



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by BRENDAN SMYTH on 21 June 2013: GARY BYLES took on notice the following question:

[Ref: Hansard Transcript 21 JUNE 2013 PAGE 131]

In relation to :

On page 391 in your operating statement there is a 3 per cent decrease in your employee expenses and in the following year there is another decrease. If staff was going up, how are you magically decreasing your employee expenses? Now, there is some ins and outs for the outcome for this year and perhaps the reconciliation of which of those ins and outs then go into the 13-14 year might be useful.

Do we know why the expenses then go down in 14-15?

Then they go down in 15-16. Yes, all right, that's fine. Thank you, that would be interesting. Over the page on your balance sheet, I am always very wary when the same number appears in five columns and if you look down at your non-current provisions under non-current liabilities, it is magically the same for four years. How is that possible?

On 392, the non-current liabilities, other non-current provisions, 36 '13, '14, '15, '16, '17. They are exactly the same. I wish I had that degree of certainty.

I can add that to the list. And the line below that, "Other," again, for the three out years it is exactly \$1,128,000. Why would that be?

I would be grateful. If you go over to your cash flow statements in your payments the three out years, or dividend to government, exactly the same for three years. Repayments of borrowings, nothing mentioned, and then repayment of finance leasing (?) [12.22.41], static. And so your total financing of payments is exactly the same for three years. So, you are not paying the government—you are not paying back any borrowings and you are not repaying any leases?

SHANE RATTENBURY : The answer to the Member's question is as follows:—

Employee Expenses

The major cause of the decrease between the 2012-13 Estimated Outcome and the 2013-14 Budget is that the 2012-13 estimated outcome includes the effect of the increased Comcare premium for

2012-13. This effect does not carry through to 2013-14 or the forward years because the premium amount has not yet been determined.

Decreases in 2014-15 and 2015-16 are primarily due to the net effect of new initiatives and initiatives that are not ongoing in nature.

Non-Current Liabilities

The Other Non-Current provision of \$14.442m in 2012-13 is a provision for the restoration of landfill sites. The value of the provision is linked to the condition and status of these sites, and is adjusted each year through an assessment as part of the annual financial statements process. The change in value cannot be forecast.

The Other Non-Current Liabilities of \$1.128m in each of the out years relates to lease incentives.

Cash Flow Statement – Financing Payments

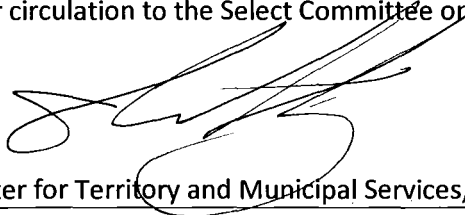
The Dividend to Government is reviewed annually through the budget process. It is not expected to change significantly in the forward years.

The Repayment of Borrowings reflect the finalisation in 2013-14 of liabilities related to government occupied properties.

The estimates for Repayment of Finance Leases reflect the expectation that our fleet numbers will remain static, so our payments will be similar for each of the forward years.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature:



Date:

28/6/13

By the Minister for Territory and Municipal Services, Shane Rattenbury MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by MICK GENTLEMAN on 21 June 2013: PHILLIP PERRAM took on notice the following question(s):

[Ref: Hansard Transcript 21 JUNE 2013 PAGE 70]

In relation to :

What is the status of the lease at White Street (retired transport employees group)?

SHANE RATTENBURY : The answer to the Member's question is as follows:—

The Retired ACT Transport Employees Club Inc lease expired on 31 May 2013 and is now in "holding over". Under the holding over provision the terms and conditions of the recently expired lease remain in place until a new lease is negotiated.

Contact has been made with the Retired ACT Transport Employees Club Inc to negotiate a new lease.

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Signature:

Date: 27/6/13

By the Minister for Territory and Municipal Services, Shane Rattenbury MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by ALISTAIR COE on 21 June 2013: PHILLIP PERRAM took on notice the following question

[Ref: Hansard Transcript 21 JUNE 2013 PAGE 76]

In relation to :

Does the Minister have the power to close a cemetery (whether it is a Government or Private one)?

SHANE RATTENBURY : The answer to the Member's question is as follows:-

Yes, Section 18 of the *Cemeteries and Crematoria Regulation 2003* states the Minister may, in writing, close a facility.

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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by ALISTAIR COE on 21 June 2013: GARY BYLES took on notice the following question:

Ref: Hansard Transcript of 21 June 2013, Page 73

In relation to:

How often has the Capital-Metro Board met?

SHANE RATTENBURY: The answer to the Member's question is as follows:—

The Capital Metro Project Board has met twice.

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Date:

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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by ALISTAIR COE on 21 June 2013: MINISTER RATTENBURY took on notice the following question(s):

Ref: Hansard Transcript 21 June 201, Page 74

In relation to:

Has the Minister seen a cost benefit analysis for the Capital metro Project?

SHANE RATTENBURY: The answer to the Member's question is as follows:-

I have seen a summary of the cost benefit analysis but not the original, complete cost benefit analysis.

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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Brendan Smyth MLA on 20 June 2013: The Minister for Health and Mr Colm Mooney took on notice the following questions:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, pages 31 – 35.

In relation to: the Tower Block at Canberra Hospital which formed part of the Project – Enhancing Canberra Hospital Facility (Design).

- 1) On what date was the preferred tenderer informed they were the preferred tenderer?
- 2) How many unsuccessful tenderers took up the offer of a debrief?
- 3) How many tenders were received?
- 4) Date on which the decision was taken by Government to cancel the tender?
- 5) Did representations from those companies [those excluded from tendering on basis of trust] outline their concerns, and were those concerns responded to
- 6) Referring to the decision not to allow trusts to submit tenders for design. Can you verify that in other jurisdictions it is in regard to construction firms, and not design companies that the prequalification is applied?

Minister Gallagher: The answer to the Member's question is as follows:–

- 1) 7 August 2012
- 2) The unsuccessful tenders were notified by mail and offered a debrief. Of these, three tenderers requested a debrief. The debrief meetings occurred in September and October 2012.
- 3) There were 12 tenders received.
- 4) 9 May 2013
- 5) Yes

- 6) All jurisdictions operate their own Prequalification Schemes as well as the two National Prequalification Schemes (Construction). Some jurisdictions have prequalification in relation to Consultants (Design companies).

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Signature: *K. Gallagher*

Date: 28.6.13

By the Minister for Health, Katy Gallagher MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Brendan Smyth MLA on 20 June 2013: The Chief Minister took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, pages 51-52.

In relation to: 2012-13 FTE Estimate Outcome on Page 86, Budget Paper 4

So it goes from an estimated outcome this year from 5,680 to 5,811 for the coming year. Are those figures accurate? So if these figures are accurate, the numbers on page 579 are different numbers. What is the correct projection? They go up consistently by 131, but what is the starting point? What do we believe?

Minister Gallagher: The answer to the Member's question is as follows:-

The number contained on page 579 of Budget Paper 4 is correct. ACT Health originally provided a FTE estimate outcome of 5,680, however, in the last week of preparation of the Budget Papers an updated FTE estimate of 5,700 was provided to the Treasury Directorate.

The updated figure was correctly reflected on page 579 of Budget Paper 4, but was not updated on page 86.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: *K. Gallagher*

Date: 28.6.13

By the Minister for Health, Katy Gallagher MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE
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Asked by Mr Hanson MLA on 20 June 2013: Minister Gallagher took on notice the following questions:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 54,

In relation to: Infrastructure

Mr Jeremy Hanson MLA: An explanation on each of the health projects, including the purpose, the scope, any times attached to them in terms of the various stages of completion, the budget attached to those projects and then any changes to the budget, scope and cost since they initially appeared in the budget.

Minister for Health: For the projects that are on now?

Mr Jeremy Hanson MLA: And any that are in the planning stage, like the University of Canberra Hospital.

Minister for Health: Okay, for planning and those projects underway.

Minister Gallagher: The answer to the Member's question is as follows:–

See Table 1 – for projects at the planning stage.

See Table 2 – for projects that are under construction.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: *K. Gallagher*

Date: 9/7/13

By the Minister for Health, Katy Gallagher MLA

Table 1**Health Infrastructure Program Projects in Planning**

Project Title	Purpose of project	The scope of the project	Stages/Timeframes	Budget (including any changes)	Expenditure to 31 May 2013 ¹	Scope Changes
Staging and Decanting Continuity of Services	This initiative supports the decanting and relocation of health services as new facilities are completed and other areas are refurbished to meet service growth demands for additional beds, clinics and day spaces. It also provides funding to undertake feasibility and preliminary design work for additional car parking at Calvary Hospital.	Various refurbishment and fit-out works to accommodate Staging and Decanting and some service demand growth requirements.	December 2014	\$19.43m	\$5,540,823	N/A
Aboriginal Torres Strait Islander Alcohol & Other Drug Rehabilitation Facility (commonly known as Ngunnawal Bush Healing Farm)	This will provide targeted, intensive family support services to at-risk Aboriginal and Torres Strait Islander families through an integrated service delivery model jointly developed by the Health Directorate, the Education and Training Directorate and the Community Services Directorate.	The NBHF will be a culturally based alcohol and drug rehabilitation centre which will operate as a therapeutic community for members of Aboriginal and Torres Strait Islander communities.	Timetable is dependent upon the outcome of the Development Application process.	\$7.933m, comprised of: <ul style="list-style-type: none"> • Appropriation \$5.883m • Appropriation \$2.050m 	\$1,131,765	A Value Management Study resulted in a scope change from a 16 to 8 bed facility.

¹ Expenditure to 31 May 2013 is recorded as at the last financial reporting period

Project Title	Purpose of project	The scope of the project	Stages/Timeframes	Budget (including any changes)	Expenditure to 31 May 2013 ¹	Scope Changes
Mental Health Young Persons Unit (commonly known as Adolescent and Young Adult Mental Health Inpatient Unit)	This initiative is for the forward design of an inpatient mental health facility for young people. The unit will incorporate the integration of clinical and associated services. These include inpatient, allied health and community-based services in order to improve the transition from inpatient stay to the community. The facility is to be located adjacent to Calvary Hospital.	Inpatient facility for clients from 13-25 years.	November 2013	\$0.775m	\$120,669	A feasibility study is being undertaken to inform advice on options for co location with the Centenary Hospital for Women and Children.
Adult Secure Mental Health Unit (commonly known as Secure Adult Mental Health Unit)	Forward design for the new Adult Secure Mental Health Unit.	A 25 bed facility to provide care, treatment and rehabilitation services for ACT residents who are experiencing serious mental illness or severe mental health dysfunction and who require medium or low secure care.	June 2014.	\$3.2m	\$755,600	Originally proposed to be a 15 bed high secure unit, scope has altered to be a 25 bed medium and low secure unit, given the very low level of need for high secure places.

