

STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

ANSWERS TO QUESTIONS PRIOR TO HEARING

Department of Health

The Committee asked:

- 1) For each project identified in your asset investment program, was it subject to cost-benefit analysis and, if so, what was its ratio?

Answer: No. Projects in WA Health's Asset Investment Program, are not subject to a cost-benefit analysis, instead they are subject to an options analysis.

Department of Health

Hon Nick Goiran MLC asked:

- 1) I refer to the table on Page 315 of Budget Paper No. 2 – Volume 1 which outlines budgeted expenditure on palliative care across the forward estimates period, and I ask:

- a) What was the actual expenditure for the Palliative Care Helpline in 2020/21

Answer: \$156,452

- b) What is the estimated expenditure for the Palliative Care Helpline in 2021/22

Answer: \$156, 452

- c) What sum has been allocated in the Budget for the Palliative Care Helpline in 2022/23

Answer: \$156,452

- d) What sum has been allocated for the Palliative Care Helpline in:

- i) 2023/24

Answer: \$156,452

- ii) 2024/25

Answer: \$0

- iii) 2025/26

Answer: \$0

- 2) I refer to the table on Page 326 of Budget Paper No. 2 – Volume 1, and the line item referring to the Carnarvon Aged and Palliative Care Facility, and I ask:

- a) Has the work been completed on this facility;

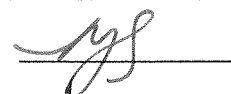
Answer: Yes, Gnullingoo Mia opened in December 2021

- b) What proportion of patients in 21/22 were admitted under 'Aged Care' and what proportion of patients are admitted under 'Palliative Care'?

Answer:

For the period 1 July 2021 to 30 May 2022, the proportion of aged care patients was 65%, palliative care patients 6% and respite patients 29%.

Minister's initials



3) I refer to Budget Paper No. 2, Volume 1, page 310, and I ask:

a) Why are there spending changes to the Voluntary Assisted Dying scheme; and

Answer: WA Health has identified potential increase in VAD costs into the future and the \$1.586 million funding is to cover the identified cost pressures in 2022-23. The funding has been approved for one year to allow more time to gain demand data from another year of operations to determine future year funding requirements.

This additional funding will support two publicly funded health services (Statewide Care Navigator Service and Statewide Pharmacy Service) that are essential to the provision of VAD and the statutory Board established to provide monitoring and oversight of the implementation of the VAD Act.

b) How many briefing notes have been prepared for the Minister since the scheme commenced?

Answer: Six briefing notes have been prepared for the Minister since 1 July 2021.

4) I refer to Budget Paper No. 2 Volume. Page 310, and I ask:

a) When is the Children's Hospice WA expected to be completed and;

Answer: The Children's Hospice WA is expected to be completed and opened in 2024.

b) How many briefing notes have been prepared for the Minister about the Hospice in 2021/22?

Answer: A total of 8 briefing notes have been prepared for the Minister about the Hospice in 2021/22.

5) I refer to page 315 of Budget Paper No. 2, Volume 1 that says 'WA Health continues to prioritise the implementation of the Voluntary Assisted Dying initiative with support for ongoing funding to meet demand for the service':

a) How many 'first requests' have been made since July 2021;

Answer: As at 31 May 2022 there have been 682 First Requests reported to the Voluntary Assisted Dying Board since 1 July 2021.

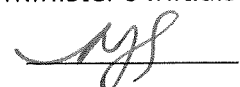
b) Have any other 'first requests' been received;

Answer: It is not clear what is meant by 'other' first requests.

c) How many deaths have occurred as a result of the applications;

Answer: As at 31 May 2022 it is reported to the Voluntary Assisted Dying Board that there have been 173 deaths that have occurred as a result of applications for voluntary assisted dying.

Minister's initials



- d) How many practitioners across Western Australia have completed all components of the voluntary assisted dying approved training; and

Answer: As of 31 May 2022, 66 practitioners have completed all components of the Western Australian Voluntary Assisted Dying Approved Training.

- e) How many practitioners have registered for access but not completed that approved training?

Answer: As of 31 May 2022, 142 practitioners have registered for access but not completed the Western Australian Voluntary Assisted Dying Approved Training.

WA HEALTH

Hon Martin Aldridge MLC asked:

- 1) I refer to Voluntary Assisted Dying (VAD) in Western Australia and the reference on page 310 of Budget Paper 2 and I ask:

- a) In relation to the \$1.586 million in increased spending allocated in 2022-23, please detail this increase in cost in one financial year;

Answer: Government has approved additional funding of \$1.586 million on top of existing 2022-23 budget reflecting higher than expected demand. Funding will enable additional resources for the State-wide Care Navigator Service and the State-wide Pharmacy Service to manage this immediate demand, as well as ongoing support for the Voluntary Assisted Dying (VAD) Board.

- b) Please detail the \$95,000 in 'New Works' found on page 329 of Budget Paper 2 relating to VAD;

Answer: This is for the enhancement of the VAD Information Management System which is the online platform for the management of VAD in WA.

- c) How much was expended on VAD in 2020-21 and 2021-22 to date; and

Answer:

2020-21: \$2,801,706

2021-22 to date: \$2,671,848 (Expenditure to April 2022)

Please note that the above figures reflect System Manager costs only.

- d) How much has been allocated to VAD in 2022-23 and for each year of the forward estimates?

