



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING, COMMUNITY AND SOCIAL SERVICES

Dr Chris Bourke MLA (Chair), Mr Andrew Wall MLA (Deputy Chair), Ms Nicole Lawder MLA, Ms Megan Fitzharris MLA



Annual and Financial Reports 2014-2015

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS
QTON 1**

Mr Wall: Asked the Minister for Health in relation to increases in the Health Budget.

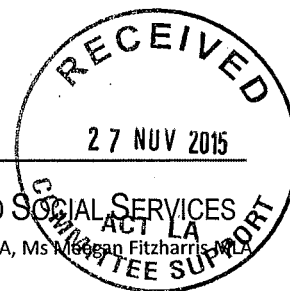
What extent have the cost differentials between jurisdictions do you attribute staffing costs?

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

- The average cost of public hospital services in the ACT is higher than national averages.
- There are many reasons for this, and some of those reasons relate to the nature of the figures and the care that should be taken in making direct comparisons between the ACT and other jurisdictions.
- As examples:
 - Labour costs vary across states and territories and are reflective of different labour conditions and wages agreements prevailing in different parts of the country. These differentials give rise to differences in patient costs across the nation.
 - The ACT Government has made decisions about the provision and staffing of a wide range of services that are available within our community – to minimise impacts on patients and their families. In a city (or region) of our size, services such as open-heart surgery and some neurosurgery services do not deliver the economies of scale that increase the efficiency of these services in larger jurisdictions.
 - There continues to be variation in the information included in hospital cost reports from across the nation that skew average figures. While all jurisdictions are working to establish more consistent cost-reporting methods, there are still areas where costs are allocated differently between jurisdictions, such as:
 - On top of these issues, the ACT has also been required to pay higher costs in the past to attract and retain high level, front-line staff. This has added to the average cost of services.
 - This is an issue the ACT Government has taken up with successive Commonwealth Governments in the context of the National Health Reforms, but to date there has been on acceptance of the legacy and other cost pressures associated with providing public hospital services in the national capital.



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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 2**

Mr Wall: Asked the Minister for Health in relation to the growth in ACT Emergency Departments.

How does this compare with other jurisdictions?

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

The latest AIHW Australian Hospital statistics 2014-15 Report (which was released after the hearings into the ACT Health Annual Report), notes the ACT had an average annual growth rate in emergency department presentations over the last three years of 10 per cent. This compares with the national average growth rate of 12 per cent for the same period.

Additionally, the Report shows that in the 12 months from 2013-14 to 2014-15; the ACT saw a growth rate of 3.2 per cent, compared with the national rate of 2.4 per cent.

However, it should be noted that there was a change in counting for NSW over recent years which is important to note in assessing growth in presentations across the nation. In previous years, NSW reported emergency department activity for 95 hospitals, however in 2013-14 NSW reported against 180 hospitals which grossly increased their growth rate in presentations to the emergency department. When the NSW figures are excluded, the ACT had the second highest increase in presentations of any jurisdiction between 2013-14 and 2014-15 as well as the second highest rate of growth over the last three years.

The ACT's increase over the last three years of 10 per cent was just behind Queensland's 11 per cent increase and above the national average growth of eight percent when excluding NSW figures.

Approved for circulation to the Standing Committee on Health, Ageing and Community Services

Signature:

Date:

27.11.15

By the Minister for Health, Simon Corbell MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 3**

Mr Wall: Asked the Minister for Health in relation to the Emergency Department (ED) presentation figures.

Was there any change to the ED presentation figures when the Walk-in Centre (WiC) moved from the Canberra Hospital campus?

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

The WiC located at Canberra Hospital was relocated on 26 June 2014. There are now two WiC's, located in Tuggeranong and at Belconnen.

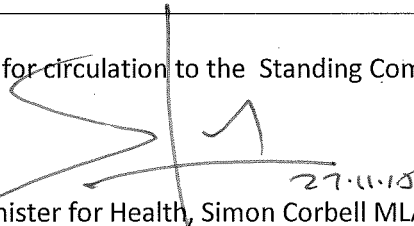
There has been little change to the growth rate of emergency department presentations resulting in the relocation of the WiC.

In 2014-15, Canberra Hospital's emergency department had a total of 73,623 presentations, up by 4.3 per cent from 2013-14 when the WiC resided on the hospital campus.

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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 4**

Ms Fitzharris: Asked the Minister for Health in relation to Health Pathways

What has the uptake of HealthPathways been by GPs?

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

According to the Capital Health Network, 133 GPs and 25 GP registrars have registered to use HealthPathways in the ACT, or around 25 per cent of the total 540 (as at July 2015) registered GPs in the ACT. Other health professionals have also registered, as noted in the chart below.

Registered HealthPathways users by profession in the ACT	
GP	133
GP Registrar	25
Allied Health Professional	59
Medical Specialist	19
Other (e.g. Policy)	23
Practice Manager	6
Registered/Enrolled Nurse	63
Total Registered	328

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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 5**

Ms Lawder: Asked the Minister for Health in relation to the Tower Block at Canberra Hospital.

How much has been spent on the Tower Block project to date?

