STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

2015–16 BUDGET ESTIMATES HEARINGS

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 24 JUNE 2015

SESSION ONE
DEPARTMENT OF HEALTH

Members

Hon Ken Travers (Chair)
Hon Peter Katsambanis (Deputy Chair)
Hon Martin Aldridge
Hon Alanna Clohesy
Hon Rick Mazza

Hearing commenced at 9.34 am

Hon ALYSSA HAYDEN
Parliamentary Secretary to the Minister for Health, examined:

Professor BRYANT STOKES
Acting Director General, examined:

Ms REBECCA BROWN
Deputy Director General, examined:

Dr SHANE KELLY
Chief Executive, North Metropolitan Health Service, examined:

Dr ROBYN LAWRENCE
Acting Chief Executive, South Metropolitan Health Service, examined:

Professor FRANK DALY
Acting Chief Executive, Child and Adolescent Health Service, examined:

Mr JEFF MOFFET
Chief Executive Officer, WA Country Health Service, examined:

Dr PAUL ARMSTRONG
Director, Public Health Division, examined:

Ms ANGELA KELLY
Assistant Director General, Purchasing and System Performance, examined:

Mr GRAEME JONES
Group Director Finance, Chief Finance Officer, examined:

Mr LEON McIVOR
Group General Manager, Contract Management, South Metropolitan Health Service, examined:

Ms TINA CHINERY
Executive Director, Perth Children's Hospital Commissioning, examined:

Mr ANDREW JOSEPH
Acting Group Director, Resources, examined:

The DEPUTY CHAIR: Good morning. On behalf of the Legislative Council Standing Committee on Estimates and Financial Operations, I would like to welcome you to today's hearing. Can all the witnesses confirm that they have read, understood and signed a document headed "Information for Witnesses"?

The Witnesses: Yes.

The DEPUTY CHAIR: Witnesses need to be aware of the severe penalties that apply to persons providing false or misleading testimony to a parliamentary committee. It is essential that all your testimony before the committee is complete and truthful to the best of your knowledge. This hearing is being recorded by Hansard and a transcript of your evidence will be provided to you. The 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 the witness's 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 the Parliament to scrutinise the budget papers on behalf of the people of Western Australia and the committee values your assistance with this.

[Witnesses introduced.]

The DEPUTY CHAIR: Does the parliamentary secretary or any of the witnesses have any opening statements?

Hon ALYSSA HAYDEN: No.

The DEPUTY CHAIR: If not, I will move to questions from members. I will recognise Hon Sue Ellery first, and then could other members indicate whether they have any questions. I will make a list so I can try to be as fair as possible to everyone. I will give the call to Hon Sue Ellery.

Hon SUE ELLERY: Thank you very much, and good morning everybody. I want to ask some questions about child health and child health nurses in particular. I could not find a specific reference so I will hang it off the general appropriation on the first page of the Department of Health in the budget papers. Noting the announcements that were made by the government in 2012 about funding for 100 additional child health nurses, how many have been recruited since 20 May 2012 to date?

Hon ALYSSA HAYDEN: Thank you very much. I will defer that question to Dr Frank Daly.

Prof. F. Daly: Thank you and good morning. Through the parliamentary secretary, the target was for an additional 70 FTEs for child health nurses in the metropolitan area and an additional 30 FTEs for WACHS. My colleague will be able to speak to that. To date in the metropolitan area, CAHS has been able to employ an additional 53.3 FTEs nurses; that comprises 83 people. This is short of the target so far of 61.5 FTEs. For the 2014–15 financial year, we are 7.9 FTEs short. I have figures to the end of April, but I am advised that we should be able to employ most of those by the end of the financial year. Currently, we are 7.9 FTEs below our target for the end of this year. The total number of 70 FTEs was for the four years from 2012–13 so, as I said, the target to date was 61.5.

Hon SUE ELLERY: Thank you. Are you able to give me information about where those 53.3 FTEs are and where gaps might be?

[9.40 am]

Hon ALYSSA HAYDEN: Yes; we will take that question on notice.

[*Supplementary Information No A1.*]

Hon SUE ELLERY: Still in the area of child health, are you able to tell me how you are travelling in terms of workforce across the allied health areas of OT, speech and psych in child health generally and where there are any gaps in particular?

Hon ALYSSA HAYDEN: Again, Dr Frank Daly.

Prof. F. Daly: There are two main areas where we have allied health personnel. One is in the school health program and the other is in the child development program. If you will just excuse me, I will refer to my notes. In the school health program, as at May 2015 we were endeavouring to employ an additional 49 school health nurses and also seven speech pathologists. That is four additional FTE of speech pathology. For the allied health component, speech pathologist, we have met our

target for that additional employment, so there are no gaps there in the metropolitan area. In allied health for the child development service, I do not have the specific number of FTE; however, I can say that we are meeting our desired KPIs for outpatients in all areas except for clinical psychology and I have been briefed—although I do not have exact numbers—about shortfalls in FTE and that we have issues with recruitment of clinical psychologists and social workers in the child development area.

Hon SUE ELLERY: Are you able to tell me what wait times are across the respective regions, however you divide them these days?

Prof. F. Daly: I can give you some indicative wait times in the allied health areas in the child development service and in each of these cases I will give you the wait time in May 2010 and the current wait time in months. In speech pathology, the wait time in 2010 was 18.8 months and currently is 9.3 months. In 2010, the occupational therapy wait time was 15 months and is currently 6.8 months. In physiotherapy, the wait time in 2010 was 12.4 months and is currently 2.5 months. In clinical psychology, the area I note had some workforce pressures, the wait time in 2010 was 10.2 months and is exactly the same this year in May 2015. In social work, the May 2010 wait time was 7.8 months and is slightly improved this year at 6.3 months. In general paediatrics, the wait time in May 2010 was 11.8 months and is currently 4.8 months.

Hon SUE ELLERY: Thank you for that. You mentioned before that you are meeting your KPIs. Are you able to table those or provide what your actual targets are?

Prof. F. Daly: I am able to table those; is that a question on notice?

Hon SUE ELLERY: No, I am asking for it now, if you have it.

Hon ALYSSA HAYDEN: No. Does Professor Daly want to take that on notice?

Prof. F. Daly: Yes, it is an exhaustive list.

Hon ALYSSA HAYDEN: We will provide that on notice.

[*Supplementary Information No A2.*]

Hon SUE ELLERY: Thank you. The figures that you just gave me, let us say, speech pathologist, in 2010 the wait was 18 months, now it is nine months. You are giving me that figure, as I understand it, that is like an average across Western Australia, or an average for the metro area? What is that figure telling me?

Hon ALYSSA HAYDEN: We do not have that defined actually at the moment, but we can take it on notice and provide that. We can give you figures for the country areas, if you like?

Hon SUE ELLERY: Okay, but you cannot actually tell me? I am just a bit surprised that you are not actually able to tell me what that period of time actually constitutes—if it is metro, if it is country, if it is an average.

Hon ALYSSA HAYDEN: They have not got the figures there in front of them on that, but we are happy to provide it.

Hon SUE ELLERY: He has the figures; he just cannot tell me what the figures are for.

Hon ALYSSA HAYDEN: He has the figures, but he is not able to tell —

Prof. F. Daly: If I may, through the parliamentary secretary, thank you. What I am trying to say is, yes, I have those figures in front of me. I have not got in front of me the definition whether it is a median or an average—a mean. The exact words I have in front of me is that these are the waiting times. I have taken that as meaning the average wait time, but I do not have the words in front of me, so I would need to make sure that that is actually defined.

Hon SUE ELLERY: Okay.

[*Supplementary Information No A3.*]

Hon SUE ELLERY: Still on the area of child health assessments, I note that the federal government made an announcement that they are cutting about $145 million from the GP child health assessment out of the Medicare benefits schedule. I just wonder what impact it is projected that is likely to have on demand for services through child health as a consequence of parents not being able to get that kind of assessment through their GP.

Hon ALYSSA HAYDEN: Again, Dr Frank Daly will be able to answer that one.

Prof. F. Daly: I apologise; I am not aware that we have done any work to ascertain a possible future demand that may arise from the reduction in commonwealth funding. I am not sure where that work has been done. I can take that question on notice, if the work has been done.

Hon ALYSSA HAYDEN: Also, just on that, in regards to the country areas, we are filling that gap ourselves. Jeff Moffet, would you like to add anything to that?

The DEPUTY CHAIR: Just before Mr Moffet gives the answer, there was an undertaking to get some further information. I will give that supplementary information A4 in relation to the work around the commonwealth government funding.

[*Supplementary Information No A4.*]

Mr J. Moffet: Sorry, that was median wait times in the country?

Hon ALYSSA HAYDEN: Yes.

Mr J. Moffet: Just to provide specific information around country median wait times for child development services, just to go through the figures: the state median in May 2010, at the beginning of the initiative, was 18.8 months for speech pathology; and as at quarter 2 of 2014–15, it was 3.5 months for speech pathology. For occupational therapy it was 15 months in 2010, and now down to 3.2 months in quarter 2 of 2014–15; for physiotherapy it was 12.4 months in 2010, and is now 2.3 months in quarter 2 of 2014–15; for clinical psychology, 10.3 months in 2010, and now 5.6 months in quarter 2 of 2014–15; and, finally, social work was 7.8 months in 2010 and is now 3.7 months in quarter 2 of 2014–15.

Hon SUE ELLERY: Thank you for that. I wonder, what is it that the country did differently? You have been able to make significant difference in the reduction of wait times. In the inner city, speech pathology has reduced by half; in the country it is significantly more than that, 18 down to three, so what is it that was done differently?

Mr J. Moffet: I think, very clearly, the investment around child health services has been a significant improvement in resources. We have an additional 27 child health nurses in particular through the investment. We have equally had an increase in speech pathology through the school health investment, so we have had additional resources come into both nursing and allied health resources over that time.

[9.50 am]

Hon SUE ELLERY: So has the metropolitan area, so I wonder what was the difference—perhaps, in how it was implemented.

Hon ALYSSA HAYDEN: I think it is also the fact that we have invested more in the country regions than ever before, so we have seen a great result in that coming through now.

Hon MARTIN ALDRIDGE: That is a nice change.

Hon ALYSSA HAYDEN: Yes.

Hon SUE ELLERY: If I may, Chair, I will go back. The reason that the federal government gave at the time that it announced that cut was, it said, it was cutting the Feds' contribution to that universal child health assessment because it was duplication of services already provided by the state. I appreciate you said you have done no work on determining whether or not it is going to have

an impact or has had an impact. It seems to me, logic says it must because people were able to use the service through their GP and now they cannot, so where are they going to go to get that service? I hope it does not mean that universal health assessments are just not going to be done. I wonder if you are able to tell me or if you have the figures on, perhaps, prior to the cut, what percentage of those universal health assessments were being done in state services and what was being done through GPs.

Hon ALYSSA HAYDEN: Certainly. Before we actually go to those figures, I can assure you that this government takes health very seriously with 28 per cent of our budget being allocated to health. So, we are not looking at cutting anything.

Hon SUE ELLERY: Good for you. I did not suggest you were.

Hon ALYSSA HAYDEN: I know, but I am saying with the reduction of federal funding. Our anticipation is not to reduce our services at all, but we are in the process of working that out now and just seeing what gaps there are going to be and what we need to do to fill those, and to get across that. At the moment, they are in the workings of that. Dr Frank Daly might be able to help you with those figures.

Prof. F. Daly: I have available to me figures that show what percentage of children in our jurisdiction have received check-ups at the various points, but I do not have the figures that show what percentage may have been picked up by other providers—either NGOs or GPs. If you would like those figures, I could access them now.

Hon SUE ELLERY: That would be good. If you could also maybe make a comment about—we know how many children there are in Western Australia so we must be able to, kind of, work backwards to figure out if, you know, there are 500 000 children and we are doing 200 000, then there are 300 000 children missing out of that equation. So, we might be able to do some calculations backwards that way. If you have any information that could help me with that as well, that would be useful.

Prof. F. Daly: I do not have that denominator figure about the total number of children who might need to access these services. If you just give me some time, I will go through my notes.

In just one quarter, between quarter 2 and quarter 3 in this financial year, child health nurses delivered 25 972 birth to school entry assessments. In addition to those assessments, 10 114 face-to-face contacts were done, comprising 5 199 targeted assessments to support families identified as needing additional assistance and 4 915 contacts with families visiting child health centres during drop-in days and drop-in clinics. For the universal postnatal visits within 10 days, my figures state that the child service exceeded the KPI with 62 per cent of children receiving a universal postnatal visit within 10 days and 97 per cent receiving a postnatal visit beyond that period. There has also been improvement in completion rates achieved for that child check, which is meant to occur between six to eight weeks, between three to four months, at eight months and at 18 months. I will access those figures in a moment. There is one area where our completion rates for child health assessments remain static, and that is in the child health assessment which is to occur between the three and three-and-a-half-year age point. In the first quarter of 2014–15, that was at 25 per cent, but in the second and third quarters, that returned to levels which are closer to the historical average of around 18 per cent. The advice I have been given is that the take-up of that three to three-and-a-half-year child check is much lower than the earlier checks because there is an option for parents to go to other services, such as GP services. Although I do not have figures that show that those children are definitely going to GPs, that is the information that we suspect is driving that lower take-up. I will just find the figures for those specific universal checks. The figures that I will provide are for the third quarter of 2014–15. As I said, for the universal postnatal visit under 10 days, or 10 days and less, 62 per cent, and our target is 60 per cent for 2014; for the universal postnatal check in the first 41 days, 97 per cent of children; in the six to eight week health check, 87 per cent; in the three to four month check, 79 per cent; at the eight-month-old health check,

58 per cent; and at the 18-month health check, 41 per cent. As I said, the latest figures for the three to three-and-a-half-year check are at 18 per cent.

