

**DIVISION 13: WA HEALTH —**

**[Supplementary Information No A25.]**

*Question: Mr P.B. Watson asked the minister to provide the detailed costs of fly in, fly out doctors to provide the services to the Albany Hospital.*

*Answer:* The provision of detailed costs of fly-in, fly-out doctors is proving to be a labour-intensive search of records since inception of the model in July last year. The Department of Health will provide those details as soon as possible.

**[Supplementary Information No A26.]**

*Question: Ms A.J.G. MacTiernan asked the Minister to provide details of all births at the Armadale Hospital, distinguishing between public and private for the past five years.*

*Answer:*

See below table.

<b>Births Armadale Health Service</b>	<b>TOTAL</b>	<b>PUBLIC</b>	<b>PRIVATE INSURED</b>
2005/2006	1379	1152	227
2006/2007	1652	1417	235
2007/2008	1415	1245	170
2008/2009	1487	1275	212
2009/30 April 2010	1332	1086	246

**[Supplementary Information No A27.]**

*Question: Mr R.H. Cook asked the minister for the wait times for breast cancer screening in this state and a wait time comparison with other states, for women who have had a breast screen and who have been identified as needing follow-up treatment.*

*Answer:*

1. The average time between screening date and assessment appointment at Sir Charles Gairdner Hospital or Royal Perth Hospital for women with screening from January to May 2010 is 40.5 days (5.75 weeks).
2. The National Accreditation Standard for BreastScreen Australia in respect to timelines is that greater than 90% of women requiring assessment will attend an Assessment Clinic within 28 calendar days of their screening visit.  
77.7 % of women requiring assessment attended an Assessment Clinic within 28 days of their screening episode in 2009.  
65.4% of women requiring assessment attended as Assessment Clinic within 28 days of their screening episode in 2008.
3. BreastScreen WA had the highest level of BreastScreen Australia accreditation accorded to the program in February 2008.  
In February 2008 the program was awarded four years accreditation with Commendation for the high small cancer detection rate, and the high standard of clinical care at the Assessment Clinics.  
BreastScreen WA is due to submit for re accreditation in October 2011. The BreastScreen WA Program is very proud of its accreditation status, and is working actively to introduce innovative solutions that will address the delays for women waiting for assessment as an urgent priority. It is hoped that interim assessment service model changes will be well bedded down, prior to any Accreditation visit in 2011 to the Assessment Clinics. A third Assessment Clinic is due to be commissioned when the Fiona Stanley Hospital opens in 2014.

**[Supplementary Information No A28.]**

Mr Peter Watson; Ms Alannah MacTiernan; Mr Roger Cook; Ms Janine Freeman; Mr Andrew Waddell; Mr David Templeman

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*Question: Ms J.M. Freeman asked for a breakdown of the home-based hospital programs in 2009–10, including the actual budget and the estimate for 2010–11 for the FINE scheme and the FTEs employed under both.*

*Answer:*

### **Friend in Need – Emergency (FINE)**

The FINE scheme was initiated in 2008/09. As a partnership between Health and Community care FINE scheme services are being provided through Silver Chain Home Hospital and through Area Health Services.

#### **Silver Chain**

In 2009/10, \$16,732,500 of FINE scheme funding enabled Silver Chain Nursing Association to develop and commence the Silver Chain Home Hospital. The Home Hospital encompasses a 24 hour 7 days a week Priority Response Assessment service, community managed Hospital in the Home, Post Acute Care and Community Nursing. The Home Hospital includes a GP engagement strategy and has a medical governance framework in place.

For 2010/11, \$22,066,293 has been allocated to Silver Chain for Home Hospital services. This is based on the service reaching full capacity.

#### Workforce

Silver Chain have advised that as at June 2010 the direct clinical workforce for Home Hospital services is at 104 full time equivalent positions (FTE). This does not include administrative and management personnel. On current planning the direct clinical workforce is expected to grow to 130 FTE in 2010/11.

#### **Area Health Services**

In 2009/10, \$4,479,012 of FINE funding enabled metropolitan Area Health Services to strengthen the capacity of emergency department Care Coordination Teams, to develop and commence complex care coordination that includes the Residential Care Line and a new service called Complex Care Coordination, and to increase the capacity of the existing Home Care Package program. These services provide the clinical linkages from the hospitals to the Silver Chain Home Hospital services and other existing community services.

For 2010/11, \$7,796,849 of FINE funding has been allocated to elements of the FINE scheme that are provided through the Area Health Services. Through 2010/11 the expectation is that all care coordinating services will be fully operational. This includes the new complex care coordination service that has been expanded to key Country Health Service locations.

#### Workforce

Up to June 2010 the direct clinical workforce providing FINE scheme services from Area Health Services has grown to approximately 45 FTE. Through 2010/11 this workforce is budgeted to grow to 66 FTE, with a significant increase associated with implementing complex care coordination.

#### Training, Education and Evaluation

In 2009/10, \$50,000 of FINE funding targeted development of Evaluation and Training. The focus has been on development of complex care coordination in the first instance, with evaluation to extend to all FINE scheme services through 2010/11.

For 2010/11, a specific training and education budget of \$250,000 has been allocated along with \$250,000 to enable finalisation and implementation of an evaluation of the FINE scheme. Some of this funding may be applied to secure an external evaluation component of FINE scheme services.

#### Program Development and Administration

In 2009/10, \$200,000 of FINE funding was applied to program development and administration. Program management remains a responsibility of the Aged Care Policy Directorate of the Department of Health.

For 2010/11, \$200,000 has been allocated to Program development and management to ensure continued coordination of the FINE scheme as a system wide initiative.

#### **Home-based Hospital Programs**

**Homelink** (including HITH, PAC Nursing + Allied Health + Homecare Packages):

Total Cost: \$5,501,728 48.4FTE (May 2010 YTD)

#### Additional Funding:

Mr Peter Watson; Ms Alannah MacTiernan; Mr Roger Cook; Ms Janine Freeman; Mr Andrew Waddell; Mr David Templeman

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Home Care Package Top-up \$47,432 (FINE funded)

Homelink Settling Services \$129,058 0.5FTE Social Worker + 0.2FTE Admin (FINE funded)

Sub Acute Care Plan (RITH) \$150,000 1.9FTE (COAG funded)

***[Supplementary Information No A29.]***

*Question: Mr A.J. Waddell sought information about the waiting times for PET scans at Shenton Park.*

*Answer: Note – There is no PET scanner at Shenton Park Campus (SPC).*

In the context of the discussion Mr Waddell is referring to CT scanner waiting times.

Current waiting times at Royal Perth Hospital Wellington Street Campus (WSC) (for both WSC and SPC patients) are:

- urgent (usually inpatients) - within 24 hrs
- non-urgent outpatients - scheduled prior to next clinic appointment
- 'next-available' (for oncology) is currently at 2-3 weeks.

Bookings can always be brought forward if required and are on a regular basis, following liaison with clinicians.

***[Supplementary Information No A30.]***

*Question: Mr D.A. Templeman asked the minister to clarify the status of the community-supported residential units (CSRU) that were proposed for Peel.*

*Answer: The Department of Housing is supplying 50 individual properties to support an alternative model of supported accommodation. This model promotes the provision of individual, permanent dwellings in the community that have both in-reach psychosocial support by non-government providers and clinical services by the public mental health services.*

25 properties were allocated to the South Metropolitan Area Health service catchment area of the Peel and Rockingham (PaRK) and Fremantle Mental Health Services. It is planned that these properties will be fully delivered by March 2011.