STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

2018–19 BUDGET ESTIMATES

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
FRIDAY, 22 JUNE 2018

SESSION ONE
DEPARTMENT OF HEALTH

Members

Hon Alanna Clohesy (Chair)
Hon Tjorn Sibma (Deputy Chair)
Hon Diane Evers
Hon Aaron Stonehouse
Hon Colin Tincknell

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Hearing commenced at 9.01 am

HON ALANNA CLOHESY
Parliamentary Secretary to the Minister for Health, examined:

Dr DAVID RUSSELL-WEISZ
Director General, examined:

Mrs REBECCA BROWN
Deputy Director General, examined:

Dr DUNCAN JAMES WILLIAMSON
Assistant Director General, Clinical Excellence Division, examined:

Dr ANDREW ROBERTSON
Acting Assistant Director General, Public and Aboriginal Health Division, examined:

Mr PETER MAY
Acting Assistant Director General, Purchasing and System Performance, examined:

Mr ROB ANDERSON
Executive Director, Information and System Performance, examined:

Dr ARESH ANWAR
Executive Director, Royal Perth Bentley Group, examined:

Ms ANGELA KELLY
Acting Chief Executive, North Metropolitan Health Service, examined:

Mr PAUL FORDEN
Chief Executive, South Metropolitan Health Service, examined:

Mr JEFFREY MOFFET
Chief Executive, WA Country Health Service, examined:

Mr ROBERT TOMS
Chief Executive, Health Support Services, examined:

Dr ROBYN LAWRENCE
Chief Executive, Child and Adolescent Health Service, examined:

Mr NEIL FERGUS
Chief of Staff to the Minister for Health, examined:

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

The WITNESSES: Yes.

The DEPUTY CHAIR: 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. It is also being broadcast live on the Parliament's website. The hearing is being heard in public, although there is discretion available to the committee to hear evidence in private. 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. Agencies have an important role and duty in assisting the committee to scrutinise the budget papers. The committee values your assistance with this.

Would the parliamentary secretary like to make a brief opening statement of no more than two minutes?

Hon ALANNA CLOHESY: No, thank you.

Hon DIANE EVERS: My first question—it should be an easy one—refers to page 266, "Statement of Financial Position". Under "Non-Current Liabilities", I notice that the borrowings are diminishing to nearly nothing. I was just wondering what these borrowings were for and if there is any reason why they are diminishing.

Hon ALANNA CLOHESY: We will pass to Mr Peter May.

Mr MAY: The borrowings are for capital works programs in previous financial years—the repayments, and leasing, particularly with Fiona Stanley Hospital. They have been repaid back over a number of years to the values shown in the budget papers.

Hon DIANE EVERS: I am interested in prevention. I notice on page 251, around the middle of the page, the first dot point under "Other Health System Priorities" mentions that $67.8 million is going towards non-hospital services, including supporting prevention and promotion. My interest here—it is a large budget; it is very difficult to see where different programs are going in. I was wondering if you could give me some reference to which different programs are being increased with this money and provide some examples of the new preventive measures being implemented.

Hon ALANNA CLOHESY: That is a pretty broad question. I will ask the director general to outline some of the key measures under each of those headings, and then if you want more detail on specific ones, we can try to go there.

Hon DIANE EVERS: It is really the prevention that I am interested in, not the detail on the rest of it.

Hon ALANNA CLOHESY: Yes, so the broad sweep of prevention.

Hon DIANE EVERS: Yes, anything new.

Hon ALANNA CLOHESY: This will not include non-government organisations funded.

Dr RUSSELL-WEISZ: The dot point that you refer to—the $67.8 million—is additional in non-hospitals, so that is a much broader scope than just prevention. Non-hospital is the areas that are not in our hospital funding, so most of our hospital funding is done through activity-based funding, which is partially funded by the commonwealth. This is non-hospital, so this can be block funding of some of our smaller rural hospitals that do not come under activity-based funding, or can also be, as you quite rightly say, in prevention, or some of our larger contracts. So that whole suite

of non-hospital services relates to the areas that are not covered by what I would call pure hospital services.

If you look at the total health expenditure on hospital services, which includes activity-based funding and block funding, that is 74 per cent of the budget. The non-hospital services are 21 per cent, and that does include, as you have quite rightly said, dental services, support, and also prevention, promotion and protection.

There has been an increase. That increase is as far as 2018–19. As I said, they will go to those areas that are not activity-based funded within hospitals. In relation to exactly what areas in prevention they go to, we would be happy to supply that on notice, because that will be detailed.

If I can, through the parliamentary secretary, I might pass to Dr Robertson on what areas of prevention we do fund and will continue to fund.

Hon ALANNA CLOHESY: Some of the examples might include the reduced smoking in Aboriginal communities program—those kinds of things.

Hon DIANE EVERS: Could you take it on notice?

Hon ALANNA CLOHESY: I am happy to take that on notice.

The DEPUTY CHAIR: Can I clarify what information is being sought?

Hon DIANE EVERS: The suite of prevention measures that are being taken.

[*Supplementary Information No A1.*]

Hon DIANE EVERS: Just following on from that, you may not be able to help me with it, but I understand there was some work done over the past year on the key determinants for whether a hospital patient becomes readmitted. Is there anything further on that development that you can tell me about?

Dr RUSSELL-WEISZ: We measure readmissions to hospitals, so that is one of the measures that we do measure as a system. This year, the commonwealth has started a program to basically enhance, as we would do, safety and quality. They will soon stop be paying for what we call sentinel events and also hospital-acquired complications. They are also looking at readmissions, so for those people who are readmitted and basically should not be readmitted after a hospital stay, that funding will not flow from the commonwealth in future years. Those three areas; that probably is the area that you are referring to. We measure it anyway, so we measure it per health service. I do not have each health service's reports on me at the moment, but we could certainly supply it, and it is part of our performance reporting that the department monitors for all the health services.

[9.10 am]

Hon DIANE EVERS: So you are looking at not only who comes back but why they are coming back and trying to address those issues?

Dr RUSSELL-WEISZ: Absolutely, yes. We look at all areas where we can improve. Our mantra is that we want to be safer this year than we were a year ago so we encourage reporting. If it is a sentinel event, a very serious episode or an adverse event to a patient, we have a process to go through, which is called a root cause analysis where we analyse where things went wrong and how we can prevent them from happening again.

The DEPUTY CHAIR: Before we move on to the next question, I note that we have a new witness who has arrived. For the purposes of conducting an orderly hearing, Dr Williamson, can I ask you to state your full name, the capacity in which you appear before the committee, and can you also

confirm that you have read, understood and signed the document headed "Information for Witnesses"?

Dr WILLIAMSON: I am Duncan James Williams. I am the assistant director general for the clinical excellence division. I have not signed that document yet but I am happy to do so.

The DEPUTY CHAIR: You have signed that document, so I confirm that you have been sworn in appropriately and we can get on with the rest of the meeting.

Hon AARON STONEHOUSE: Referring to page to 250 where it talks about fast-tracked commitments, the last sentence refers to prescribing medicinal cannabis. It was reported in April this year that at the Council of Australian Governments, the health minister had agreed to adopt a national fast-tracked system for medicinal cannabis prescriptions. Does that appear in the budget? Are there any capital appropriations for developing that system in this budget?

Hon ALANNA CLOHESY: Improving access to medicinal cannabis was an election commitment and there has been some progress towards that. But in relation to the specific federal discussions, I will ask the director general to fill you in.

Dr RUSSELL-WEISZ: And I through the parliamentary secretary will pass to Dr Andy Robertson for the detail. It was a commitment of this government so we set up a panel originally to look at all applications for medicinal cannabis. The federal government has now with a couple of other states put a fast-tracked process in place in relation to the TGA. We are working with them to be part of that. Your first question was: have we sought any further capital appropriation or even recurrent appropriation? My understanding is, no, we will handle that within budget. I might pass to Dr Robertson, who can explain the process that clinicians go through, which we have tried to make as easy possible for clinicians to seek cannabis for medicinal purposes.

Hon AARON STONEHOUSE: I have the flowchart that is available publicly from the Department of Health's website and that outlines the process in a general sense. If you have anything to add to that, I suppose I am happy to hear it. I have a couple of questions around the panel and that process.

The DEPUTY CHAIR: Member, I thought there was a question embedded before you leapt into some new questions.

Hon AARON STONEHOUSE: Sure, if there is anything to add.

Dr ROBERTSON: I will make one comment on the fast-track process. The fast-track process that the commonwealth government is putting together is still in development at this stage. We made a commitment that we would be involved in that fast-track process. That involves all the requests to go through a portal that will address both the commonwealth government's requirement and our regulatory requirements. They will then come back to us so we will be looking at how our processes work and streamline those processes within the department.

Hon AARON STONEHOUSE: Will this portal process retain the current panel approving each application or will it do away with the panel?

