	<b>1,029,554</b>
<b>Average staffing level (number)</b>	<b>255</b>	<b>260</b>	<b>5</b>

<sup>1</sup> Budgeted appropriation taken from the 2016-17 Health Portfolio Budget Statements and re-aligned to the 2015-16 outcome structure.

<sup>2</sup> Departmental appropriation combines 'Ordinary annual services (Appropriation Act No. 1)' and 'Revenue from independent sources (s74)'.  
<sup>3</sup> 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.