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

As of 31 October 2015, the expenditure on the Tower Block (Buildings 2 and 3 project) under the Clinical Services and Inpatient Unit Design and Infrastructure Expansion appropriation, is \$1,758,005.00.

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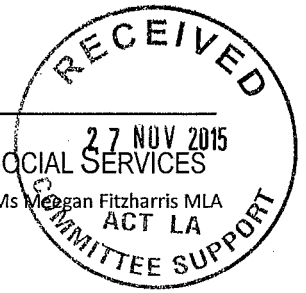
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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 6**

Ms Lawder and Mr Wall: Asked the Minister for Health in relation to the new multistorey car park at Canberra Hospital.

- a) What was the \$524,000 spent on last year?
- b) What is the reason for the cost change?

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

- a) \$524,000 was held in the Southern Multistorey Car Park at Canberra Hospital appropriation, and transferred to the Continuity of Services – Essential Infrastructure project to enable works on the northern façade of the car park to be undertaken following completion of the new Building 15 at Canberra Hospital. This funds transfer enabled the Southern Multistorey Car Park at Canberra Hospital project to be financially completed.
- b) In 2007-08, the Government provided \$29 million for the construction of a new multi-storey car park at Canberra Hospital. The decision to allocate \$29 million was based on the business case underpinned by a traffic and parking report that identified the preferred site at the northern end of the Canberra Hospital campus, with the new car park to meet demand until 2011.

Following this decision, the emergence of the Capital Asset Development Plan (now known as the Health Infrastructure Program) resulted in the further review of car parking needs through to 2016, from which the scope of the project changed.

The scope change included a new preferred site being identified, on the southern end of the Canberra Hospital campus, and an increase of the number of required car park spaces to meet demand to 2016. From this, a feasibility cost estimate to deliver the new southern multi-storey car park was \$42.72 million.

The increase of \$13 million was attributed to the scope changes as described above, and cost escalation.

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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 7**

Ms Jones: Asked the Minister for Health in relation to Mental Health Nurses.

- Reports around gaps and lack of qualified mental health nurses – how is data collected?
- Do you have those statistics?
- Can these be provided for the past two years?

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

ACT Health has reported overall vacancies across clinical areas for the past five years. However ACT Health has only reported vacancies specific to Mental Health since April 2014 (see table below).

**Mental Health, Justice Health, Alcohol and Drug Services
NURSING VACANCIES ACTIVELY BEING RECRUITED**

Date	Type 1 Vacancies
April-14	20.95
May-14	23.08
June-14	22.70
July-14	21.70
August-14	20.85
September-14	23.00
October-14	22.10
November-14	22.10
December-14	19.10
February-15	17.83
March-15	16.00
April-15	17.00
May-15	17.00
June-15	18.80
July-15	17.00
August-15	24.79
September-15	26.71

There are no mandated percentages for experienced mental health nurses, although ACT Health aims for the best possible skill mix and supports its nurses to undertake post graduate qualifications in mental

health nursing. In 2014, 15 RNs enrolled in the Graduate Diploma in Mental Health nursing and this grew to 18 in 2015.

The Division of Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) currently employs 218.49 FTE nursing workforce of which 60 per cent (131.11 FTE) are Registered Nurse Level 2 and above. This indicates that there is a high proportion of experienced nurses working in this Division.

Nurses sent to the Adult Mental Health Unit to backfill personal leave or to temporarily fill a vacancy, undergo a comprehensive orientation including training on managing aggression.

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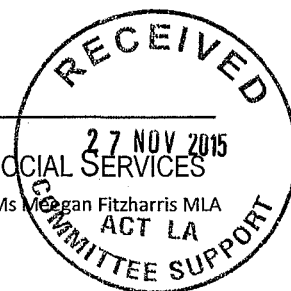
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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 8**

Dr Bourke: Asked the Minister for Health in relation to the Health Promotion Grants.

On application forms for grants do we ask if they have applied for grants at other places?

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

- The application form for Healthy Canberra Grants requires applicants to provide a detailed budget breakdown for each year they are seeking funding.
- The application form also asks for information about other sources of funding they may receive for the proposed program, detail of where the funding will come from and how they intend to use it in the delivery of the proposed program.
- Applicants are also asked to detail the level of in-kind support (for example labour, goods and services provided free of charge) that may be provided for the proposed activity.
- Financial and in-kind co-contribution can significantly enhance the value for money aspect of an application. 'Value for money' is one of the criteria that applications are assessed against.
- Also as part of screening processes, the ACT Health Promotion Grant Program seeks feedback on applications from relevant ACT Government stakeholders such as the Education and Training Directorate, ACT Sport and Recreation Services, and policy units within ACT Health. These agencies are asked to provide advice about the value/relevance and any overlap of the application.
- This process serves to reduce potential duplication of funding.

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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 9**

Ms Fitzharris: Asked the Minister for Health in relation to Nurse Care Coordinators.

How many FTE Cancer Nurse Care Coordinators employed by ACT Health?