Answer:

	2022-23 \$'000	2023-24 \$'000	2024-25 \$'000	2025-26 \$'000
Approved Funding prior to 2022-23 Budget	2,974	2,548	2,548	2,548
Additional Funding	1,586			
Total	4,560	2,548	2,548	2,548

- 2) I refer to Budget Paper 2, page 322, Public and Community Health Services and I ask:

- a) Has the State Government completed the internal review of community-based neurological services that was scheduled for completion in early May 2022

Answer: Yes

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b) If no to (a) why not;

Answer: N/A

c) Has the State Budget allocated any funding to Epilepsy WA, who are now the only state based epilepsy association that is not supported financially by their respective State Government; and

Answer: No

d) What is the status of the current contract of the Health Consumers Council and when does the contract expire?

Answer: The current contract expires 31 December 2022. The Department of Health has commenced a preferred service provider procurement process for a new contract beyond this term.

3) I refer to budget Paper 3, Page 297, Summary of State Government Social Concessions and I ask:

a) Has there been an increase to the fuel subsidy paid via the Patient Assisted Travel Scheme (PATS) in 22-23 in line with increasing cost of living increases and rising fuel prices;

Answer: No.

b) If no to (a), why not;

Answer In the 2021/22 budget, an increase in accommodation subsidies and expansion of escort eligibility was funded. The State Government will continue to consider further cost of living pressures.:

The increased subsidy rates are as follows:

	Previous rate	New rate
Commercial accommodation rate for patients	\$60/night	\$100/night
Commercial accommodation rate for patients travelling with an approved escort	\$75/night	\$115/night

c) What improvements to PATS have been funded in the 2022-23 budget;

Answer: Nil.

d) Is the Minister aware of Recommendation 2 of Report 25 of the Standing Committee on Public Administration, of which she was an author, which recommended an annual review of the fuel subsidy; and

Answer: Yes. Refer to Answer 3(b).

4) I refer to page 296 of Budget Paper 3, 'Dental Subsidy Schemes', and I ask:

a) What has contributed to more than 3,000 less country patients accessing the scheme in 2021-22;

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Answer: Country private dental practices are being impacted by dentist workforce shortages and high demand from their private patient base. The result is that participating country private dentists have not been able to provide as much care to Country Patients' Dental Subsidy Scheme (CPDSS) eligible patients as they have in past years.

Additionally, the impact of the community spread of COVID-19 in 2022 has placed additional protocols within the dental sector in terms screening, rapid antigen testing, environmental cleaning and coupled with patient cancellations and furloughing of staff due to testing COVID-19 positive or being designated as close contacts has reduced the number of patients accessing the scheme.

b) How is funding determined for the scheme?

Answer: Dental Health Services (DHS) is block funded by the Department of Health via a Service Agreement with the North Metropolitan Health Service. DHS apportions funding to various Dental Subsidy Schemes including the CPDSS from within its allocated operational budget.

5) I refer to Budget paper 2, Page 326-329, Works in Progress and I ask:

a) How many new hospital beds became operation, by hospital in 21-22:

Answer: 350 beds have become operational across the metropolitan area in 2021/22:

Opened in 21/22

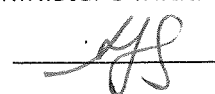
HSP	Hospital	Beds
CAHS	PCH	15
EMHS	Armada	6
	Bentley	37
	RPH	102
NMHS	OPH	26
	SCGH	66
	Selby	8
SMHS	Fremantle	54
	FSH	26
	Rockingham	10
Total		350

b) How many new hospital beds, by hospital are expected to become operational in 22-23

Answer: 239 beds are expected to become operational in 2022/23:

HSP	Hospital	Beds
CAHS	PCH	7
EMHS	Bentley	30
	RPH	44
NMHS	OPH	30
	SCGH	26
SMHS	Fremantle	24
	Rockingham	30
WACHS	Bunbury	30
	Newman	18
Total		239

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This includes 181 (of the 530 Government announced) + 40 Aegis allocated to RPH based on governance (from the 71 mental health when reporting on 602 Government announced) + 18 at Newman Hospital

- 6) I refer to Budget Paper 2, page 145, Net Appropriation Determination, and I ask:
- a) Why was there an underspend from the budgeted 21-22 figure on the 'Sustainable Health Review - Funding and Commissioning'

Answer: Question 6(a) is related to the Department of Treasury's budget papers, not the Department of Health. Whilst acknowledging WA Health leads the Sustainable Health Review, it is not appropriate for the Department of Health to comment on the Department of Treasury's budget or spending.

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b) What is the current status of each of the 30 recommendations in the Sustainable Health Review?

Answer: Noting that this question pertains to Department of Treasury's budget papers, the Department of Health is only able to provide a response to this question in terms of a status update.

The Sustainable Health Review (SHR) Final Report consists of 8 Enduring Strategies and 30 Recommendations to drive the transformational change required to focus the health system on prevention, bring care closer to home, and deliver equity in health outcomes for the Western Australian community.

There has been significant progress made across early implementation milestones that set the delivery of SHR up for success, noting there have also been some delays due to COVID-19 and pressures across the health system. Due to the impact of COVID19 there has been rephrasing of some delivery timeframes.

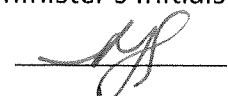
Enduring Strategy 1: Commit and collaborate to address major public health issues - significant progress, with some delays due to the impact of COVID-19 and current system pressures.

