Public / Internet
25/07/18

LEGISLATIVE COUNCIL STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

SUPPLEMENTARY INFORMATION

Department of Health

Hon Diane Evers asked:

A1) 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.

The DEPUTY CHAIR: Can I clarify what information is being sought?
Hon DIANE EVERS: The suite of prevention measures that are being taken.

Answer:
The increase in funding for non-hospital Services of $67.8 million over the forward estimates does not relate to funding for new prevention measures, but rather represents indexation to support existing programs, including prevention measures.

The existing programs include vaccines, sexual health, food safety, drinking and recreational water safety measures, radiation safety programs, mosquito control programs, tobacco licensing and control program, pesticide licensing, liquor licensing interventions, obesity and injury prevention, physical activity promotion as well as medicines and poisons.

Hon Aaron Stonehouse asked:

A2) 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?

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?

Answer:
The total annual cost of operating the Panel, if all meetings are attended by eligible members, is currently $2,744.40. There are no additional material operational costs related to Panel meetings. Any required staffing to provide a secretariat function is managed from within existing allocations. The Panel meets monthly and at present, one appointed member is eligible for remuneration.

The Panel is comprised of thirteen expert medical practitioners, with specialist expertise in HIV, Oncology, Palliative Care, Pain, Psychiatry, Neurology, Pediatric Neurology, Pharmacy, Dependence, Public Health, Pediatrics, Toxicology, and Pharmacology.

The remuneration rate for eligible members, as advised by the Public-Sector Commissioner is $228.70 per meeting.

Hon Nick Goiran asked:

A3) 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.

Answer:
A detailed reconciliation from the 2017-18 Budget Paper position to the 2018-19 Budget Paper position is provided in Attachment 1.

A4) 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?

Answer:
As of 30 June 2018, there were 335,297 children enrolled in the School Dental Service in WA.

This information can only be provided in school year levels as Dental Health Services does not currently report it by age or region. The table below provides figures from 2015 to 2018.

Year Levels	2015	2016	2017	2018
Pre-Primary	73.1%	69%	70%	67%
Primary	82.7%	84%	84%	82%
Secondary	93.8%	76%	77%	79%

A5) 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?

Answer:
As of 30 June 2018, there were 442 patients awaiting their first course of non-urgent dental care on the Albany Government Dental Clinic (GDC) general waiting list.

Upon completion of the first course of care, patients are placed on the recall waiting list for their subsequent check-up. As of 30 June 2018, there were 1,808 patients on the Albany GDC recall waiting list.

The table below states the average wait time for a dental appointment in Albany for each of 2016 and 2017.

Albany GDC	2016	2017
Average waiting time (general)	17.3 months	5.3 months
Average waiting time (recall)	33.3 months	36.3 months

The general waiting list applies to patients awaiting their first course of non-urgent dental care at the Albany GDC. Upon completion of the first course of care, patients are then placed on the Recall Waiting List for their subsequent check-up.

Emergency patients are seen on the day of presentation. As at 30 June 2018, the average waiting time for patients on the general wait list is 16.7 months and 37.6 months for the recall wait list.

The below provides the full-time equivalent dentists, dental therapists and dental assistants in Albany.

	Dentists	Dental Therapists	Dental Clinic Assistants
Albany GDC	3.6	0.0	5.6
School Dental Service	0.4	3.4	3.4

Dental Health Services do not employ dental nurses. None of the positions are vacant.

A6) 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? Back to my original question, can the draft report be tabled?

Answer:
No. The draft report has not been finalised at this stage.

North Metropolitan Health Service (NMHS) commissioned an asset condition audit for a number of NMHS facilities including King Edward Memorial Hospital (KEMH). The draft KEMH Report details the results of the NMHS Asset Audit and Condition Evaluation and provides NMHS with information to understand the existing condition of the hospital site assets and makes recommendation for required upgrades, rectification works, maintenance and other compliance considerations.

