LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

Steve Doszpot MLA (Chair), Amanda Bresnan MLA (Deputy Chair), Mary Porter AM MLA

Supplementary Questions
Annual and Financial Reports
2009–2010
MINISTER FOR HEALTH

No	Subject
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HCSS 10/2	Elective surgery waiting lists by category
HCSS 10/3	Number of neurologists on active rotation
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HCSS 10/19	Reason for the increase in dissatisfaction with ACT Health services
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HCSS 10/1

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 1

1. ACT Health Annual Report 2009–10, page 125, states that ACT Pathology hopes to increase the number of collection centres in the future.
   (a) What issues does ACT Pathology perceive with the current service that could be rectified by additional collection centres being established?
   (b) What measures have been taken to utilise current private providers of pathology services in the ACT.
   (c) What is the breakdown of staff by job title and FTE at ACT Pathology for:
      (i) 2008 – 09
      (ii) 2009 – 10
   (d) How much did ACT Pathology spend on staff salaries (including superannuation and other entitlements) for:
      (i) 2008 – 09
      (ii) 2009 – 10
   (e) How much did ACT Pathology spend on consulting fees for:
      (i) 2008 – 09
      (ii) 2009 – 10
   (f) What is the total amount of appropriations made to ACT Pathology and for what purpose, for:
      (i) 2008 – 09
      (ii) 2009 – 10
   (g) What other sources of revenue, including Medicare, does ACT Pathology receive, and what is the total amount of this revenue for:
      (i) 2008 – 09
      (ii) 2009 – 10

The answer to the Committee's question is as follows:

(a) The ACT Government has a policy of facilitating access for all Territorians to services provided by ACT Health. With significant population growth in new areas of the ACT, there is an increased need to such access for those residents who live in developing suburbs.
Planning for additional collection centres is incorporated into the ACT Health Capital Asset Development Program, as well as within the business planning process for ACT Pathology.

(b) The utilisation of current private providers is outside the scope of influence of ACT Health. Accessing private providers is an individual decision to be made directly by the patient, often in partnership with their referring doctor.

(c) More than 200 FTE staff are employed in various categories including scientists,pathologists and support staff to provide the "24 hour, 7 days per week, 365 days per year" service which is delivered by ACT Pathology to two hospitals (Canberra and Calvary Hospitals respectively) as well as into the community. ACT Pathology staff also teach as an important part of their relationships with the Australian National University and the University of Canberra (Medical and Scientific), as well as post-graduate training of medical registrars.

(d) In 2008-09, the staffing budget for ACT Pathology was $23.486m.
In 2009-10, the staffing budget was **$25.657M.**

(e) All consulting fees paid by ACT Health in 2009-10 are detailed within ACT Health's Annual Report for 2009-10. ACT Pathology is a business unit of ACT Health.

(f) As ACT Pathology is a business unit of ACT Health, appropriations made for the purpose of providing pathology services are contained within the total appropriations for Output 1.1 – Acute Services.
In 2008-09, the appropriation made to ACT Pathology was $15.677m.
In 2009-10, the appropriation made to ACT Pathology was $15.890m.

(g) ACT Pathology receives funding from Medicare. The revenue received by ACT Pathology in 2008-09 was **$13.565m.** In 2009-10, revenue was **$13.664m.** This revenue is received in addition to Government Payments for each of the years.

Approved for circulation

Signature: K. Gallagher

Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

HCSS 10/2

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 2

1. How many people are currently on the elective surgery waiting list by category?
   (a) what is the median waiting time for each category
   (b) What are the current longest waiting times for elective surgery in each category
   (c) How many patients are currently waiting longer than a year for elective surgery
   (d) What proportion of patients from 25 March 2010 to date, have waited longer than the recommended waiting time for each category?

