

DIVISION 11: WA HEALTH —

[Supplementary Information No C1.]

Question: *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?*

Answer: The Department of Health has developed a methodology that incorporates the 3% efficiency FTE reduction requirement, while maintaining growth in clinical FTE.

The reductions that need to be achieved by 30 June 2009 (316 FTE) are also integrated into the Budget FTE projection model to ensure the starting point for the financial year is appropriate.

[Supplementary Information No C2.]

Question: *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.*

Answer:

- (1) As at midnight 22 June 2009, there were a total of 77 mental health inpatient beds in the East Metropolitan Region (electoral boundary).

Breakdown as follows:

- Armadale – 40 (32 Adult, 8 Older Adult)
- Swan Valley Centre – 37 (25 Adult, 12 Older Adult)

- (2) There are plans to establish 15 additional mental health inpatient beds in the Midland campus.

- (3) See (2) above. The commissioning date is not yet known.

[Supplementary Information No C3.]

Question: *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.*

Answer:

Figure 1 - Number of children notified with chlamydia in WA from 01-01-09 to 01-05-09 by region, Aboriginality and age group:

Region	Aboriginality	Age group (Years)		
		0-11	12-13	Total
Goldfields	Aboriginal	0	0	0

Extract from Hansard
[COUNCIL - Thursday, 18 June 2009]
p745a-761a

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

	non-Aboriginal	0	0	0
Great Southern	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Kimberley	Aboriginal	0	2	2
	non-Aboriginal	0	0	0
Midwest	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
North Metropolitan	Aboriginal	0	0	0
	non-Aboriginal	0	1	1
Pilbara	Aboriginal	2	0	2
	non-Aboriginal	0	0	0
South Metropolitan	Aboriginal	0	2	2
	non-Aboriginal	0	1	1
South West	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Wheatbelt	Aboriginal	0	1	1
	non-Aboriginal	0	0	0
Other	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Unknown	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
WA (Total)	Aboriginal	2	5	7
	non-Aboriginal	0	2	2

Notes: 1. "Children" refers to separate infection/notification events requiring a response. In this period in the Kimberley region, 1 Aboriginal child in the 12-13 age group was notified with a gonorrhoea co-infection and 1 Aboriginal child in the 12-13 age group was notified with a gonorrhoea and infectious syphilis co-infection; in the South Metropolitan region, 1 Aboriginal child in the 12-13 age group was notified with a gonorrhoea co-infection. No children were notified with chlamydia on more than one occasion during this period.

2. Data extracted by ODOO 23-06-09.

Figure 2 - Number of children notified with gonorrhoea in WA from 01-01-09 to 01-05-09 by region, Aboriginality and age group:

Region	Aboriginality	Age group (Years)		
		0-11	12-13	Total
Goldfields	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Great Southern	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Kimberley	Aboriginal	0	3	3
	non-Aboriginal	0	0	0
Midwest	Aboriginal	0	1	1
	non-Aboriginal	0	0	0
North Metropolitan	Aboriginal	0	0	0
	non-Aboriginal	0	1	1
Pilbara	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Region	Aboriginality	Age group (Years)		
		0-11	12-13	Total
South Metropolitan	Aboriginal	0	1	1
	non-Aboriginal	0	0	0
South West	Aboriginal	0	0	0
	non-Aboriginal	0	0	0

Extract from Hansard
[COUNCIL - Thursday, 18 June 2009]
p745a-761a

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

Wheatbelt	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Other	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Unknown	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
WA (Total)	Aboriginal	0	5	5
	non-Aboriginal	0	0	0

Notes: 1. "Children" refers to separate infection/notification events requiring a response. During this period in the Kimberley region, 1 Aboriginal child in the 12-13 age group was notified with a chlamydia co-infection and 1 Aboriginal child in the 12-13 age group was notified with a chlamydia and infectious syphilis co-infection; in the South Metropolitan region, 1 Aboriginal child in the 12-13 age group was notified with a chlamydia co-infection. No children were notified with gonorrhoea on more than one occasion during this period.

2. Data extracted by ODOO 23-06-09.

Figure 3 - Number of children notified with infectious syphilis in WA from 01-01-09 to 01-05-09 by region, Aboriginality and age group:

Region	Aboriginality	Age group (Years)		
		0-11	12-13	Total
Goldfields	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Great Southern	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Kimberley	Aboriginal	0	1	1
	non-Aboriginal	0	0	0
Midwest	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
North Metropolitan	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Pilbara	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
South Metropolitan	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
South West	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Wheatbelt	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Other	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
Unknown	Aboriginal	0	0	0
	non-Aboriginal	0	0	0
WA (Total)	Aboriginal	0	1	1
	non-Aboriginal	0	0	0

Notes: 1. "Children" refers to separate infection/notification events requiring a response. During this period in the Kimberley region, 1 Aboriginal child in the 12-13 age group was notified with a chlamydia and gonorrhoea co-infection. No children were notified with infectious syphilis on more than one occasion during this period.

2. Data extracted by ODOO 23-06-09.

[Supplementary Information No C4.]

Question: Hon Alison Xamon asked: what is the demand for the community midwifery program?

Answer: In 2007-2008, there were 242 births followed by an increase to 264 births for the period 2008-2009. The projected activity for 2009-2010 is between 350-370 births with an anticipated activity figure of 480-500 births per year by June 2011.

[Supplementary Information No C5.]

Question: *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.

Answer: The \$187.9 million Treasurer's Advance (made up of \$42.2 million Item 71 and \$145.7 million Item 72) has been fully drawn down.

The Department expects to draw down \$450,000 from the Treasurer's Advance before the end of the financial year attributable to additional revenue associated with pre-RiskCover Medico-Legal costs.

