

Division 9: WA Health —

[Supplementary Information No A23.]

Question: Ms J.M. Freeman asked: When will the four-year contract be determined, fulfilled and delivered so that there is certainty for the integrated services centres at Koondoola and Parkwood Primary Schools?

Answer: It has been identified by all four organisations that collaborate to deliver the Integrated Service Centres at the Koondoola and Parkwood Primary Schools that there are declining humanitarian entry student numbers at Parkwood Primary School and this has warranted a service redesign of the Integrated Service Centres. This may result in changes in service locations, facilities and relocation of infrastructure.

The Department of Education, Child and Adolescent Community Health, Child and Adolescent Mental Health Service and Edmund Rice Centre are currently undertaking a service redesign of the Integrated Service Centres.

The service redesign is planned to be completed by the end of December 2013 and following this a new Service Agreement will be established.

The current Service Agreement with Edmund Rice Centre Mirrabooka Inc for the procurement of support services for the Integrated Service Centres shall remain in place until a restricted procurement process has been completed and a new Service Agreement is prepared incorporating outcomes from the service redesign.

A new Service Agreement is expected to be established by the end of January 2014 and a term of up to five years will apply.

[Supplementary Information No A24.]

Question: Mr P.B. Watson asked: Can the minister please provide details of the current funding and the eligibility criteria for the patient assisted travel scheme?

Answer:

Funds	2011/12 Budget \$M.	2012/13 Budget \$M	2013/14 Budget estimate \$M	2014/15 Forward estimate \$M	2015/16 Forward estimate \$M	2016/17 Forward estimate \$M
RFR	8.9	9.3	9.7	10.1	10.6	10.6
WA Health Base Service Appropriation	20.3	21.0	21.6	22.5	23.4	24.3
Total	29.2	30.3	31.3	32.6	34.0	34.9

PATS is funded by a combination of Royalties for Regions (RfR) and WA Health Base Service Appropriation. The Base Service Appropriation is not specified for PATS and is therefore not itemised in the forward estimates. WA Health internally allocates Base Service Appropriation. WA Health's budget was rebased in 2010/11 therefore the PATS budget allocation for Base Service Appropriation is reflective of the 2010/11 actual expenditure and escalated from 2011/12 to 2016/17 by standard cost escalators.

[Supplementary Information No A25.]

Question: Mr R.H. Cook asked: What are the depreciation costs associated with and what are the maintenance costs for a \$1.6 billion building asset that is just sitting idle?

Answer: The estimated annual depreciation for Fiona Stanley Hospital is:

- 2013/14 — \$51,791,038
- 2014/15 — \$127,841,402
- 2015/16 — \$109,044,145
- 2016/17 — \$97,464,298

[Supplementary Information No A26.]

Question: Mr P.B. Watson asked: Given the ageing population, can the minister explain why the number of people in the target population receiving HACC services is anticipated to fall?

Answer: The HACC Target Population is estimated by applying the age and sex specific rates of the population living in the community with a moderate, severe or profound core activity restriction (as reported in the ABS 2003 Survey of Disability, Ageing and Carers) to population estimates for the period 2006–2026.

The estimate is calculated and supplied by the Australian Government Department of Health and Ageing (DoHA) for the WA HACC target population. In 2012, the DoHA changed the methodology to utilise estimates from the ABS 2009 Survey of Disability, Ageing and Carers, which resulted in a reduction in the WA HACC Target Population.

The estimated HACC Target Population has been increasing at a slightly higher rate than the increase in actual WA HACC client numbers. The effect of this is a slight decrease in the rate per 1,000 target population who received Home and Community Care.

In 2011 the WA HACC Program changed to a single intake and assessment process for Home and Community Care. A combination of better targeting and removal of duplicate clients from the database has resulted in a smaller net increase in overall HACC client numbers.

[Supplementary Information No A27.]

Question: Mr P.B. Watson asked for clarification of an answer previously given about information on waitlist times for kidney dialysis at Albany Hospital.

Answer: Wait List Definition used: A list of patients who are clinically ready, and referred by a specialist renal physician, to access a satellite renal dialysis and are immediately prepared to be transferred to the Albany Health Campus Dialysis Unit (AHCDU).

- The AHCDU has the capacity to treat a maximum of 24 patients. It is currently treating 14 patients.
- AHCDU is alerted to possible Great Southern patients that may require dialysis in a satellite service in the near future, by a tertiary site or specialist renal physician.
- While AHCDU will note possible clients, the requirement for a satellite dialysis service is not confirmed until actually **referred** by a specialist renal physician. All dialysis patients require treatment and stabilisation in a tertiary hospital prior to transfer to AHCDU. Stabilisation can take from one week to several months depending on multiple factors.
- Patients may choose to stay in Perth or request to return to Albany, once they are stable and can be cared for safely in a satellite service. Others may be unable to transfer back to Albany due to social factors such as a lack of suitable housing or family support.
- AHCDU has not had a wait list (see definition) as all confirmed clients ready for immediate transfer back to the Great Southern region have been accommodated.
- There are no known patients currently being dialysed in Perth, who are suitable for satellite dialysis services and who cannot transfer to Albany, due to lack of capacity in the AHCDU.
- There are two known patients waiting for suitable housing prior to transfer back to Albany. There is one known patient who may be considering transfer from Busselton Dialysis Service; however this is yet to be confirmed.
- Once a patient is accepted for transfer to AHCDU, the exact time of the transfer is negotiated due a possible need to roster additional staff within the normal two (2) week rotation, given the specialist nature of the nursing workforce.

