

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**  
**QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION**

**Wednesday, 24 June 2015**

**Department of Health**

*Question No. 1: Hon A Clohesy asked –*

*Budget Paper: 2, Vol 1, Part 3*

*Page: 137*

*Line Item: Dental Health*

*(1) Does the Department have any figures on how many West Australians were accessing the Child Dental Benefits scheme per year?*

Answer: In 2013/14, approximately 10,481 patients accessed the Child Dental Benefit Schedule in both the private (95.4%) and public (4.6%) sector.

In 2014/15, approximately 36,175 patients accessed the Child Dental Benefit Schedule in both the private (67%) and public (33%) sector.

*(2) What options (if any) are available for low income families with children aged 2-5, who are too young to access the school dental scheme?*

Answer: Primary Health Care, including Dental Care, is the responsibility of the Commonwealth Government. The State Government funds a backup service through Dental Health Services.

Eligibility for the School Dental Service commences from the year a child turns five (5). For those below the age of five (5), the following options exist:

Those children whose parents hold a Health Care or Pensioner Concession card are eligible to attend Dental Health Services Adult Dental Clinics for subsidised public dental care.

Additionally, the Child Dental Benefit Schedule provides general dental care for children aged two (2) – 17 years who meet a means test (Family Tax Benefit A). The total benefit is capped at \$1,000 per child over a two year period and can be used in either the public or private system.

*(3) What impact will the number of patients who were accessing the Child Dental Benefits Scheme who were getting dental work done privately supported by this scheme who will now fall back upon go the School Dental Scheme for treatment be?*

Answer: It should be noted that the Federal Budget papers indicated the continuation of the Child Dental Benefit Schedule until 2018/19. The savings announced in the Federal Budget papers relate to a four year freeze on indexation of both benefits payable and the benefits cap for the Child Dental Benefit Schedule.

The freeze on indexation has the potential to decrease bulk-billing rates in the private sector. This may increase the number of patients returning to the School Dental Service who are eligible and where bulk-billing is compulsory. The impact is not known at this time but is considered to be minimal.

*(4) Will the Department review both the total cost of service allocated for the school dental program and the number of FTES employed in the school dental scheme?*

Answer: Within the School Dental Service, continual analysis is undertaken in order to allocate resources to improve the equity of service provision and disease outcomes across the State.

The State has committed to maintenance of effort, in relation to public dental services. Federal Government dental initiatives are additional to this effort.

*(5) How much of the Federal Government's \$45m cut nationally to Adult Dental Services relates to adult dental services in WA?*

Answer: The jurisdictional allocation of the National Partnership Agreement funding is based on the percentage of Health Care Card holders. WA has 8% of the national Health Care Card cohort. Therefore proportionate reduction for WA is \$3.6 million for 2015/16.

*(6) What is the current average waiting times for dental treatment in both the School Dental Scheme and the Adult Dental Health Service respectively?*

Answer: Eligible patients presenting for emergency dental care are seen as soon as possible in both the School Dental Service and Adult Dental Services usually on the day of presentation.

The average initial waiting time (initial course of care during the first year of enrolment in the School Dental Service) is 4.7 months, as at 30 June 2015.

The average recall waiting time for non urgent dental care in the School Dental Service is 18.2 months, as at 30 June 2015. (Note: Patients on the Recall Waitlist have had an initial examination (waitlist or emergency) and course of treatment. The patients are placed on the recall list for ongoing care and check-ups as required. Timing of the "recall" is assessed by the treating dental practitioner and will depend on the oral health status of the patient.)

The average initial waiting time for non urgent dental care in the Adult Dental Services is 6.8 months, as at 30 June 2015.

The average recall waiting time for non-urgent dental care in the Adult Dental Services is 17.1 months as at 30 June 2015.

The National Oral Health Plan recommends that both children and adults be seen within a 2 year period.

*(7) What will be the impact of these cuts to funding and services have on current waiting times?*

Answer: Regarding School Dental Service waiting times, the freeze on Child Dental Benefit Schedule indexation has the potential to decrease bulk billing rates in the private sector which may increase the number of patients returning to the School Dental Service, where bulk-billing is compulsory. However, it is not currently possible to model the impact the freeze will have on bulk billing rates. Dental Health Services does not expect a significant impact on its current waiting times.

Regarding Adult Dental Services waiting times, funding for the National Partnership Agreement on Adult Public Dental Services has been cut and reduced from four (4) years to one (1) year. Waiting times are likely to increase when the National Partnership Agreement on Adult Public Dental Services ceases and State funding alone is available. If this occurs, it is possible that waiting times will increase to pre NPA levels of 24 months.

*(8) How many people are currently on the waiting list for treatment from public adult dental services?*

Answer: 9,390 people as of 30 June 2015. This is a substantial reduction relative to two years previously, when there were 21,985 people on the waiting list at 30 June 2013. The reduction is associated with State efforts to reduce waiting lists under the National Partnership Agreement for Treating More Public Dental Patients.