[Supplementary Information No C6.]

Question: *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.*

Answer: Home-based hospital programs describe care services that are provided under the numerous home-based hospital care programs implemented by WA Health. They provide short-term acute services in the patient's home for conditions that traditionally required hospital admission and inpatient treatment. Care is based on daily home visits by nurses, clinicians or allied health professionals, with medical governance usually by a hospital-based doctor. Patients who may receive these services include those who can be safely cared for without constant monitoring.

'Hospital in the Home' (HITH) is a recognised method of providing acute medical care for some patients in their home environment whom, in the absence of this care option, would require hospital accommodation. It is a genuine substitute for inpatient care where there is adequate capacity for emergency care or intervention and the care is supervised by a medical officer. Some medical conditions within the scope of the program include cellulitis, dehydration, deep vein thrombosis, post operative wound care and infectious diseases requiring drug therapies.

'Rehabilitation in the Home' (RITH) provides a similar viable alternative to in-patient rehabilitation for suitable patients in their own homes providing services such as physiotherapy, occupational therapy, speech pathology and dietetics for medical conditions including post operative and elective joint rehabilitation, and stroke.

Mental Health in the Home (MITH) is similar to HITH and aims to reduce the utilisation of hospital beds by providing acute mental health care in the patient's home. The patient benefits from the choice of care in a familiar and comfortable environment, and maintains their daily living skills. Currently the MITH program is limited to people aged 18-65, residing in the Subiaco, Mirrabooka and Osborne Park areas, who are mentally unwell and require voluntary hospital admission; are willing to participate in MITH; who have stable accommodation/support network, and for whom the local mental health clinic can provide a minimum of one medical appointment per week.

For both Government Budget Statements (GBS) and Annual Reporting Key Performance Indicators, Service 3 "Home based hospital programs" includes HITH, MITH and RITH programs provided by the Metropolitan Health Service (MHS), and similar HITH services provided by the non-government sector, principally the Silver Chain Nursing Association, under contract to the Department of Health (DOH).

In 2008-09, GBS Estimated Actual under Service 3, MHS (including the Child and Adolescent Health Service) estimates \$23.3 million expenditure providing 80,155 care days with \$17.8 million for HITH providing 52,257 care days, \$5.2 million for RITH providing 27,112 care days and \$300,000 providing 786 MITH care days. An amount of \$828,000 in corporate overheads has also been applied to Service 3 for total expenditure of \$24.1 million.

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

For 2009-10, GBS Budget Target under Service 3, MHS projects \$24.6 million expenditure with \$18.8 million for HITH, \$5.5 million for RITH and \$300,000 for MITH providing similar activity volumes as in 2008-09. Application of corporate overheads brings the total budget target to \$25.4 million.

In 2009-10, GBS Budget Target under Service 3 for DOH is \$22.3 million, providing 72,685 care days. Application of a proportion of corporate overheads provides a total of \$22.5 million. This expenditure is substantially increased over expenditure and activity estimated for 2008-09 with the addition of \$16.2 million of the "Friend in Need Emergency" (FINE) program funding. The balance of the "FINE" funding has been applied to Service 10 for transition care in the MHS.

[Supplementary Information No C7.]

Question: *Hon Sue Ellery: What is the total of the electricity bill for the whole of Health for the current year and how much is the department predicting these bills to increase?*

Answer:

Electricity Annual Cost	Total	Increase	Increase
	\$	\$	%
2008-09 (projected)	25,281,707		
2009-10	34,951,974	9,670,267	38.3%
2010-11	38,197,651	3,245,677	9.3%
2011-12	40,983,778	2,786,127	7.3%
2012-13	44,073,853	3,090,075	7.5%

Please note that these are estimates only.

Questions Submitted —

Vol 1, Page 161-162 – Major Policy Decisions

Hon Giz Watson asked:

- (1) *Please provide further details as to the commitment, staffing and timeframe for the Office of Commissioner for Mental Health and Wellbeing.*
- (2) *Regarding the Review of Mental Health Services, please provide details as to who is conducting the review and its timeframe.*
- (3) *What community consultation is included in the review process?*
- (4) *In what way is the review addressing the cost effectiveness of prevention and early intervention?*
- (5) *How will the 3% efficiency dividend affect the Health Corporate Network?*
- (6) *Is it planned to decentralise the services of the Health Corporate Network?*

Answer:

- (1) The Liberal-National Government is committed to appointing an independent WA Mental Health and Wellbeing Commissioner. Draft drafting instructions to prepare a Bill to establish this position have been provided to the Minister for Mental Health and the Parliamentary Secretary for feedback. The Bill will be tabled in the spring session of Parliament. Detailed staffing requirements are under consideration.
- (2) The review of mental health services is a component of the work being conducted by PricewaterhouseCoopers to assist WA Health in the development of a State Mental Health Policy and Mental Health Strategic Plan 2010-2020.

Many activities are being undertaken as part of the review of services including extensive and comprehensive consultations with key stakeholders, policy and document reviews, site assessments, validation of previous consultations, gap analysis qualitative and quantitative data analysis. The review will provide a detailed understanding of current services, the needs of consumers and carers, the

identification of service gaps, and current and future needs. By October 2009, this work will be synthesised into a draft baseline of current services report and will inform the ongoing development of the Policy and the Strategic Plan.

