Deputy Premier of Western Australia
Minister for Health; Tourism

Our Ref: 25-47273

Mark Warner
Committee Clerk
Estimates and Financial Operations Committee
Legislative Council
1st Floor Parliament House
Harvest Terrace
PERTH WA 6000

Dear Mr Warner

WA HEALTH SUPPLEMENTARY AND ADDITIONAL QUESTIONS LEGISLATIVE COUNCIL ESTIMATES AND FINANCIAL OPERATIONS HEALRINGS – PART 2

Please find attached a second set of responses for the supplementary information requests and additional questions submitted by Legislative Council Members from the Estimates and Financial Operations Committee at the 2015/16 Budget Estimates Hearings held on Wednesday, 24 June 2015.

The response to question A29 remains outstanding and will be provided as soon as finalized.

Yours sincerely

John Day
A/MINISTER FOR HEALTH
22 JUL 2015

Level 13, Dumas House, 2 Havelock Street, West Perth, Western Australia, 6005
Telephone +61 8 6552 5300 Facsimile +61 8 6552 5301 Email: Minister.Hames@dpc.wa.gov.au
www.premier.wa.gov.au/Ministers/Kim-Hames

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 4

Department of Health

Supplementary Information No A4.

Question: Hon S Ellery asked –

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.

Answer: Under changes proposed to the Medicare Benefits Schedule from November 2015, families will continue to be able to access health assessments for children aged 3-4 years through their General Practitioner (GP). However, from November 2015 assessments will be billed to Medicare as standard GP consultations with significantly lower scheduled fees.

In 2014, GPs delivered an estimated 17,000 Healthy Kids Checks across Western Australia (13,900 in metropolitan Perth and 3,100 in country Western Australia). The intentions of GPs around provision of health assessments for 3-4 year olds beyond November 2015 are unclear at this time.

Families who are unable to access 3-4 year old checks through their GP are able to access a 3 year old health assessment through Child and Adolescent Community Health (CACH).

A reduction in GP delivered 3-4 year old health assessments due to changes in the Medicare schedule is expected to increase demand on CACH services, however the full impact of this change is not yet known.

The demand for community child health services will be closely monitored over the coming months.

As part of the community Child Health Reform program, CACH is currently looking at options to increase service capacity.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 6

Department of Health

Supplementary Information No A5.

Question: Hon S Ellery asked –

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.

Answer: Please refer to response provided for supplementary question A4.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 11/12

Department of Health

Supplementary Information No A10.

Question: Hon A Sanderson asked –

Can you outline what those strategies are? 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.

Answer: In addition to fixed term contracts, WA Health is continuing to explore other strategies in the context of the system-wide Reform Program and the Functional Review and Readiness Assessment Project (Review) that is currently underway in, for addressing the savings under Workforce Renewal Policy (WRP).

WA Health is leading a broad ranging program of reform to sustain and improve the delivery of quality healthcare by transitioning the role of the Department of Health to one of 'System Manager', with Health Services to become more autonomous and accountable in responding to the health needs of their local communities. The Review will identify and clarify the functions currently performed by the Department of Health and the non-clinical functions currently performed by Health Services. Both the Reform Program and the Review will help to inform how the functions and resources between the Department and Health Services and the accompanying workforce strategies that will need to be deployed for the WA Health system to transition to the new governance arrangements commencing from 1 July 2016.

WA Health's budget settings for the 2015-16 Budget and the forward estimates period have already been adjusted for the WRP savings. An ongoing efficiency drive aimed at achieving better performance in hospital services, is predicated on transitioning the State Price to the projected national average cost within the timeframe for the completion of the WA Health Reform Program. The WRP is a tool to assist WA Health in meeting the cost reduction targets imbedded in the budget settings. Through the 2015-16 resource allocation process, the Department will be assigning budgets to Health Services and other budget holders consistent with the approved budget settings.

It will be incumbent on Health Services and budget holders to develop strategies and to deliver efficiencies and cost savings to ensure the budget settings are adhered to without impacting on front-line service delivery. In this regard, savings measures and strategies that are likely to be sensitive and/or high risk in terms of service delivery impacts will need to be considered by the Economic and Expenditure Reform Committee prior to their implementation and public announcement.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 15

Department of Health

Supplementary Information No A12.

Question: Hon R Chapple asked –

(1) 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?

Answer: 'A Promising Future: WA Aboriginal Health Programs' by Professor D'Arcy Holman independently assessed the value for money delivered by 184 projects on the basis of five considerations: contribution to the gap in life expectancy; grade of prior evidence; potential for cost-effectiveness; project audit review score assigned by the review; and actual performance of the intervention measured using the RE-AIM [1] and graduated project evaluation systems.