- Recommendation 1 is on track, with whole of government targets, evidence-based benchmarks for public health and prevention and, public reporting are in place.
- Recommendation 2a is on track and continues to address obesity through key strategies from the completed WA Healthy Weight Action Plan and is supporting a coordinated approach for improving early intervention and weight management services in WA.
- Recommendation 2b is progressing and significant work is being undertaken to reduce alcohol related harm and the delivery of Foetal Alcohol Spectrum Disorder (FASD) training.
- Recommendation 3a is progressing with some delays. Current work is focused on setting up for success and leading and advocating for cultural governance to be embedded across all SHR Recommendations with work underway to address inequity and improve health outcomes for Aboriginal, CaLD, and low socioeconomic communities.
- Recommendation 3b is on track with work underway to address inequity and improve health outcomes for CaLD communities.
- Recommendation 3c is on track with work underway to address inequity and improve health outcomes for the low socioeconomic communities.
- Recommendation 4 is on track to design new approaches to citizen and community partnerships and is due to commence transparent public reporting of patient and carer reported experience and outcomes in quarter four, 2021-22.
- Recommendation 5 is progressing with some delays. Sustainability plans and actions have been developed and a Sustainable Development Unit has been established to lead and coordinate a systemwide response on climate action and sustainability.

Enduring Strategy 2: Improve mental health outcomes – on track.

- Recommendations 6 and 7 are on track and has delivered several key projects, investing in early intervention, community step-up/step-down, acute and recovery mental health, alcohol, and other drug services with the establishment of the 8-bed interim Youth Mental Health, Alcohol and Other Drug Homelessness Service. The Recommendation has also delivered the Ministerial Taskforce into Public Mental Health Services for Infant, Children and Adolescents aged 0-18 years in Western Australia Final Report.

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Enduring Strategy 3: Great beginnings and a dignified end of life - significant progress, with some delays due to the impact of COVID-19 and current system pressures.

- Recommendation 8 is progressing with some delays. To date a number of significant initiatives have been delivered, including the My Baby WA app, a digital Purple Book, and an evidence-based report on FASD. Work to deliver the new Midland Community Hub is progressing well and the immunisation scoping project is complete.
- Recommendation 9 is on track and has facilitated voluntary assisted dying legislation, offering Western Australians more decision-making at the end of their life. Amendments to the Medicare rebate are complete and the end of life and palliative care for people with dementia framework has been released.

Enduring Strategy 4: Person-centred, equitable, seamless access - significant progress, with some delays due to the impact of COVID-19 and current system pressures.

- Recommendation 10 is progressing with some delays. Currently working to improve connections and collaborations between hospitals and work to implement and evaluate initiatives between tertiary and primary care. The Statewide Eating Disorders Model of Service is finalised, and work is underway to plan how to best deliver these services across the system.
- Recommendation 11 is progressing with some delays. Telehealth is continuing to expand across WA, with a 45% increase in technical infrastructure facilitating a 200% increase in medical outpatient appointments, and Manage My Care is helping more than 50,000 Western Australians take control of their healthcare.
- Recommendation 12 is on track and has made significant progress with many activities completed. The new acute patient transfer co-ordination service has started, as has the Maternity and Obstetrics Emergency Telehealth Service and the Palliative Care Emergency telehealth service, providing certainty for patients in the regions.
- Recommendation 13 is on track with WA's first Medical Respite Centre for people experiencing homelessness expanding to take referrals from all metropolitan hospitals, which has allowed providers to offer post-acute care in a safe environment to some of the State's most vulnerable people, while also linking them in with support services.
- Recommendation 14 is on track, with the Transition Care Pilot now fully operational with at least 18 people with disabilities having moved out of public hospitals into private facilities. The State position on aged care reform has also been agreed upon.
- Recommendation 15 is on track. The Ready to Go Home pilot has been expanded to Albany and Joondalup and is showing good results, with a 19% reduction in the number of patients facing NDIS-related delayed discharge when compared to the same period in 2021.

Enduring Strategy 5: Drive safety, quality and value through transparency, funding and planning - significant progress, with some delays due to the impact of COVID-19 and current system pressures.

- Recommendation 16 is progressing with some delay. A systemwide clinical review of the Elective Surgery Access and Waiting List Management Policy is complete, and new indicators for safety, mental health and mortality have been introduced to the Safety and Quality Indicator Set (SQiS).

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- Recommendations 17 and 18 are progressing with some delays. Eight projects to address emergency department pressures are being trialled, with evaluation due to start in June 2022. The Departments of Health and Treasury are working on implementation priorities for Recommendations 17 and 18. COVID-19 response work has required health service providers to reprioritise and as a result, some Recommendation 17 work is delayed with several Recommendation 18 activities due for commencement quarter one 2022/23.
- Recommendation 19 is on track and continuing to advocate for changes to the Medicare Benefits Schedule (MBS) for Telehealth. Some work is delayed, requiring further discussions between the Commonwealth and the State and collaboration with Department of Premier and Cabinet and Department of Transport. Engagement opportunities between the State and Commonwealth were also identified.
- Recommendation 20 is progressing with some delays to capacity and resourcing, affecting the delivery of the 10-year State Health Plan. Planning for the KEMH-QEII co-location pilot is on track.

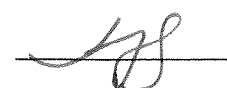
Enduring Strategy 6: Invest in digital healthcare and use data wisely- significant progress, with some delays due to the impact of COVID-19 and current system pressures.