- (3) Extensive and comprehensive consultations will be undertaken with key stakeholders (consumers and their carers, government, non government agencies, the private health sector and the community). The methodology for consultations will be a mix of workshops, focus groups, community forums, online surveys, online submissions open to any person in the community, telephone interviews of current consumers and surveys of particularly vulnerable groups like the homeless.
- (4) The review will not specifically determine the cost effectiveness of prevention and early intervention in Western Australia; rather the PricewaterhouseCoopers Advisory Panel constituted as part of the review will provide advice and guidance on evidence-based models for prevention and early intervention.
- (5) Health Corporate Network has developed strategies to achieve the 3% efficiency dividend, as with all other WA Health areas. Successful implementation of these strategies will not adversely affect the services provided by HCN.
- (6) No.

Page 164 – Indigenous Health

- (1) *In total, how much funding is allocated per capita for Aboriginal and Torres Strait Islander peoples?*
- (2) *What proportion of the total funding allocation for Aboriginal and Torres Strait Islander peoples is allocated to:*
 - a. *Preventative care?*
 - b. *Primary care?*
 - c. *Secondary care?*
 - d. *Tertiary care?*
- (3) *What proportion of the above is allocated to:*
 - a. *Urban (please define) areas?*
 - b. *Rural (please define) areas?*
 - c. *Remote (please define) areas?*
- (4) *What progress will be made in 2009-10 to close the gap in salary parity between doctors in Western Australian Aboriginal health services and those in country health services?*

Answer:

1. WA Health does not allocate a budget specifically for Aboriginal and Torres Strait Islander peoples. Based on the most recent published figures from the Expenditure on health for Aboriginal and Torres Strait Islander peoples 2004-05, WA's figures for total expenditure per person for Indigenous and non-Indigenous people 2004/05 is \$3,844 Indigenous and \$1,369 non-indigenous. (see table below):

Table 2.6: Expenditure per person on primary and secondary/tertiary health services for Indigenous and non-Indigenous people, 2004–05

Service	Primary			Secondary/tertiary		
	Expenditure per person (\$)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Ratio	Indigenous	Non-Indigenous	Ratio
Hospitals	255	122	2.09	1,958	1,264	1.55
Admitted patients	n.a.	n.a.	n.a.	1,703	1,142	1.49
Non-admitted patients	255	122	2.09	255	122	2.09
High-level residential care	n.a.	n.a.	n.a.	85	319	0.27
Patient transport	106	14	7.63	106	56	1.91
Medical services	285	488	0.58	52	246	0.21
Community health services	1,019	155	6.59	n.a.	n.a.	n.a.
Dental services	116	256	0.45	n.a.	n.a.	n.a.
Other health practitioners	22	70	0.31	22	70	0.31
Medications	203	465	0.44	21	96	0.22
Aids and appliances	35	109	0.32	4	22	0.16
Public health	182	68	2.66	n.a.	n.a.	n.a.
Total^(a)	2,223	1,747	1.27	2,248	2,073	1.08

(a) Excludes expenditure on health administration n.e.c. and research.

Source: AIHW health expenditure database.

2. WA Health does not allocate a budget specifically for Aboriginal and Torres Strait Islander peoples. Page 164 of the Budget Papers discusses the COAG Indigenous Reform agenda, which is detailed below:

a. The Implementation Plans for the COAG National Partnership Agreements on Closing the Gap in Indigenous Health Outcomes (2009-2013) and Element 3 of the Indigenous Early Childhood Development (2009-2014) have not yet been approved.

The Closing the Gap proposals are grouped in five priority areas – to be delivered in metropolitan, rural and remote communities – and include the following proposals for funding over 4 years:

- ‘Tackling smoking’, which will provide \$6.95m for tobacco control and smoking prevention programs.
- ‘Primary Care that Delivers’, a suite of large and small scale supports and interventions totalling \$35.35 Million.
- ‘Fixing the Gaps and Improving the Patient Journey’, allocating \$20.58 Million to reducing preventable adverse outcomes in acute and community settings, increasing self-management of chronic conditions, and linking people with the right care at the right time.
- ‘Making Indigenous Health Everyone’s Business’, in which the Department of Health will commit \$9.78 Million to collaborate with Corrective Services on improving Aboriginal people’s health in custodial settings and following release.
- ‘Healthy Transition to Adulthood’, which provides \$44.78 Million for chronic disease (including mental ill health) prevention and early intervention to be addressed early in the life course.

Element 3 of the Indigenous Early Childhood Development National Partnership Agreement – to which the WA Government has committed \$11.25 Million over 5 years – aims to increase access to, and use of, maternal and child health services by Aboriginal families.

The Implementation Plan for this Agreement proposes measures to reduce infant mortality – one of COAG'S six Closing the Gap targets – and improve family health and wellbeing, an essential component of better life outcomes.

It is noted that the current reorientation of WA's health system towards prevention, and improvements in linking the continuum of care, often make it difficult to distinguish prevention and the other sectors of health care.

- b. Total national expenditure per person on primary health services for Indigenous and non-Indigenous people for 2004-05 period is \$2,223 Indigenous and \$1,747 non-Indigenous. (see table below)

Table A2.3 (continued): Estimated state and territory ^(a) expenditure per person for Indigenous and non-Indigenous people, by program, 2004-05 (\$)

Service	NSW	Vic	Qld	WA	SA	Tas	NT	Australia
Dental								
Indigenous	98	32	37	27	77	6	61	57
Non-Indigenous	20	21	32	27	33	58	40	26
Research								
Indigenous	9	43	6	9	21	2	21	12
Non-Indigenous	10	15	7	9	8	3	7	10
Health administration n.e.c.								
Indigenous	—	—	23	61	152	76	259	60
Non-Indigenous	—	—	10	61	130	78	91	24
Total								
Indigenous	2,618	2,701	2,546	3,844	4,011	891	5,461	3,148
Non-Indigenous	1,456	1,327	1,108	1,369	1,567	1,285	1,629	1,361

(a) ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

(b) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander peoples under-identification, except for Tasmania. see Table 3.3 Appendix 3.