Hon SUE ELLERY: Thank you. I wonder if we can compare those back to the other set of figures you were comparing us back to, which was 2010. Do you have similar —

Prof. F. Daly: I do, and I will read back now the same way. I will not go back through our third quarter for 2014–15. For the metropolitan area in November 2010, for the universal postnatal check at up to 10 days, we were at 46 per cent; at the universal postnatal visit in the first 41 days, we were at 99 per cent; at the six to eight week health check, we were at 94 per cent; at the three to four month check, we were at 80 per cent; at the eight-month-old health check, we were at 60 per cent; at the 18-month-old health check, we were at 30 per cent; and at the three-year to three-and-a-half-year-old health check, in November 2010, we were at nine per cent.

Hon SUE ELLERY: Thank you. Do you have any explanation for where some of those figures have gone down, given the investment since 2010, what the driver there might be?

Prof. F. Daly: The key drivers, I am advised, are around recruitment of staff and retention of staff, and also making the service more responsive. So, in terms of finding staff, recruiting them, managing centralised pools, management and oversight of vacancies around the need to upskill community clinical health nurses; and finally, strategies to ensure that people can access services such as SMS messaging and reminder services. I do not have the figures in front of me, but I am advised that we have had issues with "did not attend" rates to checks, so people having appointments or having the ability to access the service, but not attending.

The DEPUTY CHAIR: Member, I will ask you to ask one more question and then I will move around. Hopefully, we get the opportunity to come back to you later.

Hon SUE ELLERY: Sure; thank you. Finally, if you get the opportunity to go back and reflect on whether or not any work has been done about predicting what might happen, given that the GP role is no longer being funded, and you are able to provide any additional information, I would appreciate that.

Hon ALYSSA HAYDEN: We are happy to provide that.

[*Supplementary Information No A5.*]

[10.00 am]

Hon MARTIN ALDRIDGE: I want to go to dental health, on page 137, under services and key efficiency indicators. There is quite a significant amount of resource there, some $115 million in 2015–16. Obviously, a fair chunk of that would be towards the school dental service, but would you be able to give me some breakdown in terms of the dental-related activities funded by the department?

Hon ALYSSA HAYDEN: Certainly, Dr Shane Kelly will be able to answer your question.

Dr S. Kelly: The dental health service budget provides free care to enrolled schoolchildren and subsidised general dental care to eligible patients, and that is predominantly funded by the state. There has also been in place a national partnership agreement with the commonwealth, funding in the order of $29 million to $30 million over a period of three years. That is now coming to a conclusion, and I am pleased to be able to say that the combination of the state funding and the NPA has enabled there to be significant additional public patients treated, in the order of 25 000, and this has reduced waiting times by 70 per cent. There is also a national partnership agreement going forward into the 2015–16 year, and an additional $13 million will be applied to make further inroads into providing dental care and reducing those waiting times.

Hon MARTIN ALDRIDGE: So there are two aspects to the program. One is enrolled schoolchildren, in both public and private schools, and then subsidised general dental care.

Dr S. Kelly: Yes.

Hon MARTIN ALDRIDGE: How do you target that subsidised general dental care—in terms of eligibility or location?

Dr S. Kelly: It is on eligibility—health care card holdership eligibility.

Hon MARTIN ALDRIDGE: What are the conditions of eligibility, to access that funding?

Dr S. Kelly: I do not have that detailed information, but I am happy to provide that on notice.

[*Supplementary Information No A6.*]

Hon MARTIN ALDRIDGE: Where would you receive this care from? Assuming that I am eligible, where would I go to receive that subsidised dental care?

Dr S. Kelly: There is a range of dental clinics right across the state in both metropolitan and country areas, providing dental care to school-aged children. We also utilise private practice dental practitioners in order to complement the public services provided, particularly through the national partnership agreement, which has provided that additional funding to do that.

Hon MARTIN ALDRIDGE: So would that option be exercised in locations where perhaps a public dentist is not readily available, and so therefore options to use private dental services would be the preferred option?

Dr S. Kelly: That is correct.

Hon MARTIN ALDRIDGE: I think there is some funding going into some of the hospitals in my electorate around improving dental services from the Australian government—almost $6 million to Narrogin. Would that be part of this program?

Dr S. Kelly: That is probably a question for my country colleague, through the parliamentary secretary.

Hon ALYSSA HAYDEN: Mr Jeff Moffet will be able to answer that one.

Mr J. Moffet: Country health collaborates with dental health services on its infrastructure build, so the services are run through the North Metropolitan Area Health Service, but in the country obviously we provide the host facilities. There is a HHF funding at a number of sites around dental services. I do not actually have the detail with me, but we plan the dental services as we do the functional design of the facility, and then we manage the project to deliver additional chairs. We have recently done that in the Busselton Health Campus, for example, so we have dental chairs right around the state that we host on behalf of the dental health service.

Hon MARTIN ALDRIDGE: So the Australian government assists in terms of the infrastructure requirements, of making the country health service facilities available for the delivery of dental health services, and then through the national partnership agreement there is funding for those subsidised places?

Mr J. Moffet: Generally speaking, the state has funded dental infrastructure, but there are opportunities through the hospital and health fund application process in the past that have been taken up by dental services. They have successfully applied for funding to invest in additional infrastructure. The NPA, to my knowledge, was all around additional services. That was a separate agreement with the commonwealth to the hospital and health fund application process, which was just for the capital.

Hon MARTIN ALDRIDGE: Am I able to get supplementary information on some detail around, particularly within the Western Australia Country Health Service footprint, where those public and/or private options are available?

Hon ALYSSA HAYDEN: Yes, we can take that on notice.

[*Supplementary Information No A7.*]

Hon MARTIN ALDRIDGE: If there are eligible dental patients who do not have either a public or a private option, would they be able to use the patient assisted travel scheme to access those dental services?

Mr J. Moffet: Generally speaking, most dental services are excluded from the scheme. There are some circumstances, for example, where complex anaesthetic or specialist dental procedures by medical specialists is required. In general, dental is not subsidised by the PAT scheme.

Hon ALANNA CLOHESY: The federal government has cut $126 million out of the child dental scheme. Parliamentary secretary, have you got an estimate of how much of that will relate to Western Australia over the forward estimates?

Hon ALYSSA HAYDEN: Dr Shane Kelly.

Dr S. Kelly: I do not have an exact figure, but we would expect that it would approximate 10 per cent of that total, given the population of Western Australia versus the rest of the country, but I am happy to provide that on notice.

Hon ALANNA CLOHESY: So Western Australia will get a cut of 10 per cent out of that $126 million?

Hon ALYSSA HAYDEN: That is estimated at the moment.

Hon ALANNA CLOHESY: When will you have an understanding of how much that will actually affect the health budget?

Dr S. Kelly: The health budget, in respect of the state health budget, is purely for the treatment of those children in school and the eligible adults. The responsibility for primary care in respect of dental is with the commonwealth, so, in effect, we are topping that up. To the extent that they reduce services, that will have an impact on the number of people who are unable to be treated within the state budget parameters.

Hon ALANNA CLOHESY: When will you be able to have a better idea of how much that is, and how many will be affected by it?

Hon ALYSSA HAYDEN: As in a time frame, we cannot give you one right now. As we mentioned earlier, we are in the midst of working that out now. Once that information has been detailed and investigated, we will have more of an idea, but we do not have a time frame at the moment.

Hon ALANNA CLOHESY: Can I get that on notice?

Hon ALYSSA HAYDEN: Once we know what is going on.

The DEPUTY CHAIR: I am trying to work out what we will get on notice.

Hon ALANNA CLOHESY: The actual dollar cut to Western Australia under this scheme, and how many children will be impacted. The usual process would apply.

The DEPUTY CHAIR: In this instance, we can place that as a request for supplementary information, and then, if the department is able to answer it, it will do so. If it cannot, then it will say that it still has not determined this, and then there are other processes outside of estimates where you can continue to seek that information.

Hon ALYSSA HAYDEN: Once the minister is on top of all this, I am sure there will be a statement to the house at an appropriate time.

[10.10 am]

Hon ALANNA CLOHESY: I appreciate that, but I note that we are in estimates and we are looking at the impacts of the budget.

The DEPUTY CHAIR: Sure; that is fine. We will allocate that as A8 and make the request that whatever is available will be provided. As we said, there are many forums, including questions on notice, questions without notice and ministerial statements, to wrap all that up when it is available.

[*Supplementary Information No A8.*]

Hon ALANNA CLOHESY: What options are available for low-income families with children aged below five who cannot access the school dental service?

Hon ALYSSA HAYDEN: Dr Shane Kelly.

Dr S. Kelly: As I indicated previously, primary dental care is the responsibility of the commonwealth government, not the state government. The state provides for —

Hon ALANNA CLOHESY: Sorry, I am having difficulty hearing.

Dr S. Kelly: The responsibility for dental care resides with the commonwealth government. The state provides some services to school-aged children and eligible adults only.

Hon ALANNA CLOHESY: So, it is the federal government's responsibility for under fives?

Hon ALYSSA HAYDEN: If they are not at school, it is the federal government's responsibility, yes.

The DEPUTY CHAIR: If you have finished with questions on dental, I will work through the crowd. The next person I have on my list is Hon Nick Goiran.

Hon NICK GOIRAN: Before I ask my questions, can I just ask about the status of the answers to questions that were provided by members prior to today's hearings?

The DEPUTY CHAIR: The answers that have been received, as far as I am aware, have all been made public.

Hon NICK GOIRAN: I have in my possession a copy of —

The DEPUTY CHAIR: Except one question from the Department of Health, which we have only just received. We have not made it public. It was question 30. We have not had the opportunity to make that question public. The committee has not even seen it. It was a question relating to something asked by Hon Sue Ellery.

Hon NICK GOIRAN: There is a letter provided by —

Hon ALYSSA HAYDEN: Sorry, we cannot hear Hon Nick Goiran.

Hon NICK GOIRAN: A letter was provided last week; it is dated 15 June 2015. It is signed on behalf of Dr Kim Hames, MLA. It advises the committee that answers have been provided to questions 1–11, 13–14, 18–23, 25–29, 64–65 and 67–68. The remaining responses are being prepared and will be finalised as soon as possible for the committee. In my case, I asked 19 of those questions; five have not been answered.

Hon ALYSSA HAYDEN: Which numbers?

The DEPUTY CHAIR: There were answers that the committee received yesterday and processed.

Hon NICK GOIRAN: They are not on the website at the moment, Mr Chairman.

The DEPUTY CHAIR: They would by now, hopefully, be on the website. As you understand, sometimes with these things there is a process. The committee staff are actually in the chamber during estimates hearings, so it makes it a bit hard. Perhaps if you have any requests for specific questions that have already been made public by the committee, we could provide them to you.

Hon NICK GOIRAN: How about I start with the questions to the parliamentary secretary arising out of $65 000 spent on the Surrogacy Act review. Through you, Mr Chairman, can I ask the parliamentary secretary if we can be informed —

Hon ALYSSA HAYDEN: I am really sorry, we really cannot hear you.

The DEPUTY CHAIR: You will have to speak up, Hon Nick Goiran.

Hon NICK GOIRAN: Mr Chairman, can I ask through you to the parliamentary secretary about the statutory review of the Surrogacy Act. The answers that were provided indicated that $65 000 was the cost of that review. Can the committee be informed as to what the benefits were of that review?

Hon ALYSSA HAYDEN: We have a number of questions in your name, honourable member. Do you have a number to that one?

Hon NICK GOIRAN: It is not a question provided in advance of today's hearing.

Hon ALYSSA HAYDEN: Does it relate to questions 18, 19 and 20?

Hon NICK GOIRAN: According to the numbers that you would have, it would start at question 18. We were informed that the cost of the review was $65 000. Today, my question without notice, if you like, is what were the benefits of the review?

Hon ALYSSA HAYDEN: Professor Bryant Stokes will provide your answer.

Prof. B. Stokes: The reproductive council is still working through all those issues as a result of the review. That is not available at this point in time.

Hon NICK GOIRAN: As I understand it, taxpayers have paid $65 000 for a review and we do not know what the benefits of the review were. What was the date that the review was made available to the minister?

Hon ALYSSA HAYDEN: We do not have that date here with us, when it was provided to the minister. To say that we do not have an answer on $65 000 worth of review, it is being considered at the moment but we do not have the date it was sent to the minister. We can provide that to you on notice, if you like.

[*Supplementary Information No A9.*]

Hon NICK GOIRAN: If I suggested that the outcome of the review has been available to the minister for a year, would anybody disagree with that?

Hon ALYSSA HAYDEN: I cannot confirm that. We cannot confirm nor deny that one, honourable member. I am just referring to your question 21, where it has got the review recommended the support of the referral to the Council of Australian Governments. Anything further to that answer that was provided we would have to take on notice.

