

Hon Sue Ellery; Hon Simon O'Brien; Hon Alison Xamon; Hon Ljiljana Ravlich; Hon Liz Behjat; Hon Helen Morton; Hon Ed Dermer; Hon Max Trenorden; Hon Ken Travers; Hon Ken Travers:

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**Division 11: WA Health, \$4 590 003 000 —**

Hon Ken Travers, Acting Chair.

Hon Simon O'Brien, Minister for Transport representing the Minister for Health.

Dr P. Flett, Director General.

Mr J.W. Leaf, Chief Finance Officer.

Ms N.M. Feely, Chief Executive, South Metropolitan Area Health Service.

Dr D.J. Russell-Weisz, Chief Executive, North Metropolitan Area Health Service.

Dr S. Patchett, Executive Director, Mental Health.

Mr D. Cloghan, Acting Executive Director, Development Division.

Mr K.G. Wyatt, Director, Office of Aboriginal Health.

Dr A. Robertson, Director, Disaster Management, Regulation and Planning.

Mr W. Salvage, Director, Infrastructure Coordination.

Mr N. Guard, Executive Director, Drug and Alcohol Office.

Mr P. Aylward, Executive Director, Child and Adolescent Health Service.

Mr K. Snowball, Chief Executive Officer, WA Country Health Service.

Dr R. Lawrence, Executive Director, Innovation and Health System Reform.

[11.20 am]

**The ACTING CHAIR:** On behalf of the Legislative Council Standing Committee on Estimates and Financial Operations, I welcome you to today's hearing. Before we begin, I must ask you to take either the oath or affirmation.

[Witnesses took the oath or affirmation.]

**The ACTING CHAIR:** This hearing is being held in public although there is discretion available to the committee to hear evidence in private either of its own motion or at witness request. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session before answering the question.

Government agencies and departments have an important role and duty in assisting Parliament to scrutinise the budget papers on behalf of the people of Western Australia. The committee values that assistance.

For the information of members, these proceedings will be reported by Hansard. The daily *Hansard* will be available tomorrow morning, and will be circulated as per normal house sitting days. It will be given 1.5 line spacing to make it easier for members to make corrections in the daily and for those pages of the daily *Hansard* to be returned to the Hansard office. The cut-off date for corrections will be indicated on the bottom of each page.

Members are asked to sit towards the front of the chamber on the non-government benches where practicable so that witnesses will not have to turn their head to the back of the chamber when answering questions.

It will greatly assist Hansard if when referring to the *Budget Statements* volumes or the consolidated account estimates, members give the page number, item, program, amount, and so on in preface to their questions.

If supplementary information is to be provided, I ask your cooperation in ensuring that it is delivered to the committee's clerk within five working days of receipt of the questions. An example of the required Hansard style for the documents has been provided to your advisers.

The committee reminds agency representatives to respond to questions in a succinct manner and to limit the extent of personal observations.

For the benefit of members and Hansard, I ask the minister to introduce his advisers to the committee, and for each adviser to please state their full name, contact address and the capacity in which they appear before the committee.

[Witnesses Introduced.]

**The ACTING CHAIR:** At this time, I would ask each of the witnesses whether they have read, understood and completed the "Information for Witnesses" form.

**The Witnesses:** Yes.

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**The ACTING CHAIR:** Do all the witnesses fully understand the meaning and effect of the provisions of that document?

**The Witnesses:** Yes.

**The ACTING CHAIR:** Some questions on notice have now been tabled for the purposes of this committee and are available at the back of the room for members. Do members have any questions? Hon Sue Ellery.

**Hon SUE ELLERY:** I refer to appropriations, expenses and cash assets on page 161 of the *Budget Statements* and, in particular, to the line item "Total appropriations provided to deliver services". The 2008-09 budget was some \$3.8 billion and the estimated actual was some \$4.066 billion, leaving a budget blow-out of about \$192 million. Can the minister confirm the figure of \$192.7 million and provide a breakdown of where that blow-out has occurred? It is now just two weeks until 30 June. Does the minister believe that that figure will change, or does he believe that the figure will remain the same at the end of the financial year?

**Hon SIMON O'BRIEN:** The member really asked three questions, and I ask Mr Leaf to address them.

**Mr J.W. Leaf:** The best way to answer this question is in the context of the expenditure limit that was set. The original budget papers for 2008-09 have an expenditure limit of \$4.535 billion. That represented growth of 3.8 per cent, compared with the \$4.368 billion that was the actual outcome for the previous year. The increase in expenditure in the budget papers from \$4.535 billion to \$4.817 billion in the 2008-09 estimated actual is not all represented by what we would deem to be a blow-out. I will run through some of the items because that might clarify exactly why we do not see that as being evidence of Health having blown its budget. The major contributors to the change were \$22.7 million that we received for election commitments, \$34.4 million as a result of enterprise bargaining agreements that were fully funded by the government, and the generation of unsourced revenue above the estimate of \$83.5 million. We have a general understanding that unsourced revenue that comes into the Department of Health from whatever source is added to our expenditure limit, often because that unsourced revenue is a consequence of increased activity or increased health delivery.

[11.30 am]

We received additional funding through the Australian Health Care Agreement of \$77.7 million, and in April this year the economic expenditure review committee provided an additional \$110 million. That included \$77.4 million for additional activity largely in our hospital sector, and \$15 million to compensate the Department of Health for beds it purchased to cope with demand in hospitals. We met that pressure by buying care-awaiting-placement beds costing \$15 million. We have had significant cost pressures in the Pilbara region, for which we were provided with compensation of \$17.6 million.

They were the key contributors to the growth in our expenditure in 2008-09; offsetting that was the efficiency dividend that was deducted from our expenditure. That is the only other significant item in this explanation, and that, as the member can read in the *Budget Statements*, was \$60.676 million.

**Hon SUE ELLERY:** I have a follow-up question. Dr Flett gave evidence to the subcommittee of this committee that was investigating the three per cent efficiency dividend in March, after I had asked a question about a suggested budget blow-out of between \$180 million to \$230 million, that he would not disagree with those figures. I used the flippant term "budget blow-out", but Dr Flett was anticipating a discrepancy of between \$180 million to \$230 million. Now it looks to me like the blow-out will be \$192 million. How can the evidence that Dr Flett gave then be reconciled with what has just been said?

**Hon SIMON O'BRIEN:** Dr Flett might want to reflect on his earlier comments and how they are now being characterised. I have noticed the repeated use of the term "blow-out" when there is a variation in the total expenditure, which, as Mr Leaf has indicated, can be attributable to a number of deliberate actions that probably could not be characterised as a blow-out perhaps in that sense. Maybe in the first instance Dr Flett might like to respond to the member's comments.

**Dr P. Flett:** As I recall, I made the comment that we were under budget pressure at that point, but at that stage, in March, I was not confident to definitively say what the end point would be at the end of the financial year. That is why I answered the way I answered. Mr Leaf has commented on the actual circumstance we find ourselves in at this time.

**Hon SUE ELLERY:** I refer to page 170 of the *Budget Statements* and the heading of "Admitted Patients". If we turn to the first of the service areas, at the bottom of that page note 2 refers to the specifics of the funding received from the commonwealth government for the elective surgery blitz program—that is not my flippant word, it is in the *Budget Statements*.

