

From: [Michael PEZZULLO](#)
To: [BRISCOE Cindy](#)
Subject: RE: Draft Recs for MIBP Sub on Nauru/Australian Health Transfers [DLM=Sensitive]
Date: Thursday, 14 May 2015 1:54:02 PM

Cindy

As discussed. This represents good work to grip up something that was starting to drift.

Regards,

MP

Michael Pezzullo
 Secretary
 Department of Immigration and Border Protection
 P: 02 s. 22(1)(a)(ii) | E s. 22(1)(a)(ii) [@immi.gov.au](mailto:s. 22(1)(a)(ii)@immi.gov.au)

The Government has announced that the Department and the Australian Customs and Border Protection Service will merge on 1st July 2015, when the Australian Border Force will be established within the Department to deal with the enforcement of immigration and customs laws, and associated matters. As part of this change, we will create a single departmental IT network. Until we have done that, my emails will be directed to, and sent from, the following email account: s. 22(1)(a)(ii) [@customs.gov.au](mailto:s. 22(1)(a)(ii)@customs.gov.au).

From: BRISCOE Cindy
Sent: Thursday, 14 May 2015 11:10 AM
To: PEZZULLO Michael
Subject: Draft Recs for MIBP Sub on Nauru/Australian Health Transfers [DLM=Sensitive]

Secretary

I have penned draft recommendations for Min Sub following our conversation this morning. I am keen to get your reaction and acknowledge that this hasn't been bought together sharply or quickly enough. We have a time to discuss at lunch time today.

Recommendations:

1. That you agree to expanding health Services on Nauru in order to further reduce the number of medical transfers required by:
 - a. Placing MRI and CT scanning capability and staffing at Republic of Nauru Hospital.
 - b. Providing a full time obstetrician to be placed at Republic of Nauru Hospital.
 - c. Planning a multidisciplinary mental health team with in-patient psychiatric facility into the Nauru RPC clinic.
2. That you note changes to policies and decision framework around medical transfers with accompanying family members from an "all in" approach to one that assesses primary caring needs of children.
3. That you note a new triage process has been implemented to ensure more efficient

treatment and transfer outcomes, reducing the time spent in Australia for treatment.

4. That you note the establishment of a Chief Medical officer/Surgeon General who will provide oversight and ultimate decision making on timing of returns.
5. That you note enhanced operational planning (through our ABF Strategic Border Command) to ensure transfers can be conducted effectively and efficiently with reduced likelihood of disruption.

The body of the sub will provide some statistics on the cases which indicate that the priority for additional medical capability in Rec 1 is in fact Muskular skeletal (MRI, CT), obstetrics and mental health care.

A couple of considerations in relation to this recommendation are cost, location of facilities/capability and timing. Cost could be in the vicinity of tens of millions for buildings and equipment and some relatively minor ongoing costs of practitioners (could be sourced through IHMS contract). Location options are RoN Hospital or RPC clinic. The benefit of RoN hospital is the opportunity for broader capacity building outcomes and access to services by refugees and locals. Our ability to deliver the MRI/CT and mental health capability in a short timeframe is impacted by need for infrastructure/new buildings to deliver the services in (where new buildings are needed, we would need around 20 weeks).

On the policy of accompanying family members, a new decision framework should be developed by the Child Protection and Wellbeing Branch as a priority (with advice from Child Protection Panel).

For further discussion.

Thanks
Cindy

Cindy Briscoe

Deputy Secretary | Immigration Status Resolution Group

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Australian Government

Department of Immigration and Border Protection

Submission

For information

PDMS Ref. Number MS15-009504

To Minister for Immigration and Border Protection

Subject Improving arrangements for medical transfers from the Nauru Regional Processing Centre to Australia

Timing Please action by 29 May 2015

Recommendations

That you:

1. note the Secretary has agreed to expand health services on Nauru in order to further reduce the number of medical transfers. The priority services to be provided are:
 - a. MRI and CT scanning capability and staffing at Republic of Nauru Hospital; noted/please discuss
 - b. A full time obstetrician to be placed at Republic of Nauru Hospital; and noted/please discuss
 - c. A multidisciplinary mental health team with in-patient psychiatric facility at Republic of Nauru Hospital. noted/please discuss
2. note that the department intends to urgently change the policy and decision framework around medical transfers and accompanying family members. This will result in a decision framework that assesses the issues of primary care of children as opposed to the current arrangement that allows for all family members to transfer with the patient. This will be done in consultation with the Child Protection Panel. noted/please discuss
 - a. Note that before finalisation of this decision framework, the Secretary and I will discuss this with you. noted/please discuss
3. note that a new triage process has been implemented to ensure more efficient treatment and transfer outcomes, reducing the time spent in Australia for treatment; noted/please discuss