Hon NICK GOIRAN: Mr Chairman, what have we taken on notice so far?

The DEPUTY CHAIR: I am trying to work out what the "anything further" that the parliamentary secretary just mentioned is that would go on notice for supplementary information. She has certainly said that the date would —

Hon ALYSSA HAYDEN: Yes, and anything further to that question.

The DEPUTY CHAIR: — and anything further to question 21 that has not already been provided. I should let the member know that this morning a batch of questions, including the answer to question 21, has been made available on the website.

Hon NICK GOIRAN: The answer to 21 was provided last week. The one in this particular section that I have not received is question 24. The question is further to the previous question: will you give consideration to seeking an amendment to this effect? It is specifically talking about an amendment to make it unlawful for Western Australian residents to enter into an international commercial surrogacy arrangement.

Hon ALYSSA HAYDEN: The answer to that one is that it is anticipated the work on a nationally consistent approach to surrogacy will be considered.

Hon NICK GOIRAN: Sorry, I could not hear that.

The DEPUTY CHAIR: Could you repeat that, please, parliamentary secretary, because I could not hear it either.

Hon ALYSSA HAYDEN: Sorry. It is anticipated that the work on a nationally consistent approach to surrogacy will be considered.

Hon NICK GOIRAN: So basically the minister is saying that we are going to wait for it to be done at a national level before we do anything in Western Australia?

Hon ALYSSA HAYDEN: That is correct.

Hon NICK GOIRAN: Further to that, one of the questions I asked was about Victorian provisions. For your benefit, this starts at question 19: Victoria requires that arranged parents and the surrogate mother and partner have criminal record checks and child protection order checks. That is what they have in Victoria at the moment. Is there any good reason why we could not have that in Western Australia?

Hon ALYSSA HAYDEN: There is no good reason.

Hon NICK GOIRAN: Parliamentary secretary, might you take that up with the minister after today so that we might seek an amendment to the act?

Hon ALYSSA HAYDEN: I am sure you and I can both go and meet with the minister, honourable member.

Hon NICK GOIRAN: No further questions.

The DEPUTY CHAIR: The next person on my list is Hon Amber-Jade Sanderson.

[10.20 am]

Hon AMBER-JADE SANDERSON: My question relates to the workforce renewal policy on page 123 of the *Budget Statements*, where savings of $425 million over the next four years are outlined. Are you able to identify how the department intends to meet that target of $425 million?

Hon ALYSSA HAYDEN: Ms Angela Kelly will be able to answer your question on that one.

Ms A. Kelly: We have two ways of allocating costs and prices, you would know, within the hospital setting and the non-hospital setting. So, for the workforce renewal policy, those savings have been attributed within the price allocated to hospital services. Within the non-hospital service setting we are now reviewing how we can achieve those savings.

Hon AMBER-JADE SANDERSON: What are your plans for 2015–16—for the coming financial year?

Ms A. Kelly: That plan is in place, or very close. We have a number of strategies that we are looking at. We are looking at obviously fixed-term contracts and we are looking at our own service delivery, so there is a range of strategies within both hospital settings and the non-hospital settings to achieve those savings.

Hon AMBER-JADE SANDERSON: Can you outline what those strategies are?

Ms A. Kelly: I do not have a list available at the moment.

Hon AMBER-JADE SANDERSON: You have identified fixed-term contracts; what are the strategies around fixed-term contracts?

Hon ALYSSA HAYDEN: As there is a range of different strategies depending on the positions, we are happy to take that on notice and take it up later.

Hon AMBER-JADE SANDERSON: Yes, please. If you could take on notice all the plans for 2015–16, not just in relation to fixed-term contracts—so all the plans relating to workforce renewal for 2015–16.

Hon ALYSSA HAYDEN: So all the strategy plans for workforce renewal?

Hon AMBER-JADE SANDERSON: Yes, please.

[*Supplementary Information No A10.*]

Hon AMBER-JADE SANDERSON: My next question relates to the St John of God hospital in Midland—the new hospital.

Hon ALYSSA HAYDEN: Midland Public Hospital.

Hon AMBER-JADE SANDERSON: I was curious to know whether the department had signed a contract with Marie Stopes at this point in time to provide the family planning services.

Hon ALYSSA HAYDEN: The final agreements are being adhered to now and we expect it to be done by the next week or two.

Hon AMBER-JADE SANDERSON: Okay, great. Has the department identified a referral pathway for those services; what is that pathway; and what role will St John of God play in that pathway?

Hon ALYSSA HAYDEN: There is obviously something already in place for that procedure. It will go through the postcode of the area the person lives in, but I will put it through to Dr Shane Kelly to explain that a little further.

Dr S. Kelly: As the parliamentary secretary has outlined, the availability of the service at Marie Stopes International at Midland for free public services for the range of services generally referred to as restrictive procedures is based on a postcode catchment area, so GPs or specialists who see patients who live within a defined catchment area can make a referral directly to Marie Stopes International in much the same way as they do at the moment for private patients.

Hon AMBER-JADE SANDERSON: If a patient presents at St John of God, what role will St John of God play in referring those patients to Marie Stopes.

Hon ALYSSA HAYDEN: Presents in what way?

Hon AMBER-JADE SANDERSON: Presents requiring access to those restricted services.

Hon ALYSSA HAYDEN: I want to make it clear, because it really does confuse you every time this issue is raised. I do not know why you imagine that people just rock up to an emergency service to any hospital asking for one of those restricted services. Those restricted services generally go to a GP—99.9 per cent of the time—and then they are referred to a specialist. I have never heard of a gentleman walking into an emergency department asking for a vasectomy. You do go to your GP to get that. So for the services you are referring to you always go to your GP and you get referred to a specialist. They do not rock up to a hospital and ask for those services.

Hon AMBER-JADE SANDERSON: With respect, parliamentary secretary, I am surprised that this confuses you, because that is not true. People do present to a hospital —

Hon ALYSSA HAYDEN: You know someone who has walked up to emergency and asked for those services?

Hon AMBER-JADE SANDERSON: Not a vasectomy, but for a termination or emergency contraception. If they are already undergoing obstetric services within a hospital, they would have access to those restricted services, so I am surprised that it confuses you.

The DEPUTY CHAIR: I am always happy for members to be enlightened and to provide further information for other members, but if we could restrict ourselves to budget estimates, it would be a lot more helpful.

Hon AMBER-JADE SANDERSON: My specific question is: what role will St John of God play when women or men present requiring obstetric or other services that they would normally be able to access in the public health system, and what role will St John of God play in referring those people to Marie Stopes?

Hon ALYSSA HAYDEN: If any of those people needing those services rock up to their front door unannounced, they will obviously be referring them up to the specialist clinic they need to go to. If it is an emergency case, of course, St John of God, as a highly respected hospital operator that has been doing it for quite some time, will always take the care of the patient into account and deal with the patient's health standard first and then work out what needs to be done next. If there is another case, they will be referred to the appropriate place to continue on with treatment.

Hon AMBER-JADE SANDERSON: Are you confirming that St John of God will not refer directly to Marie Stopes?

Hon ALYSSA HAYDEN: No, I did not say that. Yes, Dr Shane Kelly.

Dr S. Kelly: There are considerations in respect of making direct referrals from a Catholic health service provider to a provider of these restrictive procedures that need to be considered. As the parliamentary secretary has outlined, in the event of emergency or life-threatening circumstances, the usual treatment is provided, and in the event of an elective presentation for a procedure, these patients will be referred to the general practitioner and given general information about services available in the community.

Hon NICK GOIRAN: Just quickly, because this relates to two of the questions I had asked prior to today's hearing, which I have not received answers to as yet, although I am starting to understand maybe the committee has the answer in its possession but has not had the opportunity to meet to make it public. The questions in my case would be I think question 16 and 17. In any case, perhaps if I could read them: what is the detailed breakdown of all costs paid to date to Marie Stopes International, and what is the detailed breakdown of all costs budgeted to be paid to Marie Stopes International for 2015–16? I just wonder whether the committee had an answer to that.

Hon ALYSSA HAYDEN: We have answered all your questions, honourable member, and submitted them.

Hon NICK GOIRAN: Is it possible for me to receive a copy of that now?

The DEPUTY CHAIR: I am looking on the website and they are not on there. We will have a break around about 11 o'clock and perhaps in the break we could provide those questions to you and if you have any issues we will follow them up.

Hon NICK GOIRAN: It is fine at 11 o'clock.

Hon ALYSSA HAYDEN: We have them here.

The DEPUTY CHAIR: I do not think the committee had given status of those particular questions, unfortunately, so we will do that at the break or the parliamentary secretary can answer them, but it is probably easier if we just do that at the break and provide it to you.

Hon NICK GOIRAN: That is fine.

Hon ROBIN CHAPPLE: My question is in relation to division 9, part 3, page 128—Aboriginal health. I refer to the report "A Promising Future: WA Aboriginal Health Programs", otherwise known as the Holman review, and a statement by the minister on 20 May 2015 confirming that there had been an effective 50 per cent cut in the allocation of Aboriginal health services. Apart from the 12 per cent of programs identified in the Holman review as marginal or poor, please provide a breakdown of where the other 38 per cent of funding will be cut, including the names and services of those programs.

[10.30 am]

Hon ALYSSA HAYDEN: Thank you, Rebecca Brown will be able to answer your question.

Ms R. Brown: With regards to the Holman review, as you pointed out, Professor Holman identified that 88 per cent of programs funded through WA Health—so state government money.

Hon ROBIN CHAPPLE: That was going to be my next question.

Ms R. Brown: I will probably get to that. I have a clarification question. Clearly, 88 per cent were identified as good, outstanding or excellent, and the announcement by the minister was regarding retaining funding at that level.

In regards to your question, I am unclear about the 38 per cent reference.

Hon ROBIN CHAPPLE: We are actually saying that apart from the 12 per cent, which is within the total of 50 per cent, bearing in mind there has been a 50 per cent cut.

Ms R. Brown: Yes, right.

Hon ROBIN CHAPPLE: Apart from the 12 per cent of programs identified in the Holman review as marginal or poor, which is where we would assume some of the money was being cut from, can you provide a breakdown of the further 38 per cent where that funding will be cut?

Ms R. Brown: In regards to the additional funding that is being allocated across the Department of Health, that has been allocated across a range of areas both within the department and within the health services. They have been allocated across both a combination of North Metro Health Service, South Metro Health Service, within public health, WA Country Health, Child and Adolescent Health Service and funding within the department also for community service contracts.

Hon ROBIN CHAPPLE: Okay, so part two: please provide details of where the funding will come from to fund the full 88 per cent of programs in the Holman review identified as very good or good, including the name of the program, the amount of funding, the duration of the funding, the frequency of mandatory services activity reporting and whether data collection is focused on outputs or outcomes?

Ms R. Brown: The first question we will need to take on notice in terms of the allocation of savings, they have been allocated out through the health services who are looking at how they identify those savings across their key service areas. With regards to the second part of your question, part of the review that Professor Holman undertook looked at the outcomes being achieved by programs, and in parallel we looked very closely at the procurement process and the way in which we are contracting with providers. The aim going forward as we implement both the Holman recommendations is to improve our overall procurement and contract management with regards to Aboriginal health, including alignment with the state government's policy around delivering community services in partnership policy which will transition those contracts to an output and outcome–based arrangement including the identification and the development and monitoring of key performance indicators in those key service areas.

Hon ROBIN CHAPPLE: Thank you.

Hon ALYSSA HAYDEN: There was a section of that question to be put on notice.

The DEPUTY CHAIR: That part we will allocate as A11.

[*Supplementary Information No A11.*]

Hon ALYSSA HAYDEN: Do you need to know what that was?

The DEPUTY CHAIR: No, we have got that, thank you.

Hon ROBIN CHAPPLE: Hansard does a good job.

The DEPUTY CHAIR: Yes. It is just that sometimes the exchange happens so quickly that we do not get the opportunity, so, thank you, parliamentary secretary, for picking that up.

Hon ROBIN CHAPPLE: Of the 12 per cent of programs identified in the Holman review as marginal or poor, how many were renal dialysis and the prison health?

Hon ALYSSA HAYDEN: Professor Bryant Stokes would like to address your answer.

Prof. B. Stokes: Thank you, very much, through you, parliamentary secretary. The process in which Professor Holman did his review was quite extensive, as you are probably aware, including visiting large numbers of Aboriginal communities and talking to Aboriginal people. What he actually said about renal dialysis was that it was treating the end of a disease rather than treating prevention of the disease. And there is no suggestion that we are going to stop renal dialysis at all, because that must go on, but we need to try to find more resources to put into the prevention area of preventing renal disease. So, that is a little bit of ambiguity in the report when you read it that way. I hope that has properly answered your question in that regard.

Hon ROBIN CHAPPLE: Hopefully so. In relation to prison health?

Prof. B. Stokes: I might say about prison health that it was actually not health within the prisons but it was the post discharge from prisons health care, and this is something that was not well done and we are looking at ways in which that can be improved in the communities. It was not in prison health care, it was post discharge from prison health care.

Hon ROBIN CHAPPLE: Of the 12 per cent of programs identified in the Holman review as marginal or poor, please identify the programs and the reasons for their rating?

