

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

Department of Health

Hon Alanna Clohesy MLC asked:

- 1) How much is allocated in the 2016/17 budget (and forward estimates) for the Quadriplegic Centre for:
 - a. Operational costs
 - b. Maintenance costs
 - c. Development costs
 - d. Other costs

Answer:

(a)(b) and (d) The Quadriplegic Centre has been allocated an operating budget of \$12,183,893 in 2016/17. The Quadriplegic Centre is a separate Legal Entity and part of WA Health's annual service appropriation. The annual budget for the Quadriplegic Centre is funded from both fees and charges revenue (recovered directly by the Quadriplegic Centre) and State Appropriation. The forward estimates for the Quadriplegic Centre will be negotiated in line with WA Health's annual budget parameters.

(c) The Department has been allocated \$500,000 in 2016/17 to commence planning work on the proposed redevelopment of the State's Quadriplegic Centre. This will allow for further detailed advice about how best to provide services under an enhanced model of care for people with spinal cord injury, and to update the business case to allow a final investment decision to be made.

- 2) Please provide a copy of the scope of works for maintenance and development for the Centre.

Answer:

A regular works and maintenance program is undertaken at the Quadriplegic Centre. Typical works carried out in 2015-16 included checks and upgrades as required on various systems including;

- Air-conditioning
- Bedding
- Electrical equipment
- Fire protection equipment
- Hoist equipment
- Hot water system
- Power transformers
- Tap and plumbing fixtures.

Maintenance for all items is carried out either by the Quadriplegic Centre maintenance / handyman or an appropriate contracted trade.

For further information in regard to Quadriplegic Centre development, please refer to the response to question 1, above.

3) How many days were provided for Respite Care during?

a) 2014/15

Answer: 369 days

b) 2015/16 (to date)

Answer: As at 31/05/16 - 320 days

4) How many people accessed respite during the following years?

a) 2014/15

Answer: 12

b) 2015/16 (to date)

Answer: As at 31/05/16 - 14

5) What is the number of residents by length of tenure?

Answer:

Please see table, below:

Years in residence	Number
< 1 year*	14
1-5 years	11
5-10 years	10
10-15 years	5
15-20 years	7
20-25 years	0
20-30 years	2
30-35 years	5
Total	54

*Includes three respite patients

6) What is the number of residents who currently have transition plans?

Answer: 19 as at 31 May 2016.

- 7) Of the 17 residents that had transition plans in place (refer to 2014/15 Annual Report hearings – Answers to Additional Questions) – how many have transitioned from the Centre?

Answer:

Since July 2015:

- Seven Transitional patients have transitioned from the Centre.
- Three Extended Rehabilitation (long stay) patients have transitioned from the Centre.

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Department of Health

Hon Nick Goiran MLC asked:

- 1) What were the total costs associated with the creation of the report regarding abortions performed at post 20 weeks gestation that the Executive Director, Public Health submitted to the Minister for Health on 20 August 2015 and was accepted by the minister on 17 September 2015?

Answer:

The estimated cost was \$1,247.00. This is based on time taken by health staff to extract and analyse the data and produce the report and includes on costs. This does not include time required for routine management of the Abortion Notification System by the Department of Health. Generating the report did not require employment of external resources for report formatting or printing.

- 2) I refer to the answer to Question on Notice 3906 regarding the 73 induced abortions at 20 weeks gestation or later for the calendar year from 1 January 2015 to 31 December 2015 and I ask:

- a) What was the average cost of performing these abortions?

Answer:

It is not possible to extract the cost of these specific procedures from the overall clinical activity of Women and Newborn Health Service (WNHS).

- b) What were the conditions that justified these abortions?

Answer:

The conditions for which pregnancy terminations after 20 weeks were performed following review by the ministerially-appointed panel, have been classified into seven main diagnostic groups:

- severe neurologic conditions (e.g. severe brain malformations)
- complex cardiac malformations (of which several had other organ system abnormalities)
- renal malformations (in which there was no functioning kidney tissue and no amniotic fluid)
- chromosomal or genetic syndromes
- asphyxiating skeletal dysplasias
- maternal indications (e.g. previable membrane rupture with maternal infection)
- other severe fetal conditions (e.g. congenital infections with severe fetal effects).

Note: these groupings have been made in order to protect patient confidentiality.