**Hon SIMON O'BRIEN:** And a very good word it is, too, member!

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**Hon SUE ELLERY:** Depending on who is using it; sometimes different words are good depending on where a person is sitting.

In May 2009 there was public debate about the increase of about 500 in people on the waiting list for elective surgery, and a reduction of about 1 000 operations being carried out. Given the level of funding received from the federal government for the blitz program, what has gone wrong with waiting times? My recollection of when I used to sit on that side of the house is that there was normally, in April or May, a reduction in the number of people on waiting lists; it was one of those seasonal things. What happened to effect the change?

**Hon SIMON O'BRIEN:** Dr Robyn Lawrence will be able to provide a good answer.

**Dr R. Lawrence:** Stage 1 of the commonwealth blitz money was completed at the end of December last year, so that program has finished. We have maintained the level of activity, and in fact the year-to-date activity is greater than both last year and 2007, the base year from which the blitz was funded.

Despite that, the member is right; the waiting list has not continued to go down as it had been doing previously. The main reason behind that is that since about October last year we have had 500 additional patients a month over historical levels coming on the list. That is where the variation has been. It is not actually in the level of activity being undertaken, it is in patients being added to the list.

**Hon SUE ELLERY:** Where have the 500 patients who have been added to the list come from? Were they predictable? What has happened to generate that extra 500 patients?

**Dr R. Lawrence:** The simple answer to that is that they are coming through outpatient clinics in tertiary hospitals. We had an active strategy to decrease the wait-to-wait, and that has been very successful in increasing the ratio of new patients to follow-up patients in the outpatient clinics. As a direct consequence of that, we are getting more patients onto the list.

There are other factors in the background and it is hard to know how much they are contributing. There is the economic environment, and the changes to private health insurance that were brought in last year are now coming to bear. We know that there does not seem to be a drop off in private health insurance, but historically we know that patients tend to use it less. It is very difficult to measure the impacts of those two things, but the bottom line is that additional patients are being seen in the outpatient clinics.

**Hon SUE ELLERY:** Still on page 170 of the *Budget Statements*, I wish to ask a question about full-time equivalents. I will start with page 170. For each of the 14 services there is an FTE figure, but for convenience I will use page 170 as the reference point.

In February this year the Treasurer made a public announcement about a cap on public sector full-time equivalent positions. The information on FTE numbers that the department provided to the subcommittee was that there were about 31 000 at that point. The cap imposed by the Treasurer, based on the 2008-09 budget figure, was around 29 000. I have not done the sums to find out whether the department is over the 31 000 that it had in March, but my question is: will the department be able to meet the Treasurer's cap; and, if so, how will it do that? If it is not going to be able to meet the Treasurer's cap, how will that issue be resolved?

**Hon SIMON O'BRIEN:** Dr Flett will answer.

**Dr P. Flett:** As of March this year, the FTE figure was 31 047, which equates to a headcount of 37 302 engaged employees and 37 862 employed individuals.

That cap is a challenge to meet, and we now have to meet a target of 31 420 by June 2010. That means that for the period from now until June 2010 targets will be set every month. That will constrain FTE growth.

[11.40 am]

**Hon SUE ELLERY:** What is the monthly target that you have set?

**Dr P. Flett:** The figure we have set is 31 420. That is the target we have set for June 2010.

**Hon SUE ELLERY:** The Treasurer's cap is 29 000, so there is obviously a difference in the figure. I am not sure whether the director general is able to answer or whether this question should go to the minister. How is that discrepancy resolved? The Treasurer has said that the cap for Health is 29 000, and Health is saying that it will aim for some 2 000 over that figure. How does that figure get resolved?

**Dr P. Flett:** That is something that we are discussing at the moment with Treasury.

**Hon SUE ELLERY:** There is a target for the end of June —

**Dr P. Flett:** That was 2009. The target was set and we have said we are not going to reach that target, but we now have a plan for the target of June 2010, which gives us time to come to what we think is appropriate. Of

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course, that has not been set by the government, and that is the point that we are to negotiate on. We have detailed information behind reaching that figure.

**Hon SUE ELLERY:** If I might ask the minister the policy question: how does the government see that issue being resolved?

**Hon SIMON O'BRIEN:** I would prefer to answer that question by way of supplementary information. I am here only in a representative capacity, and I would not want to mislead the member about what has been happening in this area. However, it is an important question, and with that in mind I am prepared to refer it to the Minister for Health for his consideration.

*[Supplementary Information No C1.]*

**Hon ALISON XAMON:** I have a series of questions about mental health. I refer to the third dash point at the top of page 167 of the *Budget Statements*, which states —

establishing a peak body for mental health consumers and advocates for mental health services.

I cannot actually find where that item is in the budget, or whether money has been allocated for it. Can someone point that out? It is an election commitment, and from the feedback I have received from peak bodies, they seem to think it is a fairly positive one. I want to know how much money has been allocated to it.

**Dr S. Patchett:** The establishment of a peak mental health consumer voice was one of the five election commitments of the new government. The proposed model to establish that peak mental health consumer voice is being developed at the moment and there will be an important influence on that from the strategic planning exercise that mental health is undertaking at the moment, whereby much of the consultation with carers and consumers and the mental health sector is being used in the establishment of this consumer voice. Funding has been identified within the existing budget to fund that peak voice when the model has been properly decided upon and worked through.

**Hon ALISON XAMON:** When is it anticipated that that will happen?

**Dr S. Patchett:** It will happen progressively through the mental health policy and strategic planning exercises being undertaken at the moment that will give us the blueprint for the direction of mental health for the next 10 years. That is being undertaken at the moment. The report will be finally handed down at the end of January next year. It is a huge exercise. As part of that, this issue will be properly analysed and decided. It is fair to say that there are a lot of varying views about what that peak body should be and what is the correct model for representing the consumer voice in mental health.

**Hon ALISON XAMON:** Is there even a vague idea at this point of what it is anticipated it might look like, and how much will be allocated to it?

**Dr S. Patchett:** I could not comment on that at the moment.

**Hon ALISON XAMON:** I refer to the asset investment program for mental health services shown on page 179 of the *Budget Statements*. How many inpatient mental health beds are currently available in the East Metropolitan Region? Are there any plans to increase this number; and, if so, where? I will give an idea of where I am going with this as well. I also want to know how many inpatient mental health beds will be located at the new Swan Health Campus, and when they will be available. I realise that that is four different questions, but they all point in a similar direction.

**Dr S. Patchett:** With regard to the first question, I did not —

**Hon ALISON XAMON:** East metro.

**Dr S. Patchett:** Unfortunately, the Department of Health does not have a separate designation in regards to east metro. Health services in this state are divided around areas of north and south metropolitan and Western Australian country health services. I could take it on notice if the member could be more specific about what she envisages as east metro.

*[Supplementary Information No C2.]*

**The ACTING CHAIR:** I think the member is referring to the East Metropolitan Region in terms of electoral boundaries. I am sure the minister can assist you with information pertaining to those boundaries.

**Dr S. Patchett:** We will be able to match up the services with that area.

**Hon ALISON XAMON:** The specific question was in relation to the new Swan Health Campus: how many inpatient mental health beds are expected to be created there and when will they be available?