4. note, as the Secretary has discussed with you on 12 May, he intends to establish a Band 2 level Chief Medical officer/Surgeon General of the ABF at the portfolio level who will provide oversight and ultimate decision making on timing of returns;

noted / please discuss

5. That you note we will (within 2 weeks) introduce enhanced operational planning (through ABF Strategic Border Command) to ensure transfers can be conducted effectively and efficiently with reduced likelihood of disruption; and

noted / please discuss

6. Note we are considering other options for medical transfers to be available to other facilities in the region. We will come back to you on this consideration within 2 weeks.

noted / please discuss

Minister for Immigration and Border Protection

Signature.....



Date: 21/05/2015

Minister's Comments				
<p>Please roll out as a matter of urgency. Condense these three lines as much as possible. Pls use existing facilities.</p> <p>Thank f.</p>				
Rejected Yes/No	Timely Yes/No	Relevance <input type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

Key Issues

1. In response to Submission MS15-001045 Nauru Regional Processing Centre – Transfers to Australia for Medical Treatment (Attachment A) you requested further advice regarding:

- Providing MRI and CT capability at Nauru;
- International recruitment of specialist obstetrician) not necessarily Australian trained;
- Establishment of acute psychiatric services; and
- Revision of guidelines regarding family members accompanying persons transferred to Australia for medical assessment/treatment.

MRI and CT scanning capability

2. While establishing MRI/CT scanning technology in Nauru would require a significant up-front capital expenditure, both for the equipment and necessary infrastructure requirements, as well as on-going expenditure for operation and maintenance, I have discussed the matter with the Secretary and he has agreed with my recommendation that these services should be provided as a priority. As at 31 March 2015, musculoskeletal issues requiring transfer to Australia from Nauru make up 18% of the medical transferee cohort detained in Australia.

3. IHMS has advised the following preliminary costings for provision of the MRI/CT scanning equipment, maintenance and staffing:

- equipment procurement and maintenance requirements of approximately s. 47(1)(b), with a combined procurement and commissioning timeframe of approximately s. 47(1)(b)
- annual staffing costs (one International CT/MRI Radiographer) of approximately s. 47(1)(b)

4. Departmental Infrastructure staff advise that, pending confirmation of suitable land and approved funding, a modular building for an MRI/CT scanner would take s. 47C(1) to commission s. 47C(1).

5. It should be noted that, while access to an MRI and CT scanner would enhance and improve the diagnostic capability on Nauru for transferees, refugees and the local Nauruan community, this would not alleviate the need for some medical transfers to the Australian mainland for those requiring surgical intervention or other investigations not available on Nauru following diagnosis using the scanning technology.

6. The construction of additional surgical and inpatient facilities at the Republic of Nauru (RoN) Hospital is progressing (expected completion late 2015) and once completed will further reduce the need for scheduled minor surgical medical transfers to Australia, but will not address issues regarding more complex surgeries and/or acute presentations (the facilities will be staffed on a fly-in fly out basis for pre-scheduled surgeries).

Recruitment of an Obstetrician

7. The Secretary has also agreed with my recommendation that a full time permanent obstetrician be placed at the Republic of Nauru Hospital. IHMS advise that staffing costs to include a full time permanent International Obstetrician on their staff would be approximately s. 47C(1) per annum (a 20-30% premium on the current International GP rate). Note the RoN Hospital's permanent obstetrician departed in 2014 and has not been replaced - IHMS has previously identified and provided the Government of Nauru two curriculum vitae for potentially suitable internationally trained obstetricians with nil response. IHMS currently estimates a recruitment s. 47C(1).

8. The presence of an International Obstetrician would enable the delivery of low risk births on Nauru (estimated to be approximately 80 % of the caseload / 10 babies in the current antenatal case load), but high risk births would still need to be transferred to Australia.

9. Consideration would need to be given to whether the IHMS Obstetrician provides services to refugees and the broader Nauruan community, in addition to transferees.