Source: AIHW health expenditure database

- c. Total national expenditure per person on secondary/tertiary health services for Indigenous and non-Indigenous people for 2004-05 period is \$2, 248 Indigenous and \$2,073 non-Indigenous.

d. Figures included in answer c above.

- (3) WA Health does not allocate a budget specifically for Aboriginal and Torres Strait Islander peoples. No further information is available.
- (4) The Department of Health does not fund Western Australian Aboriginal Health Services doctor's salaries. The Department purchases programs that provide a specific service. There are no details within those programs that prescribe amounts for doctors' salaries.

Aboriginal Community Controlled Health Organisations (ACCHOs) obtain funding from a variety of sources and as autonomous organisations make their own decisions about how their funding is used.

Page 165 – Managing Unplanned Care

- (1) Please provide details of any obstacles and difficulties in the implementation of the Four Hour Rule?
- (2) Please provide details as to the Friend in Need/Silver Chain (Public Hospital Admittance) program?
- (3) What areas of unmet primary need have been identified in WA?
- (4) Where is it planned to establish 20 General Practices with extended late night or 24 hour opening hours?

Answer:

1. The key difficulty at this early point is ensuring that people's expectations both within and outside the hospital setting are informed and managed. The Clinical Services Redesign methodology means that the

first six months of the process involves detailed process mapping, data analysis and development of suitable solutions. The temptation can be for staff and the general public to assume that hospitals will 'leap' to immediate solutions without this important preparatory work, and that changes in practice and/or movement toward the target will happen immediately. Communications strategies have been put in place locally and centrally to address this issue.

2. The Friend In Need – Emergency (FINE) scheme aims to deliver care and support to people in need enabling them to remain in their own home, hostel or nursing home, rather than present to an emergency department or be admitted into hospital. The FINE scheme will be metropolitan based and will enhance and align with the work of hospital outreach programs including Hospital In The Home (HITH), Rehabilitation In The Home (RITH) and the Residential Care Line (RCL). The FINE scheme aligns with the Four Hour Rule program by enhancing the capacity of community based care enabling safe and effective care for patients and their carers in their own home.

The FINE scheme was initiated in 2008/09 on an expectation of being fully operational in 2009/10 and it will report against three interlinked components:

1. community based non-inpatient acute and complex care.
2. a strengthened network of care coordination (case management).
3. community based flexible care packages.

The configuration of service for 2009/10 is as follows:

- \$16,932,500 to Silver Chain Nursing Association targeting increased capacity of Hospital At The Home (HATH), Post Acute Nursing (PAC) and community nursing, as well as strengthening medical/clinical governance to enable enhanced service delivery that aligns with the intent of diverting patients from the emergency department by delivering better and more timely care “at home”.
 - \$2,567,500 to Community Care programs in the community that focus on chronic disease.
 - \$800,000 to Community Flexible Care Packages as an expansion of the current Home Care Package program managed through North and South Metropolitan Area Health Services.
 - \$1,657,720 to Emergency Department Care Coordination Teams - as pivotal clinical linkage points with the FINE scheme community services.
 - \$4,342,280 to Complex Care Coordination - community focused, targeting the aim of establishing a network of "complex care coordinators" who will work with patients and carers who are at a higher end of functional decline, and whose care and support needs in the community are complex.
 - \$200,000 to Training and Education aimed at a sustainable and system wide training program in relation to complex care coordination and the FINE scheme.
 - \$300,000 to Quality and Evaluation aimed at developing a robust quality and evaluation framework and process.
 - \$200,000 to program administration and management. As a system wide project the FINE scheme is to be administered through the Department of Health.
3. Outer metropolitan and all regional areas are identified as areas of unmet primary care need.
 4. The Grants to After Hours General Practice Program Expression of Interest (EOI) will close on 17 June 2009. The Expression of Interest assessment will use a qualitative criterion weighting score of 20% to those who can demonstrate they will provide a service in an area of demonstrated need as above.

Page 167 – Significant issues impacting the agency – Workforce

1. *What is the allocation for increasing number of sexual health physicians, junior medical staff and nurse practitioner positions in 2009-10?*
2. *With annual funding at this rate, when do you estimate that full implementation of the broad objective and recommendations of the Sexually Transmitted Infections Model of Care will be achieved?*

Answer:

1. Sexual Health Physicians

There are currently no plans to increase the numbers of sexual health physicians beyond current levels.

Junior Medical Staff

The Federal Government has increased medical student places throughout Australia with WA having an increase of 100 students at the University of Western Australia and 80 at the University of Notre Dame, phased in over a three year period. The State Government has committed to provide internships for all WA medical graduates from 2006 onwards. First year junior doctor numbers will continue to expand each year from a base of 205 in 2008/09 to 302 in 2015/16.

Year	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Interns	205	247	278	285	275	284	299	302

A junior doctor (Interns and Resident Medical Officers) business case is currently being developed. The business case will propose a framework that combines alternative and traditional methods of clinical training to ensure that the WA medical workforce of the future can continue to provide high quality, sustainable healthcare to the WA community.

This Business Case will examine the financial, clinical training and clinical service implications of the planned increases in Western Australian medical graduates. When implemented, the funding of this proposal will ensure that medical graduates from Western Australian universities will receive the highest quality medical training in a wider range of settings than ever before.

Nurse Practitioners

WA Country Health Services has a target of creating 25 Nurse Practitioner positions by 2010. Four positions are filled (Kalumburu, Marble Bar, Nullagine and Bremmer Bay). Two Nurse Practitioners are due to commence in Albany in June 2009.