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**Dr S. Patchett:** The Swan Valley Centre currently has 25 beds, and the designation of beds in relation to what may be additional beds in the Midland health campus development is yet to be determined. Currently, it is planned that there will be 15 extra beds at the Midland campus, so that will take the total number of beds in the Swan region to 40. The service planning around that will see those 15 beds in the new hospital serving the hospital in terms of consultation and liaison, and serving the emergency department as well with acute beds. It has yet to be determined where the 25 beds in the Swan Valley Centre will actually go, or whether they join the 15 beds already at Midland, but if they stay on the Swan Valley site, they will be intermediate care step-down facility beds.

**Hon ALISON XAMON:** I refer to page 161 in relation to the suicide prevention program, for which there has been a significant injection of funds. That is great, but there is not a lot of detail. I am interested in getting some more information about how that will be administered, what it will look like, and how the funds will be allocated statewide.

[11.50 am]

**Dr S. Patchett:** Western Australia has been at the forefront of suicide prevention for the country since the late 1980s, when there was a spate of youth suicides in the north west. We have always had a suicide prevention strategy through the auspices of the youth suicide advisory committee, which then became the Ministerial Council for Suicide Prevention in the early 2000s. The Ministerial Council for Suicide Prevention was completing the work towards a state suicide prevention strategy. There is a requirement for a state suicide prevention strategy to fall out of the national suicide prevention strategy—the LIFE framework as it is known, for Living is for Everyone.

The new government made a specific commitment in relation to that—commitment No 3—and allocated \$13 million to develop the suicide prevention strategy for the state. That has been a replanning exercise of the draft from the ministerial council and it is in the final stages of preparation. It is being driven strongly by the Parliamentary Secretary to the Minister for Mental Health, Hon Helen Morton, who is sitting in the chamber now, and it is about to be released. The whole state of Western Australia will be excited about what they will see in front of them.

I reiterate that the state suicide prevention strategy borrows heavily from the national suicide prevention strategy priority areas, with particular reference to Aboriginal clusters of suicide in this state and having a robust and effective model to deal with those. The \$13 million funding will be split over three years. The initial funding is \$500 000 this financial year and then \$6.25 million for next financial year and the following financial year. That funding will go towards particularly the community development aspect of the suicide prevention strategy. We will see the advent of a new ministerial council for suicide prevention, a small office for suicide prevention and then community suicide prevention coordinators.

**Hon LJILJANNA RAVLICH:** I refer to the reference to asset investment program facilities remodelling and development of health infrastructure under “Asset Investment Program” on page 179. The planned capital expenditure for 2009-10 is \$527 million. Under the heading “South Metropolitan Area Health Service”, reference is made to the modifications at Royal Perth Hospital to ensure that these key facilities remain clinically appropriate pending relocation and/or redevelopment. Why has this not been listed under election commitments, given that the relocation and/or redevelopment of Royal Perth Hospital was a core Liberal promise? Is it the intent of the government to relocate the hospital or redevelop it? If the minister does not know the answer, I will ask him why he does not know the answer after nine months in office. Why was it not listed under the election commitments when clearly there was reference to it in another part of the budget? If the minister does not know the answer, perhaps the director general knows the answer.

**Hon SIMON O'BRIEN:** I ask the member to give me a chance to seek advice. I appreciate that I am trying to provide objective advice to what is a subjectively motivated question. The fifth dot point states —

Modifications at Royal Perth Hospital, Fremantle Hospital and the Shenton Park Rehabilitation Centre to ensure that these key facilities remain clinically appropriate pending relocation and/or redevelopment;

The reason that is in this division is that the hospitals are part of the asset investment program. This is what is done on an ongoing basis, for not only these facilities but also a number of other facilities that are identified under the various dot points. For example, other dot points state —

- development of the Armadale-Kelmscott Memorial Hospital to expand ED capacity and support services;

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- continued redevelopment of the Rockingham Kwinana Hospital to provide an increased range of clinical services, including general surgery, orthopaedics, emergency, obstetrics and gynaecology, paediatrics and mental health and provide childcare facilities

**Hon LJILJANNA RAVLICH:** With due respect, can I refocus the minister on Royal Perth?

**Hon SIMON O'BRIEN:** The member's question was a scattergun one. She is coming from the prospect that somehow, having made an election commitment, which we did, to keep Royal Perth Hospital, there is now some omission of that in this year's budget.

**Hon LJILJANNA RAVLICH:** Where is it under election commitments?

**The ACTING CHAIR:** If the member lets the minister finish, I am sure he will be concise.

**Hon SIMON O'BRIEN:** I do not know what the member's point is. If there was an initiative to do something other than to keep Royal Perth Hospital and replace it with something else, perhaps the member would be looking for that item here. We will keep Royal Perth Hospital in the same way it has been kept for 100 years or more. I honestly do not understand what the member is driving at.

**Hon LJILJANNA RAVLICH:** Is it the intent of the government to relocate or redevelop the hospital?

**Hon SIMON O'BRIEN:** Works will be undertaken at Royal Perth Hospital. In the fifth dot point, which the member is placing so much interest in, there will, under this asset investment program, be a number of modifications to Royal Perth Hospital over the course of the 2009-10 financial year. Royal Perth Hospital is a massive campus. It is a complex set of interrelated structures and all that will be dealt with in the upcoming financial year is reflected in the asset investment program, which is summarised under these dot points.

If the member would like to know what modifications will happen, we can drill down to that. The question of whether it is an election commitment to keep Royal Perth Hospital does not arise. The question of whether we are keeping Royal Perth Hospital does not arise.

**The ACTING CHAIR:** Minister, that was in answer to the previous question. Has the minister finished answering this current question?

**Hon SIMON O'BRIEN:** I am quite finished with it. I do not know what more the member wants.

**The ACTING CHAIR:** I am happy to ask the member to ask another question.

**Hon LJILJANNA RAVLICH:** Can I ask Dr Flett, through the minister, to make some comments on the future of Royal Perth Hospital?

**Hon SIMON O'BRIEN:** If Dr Flett has something else to add about the future of Royal Perth Hospital that the member might be interested in, I invite him to do so.

**Dr P. Flett:** My comment, which follows on from what has already been said, is that Royal Perth Hospital and Fremantle and Shenton Park hospitals will be operating at full capacity for the foreseeable future and, as such, need to be maintained at that level. Despite the fact that there are plans in the future to either change them in some way or possibly rebuild them, decisions have not been made at this stage. Certainly with Shenton Park decisions have been made.

**Hon LJILJANNA RAVLICH:** When will the decision be made on the redevelopment or relocation of Royal Perth Hospital? That is the information that I am after and what the general public is interested to know. I am not interested in the interim period. Clearly, the government went to the election with a promise to redevelop or relocate. What sort of a time frame could we be looking at for either of those proposals?

[12.00 noon]

**Dr P. Flett:** With regard to that question, the determination of the format of Royal Perth Hospital of the future would depend on many factors. One of them is what is termed the clinical services framework, which really identifies the role delineation—in other words, what things are being done at each hospital—over the foreseeable future. That is the first act to determine what Royal Perth Hospital will be like in the future. That clinical service framework is being developed at the moment and is expected to be completed in September or October of this year. At that point any determinations about the future changes to Royal Perth Hospital will be made. It will be in the forward years; it has not been made at the moment.

**Hon LJILJANNA RAVLICH:** I just want to ask the director general whether in fact this clinical framework that is being undertaken is the work that was being done by the Royal Perth Hospital steering committee from which Dr Philip Montgomery recently resigned as the chair or is there is a separate committee that has been set up.