- Recommendation 21 is progressing with some delays. The digitisation of the health system is progressing well and several initiatives due to commence this year. The draft Privacy and Data Legislation is progressing with risks being mitigated.
- Recommendation 22 is progressing with some delays. The rollout of initiatives from the WA Health Digital Strategy are mostly on track, including the replacement Human Resource Information Management System (HRMIS), which received funding from the Digital Capability Fund. Expansion of Telehealth and Virtual Care are also on track. The Electronic Medical Record Project has received support from Department of Treasury to commence small scale implementation of digital medical records.

Enduring Strategy 7: Culture and workforce to support new models of care -significant progress, with some delays due to the impact of COVID-19 and current system pressures.

- Recommendation 23 is on track with many key programs of work progressing including the completion of system-wide staff surveys and benchmark findings, as well as ongoing public reporting, and the development of the Health Leadership Strategic Intent 2019-2029 has been completed.
- Recommendation 24 is progressing with some delays. The establishment and commencement of boards of governance for Health Support Services and PathWest has been delivered; and the Mental Health Executive Committee has been established.
- Recommendation 25 is progressing with some delays. There is considerable progress with consultation complete for the integration of the Aboriginal Health Practitioner in the WA public health services.
- Recommendation 26 is on track with the 10-year health and social care workforce strategy under development and progress on key programs of work continuing.
- Recommendation 27 is on track in relation to reducing barriers to workforce arrangements as well as the establishment of a Health Union Consultative Group forum to support workforce arrangements which support better healthcare outcomes.

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Enduring Strategy 8: Innovate for sustainability - on track.

- Recommendations 28 and 29 are both on track with the Future Health Research and Innovation Fund established and fully operational, establishment of local innovation units, and the implementation of a revised Ethics and Research Governance policy, procedure and best practice.

Implementation: Ensure a robust, disciplined, and integrated approach to the implementation of endorsed Sustainable Health Review recommendations - on track.

- Recommendation 30 is on track with the Sustainable Health Implementation Support Unit (SHISU) established, program governance stood up, including the Independent Oversight Committee and program management support for the 30 SHR Recommendations in place.

7) I refer to Budget Paper 2, Volume 1, pages 328-9, and under New Works for the 'Geraldton Radiation Oncology' with \$2.7 million allocated in the 2022/23 financial year, and I ask:

a) Is the entirety of the \$9 million contribution from the Federal Government, if not how much of this is State funding;

Answer: Yes

b) What is the total estimated cost of the project;

Answer: The updated costs in 2020 identified that the estimated costs for the project are much higher than the Federal Government contribution. These costs are currently being updated to reflect the current market conditions.

c) Will the project be delivered as part of the current delayed and over-budget Geraldton Regional Hospital redevelopment;

Answer: No

d) Is additional funding required to complete the project;

Answer: Yes

e) If yes to (d) how much funding is required and has the Minister requested additional funds from Prime Minister Albanese;

Answer: Costs are being updated to reflect the current market conditions. Once this process is completed, the funding strategy approach will be considered, including seeking additional funding from the Commonwealth.

f) If yes to (d) why do the budget papers show the estimated total cost of the project at \$9 million; and

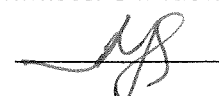
Answer: The budget papers only reflect committed and approved funding allocations.

g) When is the project expected to commence in 2022-23 and when is it expected to be complete and operational?

Answer: The Project will not proceed until additional funding is sourced. The radiotherapy unit is being scoped as part of the stage two of WACHS' major redevelopment of Geraldton Health Campus (GHC) to ensure that the facility, along with the necessary supporting infrastructure, equipment and staffing, is fully costed to provide safe and sustainable radiotherapy services for Midwest residents, into the future.

8) I refer to the more than \$30 million allocated to 'Paid Paramedics for the Regions' found on Page 310 of Budget Paper 2, and I ask:

Minister's initials



a) How many paid paramedics will this funding employ;

Answer: Please see response e).

b) Will all of the paramedics employed be engaged by St John Ambulance through their provision of emergency ambulance services;

Answer: A range of services are being developed including emergency and non-emergency services in line with the needs of country communities. St John Ambulance will be closely involved in assisting Health with this process as a key partner, noting their significant role and experience in regional WA.

c) (c) Was this an election commitment;

Answer: Yes

d) If yes to (c), why has there been a delay in progressing this commitment at a time when our ambulance service faces unprecedented demand; and

Answer: Between 2020 and 2022, the state has supported the deployment of over 26 additional paramedics to country areas. This additional investment is a continuation of the commitment to further increase paramedic and ambulance services to country areas in WA in line with the Country Ambulance Strategy.

e) (e) How many additional paid paramedics will be engaged at: (i) 1 July 2023; (ii) 1 July 2024; (iii) 1 July 2025; and (iv) 1 July 2026?

Answer:

Paid Staff Type	1 July 2023	1 July 2024	1 July 2025	1 July 2026
Additional Paramedics	9	12 (9 +3)	15 (12 +3)	18** (15 +3)
<i>Additional Ambulance Clinical Workforce*</i>	8	15 (8 +7)	15 (15 +0)	15 (15 +0)
Total	17	27 (17 +10)	30 (27 +3)	33 (30 +3)

* *Additional Ambulance Clinical Workforce* May include paramedics of varying scope, years of experience, or alternative workforce options.

** 18 Additional Paramedics to be delivered by 1/7/2026 noting that this milestone may be reached prior to this time due to the *Additional Ambulance Clinical Workforce* numbers potentially including paramedic roles.