Dr ROBERTSON: We will retain the current panel. As you can imagine, there is a requirement to respond within 48 hours with this portal. A lot of those decisions will be made by our delegates who make the decisions on those. However, there are going to be cases that are contentious that we will have to refer to the advisory panel. The panel will still have a role.

Hon AARON STONEHOUSE: Around that panel, can you advise the recurring cost of maintaining it, how many members are on it and perhaps what their remuneration is?

Hon ALANNA CLOHESY: I will check with the director general, but I have got a feeling we might have to take that on notice.

Dr RUSSELL-WEISZ: Yes, we would have to take that on notice. I cannot imagine in the health budget that we have that it would be at all significant to maintain that panel; maybe Dr Robertson can answer better than me, but it would be minimal. We can certainly provide that.

Dr ROBERTSON: We would have to take that on notice. The cost is small. It is literally some sitting costs for some of the members of the panel and that is the entire cost.

[*Supplementary Information No A2.*]

Hon ALANNA CLOHESY: I also think that it is important to highlight that the panel's role is in particular about contentious decisions.

Hon AARON STONEHOUSE: Instances of patients who may have had a past of psychosis or substance abuse, those kinds of instances?

Dr ROBERTSON: Certainly those kind of cases where they may have had substance abuse, but also cases where there is either no evidence that medicinal cannabis is of benefit or, in fact, evidence that medicinal cannabis may produce adverse effects in that particular group, so some of the mental health patients where cannabis is known to produce adverse effects in that group, so it would be to look at those kind of cases.

Hon AARON STONEHOUSE: Through a parliamentary question in March, I received some of the figures on medicinal cannabis applications. I think at that time, March this year, there had been 42 applications on behalf of 35 different patients, of which 22 had been approved, two declined, three withdrawn and eight pending. Anecdotally, what I hear from a lot of people who are trying to get access to medicinal cannabis is that some doctors are reluctant to prescribe it because of the onerous or bureaucratic process around seeking applications. Can you give me—I am happy to take it on notice—updated figures on how many prescriptions have been applied for, declined and approved? Can you confirm if the new portal is going to address concerns that medical practitioners have around seeking approval?

Dr ROBERTSON: I actually have those figures to 20 June. As of 20 June, for schedule 8 authorisations only—obviously the department is only involved in schedule 8 prescriptions—we received 86 applications, of that 68 have been approved. That is 86 applications for a total of 66 patients; 68 of those for a total of 52 patients have been approved, 13 are pending, nine of those are new patients, four are existing patients, three have been withdrawn by the specialist and two have been declined.

Hon AARON STONEHOUSE: The portal that you mentioned earlier—is the intent and design of that portal around making the process easier for GPs, medical practitioners, to seek those applications or is it all around streamlining internal bureaucratic processes? What is the aim of that portal?

Dr ROBERTSON: Hopefully, it will do both. It is basically a one-application process. Instead of having to apply to the TGA for access, given that they are unregistered medications, rather than having to apply to the TGA and having to apply to the health department under our state laws and regulations, this will enable one application to be made. That should hopefully improve and streamline the process.

[9.20 am]

Hon AARON STONEHOUSE: We have this system where it seems we are duplicating somewhat the approval process at the state level and at the federal level through the TGA; we have these two separate approval processes. I can understand that we have the state process to fulfil certain regulatory requirements that we have here in WA. Are you aware of any other jurisdictions that do not duplicate that process, that merely use the TGA's process alone without the need for a state-

based approval panel or approval process? Is that happening anywhere else in the commonwealth? Because it was suggested to me that the Northern Territory might be doing that currently. But I wonder if you are aware of any instances of that?

Dr ROBERTSON: I am not aware. All states, while they differ depending on their local poisons legislation, have some form of processes. It is not necessarily the same as ours, but they all seem to have a process that follows through after that, largely because these are considered as schedule 8 drugs and all jurisdictions have these kinds of arrangements in place for any schedule 8 drug, let alone medicinal cannabis.

Hon COLIN TINCKNELL: My question is in reference to the funding for the protection for frontline security staff. You will find most of this information in volume 2 on page 247. There has been a decrease from 2018–19 to subsequent years. My question is: why is there a reduction in protective services given the causative factors, such as ice and other drugs, are likely to remain and be significant in the community for many years to come?

Hon ALANNA CLOHESY: Thanks member, just so that I can work my way through this folder, have you got a reference point? You said page 247 —

Hon COLIN TINCKNELL: Page 247, funding for the protection for frontline security staff.

The DEPUTY CHAIR: Under "Election Commitments."

Hon COLIN TINCKNELL: It increases to $1 118 00 and decreases to $559 000 in subsequent years.

Hon ALANNA CLOHESY: The first part of that, member, is about the anti-stab vests that you mentioned. The health system will purchase approximately 250 anti-stab vests and approximately 2 500 mobile duress alarms. That is, as you might imagine, to reduce the risks at major hospitals throughout the metropolitan area. But it is also for remote nursing posts, particularly where staff are working in fairly remote and isolated areas and also where staff are making home visits, going into people homes, often alone.

Hon COLIN TINCKNELL: Potentially risky.

Hon ALANNA CLOHESY: Very risky; it sometimes could be. Most of the time, of course, it is not. The number of those have been identified by each health service provider about what the needs are there. I will ask the director general to go into more detail about the second part that you raised in the numbers.

Dr RUSSELL-WEISZ: Thank you. The parliamentary secretary has really stated the key facts, which are around the anti-stab vests to 50 and 2 500 personal mobile duress alarms. This is funding for the election commitment. It is funding over the three-year period. It was always going to be around about $2.2 million of approved funds; therefore, that refers to the $2.2 million. It is just phased over those three years in the forward estimates and it means it is quarantined for those areas and cannot be used for anything else. That is why the $2.2 million will be used up by 2020–21. Obviously, if we found that we needed more mobile duress alarms or anti-stab vests, and I do not think we will need more anti-stab vests, but if we need more mobile duress alarms then that would be a submission to Treasury at the time. But this gives us $2.2 million over the next three years.

Hon COLIN TINCKNELL: Thank you. My next question is regarding a new unit out at Royal Perth Hospital. I raise concerns regarding the long wait times for mental health patients fronting at emergency wards. This is on page 250. Our health budget has earmarked $11.5 million for a mental health observation unit. What I would like the parliamentary secretary to clarify—I have got about four questions on this—is whether the $11.5 million funding recurrent? That is one question.

The DEPUTY CHAIR: For your benefit, parliamentary secretary, I think the member is referring to the third dot point on page 250. If you can just direct people to where they should go in the papers, that will assist with the proceedings.

Hon COLIN TINCKNELL: The mental health observation unit.

Hon ALANNA CLOHESY: There are two parts to what you might be referring to. I think the mental health observation unit and the mental health unit you might be talking about, the $11.8 million, was an election commitment and the bulk of that money is capital. The idea around it is that, as you can imagine, if you present to the emergency department with a severe mental illness episode, emergency departments by their very nature are busy, bright and lots of noise is going on. That is not the ideal place to be to explain to someone what is going on, how you are feeling, and what your needs might be. Similarly, it is not a good place for clinicians, or not the best place for clinicians, to try to make an assessment. The idea of a mental health observation area is to get people to move through there fairly quickly and to spend a fair amount of time, relative to the emergency department, to make those assessments there. The layout is different, the lights are dimmer, there is less hustle and bustle and there are clinicians there specifically to do those assessments.

Hon COLIN TINCKNELL: Is there an increase in beds?

Hon ALANNA CLOHESY: It will do two things: it will increase the number of beds for those initial assessments and for shorter-term stay, I think that is fair to say, but also it will take some of the pressure off the emergency departments, particularly at Royal Perth, which is an excellent trauma centre. It will take some of the pressure off and assist with those people who would otherwise have been in emergency, sometimes for quite a deal of time while assessments were being done. I think the other thing that is part of that suite of things is the behavioural assessment urgent care centre. Again, urgent care clinics were an election commitment. This one has just opened at Royal Perth Hospital and it is already happening, and that will provide specialised care for people who are presenting with alcohol or drug issues that otherwise would have had to go into emergency in Royal Perth. But it is a more appropriate environment. They may be exhibiting a whole range of behaviours; it is a more appropriate environment to assess and treat those people. Dr Anwar can actually explain some of the detail about how that operates.

[9.30 am]

Dr ANWAR: We have two new pathways that are coming on board. One is on board already; that is, the urgent care clinic, which is five beds and one share facility for patients who have acute behavioural disturbance and are at risk both to themselves and potentially to others. That is up and running; in fact, it was opened on 22 May 2018. The second unit has funding approval of $11.785 million for capital works, and that work has just started. That will introduce into the system eight beds or eight places—six beds and two chairs—and that is for acute assessment and short interventions for patients presenting with mental health illness. That will be supported with a further 12 authorised beds on the Royal Perth Wellington Street campus as well. So, we have a suite of capital investment to deal with a range of conditions which people present with, but the urgent care clinic is up and running.