Prof. B. Stokes: I think, with respect, that is probably best explained by reading Holman's actual description of the processes in his detailed report, and we can provide those detailed reports. Some of them however are commercial-in-confidence, as you would appreciate.

[*Supplementary Information No A12.*]

Hon ROBIN CHAPPLE: Of the five key recommendations put forward by the Holman review, please identify which will be implemented and which will not stating the reasons.

Prof. B. Stokes: I would like to very much take that on notice, because we are working through those at the moment, as you might understand, in this financial restricted climate that we are in at the moment. We would hope to implement all his recommendations, but it is going to take time.

The DEPUTY CHAIR: We will incorporate that as part of A12, and we will get an answer to that.

Hon ALYSSA HAYDEN: Just so you are aware Mr Chair, there is no time line on that second part of A12, as they are working through it now, we cannot actually specify a time for that.

The DEPUTY CHAIR: As I said earlier, it was Professor Stokes who indicated that he is happy to take it on notice.

Hon ALYSSA HAYDEN: Yes, once we have worked through it.

The DEPUTY CHAIR: When the answer comes back in the normal time frame, if it has been worked through, you can provide the information; if not, you can indicate that you are still working through it and then there are mechanisms available to all members to seek that further information in due course.

Hon LIZ BEHJAT: Thank you, Deputy Chair. Parliamentary secretary, through you, I have got some questions that I would like to ask with regard to palliative care, in particular I can refer you to page 134 of the budget papers where we have got some figures set aside there for total cost of services and the net cost of services. You will probably have to take these questions on notice, but I would like to know, in footnote B, the total cost of service includes palliative care services delivered by contracted providers such as Silver Chain, Peel and Joondalup Health Campuses and the Murdoch Community Hospice. I would like to have a breakdown of the numbers of patients that are being seen by those providers. I am assuming that Silver Chain, for instance, are giving palliative care in home and the others are giving it in situ at the health campuses and at the hospice,

so the numbers of patients that are being seen. I am wondering whether you have any information with regards to the numbers of patients who may not actually be accessing palliative care but who would be eligible to do that, which would then also go to a question I have with regard to the education and advisory services that have been made available. It says in the preamble that education and advisory services are available to assist professionals, particularly those in rural areas. I am wondering what programs there are available to educate families and others who need to access those services that they are available.

[10.40 am]

The DEPUTY CHAIR: There are a series of questions in there, honourable member, so if parts of them are not answered, you will get to them again, I think.

Hon ALYSSA HAYDEN: We can answer part of those questions with some of the numbers and so forth, but the rest, as indicated, can be put on notice. Ms Angela Kelly will provide that answer for you.

Ms A. Kelly: Through the parliamentary secretary, in regards to your question about Silver Chain, we estimate, particularly for this financial year, Silver Chain will provide 210 384 days of care, which is an estimated average of 895 patients and their families per month.

Hon ALYSSA HAYDEN: We will take the rest on notice.

[*Supplementary Information No A13.*]

Hon ROBIN CHAPPLE: In relation to the provision of palliative care services in the Pilbara and Kimberley, how many palliative care workers are servicing the Pilbara or the Kimberley? When it comes to Silver Chain services, I understand there is a great deal of difficulty in actually putting hours into places like Jigalong. I am interested in how that can to be improved.

Hon ALYSSA HAYDEN: Mr Jeff Moffet will be able to answer that for the member.

Mr J. Moffet: WA Country Health Service provides a range of palliative care services in hospital settings right around the state, including the Pilbara and Kimberley, so we are direct service providers in that sense. In order to provide the resourcing support, I will take that on notice. In the community and home setting, we partner, again, with Silver Chain, other private providers and Aboriginal medical services around the state to deliver some of those services. We do not have a single defined model. We work with GPs, medical services and private providers to deliver. In the example of Jigalong, it is obviously a big logistic exercise to deliver palliative care in that environment. I probably have to take on notice specifically what we do to plan for services in a community such as Jigalong.

[*Supplementary Information No A14.*]

Hon RICK MAZZA: I refer to page 127 of budget paper No 2. The third bullet point looks at the initiative focusing on the supply of health workers with a line item about Aboriginal health worker training. I wonder about the success of the program and how many Aboriginal health workers you have.

Hon ALYSSA HAYDEN: Professor Bryant Stokes will answer your question.

Prof. B. Stokes: I am sorry for the delay—the papers are quite large. I apologise to the questioner. Certainly we have been very proud of the fact that we have achieved our goal for appointing Aboriginal workers in our system and, indeed, our strategy has been working with both the Aboriginal health communities as well as with our Department of Health staff, the Aboriginal improvement unit in WACHS and also ACW, the Aboriginal health community workers. As I said, we have now achieved the 3.2 per cent Aboriginal employment rate that was set by the Public Sector Commission, and by this financial year we will have 547 Aboriginal people in employment. There are some doctors, and a doctor is coming along at the moment in Notre Dame

University. We have developed a strong and skilled growing Aboriginal workforce across WA Health. We have invested in a number of initiatives that are basically encouraging younger people to start looking at health. Also there has been some activity, which we have been a little involved with, with the Chamber of Commerce, which has started to produce what it calls its VTEC training program. The total cost for our access and support program for Aboriginal students to access and maintain studies in relevant health is going to be $1 million over two years, including GST. We have also started some Aboriginal cadetship programs and are currently employing 10 part-time Aboriginal university students. We are really moving in that area much more than we were a few years ago.

Hon RICK MAZZA: Of the 547 workers, how many of those did you say are doctors?

Prof. B. Stokes: I think we have two at the moment, but I can find out exactly. I know there is one doctor in training at the moment in Notre Dame.

Hon RICK MAZZA: What would be the ratio of those 547 workers based in metropolitan and regional areas?

Prof. B. Stokes: I will have to take that on notice. I cannot tell you that at the moment; I am sorry.

[*Supplementary Information No A15.*]

Hon RICK MAZZA: While we are talking about the retention of the workforce, I turn to page 129, the Southern Inland Health Initiative. The second bullet point refers to 123 general practitioners in that region. The last line refers to a 70 per cent improvement in workforce retention rates. What has been the reason for the improvement in the retention of country doctors?

Hon ALYSSA HAYDEN: Mr Jeff Moffet will be able to address your question.

Mr J. Moffet: The measure of the 70 per cent improvement in retention of GPs is at the four-year mark. The study was conducted independently by Rural Health West. To my knowledge, the study did not look scientifically at reasons for attraction and retention, but quite clearly there was a very strong correlation between the improvement in the retention rates and the implementation of the SIHI program. The SIHI program has a medical workforce investment stream that provides relocation incentives, improved payments for participation, in particular ED rosters, close-call rosters, support for procedural rosters and a range of other generalised support for the medical workforce. It is a very targeted investment strategy to strengthen acute services and procedural services in the bush, particularly targeting general practitioners. Of the 45 additional doctors we were seeking, we have achieved around 40 of those over the last three years, so it has been extraordinarily successful.

The DEPUTY CHAIR: I will interrupt from the chair and say that perhaps people have got to these places and realise they are great places to live and work and have chosen to stay there.

Mr J. Moffet: There was a qualitative study done recently, again by Rural Health West, that indicated a very strong attraction to social features, the level of support doctors felt they had in communities, remuneration, and a lot of training support. It identified a lot of very positive features around, firstly, this investment strategy and, secondly, the support for general practitioners and families in rural settings. It also indicated that being a solo GP continues to be a challenging life and sometimes a lonely life professionally. It highlighted some features where we need to continue to focus on supporting solo general practice in particular.

Hon ALYSSA HAYDEN: Through the Chair, for Hansard’s reference, SIHI is Southern Inland Health Initiative.

Hon RICK MAZZA: The last time we spoke we had a shortage of country doctors. Is that still the case?

Mr J. Moffet: I do not have the figures, but what we would say is that the general practitioner shortage at the beginning of the Southern Inland Health Initiative program was estimated to be 45 head count and we have closed the gap, if you like, down to around five—so, 16 hospital-based doctors and the balance is 24 additional GPs. Yes, there are still differences in terms of per capita ratio of GPs but it is vastly improved in the SIHI catchment area.

[10.50 am]

Hon RICK MAZZA: As I understand it, there needs to be specialist expertise for country doctors compared with metropolitan doctors for what they have to deal with. What training programs do you have in place for country doctors to be able to achieve that?

Mr J. Moffet: There is a large range of initiatives. We fund organisations such as Rural Health West to provide upskilling on a regular basis, targeted to the sorts of skills doctors require. Country Health itself also delivers support and training around emergency medicine assessment to general practitioners who are new to the state or new to the country practice. There is a large range of programs available in a post-vocational sense through general practice colleges as well that GPs can access through commonwealth funding or private sources. There is a very significant amount of training; I think the key issue is to enable access. In terms of direct service support for GPs, we have an emergency telehealth service. One of the key factors that general practitioners described some years ago in surveys was that they felt very isolated in dealing with infrequent but quite traumatic emergency events. We have a service that commenced through, again, the Southern Inland Health Initiative called the emergency telehealth service. That runs during the busy hours—from eight o'clock in the morning to 11 o'clock at night—right across the SIHI catchment, and in fact beyond that catchment now. Se general practitioners who are called in to deal with very difficult cases, together with the nursing staff we employ, now have direct access to support from an emergency medicine specialist, and in fact other specialists as required. Part of the retention but I think also part of the broader support for GPs is the fact that they have direct service support in some of the most difficult circumstances, but they also have training, refreshing and upskilling provided through the emergency telehealth service program as well by emergency medicine specialists.

Hon RICK MAZZA: It seems like the SIHI program has been quite successful. Are there plans to extend that to other areas like the midwest or other regions that might need this sort of program to assist?

Mr J. Moffet: Yes. The midwest is in the catchment area for SIHI. It covers, essentially, five of our seven regions, so midwest, goldfields, great southern, south west and wheatbelt itself. There are different parts of the Southern Inland Health Initiative program, so some incentives are available in particular areas but not in others. It was targeted to areas of workforce shortage and traditional GP shortages, so the way in which SIHI is implemented across that catchment area can vary a little bit. But midwest is in the program and is receiving direct support from both a capital and services perspective as we speak.

The DEPUTY CHAIR: I am not sure whether this information is available, but for all the regions outside of the metropolitan area would we be able to get a breakdown of where the medical practitioners were trained in relation to whether they were trained at Western Australian universities, other Australian universities or overseas?

Hon ALYSSA HAYDEN: We can do that.

[*Supplementary Information No A16.*]

Hon RICK MAZZA: Deputy Chair, when I mentioned midwest —

Hon ALYSSA HAYDEN: Sorry; can Professor Bryant Stokes make a comment on that?

Prof. B. Stokes: We will have to actually work with the Australian Health Practitioner Regulation Agency, which holds the primary qualifications of many of these doctors. They may be a little reticent to get that information, but there are ways and means.

The DEPUTY CHAIR: Thank you. As always, we can but try.

Hon RICK MAZZA: Look, just to clarify: when I mentioned the midwest, you said that the SIHI program extends to the midwest. Is that what you said?

Mr J. Moffet: Yes.

Hon RICK MAZZA: Because in the budget papers it refers to only Narrogin, Northam, Merredin, Katanning, Mandurah and Collie; it does not say anything about Geraldton or Dongara or any of those other areas.

Mr J. Moffet: I think you are probably looking at the district hospital upgrade program. There are six streams to SIHI. There is a district hospital upgrade program that is part of stream 2; I apologise for the language, but there is a complex program. So, the focus of that particular stream was capital upgrades for the major district hubs or sites, so that is a capital-only program. There is obviously a range of other service programs—such as stream 2, being primary care, and stream 1, being the medical workforce—that cover the whole catchment.

Hon RICK MAZZA: I want to go to page 134 on the home-based hospital program. I see that the cost per day per patient is around a little bit over $300 a day. How does that compare with inpatients in hospitals?

Hon ALYSSA HAYDEN: Ms Angela Kelly will answer that one.

Ms A. Kelly: If I heard you correctly—I apologise if I have not—you were looking at the average cost per home-based of $311 or $317 in the budget papers.

Hon RICK MAZZA: Yes.

Ms A. Kelly: Based on the average cost for our tertiary hospitals, you would be looking at over $7 000. For a non-tertiary hospital—again, this is adjusted for separation—you are looking at $6 800. The average cost per bed day for admitted patients in our small rural hospitals is $1 343.

Hon RICK MAZZA: A significant difference. How many home-based hospital days have we actually had over the last 12 months?

Ms A. Kelly: We estimate that to be just over 85 000 in this financial year.

Hon MARTIN ALDRIDGE: Can I just ask a question?

The DEPUTY CHAIR: Yes, you can.

Hon RICK MAZZA: I have one final question.

The DEPUTY CHAIR: Hon Martin Aldridge is, sort of, part of this area, and then one more question.

Hon MARTIN ALDRIDGE: To clarify the response given to Hon Rick Mazza about the average cost in public hospital–admitted patients, the figure of $7 380 refers to average cost per casemix–adjusted separation for tertiary hospitals. That is not the cost per bed day, is it? So in making a comparison with the home-based hospital program, which is what Hon Rick Mazza was asking, I do not know that that is the right comparison.

Hon ALYSSA HAYDEN: Yes, you are correct. She will take the rest on notice, but that is correct.