9) I refer to page 310 of Budget Paper 2 and the \$2.4 million allocated to 'Emergency Access Response' and I ask: please detail what this expenditure is for.

Answer: The \$2.4M expenditure is for a structured statewide Emergency Access Response (EAR) redesign program, based on the Four-Hour Rule Program (FHRP) which achieved significant improvements in emergency access from 2009 to 2014.

In recognition that hospital improvement initiatives are often limited by clinicians having to do the work in addition to clinical responsibilities, FHRP funding was invested in program costs, mainly dedicated project staff. The remaining funding was for implementing data-driven solutions generated by the redesign process.

In 2022/23 the EAR program will see dedicated staff including project and clinical leads at the Health Service Providers (HSPs) and the Department of Health working together with

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community providers (including St John Ambulance, primary care, disability, and aged care) to make sustainable, system-level improvements in access to care.

A Ministerial Taskforce chaired by the Minister for Health; Mental Health has been established to provide State-level oversight and a whole of government focus on improving access to emergency care.

10) I refer to page 313 of Budget Paper 2 and a reference to \$23.7 million to 'replace cladding across several hospital buildings', and I ask:

a) Which hospital buildings have been identified as requiring cladding replaced?

Answer: The referenced funding of \$23.7 million is to replace cladding to buildings at the Fiona Stanley Hospital (FSH) and Queen Elizabeth II Medical Centre (QEIIIMC).

b) For what reason is the cladding required to be replaced?

Answer: The cladding is combustible Aluminium Composite Cladding and therefore must be replaced.

c) For each site, when was it identified that this course of action was required?

Answer: Investigations into these facilities commenced in 2019 and following multiple rounds of testing, the extent of remediation required was confirmed mid-2021.

11) I refer to page 313 of Budget Paper 2 and a reference to \$5 million to address urgent staff accommodation issues, and I ask:

a) Which locations will benefit from the \$5 million investment;

Answer: WACHS is currently undertaking an essential works program for properties identified as requiring an 'immediate needs' response. A full scope of works exercise is currently underway to enable refurbishment works to commence. These properties are located in the following Regions;

- Kimberley
- Midwest
- Goldfields
- South West
- Wheatbelt

b) Who has developed the 'whole-of-government' solution mentioned; and

Answer: The Department of Communities (Communities) is leading the Government Regional Officers Housing Program Review (Review). Communities is working closely with agencies and the Department of Treasury to inform the Review.

c) Is the WA Country Health Service reviewing its participation in the Government Regional Officer Housing program, noting the inadequacy of WACHS housing both in terms of quality and quantity?

Answer: WACHS has a substantial staff accommodation portfolio (both owned and leased dwellings) across the State, which is provided to staff as an attraction and retention strategy and this continues to be crucial to workforce engagement.

12) I refer to page 322 of Budget Paper 2, and I ask:

a) Under the heading of 'Explanation of Significant Movements', should note 4 actually be note 3; and

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Answer: Yes, note 4 should have been numbered as note 3.

- b) Can you please clarify if the abovementioned note, noting the 2022-23 budget allocation is less than the 2021-22 estimated actual?

Answer: The 2021-22 Estimated Actual reflects a one-off grant payment to the Royal Flying Doctor Service for asset replacement and therefore does not appear in the 2022-23 Budget allocation.

13. I refer to page 326 of Budget Paper 2 and the Meekatharra Hospital, and I ask:

- a) Please table the business case for the project;

Answer:

As the release of the business case may impact or disadvantage the Government, advice from central agencies is currently being sought. Following a response, the Minister will advise in due course on whether the business case for the Meekatharra Hospital can be released.

- b) Please advise when the project will be complete;

Answer: Project Definition Planning (PDP) has recently commenced and is expected to take several months to complete the required detailed planning. The PDP, when completed, will include project timelines


- c) Is the project a new-build or a redevelopment;

Answer: New Build.

- d) How was the \$200,000 spent in 2021-22 financial year;

Answer: Expenditure is associated with assembling a lead architect and consulting team to undertake the PDP and design process.

Minister's initials



e) Has the project gone to tender, and if no when will it likely be released for tender;

Answer: No. As per response (b).

f) Has the government delivered the additional 'paid paramedic' to Meekatharra as announced in the 2021-22 state budget; and

Answer: Yes

g) How many paid paramedics are now servicing Meekatharra?

Answer: Two Community Paramedics service Meekatharra and Mount Magnet in a networked Model.

14) I refer to page 326 of Budget Paper 2 and 'Geraldton Hospital Co-location', and I ask:

a) How was the \$500,000 expended in the 2022-23 financial year;

Answer: Expenditure is related to costs associated with the research and development of a draft business case.

b) How will the \$1.5 million be expended in the 2022-23 financial year; and

Answer: To continue to fund activities related to the ongoing development of the draft business case.

c) Who is undertaking the work associated with this project and what is its aim?

Answer: Department of Finance and WA Country Health Service. The aim is to deliver a business case to the government that recommends options for the second stage of redevelopment of the Geraldton Health Campus., inclusive of the potential for the co-location of St John of God Geraldton Hospital onto the Geraldton Health Campus site.