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**Department of Health**

*Question No. 2: Hon A Clohesy asked –*

*Budget Paper: 2, Vol 1*

*Page: 126*

*Line Item: Health Governance – management and government reform*

*(1) What consultation has occurred in developing this new governance legislation and when will it be introduced?*

Answer: The Drafting Instructions for the new governance legislation were developed with the close engagement and involvement of: the WA Health Transition and Reconfiguration Steering Committee established by Cabinet in December 2013<sup>1</sup>; WA Health Executive (including all Assistant Director Generals and Chief Executives of the Health Services); WA Health subject matter experts; and key government stakeholders, including the Public Sector Commission, Department of Treasury, Department of Commerce and the State Solicitor's Office. The Drafting Instructions have been informed by extensive research conducted of health system governance models in other jurisdictions, in particular, Victoria, New South Wales and Queensland and learnings from the former Local Governing Councils. The *Health Services Bill* is anticipated to be introduced into Parliament in November 2015. Consultation with the mentioned stakeholders will continue as the drafting of the *Health Services Bill* progresses, together with broader consultation also underway at this time, including with professional associations and groups and consumer representatives.

*(2) Are these the re-establishment of boards that have been previously abolished?*

Answer: No. The Health Service Boards to be established under the *Health Services Bill* will oversee the health services and public hospitals within an area, rather than individual public hospitals as existed in the past. Under the *Health Services Bill*, the roles, responsibilities and accountabilities of Health Service Boards, Health Services, the Department of Health and state-wide support services will be clarified and re-defined, to enable devolved governance to function efficiently and effectively.

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<sup>1</sup> The Committee is responsible for providing advice to Cabinet, through the Minister for Health, on key aspects relating to the performance, transition and governance of WA Health to ensure the achievement of key budget, infrastructure, clinical and workforce milestones. The Committee is chaired by Professor Bryant Stokes AM, Director-General of the Department of Health, with members comprising Peter Conran, Director-General, Department of the Premier and Cabinet, Michael Barnes, Under Treasurer and Tim Marney, Mental Health Commissioner. Expert advice to the Steering Committee is provided by Ms Fran Thorn, former Secretary (Director-General equivalent) of the Victorian Department of Health.

(3) *What will be the composition of these boards?*

Answer: The *Health Services Bill* will require board membership to comprise six (6) - 10 members, including a Chair and Deputy Chair with expertise and experience in one or more of the following areas:

- health management, business management, financial management and human resource management;
- legal expertise;
- provision of clinical or other health services;
- primary healthcare;
- education and training of health professionals;
- have knowledge and understanding of the community serviced by the health service;
- and
- have other backgrounds, skills, expertise, knowledge or experience appropriate to the health service.

Further information on the board membership and eligibility criteria will be provided as part of a public recruitment process to be commenced in the coming months.

(4) *Please provide a definition of the role of 'systems' manager'.*

Answer: Under the *Health Services Bill*, the roles, responsibilities and accountabilities of Health Service Boards, Health Services, the Department of Health and State-wide support services will be clarified and re-defined, to enable devolved governance to function efficiently and effectively. In this regard, the *Health Services Bill* will establish the Department of Health as a strategic System Manager, responsible for setting State-wide parameters for policy, planning and delivery, clinical roles of hospitals, procurement, performance monitoring and regulatory functions. The concept of the System Manager is drawn from the National Health Reform Agreement and research of other State health system governance models.

Under the *Health Services Bill*, the roles, responsibilities and accountabilities of the System Manager are as follows:

a) System management of public hospitals, including:

- i. Establishment of the legislative basis and governance arrangements of public hospital services, including the establishment of area Health Services;
- ii. System-wide public hospital service planning and performance;
- iii. Purchasing of public hospital services and monitoring of delivery of services purchased;
- iv. Planning, funding and delivering capital;
- v. Planning, funding and delivering teaching, training and research;
- vi. Managing area health service performance; and
- vii. State-wide public hospital industrial relations functions, including negotiation of enterprise bargaining agreements and establishment of remuneration and employment terms and conditions to be adopted by area Health Services.

b) Taking a lead role in managing public health.

- c) Sole management of the relationship with area Health Services to ensure a single point of accountability at a State level, for public hospital performance, performance management and planning.

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**Department of Health**

*Question No. 3: Hon A Clohesy asked –*

*Budget Paper: 2, Vol 1, Part 3*

*Page: 141*

*Line Item: Works in Progress, RPH, Medical Oncology Department*

*(1) Medical Oncology Department at RPH, which shows this work should be completed this financial year – Does this work relate to the decommissioning of the 2 linacs at RPH, which were meant to cease operating with the commissioning of radiotherapy services at Fiona Stanley Hospital (FSH) in February 2015, which is meant to have a full complement of 4 linacs?*

Answer: No, the decommissioning of Medical Oncology at Royal Perth Hospital (RPH) is a separate piece of work to the decommissioning of the 2 linacs (Radiation Oncology) at RPH. They are not related.