- c) What method or methods were used to perform these abortions?

Answer:

Two cases were by selective termination, one case was by hysterectomy; 70 cases had labour induced with prostaglandins.

- d) Were the unborn babies administered pain relief prior to the abortion procedure?

Answer:

The decision to administer pain relief to the unborn fetus is a clinical one made on a case by case basis and taking into account the stage of pregnancy and the method of the abortion procedure.

- e) Was any application for a post 20 week abortion not given approval during the 2015 calendar year?

Answer:

Yes.

- 3) I refer to the six medical practitioners who form the panel and who approve late-term abortions and I ask:

- a) What is the annual costs associated with the panel?

Answer:

The costs of the panel are not individually captured by Women and Newborn Health Service systems.

- b) Is a paediatrician or a neonatologist a member of the panel?

Answer:

Yes. A Paediatrician is a panel member.

- 4) For each of the years 2013, 2014 and 2015 for abortions performed for either suspected or actual fetal abnormality, where the abnormality was specified by the notifying practitioner, what was the number of abortions performed for each of the five most common abnormalities specified?

Answer:

Where the gestation was 20 weeks or more and the fetal abnormality was specified, totals for the most common fetal anomalies are provided in the table below. No details are provided on the Abortion Notification Form about malformation details apart from

the diagnosis. The severity of the condition and associated abnormalities is provided to, and assessed by, the ministerially-appointed panel.

	2013	2014	2015	Total
Anencephaly	0	2	4	6
Trisomy 18	3	2	1	6
Spina Bifida	5	3	11	19
Hypoplastic left heart syndrome	1	2	6	9
Hydrocephalus	2	3	5	10
Total	11	12	27	50

- 5) I refer to the answer given to Question on Notice 2548 on 17 March 2015 which indicated that information on the number of times a designated officer authorised the posthumous collection of gametes was not being reported and I ask:

- a) Has there been any change in the reporting of information regarding the collection and use of posthumous gametes since that answer was delivered?

Answer:

Yes

- b) If yes to (a), what is the change?

Answer:

The Executive Director, Public Health (EDPH), who is responsible for administration of the *Human Tissue and Transplant Act 1982*, approved the establishment of a system of annual reporting to the EDPH by designated officers of the authorisation of the posthumous collection of gametes, including nil returns, in September 2015.

- c) If yes to (a), what is the cost associated with that change?

Answer:

The estimated cost is \$4,330. This is based on time taken by medical and legal staff to design the new system, implement requirements, analyse results and provide reports, and associated on-costs. This time was over and above that required for routine administration of the Human Tissue and Transplant Act by the Department of Health.

It does not include the time the various hospitals might have spent on responding to the survey.

- 6) What was the cost of implementing the Women's Health Strategy 2012-2015?

Answer:

The Department of Health did not receive a separate additional funding allocation for the Women's Health Strategy. The cost of implementation of initiatives, including policy development and the funding of a range of non-Government organisation

(NGO) Women's health services State-wide over the period 2012-2015 was met from approved baseline budget allocations of the Women and Newborn Health Service.

- 7) In regards to the Aboriginal Men's Health Strategy 2012-2015 I ask what was the cost of implementing this strategy?

Answer:

The implementation of the Aboriginal Men's Health Strategy 2012-2015 formed part of the Aboriginal Health Policy Directorate's existing core funding. This includes policy development and discretionary capacity building grants to six non-government organisations totalling \$222,245.

- 8) Further to questions 6 and 7 above, I ask:

- a) Is the Government continuing a Women's Health Strategy for the years 2016-2019?

Answer:

The Women and Newborn Health Service is currently revising the Women's Health Strategy for 2016-2019. WNHS continues to fund Non-Government Organisation providers for a range of State-wide women's health services in addition to those services provided from King Edward Memorial Hospital.

- b) Is the Government continuing an Aboriginal Men's Health Strategy for the years 2016-2019?

Answer:

The Aboriginal Men's Health Strategy 2012 -2015 has been superseded by the WA Aboriginal Health and Wellbeing Framework 2015-2030 (the Framework). The Framework is WA Health's current principal policy and planning document concerning Aboriginal health. An implementation guide is currently being prepared and will be utilised to maintain a strong focus on Aboriginal men's health issues.