15) I refer to page 327 of Budget Paper 2 and 'Primary Health Centres Demonstration Program', and I ask:

a) Please provide a breakdown of the \$31.6 million allocation to the program including the scope of any projects funded from the program;

Answer:

- New Pingelly Health Centre (completed 2018) \$9.2 million
- Cunderdin (completed) \$9.0 million
- Dongara (in construction) \$6.5 million (plus an additional \$3.3 million for a separate project "Dongara Aged Care")
- Mullewa \$6.3 million
- Grant to the Shire of Chittering \$0.6 million


b) Please identify the sites outstanding that will benefit from the almost \$8.3 million in funding in 2022-23 and 2023-24;

Answer: Dongara and Mullewa

c) Please identify how the estimated \$2.85 million was expended in 2021-22;

Answer: Ongoing construction costs associated with the Dongara redevelopment.

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d) Does the program include the replacement of the existing Mullewa Hospital; and

Answer: Yes.

e) If yes to (d), please identify the total funding and scope of the new Mullewa Health Centre.

Answer: The scope is an all new build facility with a contemporary emergency department including Emergency Telehealth Services facilities, group therapy rooms, multipurpose consultation / treatment spaces, one bed for short stay/respite palliative care; and a one chair community supported home dialysis room. The project is currently funded at \$6.3 million.

16) I refer to Budget Paper 2, page 322 and the service division of Public and Community Health Services, and I ask:

(a) Noting the figure estimates to be spent in 21-22 is more than 650 million dollars over what was budgeted for, what proportion of this increase is directly related to the COVID-19 response;

Answer: The increase in Public and Community Health Services from the 2021-22 Budget to the 2021-22 Estimated Actual is \$653.3 million. Of this increase, 97.7% is directly related to the COVID-19 response.

(b) What is the current level, in monetary terms and as a percentage of total health funding that is contributed to investment in preventative health initiatives in 2021-22 and 2022-23; and

Answer: WA Health applies the Australian Institute of Health and Welfare (AIHW) definition of public health and prevention when reporting associated expenditure data.

Budgeted expenditure in line with this definition is not available, however actual expenditure data can be reported. With regards to actual expenditure in line with the definition, there is a lag in data collection and the most recent available public health and prevention data relates to 2019-20.

In 2019-20 public health and prevention expenditure (excluding COVID-19) was \$271.6 million which represents 2.88% of total WA Government Health expenditure (excluding COVID-19).

It is also noted that 2021-22 and 2022-23 budget figures will include investment in public health and prevention related to COVID-19.

(c) Is the State Government on track to achieve a target of 5 per cent investment in preventative health initiatives by July 2029, as recommended by the Sustainable Health Review (Recommendation 10)?

Answer: Progress towards the implementation of Recommendation 1 of the Sustainable Health Review is well underway. In the 2022-23 WA State Budget, the State Government has allocated \$3.5 million to suicide prevention services, \$6.1 million for a range of Foetal Alcohol Spectrum Disorder prevention initiatives, \$3.5 million to support the development of a pilot alcohol-related violence prevention program at Royal Perth Hospital Emergency Department and \$7 million for the WA Syphilis Outbreak Response.

The State Government remains committed to implementing Recommendation 1.

Minister's initials



17) I refer to Budget Paper 2, page 328, and under New Works the \$1.6 million allocated to Country Ambulance Initiatives and I ask

a) For what purpose is the \$1.6 million allocated

Answer: To procure six ambulance vehicles for the Kimberley Ambulance Service to replace six existing ambulance vehicles.

How is this project considered "New Works", when \$793,000 was estimated to be spent on it within the 21-22 budget;

Answer: The Procurement Business Case was developed in December 2020, which anticipated that the contract would be awarded on 1 August 2021. The contract was awarded in November 2021. Payment for the vehicles will be made in 2022-23, hence the recashflow to 2022-23 and the tag as 'New Works'.

Why was this not expended in 21-22 and how does the Government plan to be able to implement the entire spend in 22-23;

Answer: The vehicles were unable to be delivered in 2021-22 due to supply chain issues. WACHS continues to work closely with the contractor to ensure that the vehicles will be completed and delivered in 2022-23, subject to the supply of vehicles from Toyota WA.

How does this funding relate to the \$9.2 million allocated to implement the recommendation of the Country Ambulance Strategy; and

Answer: Funding for \$9.2 million was secured to enable the implementation of paramedic support in the Kimberley at Derby, Fitzroy Crossing and Halls Creek (\$2.0 million), six replacement ambulances for the Kimberley region (\$1.6 million), and the development of the WA Country Health Service (WACHS) Acute Patient Transfer Coordination Service (APTC) (\$5.6 million).

The funding to the Kimberley for paramedics and replacement ambulances is in line with Country Ambulance Strategy (CAS) recommendations 2 and 3 in relation to improving equity of access to ambulance services in regional WA and development of a statewide model for country services. It is also in line with recommendation 16 - trialling alternative workforce models through the implementation of paramedics to the Kimberley Ambulance Service.

b) Please provide the current status of each of the recommendations of the strategy

Answer: Six recommendations are significantly progressed (trial of alternate workforce models, expansion of the community paramedic model, implementation of a patient centred state-wide service, establishment of state wide policy, transfer of contract management of country services to WACHS, and improved system coordination) Substantial progress has been made on the remaining 16 recommendations.

18) I refer to page 314 of Budget Paper 2 and the additional \$49.4 million allocated to the Geraldton Health Campus redevelopment to meet rising cost pressures, and I ask:

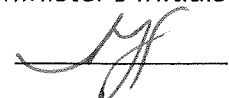
a) Has the government now accepted one of the three tenders received for the main works contract;

Answer: No.

b) If no to (a), why not;

Answer: All three tenders exceeded the budget of the previous procurement process.