The answer to the Committee's question is as follows:

1 At 30 September 2010, on the ACT public elective surgery waiting list:

i. 176 patients were listed as category one patients;

ii. 2,887 patients were listed as category two patients; and

iii. 2,205 patients were listed as category three patients

(a) The median waiting times for people waiting for elective surgery by category at 30 September 2010 were:

a. 14 days for category one patients

b. 107 days for category two patients

c. 160 days for category three patients

(b) The longest waiting times for people waiting for elective surgery at 30 September 2010 by category was:

a. 150 days for category one patients

b. 2,011 days for category two patients

c. 2,071 days for category three patients

(c) At 30 September 2010, there were 798 people on the ACT public hospitals elective surgery waiting list with a waiting time of greater than one year

(d) From 25 March 2010 to 30 September 2010, the proportion of patients admitted for surgery with longer than recommended waiting times by category was:

a. Seven percent for category one patients

b. 56 percent for category two patients

c. 23 percent for category three patients

Approved for circulation

Signature: K. Gallagher Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

HCSS 10/3

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 3

1. How many Neurologists are on active rotation at Canberra Hospital?
   (a) How many Neurologists are there currently employed who are not engaged in active rotation? What are the reasons for this?
   (b) What is the average wait for elective surgery in Neurosurgery? Has this changed from 2008-09?

The answer to the Committee's question is as follows:

1. There are currently six Neurologists employed at the Canberra Hospital.
   (a) All Neurologists are currently on active rotation.
   (b) The average wait for elective surgery in Neurosurgery is 78 days. The average wait for 2008-2009 was 91 days.

Approved for circulation

Signature: K. Gallagher

Date: 10-1-11

By the Minister for Health, Katy Gallagher MLA

HCSS 10/4

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 4

1. How many plastic surgeons are on active rotation at Canberra Hospital?
   (a) How many plastic surgeons are there currently employed who are not engaged in active rotation? What are the reasons for this?
   (b) What is the impact of this shortfall in plastic surgery?

The answer to the Committee's question is as follows:

1. There are currently four Plastic Surgeons on active rotation at the Canberra Hospital.

   (a) There are no plastic surgeons currently employed who are not engaged in active rotation.

   (b) There are currently four plastic surgeons working at the Canberra Hospital, which is two more than has been the case for most of the past decade.

Approved for circulation

Signature: K. Gallagher Date: 31-12-10

By the Minister for Health, Katy Gallagher MLA

HCSS 10/5

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 5

1. ACT Health Annual Report 2009 – 10, page 145, states that staffing for rehabilitation services, especially in the areas of posture seating therapy, psychology and physiotherapy, prevented adequate provision of these services.
   (a) For the abovementioned areas, what are the reasons for staff shortages in this area?
   (b) How have staff shortages in these areas affected service provision?

The answer to the Committee's question is as follows:

(a) Staff shortages in the Specialised Posture Seating Service were due to extended unplanned leave and the subsequent resignation of the sole therapist in this service. The position is a specialised role and despite recruitment efforts, including outside the ACT, there was difficulty attracting a therapist with the appropriate skill levels to perform the duties.

There are a number of factors impacting on ACRS' ability to recruit clinical psychologists these include the implementation of the Australian Government's Better Access to Mental Health Care initiative, where there has been an increase in the number of psychologists moving into the private sector and remuneration variations for psychologists across public health jurisdictions. Despite several national recruitment drives it took approximately 18 months to recruit to the new clinical psychologist position.

In relation to physiotherapists, ACRS has not experienced any difficulty in recruiting to graduate and Allied Health assistant positions; however there remains strong competition in the labour market for experienced physiotherapists. The primary reason is due to there being multiple career options available for experienced physiotherapists in the private sector, Federal Government, local University and/or specific non clinical roles within ACT Health.

(b) The Specialised Wheelchair and Posture Seating service is a specialised consultancy service. It was not possible to offer this service in the absence of a suitable therapist. All clients of the service have a primary therapist who is responsible for managing the client's overall everyday needs. This mitigated any risk to clients due to the absence of a posture seating therapist. During this period the posture seating service was not provided. Primary therapists were

informed of the situation and were able to pursue clinically appropriate alternatives, such as off-the-shelf posture seating products and technical support from the Clinical Technology Workshop. Referrals to the posture seating service continued to be registered and triaged, ready for prompt service provision on the recruitment of a suitable therapist. There were no adverse incidents reported as a result of the discontinuity of the posture seating service, nor were any formal complaints received. The recruitment process to permanently fill this position is currently underway.