[Supplementary Information No A28.]

Question: Mr R.H. Cook asked: How much has the department spent on Ernst and Young for the work that it has done on Rockingham General Hospital on these cost structures?

Answer:

Total for 2012/13 financial year was \$765,600 (inclusive of GST)

Total for 2013/14 financial year will be \$428,171 (inclusive of GST)

[Supplementary Information No A29.]

Question: Ms J.M. Freeman asked: Could the minister provide me with the funding for and number of full-time equivalent positions from 2012–13, 2013–14 and 2014–15 for the Chronic Disease Prevention Directorate? Is the minister also able to provide as supplementary information the non-government organisation agencies that are funded?

Answer:

National Partnership Agreement on Preventive Health (NPAPH) funding

- Fully Commonwealth funded

Ms Janine Freeman; Mr Peter Watson; Mr Roger Cook; Mrs Glenys Godfrey; Mr Bill Johnston

- \$67 million from July 2010 to June 2018 in guaranteed facilitation payments (\$51 million) and potential reward payments (\$16 million).
- Funds a mix of programs delivered by non-government organisations, area health services and two other government departments.
- Funds three additional FTE currently in Chronic Disease Prevention Directorate (see table below).

Chronic Disease Prevention Directorate

	2011–12	2012–13	2013–14
FTE (state funding)	17.6	17.6	17.6
FTE funded under NPAPH (Commonwealth funding)	2	3	3
Total state government funding for staffing & initiatives (injury & chronic disease prevention/healthy lifestyle promotion program)*	\$11,818,373	\$12,131,482	\$12,557,386

* excludes Commonwealth funding (eg NPAPH)

Non-government organisations funded under NPAPH in 2013–14

- Cancer Council WA Inc (2 contracts)
- Diabetes WA
- Edith Cowan University
- Foodbank WA
- Heart Foundation WA
- MEND Australia Pty. Ltd.
- Ngala
- WA School Canteen Association

[Supplementary Information No A30.]

Question: Mrs G.J. Godfrey sought information on the next round of Aboriginal health clinics to be opened under that regional country health funding program.

Answer: WA Country Health Service has completed four new Aboriginal Clinics which are operational under the current Remote Clinics Capital program, these being Bayulu, Mulan, Billiluna and Noonkanbah, all within the Kimberley Region.

The proposed Pilbara program of works is currently being reviewed in accordance with service needs prior to formalising an agreed program of works with Yandeyarra, Wakathuni and Wangkatjungka.

[Supplementary Information No A31.]

Question: Mr W.J. Johnston asked: As I understand it, external consultants have been hired to try to resolve the issues that have arisen during the commissioning process. When was the first one of those consultants hired by Health Information Network?

Answer: Health Information Network issued a contract under the Common Use Agreement 14008 to Fujitsu Australia Limited in August 2012 for the review commencing in October 2012.

The scope was 'to review a number of key ICT projects that would facilitate delivery of services at the Fiona Stanley Hospital'.

The review was conducted by Mr Omar Abdel Alim, General Manager, Service Delivery (WA), Fujitsu Australia Limited.

[Supplementary Information No A32.]

Question: Ms J.M. Freeman asked: Has the closed-loop medication management system now been procured?

Answer: The Fiona Stanley Hospital is in the final stages of awarding the Contract for the components of the Closed Loop Medication Management system [CLMMS] and as such remains Commercial in Confidence.

Following the decision to proceed with the CLMMS a number of steps needed to be completed prior to Contract award. These steps include an Implementation Planning Study [IPS] to further refine the product components in accordance with the State's tender requirements. The IPS was completed last week and it is anticipated the Contract will be awarded week ending 30 August 2013.

The successful vendors are anticipated to commence work in September 2013.

[Supplementary Information No A33.]

Extract from Hansard

[ASSEMBLY — Thursday, 22 August 2013]

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Ms Janine Freeman; Mr Peter Watson; Mr Roger Cook; Mrs Glenys Godfrey; Mr Bill Johnston

Question: Mr R.H. Cook asked: The department cannot provide details about \$20 million worth of savings across the forward estimates. When will it be able to provide that information?

Answer: Other Savings Measures totalling \$15.5 million over the forward estimates relate to the reprioritisation of existing funding to fund the Government's \$19.5 million Care for Palliative Patients initiative. The balance of funding of \$4.0 million over the forward estimates is to be provided through Royalties for Regions.

The savings from reprioritisation are to come from non-activity based funded areas such as the resources allocated to the Department of Health.