Minister's initials



c) When will construction of stage 2 works begin; and

Answer: Construction of stage 2 works will begin following completion of the procurement phase (which is led by the Department of Finance), which will re-commence.

d) What is the revised expected completion date of stage 2, given the multiple delays that this project has experienced?

Answer: The expected completion date of stage 2 will be determined once the tender is awarded.

19) I refer to Budget Paper 2, page 322 and the service division of Public and Community Health Services and I ask:

a) Given that the consistently high rates of bloodborne viruses such as HIV in Aboriginal communities are concerning WA Health, is WA Health funding targeted programs to lower the rates of bloodborne diseases in remote and regional WA;

Answer: Yes

b) If yes to (a) please outline the programs and the costs associated with each program;

Answer:

(Figures are GST exclusive)

- Aboriginal blood-borne virus (BBV) public health campaign - \$110,000 (per year).
- Regional Needle and Syringe Program (NSP) and BBV clinical positions: \$1,272,266 in 2021/22.
- Consumable expenditure for the state-based NSP: \$757,978 in 2021/22 (up to 30/05/2022).
- Other comprehensive sexual health and BBV services are funded that include key performance indicators (KPIs) for BBV prevention, education, testing, contact tracing, and workforce development (e.g. grants to increase staffing in Aboriginal Community Controlled Health Organisations).

c) If no to (a), why not;

Answer: Not applicable.

Minister's initials



- d) Are there any diseases of major concern which are on the rise in regional WA, and what programs are underway to help ease the risk of spread; and

Answer:

Syphilis

From 2016 to 2021, the number of infectious syphilis notifications in regional areas increased more than five-fold from 71 to 361. Almost 90% of infectious syphilis notifications in remote and regional WA in 2021 were among Aboriginal people.

The state-wide coordinated syphilis response includes:

- increasing workforce to test and contact trace;
- mass media public health campaigns;
- workforce development for health professionals;
- review of testing guidelines and clinical resources; and
- syphilis point-of-care testing program.

Hepatitis C

In 2021, the rate of hepatitis C notifications in remote and regional WA was more than six times higher among Aboriginal people compared to non-Aboriginal people (159 vs. 25 per 100,000 population).

The state-wide coordinated response includes:

- NSP - providing free sterile needles, syringes and disposal devices;
- Needle and Syringe Exchange Programs (NSEP) - accept used injecting equipment and replace with new sterile injecting equipment; and
- Non-government agencies are funded to deliver education, workforce development, prevention and clinical activities in regional areas of WA.

- (e) Have testing levels for bloodborne viruses been an issue for WA Health since the onset of the COVID-19 pandemic?

Answer:

The onset of the COVID-19 pandemic had a short-term negative impact on testing rates for blood-borne viruses.

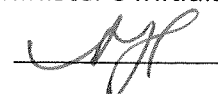
The hepatitis B and hepatitis C testing rate decreased by 7% from 2019 to 2020 (12,224 to 11,311 per 100,000 population) before returned to baseline levels in 2021 (11,890 per 100,000 population).

20) I refer to Budget Paper 2, page 323 and the service division of Pathology Services and I ask:

- a) Given that the net cost of service is expected to be just under \$319 million this financial year, how much of this is expected to go towards contracts with third parties;

Answer: (In responding to these questions PathWest assumes that the term "contracts with third parties" refers to a contract between PathWest and a party other than the Department of Health, including Health Support Services, with which PathWest, as a Health Service Provider, has a contract to provide certain health services to the Western Australian community.) Excluding COVID, PathWest estimates it will pay approximately \$102.1 million to third party contractors.

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b) What do these third parties do;

Answer: Third party contractors to PathWest include suppliers of:

- Medical, surgical and diagnostic supplies
- Service maintenance
- Repair and maintenance
- Facilities
- Utilities
- Freight
- Reference laboratory accreditation
- Quality assurance
- System and software licences

c) Do any of these third parties employ staff outside of the metropolitan area;

Answer: PathWest is unable to respond to this question as it is not pertinent to the contracts.

d) What is the approved FTE of staff employed in the service division of Pathology Services:

(i) In the Metropolitan Area; and

Answer: Excluding COVID, 1900 FTE

(ii) In Regional Areas:

Answer: Excluding COVID, 300 FTE

e) What is the current FTE of staff employed in the service division of Pathology Services:

(i) In the Metropolitan Area; and

Answer: Excluding COVID 1560 FTE

(ii) In Regional Areas;

Answer: Excluding COVID 295 FTE

f) Were there any requests for better investment in State run mortuary services in the 21/22 or 22/23 budget process; and

Answer: Yes.

g) If yes to (f) what were these requests, and have they been funded?

Answer: An additional \$1.2 million was approved to meet the increased costs for the refurbishment of the State Mortuary which arose from market led price pressure and additional remedial building and engineering services due to age of the facility.