There are 19 buildings on the KEMH site and for each there is an accompanying workbook that captures the details, findings and recommendations against each asset and/or area.

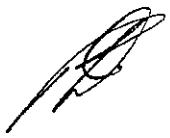
There are in excess of 7,750 line items recorded in the relevant KEMH workbooks which are currently being assessed against the following criteria:

- Building Code of Australia
- Disability Discrimination Act
- Fire Safety Compliance
- Building Fabric
- Australasian Health Facilities Guidelines
- The Safe Procedures and Safe Buildings component of the Chief Psychiatrist's Standards for the Authorisation of Hospitals Under the Mental Health Act 1996
- Mechanical Services
- Electrical Services
- Hydraulic Services
- Vertical Transport Services
- Electronic Control Systems
- Acoustic Performance.

A detailed review of the draft report is currently underway to:

- Validate the data on an asset-by-asset and area-by-area basis
- Undertake a prioritisation of the recommendations based on a risk assessment (acuity) of the area served.

It is expected this body of work will take some time to complete. This body of work will inform a business case for the interim infrastructure and equipment capital works needed at KEMH.



Hon Alison Xamon asked:

A7) 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?
Dr RUSSELL-WEISZ: 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 - the reason why that would reduce from 2017–18 to 2018–19. We can probably give you those exact figures on notice.

Answer:
The decrease in the Public and Community Health Services Outcome Based Management Program is largely the result of the discontinuation of transition costs related to Perth Children Hospital completion.

A8) 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.
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.

Answer:

The breakdown of the $62.965 million can be summarised as costs related to:

- The Perth Children's Hospital Organisational Changes and Redesign activities (including corporate and facilities management, support services, organisation development, operational readiness and communications) that are associated with commissioning - $52.122 million; and
- Capella parking contractual payments - $10.843 million.

A9) 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?
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.

Answer:
No, no other health networks ceased to exist over the course of the last two years.

See below for the funding allocated to the health networks for 2015-16 to 2018-19, as well as the number of FTE in terms of policy support and administrative support to those networks.

	2015-16 Actual	2016-17 Actual	2017-18 Actual	2018-19 Budget*
Clinical Advisors for the Health Network	$989,797	$989,797	$882,575	$903,934
Department of Health FTE for policy and administrative support**	$2,714,189	$2,293,780	$2,172,505	$2,147,290
FTE**	23.80	19.90	18.90	18.90
Other Goods and Services	$185,223	$227,223	$408,456	$442,206
TOTAL	**$3,889,209**	**$3,510,800**	**$3,463,536**	**$3,493,430**

* The 2018-19 Budget and forward estimates are not finalised. This is indicative figure only.
** FTE have mixed portfolios including policy development and administrative support unrelated to the networks as well network policy development and administrative support.

Other Goods and Services funds are used to support network policy development and administration including consultation and engagement, consumer and carer participation, as well as for expenses related to state policy development and administration unrelated to the networks.

The amount provided excludes funding for the WA Cancer and Palliative Care Policy Unit, or community services contracts.

Hon Adele Farina asked:

A10) 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? 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?

Answer:
The 2018-19 Program Funding allocation for South West Community Child & Adolescent Mental Health is $2.195 million, which is 0.3% of the total MHC appropriations ($715.743 million as per Table 1– Part 5, Summary of Portfolio Appropriations, p245). The 2017-18 Program Funding allocation for South West Community Child & Adolescent Mental Health was $2.113 million.

FTE Allocation

Position Title	Position status	FTE
CONSULTANT PSYCHIATRIST	Full-time	1.00
TEAM LEADER MH - CHILD AND ADOLESCENT	Full-time	1.00
CLINICAL PSYCHOLOGIST	Full-time	1.00
CLINICAL NURSE SPECIALIST	Full-time	1.00
SNR HEALTH PROFESSIONAL MH - CHILD AND ADOLESCENT	Full-time	1.00
SNR HEALTH PROFESSIONAL MH - CHILD AND ADOLESCENT	Part-time	2.25
HEALTH PROFESSIONAL MH - CHILD AND ADOLESCENT	Full-time	4.00
RECEPTIONIST/ADMINISTRATION OFFICER	Full-time	1.00
TOTAL		12.25

A11) 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 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.

