

Question on Notice
No. 1057
Asked on 8 June 2006

MR HOBBS asked the Minister for Health (MR ROBERTSON)-

QUESTION:

With reference to Queensland's participation in the Commonwealth funded National Bowel Cancer Screening Program –

What contingencies has Queensland Health put in place to deal with the anticipated additional referrals to public hospitals expected to be generated from the screening program which will be available to all persons turning 55 and 65 from mid-2006?

ANSWER:

The National Bowel Cancer Screening Program is an Australian Government election commitment, announced in the 2005/06 budget. The Australian Government has committed \$43.3 million over three years to commence the implementation of the National Bowel Cancer Screening Program. No direct funding will be provided to States and Territories. Rather, this commitment will be limited to funding the national components of the Program, including the National Register to be established with Medicare Australia, the provision and testing of Faecal Occult Blood Test (FOBT) kits, information materials for general practitioners, and national monitoring and evaluation of the Program. Queenslanders will be recipients of the component parts of this national activity.

No additional funding has been provided to States and Territories by the Australian Government for implementation of this Program. However, I am pleased to advise that the Queensland Government has allocated \$10.4 million over 2005/06–2007/08 to support the implementation of Phase 1 of the National Bowel Cancer Screening Program in Queensland.

This includes funding for the estimated additional assessment colonoscopies for people with a positive screening test, and key service infrastructure of 11 Gastroenterology Nurse Coordinators and 11 Health Promotion Officers for each of the identified screening service catchments across the State. These catchments are consistent with the BreastScreen Queensland catchments.

It is expected that there will be a small increase in the number of additional cancers referred for treatment at the beginning of implementation of the screening program. Many of these patients may have had their cancers detected at an early stage as a result of the screening program which would result in some savings to the Queensland Health system through reduced costs associated with finding and treating cancer early. It is anticipated that the impact of the screening program on treatment costs over the long term will be to ameliorate some of the expected increases in costs due to anticipated increases in incidence of bowel cancer through earlier detection of bowel cancer.