

**Division 71: Health -**

*Question 1: Hon Murray Criddle asked about recurrent funding for the nursing staff and the general running of those three facilities (Jurien Bay, Lancelin and Leeman).*

*Answer:* An additional recurrent amount of \$200 000 was provided to the Western Health Service in 2000/2001 in recognition of service needs in the coastal area. Services currently provided at the Jurien Bay Health Centre, funded through Western Health Service, include emergency and acute nursing services, X-ray services, community health services, physiotherapy, child health, visiting podiatry and ultrasonography services, and others. Facilities at the centre are also used by Rivers Medical Group for its private medical practice. The Lancelin Health Centre houses state-funded emergency and acute nursing services provided by Silver Chain Nursing Association, a private general practitioner, and home and community care services operated by Western Health Service. The centre at Leeman opened on 1 July 2001 and, while still in its developmental stages, accommodates government-funded Silver Chain services and a visiting general practitioner.

The Department of Health recognises the growing needs in the coastal area, including Jurien Bay, and will continue to monitor the situation, while encouraging the development of management strategies to address these needs.

*Question 2: Hon Giz Watson asked -*

- (a) What is the total amount of funding provided to the CMHSR from all Department of Health sources?*
- (b) Can the parliamentary secretary provide a breakdown of operational funding research grants from all Department of Health sources, including general purchasing and Mental Health Division?*

*Answer:*

- (a) \$549 470 (excluding GST) for 2001-02.*
- (b) Overall the focus of funding to the centre is to enable it to contribute to the effectiveness of treatment, services, planning processes and policy decisions by undertaking research and investigation of evidence-based strategies in the mental health area for the benefit of the community*

The centre is funded to undertake the following research activities during 2001-02:

- Provision of expert advice and consultation about research
- Mental health consumer satisfaction survey
- Mental Health & Wellbeing Survey
- Youth Rural Counsellor Program evaluation
- Co-morbidity: ADAPT pilot
- Public Mental Health Services rehabilitation activities survey
- Licensed Psychiatric Hostels : care to independent living, social determinants
- Intensive Disability Support Program evaluation
- Individual Personal Support Care assessments and instrument testing
- Current Practices in the use of Clinical Assessment Tools : a research and evaluation project
- Co-morbidity Mental Illness and Dual Diagnosis research

*Question 3: Hon Giz Watson asked, What is the total amount of funding provided to the CMHSR from Department of Health sources provided to this centre since its establishment?*

*Answer:* \$1 989 670

*Question 4: Hon Barry House asked, In respect to Vasse Leeuwin Health Service -*

- (a) Figures are given for capital works of \$617,000, and for a south west plan of \$300 000 . Nobody seems to know what that is - I can only surmise that it is in line with the Health Administrative Review Committee recommendations, which point towards health services being abolished and restructured to fit in with development commission boundaries.*
- (b) Another figure of \$326,000 is related to election commitments. What does that represent?*

Hon Murray Criddle; Hon Giz Watson; Hon Barry House; Hon Simon O'Brien; Hon Alan Cadby; Hon Dr  
Chrissy Sharp; Hon Derrick Tomlinson

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- (c) *The real figure, for actual service delivery, is in the order of \$14.6 million, which is a real decrease of \$1.3 million from the figure for the previous year. Will the parliamentary secretary comment on that?*

*Answer:*

- (a) The \$300 000 is an indicative allocation to Vasse Leeuwin Health Service to fund strategies related to the implementation of the South West Plan. The current focus of the South West Plan is for new and expanded services in the south west including -
- a combined regional trauma service between Bunbury Regional and Busselton Hospital,
  - the phased introduction of an intensive care service, rehabilitation and restorative care services and,
  - increased provision of the clinical services provided by the St John of God Health Care renal dialysis, chemotherapy and inpatient and community based palliative care services.
- (b) The final distribution of the indicative election commitments allocation will be decided shortly by the general health purchasing branch of the Department of Health.
- This indicative funding includes the following items -
- \$0.250m - general distribution of funds for waiting lists, rehabilitation, acute care and trial Care in the Home services.
  - \$0.042m - Increased funding for PATS,
  - \$0.034m - Allied Health initiatives.
- \$0.326m**
- (c) In 2001-02 the total indicative budget allocation to the Vasse Leeuwin Health Service (not including superannuation funding) is \$16.9 million compared to \$15.6 million in 2000-01. This is an increase of \$1.3 million.