Programs assessed as poor meant that the project delivered less than 65% of what an alternative use of funds could have delivered. This represented 2.7% of the 184 projects or 8.8% of funds between 2009-2015. Programs rated as marginal represented 6.0% of the 184 projects or 3.1% of funds between 2009-2015. A summary of the programs and their ratings is attached.

(2) Of the five key recommendations put forward by the Holman review, please identify which will be implemented and which will not stating the reasons.

Answer: WA Health accepts the key recommendations of the Aboriginal Health Review, and is committed to implementing all of them.

[1] RE-AIM is reach, effectiveness, adoptions, implementation, maintenance

Program/s	Overall Assessment	Comment
Men's Health Program – Selected Remote Aboriginal Communities	Marginal	Fair-priced, marginal performing program in a high priority area with a moderate evidence base. The program would benefit from population-based planning, targeting, more evidence-based structure and a commitment to evaluation.
Renal Satellite Dialysis Centre	Poor	Very expensive, adequately performing program in an area of known low cost-effectiveness despite its strong evidence base. Resources would be used more cost-effectively in earlier interventions; however, there is an ethical dilemma in doing so.
Provision of Renal Services at Satellite Centres	Poor	Expensive, high performing program in an area of know low cost-effectiveness despite its strong evidence base. Resources would be used more cost-effectively in earlier interventions; however, there is an ethical dilemma in doing so.
Prison Health (Various Regions)	Marginal	Fair-priced, adequately performing program in a lower priority area with an adequate evidence base. Resources would be more cost-effectively in earlier intervention.
Increasing Antenatal and Postnatal Care	Marginal	Relatively inexpensive, marginal performing program in a medium priority area with a strong evidence base. The program has low service activity levels.
Regional Coordinator Position (Specific Region)	Poor	Relatively inexpensive, poorly performing program in a medium priority area with a moderate evidence base. The resources are not used for the contracted purpose.
Social and Emotional Wellbeing Program (Various Regions)	Marginal	Expensive, marginal performing program in a high priority area with a moderate evidence base. The program would benefit from population-based planning, targeting, more evidence-based structure and a commitment to evaluation.
Dental Health Services – Selected Remote Aboriginal Communities	Marginal	Relatively inexpensive, adequately performing program in a low priority area for closing the gap in life expectancy.
Patient Liaison Service (Specific Region)	Marginal	Fair-priced, marginal performing program in a medium priority area with a moderate evidence base.
Accommodation and support services for non-metropolitan clients and their carers to temporarily reside in Perth to access medical services	Poor	Expensive, adequately performing program in an area of known low cost-effectiveness despite its strong evidence base. Resources would be used more cost-effectively in earlier interventions; however, there is an ethical dilemma in doing so.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 15/16

Department of Health

Supplementary Information No A13.

Question: Hon L Behjat asked –

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.

(1) 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.

Answer: This information at provider level is not for public release due to its commercial sensitivity. A total of 7,212 patients are estimated for 2014/15.

(2) 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.

Answer: The Department of Health is unable to source information in relation to the number of patients who may not actually be accessing palliative care but who would be eligible.

(3) 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.

Answer: Education for families is provided as part of standard care from palliative care services (eg. Silver Chain, hospital palliative care consultancy services, inpatient palliative care services). This education is tailored to the individual needs of the patient and family and may include topics such as managing symptoms and needs at home, safe lifting practices and caring for yourself as a carer. Palliative care services can link families in with other organisations such as Carers WA to provide additional support for families.

There are a range of publications and resources available for families who are caring for someone with a terminal illness. Palliative Care WA publishes a booklet called 'Palliative Caring.' The Department of Health provided revised content and some financial support towards the revision of this publication in 2014. The 'Palliative Caring.' publication can be found at http://palliativecarewa.asn.au/site/wp-content/uploads/2014/11/Palliative-Caring-booklet-pages-no-bleed.pdf.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 16

Department of Health

Supplementary Information No A14.

Question: Hon R Chapple asked –

(1) 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?

Answer: WA Country Health Service (WACHS) directly provides a range of palliative care services in hospital settings right around the State, including the Pilbara and Kimberley. In the home and community setting, WACHS partners with Silver Chain, other private providers and Aboriginal medical services to deliver some of these services. WACHS does not have a single defined model; however WACHS works with General Practitioners (GPs), medical services and private providers to deliver these services.

Kimberley
The WACHS Kimberley Palliative Care Service is the regional consultative and support service and the central point for referrals. The service promotes a multidisciplinary approach, which includes a GP, nurse manager, clinical nurse, social worker and Aboriginal Health Worker.

Additional support and consultancy is accessed via a Palliative Care specialist Consultant for complex symptom management, provided via Telehealth and phone support. Specialist visits to the region occur in Broome and Kununurra.