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

Currently there are 10.26 full time equivalent (FTE) Cancer Nurse Specialists employed by ACT Health Cancer Services as Nurse Care Coordinators. This equates to 11 Registered Nurses Level 3 who work from the Canberra Region Cancer Centre.

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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 10**

Ms Fitzharris: Asked the Minister for Health in relation to Paediatric Cancer.

What are the small numbers and how many specifically?

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

Cancer incidence in the ACT by age group, persons, all cancers, 2009-2013 (5 years combined)

Age groups	Number of new cancers (2009-13)	Average one year count
0-4	26	5.2
5-9	10	<5
10-14	10	<5
15-19	30	6.0
20-39	462	92.4
40-49	713	142.6
50-59	1480	296.0
60-69	2147	429.4
70-79	1600	320.0
80-85+	1234	246.8
Total	7712	1542.4

Source: ACT Cancer Registry

The table shows the small numbers of cancers in children compared to the larger numbers in adults.

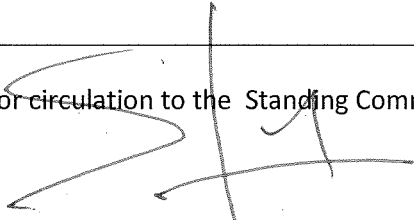
New cancers in the ACT for 0-11 year olds, 2009-13 (5 years combined)

Cancer type	Number of new cases (2009-13)
Acute lymphoblastic leukaemia	8
Non-Hodgkin's lymphoma	4
Brain	3
Acute myeloid leukaemia	3
Liver	2
Connective tissue, peripheral nerves	2
Central nervous system	2
Ovary	1
Other endocrine glands	1
Indefinite & unspecified sites	1
Other lymphoid leukaemia	1

Source: ACT Cancer Registry

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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 11**

Ms Fitzharris: Asked the Minister for Health in relation to the Community Health Intake (CHI).

What is the reason for the 29 per cent increase in calls to CHI?

Minister Corbell: The answer to the member's question is as follows:

The increase in calls through CHI in 2014-15 was due to the inclusion of Dental Health Program intake within the service as of April 2014.

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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 12**

Mr Hanson: Asked the Minister for Health in relation to: GP Bulk billing numbers.

The numbers (data) over the last six to seven years showing GP FTE in the ACT.

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

The Report on Government Services (RoGS) 2015 shows that between 2005 and 2014 the number of General Practitioners (GPs) in the ACT increased by a headcount of 91 and a full workload equivalent (FWE) of 77.

The RoGS report shows that the ACT had 466 GPs in 2013–2014, down from 470 in the previous year. This equates to 277 full-time workforce equivalent (FWE) GPs in total, or 72.5 per 100,000 population. The national average was 99.5 FWE GPs per 100,000. This equates to 27 GPs less than the national figure.

Initiatives by both ACT and Federal Governments are helping to ease the pressure on GP numbers but as there is an ageing workforce with resultant reduction in hours worked, any real sustained increase in FWE numbers will be slow to realise.

Full-time workload equivalents (FWE) are used as the unit of measure rather than full-time equivalents (FTE) because this figure more accurately reflects the clinically active workforce.

It should be noted that any GP matters (primary health care) are the responsibility of the Federal Government.

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**ANSWER TO QUESTION TAKEN ON NOTICE
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QTON 13**

Dr Bourke: Asked the Minister for Health in relation to the Dental Program.

- a) What is the message of the First Smiles program?
- b) How often is the service delivered?
- c) How do we measure the success of the program?

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

- a) First Smiles is an ongoing health promotion and early intervention dental program for children under five years of age. The program commenced in 2000 after identifying an increase in the number of young children presenting to ACT Health dental clinics with dental disease.

Strategies employed are primarily community based and focus on oral health education and prevention and detection of early childhood caries (ECC).

Key message is "baby teeth are important- start today to prevent dental decay".

- b) It is delivered each day across all Dental Health Program sites. Parents and guardians phone to make appointments for children under five years.

In addition, a range of other services and community outreach is performed:

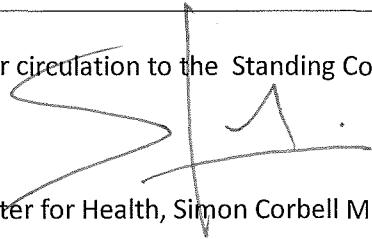
- Collaborating with Maternal and Child Health nurses, preschool teachers and childcare workers to improve oral health literacy.
- Working with other organisations such as CCCares at Canberra College, Tuggeranong Child and Family Centres and Koori Preschools to provide outreach dental assessment services for vulnerable families of young children.
- Free dental check-ups and treatment with the Dental Health Program (DHP) for all children under five years in the ACT.
- Dental pavilion at Floriade.

C) The ACT DHP has a lower *dmft* rate for six year olds (decayed, missing, filled deciduous teeth) than the national rate which is provided each year as part of the annual report.

Positive feedback from collaborating organisations such as the Tuggeranong Child and Family Centre, Koori Preschools, consumers and other health professionals.

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Signature:

A handwritten signature in black ink, appearing to be 'S. Corbell', written over a vertical line that serves as a separator between the signature and the date.

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