Establishment of acute psychiatric services

10. IHMS has advised that where transferees receive mental health care in Australia, they generally receive a period of acute inpatient care followed by a period of subacute care; which may be for up to three months. As at 7 May 2015, there were 11 Transferees (6 from the Nauru RPC 6 and 5 from the Manus RPC 5) in inpatient psychiatric beds in Australia.

11. IHMS advises that some of the psychiatric care currently provided to transferees in Australia could be provided on Nauru with the provision of appropriate equipment and staffing. IHMS has identified two options to enhance the mental health support capability on Nauru:

- the establishment of an in-patient psychiatric unit at the RoN Hospital; or
- the provision of in-patient psychiatric services at the Nauru RPC.

12. The Secretary has further agreed with my recommendation that we move to establish a multidisciplinary mental health team (including Psychiatrists, Psychologists, and Mental Health Nurses) with in-patient psychiatric facility at the Republic of Nauru Hospital. s. 47C(1)

13. Departmental Infrastructure staff advise that, pending confirmation of suitable land and approved funding, the lead time to establish a modular designed building for a psychiatric inpatient facility would s. 47C(1) and cost approximately s. 47C(1). If existing stock was available from the onshore detention network, the time frame would be up to s. 47C(1).

14. Arrangements to support establishment of an in-patient psychiatric unit at the RoN Hospital, scanning services and provision of an obstetrician will need to be incorporated into a Health Memorandum of Understanding between the department and Government of Nauru, which is currently being drafted.

15. Introduction of these services builds on initiatives implemented in Nauru to-date, including the provision of x-ray and ultrasound and improved pathology and dental services, the programme of visiting specialists, and the establishment of tele-health services. These have all contributed to a reduced need for medical transfers to Australia. The completion of the surgical and in-patient unit, scheduled for end of 2015, will further reduce the need for medical transfers.

16. Note that any additional infrastructure projects prioritised as a result of this submission may impact on the delivery of other infrastructure projects in the current capital works programme.

Revision of guidelines regarding accompanying family members

17. The department acknowledges that keeping families together, particularly minor children and their parents, contributes to better health and mental health outcomes for families. This is in keeping with Articles 9(1) (children should not be separated from their parents against their will unless it is their best interests, for example, in cases of abuse or neglect), 16(1) (children should not be subjected to arbitrary/unlawful interference with their family) and 3(1) (best interests of the child) of the Convention on the Rights of the Child (CRC). The presence of family, including an extended family member or other appropriate support person, may also be appropriate where a medical diagnosis may be traumatic (for example, in relation to possible cancer diagnosis), where there are daily caring and assistance needs, or for cultural reasons (for example, a young woman travelling alone). Article 16(1) of the CRC is also reflected in Article 17(1) of the International Covenant on Civil and Political Rights (ICCPR), and Article 23(1) of the ICCPR also recognises that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State. Australia is a party to the CRC and the ICCPR.

18. Maintaining the family unit is also widely recognised as one of the key positive protective factors in keeping children safe from abuse. Risk factors for children increase where children are separated from one or more of their primary care givers, including where they are placed in the care of extended family such as aunts and uncles.

19. Taking into consideration the above, the department intends to urgently change the policy and accompanying decision framework to focus on the issues of primary care of children as opposed to the current arrangement that allows for all immediate family members to transfer with the patient. This work will be undertaken in consultation with the Child Protection Panel.

Revised triage process

20. The department has met with IHMS to reinforce that medical transfers must be closely managed to ensure timely return to the RPC, upon completion of the medical treatment or investigation for which the transfer occurred. A key part of this messaging is that, other than in exceptional circumstances, accompanying family members should not receive ad hoc or opportunistic medical treatment in Australia, delaying the return of the originally approved medical transferee and other family members, where the need for that treatment was not identified and scheduled by IHMS on Nauru.

21. To ensure that the department has good visibility over the pipeline of medical cases on Nauru identified and triaged for medical treatment in Australia, IHMS is now providing a weekly medical transfer waiting list, under the Contract Reporting Framework. This list identifies proposed upcoming medical transfers, with assigned priorities and timing. The department has also reviewed the existing medical transfer criteria and refined the parameters for returns to Regional Processing Countries to better support departmental objectives of limiting transfers and ensuring that returns are effected in a timely manner.

22. On 5 and 6 May, departmental staff, including a departmental Medical Officer of the Commonwealth also met with IHMS to review medical transfer cases currently in Australia. Using the revised medical transfer criteria has resulted in the reclassification of 34 cases to 'Fit to Return' who were previously categorised as requiring a longer stay in Australia, primarily because people no longer wait for more than two weeks in Australia for follow up appointments.