[*Supplementary Information No A17.*]

Hon RICK MAZZA: I want to go to page 136 in reference to PATS, when people who live in rural and remote areas need specialist treatment. What are the criteria for people being able to access the PATS, and what form does it take?

Hon ALYSSA HAYDEN: So, what are the criteria? We are finding it very hard to hear.

Hon RICK MAZZA: To access it. So is there a minimum distance they have to travel to be able to access PATS, and what form does it take? Is it a fuel card or mileage?

Mr J. Moffet: There is a range of criteria. I do not know that I have those actually documented with me. The distances do vary. Previously it was 100 kilometres, and I think in some parts of the state it is 70; there are some concessions for some towns in specific circumstances. Obviously, I guess the primary eligibility criterion is the requirement for a recognised specialist service, and a referral from a general practitioner or an appropriate health practitioner to that service. There are some tests, obviously, around concessions and Health Care Cards that come into play as well, but fundamentally it is the fact that someone is Medicare eligible and is referred to a specialist service. I can provide more detail around the specific eligibility; it gets quite complex around particular types of services—inclusions and exclusions—as well as a whole policy guideline on that.

Hon RICK MAZZA: The second part of my question was: what form does it take? Is it paid on a mileage basis? Is there a fuel card with an amount on it?

Mr J. Moffet: I would probably need to take that on notice. Generally speaking, there is a kilometreage rate applied, but I know fuel cards have been contemplated in the past. I just cannot say specifically whether they are being utilised right now, so I would need to take that on notice.

[*Supplementary Information No A18.*]

Proceedings suspended from 10.59 to 11.15 am

The DEPUTY CHAIR: Everyone is keen to recommence. Is the parliamentary secretary ready?

Hon ALYSSA HAYDEN: Can I ask if Hon Nick Goiran got the answers to his questions?

The DEPUTY CHAIR: Not yet because the committee has not had the opportunity to convene as a committee but we will get there.

Hon JACQUI BOYDELL: I want to ask some questions about page 128 of budget paper no 2, volume 1, under Aboriginal health, the first paragraph. Can you provide more detail about the strategic directions identified within the WA Aboriginal health and wellbeing framework for 2015 through to 2030?

Hon ALYSSA HAYDEN: Mr Jeff Moffett will be able to address that for you.

Mr J. Moffet: WA Health launched the "WA Aboriginal Health and Wellbeing Framework 2015–2030", a 15-year framework, on 9 March 2015. It is a high level framework outlining a set of strategic directions to improve Aboriginal health and wellbeing over the next 15 years. It was developed to support Aboriginal people's access to high quality care and services. It had a particular emphasis around access to services, but also assisted communities to make health a priority through a focus on prevention in particular. A very extensive statewide consultation process was undertaken through the office of Aboriginal Health and the Department of Health to ensure needs, interests and circumstances of Aboriginal people were adequately reflected. Time was given on those consultations. The framework acknowledges the importance of a number of things. First, culture as a determinant of health and wellbeing in Aboriginal people. So their cultural security and cultural ramifications in terms of health. Second, Aboriginal people's definition of health, wellbeing and strength of community and partnerships between services and community to encourage new ways of working. The framework will guide the approach that WA Health and including Country Health, other government agencies, non-government organisations, the community-controlled health sector and communities may adopt to improving the health and wellbeing of Aborigine people in WA. It also affords us the opportunity of progressing priority actions over the next few years within existing resources and offers direction in terms of priorities for future funding as well.

Hon JACQUI BOYDELL: What is the consultation time frame on that and when will we see those strategies roll out?

Mr J. Moffet: It was conducted through the office of Aboriginal Health, which is not within Country Health. My understanding is that there was significant lead up to this—a good six to 12-month process. I probably need to take it on notice to find out exactly what process occurred. I know it was statewide and involved consultation out in place in community as well. In terms of the priorities going forward, there are a number of those. Obviously, funding as we have discussed through Aboriginal health-specific programs, the Aboriginal employment framework Professor Stokes has referred to, all of which are undergoing implementation now, so there is an ongoing implementation plan. The department is planning to have a whole-of-health committee that will oversee that whole-of-health working group and the implementation of the framework as well as other aspects of Aboriginal health such as the Holman report.

[11.20 am]

Hon JACQUI BOYDELL: On the same page, under country health services, I want to talk about the regional infrastructure developments that are taking place. You night have to take this on notice because I want to ask for an extensive update on the infrastructure development at, in particular, Karratha health campus, Kalgoorlie, Carnarvon, Onslow and Newman, and also the allocation provided to Laverton for the primary healthcare centre and the purpose-built aged-care facility. I know that is a lot of information so if you want to provide that on notice that would be good.

Hon ALYSSA HAYDEN: We may be able to supply some of that information now, so you may need to come back to the long list during the answer.

Mr J. Moffet: I have some information but possibly not all. Can I confirm the list? It was Karratha, Kalgoorlie, Onslow, Laverton—I think I missed one.

Hon JACQUI BOYDELL: Carnarvon health campus and Newman health campus.

Mr J. Moffet: Was the member seeking a status on the scope of those works or just the status of the projects?

Hon JACQUI BOYDELL: The status.

Mr J. Moffet: I will start with Karratha health campus. Currently, it is a $275 million project. As you know, it is a new build replacement for the current Nickol Bay Hospital that brings together our services that have previously been dislocated. So all community and hospital services will be under one campus. The current status is that Brookfield Multiplex has been selected as the preferred respondent for the managing contractor. We are currently negotiating together with strategic projects in relation to the managing contract going forward. That is happening as we speak and will be finalised in the next month or two. The program in terms of the construction of that campus has a practical completion program for 30 June 2018; that is, the scheduled practical completion date for the construction of that facility. We are currently moving into the schematic design phase, which will be managed by the managing contractor. That is the next important element of the program that is just consulting. We have just started user groups in Karratha, for example, on getting community reference groups established right now. That will be a six to 12-month design process starting with schematic design and moving to more developmental detail design. There are some aspects of the project that we can bring forward. For example, the information systems rollout—the webPAS rollout is commencing in the Pilbara in the next few months and will be scheduled to be completed by Christmas this year. This is similar to the approach we took in the great southern and south west. We are rolling out contemporary information systems as part of the project, but putting them in early in advance of the actual construction finalisation and the transition of services so that staff are very familiar with those systems and the country residents get the full benefits of those information systems early.

That is probably the update for Karratha, so let me talk to Carnarvon. Just as a reminder, Carnarvon has a $26.8 million budget. Construction obviously commenced on that project in September last year and is scheduled for practical completion in September this year, obviously with a one-year defects and liability period, but essentially construction will be completed and probably I would suggest October is when we will commence services in those finished portions. The primary elements of the Carnarvon Health Campus are a refurbished emergency department; a reconfigured area to house four new dialysis chairs; brand-new contemporary ambulatory outpatient facilities for community health, mental health and population health; dental services, as we have touched on—two new dental chairs will be available; telehealth services; dedicated treatment areas; and improved amenity to the site in terms of ingress, access to parking and parking itself. Probably the easiest way to characterise it is that it is a single-stage project, so all the work is being undertaken at one time, and we are expecting practical completion in late September, and commencing services in October. So that is Carnarvon.

Perhaps I will move to Onslow health service. Onslow is a $41.8 million project. We are currently in the planning phases, so the scope for Onslow is a fully purpose-built new facility with all existing services. It will include demolition of the current old hospital building. There will be a contemporary three-lane emergency department; a six bed inpatient unit; digitised imaging; pathology collection; purpose-built ambulatory care; one dental chair; a new administrative facility; a three-bay morgue; and all the standard nonclinical support areas for kitchen, food supply and linen et cetera. It is a full facility replacement. We are currently in the functional brief stage of finalising the detail around what the services will be. We have just commenced with the project working group recently, and we will be looking at that functional brief for the first stage of the facility design process, if you like, around services being finished in mid to late June. Construction is scheduled to commence in November 2016, with completion by July 2018.

Perhaps I will now talk to Kalgoorlie. Kalgoorlie has been a multistage process and there are several elements to the construction of the Kalgoorlie Health Campus. In total, it was a $59.6 million project, commenced in February 2011, and the planned delivery is in May this year; we have just completed the final section of the ambulatory care, outpatients and cancer services. It has been an extensive program that has seen a refurbished emergency department and significant upgrades to administration and outpatient areas, as well as some purpose-built and dedicated cancer services. That has essentially been completed; it is functionally complete and operating as we speak.

Hon JACQUI BOYDELL: As I said, I am happy to take the information as tabled or on notice; I know it is a lot of information.

The DEPUTY CHAIR: Is that all you were seeking?

Hon JACQUI BOYDELL: No, there is Newman and the Laverton facilities as well, but I am aware of the time et cetera.

The DEPUTY CHAIR: Perhaps we can take that as supplementary information.

Hon ALYSSA HAYDEN: We will just do a short amount, and then put the rest on supplementary.

Mr J. Moffet: I can do a very brief response, if you like.

The DEPUTY CHAIR: Very brief, yes, thank you.

Mr J. Moffet: Newman is essentially in the planning stage. It is a full replacement of the existing Newman Health Campus. We are currently forming project working groups to work through the schematic design of the facility, so that is a project that is commencing the construction phase fairly shortly. It has been approved through the budget processes. Laverton, as you would have seen in the budget process this year, has been allocated $19 million or $19.2 million, and we are commencing planning with a project working group and a community reference group in the next few months. We are just commencing planning for Laverton. We have a clear services plan and we now need to move to a functional brief, which relates the service plan to the facility solution.

Hon JACQUI BOYDELL: That is great. I do have two more questions.

The DEPUTY CHAIR: Perhaps if we go around again, because we have had about 15 minutes on this now.

Hon JACQUI BOYDELL: I do not know why other committee members have a problem with me asking a question, Deputy Chair, because this is the purpose of estimates and I would appreciate the mumbling under the breath to cease.

The DEPUTY CHAIR: The committee members can deal with themselves. As I said, I am happy for you to ask the questions. We have had a very long answer to one of the questions, so we will move around.

Hon JACQUI BOYDELL: I did say at the very outset that I was happy to have it tabled.

The DEPUTY CHAIR: Was there any more information to come on those answers, so we can put it as supplementary information?

Mr J. Moffet: That is as much as I have.

[11.30 am]

The DEPUTY CHAIR: That is as much as you have, so there will not be any additional information required. We will move to Hon Kate Doust. There has been a slight change in the order of what I had.

Hon KATE DOUST: My question is in relation to Albany Hospital. I understand that recently an occupational health and safety issue has been identified, in particular a fire hazard around near the front of the hospital, particularly around the PATS office area where there are issues around the fact that, as has been explained to me, one fire door or one door available. I want to have confirmed whether or not arrangements have been made to redesign the front area of this hospital. If that is the case, what is the cost attached to this redesign work to eradicate this health and safety problem?

Hon ALYSSA HAYDEN: Mr Jeff Moffet.

Mr J. Moffet: I am not personally aware of any hazards or issues that have been identified around the Albany front entrance. I will certainly follow that up today. What I would say is that we have a very active hazard inspection program. The facility was built to the Building Code of Australia standards, so I would be surprised if we had an issue that has not been catered for. I will certainly follow that up if there is a fire hazard suggestion.

Hon KATE DOUST: Good, thank you. My next question refers back to some information provided to Hon Nick Goiran around the Human Reproductive Technology Act and the posthumous collection of gametes. I understand in the response to his question on notice 11, it talks about a draft policy being developed and some possible amendments to the HRT act. I wonder, parliamentary secretary, whether you could perhaps provide an explanation. My question is: given this is such a contentious and complex matter, why has the government not given consideration to some sort of public review or inquiry into this particular issue?

Hon ALYSSA HAYDEN: Professor Bryant Stokes would like to answer that question.

Prof. B. Stokes: I am informed that the draft policy will be completed by the end of July this year and a consultation period of between three and six months is being allowed for two consultation phases, if required. So, that will be towards the end of this year.

Hon KATE DOUST: That will all be public?

Prof. B. Stokes: There will be a consultation process. Most of that will be public, I would imagine, but I shall get back to you on that question.

Hon KATE DOUST: Good, thank you.

The DEPUTY CHAIR: When you say "get back to you", will that be supplementary information?

Prof. B. Stokes: Yes.

[*Supplementary Information No A19.*]

Hon KATE DOUST: My final question is in relation to the surrogate legislation that has already been referred to. In the past, as well as the legislation and the regulations, there have also been directions from the director general specifically in relation to surrogacy. I am wondering, parliamentary secretary, if you can advise us whether there is currently a set of directions from the director general in relation to this matter. If there is an up-to-date set of directions, are you able to provide them and table them please?

Hon ALYSSA HAYDEN: Yes; you are correct, directions have been supplied and we are happy to provide them for you. We do not have them on us today but we are happy to provide them.

[*Supplementary Information No A20.*]

Hon NICK GOIRAN: On the posthumous issue raised by the member, I asked a question. Obviously, as you are aware, I have not received it. In which parliamentary session of the current term of government does the minister intend to introduce a bill seeking to give effect to the intended reforms? It should be question 15.

Hon ALYSSA HAYDEN: Thank you very much. Yes; we apologise that you do not have the answer. We submitted them, as we have advised.

The DEPUTY CHAIR: We received them yesterday afternoon.