Answer:
Up until the end of May there have been 20,592 presentations to Busselton Health Campus Emergency Department (ED) with numbers tracking to be up by around 2% on last financial year 2016-17. Of note, there has been an increase in the acuity of presentations with significant growth in Triage 1, 2 and 3 presentations which are the sicker patients requiring more immediate and higher levels of care.

Transfers to Bunbury from Busselton ED average around 90 patients per month which is just under 5% of total presentations, similar to the previous financial year 2016-17. Patients will need to be transferred from Busselton ED to access emergency surgical services and a range of other specialties including e.g. orthopaedic specialists, mental health specialists, cardiologists and also if patients need a higher level of monitoring and acute care in a high dependency or intensive care environment. With a significant increase in acuity of presentations, it would be

reasonable to expect the percentage of transfers to have increased, however it has remained stable.

Local admissions to Busselton from ED are averaging just under 150 per month which is up from around 110 per month last financial year 2016-17 and is reflective of growing capacity at the campus. This capacity is being developed through greater use of the short stay beds in the Emergency Department where patients can be monitored closely for a period of time (less than 24 hours) locally rather than transferred out. With the growth in surgical services at Busselton, including joint replacement surgery there is a greater presence of specialist anaesthetists who are able to provide support for minor procedures including insertion of central lines to administer antibiotics that patients would previously have had to go to Bunbury to have inserted.

The ED has also recently been modified slightly to create an area for paediatric patients to be admitted and monitored. A model of care including linking up to the Bunbury Paediatric team via Telehealth is also being developed which will enable Busselton to provide care locally for more children who present and were previously transferred out.

Local admissions have also increased with presence of a specialist Geriatrician and specialist Physician reviewing inpatients on a regular basis. Busselton is gradually building its capacity to retain and care for sicker patients locally.

A12) 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?

Answer:
Through the Service Agreement between the State of Western Australia (WA) and St John Ambulance WA Ltd (SJA) an amount of $100,800,000 is provided for the provision of road based transport services throughout WA. There is no split in the allocation between the metropolitan and country services.

Further funding is provided to SJA as under the Service Agreement the Department of Health will cover 50% of the cost of eligible ambulance services for WA residents over the age of 65. The amount that will be provided in 2018-19 is unknown as this is based on the demand for ambulance services by this cohort. The ambulance services eligible for the subsidy are as follows:

- All emergency and urgent ambulance services; and
- Non-urgent ambulance services that are deemed to be medically necessary.

In addition, all Hospitals outside of the Metropolitan Perth Area listed as Department of Health services purchase all of the Inter Hospital Patient Transport Services that they require, and are provided by SJA through this Agreement, from SJA.

All Hospitals within the Metropolitan Perth Area listed as Department of Health services purchase from SJA all of the Inter Hospital Patient Transport Services that that they require for Patients of a high acuity.

Hon Nick Goiran asked:

A13) 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?
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?

Answer:
See the table below providing a breakdown of the activities for 2017-18 and 2018-19:

Program	2017-18 $000	2018-19 $000
PCH Organisational Changes and Redesign[1]	52,122	-
Capella parking contractual payments	10,843	2,938
Total	62,965	2,938

1 The PCH Organisational Change and Redesign funding comprised of commissioning and transition activities, including corporate and facilities management, support services, organisation development, operational readiness and communications.

A14) 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?

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

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?

Answer:
The Women and Newborn Health Service (WNHS) advertise their training via their Family and Domestic Violence (FDV) newsletter (over a 1,000 email recipients across the health and non-government sector). A Training Calendar is available on the WNHS website, plus information about the training with on-line registration. Training can also be on request and customised for their health service needs.