Project Title	Purpose of project	The scope of the project	Stages/Timeframes	Budget (including any changes)	Expenditure to 31 May 2013 ¹	Scope Changes
Clinical Services Redevelopment – Phase 3	This project will upgrade campus wide infrastructure such as campus ring mains, replacement plant and equipment, relocation of services and allows for emerging issues at the Canberra Hospital to support the HIP.	Ensure that the campus/site infrastructure, early works and relocation requirements are in place in a timely manner to facilitate the progress and commissioning of the major approved components of the HIP as planned. Ensure that unforeseen emergent infrastructure issues do not hinder the progress of the HIP initiatives.	December 2014	\$25.7m Reduced to \$21.8m	\$1,855,186	N/A
Northside Hospital Specification and Documentation (commonly known as University of Canberra Public Hospital)	This initiative provides for the development of specifications and documentation for the proposed Northside Hospital.	The facility will deliver subacute services for the populations of the ACT and neighbouring NSW.	June 2014	\$4m	\$785,895	N/A
Clinical Services & Inpatient Unit Design & Infrastructure Expansion	This project will prepare a proof of concept and forward design for major clinical buildings at the Canberra Hospital, expansion of the Emergency Department on finalisation of proof of concept, and provision of a paediatric service in the Canberra Hospital Emergency Department.		June 2015	\$40.78m	N/A	N/A

Project Title	Purpose of project	The scope of the project	Stages/Timeframes	Budget (including any changes)	Expenditure to 31 May 2013 ¹	Scope Changes
Calvary Hospital Car Park (Design)	This project is to design a multi-storey car park for up to 700 vehicles on the Calvary Hospital campus.		June 2014	\$1.3m	N/A	N/A
Continuity of Services Plan – Essential Infrastructure	This program provides the design and construction (or fit-out) of a range of facilities to allow additional bed capacity to be provided across the public health system in the Territory. It also allows for implementation of new campus infrastructure, and the replacement and expansion of existing infrastructure to ensure that essential infrastructure can support current, new and future services and facilities. This funding includes \$3.850 million to be provided as a capital grant in 2013-14 for improvements at Calvary Hospital.	<p>Will consist of, but not be limited to the following:</p> <p>Expansion of clinical services:</p> <ul style="list-style-type: none"> • Design and construction/fit-out of a medical rapid assessment and planning unit on the Calvary Hospital campus. • Design and construction for additional beds on the Calvary Campus. • Design and construction of Calvary Birth Centre. <p>Essential Campus Infrastructure and Services Infrastructure compliance, replacement and amplification.</p>	June 2017	\$20.367m	N/A	N/A

Project Title	Purpose of project	The scope of the project	Stages/Timeframes	Budget (including any changes)	Expenditure to 31 May 2013 ¹	Scope Changes
Belconnen & Tuggeranong Walk in Centres	Design and construction (fit-out) of new Walk-in Centres at the Tuggeranong Health Centre and the Belconnen Health Centre.		June 2014	\$0.951m	N/A	N/A
University of Canberra Public Hospital (Design)	Complete facility planning and forward design to final sketch plan stage for the University of Canberra Public Hospital.		February 2015	\$8.252m	N/A	N/A
Central Sterilising Services	To provide for design and construction of a new sterilising department	A new purpose built sterilising department to support ACT Health clinical services	April 2015	\$17.27m	\$256,673	Current scope exceeds available budget – scope being reviewed

Table 2**Health Infrastructure Program Projects Under Construction**

Project Title	Purpose of project	The scope of the project	Stages/Timeframes	Budget (including any changes)	Expenditure to 31 May 2013²	Scope Changes
Women's and Children's Hospital (now named Centenary Hospital for Women and Children) Stages 2 and 3	Development of a women's and children's hospital.	<p>This will incorporate the new neonatal intensive care unit, a new paediatric unit and extended refurbished maternity and gynaecology units.</p> <p>The project also includes enhancements including an addition of a burns bath to the paediatric unit and increased bed numbers in the Women and Baby Inpatient Unit.</p>	<p>Project completion of Stage 2 September 2013</p> <p>Project completion of transition from interim arrangements (commonly known as Stage 3) November 2013</p>	<p>\$90m</p> <p>Increased to \$111.06m</p>	\$96,725,929	N/A

^{2 2} Expenditure to 31 May 2013 is recorded as at the last financial reporting period

Project Title	Purpose of project	The scope of the project	Stages/Timeframes	Budget (including any changes)	Expenditure to 31 May 2013 ²	Scope Changes
Integrated Cancer Centre – Phase 1 & 2 (commonly known as CRCC)	Phase 1 – This initiative provides for the construction of the Integrated Cancer Care Centre (ICCC) for the ACT and for patient accommodation (Duffy House).	Phase 1 - The scope of this Project is the construction of the ambulatory multidisciplinary clinics, patient information services, and clinical, research and administrative space. Phase 2 - An additional floor will be constructed at the Integrated Cancer Centre that will provide up to 10 additional treatment spaces, fitout for a cytotoxic pharmacy, pathology space and a general storeroom.	September 2013 (Phases 1 and 2). (Duffy House completed September 2012)	Total budget \$44.754m, jointly funded: <ul style="list-style-type: none"> • \$27.863m Commonwealth Budget Allocation (Phase 1) • \$1.789m Commonwealth Budget Allocation (Duffy House) • \$15.102m ACT Government Budget Appropriation (Phase 2) 	\$34,626,000	N/A
Tuggeranong Community Health Centre	Improvement of the physical infrastructure of the Tuggeranong Community Health Centre (CHC) located adjacent to the Tuggeranong Child and Family Centre. Enhanced health services at the Tuggeranong Health Centre.	Extension and refurbishment of the Tuggeranong Community Health Centre.	June 2014	\$19m \$5m appropriation (Stage 1) \$14m appropriation (Stage 2)	\$3,726,611	N/A

Project Title	Purpose of project	The scope of the project	Stages/Timeframes	Budget (including any changes)	Expenditure to 31 May 2013 ²	Scope Changes
Enhanced Community Health Centre – Belconnen	This initiative provides for the forward design and construction of an Enhanced Community Health Centre (EHC).	Construction of EHC in Belconnen.	Scheduled construction completion September 2013	\$51.344m	\$31,656,170	N/A
Staging and Decanting – Moving to our Future	Continue the program of works to relocate services of the Health Directorate to enable continuity of services during the staged implementation of the Health Infrastructure Program (HIP) redevelopment.	This project consists of multiple sub-projects that aim to relocate services and staff from various facilities to allow building works to progress.	September 2014	\$22.3m	\$79,821	N/A
Enhanced Community Health Centre Back Up Power	To address the expected growth and demand for Health Services in the ACT by providing additional backup power to support the continuity of ICT services at the enhanced Belconnen and Tuggeranong Community Health Centres.	Incorporation of backup power into the scope of works for Belconnen and Tuggeranong Community Health Centres.	June 2014	\$3.54m	\$250,000	N/A



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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Brendan Smyth MLA on 20 June 2013: Mr Ron Foster took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 54.

In relation to: The difference in percentage increase in the outyears between employee expenses and superannuation on Page 108, Budget Paper 4.

Why is the increase in superannuation expense lower in the outyears, compared to employee expense growth?

Minister Gallagher: The answer to the Member's question is as follows:-

The distribution of funding by expense category in the outyears is a guide and will change to reflect annual policy decisions taken in the Budget each year.

The Health Directorate has moderated the growth in superannuation in the outyears to reflect that the CSS, PSS and PSSAU funds are all closed to new members. These schemes have employer contribution rates starting at 18.4 per cent through to 23 per cent and approximately 55 per cent of the current superannuation expense relates to members in these high cost schemes. As staff exit for different employment or retirement, the replacement staff will with few exceptions be eligible for superannuation funding at the current rate of 9.25 per cent.

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Signature: *K. Gallagher*

Date: 28.6.13

By the Minister for Health, Katy Gallagher MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE
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Asked by Mr Jeremy Hanson MLA on 20 June 2013: Mr Ghirardello took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 54.

In relation to:

Staff numbers for dedicated stroke service at Calvary Public Hospital

Minister Gallagher: The answer to the Member's question is as follows:—

Calvary Public Hospital will be allocated \$1.53 million (half year) through the 2013-14 budget to establish a stroke service from January 2014.

The funding will provide for:

- 3.2 FTE in additional medical staff;
- 11.72 FTE in additional nursing staff; and
- 3.7 FTE in additional Allied Health Staff (comprising Physiotherapists, Nutritionists, Social Workers, Occupational Therapists, Psychologists, Speech Pathologists and Pharmacists).

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Date: 27. 6. 13

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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr BRENDAN SMYTH MLA on 20 June 2013: Ms Katrina Bracher took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 73.

In relation to: the new dining table in the Adult Mental Health Unit

How much did it cost?

Minister Gallagher: The answer to the Member's question is as follows:—

The 7.66 metre table is a custom made, non standard design. To meet consumer safe and durable design criteria, the table is constructed from solid materials including a very heavy top and multiple solid spotted gum legs with glued and mechanically fixed joints to ensure the robustness and heaviness required (i.e. inability to move or lift up).

The table is a multi-piece construction that required on site assembly and final fitting to create an as built permanent structure. The total cost of the table including labour associated with installation on site was \$30,900.

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**ANSWER TO QUESTION TAKEN ON NOTICE
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Asked by Mr Jeremy Hanson MLA on 20 June 2013: Dr Peggy Brown took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, pages 84 - 85

In relation to: General Practice

An update on ACT Health's progress against the recommendations of the GP Taskforce, and the recommendations of the Standing Committee on Health, Community and Social Services.

Minister Gallagher: The answer to the Member's question is as follows:-

A General Practice (GP) Taskforce was established in March 2009 to investigate access to primary health care in the ACT. GP Taskforce members included GPs who worked as clinicians, academics and advisors, as well as consumers, policy makers and a nurse leader.

The final report of the GP Taskforce, *General Practice and Sustainable Primary Health Care—The Way Forward*, was tabled in the ACT Legislative Assembly in September 2009. The report included 30 recommendations, of which ten have been completed, 19 are ongoing, and one is likely to be progressed by the Australian Government in light of the national Health Care Reforms. All of the 19 recommendations that are "ongoing" have a governing/reporting structure. Further information is at [Attachment A](#).

The Standing Committee on Health, Community and Social Services Inquiry into access to primary health care services was completed in February 2010 and included 24 recommendations. Of these, four have been completed, 12 are ongoing, and eight required no action. Further details are at [Attachment B](#).

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: *K. Gallagher*

Date: 27.6.13

By the Minister for Health, Katy Gallagher MLA

ACT GP Taskforce Final Report – General Practice and Sustainable Primary Health Care – The Way Forward

Implementation Schedule

As a matter of nomenclature, *ongoing matters* are those that require regular or constant action over time without a defined outcome, such as monitoring. Matters in *various stages of progress* (in progress) are those actions with a discernible outcome that are at a particular stage of completion.

GPLN - GP Liaison Network GPWWP- GP Workforce Working Group PSSB - People, Strategy and Services Branch P&GRB - Policy and Government Relations Branch

EMG – Executive Management Group (GPWWG provides advice to EMG) PH&CDSC – Primary Health and Chronic Disease Steering Committee

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
Workforce supply: 1. In order to inform policy, planning and mapping, Health Directorate to annually review the ACT GP workforce by conducting a telephone snapshot survey and considering other available workforce data.	Agreed - Health Directorate will undertake an annual snapshot survey to inform policy and planning. Additionally, ACTPLA in coordination with Health Directorate will provide an annual update of a map of GP practice locations which will be displayed on ACTMAPI.	Annual snapshot survey	The Health Services Directory "Find a Health Service" launched in September 2011—contains all ACT GP practice information as well as a subset of individual GP information. The data is updated on a six monthly basis. Additionally, each GP practice is now publicly viewable in the Find a Health Service website and mobile application.	Ongoing	GPLN
			TCH GPLU phone all GP practices every 3 months to ensure GP information in ACTPAS is as up-to-date as possible. Changes and additions to the ACTPAS GP data base are also made as soon as GPLU become aware of them (outside the 3 monthly updates).	Ongoing	GPLN
			Information regarding GP movements is shared between Calvary Hospital and ACT pathology to ensure all databases are consistent.	Ongoing	
			TCH GPLU also source GP updates from Southern General Practice Network (SGPN) 3 monthly and shares this information as above.	Ongoing	GPLN
			With regard to the recent GP Scoping study, the draft report has been provided to ACT Medicare Local and ACT Health and once finalised will become a public document. Preliminary analysis of the draft report suggests that there has been an improvement in GP numbers since 2010–2011, with an estimated 283 FTE at April 2013. This study also includes a map of GP practice locations.	In progress	GPLN
Better Support for General Practice: 2. Improve the uptake of doctors into general	Agreed - The ACT Government has allocated funding and will roll out the Teaching Incentive Payment to	Implementation of initiatives	The Education Infrastructure Support Grant Payments (EISGP) – previously known as the Teaching Incentive Payment (TIP) Fund operates in collaboration with the Australian National University, GP Coordination program and provides \$300 per day (or \$150 per half-day session) to GPs who train and mentor third-year ANU Medical School students on their urban general	In progress	GPWWG/EMG