*Question 5: Hon Simon O'Brien asked -*

- (a) *How many patients were waiting for surgery on 1 July 2001?*
- (b) *How many patients will be on the waiting list on 30 June 2001 (2002)?*

*Answer:*

- (a) In July 2001, the teaching hospital waiting lists had 9 773 patients and the non-teaching hospital waiting lists had 4 902 patients.
- (b) It is difficult to estimate the number of patients that will be on the waiting lists on 30 June 2002 due to factors that impact on the hospitals' capacity to undertake elective wait list surgery such as -
- Staffing issues
  - Emergency admissions
  - Care awaiting placement patients, and
  - Extraordinary issues such as the outbreak of Vancomycin Resistant Enterococci (VRE) at RPH.

However, it is expected that in 2001-02, there will be a reduction in -

- The number of category 1 patients who wait longer than clinically desired;
- The median waiting times; and
- The medical and surgical outpatient waiting times.

*Question 6: Hon Alan Cadby asked, Can the parliamentary secretary explain the 5.5 per cent saving in the average cost per screening assessment from \$49.82 to \$47.03, which, with inflation at 3 per cent, is a considerable saving?*

*Answer:* The average cost per screening assessment figure includes breast cancer, cervical cancer and newborn hearing screening programs and breast assessment program. The cost per screening assessment is least for cervical cancer screening.

Hon Murray Criddle; Hon Giz Watson; Hon Barry House; Hon Simon O'Brien; Hon Alan Cadby; Hon Dr  
Chrissy Sharp; Hon Derrick Tomlinson

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The average cost per screening assessment is decreasing, despite inflation, due to a higher throughput of women screened for cervical cancer. The screening rates for breast cancer, newborn hearing and breast assessment have remained static. This has resulted in the average figure becoming lower.

*Question 7: Hon Simon O'Brien asked, There is an allocation of \$1.5 million over four years for community-based health initiatives for Aboriginal people. Does this allocation in whole, or in part, take up the recent recommendations of the former Standing Committee on Estimates and Financial Operation, which reported on three matters related to Aboriginal health in the Kimberley at the end of 2000?*

*Answer:* Yes. The \$1.5 million over four years is to be used to improve both the co-ordination and level of health services to Aboriginal people in the Kimberley and in the other Aboriginal health regions of the State.

*Question 8: Hon Barry House asked, What are the upgrade details of the \$2.95m Margaret River District Hospital project?*

*Answer:* The project consists of expansion to the emergency department, primary care, pathology refurbishment and therapy areas, additional acute inpatient accommodation, provision of day surgery/procedure facilities, revised car parking and internal road system.

*Question 9: Hon Giz Watson asked, In recent times the Department of Health of Western Australia has provided funding to the gay and lesbian community services. Will the funding continue in this budget; if so, under what budget item; if so, what amount is to be funded; and if there is no allocation, why not?*

*Answer:* Yes. The Mental Health Division provides funding to the Western Australian Aids Council for a youth counsellor program. The program is an early intervention mental health program for young people. The aim of the program is to reduce the prevalence of health and mental health problems in young people in order to prevent the development of more serious mental health disorders.

The WA Aids Council is funded \$79 000 (inclusive of GST) for the 2001-02 financial year to operate this program.

The Public Health Division provides funds to the Gay and Lesbian Community Service for preventative health outputs including telephone counselling services and training and development of counsellors. \$33 000 (inclusive of GST) is budgeted for the 2001-02 financial year.

*Question 10: Hon Murray Criddle asked -*

- (a) *Given the shortfall in the budgeted amount for the 2000-01 financial year (page 1237), can you confirm if any funds have been taken from rural health services and reallocated to cover the shortfall?*

*Answer:*

- (a) Government provided additional supplementary funding of \$20million in June 2001, to ensure a balanced budget position in 2000/2001.