The current FDV 0.6 FTE position has been in place since 2013. In 2017-2018 the FTE undertook the following core duties:

- Oversee the e-learning packages
- Provide training as per calendar events
- Provide customised training to Health Services
- Review best practice research
- FDV training schedule embedded for Child health nurses and through the State-wide Protection of Children Coordination (SPOCC) Unit
- Support the FDV Health Network - supporting training positions across WA Health.

In addition, the FDV position will commence development of the 2018-19 Operational Plan, which includes:

- Update WA Health FDV policy, guidelines and Medical Record Forms
- Implement Elder Abuse policy into WA Health policy framework and North Metropolitan Health Service (NMHS) policy

- Support development of a Culturally and Linguistically Diverse (CaLD) FDV e-learning package, review training package and fact sheets.

The plan for the additional three FTE – the high level implementation plan is as follows:

- Screening for antenatal patients - Review of the existing FDV guidelines to determine if they reflect current practice and if antenatal screening tools are being used. Consult and develop an implementation plan for broader adoption of screening for antenatal patients across public, private and community settings
- Implementation of routine screening - Roll out of routine antenatal screening, including development of policy and ongoing training support
- Provide training for health professionals - Identify options for coordination and standardisation of training for Health Workers. Provision of training would include resource development, facilitation, delivery and evaluation of evidence based training.

Hon Alison Xamon asked:

A15) 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.

Answer:
It is business as usual for people who are currently receiving HACC funding and living in areas where the NDIS is yet to roll out. Current HACC clients who are not residing in NDIS rollout areas can request a re-assessment by the Regional Assessment Service should they experience a change in needs or circumstances that require increased support.

HACC clients living in areas where the NDIS has already rolled out, but who are yet to transition to the NDIS, are not able to access increased support from the HACC Program. Funding to support clients living in NDIS rollout areas has been transitioned out of the HACC program to the NDIS. To ensure continuity of support, HACC clients living in areas where the NDIS has already rolled out will still continue to receive their current level of HACC support until they transition to the NDIS.

Attachment 1 - Question A3 – WA Health's 2018-19 Budget Spending Changes Reconciliation

WA Health's 2018-19 Budget Spending Reconciliation	2017-18		2018-19		2019-20		2020-21		2021-22	
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
2017-18 Budget Total Cost of Services		8,942,527		8,781,051		8,995,661		9,222,843		
2021-22 Population										9,363,558[d]
2017-18 MYR Spending changes:		27,156		-2,259		-47,962		-71,392		-37,151
Included in 2018-19 Spending Changes table[e]	*25,701*		*-13,066[a]*		*-54,526[b]*		*-74,270[c]*		*-37,151*	
Excluded from 2018-19 Spending Changes table[f]	*1,455*		*10,807*		*6,564*		*2,878*		*0*	
2018-19 Budget Spending changes:		54,841		28,777		7,749		7,020		141,034
Included in 2018-19 Spending Changes table[g]	*11,108*		*26,825[a]*		*4,868[b]*		*7,020[c]*		*45,512*	
Excluded from 2018-19 Spending Changes table[h]	*43,733*		*1,952*		*2,881*		*0*		*95,522*	
2018-19 Budget Total Cost of Services		9,024,524		8,807,569		8,955,448		9,158,471		9,467,441

(a) Includes an additional spend of $412,000 relating to the Security for Frontline Staff election commitment, from reprioritised budget settings.
(b) Includes an additional spend of $213,000 relating to the Security for Frontline Staff election commitment, from reprioritised budget settings.
(c) Includes an additional spend of $219,000 relating to the Security for Frontline Staff election commitment, from reprioritised existing budget settings.
(d) Population 2021-22 – establishing the new forward estimate, which is not included in the major spending changes tables.
(e) Please see Appendix 2 for details.
(f) Please see Appendix 2 for details.
(g) Please see Appendix 3 for details.
(h) Please see Appendix 3 for details.