2. The Sexually Transmitted Disease Model of Care will be assessed against the broad objectives to identify the strategies which are cost neutral for implementation over the next 12 months.

The creation of Advanced Sexual Health Nurses in WA is predicated on the reform of the Poisons Act that would allow for trained and accredited nurses to complete a sexual health history and examination, and initiate treatment based on approved clinical guidelines and protocols.

Page 176 – Community Mental Health

1. *Regarding Community Mental Health Care: What resources are now being allocated to addressing the mental health issues of men who are willing to ask for help with violence and potential offending, who would in the past have gone to Safecare, an organisation that recently had its men's program defunded?*
2. *What community agencies are currently providing community mental health services, please provide names, number of mental health patients and funding details per service? Please provide details of the age groups these community organisations cater to?*
3. *How many people are on the waiting list for each of these services?*
4. *What public and community mental health services are provided in the Rockingham/Kwinana area?*
5. *How many people are on the waiting list for accessing public and community services in the Rockingham/Kwinana area?*

Answer:

1. Public community mental health services (including specialised forensic services) are available for people seeking help with violence and potential offending issues. The Department of Health has never funded Safecare.
2. See Table 1 below:

Table 1: Community Mental Health - Page 176. Non government organisations funded to provide psychosocial mental health services - 2007/08

Agency	Funding	Number of consumers
WOMEN'S HEALTHWORKS	\$96,000	18

Extract from Hansard
[COUNCIL - Thursday, 18 June 2009]
p745a-761a

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

DISABILITY IN THE ARTS (DADA)	\$104,152	27	
SOUTHERN CROSS CARE (WA) INCORPORATED	\$280,399	50	
VINCENTCARE	\$7,461	8	
ARAFMI MENTAL HEALTH CAREERS & FRIENDS ASSOCIATION	\$50,479	2	Did not operate service in 2007-08 due to lack of staff
THE RICHMOND FELLOWSHIP OF WESTERN AUSTRALIA INCORPORATED	\$105,218	84	
DAUGHTERS OF CHARITY SERVICES (RUAH INREACH)	\$2,629,646	412	
WA BAPTIST HOSP & HOMES TRUST INC (BAPTISTCARE)	\$377,648	101	
HILLS COMMUNITY SUPPORT GROUP	\$171,637	55	
PERTH HOME CARE SERVICES	\$485,976	83	
BUNBURY PATHWAYS 92 INC	\$232,122	170	
MENTAL ILLNESS FELLOWSHIP OF WA	\$446,764	1,658	
SOUTH METROPOLITAN PERSONNEL	\$36,597	1	Support to one person with complex mental health needs
G.R.O.W. (W.A.)	\$490,252	1,740	
SHARE AND CARE INC.	\$84,303	56	
EVEN KEEL (MANIC DEPRESSIVE ASSOC.)	\$75,771	344	
ALBANY HALFWAY HOUSE ASSC	\$264,287	123	
JUNE OCONNOR CENTRE	\$786,037	726	
PILBARA HOME CARE INC.	\$64,172	50	
SCHIZOPHRENIA FELLOWSHIP OF ALBANY & DISTRICTS	\$141,097	45	
A.T.U.L. (AIDS TO USEFUL LIVING)	\$89,431	40	
55 CENTRAL INC (FORMERLY ACRAH)	\$59,832	32	
HOME HEALTH P/L T/AS TENDERCARE	\$575,314	265	
SALVATION ARMY WA (PROPERTY TRUST)	\$120,220	64	
BAY OF ISLES COMMUNITY OUTREACH INC.	\$121,659	58	
SUPPORT-IN-SITE INC	\$53,391	110	
MIDWEST COMMUNITY LIVING CENTRE	\$13,697	12	
WOMEN'S HEALTH CARE ASSOCIATION INCORPORATED	\$101,123	84	
LAMP INC	\$108,989	122	
GOLDFIELDS MENTAL HEALTH ACTION GROUP	\$59,832	19	
PERTH INNER CITY YOUTH SERVICE	\$50,202	8	Youth specific service
ACCESS HOUSING ASSOCIATION INC	\$125,824	85	
TOTAL	\$8,409,532	6,652	

Note: Perth Inner City Youth Service is a specific service provided to young people. All other agencies provide services to adults, youth and older people

3. This information is not available to the Mental Health Division through contract reporting requirements.
4. Community mental health services: (Non-government organisation provider): The Daughter of Charity (RUAH) provides community mental health services in the Rockingham/Kwinana area.

Public community mental health services: The Peel and Rockingham Kwinana (PaRK) Mental Health Service provides the following public mental health services to people in the Rockingham Kwinana area:

Rockingham Kwinana Child & Adolescent Mental Health Service
Rockingham Kwinana Mental Health Service (Adult)
PaRK Older Adult Mental Health Service
5. Non government organisations: This information is not available to the Mental Health Division through contract reporting requirements.

Public community mental health services: At midday on 11 June 2009 there were 32 people on the general waitlist for accessing public community mental health services in the Rockingham Kwinana area. Urgent referrals are prioritised and seen as soon as possible. People on the waitlist are monitored and if problems escalate, they can be seen urgently.

Page 184 – Income Statement – Expenses – Employee Benefits

1. *The Budget paper assumes a steady increase in the cost of employee benefits over time. What assumptions are being made about increases in the number of health employees as a result of the workforce recruitment and retention strategies as set out at page 167?*
2. *Regarding the staffing of RPH and Fiona Stanley Hospital in particular, can you expand on this?*

Answer:

1. The workforce recruitment and retention strategies contained on page 167 will lead to the overall increase in FTEs as set out on page 184 (2008-09 estimated actual 31,104 growing to 31,419 in 2009-10) which, in part, reflect the increase in employee benefits set out on the same page (2008-09 estimated actual \$2.84 billion growing to \$3.0billion in 2009-10).
2. The completion of Fiona Stanley Hospital and the impact of retaining RPH is outside of the forward estimates.