Hon COLIN TINCKNELL: Thank you. You have answered all my questions, but to finish up, obviously this will be great for North Perth and Perth, but we will still have to deal with it as we have done previously in places like Joondalup and whatever at this stage.

Hon ALANNA CLOHESY: Member, the minister just opened a mental health observation area in Joondalup. You are quite right, there were a lot of people attending emergency in Joondalup. The mental health observation area—I suppose it is about two or three months since it opened and it is

already making a difference. Importantly, it is making a difference for people who are presenting with mental health issues, as well as for emergency and for reducing the difficult wait times that people used to have.

Hon NICK GOIRAN: Parliamentary secretary, if I could get you to turn to page 247 of budget paper No 2, volume 1, you will see set out in the first table, effectively the fourth line item down, the total appropriations provided to deliver services. If you cast your eye across to the budget estimate for 2018–19, you will see the total is $4.947 billion. If you continue across to the forward estimate for 2019–20, it is $4.98 billion and then the following year it is $5.06 billion. Those figures are significantly different to last year's budget papers, where the same figures read as $4.98 billion, $5.05 billion and $5.15 billion. The difference between those three sets of figures is $201 million over the three years, but if you look below the table on page 247 under "Spending Changes" the total of those changes only accounts for $102 million. Is there a list that is available for the rest of the spending changes?

Hon ALANNA CLOHESY: I will ask the director general to talk through the changes. We might need to take part of that question on notice.

Dr RUSSELL-WEISZ: Thank you, parliamentary secretary. I may ask Peter whether he has any detail about the difference that you put up. If not, we can provide it on notice. But the budget has changed—if you look from 2017–18, even the $5.07 billion to $4.947 billion. It still provides $8.8 billion for health services. There is a reduction. There is adjusted expenditure growth, because the home and community care program, or HACC, has moved to the commonwealth home support program and the NDIS. That is about $231 million. There are some expensed capital items with the Perth Children's Hospital that will not occur next year, voluntary severance schemes and other adjustments in the midyear review that affected the Perth Children's Hospital. If you adjust all that, the actual growth for Health in 2018–19 is 1.4 per cent, 1.7 per cent in 2019–20 and over the forward estimates it is 2.2 per cent.

We have with the health service providers, with the boards and with rigorous attention to detail from the health service providers and the department aimed to become more financially sustainable. About six years ago we were growing at 12 per cent. This year, we are expected to come in at about 1.8 per cent expenditure growth. Next year, we will still allow 2.9 per cent growth for hospital services and overall 1.4 per cent growth, but we could not continue to grow as we have done over the last decade at nine per cent expenditure growth per year. The main change is the HACC program.

In relation to the difference between the two years, that might be something we can take on notice. Could we take that on notice and get back to you, because there will be ins and outs from the midyear review that we would want to have a look at?

Hon NICK GOIRAN: Can we just be clear what we are taking on notice?

Dr RUSSELL-WEISZ: The difference in spending changes between 2017–18 and 2018–19 in the previous budget papers to these budget papers and therefore the difference in spending changes, which you have stated is only accounting for about $100 million.

Hon NICK GOIRAN: But the three years in question are 2018–19, 2019–20 and 2020–21. There is a list of spending changes there, but they do not equate to the changes in the two budget papers. Is it normal for not all the spending changes to be listed?

Dr RUSSELL-WEISZ: It is, but there usually has been a midyear adjustment. We will be very clear about the changes when we come back to you.

Hon NICK GOIRAN: When is this midyear adjustment done?

Dr RUSSELL-WEISZ: Usually at midyear review there can be an adjustment done. It is usually minimal, but it does happen. It is sometimes due to activity.

Hon NICK GOIRAN: Sure, but when is it done?

Dr RUSSELL-WEISZ: Usually in December.

Hon NICK GOIRAN: And when were these budget papers prepared?

Dr RUSSELL-WEISZ: Just recently. This budget would have been prepared in May.

Hon NICK GOIRAN: So why would the midyear review in December impact the list of spending changes listed in the document prepared just recently?

Dr RUSSELL-WEISZ: It is because the 2017–18 that is in the budget papers may appear to be different to the ones that appeared in the previous budget a year ago, because there were midyear spending changes that affected the 2017–18 out turn.

Hon NICK GOIRAN: Director general, can I get you to look at page 247. You will see that under spending changes, it refers to the impact on the agency's income statement since presentation of the 2017–18 budget to Parliament on 7 December 2017. Nowhere there does it mention that the difference is based upon the midyear review. A plain English reading of page 247 tells us that this is the difference between last year's budget papers and this year's papers, but I think you are telling me that it should include something to do with midyear review.

[9.40 am]

Dr RUSSELL-WEISZ: If they had been significant, but we can come back to you and show you exactly what has been changed at the midyear review. I might ask Peter to make a comment, if I can, about how that would work.

Mr MAY: We can reconcile back from the budget positions through to the latest positions. We do not have the details right here, but we can take it on notice.

[*Supplementary Information No A3.*]

Hon NICK GOIRAN: As part of that, would it be possible to provide on notice a list of all the service cuts that will take effect in 2018–19 and each of the following three years?

The DEPUTY CHAIR: Member, that might be a question that need not necessarily be taken as a supplementary. That, to me, seems like an additional question that might be directed through the parliamentary secretary first. If we need a supplementary, we will record it.

Hon ALANNA CLOHESY: Perhaps you could direct us to what you think are service cuts.

Hon NICK GOIRAN: I have just identified that there is $201 million that has been cut as a result of the difference between last year's budget and this year's budget.

Hon ALANNA CLOHESY: They are not necessarily cuts. They are changes.

Hon NICK GOIRAN: It is $201 million less than previously stated. If it is less, then it is a cut.

Hon ALANNA CLOHESY: Why is that happening? I will get the director general to explain.

Dr RUSSELL-WEISZ: The main issue for this year, as you quite rightly state, it looks like the budget has decreased. It has decreased but the majority is that the home and community care program has moved to the commonwealth. Therefore, there is a reduction of around about, for that program, $231 million. It does not mean the program is not being delivered. It is just not being delivered by Health. That is something that was always expected and we always expected to see a reduction in the budget. It does not mean the services are not being delivered. It is just that Health does not hold that budget anymore.

Hon NICK GOIRAN: Which line item is that in the spending changes?

Dr RUSSELL-WEISZ: I would probably need to ask Peter on that.

Mr MAY: That is under "Other" on page 248.

Hon NICK GOIRAN: According to that—that is home and community care?

Mr MAY: That is correct.

Hon NICK GOIRAN: There is a figure there of $23 million. Are we looking at the same figure—23 653? That is an increase.

Dr RUSSELL-WEISZ: We would need to come back to you to realign that figure with this, but the major change is the $231 million reduction. I cannot align it in here, but we can certainly take that on notice.

Hon NICK GOIRAN: With respect, that is a mess. I have just asked what the major changes are. I have been told that the big explanation for the cut is HACC and it is the federal government. I asked for it to be pointed to in the spending changes. I am then directed to a figure that is actually an increase. What confidence do I have for the rest of the questions I am going to ask this morning?

The DEPUTY CHAIR: Member, I will take that as a statement. I do not think that is a question that can be answered. Would you like to move onto the next question?

Hon NICK GOIRAN: Can I ask a simpler question?

The DEPUTY CHAIR: Go for your life.

Hon NICK GOIRAN: Parliamentary secretary, can we move to page 258, still in volume 1 of budget paper No 2. We are talking there about community dental health services. How many children in WA participated in the school dental service in 2017?

Hon ALANNA CLOHESY: Member, we will have to take that one on notice. We do not have those figures with us today.

[*Supplementary Information No A4.*]

Hon NICK GOIRAN: If that is being taken on notice, could we also take a couple of other things on notice related to that? What percentage of school-age children participated in the school dental service in 2017, by age and by region? Is that something that there would be data on?

Hon ALANNA CLOHESY: Yes, we can —

The DEPUTY CHAIR: We might see if we can provide an answer to the member, parliamentary secretary.

Hon ALANNA CLOHESY: Data is collected in that way, so we will be able to provide you with that information.

The DEPUTY CHAIR: At this hearing, or as part of the supplementary?

Hon ALANNA CLOHESY: As part of the on-notice list.

Hon NICK GOIRAN: Is it possible to provide a comparison of that figure to the three previous years?

Hon ALANNA CLOHESY: I am not sure how far back the data goes, but we will provide it, if we can, for the three years that you have asked for—assuming that the data is there.

Hon NICK GOIRAN: Still on that page under community dental health services, I anticipate you will probably have to take this one on notice, but how many people are on the public dental waitlist in Albany?

Hon ALANNA CLOHESY: That data is available, so we can provide that as a supplementary.

[*Supplementary Information No A5.*]

Hon NICK GOIRAN: I might just rattle these off because I suspect it is the same for these. Maybe the parliamentary secretary can just —

Hon ALANNA CLOHESY: It is quite specific data, member.