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**Dr P. Flett:** The Department of Health has a separate planning unit that has this role to determine—based on population change, growth and movement—what is required in the role delineation. That is an ongoing thing that has run for many years now and is continually being updated. No, it has been nothing to do with the committee of Dr Montgomery that they communicate with.

**Hon LJILJANNA RAVLICH:** What is the committee that Dr Philip Montgomery resigned from as chair?

**Dr P. Flett:** The committee had only been going for a few months. It was just at the very early stages of looking at the whole environment of Royal Perth Hospital, and not the hospital as such alone, and so it was a strategic committee looking at the future role of that very large environment as well.

**Hon LJILJANNA RAVLICH:** My understanding was that Dr Montgomery resigned as the chair because his committee was not funded by the government to be able to adequately continue with the task that had been given to it. I am just wondering whether the director general would like to make a comment in respect of that.

**Hon SIMON O'BRIEN:** I think that was an attempt to relate this line of questioning to the budget by using the word “funding”. I am not sure what it has to do with the 2009-10 budget.

**Hon LJILJANNA RAVLICH:** It was an important committee.

**Hon SIMON O'BRIEN:** I understand there is not going to be a committee of that nature operating in this financial year, the subject of these estimates.

**Hon LJILJANNA RAVLICH:** The work of Dr Philip Montgomery is now not going to continue. Is that what the minister is saying?

**Hon SIMON O'BRIEN:** Do not try to put words in my mouth. If the member has a question, she should ask a question.

**Hon LJILJANNA RAVLICH:** I have asked the question.

**Hon SIMON O'BRIEN:** If there is a question: is the work of this strategic planning committee going to continue in some form or another? If that is the question, I should be glad to pass it to Dr Flett.

**Hon LJILJANNA RAVLICH:** That is the question.

**Dr P. Flett:** This committee will continue. There has never been a consideration of stopping the committee. Further to that, Dr Montgomery came to me. He resigned because he had decided that it was an appropriate time for him to resign. It was around, as he told me, superannuation reasons. I quote: he said that after 33 years he felt that he had done his fair share and he was ready to hang up his boots—I unquote. That was the commentary we had. He and I are friends. That was the basis of his resignation.

**The ACTING CHAIR:** I have Hon Giz Watson and Hon Liz Behjat in that order. I then have Hon Helen Morton. I have then got Hon Alison Xamon and then Hon Sue Ellery again.

**Hon GIZ WATSON:** I might just check whether this division covers funding for Healthway. Is that within the ambit of this division?

**Hon SIMON O'BRIEN:** After extensive research, I am given to understand that Healthway is funded by a direct appropriation from the Treasurer.

**Hon GIZ WATSON:** I thank the minister. I will reserve my question.

**Hon LIZ BEHJAT:** I have questions in two areas. The first is Indigenous health. I understand that the Department of Health does not allocate budgets specifically for Aboriginal and Torres Strait Islanders. I draw the minister's attention to page 164, where under “Indigenous Health” it reads —

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes and Indigenous Early Childhood Development and other State Government Initiatives will target:

— a reduction in smoking in Indigenous population;

I am interested to know why that item would have attention drawn to it when perhaps alcohol and substance abuse may be more of, if not equally, a problem in the Indigenous population. Is that dealt with in a separate area of the budget of which I am not aware? Perhaps we could find out why that is being particularly targeted.

**Hon SIMON O'BRIEN:** That is a very worthy avenue of inquiry. I might ask Ken Wyatt, head of Indigenous health, if he could respond.

**Mr K.G. Wyatt:** The response to that question is that there are two distinct programs. Smoking is a priority within the national Indigenous initiative, which is a COAG process. Alcohol is still a priority and is handled by my colleague, Neil Guard, and there are joint initiatives in the way that we are reflecting the level of impact of

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both tobacco smoking and alcohol. The state has a number of strategies. This particular line item refers to growth in respect of state funding to tackle the complex issues around tobacco smoking, with an emphasis on pregnant mothers and reducing the prevalence of smoking within that cohort of the population.

**Hon LIZ BEHJAT:** I am interested in the staged implementation plan for the four-hour rule, in particular at the Joondalup Health Campus in the region that I represent. The budget papers indicate that it will take two years from implementation to achieve the full target. Could we just get an indication of where that is at the moment, with particular reference to Joondalup Health Campus?

**Hon SIMON O'BRIEN:** I think that Dr Robyn Lawrence is best placed to respond to that.

**Dr R. Lawrence:** The four-hour rule program will roll out essentially with commencement in three stages over 12 months. It commenced in April of this year with stage one. Joondalup Health Campus is in stage two, which will commence in October. Each site as it enters the program then has two years to achieve the final headline target, which is 98 per cent of patients admitted, discharged or transferred within four hours. The early planning phase is with Joondalup. We have met with its executive and some of its core senior staff members, and will soon meet with all of its staff. They are fully engaged and ready to take on the challenge.

**Hon HELEN MORTON:** I have a three-part question. I refer to page 175 and the third dot point dealing with aged and continuing care. I might ask all three questions at once so that the minister may then come back and address the first part. Is there an increase in the number of people unable to access a permanent care placement in a commonwealth government-funded residential aged-care facility? Does the \$123 a day, paid by the commonwealth for a high-level care nursing home resident in a nursing home, get paid to these people when they are in state-funded care awaiting a placement facility? Is the minister aware that for the first time in Western Australia's history licences for nursing home beds have not been taken up, due to inadequate capital and recurrent funding and that building is at a standstill? If yes, what effect is this having on the state's health budget and what initiatives have been implemented to address the burgeoning number of elderly people waiting for nursing home care?

[12.10 pm]

**Hon SIMON O'BRIEN:** In the first instance, we will go to Dr Flett, who may then wish to refer to other senior staff.

**Dr P. Flett:** Perhaps, if I could take the third question first in response. Yes, we do have a problem in Western Australia with the number of licences taken up by operators, remembering that all aged-care facilities are managed by private operators. The Department of Health does not manage any aged-care beds at all. We have somewhere in the vicinity of 1 500 to 1 800 beds fewer than the number we should have operating. The reason that these licences have not been taken up is as a result of the cost of land and building to the private operator in that they are unable to make a margin by building under the current economic climate. There have been a number of communications with the commonwealth government over this shortage of licences and pointing out that the state government has put into operation care-awaiting-placement beds at our cost. Effectively, the commonwealth government is cost shifting to the state government to maintain this to allow us to discharge patients from the public hospitals. This is an ongoing negotiation that I and others were having with the commonwealth government. At this stage, we have had no clear indicator that there will be any direct help. However, one proposition that I have put to the commonwealth is that if they were able to increase the number of each program places available, which is care at home for these patients if they cannot be given care in a nursing home; that would go a long way to help in this dilemma. That has been the current proposition before the commonwealth government. There were some other questions?

**Hon HELEN MORTON:** Does the commonwealth make the \$123 a day payment for a person requiring high-level care to these people when they are in the care-awaiting-placement program?

**Dr P. Flett:** I will ask whether Dr Lawrence knows the answer to that question.

**Dr R. Lawrence:** My understanding is once the patient has been formally assessed under the care criteria and that has been processed and the person has been admitted for 30 days, if they are in a care-awaiting-placement bed, then yes they do.