Appendix 2 – Reconciliation of Spending Changes at the 2017-18 Mid-year Review Process

(e) 2017-18 Mid-year Review Spending Changes included in WA Health's 2018-19 Spending Changes table	2017-2018 $'000	2018-2019 $'000	2019-2020 $'000	2020-2021 $'000	2021-2022 $'000
2017-18 Mid-year Review - Update to Depreciation	-2,886	17,538	18,750	36,103	0
2017-18 Mid-year Review - Ozfoodnet	205	208	212	0	0
2017-18 Mid-year Review - Aboriginal Health Program	0	13,992	7,159	0	0
2017-18 Mid-year Review - NPA Dental on Public Dental Services for Adults for 2017-18 and 2018-19	9,686	7,264	0	0	0
2017-18 Mid-year Review - Multi-Purpose Services Agreement (MPS)	2,016	0	0	0	0
2017-18 Mid-year Review - Road Trauma Trust Account (1) - Data Linkage and WA Prevention	113	0	0	0	0
2017-18 Mid-year Review – Perth Children's Hospital (PCH) Organisational Change and Redesign (OCR)	10,201	0	0	0	0
2017-18 Mid-year Review – Perth Children's Hospital (PCH) Capella	5,223	0	0	0	0
2017-18 Mid-year Review – Perth Children's Hospital (PCH) Other Transitioning Resources	3,982	0	0	0	0
2017-18 Mid-year Review - Road Trauma Trust Account (2) - PARTY program	402	0	0	0	0
2017-18 Mid-year Review - Adjustment to Hospital Services - Activity-Based Funded (ABF) Services	-5,479	-12,253	-14,733	-14,895	-6,631
2017-18 Mid-year Review - Adjustment for Hospital Services - Block Funded Services	0	-24,379	-25,546	-26,496	-26,769
2017-18 Mid-year Review - Block Funded Hospital Services - mental health activity	0	-9,278	-9,409	-9,292	-8,148
2017-18 Mid-year Review - Activity-Based Funded (ABF) Hospital Services - mental health activity	2,302	1,980	2,204	2,653	4,139
2017-18 Mid-year Review - IMM 27569 CT Scanner for PathWest at State Mortuary (SCGH)	146	564	258	258	258
2017-18 Mid-year Review - Improving Trachoma Control Services for Indigenous Australians	1,614	1,647	1,688	1,713	0
2017-18 Mid-year Review - Commonwealth Respite and Carelink Centres (CRCC) - COPE	1,591	0	0	0	0
2017-18 Mid-year Review - RfR Recurrent Realignment - Turquoise Coast Health Initiative	-1,000	0	0	0	0
2017-18 Budget – Corrective Measure – Revised Public Sector Wages Policy	44	-11,366	-35,473	-64,783	0
2017-18 Mid-year Review - Home and Community Care (HACC) 2017-18	-2,672	0	0	0	0
2017-18 Mid-year Review - Government Office Accommodation Reform Package	213	1,017	364	469	0
	25,701	**-13,066**	**-54,526**	**-74,270**	**-37,151**

(f) 2017-18 Mid-year Review Spending Changes Excluded from WA Health's 2018-19 Spending Changes table	2017-2018 $'000	2018-2019 $'000	2019-2020 $'000	2020-2021 $'000	2021-2022 $'000
2017-18 Mid-year Review - Perth Children's Hospital Organisational Change and Redesign Carryover	3,025	0	0	0	0
2017-18 Mid-year Review - Statewide Specialist Aboriginal Mental Health Service (SSAMHS)	0	10,231	5,274	2,724	0
2017-18 Mid-year Review - MHC Services for Meth Users (Meth Strategy)	0	146	150	154	0
2017-18 Mid-year Review - RfR Recurrent Realignment - SIHI Residential Aged Care Dementia Care	-1,570	430	1,140	0	0
	1,455	**10,807**	**6,564**	**2,878**	**0**