Hon NICK GOIRAN: No criticism—absolutely, I agree. What was the average wait time for a dental appointment in Albany for each of 2016 and 2017? Also, what is the current average wait time for dental appointments in Albany? How many full-time equivalent dentists, dental therapists, dental assistants and dental nurses are located in Albany? Lastly, are there any current positions vacant; and, if yes, which positions are they and how long have they been vacant?

Hon ALANNA CLOHESY: I understand we can provide all that information but not today, so we will take that as supplementary.

The DEPUTY CHAIR: That is still in the same supplementary category of A5. I think that groups it all together pretty effectively.

Member, do you have another question?

Hon NICK GOIRAN: If I am permitted, I will go on to a different topic. I refer to page 260 and the line item there referring to King Edward Memorial Hospital. I note that in an answer during estimates in the other place the minister explained that the North Metropolitan Health Service was conducting an asset audit to identify priority items that need to be rectified to ensure patient safety and to keep the facility and infrastructure operational. The minister informed that the audit was due at the end of May. Was this done?

Hon ALANNA CLOHESY: I will refer that to Ms Angela Kelly from the North Metropolitan Health Service—acting executive director.

Ms KELLY: We have undertaken the audit. We have sought some further information for that. We have some draft information. We are now taking some further information and we are going through a room-by-room review of the data as we speak.

Hon NICK GOIRAN: The audit has started but not finished?

Ms KELLY: We have a draft report and, as I said, we have asked for more information for that audit.

Hon NICK GOIRAN: When was the draft report ready?

Ms KELLY: The draft report was 10 days ago, I believe, but I would have to double-check that exactly.

Hon NICK GOIRAN: It was not done in May as promised?

Ms KELLY: It was very close to the end of May.

Hon NICK GOIRAN: When is the final report due?

Ms KELLY: I am unable to advise an actual date for that. We have to undertake some significant review of the information and the data to ensure that it is complete. As you can imagine, this is a significant piece of work.

Hon ALANNA CLOHESY: The minister is keen, of course, to receive that piece of work because it will inform the next steps. But, also, it is an incredibly important hospital and the minister wants to make sure that, as much as possible, we can do the best for that hospital.

[9.50 am]

Hon NICK GOIRAN: Can the draft report be tabled?

Hon ALANNA CLOHESY: I suspect it will probably form part of a submission to the ERC and cabinet.

Dr RUSSELL-WEISZ: The report will inform, very potentially, our budget submission to cabinet or to ERC, should I say, because what we find from that will require additional capital funding or is likely to. Obviously, the government actually is considering the future of King Edward and when it would move to the QEII site.

Hon ALANNA CLOHESY: I acknowledge you have a particular interest in this area and I know that the minister would welcome the opportunity to give a briefing about the broad parameters of that and some of the work that needs to happen, because it will require broad support for that to occur. We can provide information about the broad things that need to happen. There are, of course, other people that we will need to communicate that to, not the least being the staff of the hospital and other important stakeholders.

Hon NICK GOIRAN: Back to my original question, can the draft report be tabled?

Hon ALANNA CLOHESY: I will need to go back to the minister and check with him.

Hon NICK GOIRAN: Does someone have a copy of the draft report here today?

Hon ALANNA CLOHESY: No.

Hon NICK GOIRAN: Will you take it on notice as to whether it can be tabled?

Hon ALANNA CLOHESY: Correct.

[*Supplementary Information No A6.*]

Hon ALISON XAMON: I have a number of questions related to a variety of areas. I would first like to start with page 252, line item 6, "Public and Community Health Services". Given that the interim Sustainable Health Review recommends a greater investment in prevention, why is funding to public and community health services decreasing over the forward estimates? My concern is that it is going in entirely the wrong direction.

Hon ALANNA CLOHESY: I will ask the director general to answer that.

Dr RUSSELL-WEISZ: You are right that the Sustainable Health Review identified prevention and more services going into community services as a key thing. It went right through the report and this was the interim report. The full report will not be delivered to the minister until November, but I imagine the theme of prevention and more services being performed in community areas or in step-down facilities will be a key theme. As I said in one of my earlier answers, a large proportion of funding for health goes into hospitals because of activity-based funding. We get 45 per cent of any growth from the commonwealth and that takes up the bulk of our hospitals. One of the themes raised in the Sustainable Health Review is whether you want to hardwire the percentage of health funding that goes into prevention so it does not go into the total bucket, a bit like how you do hospitals. But certainly there is a theme that we should be doing more in prevention and in community services.

In relation to the reduction, the budget as we have talked about before, has reduced overall and the majority is due to the HACC funding, but it is still seeing some small growth—overall about 1.4 per cent. I would probably have to take on notice—unless I could look at Peter or Rob—the reason why that would reduce from 2017–18 to 2018–19. We can probably give you those exact figures on notice, but I can assure you that the health department and health service providers are at one with wanting to do more in the community.

Hon ALISON XAMON: Parliamentary secretary, of course, 1.4 per cent really just represents, basically, dealing with inflation and no real growth in preventive services at all. I am concerned that there is no growth, effectively. Assuming that the final Sustainable Health Review will have similar

recommendations to the interim Sustainable Health Review, as the director general has just suggested, it actually means that we will not be meeting what will be an increased necessary investment in that early prevention.

The DEPUTY CHAIR: Before there is an answer, member, I think the last exchange was seeking supplementary information. Dr Russell-Weisz seemed to offer it. I just want to confirm you are still seeking that supplementary information for the purposes of this hearing.

Hon ALISON XAMON: I am, Mr Deputy Chair. Thank you.

Hon ALANNA CLOHESY: We will provide that as much as possible.

[*Supplementary Information No A7.*]

The DEPUTY CHAIR: Sorry to interrupt. Please proceed.

Dr RUSSELL-WEISZ: One of the themes that has come through from 330 submissions that we got initially from the Sustainable Health Review, and it came through from many of the health service providers of which the chief executives are in this room, to say, "We do need more flexible funding because we don't want to be constrained." The theme is sustainability; it is not just financial sustainability. It is sustainability of the whole system, be it clinical, safety and quality—all of those improving whilst being more sustainable. We are on that journey. We are not waiting for the Sustainable Health Review to come in. We have reduced expenditure growth over the last three years from the highs of 8.5 per cent to this year 1.8 per cent. We are on that journey. That gap between us and the national efficient price is reducing from about 22 per cent to about 16 per cent. That makes us more efficient. It allows us to reinvest more in where we should be reinvesting—that is, prevention and community. One of those themes was, "Give us more flexibility around the funding", and some of that will need to be discussions with the commonwealth because they are reasonably inflexible on activity-based funding because it is a model that affects the majority of our services. But if you allowed more flexibility, it allows flexibility to focus on prevention and community services, rather than hospital services. That theme has come from our health services.

Hon ALISON XAMON: Parliamentary secretary, I am aware there have already been some community health services that have been defunded over the last financial year, and I am thinking particularly of organisations such as Living Proud and Coeliac Western Australia, which were providing very important early intervention and prevention services. I was also wondering whether the parliamentary secretary is aware that WA Health has also withdrawn funding from the Men's Shed; the organisation has been guaranteed funding only to the end of the calendar year. I note that it is precisely these sorts of community services that are recognised as playing a really important early intervention and prevention role within the community around issues of both health and mental health. Now, that is just an example. It is very concerning when these organisations, which by their very nature are able to be flexible, nimble and responsive, are actually being defunded.

I also will add as an aside, an additional concern that I hold is that whilst I certainly concur with the move to have area health services have more flexibility within their own budgets, there are still problems in terms of trying to get a statewide approach, particularly to the funding of community health services that are providing statewide reach. Where is the coordination there between the various area health services to ensure that we do not have the difficult postcode lottery that everyone is trying to avoid?

[10.00 am]

The DEPUTY CHAIR: Member, that was a long run-up to delivery. What was the question at the end that you are posing?

Hon ALISON XAMON: I also wanted to cut to it.

Hon ALANNA CLOHESY: We are talking through who is going to answer the various parts of some of those. First of all, the issue about some of the funding, including the Living Proud funding—the Living Proud funding was time-limited. It was a project grant. It was not a grant that was to provide for the core operations of the organisation. That was over a three-year period as far as I can remember. The purpose of those grants ended with the project funding, which is different from core organisation funding. There is another part to that. I might ask the director general to talk about coordination amongst the area health services—the issue of that coordination, we will take up specifically.

Dr RUSSELL-WEISZ: I think it would be appropriate that I ask either Dr Lawrence or Mr Moffet, through the parliamentary secretary, to give a quick answer about how they manage, because they provide a lot of statewide community services from their area health service. The Child and Adolescent Health Service is one. We do have an answer for you in relation to the reduction in funding in the budget that I would ask Mr Anderson to answer, if that is possible.