**Hon HELEN MORTON:** Was there an increase in the number of people unable to access a permanent care placement in a commonwealth government funded facility? Are we seeing an increasing number of people in care awaiting placement?

**Dr P. Flett:** Last year, yes, we did see this. This year that cohort of waiting patients has reduced somewhat, because we have seen more beds becoming available. This is as a result of a building program that has been going on in the past with private operators, and now these beds are coming on line. That has eased the burden on

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the care-awaiting-placement program that exists at the moment. We have also been able to replace some of our care-awaiting-placement beds with transitional care funding, which is from the commonwealth government. They become transitional care beds. Those two factors have helped us in handling the numbers this year, and we expect that to improve too. However, in the long term the issue still remains as I described.

**Hon ED DERMER:** I was also interested in the question of the four-hour rule. I would like to refer to page 172 and the reference to emergency departments. I was puzzled by the reference to only 15 FTEs across emergency departments in Western Australia being assigned for the purpose of ensuring that the four-hour rule is adhered to. That small number surprised me, and I was interested to learn further how with that small number of additional people the four-hour rule is expected to be adhered to.

**Hon SIMON O'BRIEN:** It is a pertinent question. This important initiative of the four-hour rule is about changes to the way EDs operate, rather than just pouring more and more resources—indeed endless resources—into doing things the same way. We wanted to change the paradigm for service delivery. I believe the department has worked up well the methods that they are going to employ in order to do that. If we ask Dr Robyn Lawrence, through you Mr Acting Chair, she might be able to discuss that theme a bit more. That is the key; it is changing the approach rather than pouring in endless resources.

**Hon ED DERMER:** With this limited allocation of staff, the department is confident that the four-hour will be adhered to; I would be fascinated to learn more.

**Dr R. Lawrence:** The four-hour rule program is a clinical service redesign program. There is no foregone conclusion as to what is required to solve the issues, and it is not focussed purely on emergency department; it is a whole-of-hospital issue. The program takes so long because the first six months in particular is allocated to each site working with those who are involved in patient care, from the very front door at the emergency department to the point of discharge across every unit in the hospital. It is about process redesign; it is not about more people necessarily. Certainly in the UK, where we saw the program had been very successful, it was about reducing duplication predominantly utilising the existing staff, not in any greater volumes.

Having said that, each of the sites will go through the process and they will determine the solutions that best fit their patients and staffing mix. There is no presumption in the FTE figures in the ED component of this in particular around solutions. The ED movement is purely related to ED service as it is provided currently. The staffing allocated to the four-hour rule is minimal currently, because they are program staff assisting the hospitals to come up with their solutions.

**Hon ED DERMER:** At what point is it planned that there will be a formal assessment of the success or otherwise of the four-hour rule.

**Dr R. Lawrence:** I am going to reiterate again that the rule is a measure; it is a substitute measure. We are monitoring a whole lot of key performance indicators, including that four-hour target. We do not expect to see any change in that for some way down the track, because, as I said, the first six months is purely diagnosis—then they begin to implement solutions. Whilst we are monitoring it, the soonest I would expect to see an improvement as of this clinical service redesign program is probably a good nine months after the commencement. We are looking into 2010 before I would expect to see any significant change in the indicators around that. The targets are set for two years for each of the sites. They are staggered at 12 months, 18 months and two years for that headline indicator, being 85 per cent, 95 per cent and then 98 per cent at the two years. It is a long time frame for change.

**Hon ALYSSA HAYDEN:** Minister, I refer to page 180, works in progress. I have a question on the new Swan Health Campus with an estimate of \$500 000 for 2009-10. Could the minister give me an overview on the works in progress, please?

**Hon SIMON O'BRIEN:** David Russell-Weisz is head of North Metropolitan Health Services and is best placed to assist the member.

**Dr D.J. Russell-Weisz:** A considerable amount of clinical planning has been done on the new Swan Health Campus, or the Midland health campus, on the Clayton Street area. We have been in that process for the past 18 months. With the commonwealth allocation of funding to the Midland health campus of \$180 million, there will be more planning done in the next year.

[12.20 pm]

Because the last business case that we submitted relates to June 2008 figures, we are currently updating the business case to update the capital cost of the new Midland health campus. We will also be doing some other planning activities in the next six months to make sure that we have an accurate cost for the two options that are being considered for Midland health campus.

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**Hon SUE ELLERY:** I will give the reference point as page 172, service 4, "Palliative Care", which deals in part with supporting terminally ill people. However, I could not find anywhere in the budget documents where money might have been allocated for the establishment costs and the education campaign that will be conducted in association with what is commonly referred to as the living wills legislation. Has any provision been made for the establishment costs and the education campaign for that legislation?

**Hon SIMON O'BRIEN:** I thank the member for the question. It is an important question. A role will be played here by both the Attorney General's department and the Department of Health, because this crosses the vote for those two departments. The member might find that information of use when making further inquiries. Insofar as the Department of Health is concerned, I will ask Dr Flett if he can make some comments.

**Dr P. Flett:** I can make only some brief comments. We are discussing with the Attorney General's department the next stages of the planning for the rolling out of this process. If the member would like, we can give her more detail on that as time progresses.

**Hon SUE ELLERY:** I would appreciate that.

**The CHAIR:** That will be question on notice C3.

**Hon SIMON O'BRIEN:** With respect, Madam Chair, I think this is an undertaking by Dr Flett to provide information on an ongoing basis as things proceed, so we probably cannot provide that as supplementary information.

**The CHAIR:** I thank the minister.

**Hon SUE ELLERY:** I refer to page 172, service 5, "Emergency Department". Yesterday, or the day before, the Minister for Health made the comment in the other place that he was happy to give consideration to the use of fly in, fly out doctors for the Albany Regional Hospital emergency department. What will be the cost implications of providing a fly in, fly out doctor to be on shift at Albany hospital? Is this an economical way of providing that service?

**Hon SIMON O'BRIEN:** Kim Snowball, the head of WA Country Health Service, would be the best person to answer that question.

**Mr K. Snowball:** The use of fly in, fly out doctors is very much a short-term measure for Albany. It is about getting over a particular workforce problem that one of our practices in Albany is experiencing at the moment. The cost will actually be offset by a reduction in the fee-for-service payments that we would normally make to the practice that was providing that cover for the hospital, so there will be some netting-off of the cost. There is certainly an additional cost involved for airfare and accommodation, but it is not prohibitive in terms of the provision of the overall service.

**Hon SUE ELLERY:** I refer to page 174, service 8, "Prevention, Promotion and Protection". I am interested in communicable disease control, in particular the incidence of sexually transmitted infections in children. The minister may need to take this on notice, but I am interested in knowing, for the period 1 January 2009 to 1 May 2009, how many children under the age of 14 have been notified with a sexually transmitted infection; the breakdown of those children by age; the nature of the disease; the ethnicity of the child; and the regions from which those notifications have come.

**Hon SIMON O'BRIEN:** We may need to take that on notice, but I will ask Dr Robertson whether he can make any comments on that.

**Dr A. Robertson:** Given the detail of that question, yes, we will need to take it on notice.

**The CHAIR:** Is the minister clear about the detail of that question?

**Hon SUE ELLERY:** I am happy to read it out again.

**Hon SIMON O'BRIEN:** We know the gist of the question, if not the exact nature of it, so we will make sure that we get the exact question, and we will respond to it as supplementary information.