Hon ALYSSA HAYDEN: The development of the policy is ongoing at this stage, so we do not have a time frame right now.

Hon NICK GOIRAN: Parliamentary secretary, why is it that this reform is going at tortoise-like speed? The Reproductive Technology Council provided its position statement to the minister at his request, as I understand it, 14 months ago. In the meantime, in Western Australia we have a situation in which the sperm of dead men is extracted from them without their consent. It is an outrageous situation and needs urgent reform. I ask: why can we not provide something more specific in terms of when there will be reforms?

Hon ALYSSA HAYDEN: I understand your concerns, member. It is being looked at, as I said. It is before the legal and legislative services, which are providing information on this.

Hon NICK GOIRAN: How long has it been with that particular group? I think it is referred to as the —

Hon ALYSSA HAYDEN: We cannot provide that now but we are happy to find out.

Hon NICK GOIRAN: How long has the matter been before the department's reproductive technology unit and legal and legislative services?

[*Supplementary Information No A21.*]

The DEPUTY CHAIR: Is it before this legal and legislative services for drafting of legislative amendments or is it before them for advice and further consideration?

Prof. B. Stokes: It is actually for both purposes at the moment. I do not know exactly the status of it at this stage.

Hon NICK GOIRAN: Parliamentary secretary, can we as members have any confidence that a bill will be before the Parliament before the retirement of Minister Hames?

Hon ALYSSA HAYDEN: I cannot answer that on behalf of the minister but we are happy to take that on notice.

The DEPUTY CHAIR: Can we include that as part of A21?

In my order I have Hon Alanna Clohesy, who has been waiting patiently as a member of the committee for a while, and then you, Hon Robyn McSweeney, if that is okay.

Hon ALANNA CLOHESY: I cannot find it in the budget so perhaps you can direct me to where funding is for the Quadriplegic Centre and how much funding is available for the Quadriplegic Centre.

Hon ALYSSA HAYDEN: Dr Shane Kelly.

Dr S. Kelly: There is not currently an allocation of capital for the redevelopment of the quad centre. There has been an external review undertaken by some experts from Queensland in Princess Alexandra Hospital, who are experts on the long-term management of spinally injured patients. The purpose of this review is to ascertain what would be contemporary services to be provided to folk with long-term spinal injuries in the Western Australian community so that that that can inform any rebuild of the existing Quadriplegic Centre. That information is important because, without that advice and clear direction, we do not have clear understanding of how many beds would be required for residents in that facility. That review is currently underway. They have done their visits to WA and talked with a range of stakeholders, including consumer reps and are in the process of preparing their report with recommendations regarding the way forward.

[11.40 am]

Hon ALANNA CLOHESY: When did that review commence?

Dr S. Kelly: About six weeks ago.

Hon ALANNA CLOHESY: When is it due to conclude?

Dr S. Kelly: We would expect to get a report within the next month.

Hon ALANNA CLOHESY: Why was that review undertaken only just now, particularly in light of the information that the department and the minister had access to over a number of years regarding the dilapidated state of that centre and the consequential injury to people who were living there? Why has that review only been undertaken just now?

Hon ALYSSA HAYDEN: Professor Bryant Stokes.

Prof. B. Stokes: Through the parliamentary secretary, I agree with you entirely that the Quadriplegic Centre is an absolute disgrace. It is very similar, in my opinion, to what I have said previously I think in this house or the other house about Graylands. Why we have been so delayed in doing this, I guess it is because we have had lots of other issues on our plate, particularly with the build of other hospitals. The facility is antiquated; certainly out of date. For example, wheelchair access is almost impossible in parts of the building. I have been there and visited it myself.

Hon ALANNA CLOHESY: Wheelchair access is almost impossible for a spinal injury unit.

Prof. B. Stokes: Yes; one of the problems of course when it was built there were no things as electric wheelchairs, which are a third of the size again of an ordinary wheelchair, so consequently there is no place to park them to charge recharge their batteries properly and safety. There are some leakages in the roof and we are only occupying, I think from memory, some 30-something of the rooms because of that at the moment. But, of course, time has moved on, as has been explained by Dr Kelly, in the way we look after people with spinal injury, and whether more of those can be looked after in the community as they have done in Queensland, and what will that mean from the point of view of facilities and their care. We are aiming to provide a facility on the site of Shenton Park, but up near Bedbrook Place on the top north-west corner on a place close to the para-quad centre. It has taken time, and for that, of course, we apologise, but we are working towards that and hope to build a facility that will be suitable.

Hon ALANNA CLOHESY: Has the gauge on the pipe that caused significant third-degree burns to one of the residents been fixed?

Prof. B. Stokes: Through the parliamentary secretary, I understand that has happened. It was a plumbing fault. I do not think one could necessarily say it was due to the age of the building however; it was one of the tap thermo regulators that failed.

Hon ALANNA CLOHESY: So it has been fixed?

Prof. B. Stokes: I understand it has, yes; but I will confirm that for you.

Hon ALANNA CLOHESY: I will come back to my original question: how much was in the budget for the Quadriplegic Centre for this financial year or for any of the out years?

Hon ALYSSA HAYDEN: Angela Kelly.

Ms A. Kelly: Through the parliamentary secretary, there is no capital funding available for the Quadriplegic Centre within this budget.

Hon ALANNA CLOHESY: Or in the out years?

Ms A. Kelly: Or in the out years.

Hon ALANNA CLOHESY: So the government knows that this is a dilapidated and deplorable place to live though there is no funding allocation, even notional, in the out years?

Ms A. Kelly: There is no funding allocation.

Hon ALANNA CLOHESY: Is there any funding for operating expenses for the Quadriplegic Centre?

Hon ALYSSA HAYDEN: Dr Shane Kelly.

Dr S. Kelly: Yes, there is a quantum of funds provided to the Quadriplegic Centre for operating purposes throughout each year, and I am able to provide estimates of that.

Hon ALANNA CLOHESY: How much is that?

Dr S. Kelly: It totals about $13 million per annum, and there is an expectation in respect of that payment that not only those services are delivered and the residents cared for, but they do their own minor works and repairs as well.

Hon ALANNA CLOHESY: Can I take on notice: how much is in the budget for this year and the out years for the operating expenditure and how that operating expenditure will be used?

Dr S. Kelly: Yes, we can do that.

The DEPUTY CHAIR: We will allocate that supplementary information A22.

[*Supplementary Information No A22.*]

Hon ALANNA CLOHESY: Can I also ask how many residents are currently living there by length of tenure and by status of exit plans—transition plans?

Hon ALYSSA HAYDEN: Do you want to add that to that question on notice?

The DEPUTY CHAIR: We will include that as part of A22.

Hon ALANNA CLOHESY: The department owns all of that property, all of the buildings?

Hon ALYSSA HAYDEN: Angela Kelly.

Ms A. Kelly: Through the parliamentary secretary, the para quadriplegic association owns the building; Health owns the land.

Hon ALANNA CLOHESY: Is it the case that the building and some outbuildings are heritage listed?

Ms A. Kelly: Through the parliamentary secretary, I will have to take that on notice; I'm not sure.

The DEPUTY CHAIR: We will allocate that as A23.

[*Supplementary Information No A23.*]

Hon ALANNA CLOHESY: Is the minister, parliamentary secretary or the department aware of any other impediments to potential development on that site?

Hon ALYSSA HAYDEN: No.

The DEPUTY CHAIR: That is probably best included as part of A23. With all of these matters that can end up being quite complex, you can give an answer that says, "No" and perhaps find there is an easement running through a part of the site or something like that.

Hon ALYSSA HAYDEN: Later down the track—yes.

The DEPUTY CHAIR: It is probably best to get some counsel and then provide a full answer.

Hon ALYSSA HAYDEN: Yes.

Hon ALANNA CLOHESY: What is the total value of the land on that site?

Hon ALYSSA HAYDEN: Again, we will put that on notice.

The DEPUTY CHAIR: Again, we will incorporate that into A23.

Hon ALANNA CLOHESY: This might be part of that also: how much is expected to be raised from the sale of that part of the land in the north-west corner?

Hon ALYSSA HAYDEN: You are just referring to the land itself, not the actual centre—the building?

Hon ALANNA CLOHESY: I do not think you will get much for buildings.

Hon ALYSSA HAYDEN: No.

The DEPUTY CHAIR: We will incorporate all of that. There are a series of questions around that land, and the value of it, impediments to it et cetera, and we will include all of that as part of A23.

Hon ALANNA CLOHESY: That concludes that line of questioning, although I do have other issues.

The DEPUTY CHAIR: I am happy for you to keep going for a little while because you were waiting patiently.

Hon ALANNA CLOHESY: I will pass that part on to Hon Sue Ellery.

The DEPUTY CHAIR: All right, but before you do that, I will move to Hon Robyn McSweeney. However, before I do, I remind all the participants—members of Parliament, members of the committee and everybody else—that these proceedings are parliamentary proceedings; they are also broadcast live. During the entirety of the proceedings we expect parliamentary decorum and parliamentary behaviour, and where that does not happen, be aware that the microphones are extraordinarily sensitive in this place. I am aware that apparently a profanity was broadcast. I did not pick it up. During the broadcast something did get picked up, so on behalf of the committee and the Parliament I apologise for that happening. I once again remind members in particular, as well as everybody else, that we expect the normal parliamentary decorum, including parliamentary language, to be used at all times in the chamber. Hon Robyn McSweeney and then Hon Sue Ellery.

Hon ROBYN McSWEENEY: I hasten to add that profanity did not come out of my mouth. Being the most senior woman on the Liberal Party side, I would not dream of doing that in this chamber.

There has been a great deal of discussion in the public sphere about the prayer room or prayer rooms at Fiona Stanley Hospital. Can you put on the record what is happening with regard to this issue to clear up any misunderstanding between the faiths, whether that be Christian, Muslim of any other faith? I think it needs be to be stated very clearly in here so that the public knows what you are doing with that situation.

Hon ALYSSA HAYDEN: I appreciate the question. You are exactly right it does need to be set out loudly and clearly, and I would like to ask Dr Lawrence to answer that one.

Dr R. Lawrence: Through the parliamentary secretary, there is a prayer room at Fiona Stanley Hospital, which is a multi-faith prayer room. To address some of the concerns we have met with the Anglican archbishop and we believe we have addressed the concerns that he has raised. There will be a cross placed in the church, and that has been commissioned by one of the men's shed, and it should be installed by now, so that whilst it remains a multi-faith room there are certainly Christian symbols there to support the Christian people who may wish to avail themselves of that. The Muslim prayer room remains in place at Fiona Stanley.

[11.50 am]

The DEPUTY CHAIR: Just following up on that, what will the arrangements be for the new children's hospital in relation to the availability of prayer rooms and the public display of Christian symbols?

Hon ALYSSA HAYDEN: I will ask Dr Frank Daly to answer that one.

Prof. F. Daly: The situation at the new Perth Children's Hospital is very similar to that at Fiona Stanley Hospital. There will be a multi-faith room available with Christian symbols. It will be larger than the existing multi-faith prayer centre at PMH and also provide a Muslim or Islamic prayer room as well as access to a larger area, which is an ecumenical area. There will be a cross and other Christian motifs in the major prayer area.

The DEPUTY CHAIR: Thank you. That is welcome news.

Hon SUE ELLERY: Page 124 refers to "Fiona Stanley Hospital Facilities Management Contract Negotiations". I wanted to ask about the situation with respect to bringing sterilisation services back in-house and ask how that transition is proceeding.

Hon ALYSSA HAYDEN: I will ask Leon McIvor to address that answer.

Mr L. McIvor: The operational transition of sterilisation services was completed on 26 May. WA Health is now sterilising those medical instruments. The final commercial transition to develop a support service and the HR process to finalise Department of Health staff is still continuing.

Hon SUE ELLERY: Were any penalties applied to Serco with respect to sterilisation services before government got to the point where the decision was made to bring it back in-house?

Mr L. McIvor: Again, the final detail is yet to be determined through the transition process about abatements. Also, obviously the breach notices were issues and the service was taken off them. That ended any future revenue stream.

Hon ALYSSA HAYDEN: We are in the middle of the process of working those out now.

Hon SUE ELLERY: So up to this point, no fines have been applied or paid?

Hon ALYSSA HAYDEN: Up to this point, nothing has been allocated as yet.

Hon SUE ELLERY: What is the cost of bringing it in-house?

Hon ALYSSA HAYDEN: It is still being calculated as well.

Hon SUE ELLERY: When do you expect to complete that?

Hon ALYSSA HAYDEN: If we are talking sterilisation only, approximately three months.

Hon SUE ELLERY: That is the only question I had with respect to that.

With respect to page 140, I wish to ask about Osborne Park Hospital. There is an amount of $26 million, which appears in 2018–19. What is that for?

Dr S. Kelly: That $26 million was a component of total allocation of funds for a mental health unit to be built on the site. The difference between $26 million and the original amount was required

elsewhere. It has not yet been determined exactly what that $26 million—I think they are in 2018–19—will be for.

Hon SUE ELLERY: I missed the first bit of what you said. The original proposition was to spend that amount of money on the mental health unit?

Dr S. Kelly: No, more than that amount of money was required to build a mental health unit on the Osborne Park Hospital site.

Hon SUE ELLERY: A decision was made to reallocate priorities and money was spent elsewhere. Do I understand that correctly?