*Hon Murray Criddle asked -*

- (b) *Page 1239: Re additional \$6 million funding for specialist services in regional areas;*

- (i) *Is this new funding or has it been sourced from other areas of health? If so, from where and will any regional hospitals lose specialist services to fund this \$6 million initiative?*
- (ii) *Please detail which health services or hospitals will benefit from this funding and please detail the additional funding?*
- (iii) *Will any regional hospitals reduce specialist services over the 2001/2002 financial year? If so, why?*

*Answer:*

- (i) The additional \$6 million funding for specialist services is new funding allocated and relates to election commitments.
- (ii) Of the \$6 million overall allocation for specialist services in regional areas \$1 million will be provided in the 2001-02 financial year. The Health Services receiving funding this year are:

Kimberley	\$100 000
East Pilbara	\$100 000
Gascoyne	\$100 000
Geraldton	\$100 000

**Extract from Hansard**  
[COUNCIL - Thursday, 18 October 2001]  
p865b-872a

Hon Murray Criddle; Hon Giz Watson; Hon Barry House; Hon Simon O'Brien; Hon Alan Cadby; Hon Dr  
Chrissy Sharp; Hon Derrick Tomlinson

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Northern Goldfields	\$100 000
Bunbury	\$100 000
Central Great Southern	\$100 000
Lower Great Southern	\$100 000
Upper Great Southern	\$100 000
Avon	\$50 000
Eastern Wheatbelt	\$50 000

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\$1 000 000

The allocation of funding for subsequent financial years is yet to be determined.

- (iii) There is no intention to reduce the level of specialist services provided at any regional hospitals in 2001-02.

*Hon Murray Criddle asked -*

- (c) *Referring to the Superannuation payments figure (\$113 m) on page 1268, what is the budget allocation to each regional health service for industrial award increases in 2001/2002? Does the amount allocated to each health service for industrial award increases cover the entire cost of the award increase?*

*Answer:*

- (c) Health services have been given an indicative superannuation figure to work with. The Department of Health will pay health services the actual cost of superannuation to ensure their liability is fully funded. The cost of industrial award agreements is embedded in the total allocation to health services. The budget is output based and identifies the amount of service delivery and an agreed rate. Industrial costs are an input cost and as such, it is a matter the health service must factor into its budget development. Health services have been advised of the predicted impact of award increases and to preserve this amount from the budget allocated. The amount preserved will be reviewed once the agreements are finalised.

*Hon Murray Criddle asked -*

- (d) *Why does it take five more days waiting time on average for a country aged care assessment (8 days) than it does in the metropolitan areas? (page 1259)*

*Answer:*

- (d) The average waiting time for country Aged Care Assessment Teams can be affected by a number of factors including -

Country teams can have larger distance to travel to undertake assessments and in order to efficient must plan to undertake more than one assessment per trip.

Assessing indigenous people must take into account cultural issues, such as rituals which can impact on waiting times.

Weather conditions, such as in the wet season can also delay the average waiting time for assessment.

*Hon Murray Criddle asked -*

- (e) *Referring to the provision of funds for Visiting Medical Specialists in the Statement of Cash Flows (Controlled) (page 1268) -*

- (i) *Does this budgetary figure provide for VMP award increases in the 2001/2002 financial year?*  
(ii) *If not, from where will the Minister fund the increases?*  
(iii) *How much is being allocated to each rural health service district for visiting medical specialists to rural areas?*

*Answer:*

- (i) Visiting medical practitioner costs on page 1268 are an indicator of input costs. The budget is prepared on an output basis and award increases and increases of payments for VMPs are included within the

Hon Murray Criddle; Hon Giz Watson; Hon Barry House; Hon Simon O'Brien; Hon Alan Cadby; Hon Dr  
Chrissy Sharp; Hon Derrick Tomlinson

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total allocation to health services. Health services are paid for an amount and at agreed rate of for services to be delivered.

- (ii) Not applicable
- (iii) The Statement of Cash Flows (Controlled) provides the aggregate 2001-02 budget estimate which refers to Visiting Medical Practitioners. The Department of Health does not specify this funding at the Health Service level, rather, funding is allocated to Health Services for the delivery of specific patient service outputs.

*Hon Murray Criddle asked -*

*(f) Page 1261 (Major initiatives for 2001/02, dot point 12)*

- (i) Will any new rural Multipurpose service centres be established in 2001/2002?*
- (ii) If not, how will the Government be continuing the development of the multipurpose service initiative?*
- (iii) Is Denmark's MPS funding guaranteed? Is there a possibility of MPS's hospital being downgraded?*

*Answer:*

- (i) No.
- (ii) A further six Multi Purpose Service Agreements are planned for 2001-02, these represent agreements and revised administrative arrangements between the State, Commonwealth and local community. These do not require immediate capital or building modifications.
- (iii) Financial obligations under the Multi Purpose Service Agreement for Denmark are being met. There are no plans to downgrade the hospital.