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
<p>practice by implementing the following ACT Government 2009—10 GP Workforce Budget initiatives:</p> <ul style="list-style-type: none"> - Teaching Incentive Payment to support GPs teaching undergraduate medical students - PGPPP that enables newly trained doctors to gain clinical experience in general practice - Scholarships providing incentives to choose training in general practice and work as a GP within the ACT for 3 consecutive years upon completion of studies. 	<p>support GPs teaching undergraduate medical students; the GP Prevocational Placement Program enabling newly trained doctors to gain clinical experience in general practice; and the GP Trainee Scholarships providing incentives to choose training in general practice.</p>		<p>practice placement. It is paid to teaching GPs to help compensate for a reduced income due to a reduced throughput of patients.</p>		
			<p>The EISGP has supported ACTHealth and ANU's efforts to increase student placement capacities in ACT and its regional general practices. Training is provided over six rotations per annum.</p>	In progress	GPWWG/EMG
			<p>The Pre-Vocational GP Placement Program (PGPPP) provides general practice rotations for junior doctors. The placements expose interns and RMO1s to the general practice setting and promote it as a career choice. PGPPP placements in 2012 were at the Interchange General Practice, Isabella Plains Medical Centre, Winnunga Nimmityjah Aboriginal Health Service, Waramanga Medical Centre, Kambah Medical Centre and surgeries at Narooma, Bega and Cooma.</p>	In progress	GPWWG/EMG
			<p>With regard to the GP Trainee Scholarships, to date, a total of three awards have been provided. One new Canberra-based applicant attending the University of Sydney has been offered a scholarship in 2013.</p>	In progress	GPWWG/EMG
			<p>The aim of the Peter Sharp Scholarships program is to address regional Indigenous health issues by increasing enrolment rates of Aboriginal and Torres Strait Islander medical students, and by providing a targeted support program for students who are studying Indigenous Health at ANU Medical School.</p>	In progress	GPWWG/EMG
			<p>The Indigenous health stream placement scholarships support students in the ANUMS Indigenous Health Stream for travel and accommodation costs related to cultural immersion programs, conference and/or workshop attendance and for other relevant activities. These have been offered to all students within the Indigenous health stream in 2012 and 2013.</p> <p>The four year Peter Sharp Scholarship has been awarded as a stipend, at \$18,000 per annum, to a year 1 medical student enrolled in the Indigenous health stream at the ANU Medical School. The scholarship will support the student's education and accommodation while pursuing her medical studies.</p>	In progress	GPWWG/EMG

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
<p>3. Continue to work with the Australian Government and Coast-City-Country Training Ltd to establish more local GP training positions.</p>	<p>Agreed - The ACT Government will explore opportunities for establishing more local GP training positions with the Australian Government and Coast-City-Training (CCCGPT) Ltd; and investigate the feasibility of a vertical integration model for general practitioner education.</p>		<p>GPET has continued its commitment to 5 extra training places quarantined for the ACT in addition to normal places shared between regions of CCCGPT. It is noted that the partnership with CCCGPT has been terminated as at the end of 2012. All previously organised GP registrar positions are to be continued. Decisions around this are made by the CCCGPT Board.</p> <p>Currently the number of GP registrars in the ACT is almost at full capacity in terms of training positions. The vertically integrated model is working with many doctors engaged in the PGPPP program going onto apply for GP training places in the ACT as a result of their positive experience as junior doctors. There are still significant numbers of International graduates who are unable to train as GP registrars in the ACT due to the rural moratorium. However despite this many of them have found positions after fellowship in district of workforce shortage areas of the ACT.</p>	<p>In progress</p>	<p>GPWWG/EMG</p> <p>GPWWG/EMG</p>
<p>4. Support the ANU Medical School GP Student Network (GPSN) and other student activities related to general practice.</p>	<p>Agreed in principle - The ACT Government will assist ANU Medical School Students to procure Commonwealth funding for their GP Student Network.</p>		<p>The GPSN is currently active at ANU. There is a strong GP focused student representative and team organising GP focused events for students. First wave scholarships have also been taken up by two to three first year students each year who have participated in two week placements in ACT practices during their holidays.</p>	<p>In progress</p>	<p>GPWWG/EMG</p>
<p>5. Continue to support existing general practices through the provision of grants to encourage infrastructure and sustainable workforce.</p>	<p>Agreed - The ACT Government has provided \$4m as part of \$12m in funding over the next 4 years to support general practice through the GP Development Fund.</p>	<p>Uptake of GP development fund</p>	<p>The GP Development Fund (GPDF) began as a four year (2009-10 to 2012-13) grants pool totalling \$4 million for general practices that commit to attracting, retaining, sustaining and developing the general practice workforce in the ACT. Currently there are four categories of funding within the GPDF, Infrastructure; Education and Training; Attraction and Retention; and, Innovation.</p> <p>To date, the GPDF has delivered almost \$2.7million dollars (excl GST), for 105 projects to the ACT general practice workforce, from five grant rounds. These projects have been used to attract staff, enhance practices, establish new services, sustain and support disadvantaged populations and improve public access and safety. These achievements can be measured by outcomes documented in interim/final evaluation reports of successful projects, as well as written and verbal feedback.</p>	<p>In progress</p>	<p>GPWWG/EMG</p>

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
			<p>The ACT Government has confirmed its commitment to support the GP Workforce Program for a further four years (2013 to 2017).</p> <p>ACT Health has funded the ACT Medicare Local to undertake a GP Workforce Scoping Study to provide jurisdictional information and map the GP workforce across the ACT. This will also help to inform the priorities to support the GP workforce over the next four years. Potentially, this may include changes to priorities and a new focus for the GPWF.</p>		<p>GPWWG/EMG</p> <p>PSSB</p>
<p>Short Term Sustainability: <u>Overseas recruitment</u></p> <p>6. Work with the Australian Government to extend the District of Workforce Shortage provisions to the whole of the ACT, for at least the next four years or until the number of GPs in the ACT reaches the average per 100,000 of population for similar metropolitan regions and include those working toward Royal Australian College of General Practice Fellowship to have access to provider numbers in the ACT.</p>	<p>Agreed - The ACT Government will continue to raise with the Australian Government the issue of the ACT being recognised as a District of Workforce Shortage.</p>		<p>Policy documents have been updated to ensure that Area of Need positions are completed via a policy and process. Policies are for General Practice and Non General practice positions.</p>	<p>In progress</p>	<p>GPWWG/PSSB</p>
<p>7. Explore new and competitive incentives to attract GPs to relocate to the ACT, including the feasibility and efficacy of a low or interest free</p>	<p>Agreed in principle - The ACT Government has commenced investigations into new and competitive incentives to attract</p>		<p>The GP Development Fund includes a category to provide funding assistance to recruit overseas GPs. Note progress in Recommendation 5 above.</p>	<p>In progress</p>	<p>GPWWG/EMG</p>

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
loaning scheme to encourage the establishment of new GP practices within Canberra.	GPs to Canberra. The ACT Government will consider the feasibility of a partnered loan scheme between the ACT Government, relevant private organisations, lending institutions and prospective doctor-owned GP practices to assist with establishment and running costs associated with starting up a GP practice in the ACT.				
8. Increase the GP Marketing and Support Officer role to full-time.	Agreed in principle - The ACT Government recognises the need to enhance the GP Marketing and Support Officer role to a full-time position		In agreement with ACT Health and the ACT Medicare Local, the GP Marketing and Support Officer role in 2012/13 was increased to 1FTE and now covers both GPs and primary health care workforce more generally.	Completed	
9. Focus strongly on Australian and overseas GP recruitment for the next four years.	Agreed - Health Directorate will continue to work with the <i>Live in Canberra</i> Campaign to market ACT general practice to the overseas market.		To attract and retain GPs to the Canberra region, ACTHealth funded a marketing and support advisor to work in partnership with the ACT Medicare Local to address GP workforce shortages (see above). Together linkages have been developed with the Economic Directorate's <i>Live in Canberra</i> team (now <i>Canberra. Your Future</i>) as well as with a number of Medical recruitment agencies to target and promote the benefits of living and working in the ACT. This program, , has resulted in 50 GPs commencing practice since the officer's appointment in May 2008 with another 12 indicating an interest in relocating to Canberra in 2013.	In progress	PSSB
Short to Medium Term Sustainability <u>The Part-time Workforce</u> 10. Market the ACT to GPs as a place of work choice and flexibility with	Agreed in principle - The ACT Government will look into marketing better opportunities for GPs over the aged of 55.		Marketing opportunities for all GPs continue to be progressed by the GP Marketing and Support Officer and the ACT Medicare Local. Refer to response to recommendations #8 and #9 above.	In progress	PSSB

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
<p>employment opportunities additional to usual GP clinical work in government, education, research and innovative models of service provision. Create and publicise opportunities for GPs over 55 years of age to remain engaged with work in general practice in the ACT.</p>					
<p><u>Re-entry to the Workforce</u> 11. Support GPs taking parental leave to stay engaged in the clinical workforce by developing a suite of supports including access to childcare and provision of re-entry programs for GPs returning to the clinical work place.</p>	<p>Agreed in principle - The ACT Government is working with a range of providers to license additional child care facilities; and will work with Coast-City-Country Training Ltd to support and promote re-entry programs for GPs wishing to return to work</p>		<p>Coast-City-Country Training Ltd already provides re-entry programs for GPs wishing to return to work.</p> <p>The partnership with CCCGP training no longer exists and strategies to provide administrative support to create local programs are required.</p>	<p>Likely to be progressed by the Australian Government.</p>	<p>Likely to be progressed by the Australian Government</p>
<p><u>Longer Term Sustainability Non-medical GP Workforce</u> 12. Request the Australian Government to extend the Outer Metropolitan Provisions to the whole of Canberra and thereby support all general practices to employ a practice nurse.</p>	<p>Agreed in principle - The ACT Government will continue to raise to the Australian Government the issue of extending the Outer Metropolitan Provisions to the whole of Canberra.</p>		<p>Ongoing – this issue continues to be raised with the Commonwealth.</p>	<p>Ongoing—in partnership with the ACT Medicare local</p>	<p>GPWWG/PSSB</p>

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
<p>13. Work in partnerships with the education sector and general practice to develop a career pathway for general practice nurses, including nurse practitioners.</p>	<p>Agreed in principle - The ACTML plans to pilot undergraduate student clinical placements program for nurses in general practice surgeries; and publicise Territory and interstate educational and training opportunities specific to nurses in general practice that are presently promoted through the Australian General Practice Network.</p>		<p>The ACT Medicare Local continues to work closely with the University of Canberra (UC) and the Australian Catholic University (ACU) and Charles Sturt University (CSU) to assist with undergraduate student nurse placements into General Practice.</p> <p>UC has been able to increase the number of student placements in general practice following access to Health Workforce Australia funding. Workshops were held by the University for Practice Nurses to gain knowledge and skills in supervising nursing students in the general practice setting.</p> <p>ACTML continues to offer professional support and education to nurses through the provision of continuing education and orientation programs, scholarships (when funds are available for this purpose), an events calendar for Practice Nurses (PNs) on the ACTML website, newsletters, network meetings and by direct contact.</p> <p>Following transition of the former ACT Division of General Practice to the new ACT Medicare Local, membership categories have been revised, with Practice Nurses and other primary health care nurses now able to join the ACTML in the category of Primary Health Care Clinician (individual).</p> <p>The ACTML is working closely with both the ACT Chief Nurse's Office and the University of Canberra to facilitate the development of this role. A representative of the ACTML attends Working Group meetings.</p>	<p>In progress</p> <p>Ongoing</p>	<p>GPWWG</p>
<p>14. Work with stakeholders to explore the potential for new support roles such as medical assistants in general practice.</p>	<p>Agreed in principle - The ACT Government would be interested in exploring the potential for new support roles in general practice.</p>		<p>An investigation into the use of physician assistants in the ACT has occurred and the outcome is expected to be released in 2013.</p>	<p>In progress</p>	<p>PSSB</p>

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
<p>Evolving Service Models 15. Develop and evaluate new models of primary health care service delivery which include a generalist medical component of care that would provide comprehensive primary health care to targeted populations otherwise unable to access usual GP services.</p>	<p>Agreed in principle - The ACT Government will continue to explore new models of primary health care delivery; and consider expanding the Better General Health Program to cater for targeted populations in the ACT.</p>		<p>New models continue to be explored. The Better General Health Program has been reviewed and lessons learned will be utilised in the development of other emerging models of innovative collaboration between mental health services and the ACT Medicare Local and general practice more generally.</p>	In progress	GPWWG
<p>Health Literacy and E-Health 16. Develop and maintain a service provider directory for Canberra and the surrounding region.</p>	<p>Agreed - The ACT Government will work with relevant stakeholders to develop and maintain a service provider directory.</p>		<p>Since the launch of the Health Services Directory in 2011, a range of new service listings have been included, such as public and private mental health, allied health, dental, community supportive services, alcohol and drug services, pharmacies, women's/children's health and optometry .</p> <p>ACT Health is currently gathering private specialist medical practitioner information to add to the HSD, and are continuing to work in partnership with the ACT Medicare Local to gather individual GP information for the HSD. A <i>Find a Health Service</i> mobile application has also been launched.</p>	In progress	GPLN
<p>17. Work in partnership with stakeholders to ensure the centrality of general practice in the development of the e-health record.</p>	<p>Agreed. Health Directorate will continue to work with general practice to progress future e-health initiatives</p>		<p>The clinical programs area based at TCH have regular contact with the ACT Medicare Local and SNSW Medicare Locals via attendance at meetings and representation at steering committee meetings. ACT Medicare Local representatives are encouraged to provide feedback on all GP related e Health initiatives. The quarterly GP Liaison Network meetings are an ideal venue for such discussions. The next meeting in August will include a presentation of the Patient Controlled Electronic Health Record (PCEHR).</p>	In progress	GPLN
<p>Red-Tape 18. Strengthen links between the ACT Division of General Practice, the Royal Australian College of General Practitioners the Australian Medical</p>	<p>Agreed in principle - The ACT Government will continue to strengthen links with major stakeholders in order to contribute to the debate and progression of ideas on</p>		<p>Links continue to be strengthened and to be considered further in the context of COAG reforms.</p> <p>In early August 2011 COAG agreed to a <i>National Health Reform Agreement</i> (the NHRA). The Commonwealth and the ACT will collaborate on system wide policy and a Territory wide plan for GP and Primary Health Care.</p> <p>The ACT contributed to the development of a National Primary Health Care</p>	<p>In progress</p> <p>In progress</p>	PH&CDSC