Dr S. Kelly: That is correct.

Hon SUE ELLERY: I turn to "New Works" on page 141, and "Bentley Hospital—Development". There is a $10.33 million total project cost for development at Bentley Hospital but I cannot see any money to be spent in 2015–16 and only $7.5 million allocated over the forward estimates. Where has the additional $2.8 million gone? Has the minister received the review of Bentley Hospital and did that review recommend retention of maternity services?

Hon ALYSSA HAYDEN: We do not have that information in front of us at the moment. We can put that on notice.

[*Supplementary Information No A24.*]

Hon SUE ELLERY: If you are taking that on notice, can I then also ask with respect to Bentley: does the review recommend retention of the existing scope of surgical services or does it recommend limiting surgery at Bentley to day surgery, and is it anticipated that you will publicly release the review?

The DEPUTY CHAIR: I will include that in A24.

Hon ALYSSA HAYDEN: However, Professor Bryant Stokes would like to make a few comments on the maternity side for you.

Prof. B. Stokes: Just to inform the honourable member, as we go into Bentley, services are continuing as they always have. The issue for general surgery, if I might enlarge upon that, is that it has to be low complex surgery because of the risk of after-hours delivery. As regards obstetrics, I have commissioned a review by Professor Con Michael to look back at the whole of the state obstetrics report that was done in 2002, I think. That report is sitting on my desk at the moment, and I have read up to page 5 at this point. I have not completed reading it. Then it will be passed onto the minister. Basically, as you may know, in the past it was considered that obstetrics should move to Fiona Stanley Hospital when that obstetrics unit was fully established. That unit is not fully established at this point. I will be able to let the minister know and pass on Professor Michael's report when I have finished reading it.

Hon SUE ELLERY: I turn to "New Works" on page 141 and the reconfiguration of stage 1 of Fremantle Hospital. My calculations show that the total amount allocated for that project has been cut from $13.2 million in last year's budget to just over $10 million in this year's budget. Are you able to explain why that is the case? Can you also give more detail around the original scope of stage 1 reconfigurations? What other changes to the reconfiguration have actually occurred?

Hon ALYSSA HAYDEN: Due to the reconfiguration that is being worked on, we are still working through that. We are happy to take it on notice and provide the answers for you.

Hon SUE ELLERY: If you are taking that on notice, can I add the total scope of what I would like out of that? In addition to what I just asked, what capital equipment and other changes were part of the original reconfiguration but now will not be occurring? In addition, it appears that there is a deferral of the project as well, so some of the spending has been pushed out to 2018–19 whereas previously it was meant to be occurring in 2015–16.

[*Supplementary Information No A25.*]

The DEPUTY CHAIR: I am not sure if there is anything the parliamentary secretary or the director general would like to add.

Hon ALYSSA HAYDEN: No.

[12 noon]

Hon MARTIN ALDRIDGE: Thanks, Deputy Chair. I want to preface a couple of questions with a brief comment, to give some context to my question. Recently I have had the need, as the father of a young family, to have both of my children admitted to both Busselton Health Campus and Fiona Stanley Hospital, and I must say that on all three occasions it has been a very positive experience, particularly in relation to Fiona Stanley. Despite what is said in this place and in the media, I think those two hospitals in particular are a credit to the department. The service that we received was excellent.

I do have some questions that I guess were triggered as a result of those experiences, though, about private patients in public hospitals. Given the challenge that Western Australia has, which I think has been acknowledged over a few years, in relation to the growing cost of providing health services and how that is higher than the national averages, and there are obviously some explanations in part for that, is not one of the opportunities to try to admit more patients into our public hospitals as private patients; and, if that is an option, what strategies does the department have in place or is considering to try to improve the number of patients being admitted as private patients?

Hon ALYSSA HAYDEN: Thank you very much. First of all, I think the department and all of the staff at both those hospital will appreciate your comments. It is not often they get thanked and congratulated. So thank you very much for those comments and I hope that all gets passed to the people at those two hospitals. For the rest of your question, I will get Mr Graeme Jones to answer.

Mr G. Jones: Thank you for the question. The department recognises the opportunities of increasing revenue through private patients. We have recently kicked off a program of revenue reform. As part of that program, there are a number of initiatives and strategies that we are looking at, including increasing private patient income. We are also focusing on developing a policy framework and operational directive to support revenue reform. With the new governance arrangements that are proposed for health, we are looking at some legislative changes to also support improving our revenue opportunities. The program itself includes five work streams. We are going to look at governance, accountability and performance; we are going to look at our business systems and processes, particularly at individual hospitals; and we are going to focus on staff education and training for our frontline staff and clinical staff around private revenue.

Hon MARTIN ALDRIDGE: Do you have any understanding of, or any evidence of, what lost revenue there potentially is from private patients being admitted as public patients?

Mr G. Jones: The department does not maintain specific details around that. What we are able to do is model that in relation to our billings compared to private patients and public patients. We have previously provided information to the financial operations standing committee around that figure. The current modelling indicates a range between about $3 million and $7 million per annum.

Hon MARTIN ALDRIDGE: That is the order of lost revenue?

Mr G. Jones: Yes, that is correct.

Hon MARTIN ALDRIDGE: That is not as significant as I would think. In terms of those internal processes that you are talking about, is part of that explaining to patients when they get admitted at the very early stages of triage and admission what their options are, because I think a lot of patients who are in an emergency department and who have just been triaged and who are talking to the ward clerk about where they live and their contact numbers probably do not have that explained to

them well enough in terms of their options as a private patient? I guess a big thing for patients would be if they are going to incur additional costs as a private patient in a public hospital.

Mr G. Jones: One of the key issues and one of the streams that I previously identified was staff education. You are quite correct. It is quite a complex process. When you are admitted to a hospital you are focusing on obviously looking after your family members. So the issue that we recognise is that we do need to do some further work in and around staff education, particularly for our ward and admittance clerks, to explain the options available around private patients.

Hon MARTIN ALDRIDGE: You mentioned legislative reforms. What does that go to? Is that in terms of identifying private patients or is it in relation to removing the choice for a patient to be admitted as public versus private?

Mr G. Jones: A patient has the choice of an election when they are admitted to a hospital, and that is either as a public patient or a private patient. The fees arrangements in Western Australia at this point in time need to go through various committees and through to Treasury. Part of our legislative reform is trying to make that fees process a little bit more flexible. We are also looking at avenues in relation to write-off of fees. Recently we have had cabinet sign off in relation to a private patient incentive scheme which guarantees no out-of-pocket expenses where people elect to be a private patient. So we are just looking at this point in time to provide greater clarity and certainty, and, if possible, simplify the fee-setting process that currently exists in the WA public health system.

Hon MARTIN ALDRIDGE: Thank you.

The DEPUTY CHAIR: Everyone has had a go once, which is great, so, as people indicate to me, I will record them as wanting another go. Hon Robin Chapple.

Hon ROBIN CHAPPLE: Thank you. I refer to the report "Environmental health challenges in remote Aboriginal Australian communities: clean air, clean water and safe housing", found in the "Australian Indigenous Health*Bulletin*" and released this month. The report identifies on page 1 —

> It is crucial to identify and quantify these physical environmental factors, and to determine the mechanisms through which they impact on health, particularly as these factors are modifiable and may be suppressed using relatively simple, cost-effective changes in community infrastructure.

Hon ALYSSA HAYDEN: Excuse me, honourable member, but can I just ask what you are referring to, because that might make it a bit easier.

Hon ROBIN CHAPPLE: It is "Environmental health challenges in remote Aboriginal Australian communities".

Hon ALYSSA HAYDEN: So, not the budget.

Hon ROBIN CHAPPLE: It is a lengthy report. It was released earlier this month. I am trying to ascertain if any funds or programs have been allocated to identify the physical and environmental challenges and their health implications in remote Aboriginal communities, particularly specific to air pollution, biomass smoke exposure, contamination of drinking water, and overcrowding.

Hon ALYSSA HAYDEN: As you are referring to a document other than the budget papers that we are dealing with today, I will ask Dr Paul Armstrong to give you some information, but we may need to take that on notice and provide that later.

Dr P. Armstrong: Thank you for that question. I am unaware of that report, so we would need to take that question on notice. However, it should be said that clearly the environmental factors in Aboriginal communities are an absolute key consideration for our policies in that area and public health, and we have a number of programs to counter those. So apart from that general comment, I think we will need to take that question on notice.

Hon ROBIN CHAPPLE: Okay. I am happy for that to go on notice.

[*Supplementary Information No A26.*]

Hon ROBIN CHAPPLE: I might be getting the title of this function wrong, but I will deal with it as best I can. I refer to the Indigenous employment program funded through the Pilbara Development Commission under the WA home and community care program. I understand that the program is no longer funded and that staff are having to be relocated or actually have a termination of their roles. I am trying to find out what role does the Pilbara Development Commission play, as part of their decision-making process, that this funding will no longer be provided to the relevant agency?

The DEPUTY CHAIR: I am trying to determine whether this is actually a question for the Department of Health.

Hon ROBIN CHAPPLE: This is in the health budget.

Hon ALYSSA HAYDEN: It comes under the Pilbara Development Commission, but Mr Jeff Moffet will be able to shed some light on the question you have asked. He does not have it all, because it does not fall all under our department.

Hon ROBIN CHAPPLE: As I say, I may have got some of the naming of this wrong.

[12.10 pm]

Mr J. Moffet: The funding provided through the development commission is part of what is called the Pilbara health initiative. The Pilbara health initiative has been funded for approximately five or six years now, and came out of an industry partnership called the Pilbara industry community council partnership. The Pilbara health initiative came to support a range of programs—some specialist services, obstetric services, sexual health, Aboriginal employment, emergency training—there was a range of programs that were supported. The funding for that program finishes on 30 June this year. We are still in negotiation with the Pilbara Development Commission into what will be funded going forward. We have some indication as to what will occur for next year, but there is no finalised agreement as it stands as yet.

Hon ROBIN CHAPPLE: If I may, if there is any further information I can obtain on notice, that would be very useful.

The DEPUTY CHAIR: I will allocate that supplementary information number A27. We will see what the department can provide, and, if not, they can refer the member to other bodies. The member is fully aware of other processes to obtain that sort of information.

Hon ROBIN CHAPPLE: My understanding is that the Pilbara Development Commission has decided that it will not fund it.

Hon ALYSSA HAYDEN: We will investigate, and if there is any further information we will provide it.

[*Supplementary Information No A27.*]

Hon JACQUI BOYDELL: I want to ask about emergency telehealth services. The system currently has 56 emergency departments across Western Australia utilising that service, and I note that it is going to expand 274 sites by June 2015. Can you elaborate on what the priorities are?

Hon ALYSSA HAYDEN: Other than that it is fantastic, yes. I will ask Mr Jeff Moffet to give you further information on that.

Mr J. Moffet: The ETS program is planned to roll out right across the state to over 70 sites by July. Currently it is at around 64 sites, so the final phase of the program is to roll it out into the Pilbara and Kimberley, particularly the smaller hospitals, over the next six to eight weeks.

Hon JACQUI BOYDELL: Under patient transport on page 136, we have got the net costs associated with that.

Hon ALYSSA HAYDEN: Excuse me, Chair, there is a lot of noise going on. We are finding it hard to hear already today.

The DEPUTY CHAIR: I ask both the members in the chamber and the people in the public gallery to remain as quiet and silent as you can. If you would repeat your question.

Hon JACQUI BOYDELL: Parliamentary secretary, I refer to page 136, under patient transport. We have got a net cost of service delivery there. Can we have a breakdown—I am happy to have the answer tabled if you want to—on whether that is PATS, the RFDS or St John Ambulance? What is the actual breakdown of the total cost of those services?

Hon ALYSSA HAYDEN: We will take that one on notice, and provide that information.

[*Supplementary Information No A28.*]

Hon ALANNA CLOHESY: Pages 133 and 135 give us the estimated increase in demand for inpatient and outpatient services and emergency episodes. Demand for inpatient services will increase by 1.9 per cent; demand for outpatient services is expected to increase by 2.5 per cent, and emergency episodes are expected to increase by 4.6 per cent over 2014–15 and 2015–16. At the same time, page 126 tells us that there is to be a decrease in the number of full-time equivalent staff for inpatient services, and a smaller amount for outpatient services and a negligible one for emergency department services—a one per cent decrease in staff. I want to know how public hospital services are expected to do more with less staff. Is it possible that staff are going to be expected to do more with less? What efficiencies is the department putting in place?

Hon ALYSSA HAYDEN: Thank you very much. I will be asking Ms Angela Kelly to answer your question.

Ms A. Kelly: The public hospital service has had an increase in budget of 4.6 per cent. How those funds are allocated through FTEs and through other goods and services and the delivery of those services is still being finalised through the 2015–16 process. The information in the budget is an estimated actual at this point in time, so we have still got to do some work on where we think we will land with those figures, and we will go through that process. It is largely about trying to deliver services in a safe, effective and efficient manner.

Hon ALANNA CLOHESY: So the department is aware that there is an increase in demand for all levels of services, and currently an estimated decrease in staffing. Is that a priority for its concern, to address that?

Ms A. Kelly: There is a range of issues with regards to that through the transfer of some of our services, particularly from Swan District Hospital to the Midland Public Hospital, so there will be a loss of staff from WA Health in that instance. That is partly reflected in those figures.