Dr LAWRENCE: Obviously through the Child and Adolescent Health Service, we provide a lot of community health services with the child health nurses, school health nurses out in the community, and the child development services. Our teams work closely with WA Country Health Services so that we try to align a baseline level of service as best we can, recognising that the needs of families in the regional services, and more so in remote services, are different, but there is an acceptable baseline of child health services to be developed. I think the Sustainable Health Review is providing a really good opportunity. We are hoping to look at how we can leverage off that better, because obviously child health nurses and school health nurses are a big workforce are in the community and we want to be able to move things out of the hospital that may be able to be dealt with in the community and provide enhanced services over time. It will be a work in progress because those nurses will need some sorts of up-skilling, but we are really focused on trying to achieve even better outcomes with that workforce and grow it if we need to and if we can show it is effective in line with the goals of the Sustainable Health Review.

But I think overall the chief executives are very aware of the need to collaborate and not necessarily do everything differently, and ideally to do many things similarly. Where we know we have a program that is going to cross area health services, we work very closely together to try to ensure that either one of us takes the lead and we have our teams working together to develop it or that we have cross-fertilisation in everything we do. So I think that we do collaborate and, by virtue of our service agreements, the department can actually put a specific onus on us around any statewide programs that they desire we do collaborate and work closely on.

Hon ALISON XAMON: Can I just make a comment, please, Mr Chair? I just want to be clear that I am less concerned about CAHS because CAHS, by its very nature, is going to be statewide in its approach. The issue for me is about how north, south, east and WACHS actually coordinate to provide statewide services. I think that is where the difficulty is going to lie. With respect, it is not the role of the EDs at that level to be talking about whether they are going to fund men's sheds or not, as an example. The concern I have is how you get that statewide approach to the procurement of community health services more broadly. I am not sure that can be answered today in estimates, but I am flagging that as a general concern across the health system as a whole. With respect to Dr Lawrence, it is not CAHS that is really the issue here from a statewide perspective.

Hon ALANNA CLOHESY: There was third part to your question.

Hon ALISON XAMON: I did want to know about the men's sheds, but I am happy to take that on notice to ask what is going to happen with the funding of that. Then I have some further questions about coordination.

Hon ALANNA CLOHESY: I think it is a quick answer from Mr Anderson.

Mr ANDERSON: In regard to your question regarding the decrease in total funding for public and community services, the vast majority of that is the discontinuation of transition costs for Perth Children's Hospital. There is about $63 million of that. The transition is finishing, the place is open, so that is no longer required. That is what is in that line—$63 million.

Hon ALISON XAMON: Would I be able to have a little bit more detail around the breakdown of that money? I am happy to take that on notice, Mr Chair.

The DEPUTY CHAIR: Of the $63 million?

Hon ALISON XAMON: Yes, please.

Hon ALANNA CLOHESY: Yes.

[*Supplementary Information No A8.*]

Hon ALISON XAMON: I move on to some questions, please, on page 248 and the fourth dot point. Just generally, it is talking about longer term innovative improvements in service delivery. Can I please ask some questions about funding for the clinical senate? Firstly, is it intended that the clinical senate in its current form—not membership, but form—is likely to continue? That is my first question.

Hon ALANNA CLOHESY: The director general can answer that.

Dr RUSSELL-WEISZ: The clinical senate, or before it, the medical council, has been a part of the WA health system for many years—probably 20. We were receiving feedback about how the senate debates were being formulated over the last couple of years and also with the significant governance changes in WA health so that where we went to devolve governance with health boards and also with the Department of Health established as the system manager, the actual modus operandi of the senate needed to be changed. What I have done is commissioned a very short review to get feedback from clinical senators past and present, but also from the system. We are looking at absolutely continuing the senate, but making it more contemporary so that it actually fits in with the new governance of the WA Health system. The clinical senate is here to stay, but one of the things that has come out of the review is we do need to make sure that senators who are on that clinical senate are clinicians—they are not managers; they are actually clinicians. We want to refocus it on clinicians. We want to make sure that the health service providers nominate those clinicians so that they get into the senate, and that the debates are system-wide debates about some of the very difficult and wicked issues that we face. It is actually more a refocusing and making the senate contemporary to how it should be externally facing over the next few years. I have not seen the final review but it is imminent.

Hon ALISON XAMON: The amount of money invested in the clinical senate is fairly minimal; it is not a huge impost on the budget. Is it anticipated that it will be similar amounts going forward, even with a review of the structure?

Hon ALANNA CLOHESY: I am advised, yes.

Hon ALISON XAMON: Good. The next question I have is about health networks, which is related to this whole issue. Can I please ask, apart from the mental health network, which I understand has been transferred over to the Mental Health Commission as taking the primary role in governing,

have any other health networks ceased to exist over the course of the last two years? Not that the mental health network has ceased to exist, but are there any that have ceased to exist?

[10.10 am]

Dr WILLIAMSON: Thank you for your interest in the networks and the senate. Both are very important parts of our clinical engagement strategy. To answer your question directly, I am unaware of any that have ceased in the past couple of years. Some have been reshaped and there are plans to constantly look at the way in which they operate and how they interact together. There may have been a primary healthcare network before, I am not entirely sure whether that has ceased within the past two years, but now we have a different relationship with primary care. In fact, we have expanded the role of one of our GP colleagues to take in a number of additional networks to the one that she was initially attached to. I think it is fair to say that there is a particular falls network, for instance, and we want to expand its remit into aged care.

Hon ALISON XAMON: That has pretty much done its job, as I understand it.

Dr WILLIAMSON: Yes, Nick Waldron, who is the lead there has done a fantastic job and it has had a big impact. We want to continue that work and give aged care a greater profile within the networks. We are also quite keen to develop stroke, potentially as a linked network with aged care or cardiovascular or neurological.

Hon ALANNA CLOHESY: We are happy to take on notice an update on the current status of the networks.

Hon ALISON XAMON: Thank you, parliamentary secretary. I would actually appreciate a bit more information on notice. I am aware that under the previous government, funding to the networks as a whole was cut quite considerably. I would like to know the amount of funding that has been allocated to the health networks for this year, for the forward estimates and for the previous two years, and also the number of FTE in terms of policy support and administrative support to those networks over those years as well, please.

Hon ALANNA CLOHESY: Yes, we can provide that information.

[*Supplementary Information No A9.*]

Hon ALISON XAMON: One of the other things I would like to know is what has happened with the work that has been undertaken in conjunction with WAPHA's pathways project—whether that activity is still considered to be priority work and whether it is occurring or not.

The DEPUTY CHAIR: Just for the benefit of Hansard and probably mine, could you expand the acronym WAPHA?

Hon ALISON XAMON: It is the WA Primary Health Alliance.

The DEPUTY CHAIR: Thank you.

Hon ALISON XAMON: I ask because that was really quite critical activity.

Dr WILLIAMSON: Thank you for the question. I would like to reassure you that the important work of the department and the Primary Health Alliance is continuing with respect to HealthPathways. In fact, it is being accelerated because it is a very important part of our strategy to deal with outpatient clinics and waiting lists for outpatients and ensuring that the right patients get to the right clinic within a reasonable period of time. We are embarking on a combined project to look at that quite specifically.

Hon ALISON XAMON: Can I get a bit of confirmation: when you say "we", where is the primary activity occurring within the health department to progress the project?

Dr WILLIAMSON: The networks are very much involved, because a number of pathways are condition specific, as you might imagine. We also have the Office of the Chief Medical Officer involved in these pathways. We draw on the expertise where it might be required. For instance, we will often go out to the respective specialties in the health services as well if that particular expertise is required. The Clinical Leadership and Reform directorate is also involved, because of their involvement in the outpatient reform program. A whole range of people are involved in those pathways.

Hon DARREN WEST: I have prepared about half a dozen questions, but I might just deal with three of those now and see how we go with time a little bit later on.

I am most curious about the Geraldton regional hospital redevelopment referred to in budget paper No 2, page 262 under the heading "Asset Investment Program" and subheading "New Works". I note that there is a $73.3 million investment in the redevelopment of Geraldton Health Campus. Firstly, could you expand on what this redevelopment will entail and what are the time lines and next steps in the process of this redevelopment?

Hon ALANNA CLOHESY: I think I missed some of that, but let me just start with a broad sweep and then I might ask Mr Moffet from the WA Country Health Service to also respond. If I have missed anything in that long list, I am sure you will tell me.

As you know, this is a significant election commitment of the government, and I am very pleased to see that is beginning to occur. A business case for the redevelopment was developed, and I will get Mr Moffet to talk about the specifics of what that will include. I want to talk to you particularly about the $4.26 million part for the step-up, step-down service. I am sure that Mr Moffet will cover off on the technical aspects of the redevelopment, but part of the Geraldton Hospital redevelopment is a step-up, step-down service, which will make a significant difference for people in Geraldton. That service will be a place where people will be able to go if they are feeling unwell, if they think that their mental health is deteriorating. It will be based in the community, so it will not necessarily be part of that physical site, in order for people to stop having to go and be admitted to the general hospital. Like I talked about with the mental health observation areas, the important part of that is that it is a better place for people to get and be well. That is a significant part of the development that I think tends to get lost in the broader announcement of the development and that is why I wanted to highlight that part of it with you. There has been $83.5 million allocated to the health campus part of the project and I will get Mr Moffet to talk in more detail. Hopefully, he captured some of those questions that you asked.