Recommendation	Govt Response	Deliverables	Progress	Status	Oversight
<p>Association ACT, ACT Government, the Australian Government and other agencies to consider ways to address "red-tape".</p>	<p>how best to address the reduction of "red tape".</p>		<p>Framework.</p> <p>ACT Health is actively developing a (bilateral) Primary Health Care Plan with the Department of Health and Ageing (DoHA) and in consultation with members of the Primary Health and Chronic Condition Strategy Steering Committee including the ACT Medicare Local. This Plan will be completed by July 2013..</p> <p>The GP Workforce Working Group continues to meet quarterly to discuss current issues and collaborate on progressing GP workforce initiatives.</p>		<p>GPWWG/EMG</p>
<p>Vulnerable populations 19. Support existing general practices to provide comprehensive primary health care to vulnerable populations in partnership with other relevant services.</p>	<p><u>Agreed in principle</u> - The ACT Government will continue to work with general practices to help support the provision of primary health care to vulnerable populations in partnership with other relevant services.</p>		<p>Work continues. GP Aged Day Service continues to provide services. See Recommendation 23 below.</p> <p>Mobile Primary Health Care Van – election commitment 2012: Scoping for this service is currently underway.</p> <p>Winnunga Nimmityjah Aboriginal Health Service is funded by ACT Health to provide a range of primary health care services.</p> <p>Companion House is funded by ACT Health to provide primary health care services to refugees / new entrants to Australia.</p>	<p>In progress</p> <p>In development</p> <p>Ongoing</p> <p>Ongoing</p>	<p>GPNL</p> <p>PH&CDSC</p> <p>P&GRB</p> <p>P&GRB</p>

Recommendation	Govt Response	Deliverables		Status	Oversight
<p>20. Strengthen governance within Health Directorate to support the practice of primary health care and the teaching and learning of general practice.</p>	<p>Agreed - The ACT Government will work toward strengthening governance within Health Directorate to support practices in primary health care and the teaching and learning of general practice.</p>		<p>ACT Health undertook a review of its governance in 2010-2011 which resulted in a new structure which went live on 21 March 2011. This restructure was to help ACT Health meet the challenges of the future which included the National Health Reforms. An evaluation of the restructure was undertaken by Nous Consulting in 2013.</p> <p>The Education Infrastructure Support Grant Payment (EISGP) is paid to individual GPs who supervise a medical student. (See Recommendation 2 for further details).</p> <p>Teaching GP's attend training workshops as part of the EISPG program, to improve their teaching skills. Three workshops were offered in 2012—each was fully subscribed—the This program has continued in 2013.</p> <p>Health Workforce Australia (HWA) has funded a simulated learning Environment program in the ACT which commenced training for clinicians in late 2012. ACT Medicare Local is a member of the ACT Region Integrated Clinical Training Network (ICTN) and its members have access to the SLE training and resources. Allied health professionals working in primary health care also have access to a Train the Trainer Program funded by HWA.</p>	<p>Outcomes of the evaluation being considered.</p>	<p>ACT Health</p> <p>GPWWG/EMG</p> <p>GPWWG/EMG</p> <p>GPWWG/EMG</p>
<p>21. Promote Canberra and the region as leading the field in interprofessional teaching and learning for primary health care professionals with a strong emphasis on interprofessional team work and building communities of practice.</p>	<p>Agreed - The General Practice Marketing and Support Officer within Health Directorate will seek to promote Canberra as leading the field in interprofessional teaching and learning for primary health care professionals with a strong emphasis on inter professional team work and building communities of practice.</p>		<p>The General Practice Marketing and Support Officer continues to promote Canberra as leading the field for primary health care professionals.</p> <p>Advertising for GP vacancies continues to highlight the inter professional opportunities available to GPs in Canberra.</p> <p>ACT Health has funded a marketing and support advisor to work in partnership with the ACT Medicare Local to address GP workforce shortages.</p> <p>See also response to recommendations #8 and #9 above.</p> <p>Interprofessional learning opportunities are being offer in a range of forums for medical, nursing and allied health staff/students eg. Clinical supervision, chronic disease management forums, simulated learning project, graduate programs. Jennifer Irving in the role of interprofessional collaborative practice and leaning coordinator is available to support quality improvement activities especially where this involves facilitating interprofessional communication, team work or interprofessional models of service.</p>	<p>In progress</p> <p>Ongoing</p> <p>Ongoing HWA funded</p>	<p>PSSB</p> <p>PSSB</p> <p>GPWWG</p>

<p>Aged Care 22. Build capacity to provide primary health care services to people in residential aged care facilities by developing a new aged care service that supports existing general practices, as well as allowing GPs who wish to specialise in providing services to older people, to work in a new model of service provision.</p>	<p>Agreed - Various projects are underway to assist in building capacity to service people in residential aged care facilities.</p>	<p>GP Aged Day Services commenced on 21 March 2011.</p>	<p>See response to Recommendation #23 below.</p>	<p>Complete</p>	<p>GPNL</p>
<p>23. Roll out the in-hours locum service to support GPs and residents of residential aged care facilities.</p>	<p>Agreed - The ACT Government has committed funding to the roll out of an in hours locum service to support GPs and residents of residential aged care facilities.</p>	<p>Establish an in-hours locum service to support people who are homebound or in residential aged care facilities.</p>	<p>The ACT GP Aged Day Service (GPADS) which commenced in March 2011, provides an in-hours locum service to support people who are homebound or in RACFs when their GP is unable to make house calls. The service supports ACT GPs and reduces the load on hospitals by providing care to patients who need prompt attention and might otherwise have ended up in hospital.</p> <p>ACT Health holds a Service Funding Agreement (SFA) with the ACT Medicare Local until 30 June 2013 to establish and deliver the in-hours locum service. From July 2012 to April 2013, GPADS received a total of 845 referrals from GP practices with whom they have a Memorandum of Understanding (MoU). GPADS has MoUs with 61 General Practices in the ACT.</p> <p>A new draft SFA for 2013–2014 has been negotiated with ACT Medicare Local. An initial 12-month contract will be signed in June 2013; an extension of the service by another 24 months (until 30 June 2016) will depend on the GPADS service model evaluation which is due to be completed in December 2013, with a report presented in January 2014.</p> <p>An independent evaluation of the service completed in November 2012 found that GPADS provides a useful service to ACT GPs and people in RACFs and homebound patients. In addition, it is providing some reduction in the number of ED presentations and potentially overnight stays in acute hospitals. The evaluation showed that that in August 2012 the cost per GPADS consultation (\$358) was nearly five times lower than the average cost of an Emergency Department short stay and an ambulance transfer (\$1,568).</p>	<p>Complete</p>	<p>GPNL</p> <p>P&GRB</p> <p>P&GRB</p> <p>P&GRB</p>

<p>Transport</p> <p>24. Ensure that in the Sustainable Transport Action Plan 2010 – 2016 provisions are made to manage the projected increase in demand for transport to and from health care appointments, including the establishment of bus stops and shelters directly outside any new general practices as part of the Sustainable Transport Action Plan 2010 – 2016.</p>	<p>Agreed - The <i>Sustainable Transport Action Plan (STAP) 2010-2016</i> will include reference to the projected increase in demand for transport to and from health care appointments.</p>	<p>Monitor the development of the Transport for Canberra Strategy to ensure it caters to the needs of vulnerable and disadvantaged populations</p>	<p>The ACT Government (Territory and Municipal Services Directorate) developed the Transport for Canberra Policy, which was released on 19 March 2012. The policy is available at http://www.transport.act.gov.au/policy.html. In developing this Policy, consideration was given to ensuring transport was more accessible and equitable and catered to the needs of vulnerable or disadvantaged populations.</p>	<p>Complete</p>	
<p>25. Clarify and publicise the criteria for accessing Government funded community transport services.</p>	<p>Agreed - Health Directorate will work with the Community Services Directorate to further clarify information about community transport services in the ACT.</p>	<p>An information brochure has been produced which provides detail regarding the ACT Regional Community Bus Service.</p>	<p>Copies of this brochure are available in hardcopy and it is published electronically on the Community Services Directorate website.</p>	<p>Completed</p>	<p>Not Applicable</p>
<p>26. Recommend improved communication between regional community services who provide both HACC and community bus transports.</p>	<p>Agreed - Health Directorate will work with DHCS to encourage continued attendance by regional community representatives at forums to promote effective communication.</p>	<p>Regional community representatives have a regular communication forum.</p>	<p>Regular meetings have been established.</p>	<p>Completed</p>	<p>Not Applicable</p>
<p>Records: access and legislation</p> <p>27. Easy to read guidelines are developed and</p>	<p>Agreed - A set of easy to read guidelines will be developed and distributed to</p>		<p>These were developed, distributed and placed on the ACT Health website.</p>	<p>Completed</p>	<p>Not Applicable</p>

<p>distributed for the community and the profession explaining rights and obligations in regard to access to health records under the <i>Health Records (Access and Privacy) Act 1997</i>.</p>	<p>explain access to health records.</p>				
<p>28. Current legislation be amended to:</p> <p>a) Mandate a period of four weeks notice to consumers and the community before closure or mergers of a practice can occur with examples of appropriate ways to notify the community.</p> <p>b) Allow the general provisions for consumer access to health records be extended to closure and transfer of practice.</p> <p>c) Remove the three week restriction in Principle 11 to allow records to be transferred immediately when required and include provisions that allow a practice to prioritise the transfer of</p>	<p>Agreed in principle - In principle agreement is being sought to commence drafting amending legislation to address health records and related concerns raised in the Report.</p>		<p>a) Completed. Legislation passed and came into force on 1 October 2010.</p> <p>b) Completed. As above.</p> <p>c) Completed. As above.</p>	<p>Completed</p>	<p>Not Applicable</p>

<p>health records, e.g. releasing records for current patients before past patients.</p> <p>d) Include an appropriate period of time for a record keeper to transfer a health record to another service provider when requested by a consumer.</p> <p>e) Clarify the status of e-health records.</p> <p>f) Provide that the current fees for access to health records be extended to the transfer of health records on closure or merger of a practice.</p> <p>g) Introduce a mandatory requirement that on closure of a practice health practitioners notify the Health Service Commission (HSC) regarding where the health records are to be stored.</p> <p>h) Current fees for health records transfer are extended to the transfer of health</p>			<p>d) Completed. As above.</p> <p>e) Completed. As above.</p> <p>f) Completed. New fees notified by the Minister on 7 January 2011.</p> <p>g) Corporate mailbox established and form developed for Practices to notify Health Directorate (and subsequently HSC). The GP Liaison Unit at the Canberra Hospital manages the e-mail box.</p> <p>h) Completed. New fees notified by the Minister on 7 January 2011.</p>		
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records on closure of a practice.					
29. The roles and responsibilities of the HSC in relation to health records are clarified and publicised to the community and the profession.	Agreed - The ACT Government in co-ordination with the Health Services Commissioner (HSC) will formalise the roles and responsibilities of the HSC in relation to health records and publicise them widely.	Booklets for record keepers and consumers to be updated, printed and distributed.	The booklets were completed, printed and distributed to a wide range of stakeholders in November 2011.	Complete	P&GRB
30. Introduce a mandatory requirement for the notification of GP practices to a relevant government authority to be activated when a practice opens, closes, merges or transfers.	Agreed in principle - In principle agreement is being sought to commence drafting amending legislation to require mandatory notification by GP practices when a practice opens, closes, merges or moves location.	Form activated on Health Directorate website.	Legislation passed and came into force 1 Oct 2010 Mandatory requirement enshrined in legislation and corporate mailbox to facilitate notification is established Corporate mailbox established and form developed for Practices to notify ACT Health (and subsequently HSC). Health Directorate custodian of mailbox completed.	Completed	Not Applicable

ACT Legislative Assembly Standing Committee on Health, Community and Social Services Report
Inquiry into access to primary health care services
 Implementation Schedule

As a matter of nomenclature, *ongoing matters* are those that require regular or constant action over time without a defined outcome, such as monitoring. Matters in *various stages of progress* are those actions with a discernable outcome that are at a particular stage of completion.