*[Supplementary Information No C3.]*

**Hon SUE ELLERY:** I refer again to page 174, "Prevention, Promotion and Protection", in particular child health issues. The minister would be aware of public comments by the Commissioner for Children and Young People, Michelle Scott, about the need for, in her mind, additional child health nurses. She has made the comment that there has been no significant increase in the number of child health nurses in Western Australia for more than 20 years. She is particularly concerned about Aboriginal child health nurses. She has compared Western Australia very unfavourably with Victoria and has suggested that Victorian babies are significantly more likely to see a child health nurse than Western Australian babies. What is Western Australia doing to catch

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up with that shortage of child health nurses? Is anyone in a position to comment on the commissioner's views about child health nurse numbers in Western Australia?

**Hon SIMON O'BRIEN:** Mr Aylward may be able to assist with that question.

**Mr P. Aylward:** Although I do not have a specific response for the member today, we are aware of the two parliamentary inquiries that have dealt with this area, and of the comments that have been made by the commissioner. The Department of Health has given extensive evidence before those inquiries, which has demonstrated, as the member has said, an absence of growth in this area. The Department of Health will be providing a response to government and to Parliament with regard to those inquiries in the next two to three months, or certainly within the agreed period of time.

**Hon SUE ELLERY:** Although I appreciate that the department has a responsibility to respond to those particular inquiries, I am making an inquiry now of what plans are underway in the department to address the child health nurse shortage. For example, the government has a program to recruit X number of nurses. There was an election commitment around that. Therefore, the department must have given some consideration to what component of that would include child health nurses. I am reasonably confident that a degree of planning is already underway in respect of that election commitment. Although I respect the department's right to provide answers to those inquiries, I am asking questions now about what planning is underway.

[12.30 pm]

**Hon SIMON O'BRIEN:** Dr Flett has some more information to offer.

**Dr P. Flett:** I can make some further comments on this issue. It is recognised that there is a shortage of community child health nurses, school health nurses and child development nurses across the state. That is driven by the increase in the number of births over the past five years, which has grown by about five per cent a year. As far as addressing the shortfall is concerned, we will present to a future cabinet expenditure review committee a paper on the gap in those services. The election commitment on nursing relates to nursing in tertiary hospitals and not this particular cohort of nurses that we are short of.

**Hon Sue Ellery:** What is the time line for the cabinet expenditure review committee submission?

**Dr P. Flett:** I do not have a time line for that.

**Hon MAX TRENORDEN:** I refer to the first sentence under "National Healthcare Agreement and National Partnership Agreements" on page 164 of the *Budget Statements*. I refer to opting in or out of healthcare rebates, depending on which deckchair one sits on the *Titanic*. I know that the minister is keen on this issue. When I was active in the Kimberley, there were six or fewer private practitioners in the community. In my own electorate, the federal government allocates a rebate in the expectation that it will be spent, but the rebate does not get spent. I notice that the minister has had a few things to say about this. Do we have an opportunity of winning that argument and putting money into the Kimberley, the Pilbara and my electorate so that the federal funds that are never claimed can be used by not only Indigenous Australians, but also Australians across the spectrum?

**Hon SIMON O'BRIEN:** It might be most productive if I direct this question to Kim Snowball.

**Mr K. Snowball:** The provision of appropriate access to primary health care in places where we cannot recruit private practitioners that are essentially funded from Medicare has been around for a long time. The matter the member raised is exactly the scenario that occurs in the north west of the state. Unlike the rest of the Australian healthcare system, there are elements that are missing from those places, and access to a private general practice is one of those elements. The most recent estimates of the shortfall in the national per capita Medicare benefit schedule is around \$60 million in the Kimberley and Pilbara alone. That is a very significant shortfall. That means that someone who would normally see a GP would end up in either a hospital or at an Aboriginal medical service that operates in the area. The state is basically carrying the load for primary health care as well as for acute hospital care and aged-care services in those areas. Proposals have been put and submissions sent to try to address this issue. The Northern Territory has addressed this issue in a different way. We are looking at how we might replicate that approach. Obviously we will also take up the issue with the federal government.

**Hon MAX TRENORDEN:** I know that it is a case of asking how long is a piece of string, but are things looking better today than they were before? I had not heard about the progress in the Northern Territory. Is there a prospect of receiving some of that funding?

**Mr K. Snowball:** I am certainly hopeful. We are providing what I think is very firm evidence of the shortfall in funding in Western Australia. Recently, an audit of general practice across Australia was conducted and Western Australia was found to have the poorest general practice coverage and achieved the worst results in remote and regional areas. There is enough evidence to demonstrate to the federal government and others that this is an issue for us in primary health care.

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**Hon MAX TRENORDEN:** This is a significant issue and I am sure that the Minister for Health will take notice of it. That would be a fantastic win if we could achieve it.

**Hon SIMON O'BRIEN:** I have noted the member's comments about and commitment to this issue over a long time. It is a matter about which the government is sympathetic. I can advise the member that, although I am here in a representative capacity, my colleague the Minister for Health has his senior advisers observing these proceedings closely. I will make doubly sure that the member's sentiments are conveyed to the minister.

**Hon MAX TRENORDEN:** I know that the Minister for Health has an interest in it.

**The CHAIR:** At least six members have indicated that they want to ask questions and there is approximately half an hour left to deal with this division. Therefore, I ask members to limit themselves to a couple of questions at this point, and if there is time to ask more questions, we will come back for another round.

**Hon ALISON XAMON:** I apologise for being unable to find a reference point for this issue in the budget. How much has been allocated in the upcoming financial year for the home-based midwifery and homebirth schemes statewide, and how does that compare with 2008-09?

**Hon SIMON O'BRIEN:** David Russell-Weisz will answer the question.

**Dr D.J. Russell-Weisz:** The community midwifery program will be expanded. We are negotiating with Community Midwifery Western Australia, which assists us in running the community midwifery program. The program comes under the North Metropolitan Area Health Service. CMWA will receive its usual core funding, and additional core funding of about \$600 000 will be provided in 2009-10 to extend the number of homebirths that can be done.

**Hon ALISON XAMON:** How does that compare with the demand for these services? Will that amount come close to dealing with the number of women who want to access these services?

**Dr D.J. Russell-Weisz:** We are seeing an increase in demand, and there has been an increase in the number of women taking up homebirth deliveries. That is why additional funding has been provided for the community midwifery program. I am happy to take on notice the question about the increase in numbers. In 2009-10, we expect to see an increase in the number of homebirth deliveries, just as there was an increase in 2008-09.

[*Supplementary Information No C4.*]

**Hon KEN TRAVERS:** It is noted on page 161 of the *Budget Statements* that the estimated actual total appropriations provided to deliver services in 2008-09 was \$4.066 billion. The minister's answer earlier referred to the additional money over and above last year's budget estimates. I assume that is the figure that is also referred to in budget paper No 3 at page 229, where it is indicated that the Department of Health intends to receive an additional \$42.2 million out of the Treasurer's Advance Authorisation Bill 2009 for delivery of services, and an additional \$45.7 million as a contribution to the hospital fund; therefore, there is a total allocation from the Treasurer's advance of \$189.9 million for this year. It is my understanding that as of 14 May the Department of Health had already drawn down \$176.2 million of that funding.

