

**Broadband Connect & Clever Networks discussion paper.  
Implications for health in the NT**

Thank you for the opportunity to have input into these important initiatives both at the stakeholder session and in the attached submission. Please note our support for the Australian Divisions of General Practice (ADGP) submission which incorporated most of the issues raised, however it was decided to lodge separately to address several NT remote area specific issues.

**Clever Networks issues for NT:**

1. Equity for co-contribution on infrastructure projects. Program assumes 50:50 co-contribution. The capacity for contributions from business, community and government is limited while the costs of required infrastructure are high due to the large distances involved. While in kind contribution may enable communities and NGO's to facilitate projects, aiming for equal co-contribution is not a realistic goal in the NT. Recognize that sustainability of any telecommunications projects in the in the NT are likely to require ongoing input from Government. Remote, limited commercial activity.
2. Build on Demand Aggregation Broker Program (DABP) community aggregators outcomes to identify and implement urban equivalent broadband where available in remote communities. This will require actively procuring information on available links from providers to streamline the process, and working with communities to develop demand as it is unrealistic to expect remote communities to develop these cases. Primary health care services and local government are key stakeholders to engage in this process.
3. Identify infrastructure requirements to support health data networks. The sharing of clinical information systems across regions is a major priority for regional health services in the NT. Recognize a major priority for remote infrastructure development is to provide health services access to terrestrial communications based on populations being treated, and work actively with health services and primary health care organizations to identify these needs.
4. Multi-program and agency funding arrangements: Streamline application requirements for remote infrastructure projects that cut across multiple project areas eg. Meshed wireless networks that provide high speed data as well as mobiles are especially valuable in areas with limited domestic copper cabling may be able to apply for Clever Networks, Mobile Connect and Broadband For Health Managed Health Network Development Grants.

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#### Broadband Connect issues for NT

1. Specification of services: a static level of service was defined for HiBIS which needs to be moved onto a regularly reviewed specification. The bar needs to be raised considerably for speed, availability and download limits, and consideration for latency needs to be included for satellite connections. The Broadband For Health business grade broadband specification may be appropriate.
2. Eligibility: Remove the 20 person limitation for non-profit organizations to access the initiative as there is no justification for this.
3. Simplify access to providers by making single qualification process to access to all Federal broadband subsidy programs, with simplified means of addition, remove and change of plans for established providers
4. Facilitate demand aggregation projects: require satellite providers to enable simple fault free migration pathways onto terrestrial broadband when available.
5. Central database access to provider service details: many remote individuals and organizations have found out about HiBIS as part of our activities under the Broadband For Health program. While a list of providers is available the lack of a central repository of information about the plans makes researching the options difficult unless there is already a clear preference for a known provider.

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18<sup>th</sup> January, 2006

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