Mr MOFFET: Geraldton Health Campus has been under significant pressure in its emergency department for a number of years. It has the highest throughput per bay or per ED bed, if you like, around the state. It has coped exceptionally well to this point, but investment is and was significantly required, so there will be a redeveloped emergency department and critical care unit that will sit alongside it. That is a very significant part of the investment package. That will be co-located, integrated, with the current emergency department on the north eastern part of the health campus.

There have also been significant pressures around mental health care, both in terms of care requirements in the community, as the parliamentary secretary was referring to, but also inpatient care and referrals to Perth via the Royal Flying Doctor Service, usually. Significant mental health pressures are the highest priority, certainly, for Country Health in terms of mental health service investment. There will be a mental health observation area, a four-bed MHOA, as they are called, and the establishment of an acute psychiatric unit as well to complement that, so it will retain a lot more patients in the community of Geraldton and the midwest. Those are significant parts of the redevelopment. As the parliamentary secretary referred to, there is a 10-bed step-up, step-down

facility, which will complement the use of the MHOA and acute psychiatric unit. That will be a great development for the Geraldton and broader midwest community.

We also have to do a bit of infrastructure work around chillers. There are some engineering works associated with the whole investment as well.

[10.20 am]

Hon DARREN WEST: My next question is on page 251 of budget paper No 2 under the heading "Significant Issues Impacting the Agencies" and the sub-heading "Other Health System Priorities." I reference the third dot point, which is "Meningococcal ACWY Vaccination Program." I note the reference to an expansion of this program to target teenagers aged 15 to 16 and now children aged one to four. Can you please outline whether this funding was provided by the state or the commonwealth? If this additional funding is provided by the state, should it have been provided by the commonwealth? If that is the case, can you explain why the state has supplemented the recent commonwealth funding for vaccines in WA and what benefits will result in the extension of the program?

The DEPUTY CHAIR: Before you answer that, parliamentary secretary, that was a question of policy, so that should be best addressed by you and none of the other witnesses.

Hon ALANNA CLOHESY: Thank you, member. As you are well aware, meningococcal is a dreadful infection, particularly for children. We had seen an increase in the number of particularly children that had meningococcal. I think there were about 46 cases of meningococcal in WA last year, and that had been the highest for a number of years—I think about 10 or 12 years; I am sure someone here can tell me the exact highest. The point is that it had increased rapidly and it was at the highest point. The federal government did not fund the vaccinations, but because we were seeing this rapid increase, and because it is a dreadful infection, the minister took to the cabinet, and the government decided to increase or pay for vaccinations. Ordinarily this would be a commonwealth government responsibility but the commonwealth government was not funding it at the time. I am pleased to say that, later, the federal government has actually come to the table, and some funding will start to flow I think later in the year, but I will seek clarification on that too. Director general, do you want to fill in the gaps?

Dr RUSSELL-WEISZ: No, I think you have explained it very well, parliamentary secretary. WA did lead the way here. We were seeing a number of increasing infections, especially in meningococcal W. The commonwealth government were asked for over 12 to 18 months to lead the program, because a national program is much better than a state-based program, because it then links in with all the other vaccinations that we have. They will start their program from July 2018 onwards, but we will continue ours, which is between one to four years and the 15 to 19-year-olds. The reason we concentrated on the 15 to 19-year-olds is that you get better immunity; you do not get complete coverage, but we had to do something. WA led the way, other states then followed us, and the commonwealth came late.

Hon DARREN WEST: My next question is on page number 268 of budget paper No 2 under the heading "Net Appropriation Determination" and the sub-heading "Grants and Subsidies", again referring to commonwealth grants. As a regional member, what are the relative cost differentials of providing health services in remote WA? Does the commonwealth fund Western Australia differently for hospital services in remote and regional areas? How does that compare to other jurisdictions? What is the budgetary impact on those differences?

Hon ALANNA CLOHESY: The short answer is yes, the federal government does fund WA differently. There are significant differences both in country health and in metropolitan health, as you might

imagine. I will ask the director general to talk about the technical reasons about the way in which health funding is calculated. Basically, as you would well know, Western Australia is different from all other states. Simple issues around distance and location of communities and accessibility of services are some of the complicating factors in the way WA is funded. At a level of GPs, for example, other states are funded for 94 GPs per 100 000. In Western Australia, we are funded to the level of approximately 82 GPs per 100 000. Of course, that differential makes a significant difference, particularly in country areas, for people's access to health.

I will just ask the director general to explain some of the technicalities around how that occurs. Of course, that impacts on the state's capacity to deliver health services in regional and remote areas.

Dr RUSSELL-WEISZ: Thank you, parliamentary secretary. Yes, as I said in an earlier answer, we are mostly funded through activity-based funding, which does not work in some of our small rural hospitals. Most of our small rural hospitals are block funded, but our regional hospitals are activity-based funded. Again, it does not work particularly well there because we do not have large regional centres like other states do. We knew through a bit of work that we did in 2015 about the gap between ourselves and the national efficient price, that gap is more expensive and a very large proportion was because of our rural and remote challenges. For example, it would cost significantly more per episode of care in Fitzroy Crossing than it does in Perth.

We are also measured by the Independent Hospital Pricing Authority in what I would argue is the wrong way. Broome could be equivalent to somewhere like Bendigo. Clearly, that is not practical. We have argued successfully recently to get better rural and remote loadings for the Kimberley and the Pilbara, and this year we actually do have slightly better rural and remote loadings, which means that the commonwealth pays for something they should be paying for rather than the state, but there is still an inequity. Still Tasmania will get a larger rural and remote loading than the north west of this state. Launceston is considered more rural or more remote than potentially the Kimberley. So there are still some areas we need to improve on or advocate for with the commonwealth. We have had some success but Jeff and his team would see this every day. We are the port of last call; we have to provide the services if nobody else will.

The DEPUTY CHAIR: Thank you, director general.

Hon ADELE FARINA: My first question relates to the total appropriations on the first page. What portion of the total appropriations in dollar terms has been allocated to south west CAMHS and how does this compare with the previous year?

Hon ALANNA CLOHESY: Member, we did not bring that today but we will be able to provide it. We will take that on notice.

[10.30 am]

Hon ADELE FARINA: In conjunction with that, could you also add the FTE allocation, the position title and whether it is a full-time position or a part-time position?

Hon ALANNA CLOHESY: Yes, I think that data is available. We will add it to it.

[*Supplementary Information No A10.*]

Hon ADELE FARINA: As part of the total appropriations, about two years ago, the resident surgeon position in Busselton became vacant because the resident surgeon retired. I want to know what portion of the total allocation of the 2018–19 budget has been made for the appointment of a resident surgeon in Busselton and what actions have been taken by the Department of Health to fill that position over the last 12 months.

Hon ALANNA CLOHESY: I will ask the director general to see what information is available today.

Dr RUSSELL-WEISZ: We obviously as the Department of Health do not allocate money on a particular position but we allocate a budget to the WA Country Health Service and then they make a call on where those services and how those services are going to be delivered and through what staff. So, it might be appropriate that we ask Mr Moffet to make a comment.

Mr MOFFET: We have been doing a lot of service development and expansion through Busselton generally since the commissioning of the new hospital. Surgical service has been a particular focus, so we have a significantly increased range of ophthalmology, general surgery and orthopaedics being delivered and planned and we are hoping to increase ear, nose and throat surgery. In terms of resident general surgery, I do not think there has been any process to put in place a daytime position. There was previously, I guess, a non-emergency position based down there for a general surgeon. What we currently have is the 24/7 emergency service provided through Bunbury, obviously, with strong transport links through the ambulance service to Bunbury. We are, however, currently planning to step up subacute services as well, so post-stroke, for example, post–acute care services. Busselton has been going through a significant growth in activity over the past two or three years. We are very keen to maximise the range of services available, but it is in partnership with the regional services, and surgical services are a very good example of that. Currently, I am not aware of any plans to recruit a specific standalone surgeon in Busselton.

Hon ADELE FARINA: What services can someone expect to get when they present at Busselton ED, because certainly if they have had a fall and torn an arm, they are referred to Bunbury ED? I continue to get a high number of residents in Busselton telling me that every time they turn up to Busselton ED, they are referred to Bunbury ED.

Mr MOFFET: I am certainly happy to provide a detailed response in terms of the range of services available. We operate in accordance with the clinical services framework that is published from time to time in the state. As I have said, though, if there is one part of Country Health that is changing and growing and developing, Busselton would be the site that has the most expansion in services and range. From an emergency department perspective, we have a very robust emergency department service there now. I would expect that we are retaining more patients now than in the past in terms of emergency flows and treatment. I would have to provide some analysis and information about any other flows surgical or otherwise based on looking at the data. I do not have that with me at the moment.