Hon ALANNA CLOHESY: What is the current estimate of the loss of staff—the number of jobs—in the transfer from Swan District to Midland public?

Hon ALYSSA HAYDEN: That figure has not been determined as yet, because obviously the transition has not totally happened, but it is up to the staff to decide whether they want to be absorbed into the system we have now, but you will also find a few of them will take time for retirement.

Hon ALANNA CLOHESY: Gee, that is interesting, because I can remember asking that exact same question at estimates last year, and getting the same answer. Twelve months later we are still waiting.

Hon ALYSSA HAYDEN: We have not closed the hospital yet, so once Swan District is closed, we will then know exactly where we will be at.

Hon ALANNA CLOHESY: So there is no staff planning, in terms of workforce planning?

Hon ALYSSA HAYDEN: There is heaps of staff planning, but not all decisions have been made by the individual staff members. I do not think it is our place to put a deadline on the staff to decide whether they want to move across or to retire, or to make their decisions. At the moment, the hospital is not shut, they are employed and they are operating.

Hon ALANNA CLOHESY: So the staff have not been given an opportunity to —

Hon ALYSSA HAYDEN: Of course they have been given the opportunity.

Hon ALANNA CLOHESY: But there is no time frame in which they have to make a decision.

Hon ALYSSA HAYDEN: Obviously, by the time the hospital is closed we will need to have a time frame, but we are not there yet.

Hon ALANNA CLOHESY: Is there any indication of what will be needed, and any projections on how many staff will indicate that they will leave, or will there be forced redundancies?

Hon ALYSSA HAYDEN: Dr Shane Kelly will be able to address that for you.

Dr S. Kelly: As the parliamentary secretary has outlined, recruitment processes are still underway by St John of God Health Care. In their first phase of recruitment they outlined their expectation that they will need or desire to attract about 70 per cent of the Swan District Hospital staff. That was just the first phase. They are going through the second phase at this stage. Obviously, it is a question for the staff themselves as to whether they want to follow through on their expressions of interest to work at St John of God Health Care or to remain in the employ of the WA health system. As we get closer, and they complete their recruitment processes, we will have a better idea of exactly how many staff are wishing to stay within WA Health and how many are transitioning to St John of God Health Care. There is an abundance of jobs that are becoming available as a consequence of the development of the Midland health campus and, when fully operational, the public and private hospital of St John of God Health Care Midland anticipates about 1 032 FTEs to be employed. That compares to the Swan District FTE number of about 700, at this stage.

[12.20 pm]

Hon ALANNA CLOHESY: You might have to take this on notice, but could I get a breakdown of the estimated FTE by position and level of the Midland Public Hospital?

Dr S. Kelly: Whilst we can ultimately provide that, we do not know the answer exactly at this point in time, but I am happy for us to provide it.

Hon ALANNA CLOHESY: At this point in time, I am happy for that.

Dr S. Kelly: Yes, certainly.

[*Supplementary Information No A29.*]

Hon ALANNA CLOHESY: I note that under new infrastructure in the budget the Perth Children's Hospital will not be open until the first half of 2016, and of course that puts pressure on the current PMH. How much is in the budget for the maintenance and upkeep of PMH right now?

Ms A. Kelly: Within the price allocated to each of our hospitals there would be an element associated with general maintenance, so it would be included in the general allocation to the hospital.

Hon ALANNA CLOHESY: Could I get on notice what the general maintenance budget would be for PMH?

Ms A. Kelly: I am happy to take it on notice. We will see what we can provide you, given that it is an individual line item.

[*Supplementary Information No A30.*]

Hon ALANNA CLOHESY: It would be fair to say that PMH is under extreme pressure while waiting for the new children's hospital, particularly in terms of the level and type of services that children and the parents are experiencing. Ward 3B is the oncology ward; is that correct?

Hon ALYSSA HAYDEN: Yes.

Hon ALANNA CLOHESY: What type of support is provided to parents who have to stay overnight with their children on the oncology ward, sometimes for a length of time, sometimes for several months? Where do those parents sleep, for example?

Hon ALYSSA HAYDEN: Are you talking about currently?

Hon ALANNA CLOHESY: Yes.

Prof. F. Daly: I indeed acknowledge that the facilities in ward 3B for haematology and oncology patients at PMH are certainly undesirable and no longer in fitting with current standards. Ideally, we would like to have a much greater percentage of single rooms and we would like to have appropriate facilities for parents stay overnight whenever possible. Currently, we have some shared areas on the ward for families to use, but our bedside chairs and things like that are certainly not really fit for purpose.

Hon ALANNA CLOHESY: Is it true that a parent was given a single kitchen chair and told that that is what they had to sleep on, and that their child is in the oncology ward for an extended period of time?

Hon ALYSSA HAYDEN: This is been an ongoing problem for many, many years and that is the reason that we are building a brand-new hospital.

Hon ALANNA CLOHESY: Sure, but is it true that is happening right now and that parents are being told it will be better when the new children's hospital is built, but their current needs are not being taken into account?

Hon ALYSSA HAYDEN: It is the first we have heard of it.

Hon ALANNA CLOHESY: Perhaps you would like to take on notice that that is happening in the current PMH and perhaps you could get back to me with a response.

The DEPUTY CHAIR: Can I clarify, is the member referring to a specific instance or using a specific instance to ask about whether it is a practice?

Hon ALANNA CLOHESY: Yes, I am referring to a specific instance and it is not a singular case. It is not an isolated case.

Hon ALYSSA HAYDEN: The minister is always open to hearing of any issues like this and you can bring them to him anytime; it does not need to be through estimates. We are always happy to look into the welfare of our patients and their families.

Hon ALANNA CLOHESY: However, I would like to know whether the minister is aware of this and what will be done about it right now.

Hon ALYSSA HAYDEN: I just put on the record that Professor Bryant Stokes is not aware of it, but he will investigate it. If he is not aware, I highly doubt the minister would be either.

The DEPUTY CHAIR: It is a big system, so sometimes we are not always aware of everything.

[*Supplementary Information No A31.*]

Hon LIZ BEHJAT: I want to go to page 143 of the *Budget Statements*. Following on from my earlier questions concerning palliative care, I notice that in the fourth line down under "Details of Controlled Grants and Subsidies" is a budget amount of $158 000 for 2014–15 to palliative care. Firstly, can you tell me what that $158 000 was for and who it was allocated to on the assumption that on page 134 under palliative care Silver Chain is mentioned? Is this for other providers of palliative care or other education programs, or what might that be for?

Ms A. Kelly: The type of grant is for area-wide palliative care and support and the recipients would be Silver Chain Group Ltd, as you have indicated, and also St John of God hospitals.

Hon LIZ BEHJAT: So Silver Chain gets money from there but also from the other allocation under the net cost of services at page 134. The budget amount was $158 000, but your estimated actual is only coming in at $96 000, which gives us a difference of $62 000. What is the reason for that? There is an underspend, obviously, but why is that?

Hon ALYSSA HAYDEN: We have not got that information with us. Are you happy for us to take that on notice?

Hon LIZ BEHJAT: Yes, could you take that on notice for me.

[*Supplementary Information No A32.*]

Hon LIZ BEHJAT: For the 2015–16 year we now have a budget estimate of $215 000—an increase of $57 000 from last year's budget allocation. Could you add the breakdown of that $215 000 to the question on notice?

The DEPUTY CHAIR: I will include that in supplementary information A32.

In the interests of time, Hon Paul Brown has not actually asked a question, so I was going to give him —

Hon LIZ BEHJAT: I just have a quick question in one area.

The DEPUTY CHAIR: We have two minutes to allocate between three members.

Hon LIZ BEHJAT: We have been here all morning.

Hon AMBER-JADE SANDERSON: And Hon Paul Brown has just walked into the hearing.

The DEPUTY CHAIR: Members have a lot of commitments outside of the chamber as well, as you are aware. Everyone else has had a chance to ask multiple questions. Hon Paul Brown, and then we will see whether we can get to Hon Amber-Jade Sanderson.

Hon AMBER-JADE SANDERSON: I object to that actually, Deputy Chairman.

The DEPUTY CHAIR: Hon Paul Brown.

Hon PAUL BROWN: I am happy if this information can be provided now, but I will be happy to take it on notice. In regard to the Southern Inland Health Initiative funding of the Northam and Merredin hospitals, can you provide us with information about the capital upgrades to both those hospitals, what those capital works will be providing and the expected time line for rollout of those capital upgrades?

Hon ALYSSA HAYDEN: What were the two hospitals, sorry?

Hon PAUL BROWN: Northam and Merredin.

Hon ALYSSA HAYDEN: Northam and Merredin; absolutely. Mr Jeff Moffet will be able to give you some information on that.

The DEPUTY CHAIR: Again, in interests of time perhaps you can take those both as supplementary information.

Hon ALYSSA HAYDEN: If you want a quick little—it is up to you.

The DEPUTY CHAIR: It would have to be quick.

[12.30 pm]

Mr J. Moffet: So Merredin, currently, just in terms of macro scope, it is a redevelopment of the emergency department—it is a $26.4 million project in Merredin. It includes increased ambulatory care spaces, waiting areas, therapy rooms, administration. Additionally, there is refurbishment of medical imaging and ambulatory care and some of our support services, our kitchen, laundry and

CSSD areas. In terms of current status, we have architects that have commenced as lead consultants a couple of months ago, and we are currently in schematic design, so I guess in the early phases of project development and design of that facility. The commencement of construction is anticipated to be in the second quarter of the next calendar year, so in the second quarter of 2016, and currently anticipated to be fully completed in the first quarter of 2018, with the qualification that it is possible that those time frames will vary depending on market responses and whether we can actually do some staging of those projects, so they may come forward a little earlier or they may be around that time.

Northam, very briefly, is a $45.9 million program, which includes an emergency department, new 24/7 medical service model, sterilising services, pharmacy, ambulatory care areas, therapy rooms, child health, renal dialysis and chemotherapy. So it is a very substantial refurbishment and upgrade in terms of new build. It also includes —

The DEPUTY CHAIR: This was meant to be a brief answer.

Mr J. Moffet: Yes, sorry. Just to finally finish; we are currently in schematic design for that project as well. Intended construction commencement is in the second half again of 2016.

The DEPUTY CHAIR: I will end it there; you can place the rest as supplementary information.

[*Supplementary Information No A33.*]

Hon ALYSSA HAYDEN: It is good news. I want to hear good news.

Hon AMBER-JADE SANDERSON: I refer to budget paper No 2, volume 1, part 3 on page 140, works in progress Armadale Kelmscott District Memorial Hospital redevelopment. The current $15.4 million redevelopment —

Hon ALYSSA HAYDEN: Can you just say that again; Armadale?

Hon AMBER-JADE SANDERSON: The Armadale–Kelmscott hospital. In last year's budget it was meant to have $1 million spent on it this financial year, $3.2 million in 2015–16 and $2 million in 2016–17. I note that in the 2015–16 budget it reveals that no money was spent on the development or that there is no money allocated and a reduction of $1 million for the 2015–16 year on the previous forward estimate and further reductions in future estimates. Why is the completion of this redevelopment being delayed and what are the reasons for the reduction in that budget allocation?

Hon ALYSSA HAYDEN: Absolutely, Ms Angela Kelly will be able to answer your question.

Ms A. Kelly: There are two responses to that. Some of the reduction relates to the corrective measures put in place last year and the second part of why nothing has commenced is we are still finalising a business case on what is required to be undertaken on the site, so some master planning is underway. We intend to have that completed towards the end of this year.

Hon AMBER-JADE SANDERSON: But the money has come out of the budget. Does that mean that there is going to be less money spent on the redevelopment than was originally allocated— $15.4 million?

Ms A. Kelly: We did lose some funding for that through the corrective measures process to the asset investment program.

Hon AMBER-JADE SANDERSON: And where has that been redirected? Can you quantify the amount that you lost?

Ms A. Kelly: I will provide that on notice through the parliamentary secretary for that project.

[*Supplementary Information No A34.*]

The DEPUTY CHAIR: We have run over time a little bit, but that indicates the great interest in Health that all the members have.

The committee will forward any additional questions it has to you in writing in the next couple of days through the minister, together with the transcript of evidence, which includes the questions you have taken on notice. Responses to these questions will be requested within 10 working days of receipt of the questions. Should you be unable to meet this due date, please advise the committee in writing as soon as possible before the due date. The advice is to include specific reasons as to why the due date cannot be met. If members have any unasked questions, I ask them to submit these to the committee clerk at the close of this hearing.

Before I close the hearing I would like to draw to the attention of the house and the general public—I say this advisedly—that perhaps this may be Professor Bryant Stokes' last appearance at estimates in his current capacity.

Hon KEN TRAVERS: They said that at the last Madonna concert.

The DEPUTY CHAIR: I am sure that he probably takes a great sigh of relief when he thinks about that. On behalf of the members of this chamber, the members of Parliament and generally everyone in Western Australia, I would like to thank Professor Bryant Stokes for his sterling service to our community over many, many years and wish him all the best in the future. I am sure that he will continue to contribute to good health outcomes and generally good outcomes for the people of Western Australia.

[Applause.]

The DEPUTY CHAIR: I will close the hearing and thank everyone for their attendance today.

Hearing concluded at 12.34 pm