Until the psychologist positions could be filled the service was unable to be expanded and there was no leave relief. Since the successful recruitment to the new psychologist positions the waiting lists have significantly reduced, the capacity to provide a service to patient's family members has increased and the service provision has also expanded to include services to the Falls Injury and Prevention Service and Ward 11A. All psychologist positions are currently filled.

Staff shortages in physiotherapy provided the opportunity to review service provision in relation to the way services are provided. The Community Rehabilitation Team have made significant service delivery changes including the introduction of a wide range of group activities rather than one on one therapy sessions. This has had significant positive outcomes for clients. After a long period of vacancy the Physiotherapy Manager position is permanently filled by an experienced clinician.

Approved for circulation

Signature: K. Gallagher Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 6

1. What is the current employee separation rate of ACT Health?

The answer to the Committee's question is as follows:

The employee separation rate for ACT Health (excluding Calvary Public Hospital), for October 2010 is 0.44%.

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Signature: K. Gallagher

Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

HCSS 10/7

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 7

1. What is the current employee separation rate of:
   (a) The Canberra Hospital
   (b) Calvary Public Hospital
   (c) Community Health
   (d) Mental Health ACT
   (e) Aged Care and Rehabilitation Service
   (f) Capital Region Cancer Service.

The answer to the Committee's question is as follows:

The employee separation rate for the month of October 2010 for:

(a) The Canberra Hospital is 0.34%
(b) Calvary Public Hospital is 1.04%
(c) Community Health is 0.84%
(d) Mental Health ACT is 0.44%
(e) Aged Care and Rehabilitation Service is 0.96%
(f) Capital Region Cancer Service is 0.71%.

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Signature: K. Gallagher Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

HCSC 10/8

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 8

1. What specific surgical units have constituted the top five highest separation rates within:
   (a) The Canberra Hospital
   (b) Calvary Hospital.

The answer to the Committee's question is as follows:

(a) The five top separation rates for surgical units at The Canberra Hospital for the period October 2009 to October 2010 are (in no specific order):

- Emergency
- Cardio-Thoracic
- Orthopaedics
- Neurosurgery and
- Gastrointestinal Ward.

(b) Calvary Hospital does not have 5 surgical units. Its top separation rates for surgical specialties are:

- Emergency Surgery
- General Surgery
- Gynaecology
- Ophthalmology
- Orthopaedics

Approved for circulation

Signature: K. Gallagher

Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

HCSC 10/9

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 9

1. What medical specialities within The Canberra Hospital have the highest staff vacancy rate and can the Minister list the top ten?

The answer to the Committee's question is as follows:

I wish to advise members that across the medical specialties at the Canberra Hospital, there are only six areas with staff vacancies. The vacancy numbers (as at August 2010) for each speciality are;

Plastic Surgery	1
Obstetrics	2
Anaesthesia VMO/Specialists	2.4
Emergency Specialists	2
Emergency Registrars	2
Medical Imaging Specialists	1.5

Due to the small numbers involved vacancy rates can be very volatile and should be considered carefully.

Additionally, locums are frequently used to fill vacancies while recruitment is underway.

Approved for circulation

Signature: K. Gallagher Date: 10 · 1 · 11

By the Minister for Health, Katy Gallagher MLA

HCSS 10/10

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 10

1. The Surgical Assessment and Planning Unit was recently announced.
   (a) What measures will be put in place to ensure that patients entering this unit have timely admission to wards?
   (b) Will a statistical measure be in place to monitor whether patients are being discharged and/or moved to a specialised ward in a timely manner?

The answer to the Committee's question is as follows:

The Model of Care for the Surgical Assessment and Planning Unit (SAPU) has a focus on rapid multi disciplinary assessment and care planning for surgical patients:

a) SAPU is a short stay ward (<48 hours); and

b) Statistical measures to monitor discharges have been put in place.

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Signature: K. Gallagher Date: 10.1.11

By the Minister for Health, Katy Gallagher MLA

HCSS 10/11

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 11

1. ACT Health Annual Report 2009–10, page 110, shows that access block for older persons has increased from 36.9% in 2008-09 to 41% in 2009-10.

   (a) What are the reasons for the increase in access block for older persons?