Additional Questions —

Questions: Hon Ken Travers asked:

1. *As of the last date you reported to Treasury on your finances:*

Answer: 31 May 2009

- 1.1 *Can you please identify all accounts held by your agency?*

Answer: Please refer to Appendix 1.

- 1.2 *How much cash is held in each of these accounts?*

Answer: Total cash as at 31 May 2009 is \$450.436 million. Please refer to Appendix 1.

- 1.3 *How much of this cash is restricted or subject to approval or control?*

Answer: The amount of cash that is restricted or subject to approval is \$145.573 million.

- 1.4 *As of this date, what is your estimated annual average cash as a percentage of your appropriation?*

Answer:

As at 31 May 2009	(\$000)
Total Appropriation	4,239,710 [#]
Total Cash	450,436*
Cash as a per cent of appropriation	10.6%

- # Total Appropriation represents appropriation from all sources expected for 2008-09 as published in the 2009-10 Budget Papers.

Extract from Hansard
[COUNCIL - Thursday, 18 June 2009]
p745a-761a

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

* Includes restricted cash.

2. *As of the last date you internally monitored each account your agency has:*

Answer: 23 June 2009.

2.1 *How much cash is held in each of these accounts?*

Answer: Total cash as at 23 June 2009 is \$445.182 million. Please refer to Appendix 1.

2.2 *How much of this cash is restricted or subject to approval or control?*

Answer: The amount of cash that is restricted or subject to approval is \$222.864 million.

2.3 *As of this date, what is your estimated annual average cash as a percentage of your appropriation?*

Answer:

As at 23 June 2009	(\$000)
Total Appropriation	4,239,710 [#]
Total Cash	445,182*
Cash as a per cent of appropriation	10.5%

Total Appropriation represents appropriation from all sources expected for 2008-09 as published in the 2009-10 Budget Papers

* Includes restricted cash

3. *Please provide, for each question below, what you expect to be the figures as of 30 June 2009?*

3.1 *How much cash is held in each of these accounts?*

3.2 *How much of this cash is restricted or subject to approval or control?*

3.3 *As of this date, what is your estimated annual average cash as a percentage of your appropriation?*

Answer:

WA Health will provide this additional detail when the financial year end close of accounts has been completed.

Question: Hon Ljiljanna Ravlich asked:

4. *I refer to the Government's aspiration for savings of \$7.6 billion over five years across government as outlined on page 13 of the budget overview and ask —*

4.1 *Is your agency redirecting any capital works expenditure — if so can you provide details including value?*

Answer: The Government's capital works audit has realised a \$3 billion saving in capital works expenditure across the forward estimates period (to 2012-13) through the identification of projects that have been either deferred or cancelled. The table on page 127 of Budget Paper No.3 - *Economic and Fiscal Outlook* identifies the distribution of these savings by agency. WA Health's contribution to the savings total is \$400.7 million. The table on p138 of Budget Paper No.3 - *Economic and Fiscal Outlook* identifies the specific health infrastructure projects that contributed to the achievement of the savings target.

4.2 *Is the agency selling surplus government land or assets, and if so can the Minister provide a list of land or assets earmarked for sale?*

Answer: The Department of Health has estimated asset sales generating revenue of \$1.8 million over the next 2 years from the sale of surplus assets. Surplus assets currently earmarked for sale are listed below:

- Portion of Bridgetown Hospital site
- Dwellingup Nursing Post
- Old Morawa Hospital site
- Portion of Whitby Falls Hospital site
- Old Pemberton Hospital site
- Staff Housing Pinjarra (67 Congdon Ave)
- Staff Housing Port Hedland (Lot 76 The Esplanade)
- Old Port Hedland Hospital site
- Portion of York Hospital site

4.3 *Is the agency proposing to privatize any of its function or contract out any of its services — if so, which ones?*

Answer: There are no immediate or approved plans to privatise any functions or contract out any services that are not already privatised or contracted out.

4.4 *Is the agency intending to reduce staff numbers over the next 4 years and if so what ceiling has the agency set and how many staff will be shed?*

Answer: Please refer to Budget Statements Budget Paper No. 2 Volume 1 p.184 footnote C: “The full-time equivalent (FTE) for 2007-08 Actual, 2008-09 Estimated Actual and the 2009-10 Estimate are 29,180, 31,104, and 31,419 respectively.”

4.5 *Is the agency aware of the Government’s new responsible public sector wages policy — if so, what is it?*

Answer: Yes. The Public Sector Wages policy is set out in detail in the document published under that title by the Department of Commerce on 31 March 2009.

5 *I refer to page 179 - The asset investment program facilitates remodelling and development of health infrastructure consistent with Governments aims, objectives .and priorities for health reform. The planned capital expenditure for 2009-10 is \$572 million.*

I ask in respect of the South Metropolitan Area Health Service:

Modifications at Royal Perth Hospital, to ensure that these key facilities remain clinically appropriate pending relocation and/or redevelopment.

5.1 *What is the future of the RPH: steering committee, given that Dr Phillip Montgomery has resigned as Chair?*

Answer: Please refer to the Director General's evidence to the Committee indicating a continuing need for the committee to involve key stake holders in future planning for the Royal Perth Hospital Precinct.

5.2 *Why did Dr Montgomery resign?*

Answer: Dr Montgomery retired from the WA Health State Public Service.