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
<p>Recommendation 1</p> <p>2.21 The Committee recommends that the ACT Government work with the ACT Division of General Practice to develop ways of raising the profile of general practitioners in the community.</p>	<p>Agreed - The ACT Government will continue to work with the ACT Division of General Practice to address GP workforce shortages in the ACT. The ACT Government and the ACT Division of General Practice commenced a nationwide advertising campaign in 2008 showcasing the lifestyle benefits of living and working in Canberra as a GP, which also included a call to action to potential applicants to investigate GP employment opportunities in Canberra. In 2009 this campaign was expanded to include a direct mail out to approximately 4000 GPs in inner Sydney and Melbourne locations and to target overseas locations, including New Zealand and the United Kingdom. 2010 will see the continuation of the national and international campaigns and include linkages with Live in Canberra for promotion of GP vacancies.</p> <p>The ACT Government has also provided funding of \$281,000 over four years for a marketing and support position to work in partnership with the ACT Division of General Practice to address GP workforce issues. ACT Health and the ACT Branch of the Australian Medical Association have also jointly reconvened the GP Workforce Working Group, which works to inform discussion, help set direction and facilitate research on the GP workforce and general practice workforce shortages in the ACT.</p>		<p>Ongoing.</p> <p>The ACT Government continues to fund a dedicated Marketing and Support Advisor to work in partnership with the ACT Medicare Local to address GP workforce shortages. As at June 2013, this has resulted in 50 GPs commencing practice since the officer's appointment in May 2008, with another 12 GPs potentially to commence in 2013.</p> <p>The employment section of the ACTGP website has been expanded to contain vacancies, factsheets and other information for prospective GP applicants and employers.</p>	
<p>Recommendation 2</p> <p>2.27 The Committee recommends that the ACT Government extend their marketing strategy for GPs over the age of 55 to include attracting and reengaging recently retired GPs from across Australia, with</p>	<p>Noted- There is an ongoing shortage of general practitioners in Australia, and a particularly severe shortage in the ACT. As noted in the response to recommendation 1, the ACT Government continues to progress a nation wide advertising campaign that included GPs in NSW and Victoria. The ACT GP Marketing and Support Officer will also continue to undertake generic marketing for general practice. This will encompass all general practitioners eligible for registration regardless of age. The ACT Government has also agreed to recommendation eight of the GP Taskforce to increase the GP Marketing and Support Officer role to full-time.</p>		<p>Ongoing, as above.</p>	

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
particular attention to NSW and Victoria.	The GP Taskforce Final Report noted that many GPs see the ACT as an ideal environment to work across a portfolio of professional activities, offering diverse and interesting career prospects. The promotional campaign endeavors to leverage this strength and highlight the variety of employment opportunities and structures (such as part time) available to GPs in the ACT.			
Recommendation 3 2.33 The Committee recommends that ACT Health collect and publish data on the number of overseas trained doctors recruited to the ACT, including their country of origin, the length of stay, and whether they return to their country of origin.	Not Agreed - This information is not collected by ACT Health or the ACT Medical Board. It is not clear what the benefits of collecting such data would be. Furthermore, the collection of this information is likely to present privacy and confidentiality challenges in part due to the small sample size in the ACT.		No action. Not agreed.	None
Recommendation 4 2.62 The Committee recommends that the ACT Government conduct a feasibility study on employing salaried general practitioners in community health centres.	Noted- The ACT Government will continue to explore new models of primary health care delivery, of which salaried general practitioners in community health centres may be a component. It would not be feasible however, for ACT Health to consider recommendations in this area until negotiations have been finalised surrounding the Commonwealth's National Health Reform Plan (as contained in the <i>A National Health and Hospitals Network: Further Investments in Australia's Health</i> paper) released on 12 April 2010.		Ongoing The GP Development Fund established in 2009 provided funding for infrastructure as well as innovation within the primary health care sector. Innovative models of primary health care for hard to reach populations is also a priority that was supported at the Local Hospital Network, ACT Medicare Local and ACT Health planning workshop on 22 April 2013. A working group is being established to progress this priority action.	
Recommendation 5 The Committee recommends that the ACT Government examine the provision of financial and other incentives to small suburban general practices in identified areas of need, and to new general	Agreed in Principle- The Australian Government already provides incentives to general practice in districts of workforce shortage, which corresponds with outer metropolitan provisions. The ACT Minister for Health has repeatedly asked for these provisions to be extended to the whole of Canberra and the Australian Government has declined to do so. The ACT Government has established the GP Workforce Program - an initiative available to all Canberra GPs. The GP Workforce Program will provide a total of \$12m over the next 4 years to		Ongoing	

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
practices wishing to establish in those areas.	support and grow general practice support in the ACT. Included in this funding is an initiative called the ACT GP Development Fund. Under this initiative, ACT GPs, including those in small suburban general practices, will be able to apply for funds under a number of different categories.			
<p>Recommendation 6</p> <p>2.101 The Committee recommends that the Minister for Health propose that the consideration of increased Medicare item numbers for allied health professionals be included for discussion at the next Australian Health Ministers' Conference.</p>	<p>Noted- Increased Medicare item numbers for allied health professionals is a matter for the Commonwealth. The ACT Minister for Health will write to the Commonwealth Minister for Health communicating the Committee's recommendation regarding this issue.</p>		<p>Completed.</p> <p>Minister Roxon replied in Nov 2010 advising of Medicare Item application method.</p>	<p>None</p>
<p>Recommendation 7</p> <p>3.22 The Committee recommends that the ACT Government consider ways of expanding health options for consumers by enhancing the provision of services provided by registered and accredited allied health professionals under the National Registration and Accreditation Scheme, in community health centres in the ACT.</p>	<p>Agreed in Principle- ACT Health has actively pursued pathways for new roles to become part of the health workforce, such as nurse practitioners and allied health assistants. ACT Health has also extended the scope of professional practice in a number of areas. For example, enrolled nurses who have undertaken additional training can administer medications and physiotherapists are now working in the emergency department to help with the management of musculoskeletal injuries.</p> <p>The <i>ACT Health Workforce Plan 2005-2010</i> sets the agenda for workforce redesign to ensure a sustainable health workforce into the future. Work aligned to the plan, such as establishing nurse practitioner roles within the ACT, has already expanded health options for consumers and been incorporated within the legislative framework of the ACT.</p> <p>Significantly, on 16 March 2010 the ACT Legislative Assembly passed the <i>Health Practitioner Regulation National Law Bill 2009</i> to enable the ACT to join the National Registration and Accreditation Scheme. The national scheme, which currently involves ten health professions including chiropractors, dental care practitioners, medical practitioners, nurses and midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, and psychologists, will help health professionals move around the</p>		<p>Ongoing.</p> <p>ACT workforce plan implemented.</p> <p>NRAS in place 1 July 2010.</p>	

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
	country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable Australian health workforce.			
<p>Recommendation 8</p> <p>3.49 The Committee recommends that the ACT Minister for Health enlists the assistance of all ACT federal members to lobby on behalf of the ACT, for the whole of the ACT to be considered a district of workforce shortage for GP services.</p>	<p>Noted - The ACT Minister for Health has written and lobbied the Commonwealth Minister for Health on numerous occasions regarding this matter.</p> <p>While the Commonwealth have confirmed that the criteria regarding districts of workforce shortage for GP services will not be changed for the ACT, the ACT Government will continue to avail itself of every opportunity to outline to the Australian Government the reasons why all of Canberra should be considered a district of workforce shortage in relation to general practice until the supply meets the average number of GPs for a similar urban population.</p>		Completed, no further action.	None
<p>Recommendation 9</p> <p>3.53 The Committee recommends that the ACT Government consider the provision of financial assistance to small general practices to employ a practice nurse that demonstrate a need for a practice nurse but are unable to employ one.</p>	<p>Noted- The Australian Government already provides incentives to general practice in outer metropolitan areas to support practices to employ a practice nurse. The ACT Division of General Practice also provides support to all general practices to assist with the engagement of a practice nurse. In addition, the ACT Division of General Practice provides a nursing in general practice officer who is available to support all Canberra general practices. As noted in the response to recommendation 5, the ACT Government has also put in place a GP Workforce Program that will provide a total of \$12m over the next 4 years to support and grow general practice support in the ACT.</p> <p>The ACT Minister for Health will write to the Commonwealth Minister for Health regarding these issues.</p>		Noted only as this is a Commonwealth responsibility. Letter to Commonwealth Minister for Health sent. Completed.	None
<p>Recommendation 10</p> <p>3.80 The Committee recommends that the ACT Government commission an independent evaluation of the walk-in centre at the Canberra Hospital after 12 months of operation, to examine the viability of establishing similar clinics in</p>	<p>Agreed- The ACT Government has in place a governance model for new initiatives such as the Walk-In Centre that includes a cycle of review and improvement.</p> <p>The ACT Health Centre for Nursing and Midwifery Research in conjunction with the Australian Primary Health Care Research Institute are undertaking an evaluation of the Walk-In Centre. This will be done within the first year of operation.</p>	Evaluation of Walk-in centre	Ongoing. Evaluation completed. Further Walk-in Centres to be established.	

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
areas of greatest need.				
<p>Recommendation 11</p> <p>3.93 The Committee recommends that ACT Health engage with the Pharmacy Guild to explore ways of better utilising the pharmacies in the ACT in the provision of primary health care services.</p>	<p>Agreed in Principle- The ACT Government will continue to explore new models of primary health care delivery and will continue to explore ways of improving access to health services by working closely with stakeholders, including the Pharmacy Guild.</p> <p>ACT Health intends to commence work with stakeholders once negotiations surrounding the National Health Reform Plan are finalised and the consequences to the ACT are fully understood.</p>		<p>Ongoing in the context of the COAG reforms. In February at the Australian Pharmacy Professional 2013 conference, the Australian Medicare Local Alliance and the Pharmacy Guild showcased how general practice and community pharmacy are working together effectively at the local level.</p>	
<p>Recommendation 12</p> <p>3.97 The Committee recommends that the ACT Government monitor the progress of the West Belconnen Health Cooperative and, if it proves to be successful, provide information and support to community groups interested in establishing a health cooperative, or a similar model in their local community.</p>	<p>Noted - The ACT Government does not routinely monitor the progress of private organisations. The ACT Government will continue to work with West Belconnen Health Cooperative to support this model as well as explore new models of primary health care delivery. It should be noted however that the outcomes of negotiations surrounding the National Health Reform Plan could influence how primary health services are delivered at a community level in the future.</p>		<p>Consideration of new models of primary health care is ongoing.</p>	
<p>Recommendation 13</p> <p>3.104 The Committee recommends that the ACT Government conduct a community education campaign informing people about access points for health care needs, including general practitioners, allied health professionals and</p>	<p>Agreed in Principle- The ACT Government is in the process of developing a service provider directory. Once established, the directory will provide a platform to improve awareness of services. The Walk-In Centre campaign will also include clear public messages about where members of the community can go for particular levels of health care.</p>		<p>Canberra's Health Service Directory, "Find a Health Service" provides a single trusted source of health service and healthcare provider information for the ACT and surrounding regions of NSW. Information is available to members of the public, healthcare consumers, directory updaters, ACT Health staff, and other healthcare providers. Completed.</p>	