   (b) Given that the Annual Report also states that timely treatment is even more important for older persons, what measures are being taken to ensure more timely treatment?

The answer to the Committee's question is as follows:

a) Elderly patients presenting to ED often have complex heath issues that potentially require input from multiple clinical teams in the early assessment phase. This can result in additional time to coordinate.

   Due to the complexity of health issues, patients are sometimes not well enough to move to the ward within the eight hours from commencement of treatment in ED to admission to ward.

   Access block for older patients actually decreased at the Canberra Hospital over the last financial year to 43 percent from 50 percent in 2008-09, while the rate at Calvary increased from 15 percent to 38 percent. The method for counting access block at Calvary Public Hospital changed during 2009-10, increasing the rate of access block. ACT Health noted that, at times, Calvary practices resulted in the recording of patients as being admitted to the Clinical Decision Unit without physical transfer to the unit. This practice has been stopped, resulting in an apparent increase in waiting times for admission.

b) A number, but not all, elderly patients at TCH are appropriate for admission to the Acute Care of the Elderly Unit (Ward 11A).

   Patients who require ambulance transport on discharge from Ward 11A are often delayed due to higher priority requests after a booking has been made. The consequence of this is a delay in a bed on the ward being available for a new admission thus potentially increasing the length of stay in ED.

   ACRS has placed a strong focus on improving responsiveness to requests for beds. Improvements to increase the flow of patients in aged care specific units continue. These include:

- Ward 11A conducts a multidisciplinary meeting each morning (Mon –Fri) focusing on timely treatment, timely referrals, timely admission and discharge. This meeting is facilitated by a dedicated discharge coordinator who plays a key role in improving patient flow.
- Average length of stay on Ward 11A has decreased from 9.5 days in November 2009 to 6.1 days in October 2010. This is a significant decrease and demonstrates increased flow.
- A Nurse Practitioner position has been placed in Ward 11A to provide additional support to patients and the multidisciplinary team. A transitional Nurse Practitioner is currently working in this role, who conducts regular visits to ED to assist appropriate elderly patients with timely commencement of treatment. The transitional Nurse Practitioner also conducts home visits to monitor and review targeted patients who have recently been discharged. The support and advice complements the care provided during the patient's inpatient stay.
- The Rapid Assessment of the Deteriorating Aged at Risk (RADAR) service is a rapid response program to support older people in the community, when they are becoming unwell and their own GP requires assistance with medical management. The program provides older people with rapid medical intervention to prevent a subsequent hospital admission.
- Four additional sub-acute beds on Ward 11A have been funded through the National Partnership Agreement to address the need to provide timely treatment to the growing ageing population. The additional beds will be temporarily established until building works commence. The period of refurbishment is expected to last for three months, over which time it will not be possible for the additional four beds to operate. It is expected that the refurbishment will commence in the second quarter of 2011 and be completed at the end of June 2011.
- The Medical Assessment and Planning Unit (MAPU) is an initiative which provides focused assessment and planning while the appropriate ward/team is being further determined. This allows the patient to be moved from ED to allow ongoing assessment and commencement of treatment to be delivered in a more appropriate place.

Approved for circulation

Signature: K Gallagher

Date: 31/12/10

By the Minister for Health, Katy Gallagher MLA

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 12

1. ACT Health Annual Report 2009–10, page 46, indicates that no Commonwealth Government Grants were received by ACT Health in 2009-10.
   (a) What are the reasons why no Commonwealth Government Grants were received?

The answer to the Committee's question is as follows:

In 2009-10, following on from financial reforms that have taken place on a National level, Commonwealth Grants are largely paid directly to ACT Treasury.

Approved for circulation

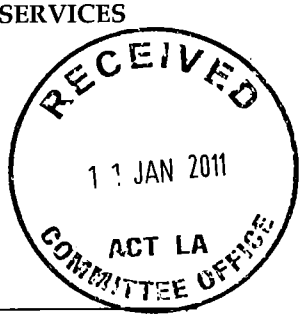
Signature: K. Gallagher Date: 31-12-10

By the Minister for Health, Katy Gallagher MLA

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry



SUPPLEMENTARY QUESTION NO. 13

1. ACT Health Annual Report 2009–10, page 131, states that the Older Persons Inpatient Mental Health Unit at Canberra Hospital was unable to meet its target of 4400 bed days, due to staffing constraints.