5.3 *Who will replace Dr Phillip Montgomery as Chair?*

Answer: A replacement for Dr Montgomery as chair of the Royal Perth Precinct Committee has not yet been finalised.

5.4 *What does this resignation mean for the RPH redevelopment?*

Answer: Planning for the redevelopment of Royal Perth Hospital will continue.

5.5 *What is the steering committee looking at and when will its work be complete?*

Answer: The role of the Royal Perth Precinct Committee is to provide advice and recommendations to the Government on the redevelopment of the RPH precinct, which covers five inner city blocks.

5.6 *Why has this not been listed under election commitments given that this was a core Liberal promise?*

Answer: Establishment of the Royal Perth Precinct Committee was not an election commitment; it was announced by the Minister for Health on 22 October 2008. In relation to the re-development of Royal Perth Hospital more generally, the allocation of \$20 million for planning and site works to support the transformation of Royal Perth Hospital into a 400 bed facility was identified as an election commitment allocation on pages 92-93 of the *2008-09 Mid Year Financial Projections Statement* published by the Department of Treasury and Finance in December 2008. The allocation is also indicated on page 138 of Budget Paper No.3 - *Economic and Fiscal Outlook* as a policy decision taken between the 2008/09 Budget and 2008/09 Mid Year Review that the asset investment program.

5.7 *What modifications will be done at RPH and at what cost?*

Answer: Health capital works program contains \$9.825 million in holding funds for Royal Perth Hospital. \$6.089 million is estimated to be spent to 30 June 2009 on a range of projects including the Burns/Trauma Unit Development and the Relocation of Podiatry and Diabetes Clinics. Of the remaining funds \$1.347 million has been allocated to the Breast Clinic Redevelopment, leaving \$2.389 million available for minor works modifications determined on a priority needs basis.

5.8 *Is it the intent of Government to relocate the hospital or redevelop it?*

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

5.9 *If the intent is to relocate it — where will it be relocated and how much is allocated for this relocation?*

5.10 *If the intent is to redevelop it — what will be redeveloped and how much is allocated for this?*

Answer 5.8 - 5.10: The Government's intention is to retain Royal Perth Hospital in its current location. Clinical services planning is underway to determine the range of services that will be provided by RPH into the future.

5.11 *I refer to the government's decision to retain RPH as a tertiary hospital and a major trauma facility and the fact that this will result in significant cost implications for the health system and I ask:*

5.12 *What are the significant cost implications for the health system?*

5.13 *If you do not know the answer to this question — how can we have any confidence in the integrity of this budget?*

5.14 *What will be the cost to the health system in 2013-14 from operating the 400-bed RPH trauma facility and the commissioning of the new 643-bed Fiona Stanley Hospital?*

5.15 *If the minister does not know the cost then how could this health budget have been prepared?*

Answer 5.11 -5.15: I refer to the Director General's evidence to the Committee to the effect that the planning process for the future of Royal Perth Hospital will determine recurrent cost implications.

Appendix 1

Extract from Hansard
[COUNCIL - Thursday, 18 June 2009]
p745a-761a

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

Bank Accounts

Account Name	Balance as at 31/05/2009	Balance as at 23/06/2009
Dental Health Service Ops	73,660	101,218
EMHS Specialist Accounting	41,109	318,620
Health Department Operating	234,455,957	272,708,649
Information Health Alliance	4,463,376	4,973,475
King Edward Memorial Hosp	64,403	111,551
MHSB Operating Acct	4,442,927	20,808,708
Next Step Specialist Drug	2,356,341	1,543,575
Pathwest Lab Medic	2,244,303	876,918
Peel Health Serv Ops	14,132	8,715
QEII Medical Trust	62,239	75,891
Sir Charles Gairdner Hosp	1,376,965	3,777,768
Sir Charles Gairdner Hosp	82,119	82,298
SMHS Operating Account	675,738	1,819,385
WCHS Operating Account	419,176	419,126
WACHS Perth	12,854,185	29,283,926
Goldfields South East Health	441,114	372,577
WA Country Health Service Great Southern Health Region	2,289,467	739,088
Kimberley Health Region	340,840	588,919
WACHS - Midwest Operating Account	255,684	181,444
WACHS Pilbara Gascoyne Health	1,320,580	2,141,992
WA Country Health Service - South West Summary	1,249,914	1,464,232
WACHS Wheatbelt Region	2,142,041	934,790
EMAHS SPAS	1,100,000	-
EMAHS SPAS	1,000,000	1,000,000
EMAHS SPAS	3,200,000	3,200,000
EMAHS SPAS	1,500,000	-
EMAHS SPAS	2,500,000	-
EMAHS SPAS	2,000,000	-
EMAHS SPAS	2,700,000	-
EMAHS SPAS	1,050,000	1,050,000
EMAHS SPAS	1,300,000	1,300,000
EMAHS SPAS	2,000,000	2,000,000
EMAHS SPAS	1,350,000	1,350,000
EMAHS SPAS	2,000,000	2,000,000
EMAHS SPAS	2,500,000	2,500,000
EMAHS SPAS	1,000,000	1,000,000
SMAHS SPAS	2,500,000	2,500,000
SMAHS OPERATING	27,700,000	-
SMAHS OPERATING	20,950,000	-
SMAHS SPAS	1,300,000	1,300,000
SMAHS SPAS	1,000,000	-
SMAHS SPAS	1,000,000	-
SMAHS SPAS	700,000	700,000
SMAHS SPAS	1,500,000	1,500,000
SMAHS SPAS	1,575,000	1,575,000
NMAHS QEII	35,000	1,485,000
NMAHS QEII	1,496,000	1,000,000
PATHWEST	9,475,000	11,300,000
DENTAL	1,775,000	425,000
CAHS OPERATING	13,900,000	14,550,000
CAHS SPAS	1,750,000	1,750,000
CAHS SPAS	1,000,000	1,000,000
CAHS SPAS	900,000	900,000