23. Going forward, the outcome of the Secretary's health review (establishment of a Band 2 level Chief Medical Officer/Surgeon General of the Australian Border Force) will provide the opportunity for further direct clinical oversight of both IHMS recommendations for medical transfer to Australia and timing of returns.

Enhanced Operational Planning

24. Given the recent disturbances in the network related to the return of medical transferees to Regional Processing Countries, work is underway within Strategic Border Command to develop revised operating procedures that will more efficiently facilitate removals, s. 47E(d)

. The revised procedures, which it is expected will be introduced within two weeks, focus on:

s. 47E(d)

[REDACTED]

s. 42(1)

[REDACTED]

s. 42(1)

Background

27. IHMS provides primary health care services (contractually required to be at a level which is broadly comparable with Australian standard) and advanced life support capacity onsite at the Nauru RPC (with a view to stabilising and maintaining a patient until they can be moved to an appropriate tertiary level care facility). IHMS also facilitates the provision of allied, secondary and tertiary care for transferees, utilising the RoN Hospital where possible.

28. Unlike Australian rural hospitals, the RoN Hospital lacks the option of accessing a large well-equipped domestic metropolitan hospital for more complex diagnoses and surgeries. The limited capability is recognised by the Nauruan Government through the existence of its Overseas Medical Referral Programme, through which Nauruan nationals requiring more complex diagnosis and health care travel to countries including Fiji, India and Taiwan to obtain these services. s. 42(1)

Accordingly, transferees currently are transferred to Australia for necessary allied, secondary and tertiary care that cannot be provided in Nauru, based on clinical recommendations from IHMS and with the approval, on a case by case basis, of the First Assistant Secretary Infrastructure and Services Division.

29. The department has worked with IHMS and the Government of Nauru to expand the health capability and range of health services available to transferees on Nauru, thereby reducing the number of medical transfers to Australia (recent health capability improvements are listed at Attachment B). A tele-health service at the RPC and a programme of visiting specialists and allied health providers has been established. A summary of the visiting specialists attending Nauru from June 2014 – May 2015 is included at Attachment C.

30. As at 14 May 2015 there are 296 medical transferees and their accompanying family from Nauru in Australia. Data analysis as at 14 May 2015 (Attachment D) provides the nature of medical condition in the Nauru RPC cohort detained in Australia. The most common reasons for medical transfers to Australia are musculoskeletal, pregnancy/birthing/family planning and mental health conditions (these three conditions account for 45% of transfers).

Consultation – internal/external

International Health and Medical Services, Legal Division, Offshore Operations Branch, Child Protection and Wellbeing Branch, Infrastructure Branch, Detention and Compliance Branch and the Chief Medical Officer have been consulted in the preparation of this submission.

Consultation – Secretary/CEO

The Secretary is aware of the content of this brief.

Client service implications

There are no client service implications. Provision of additional health infrastructure and services on Nauru may result in improvements in local health provision.

Sensitivities

There is likely to be criticism by advocacy groups in regards to any changes in the family policy.

There is the possibility that the Government of Nauru will expect that Nauru nationals will have access to the expanded health services.

Financial/systems/legislation/deregulation implications

Collectively the measures included would result in approximate capital costs of s. 47C(1) and s. 47C(1) operating costs per annum. This is not funded and would be required to found from within the existing budget.

This is further compounded by the Budget decision to reduce RPC operations funding by three percent.

The current Regional Processing Countries Health Services Contract expires on 31 October 2015. This may pose a challenge in recruitment given the limited tenure.

Attachments

- Attachment A** MS15-001045 Nauru Regional Processing Centre – Transfers to Australia for Medical Treatment
- Attachment B** Recent Health Capability Improvements on Nauru
- Attachment C** Visiting Specialists to Nauru RPC June 2014 – May 2015
- Attachment D** Nature of Medical Conditions of the Nauru RPC Cohort Currently Detained in Australia (as at 14 May 2015)

Authorising Officer
Cleared by: s. 22(1)(a)(ii)
Cindy Briscoe Deputy Secretary Immigration Status Resolution Group
Date: 15 May 2015 Ph: s. 22(1)(a)(ii)

Contact Officer Mark Painting, A/g First Assistant Secretary, Infrastructure and Services Division, Ph: s. 22(1)(a)(ii)
Through

CC Minister for Immigration and Border Protection
Secretary
Deputy Secretaries