   (a) What are the reasons that staffing requirements were not met in this area?

   (b) What action is being taken to ensure that staffing requirements are fulfilled in the coming year?

The answer to the Committee's question is as follows:

(a) It is noted that the Older Persons Mental Health Inpatient Unit is located at the Calvary Hospital campus, rather than at Canberra Hospital. The staffing shortages reflect nursing shortages nationally and internationally.

(b) Recent recruitment has been undertaken and this has been successful resulting in being able to fulfil staffing requirements for the coming year.

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Signature: K. Gallagher Date: 31·12·10

By the Minister for Health, Katy Gallagher MLA

HCSS 10/14

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 14

1. ACT Health Annual Report 2009 –10, page 135, states that growth in the mental health sector is issue specific and the COAG initiative in this area has meant that duplication has occurred.

   (a) What are the areas in which duplication has occurred?

   (b) What measures are being taken to ensure that duplication is reduced?

The answer to the Committee's question is as follows:

(a)

- Potential areas of duplication arose when the Australian Government (through FaHCSIA and DOHA) directly funded a range of community mental health programs in the ACT under the *COAG National Action Plan on Mental Health 2006-11.* The previous Australian Government, without significant consultation with the state and territory jurisdictions, established these programs at the local level.
- The COAG programs where potential duplication could occur are Day to Day Living, (D2DL), Personal Helpers & Mentors (PHaMs), and Respite programs. These are areas where the ACT Government also funds and operates similar programs.
- In the ACT, PHaMs programs are operated through Woden Community Services, Richmond Fellowship, and the Mental Health Foundation. Richmond Fellowship and the Mental Health Foundation are community providers that also operate ACT Government funded mental health outreach programs.
- Similarly, one of the two D2DL centre based psycho-social support programs funded by DOHA and operated by the Schizophrenia Fellowship of NSW operates in North Canberra within one suburb from the Mental Health Foundation Rainbow program. The Rainbow program is an ACT Government funded centre based psycho-social program.

(b)

- In 2010 The ACT Government funded a review of the community sector mental health services. The Government contracted CoNnetica Consulting to undertake significant components of the review.
- CoNnetica Consulting key consultants are John Mendoza and Sebastian Rosenberg.
- Part of the work of the Review is to investigate potential duplication and gaps in services and make recommendations on sector reforms and capacity building. The Review will inform the actions required to achieve the objectives and strategic alignment of funded community services with the ACT Mental Health Services Plan 2009-14. A draft of the Review document will be released to the ACT Health funded community sector agencies prior to formal release of the final document in early 2011.

- ACT Health continues to work with mental health community organisations to promote evidence-based approaches to community based services to ensure that services are well targeted; recovery focused and based on consumer needs.
- ACT Health as part of the requirements of the Service Funding Agreements with the community sector requires the establishment of *service level agreements* with other key stakeholders to encourage services to be integrated with other community service based programs.

Approved for circulation

Signature: K. Gallagher

Date: 31-12-10

By the Minister for Health, Katy Gallagher MLA

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 15

1. ACT Annual Report 2009 –10, page 137, states that the Women's Health Service was unable to reach its target of providing an assessment appointment for women requesting counselling within 14 days, due to staffing constraints.
   (a) What are the reasons that staffing requirements were not met in this area?
   (b) What action is being taken to ensure that staffing requirements are fulfilled in the coming year?

The answer to the Committee's question is as follows:

(a) The Women's Health Service experienced significant impact on staffing Full Time Equivalents (FTE) in September and October 2009 due to inability to backfill a period of Long Service Leave despite advertising and delays in recruitment due to illness. This temporary delay meant that requests for counselling had to be prioritised according to need. Women were offered further phone support and placed on cancellation list so they could be offered an earlier appointment if one became available.

(b) Successful recruitment to vacant positions and return of staff member from Long Service Leave (LSL) addressed immediate staffing shortages. Further, recommended changes to the Women's Health Service endorsed by the Minister for Health are being implemented giving priority to women who experience significant barriers to health service access, including the impact of violence, abuse and neglect; and modifying the intake/assessment process to support an enhanced, integrated model of care.