*Hon Murray Criddle asked -*

*(g) Please detail which rural locations will receive funding for staff accommodation under the government's capital works program and how much each area will receive? (Budget page 1262)*

*Answer:*

- (g) Priority will be given to staff accommodation projects in the Kimberley, Pilbara and Goldfields regions and other areas of need. Business cases for funding are still being assessed for the funds available within the capital works program *Work in Progress* and *New Works allocations*.

Approved project budgets include -

Cunderdin new unit \$200 000;  
Port Hedland new units \$750 000;  
Newman purchase two existing houses \$168 000;  
Leonora replacement units \$400 000;  
Kalgoorlie new units \$570 000;  
Dalwallinu new house \$240 000;  
Karratha new houses/units \$620 000;  
Carnarvon purchase existing house \$245 000;  
Wyndham house re-roofs \$250 000;  
Fitzroy Crossing new units \$450,000.

*Hon Murray Criddle asked -*

- (h) Page 1239: Of the \$3 million allocated to nurses' professional development packages, how much of that money is specifically for nurses working in country areas? Please detail which regional health services will receive this funding.*

*Answer:*

Hon Murray Criddle; Hon Giz Watson; Hon Barry House; Hon Simon O'Brien; Hon Alan Cadby; Hon Dr  
Chrissy Sharp; Hon Derrick Tomlinson

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- (h) \$3 million has been allocated for nurses' professional development packages and recruitment which amounts to \$12 million over four years. This requirement is included in the Nurses EBA operative from 2 May 2001 and funding will flow from the requirements determined for each initiative below -
- Scholarships for nurses to undertake postgraduate courses;
  - Study leave for nurses undertaking postgraduate programs in specialist nursing areas such as critical care and mental health;
  - Postgraduate qualifications allowances;
  - Funding for refresher and registration programs for nurses wanting to re-enter the workforce;
  - Support for undergraduate clinical placements in rural and remote areas of the State;
  - Scholarships for the training of undergraduate Aboriginal registered nurses; and
  - Re-introduction of post registration courses for enrolled nurses.

*Hon Murray Criddle asked -*

- (i) *Please provide details of the allocation of funding for the expansion of disability support and carer respite services in regional WA? (Budget page 1262).*

*Answer:*

- (i) Expansion of disability support achieved since July in regional WA: \$71 000  
Expansion of carer respite achieved since July in regional WA: \$82 000  
Expansion planned this year for carer respite in regional WA as per election commitments: \$250 000.

*Hon Murray Criddle asked -*

- (j) *How much will waiting times for elective surgery increase this year and what are the reasons for this?*

*Answer:*

- (j) It is difficult to estimate how much waiting times for elective surgery will change this year due to factors that impact on clinicians' referral patterns and the hospitals' capacity to undertake elective wait list surgery such as -

- Emergency admissions
- Care awaiting placement patients, and
- Extraordinary issues such as:
  - Increase in influenza during the winter months;
  - Increase in infection control issues such as Vancomycin Resistant Enterococci (VRE)
- Staffing Issues

However, it is expected that in 2001-02, there will be a reduction in -

- The number of category 1 patients who wait longer than clinically desired;
- The median waiting times; and
- The medical and surgical outpatient waiting times.

*Hon Murray Criddle asked -*

- (k) *Minister, your budget papers indicate an increase in health spending (page 1237). Can you confirm that -*

- (i) *There has not been a \$1.2 million reduction from budget of the lower Great Southern Health Service?*
- (ii) *There has not been a 20% reduction in the recurrent operating budget of the Eastern Wheatbelt Health Service?*
- (iii) *There will be no staff cuts at Plantagenet Hospital?*
- (iv) *There will be no downgrading of hospitals such as those at Wyalkatchem, Narembeen, and Kellerberrin?*

*Answer:*

Hon Murray Criddle; Hon Giz Watson; Hon Barry House; Hon Simon O'Brien; Hon Alan Cadby; Hon Dr  
Chrissy Sharp; Hon Derrick Tomlinson