WACHS works with other providers, who offer palliative care services, such as:

- Southern Cross Care, a non-government organisation (NGO), in Broome; and
- Derby Aboriginal Health Service.

Pilbara
WACHS Pilbara provides palliative care support across the region with senior palliative care nursing support. Support for palliative care inpatients is provided at Hedland Health Campus, Onslow, Newman and Tom Price.

WA Country Health Service (WACHS) also works with other providers, who offer palliative care services, such as:

- Jigalong Puntikurnu Aboriginal Medical Services covering areas within the Western Desert; and

- Wirraka Maya Aboriginal Services providing services to Nullagine, Marble Bar and Yandeyarra.

(2) 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 be improved.

Answer: Silver Chain services in the Pilbara contract with East Pilbara Independence Support Service to provide aged and community home care support. However, Silver Chain is not contracted to provide palliative services in the Pilbara, including Jigalong. Palliative care services require the expertise of a registered nurse that can manage opioid drug administration and patient assessment. Attracting suitably qualified staff to remote locations is challenging.

The Pilbara has recently employed a palliative care nurse manager who will be visiting the East Pilbara between August and September 2015. Further work is to be progressed to determine further needs and establish links with appropriate services, such as Aboriginal Medical Services post that time.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 19/20

Department of Health

Supplementary Information No A17.

Question: Hon R Mazza asked –

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?

Answer: The 2015-16 Budget Target figure on page 134 of $317 refers to home-based hospital programs delivered by a contract provider.

In order to provide a like-for-like comparison of the cost of home-based hospital programs versus patients receiving in-hospital treatment, a costing methodology based on 2013-14 costs has been used.

The methodology involved determining the top 20 diagnostic related groups (*AR-DRGs) by volume of hospital in the home (HITH) only patients (that is, the patients length of stay were all HITH days). The costs were then compared with patients treated in hospital with the same AR-DRGs that had no HITH days. Patients that had a combination of in-hospital and HITH days were excluded from the calculations.

The results based on this like-for-like comparison are as follows:

	2013-14 Average Cost
Average cost per bed-day for HITH	$480
Average cost per bed-day for non HITH patients with similar AR-DRGs	$1,336

*Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services. The classification categorises acute admitted patient episodes of care into groups with similar conditions and similar usage of hospital resources, using information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 26

Department of Health

Supplementary Information No A22.

Question: Hon A Clohesy asked –

(1) 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?

Answer: Quadriplegic centre expenditure budget for 2014-15 is $13,472,200. The draft budget for 2015-16 is $11,584,087. Services are purchased from Spine and Limb Foundation Inc. to deliver key clinical and non-clinical services to patients with the Quadriplegic Centre.

(2) Can I also ask how many residents are currently living there by length of tenure and by status of exit plans – transition plans?

Answer:

- 3 x Ventilator Dependant patients who typically have an average length of stay of a number of years (2-4);
- 3 x Respite patients who have a typical length of stay of a number of days (less than 5);
- 12 x Transitional Care patients – who are typically waiting on future supported accommodation options and funding and have an average length of stay of between 1-2 years; and
- 41 x Extended rehabilitation (long term stay) who are typically residents of the facility.

Due to patient confidentiality and potential for identification, patient exit and transition plans are unable to be supplied.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 29

Department of Health

Supplementary Information No A24.

Question: Hon A Clohesy asked –

I turn to "New Works" on page 141, and "Bentley Hospital – Development". This 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.

(1) Where has the additional $2.8 million gone?

Answer: $2.8 million is forecast to be spent in 2019/20, which falls outside the 2015-16 Budget Paper's Forward Estimates period.

(2) Has the minister received the review of Bentley Hospital and did that review recommend retention of maternity services?

Answer: As at 24 June 2015, the Minister for Health has not received the Report. The Acting Director General, Professor Stokes is currently assessing the Report prepared by Professor Con Michael.

(3) Does the review recommend retention of the existing scope of surgical services or does it recommend limiting surgery at Bentley to day surgery?

Answer: There will be no decisions made in regards to changes in the activity settings at Bentley Hospital for surgical procedures until the above stated review has been fully considered by the Department of Health and the Minister for Health. Accordingly at this stage, no significant changes in inpatient activity settings at Bentley Hospital are proposed for the current financial year or forward estimates years.

(4) Is it anticipated that you will publicly release the review?

Answer: A decision on the release of the Review has not yet been made.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 31/32

Department of Health

Supplementary Information No A26.

Question: Hon R Chapple asked –

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.

Answer: The article cited is a literature review of publications relating to air quality as an environmental determinant to respiratory conditions in Aboriginal communities throughout Australia. The authors from Telethon Kids Institute have an interest in determining impact from dust and other airborne pollutants in communities, where it is speculated exposure is greater than in metropolitan areas.