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
pharmacists.				
<p>Recommendation 14</p> <p>4.40 The Committee recommends that the ACT Government trial a temporary shuttle bus service from Woden Town Centre and the Woden Interchange to the Canberra Hospital, and from an appropriate place at the Belconnen Town Centre to the Calvary Hospital, until such time as the Sustainable Transport Action Plan is implemented and public transport access to the hospitals is improved.</p>	<p>Noted- The ACTION bus network already offers regular services from Woden Town Centre and the Woden Interchange to the Canberra Hospital, as well as from Belconnen Town Centre to Calvary Hospital. In total, there are 15 services to the Canberra Hospital: routes 3, 5, 6, 21, 22, 23, 24, 66, 67, 76, 77, 267, 720, 934 and 938; and 4 services to Calvary Hospital: routes 3, 73/74 and 900.</p> <p>Additionally, there are 6 ACT Regional Community Bus Services which provide flexible transportation for residents who are isolated because of lack of viable transport options. This community transport services residents in Belconnen, Gungahlin, the Northside (Dickson and surrounding areas), the Southside (Narrabundah and surrounding areas), Tuggeranong, and Woden.</p> <p>A shuttle bus could not offer round trips any faster than the current ACTION network, and would serve only as an expensive duplication of the current ACTION service coverage.</p> <p>The current utilisation of ACTION buses going to these hospitals is unknown, and further research may be warranted. ACT Health will endeavour to work with ACTION to increase consumer awareness of the available services.</p>		Services exist, so no further action required.	None
<p>Recommendation 15</p> <p>4.53 The Committee recommends that ACT Health promote the use of interpreters to general practitioners and the broader primary health care sector, to provide people for whom English is not their first language, greater choice in accessing medical services and to reduce the burden on services that cater specifically for this population group.</p>	<p>Noted- The Australian Government is responsible for both general practice and interpreter services. The Australian Government, through the Department of Immigration and Citizenship, provides the "Translating and Interpreting Service National" for people who do not speak English and for English speakers who need to communicate with them. The ACT Division of General Practice is most appropriately positioned to promote this service to GPs and the broader primary health care sector. ACT Health will bring the Standing Committees recommendation to the attention of the ACT Division of General Practice for consideration.</p>		No Action	None

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
<p>Recommendation 16</p> <p>4.61 The Committee recommends that the ACT Government investigate ways of providing an in-hours locum service to cover general practitioners working in community-run health services that receive funding from the ACT Government, such as the in-hours GP Aged Day Service.</p>	<p>Noted- The ACT Government, through ACT Health provide funding to community-run health services such as the Junction Youth Health Service and Companion House, to provide specific services. Locum availability is a GP workforce issue. As noted in the response to recommendation 5, the ACT Government has put in place a GP Workforce Program that will provide a total of \$12m over the next 4 years to support and grow general practice support in the ACT. The ACT GP Aged Day Service which has recently gone out to tender, will provide GPs with emergency support for providing medical care to consumers who are house-bound and residents of residential aged care facilities. This service will provide in-hours locum cover to a clearly defined scope of clients.</p>		No Action	None
<p>Recommendation 17</p> <p>4.71 The Committee recommends that the ACT Government investigate the feasibility of establishing a pilot project for residents living in residential aged care facilities in the ACT, such as the Proactive Aged Care program proposed by Healthcube, or a similar model.</p>	<p>Not Agreed- Whilst residential aged care is the responsibility of the Australian Government, the ACT Government is currently tendering for an ACT GP Aged Day Service to provide GPs with emergency support for providing medical care to consumers who are house-bound and residents of residential aged care facilities. This service will provide in-hours locum cover to a defined scope of clients. It would not be appropriate to consider modifying the model at this stage, or running an alternate program in parallel until the GP Aged Day Service is established and evaluated.</p>		No Action	None
<p>Recommendation 18</p> <p>4.77 The Committee recommends that ACT Health negotiate a cross-border agreement with the NSW Government for health services provided by Winnunga Nimmityjah Aboriginal Health Service, to NSW residents.</p>	<p>Noted- Winnunga Nimmityjah Aboriginal Health Service (Winnunga) is a non-government organisation which receives funding from ACT Health for the delivery of a range of allied health programs. The ACT Government is not responsible for funding of general practice at Winnunga, this is a Commonwealth responsibility. The Australian Healthcare Agreement provides the framework allowing for cross-border arrangements between government agencies of jurisdictions on hospital services. However, there is no mechanism that allows for bilateral arrangements on primary health care services provided by government agencies, or between non-government organisations in one jurisdiction and government agencies of another. For example, services provided by ACT Community Health are not subject to any cross-border payment by NSW.</p>		No Action	None

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
	While it would be inappropriate for the ACT Government to negotiate a cross-border agreement with the NSW Government on behalf of a non-government organisation, ACT Health will endeavour to contact Winnunga to clarify the issues and explore alternative options.			
<p>Recommendation 19</p> <p>4.85 The Committee recommends that the ACT Government provide funding to Winnunga Nimmityjah Aboriginal Health Service to enable the employment of at least one full-time general practitioner position.</p>	<p>Not Agreed- This is a Commonwealth issue. The Australian Government, through the Department of Health and Ageing is responsible for funding of general practice.</p> <p>ACT Health funded Winnunga Nimmityjah Aboriginal Health Service approximately \$1.34 million (2009/10) to deliver a range of allied health programs including: the Aboriginal Midwifery Access Program; Hearing Health; Dental Health; Mental Health; Dual Diagnosis; Youth Detoxification Support Service; The Opiate Program; and Correctional Health Services.</p>		No Action	None
<p>Recommendation 20</p> <p>4.92 The Committee recommends that the ACT Government extend the Better General Health Program to general practitioners that provide 'continuity of care' to elderly patients and those with chronic and complex conditions to ensure they are financially agreed for the provision of that service.</p>	<p>Noted- The ACT Government will continue to explore new models of primary health care delivery; and will consider expanding the Better Health Program, formerly known as the Better General Health Program in its pilot phase, to cater for targeted populations in the ACT.</p> <p>The ACT Government notes that the Better Health Program had a budget of \$275,000 in 2008/09.</p>		Ongoing as per progress note for recommendation #4.	
<p>Recommendation 21</p> <p>5.18 The Committee recommends that the ACT Government conducts appropriate consultation with all relevant stakeholders in the development of its e-health strategy.</p>	<p>Agreed- The ACT Government recognises the value of effective community engagement, and strives to draw on the diverse range of skills, experiences and knowledge from within the community when developing policy and programs.</p> <p>Central to the ACT Government e-health strategy is the development of an Electronic Health Record (EHR). In developing the e-health strategy, ACT Health conducted an implementation planning study (IPS) into a clinical repository, which is a necessary pre-requisite to the development of an EHR. ACT health consulted with a broad range of stakeholders during the course of the IPS.</p>		Ongoing	

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
	<p>These groups included:</p> <ul style="list-style-type: none"> - all divisions within ACT Health; - the ACT Division of General Practice; - the Southern General Practice Network; - a sample group of ACT GPs; - the ACT Division of General Practice Aged Care Focus Group; - Health Care Consumers' Association; - Capital Pathology; - Canberra Imaging Group; and - the National E-Health Transition Authority. <p>A key outcome of the IPS recommended that ACT Health broaden its governance arrangements of both the development and ongoing management of the EHR to include a wider range of stakeholders (public, private and consumers). ACT Health has adopted this recommendation and is currently considering the possible structural arrangements for the governance of the EHR. Other strategies focussed on garnering stakeholder engagement in the e-health strategy include:</p> <ul style="list-style-type: none"> - a monthly e-health meeting between ACT Health Information Services Branch and the Health Care Consumers' Association; - representation by consumers and the ACT Division of General Practice on the ACT Health Information Management and Information Technology Committee; - the employment of a full-time GP e-health liaison position; - consumer representation on key e-health project steering committees; and - regular meetings with the ACT Division of General Practice and the Southern General Practice Network. 			

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
<p>Recommendation 22</p> <p>5.28 The Committee recommends that ACT Health widely promote the services of Healthdirect throughout the community.</p>	<p>Agreed in Principle- It is anticipated that the Healthdirect Australia service will be a fully national service by 2011. Given the national status of the service, any unplanned increase in call volume resulting from promotional activity in one jurisdiction has the potential to adversely affect service levels nationally. Consequently, promotional activities need to be undertaken in consultation with the operator of the service (National Health Call Centre Ltd) so that the service provider has time to employ and train any extra staff required to maintain contracted service levels.</p> <p>An intensive promotional campaign accompanied the launch of the service in the ACT in May 2001. Promotions, including newspaper and television advertising and distribution of flyers and fridge magnets, were undertaken. The promotional activity continued intermittently for the next year. When call volumes reached anticipated target level of 10% of population (i.e. around 30,000 calls per year) promotional activity ceased (though it should be noted that call volumes continued to increase well beyond national and international averages for such services, consistently remaining at around 13% of population or more than 40,000 calls per annum).</p> <p>Recent promotional activities have included display ads on the side of ACTION buses (mid-2009) and display advertising in the <i>Blue Book</i>, which is a resource distributed to parents of newborn children in the ACT. Materials targeted at Aboriginal and Torres Strait Islander communities have been produced and will shortly be distributed to Aboriginal and Torres Strait Islander Health Services.</p>		Ongoing	
<p>Recommendation 23</p> <p>5.29 The Committee recommends that ACT Health report on Healthdirect activity, including generic information about the number and nature of calls and action taken, as part of ACT Health's quarterly performance reports. The Committee further recommends that the ACT</p>	<p>Agreed in Principle- Healthdirect Australia publishes both quarterly and annual reports on its web site: http://healthdirect.org.au/go/publications. These reports are publicly-available and provide the number of calls, the nature of calls and action taken. More detailed reports are provided to each participating jurisdiction, and the ACT Government will consider the feasibility of including this data in ACT Health's quarterly performance reports.</p> <p><u>Government Response—ACT Government examine the Western Australian Healthdirect reporting model, with a view to its introduction in the ACT</u></p>		No action.	None

Recommendation	Govt Response	Deliverables	Progress	Outstanding Actions
Government examine the Western Australian Healthdirect reporting model, with a view to its introduction in the ACT, if deemed appropriate.	Not Agreed- The Healthdirect Australia service is a national service and provides regular reports via its website. The Western Australian Government has not provided a report since the 2 nd quarter of 2008, and instead provides a link to the Healthdirect Australia website where for example, the most recent Healthdirect Australia report (3 rd quarter 2009) can be found.		No action	None
Recommendation 24 5.43 The Committee recommends that the ACT Government continue to monitor the innovations in primary health care delivery being trialled across Australia and overseas.	Agreed- The ACT Government will continue to monitor innovations in primary health care, and will continue to actively engage in the national health reform process.		Ongoing	



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Jeremy Hanson MLA on 20 June 2013: Professor Frank Bowden took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 88.

In relation to: Health Workforce –Medical Interns:

And how many of that 76 [referring to the number of applicants for ACT Internships, from ANUMS students who didn't apply elsewhere] are foreign students?

Minister Gallagher: The answer to the Member's question is as follows:–

The 76 includes 69 domestic Commonwealth Supported Place and 7 international full-fee paying students.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature:

Date: 1/7/13

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Jeremy Hanson MLA on 20 June 2013: Mr Ian Thompson took on notice the following questions:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 96.

In relation to: the lead-lined room at Canberra Hospital which was offline due to a leak.

How long was the room offline?

How many patients had their treatment delayed, and by what period?

Minister Gallagher: The answer to the Member's question is as follows:—

The room was offline from 31 October 2012 and was returned to patient use on 21 December 2012. The use of the single remaining isolation room was increased to compensate. Patients were managed normally with only one patient being postponed to the following week.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature:

Date: 28.6.13

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Jeremy Hanson MLA on 20 June 2013: Mr Ian Thompson took on notice the following questions:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 108

In relation to: MRI maintenance –

How long was the machine down for, and how many patients did this affect/delay. Is this ongoing or just an anomaly?

Minister Gallagher: The answer to the Member's question is as follows:–

The Inpatient MRI (AV1) has not been operational, for approximately 45 hours, in the past 6 weeks. This is not normal and has now been rectified.

Due to unscheduled downtime it was necessary to reschedule approximately 25 outpatient appointments. All patients were rescheduled within the following two weeks.

Additionally, there have been approximately 12 hours of regular maintenance time for both the Inpatient MRI (AV1) and the Outpatient MRI (AV2) every 3 months. Due to contractual agreements regular maintenance is carried during normal working hours. During this time no outpatients are booked so that one machine remains available to manage inpatient MRI requests.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: *K. Gallagher*

Date: 28.6.13

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS



Asked by Mr Brendan Smyth, MLA on 20 June 2013: Dr Paul Kelly and Dr Michael Hall took on notice the following questions:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, pages 112 - 116.

In relation to: Strategic Indicator 17 - Fractured neck of femur.

- referring to page 92 of BP 4, strategic objective 17, reducing the risk of fractured neck of femurs in the ACT. How many people over the age of 75 are there? How many thousands do we have? ... right, and you are going to take on—provide the committee with the seven or eight years of data?
- referring to fractured neck of femur. Okay. Is it possible to supply the committee with the number of operations for fractured femurs for over—75s for the last two or three years and what that cost was to the system?