[12.40 pm]

**Hon SIMON O'BRIEN:** Before the member continues, to help us follow the question, is the member referring to volume 3 of the *Budget Statements*?

**Hon KEN TRAVERS:** I am referring to page 229 of the *Economic and Fiscal Outlook*.

**Hon SIMON O'BRIEN:** We need to open that up so that we can follow the question because it is getting to be quite complicated.

**Hon KEN TRAVERS:** It is under the heading "Department of Health".

**Hon SIMON O'BRIEN:** Is that items 71 and 72?

**Hon KEN TRAVERS:** That is right. That shows a total of \$189.9 million. Based on the answer to a parliamentary question I asked, I understand that as of 14 May, \$176.2 million of that \$189.9 million had already been drawn down. I am asking, firstly, whether the Department of Health has drawn down the remaining \$13.7 million from the Treasurer's advance; and, secondly, whether the department expects, or will require, a drawdown of further funds from the Treasurer's advance before the end of this financial year.

**Mr J.W. Leaf:** That is a very complex question; we will take it on notice.

**Hon KEN TRAVERS:** No, it is not that complex. Does the department expect to draw down further funds before the end of this financial year from the Treasurer's advance? It is not that hard—yes or no?

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**Hon SIMON O'BRIEN:** We will answer that part of the question. With respect, the question contained question after question after question. However, if the member wishes a response to that matter in isolation, we can answer it and would be more than pleased to do so.

**Mr J.W. Leaf:** For clarification, the question is: will the Department of Health draw down any further funds from the Treasurer's advance?

**Hon KEN TRAVERS:** That is, over and above the \$189.9 million that was allocated.

**Mr J.W. Leaf:** I need the reference to \$189 million clarified, because I can go back to our Economic and Expenditure Reform Committee decision on 1 April when we were allocated an additional \$110 million. I do not really know the context of the \$189 million today. My understanding is that we are here to talk about division 11. I have not done a lot of preparation on the contents of this budget document. But I am happy to say that the Department of Health is not seeking to draw on the Treasurer's advance beyond the \$110 million that was provided to the Department of Health on 1 April.

**The CHAIR:** Does the member wish the remainder of that question to be answered by way of supplementary information?

**Hon KEN TRAVERS:** Yes, I do.

*[Supplementary Information No C5.]*

**Hon SIMON O'BRIEN:** Madam Chair, is the balance of the question that we have just taken on notice clear enough at the committee level?

**The CHAIR:** That is a very good question, minister; I think it is clear enough. It will be in transcript and we can provide that.

**Hon KEN TRAVERS:** I would like to know how much the department has drawn down from the Treasurer's advance as of today's date, and what the total drawdown from the Treasurer's advance for this financial year is expected to be; and I would like a break-up of what each of those drawdowns were for. Mr Leaf talked about the \$110 million, and if we can get a bit more detail about how that \$189 million is broken up, that would be useful.

**Hon SIMON O'BRIEN:** Now that that has been clarified in the transcript, we will certainly take that on board.

**Hon KEN TRAVERS:** I have a final quick question. Can the Department of Health guarantee that it has sufficient financial controls in place to ensure that the department is not using cash advanced by the commonwealth for purposes other than those specified by the commonwealth when the advance was made?

**Mr J.W. Leaf:** Yes.

**Hon LJILJANNA RAVLICH:** I cannot find a reference to this in the budget papers, but I have a question about the government's decision to retain Royal Perth Hospital as a tertiary hospital and major trauma facility. There has been some comment by the Minister for Health that this will result in significant cost implications for the health system, particularly between 2010 and 2014, because, as I understand it, that is when the new Fiona Stanley Hospital will be commissioned. What will be the cost to the health system to operate the 400-bed Royal Perth Hospital trauma facility in 2013-14 at the same time as commissioning the new 643-bed Fiona Stanley Hospital?

**Hon SIMON O'BRIEN:** I thank the member for her interest in this matter. This is a detailed matter that will occur in the out years, and I think the information that she is seeking simply does not exist, and that is underscored. I understand the member is a member of this committee—as indeed I have been in past years—and she would be well aware of the committee's rule that the questions need to be related to what is in the budget papers that we are considering, generally by reference. I am quite happy to take on questions along the lines of where in the budget can we find the sort of thing we would expect to find, but, really, the member cannot expect to find the answer to that question in this year's budget.

**The CHAIR:** Could the member clarify her question?

**Hon LJILJANNA RAVLICH:** With all due respect, the simple fact is that the government did make an election commitment and promise in respect of the trauma facility. The minister has publicly said that given the timing of Fiona Stanley Hospital coming on stream, it will cost a lot of money. I think it is a reasonable enough question to ask, and I think that it is a reasonable expectation that the people of this state, who will have to foot the bill, have a right to know what the answer to that question is. If the minister is telling me that he does not know the cost of this to the health budget because it is towards the end of the forward estimates, how can we have any confidence in the integrity of this budget?

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**Hon SIMON O'BRIEN:** If there is some way we can assist the committee, that is fine, but one of the drawbacks of the high honour of ministerial office is that we sometimes have to sit here and be hectored. It does not bother me, but it is probably not a good use of the committee's time. I am not avoiding this question and the government is not avoiding it, nor will it ignore any of its undertakings.

**Hon LJILJANNA RAVLICH:** Does the minister know the answer?

**Hon SIMON O'BRIEN:** The member has asked what the cost of operating the trauma aspect of a new hospital vis-à-vis the current operations in an existing hospital will be in 2013-14. My quite reasonable response to that is that the information does not exist. There has been no clamour from the public demanding to know exactly what the figure is; the public want to know what this government's broad policy undertakings are. The government has had regard for specific commitments to build the new hospital and the elements and services that it will contain. That will be funded in the proper way in due course.

**Hon LJILJANNA RAVLICH:** I wonder whether Dr Flett might have an idea if the minister does not.

**The CHAIR:** I think the minister has answered that, and it is reasonably removed from the budget as we are dealing with it today.

**Hon SUE ELLERY:** No, it is in there.

**The CHAIR:** Perhaps Hon Sue Ellery could assist.

**Hon SUE ELLERY:** Budget paper No 3, *Economic and Fiscal Outlook*, which is one of the budget papers subject to scrutiny in this process, states at page 43 —

The Government's decision to retain Royal Perth Hospital (RPH) as a tertiary hospital and major trauma facility will result in significant recurrent cost implications for the health system.

In order for that statement to have been put into the budget papers, someone must have advised the minister that there would be, in fact, significant recurrent cost implications and must have at least canvassed with the minister some kind of ballpark figure. I do not think it is unreasonable to ask about what that advice was based on, and on what basis that statement is put into the budget papers. Someone has done some calculations, be they ballpark or more detailed, in order for that statement to go into budget paper No 3.

**Hon SIMON O'BRIEN:** I am not sure what the point of this exercise is. It would be bleedingly obvious to anyone —

**Hon LJILJANNA RAVLICH:** The point is that we have a right to know.

**Hon SIMON O'BRIEN:** The member can sit on her high horse. But it must be obvious, I would have thought, to anyone in this part of the galaxy that if Royal Perth Hospital is to be retained as a tertiary hospital and major trauma facility, there would be significant recurrent cost implications for the health department. What has just been quoted from is a narrative; a discussion of the various health department-related issues. It is a comment well made.