To date no programs or funds have been allocated to determine air pollution or biomass exposure in Aboriginal communities and its impact on human health.

The Department of Health has coordinated the Environmental Health Needs Survey (EHNS) in remote Aboriginal communities three times since 1998, the last being in 2008. This survey collected information which identified the most concerning environmental health issues reported by remote Aboriginal communities in WA.

The three most common issues identified in the 2008 survey were housing and overcrowding (69%), dust (49%) and water quality/supply (42%).

The Environmental Health Needs Survey has been used to provide advice to health and non-health agencies in planning projects and service provision to remote Aboriginal communities.

Housing is a responsibility of the Department of Housing and there have been significant investment in house replacement/upgrades and new housing under COAG's National Partnership on Remote Indigenous Housing program since the last survey was conducted. This has made a significant improvement in quality of housing provided and availability of housing in many remote communities. House numbers and occupancy rate information is held by the Department of Housing.

Water quality and supply in remote Aboriginal communities is for the most part, managed by the Department of Housing under the Remote Essential Service Program (RAESP). The Department of Health meets with the Department of Housing on a monthly basis to provide

advice about drinking water quality and safety from regular testing in RAESP communities. Drinking water quality is measured against the Australian Drinking Water Guidelines.

Dust is a significant issue in outback Western Australia and is a concern for all West Australians living in arid areas. Greening programs in communities, water reuse schemes and sealing of roads are some of the activities used to address this issue. The health impact of dust in communities has not been well investigated. However, its prominence in the Needs Survey result may also relate to its nuisance or annoyance potential rather than as a specific impact on health.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 32/33

Department of Health

Supplementary Information No A27.

Question: Hon R Chapple asked –

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?

Answer: Funding from the Pilbara Development Commission (PDC) for the Indigenous Employment Program (IEP) finished on 30 June 2015. WA Country Health Service (WACHS) Pilbara submitted a Business Case to the PDC on 6 February 2015 seeking funding over a five (5) year period for a suite of initiatives, including the IEP, from the Royalties for Regions (RfR) fund administered by the Department of Regional Development. The Business Case was deliberated on by the PDC Board and initial advice received is that the PDC Board considered the IEP program to be the core responsibility of WACHS and not appropriate for funding under Pilbara Cities at this time. The WACHS Pilbara Business Case and initiatives remain subject to ongoing negotiations as at this time there is not a finalised agreement. WACHS Pilbara has extended the staffing to the IEP program until the 28 August 2015 whilst negotiations continue.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 33

Department of Health

Supplementary Information No A28.

Question: Hon J Boydell asked –

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?

Answer: The breakdown of the total cost of service in 2014-15 Estimated Actual for Service Six "Patient Transport" for Patient Assisted Travel Scheme (PATS), Patient Transport, and other are as follows:

	2014-15 Estimated Expenditure
Patient Assisted Transport Scheme (PATS)	$41,755,794
Air and Road Patient Transport Services	$159,157,886
Other*	$8,732,964
Total	$209,646,644

*Other costs include corporate overheads, some of which relate to PATS and Patient Transport.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 36

Department of Health

Supplementary Information No A32.

Question: Hon L Behjat asked –

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.

(1) The budget estimate 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?

Answer: The apportionment of total controlled grants and subsidies by service (published in Budget Paper II, Volume 1 on page 143) has been derived by the Department of Health based on the estimated total cost of services and other modelling assumptions. As the methodology employed by the Department continues to be refined each year, the forward estimates for Controlled Grants and Subsidies between the current and prior year Budget Papers are strictly not comparable.

The change in grant expenditures between the 2014-15 Budget and Estimated Actual is not related to an underspend for palliative care. It can be explained by total estimated actual grant expenditure in 2014-15 being lower than the corresponding budget estimate by $9.6 million as a result of reclassification of expenditure costs from Controlled Grants and Subsidies to other expense categories. This reclassification has in turn resulted in reductions within the individual service line items, including Palliative Care.

(2) 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?

Answer: As a projection methodology is used to attribute expenditure for the Budget and the forward estimate years as noted above, it is not possible to provide a breakdown of the $215,000.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 37/38

Department of Health

Supplementary Information No A34.

Question: Hon A Sanderson asked –

I refer to budget paper No 2, volume 1, part 3 on page 140, works in progress Armadale Kelmscott District Memorial Hospital redevelopment.

(1) Does that mean that there is going to be less money spent on the redevelopment than was originally allocated- 15.4 million?

Answer: Yes, based on current construction market conditions and not any project scope change.

(2) Where has that been redirected? Can you quantify the amount that you lost?

Answer: As part of Government's corrective measures across the State's Asset Investment Program this project was reduced by $567,000.