Hon ALANNA CLOHESY: And that particularly was about ED services. We can take that on notice.

[*Supplementary Information No A11.*]

Hon ADELE FARINA: I understand that the Department of Health has a contract with St John Ambulance to deliver ambulance services throughout the state. I could not find any reference to that in the health section of the budget papers. What portion in dollar terms of the total appropriation is allocated by the department in 2018–19 to the St John Ambulance service to deliver metropolitan ambulance services and, secondly, to deliver country ambulance services?

Hon ALANNA CLOHESY: We do not have the exact figure here with us today, member, so we will have to take that on notice.

[*Supplementary Information No A12.*]

Hon ADELE FARINA: Can I have a status update of the review of country ambulance services?

Hon ALANNA CLOHESY: I will ask the director general to give the member a brief update.

Dr RUSSELL-WEISZ: I will probably ask Mr Moffet to give a bit more detail, but there has been a country ambulance strategy or review done by the WA Country Health Service board, so the

WA Country Health Service board have led this review. The review is in its final stages. We understand that, obviously, issues have been raised with the ambulance services in country areas and that can be from regional centres right the way through to some of our more remote locations. That is why the review was specifically commissioned by the WA Country Health Service board. If I can, I will ask Jeff to give an update in relation to where we are at.

Mr MOFFET: In relation to the country ambulance strategy, we had a detailed briefing with the minister last week, which was a very good briefing that walked through in detail the key elements of the document. The minister indicated that he would like to see that document go out for public consultation very widely over the next few months. We are currently preparing an appropriate draft of the document for public consultation. I presume that is fairly imminent—within a few weeks or certainly a month I suspect, at most, there will be extensive public consultation on the document.

Hon ALANNA CLOHESY: Have you got any detail about the consultation process, such as where it will be and that sort of stuff?

Mr MOFFET: Certainly.

Hon ALANNA CLOHESY: And also some background as to why the review was necessary.

The DEPUTY CHAIR: Perhaps you can provide that, parliamentary secretary.

Hon ALANNA CLOHESY: I was actually asking whether there was any detail —

The DEPUTY CHAIR: I am chairing! You are leading the witness a bit, but I will allow it to continue for now.

Hon ALANNA CLOHESY: I was asking Mr Moffet whether he had any detail about the consultation process and where some of those consultation meetings will be held, but also I was asking about whether there was any sort of detail about the background to the need for this review. As far as I am aware, and the member would know better than me really about the difficulties in providing country ambulance services, particularly that the kind of framework for country ambulances is based on volunteer drivers and the kind of increasing pressures that volunteer ambulance drivers and assistants experience—the isolation, the pressure, the kinds of incidents they have to attend. In addition to that, more broadly, there are competing demands on volunteers' time, so everyone is volunteering in lots of different places and in lots of different ways.

Hon ADELE FARINA: I accept that the country ambulance service model is flawed and needs to be reviewed and needs to fall in line with the metropolitan delivery service. I look forward to the review when it comes out.

Hon ALANNA CLOHESY: Mr Moffet, do you have any detail of where the consultations are being held or do we have to take that on notice?

Mr MOFFET: I can certainly provide an overview. We obviously did extensive consultation through the development of the strategy. We physically travelled right across the state and met mainly with stakeholders and not so much the public—so volunteers, paramedics, development commissions, local governments and health staff in various locations. There were around 400 or 500 people consulted, and we allowed submissions to come in. There was a fairly extensive process provided on a stakeholder level to develop the draft strategy. What is important now is we have a very broad community consultation process. We will be using our existing mechanisms through district health advisory councils, community reference groups, community stakeholders and local government. Again, we will obviously be having some website-based access as well for the public to provide written submissions or comment.

[10.40 am]

Hon ADELE FARINA: I hope there will be widespread opportunity for public comment, not just some stakeholder groups.

Mr MOFFET: Absolutely. It will be widespread and open to the public. It will be specifically targeted at the public because we feel we have done a reasonable amount of stakeholder engagement but, clearly, once a document is produced, stakeholders will have more comment as well, I suspect.

Hon COLIN TINCKNELL: My question refers to page 247, "Hospital Services—Revised Activity and Cost Settings", and the reduced total spending by $119 million over five years related to the last budget. How have activity cost settings to hospital services changed since the 2017–18 budget?

The DEPUTY CHAIR: It is the first line item in the "Spending Changes" table.

Hon ALANNA CLOHESY: I might ask the director general to respond to that.

Dr RUSSELL-WEISZ: I will make some opening comments about 2017–18 to 2018–19. Although you have seen a reduction in overall total cost of services, the majority of that, as we answered earlier, was due to the HACC program being moved. This year we have done more activity than we expected last year. What we have tried to do, in becoming more sustainable over the last three years, is basically with our same costs do more activity. This year we are about up two per cent on where we expected to be this time this year. Some of that, if there is more activity coming through the door, there is obviously more elective surgery activity, but we are trying to do more within the funding envelope that we have. Next year we also have an increase in activity and in hospital services. Although we are overall 1.4 per cent up in the budget, once you take account of some specific one-off items that are not going to occur this year that occurred last year, we expect to see another increase in activity of around two per cent. What I can say is we are doing more activity within the funding envelope that we have. The majority of health services are on that trajectory. That is, in a sense, why we have reduced expenditure growth. Through our financial sustainability strategy, that has been our goal. The reduction in funding this year does not mean there will be a reduction in activity. The activity is still increasing and we expect a 2.9 per cent increase in funding for hospital services, but an overall increase for the whole budget of 1.4 per cent. I can assure the member that we will continue to perform activity that we are budgeted for. In the last few years we have actually performed more activity than we were budgeted for, because there is more activity there, but we have to stay within budget, so we have to do it within the funding envelope that we have.

Hon COLIN TINCKNELL: I refer to page 251, budget paper No 2, and "Significant Issues Impacting the Agency", the fifth dot point. What does Health mean when it states —

> … current Aboriginal Health services … will be maintained and integrated into the WA Health system's base budget settings.

What does that mean? It is the fifth dot point on page 251, under "Significant Issues Impacting the Agency."

The DEPUTY CHAIR: It is the second from the bottom.

Hon ALANNA CLOHESY: I will ask the director general to respond to that.

Dr RUSSELL-WEISZ: We have had a number of Aboriginal health programs which have been funded either by Health or through Treasury in past years. The Footprints to Better Health, or FBH, program has been funded over the last few years partially by Health and Treasury. We are continuing that. They were always funded for either two to four years. We have done a recent review into those programs to see which ones should continue and which ones should not. The majority will continue. D'Arcy Holman did the original review; there has been a further review done by UWA. We have made a call that these are essential services in Aboriginal health. I think that statement is saying that

they will just be brought into the base budget for Aboriginal health. We will consistently review it, but our Footprints to Better Health will continue as an ongoing item.

Hon NICK GOIRAN: Parliamentary secretary, can I refer you to page 252 in budget paper No 2, volume 1. There is a table at the bottom of the page, "Service Summary", and the sixth line item down is "Public and Community and Health Services". You will see there that in 2016–17 the actual expenditure was just over $1 billion—$1.47 billion—and that figure is about the same as is estimated for the current financial year, where it says $1.48 billion. But then when we look to the budget estimate for 2018–19, we see this massive drop to $964 000 and things get worse the following two years. What is the explanation for that?

Hon ALANNA CLOHESY: That question has already been asked by another member. I had a preliminary response to that, and we also have part of that on notice.

Hon NICK GOIRAN: I should indicate to the parliamentary secretary that one of the challenges of this system is that there is no opportunity to ask supplementary questions after another member has started a thread. If we can start with this, then we will see how we go.

The DEPUTY CHAIR: No editorialising, parliamentary secretary, either.

Hon ALANNA CLOHESY: Huh?

The DEPUTY CHAIR: I have given my ruling; no editorialising in answering a question. The member has put the question; answer the question.

Hon ALANNA CLOHESY: Mr Anderson.

Mr ANDERSON: Through the Chair, this is the same answer we gave before. The majority of that reduction is PCH transition costs that we have taken out. The transition phase has finished so they are now into an operational phase.

Hon NICK GOIRAN: We are moving from transitional to operational and that explains why there is this massive reduction. To the extent that a question has already been taken on notice, are we going to be provided with a list of these services and programs that are impacted by this reduction?

Hon ALANNA CLOHESY: That is a different question, as I remember.

Hon NICK GOIRAN: Sorry, different or the same?

Hon ALANNA CLOHESY: Your question is different from the one that is on notice, and that I remember.

Hon NICK GOIRAN: Would it be possible to provide a list of the services and programs that are impacted upon this to the extent that it differs in 2017–18 and 2018–19—the current financial year and the coming budget?