Minister Gallagher: The answer to the Member's question is as follows:—

- The data is as follows:

Year	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Rate per 1000 population	5.5	5.4	5.7	5.5	7.0	5.3	6.6
No. Of patient admissions for fractured NOF	76	77	84	84	109	85	110
No. of ACT residents over 75	13,800	14,200	14,700	15,200	15,600	16,100	16,600
No. Of patient admissions for fractured NOF with subsequent operation*	56	56	75	77	92	72	88

Source: ACT Health Admitted Patient Care Data Collection

Note: Rates include all separations with diagnoses of fractured neck of femur regardless of cause.


* Due to the age demographic of these patients, surgery is not always a viable option for all people over the age of 75 years who are admitted to hospital with a fractured NOF. The types of surgeries for this cohort of people include fixation of neck of femur, hip replacement and hemiarthroplasty of femur.

The 2011-12 rate is slightly higher than the 2010-11; however the difference is not statistically significant.

2. See table above, noting that due to the age demographic of these patients, surgery is not always a viable option for all people over the age of 75 years who are admitted to hospital with a fractured NOF. Therefore not all admissions have surgery for a fractured Neck of Femur.

The average cost per fractured NOF for the ACT Health Service is approximately \$23,000.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: 

Date: 28-6-13

By the Minister for Health, Katy Gallagher MLA



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JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Jeremy Hanson MLA on 20 June 2013: Mr Ron Foster took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 124.

In relation to: Funding for water refill stations.

Can you tell us what your current cash reserves are as at 20 June 2013?

Minister Gallagher: The answer to the Member's question is as follows:—

The cash balance for the Health Directorate on 20 June 2013 was \$11.432 million. None of these funds are spare cash as it is all required to pay creditors, both external and internal to Government.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: *K. Gallagher*

Date: 28.6.13

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Andrew Wall MLA on 20 June 2013: Mr O'Donoghue took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, pages 126 - 127

In relation to: Indigenous Early Childhood Initiatives

[Referring to the programs under the Indigenous Early Childhood Initiatives and a 'Core of Life' training program.] What is the take up of the training opportunity?

Minister Gallagher: The answer to the Member's question is as follows:—

The COAG National Partnership Agreement on Aboriginal and Torres Strait Islander Early Childhood Development has been developed within the context of the broader COAG Reform Agenda.

The National Partnership Agreement includes three elements:

- Element One: Integration of Early Childhood Services through Child and Family Centres;
- Element Two: Increase Access to Antenatal Care, Pre-pregnancy and Teenage Sexual and Reproductive Health; and
- Element Three: Increase Access to, and use of, Maternal and Child Health Services by Aboriginal and Torres Strait Islander Families.

ACT Health is responsible for Elements Two and Three.

Some funds have been rolled over for these elements due to a delay in commencement. The roll over allows for full implementation of the projects that are underway. It is expected that the remaining funds will be fully expended during 2013-2014.

This question relates to implementation of Element Two. ACT Health is delivering 'Core of Life' a comprehensive life education program focussing on the realities of pregnancy, birth and early parenting for Aboriginal and Torres Strait Islander young people and their peer groups. The program is facilitated by a midwife and has been delivered in schools, community services, health services, refuges and the youth detention centre with over 460 young people participating and approximately 40% identifying as Aboriginal and/or Torres Strait Islander.

Over 50 people have been trained to deliver the program in partnership with the midwife, a Facilitators' Network was established to provide professional support. Increasing demand for Core of Life programs has resulted in casual employment of sessional facilitators to work in partnership with the Midwife to deliver programs.

Canberra Sexual Health Centre is providing a sexual health outreach project, to provide information on sexual health and reduce barriers to sexual health testing and care.


A breastfeeding DVD was developed for young mothers in partnership with the ACT Breastfeeding Initiative Project Officer.

A booklet 'Health in pregnancy' was published in 2012 and a reprint is being organised, with some changes to be made to the design and content.

ACT Health continued to fund Gugan Gulwan Youth Aboriginal Corporation to provide the Street Beat project. Street Beat provides young people with information about sexual and reproductive health, pregnancy and smoking and access to sexual health treatment and care.

The HITnet Interactive kiosk was installed at Gugan Gulwan Youth Aboriginal Corporation in January 2012. The kiosk contains interactive, culturally appropriate health promotion content for low literacy audiences accessed by a touch screen. Quarterly reports indicate 774 uses of the kiosk, with Hepatitis C and Sexual Health proving the most popular topics. A kiosk has also been ordered for both Bimberi Youth Justice Centre and the Junction Youth Health Service.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: 

Date: 27.6.13

By the Minister for Health, Ms Katy Gallagher MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Brendan Smyth MLA on 20 June 2013: Mr Ghirardello took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, Page 141.

In relation to: Auditor-General Report and Pricewaterhouse Coopers Report on Emergency Department Data

Is it possible to get a copy of the Action Plan and see which ones are ticked off and which are still underway?

Minister Gallagher : The answer to the Member's question is as follows:—

Yes. The Auditor-General's Report contains 10 recommendations in relation to improvements to the management of Emergency Department Information System and data integrity. The data integrity audit undertaken by PricewaterhouseCoopers (PWC) contained an additional 12 recommendations. Most of the PwC recommendations mirrored recommendations by the Auditor-General.

The attached report (ED Action Plan) provides a progress report on achievements against the recommendations over the ten months since the audit reports were completed.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature:

Date: 27.6.13

By the Minister for Health, Katy Gallagher MLA



Auditor General's Report No.6 of 2012
Emergency Department Performance Information

PROGRESS REPORT No.1

on achievements against recommendations (including recommendations
from the PricewaterhouseCoopers report on emergency department data integrity)

May 2013

Preamble

On 1 May 2012, the Legislative Assembly passed a resolution that requested the Auditor General to:

“inquire into data discrepancies in Emergency Department waiting times at the Canberra Hospital.”

In response to the request, the Auditor General agreed to conduct a performance audit into the matter.

The Auditor General provided the Speaker of the ACT Legislative Assembly with her completed report, Auditor General’s Report No.6 of 2012, *Emergency Department Performance Information* (the Audit Report) in July 2012.

The Audit Report contains 10 recommendations in relation to improvements to the management of Emergency Department Information System (EDIS) and data integrity.

ACT Health also engaged PricewaterhouseCoopers (PwC) to undertake a technical audit of the integrity of the EDIS system at the same time as the Auditor-General conducted her review. Many of the recommendations from PwC mirror the recommendations of the Auditor-General. These are noted in the attached report (noting the PwC report recommendations which were consistent with the Audit Report). Three recommendations from PwC which are not directly related to Auditor-General recommendations are reported separately at the end of the document.

This report provides a progress report on achievements against the recommendations over the ten months since the audit reports were completed.

Progress against recommendations is monitored by the ACT Critical Care Taskforce. Members of the taskforce include the Director-General ACT Health Directorate, Deputy Director-General Strategy and Corporate, Deputy Director-General Canberra Hospital and Health Services, and senior clinicians and managers from both the Canberra Hospital and Calvary Public Hospital.

Progress against recommendations

Recommendation ONE	Action	Desired Outcome	Performance Measure	Timing	Progress
	<p>The Health Directorate should review its performance indicators for publicly reporting the performance of Canberra's Hospital's emergency departments to include and give a greater emphasis to qualitative indicators relating to clinical care and patient outcomes.</p>	<p>A suite of nationally agreed performance indicators, including qualitative and quantitative measures, is incorporated into Health Directorate's public reports and informs improvements to clinical care.</p>	<p>Introduction of reporting of qualitative indicators, as developed and agreed by AHMAC.</p>	<p>Commence reporting within 6 months of endorsement of nationally agreed indicators.</p>	<p>A review of current national and international emergency department qualitative measures has been conducted. Consultation undertaken with other jurisdictions.</p> <p>A proposal was submitted to Australian Health Ministers' Advisory Council (AHMAC) in October 2012 requesting development of additional performance measures for emergency department care which focus on service quality and outcomes.</p> <p>AHMAC have agreed to undertake further work on this and funding has been sourced from AHMAC for a project officer to manage this process.</p>

Rec TWO (&PwC Rec 1,10)	Action	Desired Outcome	Performance Measure	Timing	Progress
	<p>The Health Directorate and Calvary Public Hospital should develop essential EDIS governance documentation, including:</p> <ul style="list-style-type: none"> a) An overarching governance statement that describes: <ul style="list-style-type: none"> i. the purpose and use of the system; ii. its business owner, system administrator and all roles and responsibilities associated with the system and its support (including third party stakeholders such as SSICT); iii. the security classification of the system and its data; 	<p>The Health Directorate and Calvary Health Care ACT develop EDIS governance documentation and associated Standard Operating Procedures, training materials and System Security Plan.</p>	<p>Territory-wide governance documentation for EDIS is introduced.</p>	<p>Within 6 months of completion of EDIS upgrade at the Canberra Hospital ED.</p>	<p>A review, and gap analysis, of current governance documentation completed.</p> <p>Governance documentation completed for current system. Training documentation completed for nurses and administrative staff, with training material for doctors under development. New documentation will be developed for the new version of EDIS during testing phase.</p> <p>The new version of EDIS includes additional audit functionality which will include better capture of reasons for changes to data</p>

	<ul style="list-style-type: none"> iv. applicable policy and administrative guidance; v. record keeping obligations; vi. training requirements; and vii. what is monitored and audited to ensure compliance with policy and supporting documentation. <p>b) Standard operating procedures for all roles and responsibilities associated with the system and its use;</p> <p>c) Training material that covers all dimensions of EDIS including user roles and responsibilities, processes described in standard operating procedures and specific policy that is applicable to the system; and</p> <p>d) A System Security Plan, which is informed by a risk assessment and risk management plan.</p> <p>2) Changes to date and time fields should be recorded within the system, including the name and reasons for any changes</p>
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Recommendation THREE	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate should, in conjunction with SSICT, finalise the draft Business System Support Agreement between SSICT and the Health Directorate for EDIS.	Business System Support Agreement between SSICT and the Health Directorate for EDIS finalised.	Agreement in place.	Achieved.	Completed.

Progress against recommendations (continued)

Rec FOUR (& PwC rec 6,7,9)	Action	Desired Outcome	Performance Measure	Timing	Progress
	<p>The Health Directorate and Calvary Public Hospital should:</p> <p>a) review the current distribution of access to EDIS throughout the hospital and remove any users who do not have a specific and documented requirement for access to the system; and</p> <p>b) develop policies, administrative procedures and system controls (if possible) that restrict the use of generic user accounts outside the ED work environment.</p>	<p>EDIS access restricted to approved users and generic access is removed from outside the ED environment.</p>	<p>A formal governance process for granting and monitoring EDIS access is implemented.</p>	<p>February 2013.</p>	<p>An audit of all access to EDIS has been completed and users without specific requirements have been removed. Generic access is no longer available outside of the ED clinical areas.</p> <p>Standard Operating Procedure completed for access to EDIS.</p> <p>All computers with EDIS loaded have been documented and this list is audited quarterly</p> <p>Full removal of generic log-ons will be completed following implementation of rapid sign-on technology. Options for rapid sign-on currently being investigated</p>

Rec FIVE (& PwC 8)	Action	Desired Outcome	Performance Measure	Timing	Progress
	<p>The Health Directorate and Calvary Public Hospital should:</p> <p>a) identify and document responsibilities for user access management and log monitoring or EDIS; and</p> <p>b) develop a process to monitor user activity within EDIS and how to report and escalate unusual activity to the appropriate authorities.</p>	<p>Ability to monitor and escalate unusual EDIS user activity.</p>	<p>Implementation of a process to monitor activity and an escalation plan to notify unusual activity.</p>	<p>Within 6 months of completion of EDIS upgrade at the Canberra Hospital ED.</p>	<p>Interim manual solution has been implemented with data audited weekly and data patterns monitored monthly. The new version of EDIS, which will be implemented by the end of 2013, includes additional audit features.</p> <p>New staff reporting structure proposed and HR processes completed to effect position transfers.</p> <p>Escalation process for issues with EDIS data provides for advice to head office as well as emergency department management</p>

Progress against recommendations (continued)

	Action	Desired Outcome	Performance Measure	Timing	Progress
Recommendation SIX	The Health Directorate should: a) review the current EDIS upgrade project and link it with current Health Directorate Identity and Access Management and Rapid Sign-On initiatives that are currently underway, to allow staff to be individually accountable for their actions; and	Access to EDIS aligned with Identity and Access Management and Rapid Sign-On initiatives.	EDIS access is achievable via Identity and Access Management and Rapid Sign-On initiatives.	Within 6 months of implementation of Identity and Access Management and Rapid Sign-On initiatives.	New EDIS system has been delivered and testing is underway. Ability to link new systems and processes to new rapid sign on systems will be completed following introduction of this new process. Mechanisms to provide for single sign-on under evaluation.
	b) review all available Emergency Department software to evaluate whether or not the current EDIS should be replaced with one that has strong confidentiality and integrity controls as well as appropriate process linkages.	Emergency department information software in use by the Health Directorate has the most robust security controls that are commercially available.	Review all commercially available emergency department software.	Achieved.	Completed. The pending upgrade version of EDIS has robust security controls and user audit ability.
Recommendation SEVEN (& PwC 2,3)	The Health Directorate should develop policy and administrative guidance for EDIS data validation activities for the two Canberra hospitals. The policy and administrative guidance should identify and document:	Data validation processes are transparent and consistent across the Territory. Reportable data elements are well defined and agreed.	Implementation of an agreed 'Time to treatment in the Emergency Department' (clock-stopping) policy.	Achieved.	'Time to Treatment in the Emergency Department Policy' developed in collaboration with Calvary Health Care ACT and endorsed as an ACT-wide directive.
	a) agreed ED actions which constitute "clock starting" and "clock stopping" moments for the purpose of EDIS timeliness records; and b) protocols for data validation activities in the day(s) following a patient's presentation to the ED.		Implementation of agreed protocols for validation activities and data dictionary to guide reporting of performance and activity indicators.	In progress.	Additional audit processes monitoring ED performance have been established and will be incorporated into the new data repository. Data definitions have been developed, in consultation with Calvary Health Care, for ED performance and activity indicator data elements in order to achieve consistent reporting across the Territory.