Minister's initials



21) I refer to Budget Paper 2, page 318 and the service division of Public Hospital Emergency Services, and I ask:

a) For each week in March, April and May of 2022 what were the average wait times at Perth Children's Hospital (PCH);

Answer:

Week ending (Sundays)	Average wait time for clinical care commencement in minutes
06-Mar-2022	40.7
13-Mar-2022	35.9
20-Mar-2022	53.6
27-Mar-2022	40.0
03-Apr-2022	34.6
10-Apr-2022	30.0
17-Apr-2022	33.6
24-Apr-2022	37.1
01-May-2022	34.9
08-May-2022	55.0
15-May-2022	70.7
22-May-2022	53.2
29-May-2022	65.3

Notes:

- The Department of Health (DOH) has interpreted the request for "average wait times" in question 21 (a) to be related to the "Average wait time for clinical care commencement".

b) For each week in March, April and May of 2022 what was the longest wait time at PCH;

Answer:

Week ending (Sundays)	The longest wait time for clinical care commencement in hours and minutes
06-Mar-2022	5:43 hrs
13-Mar-2022	5:41 hrs
20-Mar-2022	4:24 hrs
27-Mar-2022	4:15 hrs
03-Apr-2022	3:23 hrs

Minister's initials



Week ending (Sundays)	The longest wait time for clinical care commencement in hours and minutes
10-Apr-2022	3:41 hrs
17-Apr-2022	3:28 hrs
24-Apr-2022	3:29 hrs
01-May-2022	3:21 hrs
08-May-2022	9:15 hrs
15-May-2022	6:44 hrs
22-May-2022	4:29 hrs
29-May-2022	5:34 hrs

Longest wait times include all triage categories including those assessed as 'non-urgent' (Category 5). Performance indicators for maximum waiting time and thresholds vary widely between triage categories. Western Australia has consistently outperformed other states and territories on the Four Hour Rule – i.e. the percentage of patients admitted, transferred or discharged within four hours of arrival.

Notes:

- The DOH has interpreted the request for "average wait times" in question 21 (b) to be related to the "Average wait time for clinical care commencement".
- c) Can the Minister confirm that on Sunday 22 May there was a 21 hour wait time at PCH Emergency Department?

Answer: This is incorrect. On 22 May 2022 at PCH Emergency Department:

- The longest wait time for clinical care commencement was 3 hours and 18 minutes.
- The longest of length of episode for attendance at was 10 hours and 3 minutes.

22) I refer to Budget Paper 2, Volume 1, pages 328-9, and under New Works 'Hospitals, Health Centres and Community Facilities, and I ask:

a) Given the WA Country Health Service has identified the redevelopment of Margaret River Hospital as a priority, can the Minister confirm that there has been no funding allocated to this project;

Answer: No. The State Government will continue to review opportunities to upgrade regional health facilities. Providing quality care closer to home remains a priority. In April, WACHS launched a new Midwifery Group Practice in Margaret River providing greater maternal and newborn care options for local families.

b) If yes to (a) why not; and

Answer: The business case for the project is yet to be developed.

c) If no to (a) what is the time frame, project scope and total project cost for this project?

Answer: N/A

Department of Health

Minister's initials



Hon Wilson Tucker MLC asked:

1) I refer to WA Health's Public Health COVID Unified System (PHOCUS), and in particular to the recent report of the Auditor General's COVID-19 Contact Tracing System – Application Audit:

a) What information does PHOCUS store;

Answer: PHOCUS stores information on COVID-19 cases and contacts to enable management of cases and facilitate the contact tracing process.

b) Is it a standard practice that WA Health discloses the type of information collected, and its purpose, to the person to whom the information pertains

Answer: Information held is used for case management and contact tracing and can be provided to the person to whom the information pertains on request

c) What agencies have access to PHOCUS;

Answer: Department of Health, Health Support Services

d) What controls are in place to ensure PHOCUS data is only used for contact tracing purposes;

Answer: Access is restricted to relevant users via secure login and all users sign agreement to "Acceptable Use of Information and Communications Technology Policy" and confidentiality agreement. User changes are logged and audited as required.

e) What controls are in place that regulate other agencies accessing PHOCUS data;

Answer: Vendors through contractual agreements for the implementation and management services have the required and appropriate level of access to deliver these services. PwC are currently providing end-to-end lifecycle support for PHOCUS and therefore have administrator access to both UAT and Productions environments. HSS continues to monitor and address risks associated with vendor contracts, and ensure all contracts have a Contract Management Plan in place.

f) Has PHOCUS data been used for any purpose other than COVID-19 contact tracing;

Answer: No

g) How does WA Health intend to address any data inconsistencies created through manual data entry in to PHOCUS;

Answer: An ongoing comprehensive data cleaning process is undertaken to identify and resolve any data inconsistencies

h) Has WA Health conducted any analysis of the data integrity of manually created PHOCUS records;

Answer: Yes, this forms part of the data cleaning process

i) The Auditor General's report reveals that 'WA Health may not be notified of security incidents that affect PHOCUS, such as data breaches'. While this weakness may have been addressed at the time the report was published, what assurances can WA Health give that data was not accessed unlawfully prior to the audit;

Answer: There has been no breach of privacy in relation to the system and no inappropriate use of the system has been identified.

j) WA Health's response to the Auditor General's report claims that 'no inaccuracies in case status impacting management were found'. How was this determined; and

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Answer: The audit did not demonstrate any inaccuracies that impacted on the management of cases or contacts. All confirmed cases were true positive cases and the very low proportion of duplicate contact records identified had no operational impact or influence on public health isolation requirements or decision making. The audit process demonstrated the effectiveness of the data cleaning processes undertaken.

- k) How long does WA Health intend to retain contact tracing data, including data from all sources that contribute to PHOCUS?

Answer: As per Department of Health Retention and Disposal of Records policy requirements.

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A handwritten signature in black ink, consisting of stylized initials, positioned below the text 'Minister's initials'.