Approved for circulation

Signature: K Gallagher Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 16

1. ACT Annual Report 2009 –10, page 95, states that demand for youth mental health services was 9 per cent above the projected demand?
    (a) What are the causes of this increased demand, in particular why was this increased demand not foreseen?

The answer to the Committee's question is as follows:

There has been significant increase in the demand for Perinatal Mental Health Services that appears to be related to the increase in the number of births in the ACT.

The 'no wrong door' approach to the delivery of mental health services has resulted in a greater number of children, adolescents and young people being referred for assessment for mental health problems.

Improved partnerships with stakeholders have resulted in a greater understanding of the services provided by the Child & Adolescent Mental Health Service and thereby increased referrals.

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Signature: K. Gallagher Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

HCSS 10/17

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 17

1. Given that current mental health services such as the Older Persons Inpatient Mental Health Unit (ACT Health Annual Report 2009 –10, page 131) and the Women's Health Service (ACT Health Annual Report 2009–10, page 137) were unable to meet demand and/ or targets due to staffing constraints, what measures are being taken to ensure that new capital investment in mental health will be adequately staffed?

The answer to the Committee's question is as follows:

In anticipation of the need to staff new capital investments a Mental Health Workforce Development, Strategy and Planning Officer has been employed who will undertake necessary pre-commissioning planning and implement a pre-commissioning workforce recruitment program. This will allow Mental Health ACT to anticipate and better align staffing for the current and new programs under development.

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Signature: K. Gallagher

Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 18

1. ACT Health Annual Report 2009 –10, page 7, states that the administration of the seasonal flu vaccination was paused due to side effect concerns.
   (a) How did this delay affect the number of seasonal flu vaccinations administered? Was the number administered lower than 2008-09?
   (b) For the non-administered doses, what will be done with them? What is the value of these non-administered doses?
   (c) ACT Health Annual Report, page 149, states that the Health Protection Service delivered 121,800 doses of the H1N1 vaccine, and that 75,000 doses were administered.
   (d) What was the total cost of the vaccines?
   (e) What is the outcome for the non-administered vaccines? What is the cost of these non-administered vaccines?

The answer to the Committee's question is as follows:

How did this delay affect the number of seasonal flu vaccinations administered? Was the number administered lower than 2008-09

- The ACT Health Protection Service (HPS) monitors the number of seasonal influenza vaccines distributed and administered to target groups funded under the National Immunisation Program (NIP). This represents only a proportion of the total vaccine that is actually administered to the population as many people access seasonal influenza vaccine via private script. The HPS does not monitor the number of seasonal influenza vaccines accessed via private script.
- In previous years, the seasonal influenza vaccine has only been funded under the NIP for those 65 years and over and Aboriginal and Torres Straight Islanders over 15 years with medical risk factors. From 1 January 2010 the NIP extended target groups to include all Aboriginal and Torres Strait Islander people 15 years and over, pregnant women and people with underlying medical conditions from six months of age.

- As a result of the changes in target groups from 2009 to 2010 it is difficult to assess the effect of the pause of the program on vaccine uptake in 2010. In 2009 ACT Health distributed 29,343 doses of NIP funded influenza vaccine. To 1 December 2010 43,347 doses of vaccine have been distributed to for the all target groups now funded under the NIP. Data reported by general practice to HPS on doses of influenza vaccine administered for the 65 years and over program indicate a marginal increase from 2008-09 to 2009-10.

For the non-administered doses, what will be done with them? What is the value of these non-administered doses?

- Non administered doses will be destroyed following expiry of the vaccine. The composition of the seasonal influenza vaccine changes every year and doses of the vaccine have a limited expiry period. Most 2010 seasonal vaccine will expire in January 2011.
- As at 1 December 2010, the HPS had 5065 doses of the 2010 seasonal influenza vaccine remaining, all of which are Commonwealth supplied or funded. Therefore there is no cost to the ACT Government. The approximate value of the vaccine is estimated at $45000.
- The H1N1 vaccine was supplied to ACT Health from DoHA at no cost. ACT Health does not have data on the cost of this vaccine. The remaining doses of the H1N1 vaccine are due to expire on 31 December 2010 at which time they will be destroyed.