Extract from Hansard
[COUNCIL - Thursday, 18 June 2009]
p745a-761a

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

Account Name	Balance as at 31/05/2009	Balance as at 23/06/2009
CAHS SPAS	1,000,000	1,000,000
CAHS SPAS	950,000	950,000
CAHS SPAS	1,800,000	1,800,000
CAHS SPAS	1,200,000	1,200,000
CAHS SPAS	700,000	700,000
CAHS SPAS	850,000	850,000
CAHS SPAS	1,000,000	1,000,000
CAHS SPAS	600,000	600,000
NMAHS OPERATING/SPAS	35,675,000	22,175,000
NMAHS OPERATING/SPAS	17,875,000	12,825,000
WACHS GSER DONATIONS	83,535	83,535
WACHS GREAT SOUTHERN HEALTH REGION DONATIONS AND BEQUEST	483,458	483,458
WEST KIMBERLEY HEALTH SERVICE BEQUESTS AND DONATIONS	359,575	359,575
DONATIONS ACCOUNT	840,424	840,424
WACHS PILBARA BEQUESTS & DONATIONS	288,732	288,732
AUGUSTA DISTRICT HOSPITAL	66,265	66,265
BOYUP BROOK & DIST SOLD MEM HOSP PATIENTS GENERAL DONATIONS TRUST A/C	7,342	7,342
BOYUP BROOK & DIST SOLD MEM HOSP PATIENTS GENERAL DONATIONSTRUST A/C	16,830	16,830
BRIDGETOWN DISTRICT HOSPITAL BOARD GENERAL DONATIONS TRUST FUND	9,733	9,733
BRIDGETOWN DISTRICT HOSPITAL BOARD GENERAL DONATIONS TRUST FUND INTERST	10,838	10,838
BUNBURY HEALTH BOARD	128,525	128,525
BUSSELTON COMMUNITY HEALTH & DEVELOPMENT CENTRE BEQUESTS & DONS	8,669	8,669
BUSSELTON DISTRICT HOSPITAL BEQUESTS AND DONATIONS	65,344	65,344
COLLIE HEALTH SERVICE BEQUESTS AND DONATIONS	94,269	94,269
DONNYBROOK/BALINGUP HEALTH SERVICE BOARD BEQUESTS AND DONATIONS	8,758	8,758
HARVEY DISTRICT HOSPITAL BOARD GENERAL DONATIONS A/C PERMANENT CARE	11,484	11,484
HARVEY DISTRICT HOSPITAL GENERAL DONATIONS	51,698	51,698
MARGARET RIVER DISTRICT HOSPITAL BEQUESTS AND DONATIONS TRUST ACCOUNT	28,381	28,381
NANNUP DISTRICT HOSPITAL SERVICE ACCOUNT	14,861	14,861
NANNUP DISTRICT HOSPITAL SERVICE ACCOUNT	14,861	14,861
NANNUP DISTRICT HOSPITAL SERVICE ACCOUNT	23,977	23,977
PEMBERTON HOSPITAL BOARD	3,307	3,307
WDH COMFORTS FUND ACCOUNT	9,136	9,136
YARLOOP HOSITAL BOARD DON'T A/C CASH MANAGEMENT	69,340	69,340
POPULATION HEALTH EASTERN	591	591
BRUCE ROCK HOSPITAL	3,239	3,239
COMMUNITY HEALTH	1,274	1,274
NORTHAM HOSPITAL	100,515	100,515
YORK HEALTH SERVICE	43,122	43,122
BEVERLEY HEALTH SERVICE	227,554	227,554
MOORA HEALTH SERVICE	9,203	9,203
CUNDERDIN HEALTH SERVIC	3,697	3,697
DALWALLINU HEALTH SERVICE	18,819	18,819
WONGAN HILLS HEALTH SERVICE	3,683	3,683
WYALKATCHEM HEALTH SERVICE	1,692	1,692
GOOMALLING HEALTH SERVICE	100	100

Extract from *Hansard*
[COUNCIL - Thursday, 18 June 2009]
p745a-761a

Hon Sue Ellery; Hon Alison Xamon; Hon Ken Travers; Hon Ed Dermer; Hon Giz Watson; Hon Ljiljanna Ravlich

Account Name	Balance as at 31/05/2009	Balance as at 23/06/2009
QUAIRADING HEALTH SERVICE TERM DEPOSIT	36,184	36,184
QUAIRADING HEALTH SERVICE	9,913	9,913
MERREDIN HEALTH SERVICE	5,356	5,356
L BARBARY TRUST	111,167	111,167
SOUTHERN CROSS HOSPITAL	7,811	7,811
KELLERBERRIN HEALTH SERVICE	15,235	15,235
KUNUNOPPIN HEALTH SERVICE	1,256	1,256
NAREMBEEN HEALTH SERVICE	1,798	1,798
NARROGIN HEALTH SERVICE	498	498
LAKE GRACE HEALTH SERVICE	3,219	3,219
BODDINGTON HEALTH SERVICE	1,148	1,148
CORRIGIN HEALTH SERVICE	6,284	6,284
KONDININ HEALTH SERVICE	17,582	17,582
PINGELLY HEALTH SERVICE	13,491	13,491
WICKEPIN HEALTH SERVICE	3,742	3,742
WILLIAMS HEALTH SERVICE	16,456	16,456
Total	450,436,242	445,181,835