*(2) Have any patients at Fiona Stanley or Royal Perth not been able to access radiotherapy within clinically recommended timeframes for between February and June this year?*

Answer: No.

*(3) Can you confirm FSH only has 2 linacs operating, or has a 3<sup>rd</sup> one now commenced operating?*

Answer: A 3rd Linac commenced operating on 8 June 2015.

*(4) When will the 4<sup>th</sup> linac at FSH be operational?*

Answer: Operation of the 4th linac is subject to the final determination of the State-wide review of Oncology services, which includes Radiation Oncology.

*(5) Given the delays in FSH having all 4 linacs on deck, and much higher than expected demand for radiotherapy at FSH, will plans still proceed to decommission both linacs at RPH, or will at least one linac be retained at RPH? In the Assembly estimates the Director General seemed to indicate that some oncology services might need to go back to RPH?*

Answer: 1 Linac is currently being retained at RPH. Decommissioning of the retained Linac and future Oncology services at RPH is subject to the final determination of the State-wide review of Oncology services.

*(6) The overflow of patients for linacs at RPH were being sent to genesis for radiotherapy, at no cost to the patient, up until February this year when the 2 linacs at Fiona Stanley started operating – has the State Government re-negotiated a new contract with Genesis for the overflow of public patients requiring radiotherapy?*

Answer: There is no current overflow.

*(7) Have operating hours of all LINACS in the Perth metro area been extended to cope with current demand until the extra LINACs at FSH are operating?*

Answer: For the South Metropolitan Health Service the 3 Linacs at FSH are operating on extended hours in-line with hospital guidelines. The 1 Linac at RPH is being utilised in line with existing arrangements.

*(8) I understand a Statewide review of oncology services has just been completed – Can you please provide a copy of the review?*

Answer: No, this is still being finalised.

Discussions with the chairman of the Review and the Acting Director General are underway and recommendations are still to be finalised. As at 24 June 2015, the Minister has not yet been provided a copy.



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**Wednesday, 24 June 2015**

**Department of Health**

*Question No. 4: Hon A Farina asked –*

*(1)(a) What is the funding allocation for South West Child and Adolescent Mental Health Service (SW CAMHS) for 2015/16?*

Answer: WA Country Health Service (WACHS) is currently finalising all regions mental health budget allocations for 2015/16, including SW CAMHS. Information will be available late August 2015, post finalisation of the regional mental health budget allocations.

*(1)(b) How does this compare to the funding allocation for SW CAMHS in each, 2014/15, 2013/14, 2012/13, 2011/12, 2011/10, 2010/09 and 2009/08?*

Answer: Information is not available at this point in time due to the regional budget allocations still being finalised. Information will be available late August 2015, post finalisation of the regional mental health budget allocations.

*(2)(a) What is the FTE allocation (whether or not vacant) for SW CAMHS for 2015/16?*

Answer: Funding allocations for 2015/16 are yet to be determined. This will guide the FTE allocation for 2015/16. Information will be available late August 2015 post finalisation of the regional mental health budget allocations.

*(2)(b) How does this compare to the FTE allocation for SW CAMHS in each, 2014/15, 2013/14, 2012/13, 2011/12, 2011/10, 2010/09 and 2009/08?*

Answer: Information is not available at this point in time due to the regional budget allocations still being finalised. Information will be available late August 2015, post finalisation of the regional mental health budget allocations.

*(3)(a) What was the staff allocation, by FTE and head count, at SW CAMHS as at 1 October in each 2008, 2009, 2010, 2011, 2012, 2013 and 2014?*

Answer: WACHS is working towards providing a full response to this supplementary question in due course. Information will be available end of July 2015.

*(3)(b) Do the figures provided in answer to (a) include vacant FTEs?*

Answer: Refer to (3)(a).

*(4)(a) What was the total number of children and adolescents assessed by SW CAMHS in each 2014/15, 2013/14, 2012/13, 2011/12 and 2011/10?*

Answer: Refer to (3)(a).

*(4)(b) What was the total number of children and adolescents taken on as patients and treated by SW CAMHS in each 2014/15, 2013/14, 2012/13, 2011/12 and 2011/10?*

Answer: Refer to (3)(a).

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*Question No. 5: Hon L Behjat asked –*

*(1) Page 145 Statement of Cashflows*

*Under Cashflows from Investing Activities there is an amount of \$17.5m allocated to proceeds from sale of non-current assets under 2014-15 Estimated Actuals.*

*Can you please provide details of how that figure is made up i.e. what non-current assets were included in this amount?*

Answer: This relates to the sale of Kaleeya Hospital. The composition of the sale includes:

1. Sale of Hospital (building)	\$12.425M
2. Sale of Land	\$5.075M