What was the total cost of the vaccines?

- The total cost of seasonal influenza vaccines for the 2010 program is approximately $420,000. This includes seasonal influenza vaccine both funded and supplied by the Commonwealth to the ACT for the NIP program.

What is the outcome for the non-administered vaccines? What is the cost of these non-administered vaccines?

- Non administered doses will be destroyed following expiry of the vaccine. The approximate cost of the vaccine is estimated at $45000.

Approved for circulation

Signature: K Gallagher Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

HCSS 10/19

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 19

1. ACT Health Annual Report 2009–10, page 192, shows that complaint based feedback has increased from 40 per cent in 2008–09, to 47 per cent in 2009–10. Complimentary feedback has decreased from 54 per cent in 2008–09 to 47 per cent in 2009–10.

   (a) What are the reasons for this overall increase in dissatisfaction with ACT Health services?

The answer to the Committee's question is as follows:

In 2008-2009 the total number of feedback was 2790, of which 1100 were complaints, 1428 compliments and 158 general comments.

In 2009-10 the total number of feedback was 2046, of which 973 were complaints, 958 compliments and 115 general comments.

Although there has been a slight increase in the percentages of complaints and a decrease in the numbers of compliments this is based on the total number of feedback. In comparing the 2008-09 and 2009-10 years there has been a decrease in the amount of feedback received, from 2790 to 2046, a reduction of 744 pieces of feedback. This has resulted in receiving 127 complaints, 470 compliments and 43 general comments fewer than the previous year.

These figures are not necessarily indicative of an overall increase in dissatisfaction with ACT Health services. It should be noted that in 2009-10 ACT Health provided 90,000 inpatient separations and 290,000 outpatient and emergency occasions of service. The changes in the number of complaints and compliments represent a small proportion of these services and it is therefore not possible to conclude that the changes are representative of the overall view of ACT Health's consumers. ACT Health values all consumer feedback and utilises several other ways to measure satisfaction levels with its services.

Approved for circulation

Signature: K. Gallagher

Date: 31.12.10

By the Minister for Health, Katy Gallagher MLA

HCSS 10/20

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2009-2010 Annual Report Inquiry

SUPPLEMENTARY QUESTION NO. 20

1. During 2009–10 what policy launches did ACT Health? For each policy launch:
   (a) What was the date of the launch?
   (b) Where was the launch held?
   (c) What did it cost?
   (d) What was the breakdown of that cost for:
      (i) Venue hire;
      (ii) Refreshments;
      (iii) Printing; and
      (iv) Other?
   (e) How many people were invited to the event?
   (f) Of the number invited, how many were from non-government sectors?
   (g) How many people attended the event?
   (h) Of the number attending, how many were from non-government sectors?
   (i) What media was present?
   (j) What media coverage resulted?

The answer to the Committee's question is as follows:

There were two policy launches identified by ACT Health during the reporting period. Details for each of these are provided below.

1. Australian Charter of Health Care Rights

(a) 10 December 2009
(b) ACT Legislative Assembly
(c) $904.76
(d) Cost breakdown:
   (i) Venue hire - $109.51
   (ii) Refreshments - $795.25
   (iii) Printing – N/A
   (iv) Other – N/A
(e) 67
(f) 50
(g) 35 (approximately)
(h) 25
(i) Yes
(j) General story on WIN television

2. **ACT Children's Plan**
   (a) 18 June 2010
   (b) Belconnen Arts Centre
   (c) DHCS covered the cost of the launch with a $1,000 contribution each from ACT Health and the Department of Education and Training
   (d) Cost breakdown unknown given DHCS paid for the event
   (e) 300 (approximately)
   (f) 50% (approximately)
   (g) 170 (approximately)
   (h) The breakdown is unknown, however it appeared that the majority of attendees were from Non-Government organisations
   (i) ABC, WIN and the Canberra Times
   (j) Article in the Canberra Times; coverage on ABC and WIN news

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By the Minister for Health, Katy Gallagher MLA