Appendix 3 – Reconciliation of Spending Changes at the 2018-19 Budget Process

(g) 2018-19 Budget Spending Changes included in WA Health's 2018-19 Spending Changes table	2017-2018 $'000	2018-2019 $'000	2019-2020 $'000	2020-2021 $'000	2021-2022 $'000
2018-19 Budget - National Partnership Essential Vaccines 2017-18 to 2020-21	22,488	22,678	23,106	24,093	24,093
2018-19 Budget - Home and Community Care (HACC) transition to the NDIS	0	23,653	2,648	-13,882	-13,882
2018-19 Budget - Protection for Frontline Security Staff	0	706	346	340	0
2018-19 Budget - Valley View Residence	0	500	0	0	0
2018-19 Budget - Update to Depreciation	-20,591	364	-12,733	-16,950	-20,021
2018-19 Budget - Tariff, Fees and Charges	0	2,913	-18	-1,490	10,470
2018-19 Budget - Adjustment for Hospital Services - Activity-Based Funded services - DoH	0	-21,139	-6,161	13,508	33,014
2018-19 Budget - Adjustment for Hospital Services - Block Funded - DoH	0	1,437	2,336	3,424	4,565
2018-19 Budget - Adjustment for Non-Hospital Services	0	16,585	16,835	17,084	17,338
2018-19 Budget - Revision of Lotterywest Grants adjustment 2	1,477	0	0	0	0
2018-19 Budget - Road Trauma Trust Account - Realignment (1) - Data Linkage + WA Injury Prevention	-3	110	110	110	110
2018-19 Budget - Road Trauma Trust Account - Realignment (2) - PARTY program		402	402	402	402
2018-19 Budget - Road Trauma Trust Account - Data Linkage and Road Safety Analysis	0	3	6	9	13
2018-19 Budget - Adjustment for Hospital Services - Activity-Based Funded services - Mental Health	0	759	2,309	3,788	5,530
2018-19 Budget - Hospital Services Adjustment - Block Funded - Mental Health	0	2,394	3,584	5,033	6,640
2018-19 Budget - Sec 25 transfer of grants from DOH to MHC for Fresh Start Recovery Program	-293	-300	-307	-315	-315
2018-19 Budget - Revision of NGHSS indexation (2018-19 to 2020-21) based on 2017-18 MYR rate	0	-4,357	-7,407	-7,631	0
2018-19 Budget - Revision of Lotterywest Grants adjustment 1	-1,477	0	0	0	0
2018-19 Budget - Sec 25 transfer of 2 FTE from DOH to MHC	-661	-669	-676	-683	-696
2018-19 Budget - Tariff, Fees and Charges (Revised)	0	197	205	215	224
2018-19 Budget - NPA for Expansion of the BreastScreen Australia Program for 2017-18 to 2020-21	1,588	1,610	1,640	1,660	
2018-19 Budget - Government Office Accommodation Reform Package	14	70	87	104	122
2018-19 Budget - State Fleet Initiatives	-998	-2,013	-2,198	-2,386	-2,429
2018-19 Budget - SES Reduction	-500	-1,000	-1,000	-1,000	-1,000
2018-19 Budget - VTSS Savings (Tranche 1)	-11,989	-18,078	-18,246	-18,413	-18,666
2018-19 Budget - VTSS Funding (Tranche 1)	22,053	0	0	0	0
	11,108	**26,825**	**4,868**	**7,020**	**45,512**

(h) 2018-19 Budget Spending Changes excluded from in WA Health's 2018-19 Spending Changes table	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
2018-19 Budget - Expensed Capital	48,661	0	0	0	0
2018-19 Budget - Revision of NGHSS indexation (2021-22) based on 2017-18 MYR rate	0	0	0	0	7,790
2018-19 Budget - RfR Recurrent Realignment	-4,928	1,952	2,881	0	87,732
	43,733	**1,952**	**2,881**	**0**	**95,522**