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- (i) The total indicative budget allocation to the Lower Great Southern Health Service for 2001-02 (not including superannuation provisions) is \$32.8 million compared to total funding of \$29.4 million in 2000-01. This is an increase of 11.6 per cent or \$3.4 million.
  - (ii) The total indicative recurrent budget allocation to the Eastern Wheatbelt Health Service for 2001-02 is \$9.8 million compared to \$10.4 million in 2000-01. In 2000-01, special financial assistance of \$0.3 m was paid to cover the operating deficit of the Health Service. This was a once off funding provision.
  - (iii) Health services are required to manage within the budget provided and to maintain service activity levels. Strategies are being developed by health services, including Lower Great Southern health service, to include the review of corporate costs and realignment of services to provide for more integrated and complete services at a local level. These strategies are being reviewed to ensure they reduce duplication and promote efficient utilisation of resources with a minimum impact on health service delivery.
  - (iv) The result of this review is in progress and staffing implications have not been assessed by the Department of Health.
  - (v) There is no intent to close rural hospitals, but the above budget process may include amalgamation of existing health services to provide for a more integrated and comprehensive service at the local level.
  - (vi) As per (iii) above.

*Question 11: Hon Christine Sharp asked, I refer again to the drug policy. Given that the parliamentary secretary is not able to provide any specific answers in anticipation of the Government's announcement, which presumably will be made later this week, can she say whether we are likely to see a revision upwards from the current budget and appropriations? On the other hand, is the implication that those recommendations will pertain to the 2001-02 budget?*

*Answer:* The Government will be announcing its response to the Community Drug Summit recommendations in the near future. The draft response is yet to be considered by Cabinet. The priorities for action and the potential to fund these through, for example, removing the duplication in the administration of alcohol and drug services in the State, will be considered by Cabinet.

*Question 12: Hon Simon O'Brien asked, How much funding has been made available for additional mental health services in the Rockingham/Kwinana area, and how will those funds be applied?*

*Answer:* There has been a slight increase in funding for services in 2001/2002 from the previous year's allocation. The core starting budget for Rockingham/Kwinana in 2001-02 is \$3 255 860. Additional recurrent funding of \$115 000 will be provided for leasing costs of the new mental health community facility in 2001-02.

Funds promised through the government election commitments will also be provided to the Rockingham/Kwinana Mental Health Service.

*Question on Notice submitted by Hon Derrick Tomlinson -*

- (1) *How many emergency medicine consultants and how many emergency medicine registrars will be necessary to maintain 24-hour, 7-days-a-week emergency and casualty services at each of the following peripheral hospitals -*

*Swan District Hospital*

*Armadale-Kelmscott Memorial Hospital*

*Rockingham Hospital?*

- (2) *What is the estimated cost of employing those emergency medicine consultants and registrars at each of the peripheral hospitals?*
- (3) *Are those costs provided for in the 2001-02 Health Budget and if so under what programs?*

*Answer:*

Swan District Hospital

- (1) Four consultants, eight registrars and seven resident medical officers.
- (2) \$2.2 million.
- (3) The additional funding for Swan Health Service of \$1.25 million has been confirmed by the Department of Health. The balance of the funding is to be provided in the base budget for 2001-02 under output 2 - Diagnosis and Treatment.

**Extract from *Hansard***  
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p865b-872a

Hon Murray Criddle; Hon Giz Watson; Hon Barry House; Hon Simon O'Brien; Hon Alan Cadby; Hon Dr  
Chrissy Sharp; Hon Derrick Tomlinson

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Armadale-Kelmscott Memorial Hospital

- (1) One director, four consultants and 10 registrars - based on 30 000 attendances per year and a four-bed observation unit attached to the emergency department. Note: the above does not include relief. Currently Armadale Health Service employs senior medical officers and does not have registrars or residents due to lack of teaching infrastructure and location.
- (2) \$2.4 million - not including car, phone, study package and other add-on incentives required to employ consultants.
- (3) No. Currently Armadale Health Service spends \$1.5 million on medical infrastructure in the emergency department.

Rockingham Kwinana District Hospital

- (1) Three consultants and nine registrars.
- (2) \$1 489 208.
- (3) The budget allocated for "Non-Admitted Patients - Emergency Services - Program 2.4.1.0" is \$3 125 820 for 24 608 attendances. The hospital expects 31 000 emergency department attendances this year and is seeking to reduce inpatient activity and costs to meet these costs.