Recommendation EIGHT	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate should implement additional review and assurance controls over the preparation and reporting of ED timeliness performance information. The review and assurance controls should address both the Canberra Hospital and Calvary Public Hospital performance information. The Health Directorate should consider whether the additional review and assurance controls should be applied to other performance information.	New processes established for collection, validation and reporting of ED and other data based on recommendations from the Auditor General, the Data Governance Review and recommendations from the new Director of Data Integrity.	Annual audit report by new Director of Data Integrity.	New ED audit and data quality assurance processes in place by March 2013. This process to be implemented for all other data sets as they are added to the new data repository.	Interim audit process established pending outcome of review process. Testing of new data repository completed. Work on transitioning ED data into the repository will be completed in 2013. The new Director of Information Integrity will review both systems and performance reporting
Recommendation NINE	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Director-General of the Health Directorate and the ACTPS Head of Service note the findings of this report with respect to the senior executive who has admitted to manipulating hospital records. Audit considers that the actions of the senior executive amounts to gross misconduct.	The Director-General of the Health Directorate and the ACTPS Head of Service note the findings of this report.	Noted.	Achieved.	Completed.
Recommendation TEN (& PwC 12)	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate reinforce to Health Directorate employees, especially executive staff, the need to act with integrity with respect to the maintenance of health records and associated data.	All Health Directorate employees are aware of their obligations and act with integrity with respect to health records and associated data.	ACT Public Service Code of Conduct is incorporated into Health Directorate orientation and management training programs. All Health Directorate executive staff attend ACT Public Service Code of Conduct training.	December 2012.	A review of Health Directorate orientation and management training programs is underway.

PwC Rec 4	Action	Desired Outcome	Performance Measure	Timing	Progress
	The computers used to enter EDIS data should log-out after a short period of time if no activity has occurred eg; 60 seconds. This should help prevent staff being locked-out of the system and unable to log-in using their own unique identifier.	This recommendation was not agreed. Instead, ACT Health is exploring rapid sign-in options that will enable quick access to the system for those officers with approval to do so			

PwC Rec 5	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Directorate should investigate implementing functionality that locks EDIS for editing after the EDIS administrators have run their validation checks and error correction. This will have the effect that any changes required after this time with require and EDIS administrator to be involved.	Consideration of technical and operational requirements for this recommendation	Determination of capacity and desirability of implementing this recommendation	March 2013	System does not have the capacity to lock records following final validation checks. However, the new version of EDIS will provide for automation of edit checks for all records where timeframes have been amended.

PwC Rec 11	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Directorate should – where appropriate – amend publically reported data by adjusting the achievement of targets by removing the invalid changes identified in this report.	Complete the republication of ACT reports and provide amended data to relevant national bodies	ACT reports republished and data provided to relevant national bodies	October 2013	Completed. ACT quarterly reports amended on the ACT Health website and national bodies informed. The Australian Institute of Health and Welfare has republished ACT data on its web versions of its national hospital statistics reports and has advised other bodies who report ACT data of the amendments



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Hanson MLA on Thursday 20 June 2013: Mr Ghirardello took on notice the following questions:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, pages 141 and 144.

In relation to: Clare Holland House

What is the bed utilisation rate?

Break down of activity numbers for Clare Holland House in 2013-14 budget papers.

Minister Gallagher: The answers to the Member's questions are as follows:-

The bed usage rate for Clare Holland House in the first 11 months of 2012-13 (YTD May 2013) - the bed occupancy rate is 78%.

The breakdown of activity figures National Weighted Activity Unit (NWAU) for Clare Holland House in the 2013-14 Budget is as follows:

- 429 (NWAU) – Public Admitted;
- 66 (NWAU) – Private Admitted; and
- 797 (NWAU) – Non Admitted.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: *K. Gallagher*

Date: 28.6.13

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Brendan Smyth MLA on 20 June 2013: Minister Gallagher took on notice the following question:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, page 142.

In relation to: the ACT Palliative Care Plan –

When is that likely to be finalised?

Minister Gallagher: The answer to the Member's question is as follows:–

The ACT Palliative Care Services Plan 2013-2018 is currently in its final stages of development.

It is currently expected to be provided to ACT Health's Executive Council during July 2013 for approval prior to submission to me for endorsement for release to the public.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: *K. Gallagher*

Date: 27.6.13

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Jeremy Hanson MLA on 20 June 2013: Katy Gallagher took on notice the following questions:

Ref: Uncorrected Proof Hansard Transcript, 20 June 2013, pages 106–107.

In relation to: Mobile Heath Van

When will the mobile health van come into the budget?
Has any preliminary work been done to scope the project?

Minister Gallagher: The answer to the Member's question is as follows:–

The commitment in the Parliamentary Agreement for the Eighth Legislative Assembly for the ACT is to *Work with the ACT Medicare Local and other specialised primary health care organisations to commence a mobile primary health clinic by 2014 to target disadvantaged groups within the community.* The anticipated completion date is stated as 2014/2015.

Funding for the proposed mobile van initiative will be considered in the context of the 2014–2015 budget.

The ACT Primary Health and Chronic Condition Steering Committee (PH&CCSC) has established a small group to develop the service delivery model for the mobile van. The working group includes representatives from ACT Health, ACT Medicare Local, Winnunga Nimmityjah Aboriginal Health Service, ACT Justice and Community Safety Directorate and the University of Canberra.

The working group has met to discuss the initiative, and additional information is now being gathered on mobile health clinics in Melbourne, Perth and the Northern Territory, to inform the development of the ACT model. In addition, consideration of integrating this service with existing ACT services is also being undertaken.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature: *K. Gallagher*

Date: 27.6.13

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS



Asked by Dr Chris Bourke MLA on 19th June 2013: The Attorney-General took on notice the following question(s):

[Ref: Hansard Transcript 19 June 2013 page 4]

In relation to: Juveniles referred to RJP

Dr Bourke: Do you have numbers for indigenous juveniles who were referred to the RJP in previous years?

Simon Corbell MLA: The answer to the Member's question is as follows:—

The numbers of Indigenous young offenders referred to Restorative Justice in previous financial years are represented in the following table:

Financial Year	Indigenous Young Offenders	Non-Indigenous Young Offenders	Total Young Offenders	% of Indigenous Young Offenders
2004/2005 *	5	36	41	12%
2005/2006	18	176	194	9%
2006/2007	23	164	187	12%
2007/2008	42	258	300	14%
2008/2009	30	227	257	12%
2009/2010	22	195	217	10%
2010/2011	31	148	179	17%
2011/2012	47	143	190	25%
2012/2013 **	48	149	197	24%

* Part financial year – The Restorative Justice Unit was not operational until January 2005

** Part financial year – Current financial year up until 30th April 2013

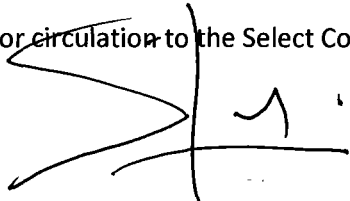
The increase in the number of Indigenous young offenders referred to Restorative Justice in the past two financial years is attributed to the implementation of a trial initiative involving ACT Policing referring every Aboriginal and Torres Strait Islander youth with an eligible offence to Restorative Justice either as a diversion or in conjunction with criminal prosecution.

The initiative was developed to respond to the over representation of Aboriginal and Torres Strait Islander youth in the criminal justice system and the lower number of referrals, participation rates and compliance with agreements among Aboriginal and Torres Strait Islander youth compared to non-Indigenous youth.

The initial six-month trial began in May 2011 and was subsequently extended for a further twelve-months, recommencing in May 2012. The success of the trial initiative, including the increase in the number of Indigenous youth being referred to Restorative Justice and the 100% compliance rate with agreements of those Indigenous youth who took part in a conference, will see the initiative implemented into routine practice as of 1st July 2013.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature:

A handwritten signature in black ink, appearing to be 'S. Corbell', written over a horizontal line.

Date: 1.7.13

By the Attorney-General, Mr Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Brendan Smyth MLA on 19 June 2013: the Attorney-General took on notice the following question(s):

Ref: Hansard Transcript 19 June 2013 page 392

In relation to: Overpayments

Mr Hanson: Two years. So that amount that has been described by Mr Smyth, is that for two years or has that come in just one year?

Mr Hanson: If it is more than one year, if you could identify what that amount is for those other years, and then perhaps if you could also identify where else this is happening, where there has been overpayments to specific organisations across parking and over not just last—or this financial year and last financial year but over the last few years?

Mr Corbell: Happy to take the question on notice.

Mr Simon Corbell MLA: The answer to the Member's question is as follows:—

The agreement covered the period between July 2011 and May 2013.

The amount referred to in the Auditor-General's report in relation to the Woden Tradesmen's Union Club (WTUC) relates to 2011-12. However, as noted in the Auditor-General's report calculating revenue actually generated by the use of car parks on the Club's land is difficult as motorists can use prepaid parking tickets and tickets from any of the machines in the overall car park to pay for parking.

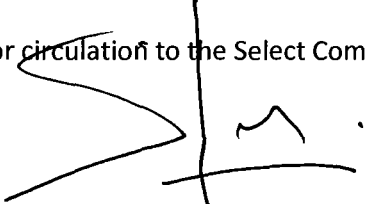
The Auditor General's report identified that revenue from pre-paid parking tickets in 2011-2012 accounted for 17 percent of the total parking revenue. A one-day survey by Parking Operations in February 2013 of the parking bays in Section 3 in Woden, which includes the WTUC car park, identified that approximately 29 % of the parking bays that were utilised in a lawful manner displayed pre-paid parking labels. The revenue from these prepaid labels are not included in the estimated revenue from the WTUC car parks and is similar to the 27% revenue variance referred to in the Auditor-General's report.

Due to the ability of motorists to use prepaid parking tickets and to purchase parking tickets from other ticket machines adjoining the WTUC car park, it is not possible to accurately report the revenue for the period of the agreement.

In relation to other agreements with revenue sharing arrangements, please refer to the response for QToN E13-79.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature:

A handwritten signature in black ink, appearing to be 'S. Corbell', written over a vertical line that separates the signature area from the date area.

Date:

8.7.13

By the Attorney-General, Mr Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2013-2014

JEREMY HANSON CSC MLA (CHAIR), CHRIS BOURKE MLA (DEPUTY CHAIR), MICK GENTLEMAN MLA, BRENDAN SMYTH MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Brendan Smyth MLA on Wednesday 19 June 2013: The Attorney-General took on notice the following question(s):

Ref: Hansard Transcript 19 June 2013 page 395

In relation to: Parking machine operability

Mr Smyth: What is the standard rate of parking machine operability in the ACT?

Mr Simon Corbell MLA: The answer to the Member's question is as follows:-

The operability of pay and display machines is 80% per day.

The operability of the parking meters is 99% per day.

Approved for circulation to the Select Committee on Estimates 2013-2014

Signature:

Date:

By the Attorney-General, Mr Simon Corbell MLA