**Hon SUE ELLERY:** It had to be based on something.

**Hon SIMON O'BRIEN:** Well, no—the member's colleague wants to find the exact quantum cost of operating trauma facilities at Fiona Stanley, while still retaining them at Royal Perth Hospital, in 2014. I cannot give a precise figure for that. I do not know whether Dr Flett can provide a ballpark figure, if that is what the member is now happy with. However, she should not come back to me or to my colleague the Minister for Health or to the Treasurer and say that the figure we provided at the estimates in 2009 is \$127 out, or something.

**Hon SUE ELLERY:** The minister should not try to tell us what budget papers we can or cannot discuss in this forum.

**Hon SIMON O'BRIEN:** Which budget papers does the member want to discuss? I am on to 2009-10.

**The CHAIRMAN:** I call members to order. I think we are getting a little too lively here. Minister, finally on this issue, would Dr Flett like to make a comment? Otherwise, we will move on to the next question.

**Dr P. Flett:** At this stage, we do not have such figures available. As regards the planning process we are undertaking for Royal Perth Hospital, that will be part of this process. At this stage we are not at that point in time, and it will be some time yet before we get to it. But, yes, that will be part of the overall planning process. I do not have the figures to give the member at the moment; they do not exist today.

**Hon HELEN MORTON:** I refer to the ninth dot point under "Asset Investment Program" on page 179. It is about the further development of Armadale-Kelmscott Memorial Hospital to expand emergency department capacity. This is a follow-on question to one that I asked last year on this matter. The answer that was given at

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that time was that the intensive care unit at Armadale hospital would be opened following the opening of the emergency department. I am aware that that emergency department has opened and is now operational. Can the minister please indicate now the timing for the commencement of the intensive care unit, given that the emergency department has already commenced operation; and is there any pressure on intensive care beds across the system?

**Hon SIMON O'BRIEN:** What an excellent question. I compliment the member on her interest in and her commitment to this matter. Dr Flett will answer.

**Dr P. Flett:** As far as Armadale-Kelmscott Memorial Hospital is concerned, yes, there is a recognised necessity to open the level 1 intensive care beds at that site. With the advent of the development of Rockingham hospital as well, there are plans to do this. I cannot give the member a date for those plans, but this should occur over the next two years, as secondary patients who are currently treated in tertiary hospitals are moved out into secondary hospitals. The first stage of that is Rockingham hospital, and subsequent to that it will be Armadale. During that time we will expect a reduction in activity at Fremantle Hospital and to a lesser extent at Royal Perth Hospital and Sir Charles Gairdner Hospital. There is a recognised shortage of intensive care beds in Western Australia compared with numbers per 100 000 population in other states, and that is the subject of a paper being developed at the moment to be put to the government.

**Hon ED DERMER:** My question relates to the home-based hospital programs mentioned on page 171 of the *Budget Statements*. The descriptive paragraph concludes with the sentence —

Programs include 'Hospital in the Home' (HITH), 'Rehabilitation in the Home' (RITH) and 'Mental Health in the Home' (MITH), and are provided by Area Health Services and contracted non-government providers.

This question might be best taken on notice, but I am interested in finding out the actual allocation of funds to each of the separate programs, and also the details about the different services provided under each of the programs.

**Hon SIMON O'BRIEN:** We will provide that answer by way of supplementary information.

*[Supplementary Information No C6.]*

**Hon ED DERMER:** Will any of the services that have previously been provided under the home-based hospital programs be discontinued in the coming financial year; and, if they will be, for what reason has the decision been made to discontinue those programs?

**Dr R. Lawrence:** As the dot point states, Hospital in the Home, Rehabilitation in the Home and Mental Health in the Home programs are provided by the area health services, and there is no plan to change the activities of those programs. They will continue as they are, servicing the populations that they currently do. There is also a component that we call Hospital at the Home, which is currently provided under contract by Silver Chain, and that program has been provided with additional funding for expansion.

**Hon ED DERMER:** Have any services been discontinued?

**Dr R. Lawrence:** For those programs providing home-based hospital care, the answer is no.

**Hon ED DERMER:** Within the scope of home-based hospital programs, none of the existing services will be discontinued in the coming financial year?

**Dr R. Lawrence:** No.

**Hon LIZ BEHJAT:** I hope this is not a boring question.

**Hon SIMON O'BRIEN:** The member does not do boring questions.

**Hon LIZ BEHJAT:** I refer to the heading "Indigenous Health" on page 164. The final dot point on that page talks about the Aboriginal health action groups that have been set up in the southern metropolitan region. I understand that those groups have been running quite successfully. The dot point states that additional groups will be established across the northern metropolitan region. Is there any estimated time line for that happening, and in which areas across the northern metropolitan region might we be seeing those?

**Mr K.G. Wyatt:** The process has already commenced in the South Metropolitan Health Service, and those committees are now functioning effectively and providing advice. The north metropolitan area has a particular group of issues around the development of the new hospital in the Midland area, and a subsequent group will be established to provide broader advice from the grassroots up to the various levels in the department.

[1.00 pm]

Hon Sue Ellery; Hon Simon O'Brien; Hon Alison Xamon; Hon Ljiljana Ravlich; Hon Liz Behjat; Hon Helen Morton; Hon Ed Dermer; Hon Max Trenorden; Hon Ken Travers; Hon Ken Travers:

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**Hon LIZ BEHJAT:** Is anything planned for the Mirrabooka region?

**Mr K.G. Wyatt:** Those committees will cover broad regions so that we get representation across the breadth of the north metropolitan area. The regions will not be excluded in that process.

**The CHAIR:** I am aware that it is one o'clock, but, as we started a little bit late, does the Leader of the Opposition have a further question?

**Hon SUE ELLERY:** I suspect that the minister will need to take this question on notice. I am interested in the impact that the increase in electricity tariffs will have on the breadth of the facilities for which the Department of Health has responsibility. Can the minister advise what is the average electricity usage for the major hospitals in Western Australia; the total cost of electricity for each of the tertiary hospitals in 2008; and by how much the department is anticipating its electricity bills to increase in future years because of the announced increase in electricity tariffs?

**Hon SIMON O'BRIEN:** I will take that question on notice in the spirit in which it has been asked. I know what information the member is after. I am not sure whether the information she wants is by financial year or calendar year. We will provide before and after information for those establishments that come under the health department—that is, the electricity bill for the whole health department. That is the information that I think is being asked for. I will take that question on notice.

*[Supplementary Information No C7.]*

**Hon SUE ELLERY:** I want to clarify, for the purpose of the *Hansard*, the question I asked about sexually transmitted infections in children. It will be one less piece of paper I need to hand over. The question was in respect to children aged 14 years and under for the period 1 January 2009 to 1 May 2009. I am seeking a breakdown of how many children have been notified as having a sexually transmitted infection by age, by the nature of the sexually transmitted infection, by ethnicity and by region in Western Australia?

**The CHAIR:** The minister has that question on notice noted.

**Hon SUE ELLERY:** It has already been identified?

**Hon SIMON O'BRIEN:** Yes, it is on notice. It is just a point of clarification for the committee staff.

**The CHAIR:** I remind members, if they have questions that they have not been able to ask in this session, to please submit them before the end of the day and we will endeavour to get the answers back to them. I thank members, the minister and his departmental staff. We will now break for lunch.

*Meeting suspended from 1.04 to 1.50 pm*