[10.50 am]

Hon ALANNA CLOHESY: Yes we can provide that.

[*Supplementary Information No A13.*]

Hon NICK GOIRAN: Terrific. If we move to the previous page, which is page 251, you will see a large list under the heading "Longer Term Election Commitments—Delivering Quality Health Care for Patients". The seventh item states —

> a campaign to reduce Family and Domestic Violence … with key activities including the provision of routine FDV screening for antenatal patients and FDV training for health workers;

Does that imply that there is no FDV training for health workers at the moment?

Hon ALANNA CLOHESY: I will ask Ms Kelly to respond to that, member.

Ms KELLY: Thank you, parliamentary secretary. Currently, the North Metropolitan Health Service provides limited training and education programming in this area. We have a 0.6 FTE in this space. We are planning to employ an additional three staff to provide and develop a coordinated statewide training program.

Hon NICK GOIRAN: So, at the moment there is a 0.6 FTE who provides limited training for North Metropolitan Health. Does that training only get provided to workers in North Metropolitan Health or is that training available to be provided statewide?

Ms KELLY: That is to health professionals, so it would be limited statewide. It would be very limited based on a 0.6 FTE.

Hon NICK GOIRAN: How does someone have access to that training? Do they have to request it or is it advertised?

Ms KELLY: I do not know the exact details. I can find that out for you and provide that as supplementary information if agreed.

Hon NICK GOIRAN: Perhaps before you take that on notice, let us just craft exactly what we would like to take notice. Is there some form of document or plan that sets out what the 0.6 FTE does at the moment and what it is intended the additional three FTE will do?

Ms KELLY: We do have a plan, so I am happy to provide that plan. I am not sure what stage the plan is at, but we can provide some details around that for you.

Hon NICK GOIRAN: That will be helpful.

[*Supplementary Information No A14.*]

Hon ALANNA CLOHESY: Also, member, there is the WA Country Health Service. I will ask Mr Moffet to respond to that question.

Mr MOFFET: Thank you, parliamentary secretary. At WA Country Health Service, obviously, we do have a lot of geographic challenges in relation to specialist skills, including FDV for example. There was recently a clinical senate debate around family and domestic violence and interpersonal violence. Since that time, our board and our organisation have worked with our key clinicians—we have some clinicians who are very skilled and interested in FDV in different parts of the state—to develop a current project to strengthen both training skills and protocols around FDV. It is not easily monitored currently in our system, so we want to see much better monitoring and reporting. Equally, we have been meeting with the Ombudsman on a regular basis to strengthen our response not only from a health perspective to this, but also with Police, Education and others. We have currently been doing a lot of work in country and we are well supported by north metro in relation to specialist expertise and resources. I guess the primary thing to say is that certainly our board has recognised this as an issue and we want to support our staff and, importantly, patients and victims far better into the future.

Hon ALANNA CLOHESY: Also, to let you know, member, this is an election commitment and henceforth a priority for this government.

Hon NICK GOIRAN: That is right. The plan that will be tabled—is that just to plan with regard to the FDV training for health workers or is this a plan with regard to the campaign to reduce family and domestic violence?

Ms KELLY: The plan is largely around education and training. I would have to get the exact details for you on what the details are with regard to the broad range of issues.

Hon NICK GOIRAN: Is there a plan with regard to the intended provision of routine FDV screening for antenatal patients?

Ms KELLY: Yes, we are looking at development of the screening program for antenatal patients, so that is part of the process, as is the coordination of an antenatal FDV screening program, as well as the education and training of health professionals.

Hon NICK GOIRAN: Is that all contained in the same plan that will be tabled or is it two separate plans?

Ms KELLY: It will be part of the implementation plan.

Hon NICK GOIRAN: So it is an implementation plan on the campaign to reduce family and domestic violence and part of that plan and campaign includes the provision of routine FDV screening for antenatal patients and it also includes FDV training for health workers. It is all in the one and the same document?

Ms KELLY: That is correct.

The DEPUTY CHAIR: Parliamentary secretary, for the record, there is an agreement table that plan as it relates to all those elements.

Hon NICK GOIRAN: Is there a plan with regard to the fourth item, the review of Fremantle Hospital; and, if there is a plan, can it be tabled?

Hon ALANNA CLOHESY: I will ask Mr Forden and respond to that question.

Mr FORDEN: There is currently a review underway of Fremantle Hospital. We are both doing an internal review in terms of building facilities, what the capabilities are of those facilities and also what the services are that are required to be used in those facilities. We are also working very closely with Fremantle council in terms of their development of the oval, and looking for opportunities around that. At the moment, there is no finalised plan because there are so many different components to bring together.

Hon NICK GOIRAN: When will the plan be ready?

Mr FORDEN: We anticipate having something available at the end of 2018.

Hon ALISON XAMON: In the last few minutes, can I please refer to the aged and continuing care services on page 256. Specifically, I have some questions about the funding for the Quadriplegic Centre. How much money has been put aside for the funding of the Quadriplegic Centre for this financial year and, importantly, what is being proposed in the forward estimates? As part of that explanation, perhaps you could give some indication of the plans for the future of the Quad Centre at this point or what work is being undertaken to determine the future of the Quad Centre?

Hon ALANNA CLOHESY: I will ask Ms Kelly to go into the detail because she is currently the acting CEO of the Quad Centre. Suffice to say, the minister and I have visited the Quad Centre and, as you know, we are very committed to making sure that people who are residents in the Quad Centre have accommodation and support that improves the quality of their lives. That is the context, or the framework, which is informing the work that I will ask Ms Kelly to give detail to.

Ms KELLY: In 2015, a review of the state Quadriplegic Centre was undertaken and an enhanced service model for people with spinal cord injury report was prepared. Largely, we are looking at the implementation of a new model of care. For that we are looking at providing accommodation to individuals at the Quadriplegic Centre and in the transition of those patients to the most appropriate form of accommodation.

To answer your first question around the dollars; the current funding is about $12 million per annum and you would find that that would be through the forward estimates. Until we do the final transition, that funding will be through there; it is through a service agreement process. At the moment, we have 31 patients in the Quadriplegic Centre. Seven of those will transition by the end of this year into the community and we have 24 long-term residents who we are working with and discussing what their long-term requirements will be. There is a personal planning process underway that will commence towards the end of next week, actually, around what are their actual needs. It will be one-on-one with those residents to determine what is best for them as we move forward.

[11.00 am]

Hon ALISON XAMON: Confirming then, the long-term aim is to close the quad centre and to rehome people into other accommodation?

Hon ALANNA CLOHESY: Yes.

Hon ALISON XAMON: Is there a set time frame for when it is anticipated that that transition may occur?

Hon ALANNA CLOHESY: For the group of long-term residents —

Hon ALISON XAMON: I am particularly interested in the long-term residents.

Hon ALANNA CLOHESY: That will be determined in part—quite a considerable part—by the individual program planning that starts next week. As you know, that can vary depending on the needs of the person and how long that process will take. That, in part, will determine that. I just want to check with Ms Kelly that there is nothing else about the length of time.

Ms KELLY: We believe it will be over a two-year process but, obviously, it is dependent on the needs of the residents and what we need to do to assist them.

Hon ALISON XAMON: I refer to page 252, line item 5, "Aged and Continuing Care Services". Are people who are currently receiving HACC funding and living in areas where the NDIS has not been rolled out yet able to apply for increases in HACC funding if their condition requires it?

Hon ALANNA CLOHESY: This is people who are currently receiving HACC who are not yet transitioning to the NDIS?

Hon ALISON XAMON: The ones who are not yet in the NDIS—and it may take a while. My office has been contacted by people who are affected by this and the wait for the rollout.

Hon ALANNA CLOHESY: It should be business as usual for people who are not transitioning yet to the NDIS.

Hon ALISON XAMON: Can you confirm whether that is the case?

Hon ALANNA CLOHESY: Let me take that on notice because I want to be absolutely clear about that.

Mrs BROWN: The Department of Health is obviously working closely with both the Department of Communities and other relevant agencies including the National Disability Insurance Agency in Perth to manage those aspects, particularly as people transition either from the HACC program or the WA NDIS into the national scheme. We are working through that quite closely. To your question about changes in requirements through that phase, we will need to take that on notice, but the agencies are working quite closely and quite effectively to manage the transition for people.

[*Supplementary Information No A15.*]

The DEPUTY CHAIR: I now bring this hearing to its conclusion. On behalf of the committee, I thank you for your attendance today. The committee will forward the transcript of evidence, which includes the questions you have taken on notice highlighted on the transcript, within seven days of the hearing. If members have any unasked questions, I ask them to submit these via the electronic lodgement system on the POWAnet site by 5.00 pm on Wednesday, 27 June 2018. Responses to these question and any questions taken on notice are due by 12 noon Friday, 13 July 2018. 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. Once again, I thank you for your attendance today.

Hearing concluded at 11.03 am

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