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
2008–2009
MINISTER FOR HEALTH

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HCSS 09/1

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 1. - [AR p9] lists the outcome for 2008-09 as $938.8m against the budget of $888.8, representing a difference of $50m. The difference is explained [AR p11] by an increase in expenses, largely due to employee expenses ($35.7m), supplies and services costs ($5.4m) and other expenses ($8.9m).

1. What was the nature of the increase in employee expenses, and can you quantify what ACT Health got for $35.7m over the reporting period, as well as explain the changes to the methodology used to calculate annual and long service leave [see also Note 3 AR p 38]?
2. What proportion of the $35.7m was as a result of the changes to annual leave and long service leave?
3. What was the nature of the increase in supplies and services costs, and can you quantify what ACT Health got for an additional $5.4m over the reporting period?
4. What was the nature of the increase in other expenses, and can you quantify what ACT Health got for $8.9m over the reporting period, and explain what assets were transferred to TAMS, and the value of these assets?

Ms Gallagher : I am advised that the answer to the Member's question is

1. The increase in employee expenses is a combination of higher employee provisions for annual leave and long service leave ($21.7m), higher maternity leave costs, costs associated with the H1N1 influenza, costs associated with research and general grants, the full year effect of resources required for the higher acute inpatient activity in 2007-08 and the impact of higher than budgeted activity in 2008-09.

   ACT Health exceeded admitted patient targets and non-admitted patient targets as reported in the 2008-09 Annual Report.

   The main changes to methodology for calculating accrued leave were:

   (1) Inclusions of oncosts including superannuation in annual and long service leave employee provisions,
   (2) In prior years Long Service Leave entitlements were only recognised for staff with service 5 years or more. For 2008-09 and onwards, the probability of staff reaching minimum qualifying service has been used to estimate Long Service Leave and oncosts. The applicable probability factors were calculated by an actuary.

The change in methodology for calculating employee provisions affected all Agencies and was managed centrally.

2. Sixty one per cent of the $35.7m for employee expenses relates to changes to the annual leave and long service leave provision calculation methodology.

3. The increase mainly relates to costs associated with higher activity as referred to in the answer for employee expenses, the H1N1 influenza and research and general grants.

   ACT Health exceeded admitted patient targets and non-admitted patient targets as reported in the 2008-09 Annual Report.

4. The increase in Other Expenses is largely the result of the transfer of properties to TAMS, Inventory sold to private hospitals , and the cost of blood products for the National Blood Authority that had been budgeted for in the "Supplies and Services" category.

   The two assets transferred to Department of Territory and Municipal Services as they were no longer required by ACT Health are:

   (i) Rivett Storage Warehouse ($0.2m); and
   (ii) Throsby place Griffith ($0.73m)

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09/2

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 2.
[AR p11] compares the outcomes for 2007-08 ($839m) and 2008-09 ($938.8m), and shows that there is a $99.8m variance between the two years, largely attributed to increased employee expenses, increased cost of supplies and services, other expenses as well as grants and purchased services.

In relation to the increase in employee costs ($62.8), could you outline the 'growth in a wide range of services' and specify how this growth has led to increased employee costs, i.e. is ACT Health paying more overtime, or engaging Visiting Medical Officer's/Agency Nursing Staff for additional work etc.

Ms Gallagher : I am advised that the answer to the Member's question is

The reference on page 11 of the 2008-09 Annual Report to "growth in services" refers to the 2008-09 budgeted growth in activity across health services as detailed in the 2008-09 Budget Papers as well as the activity that exceeded the budgeted levels in 2007-08 and 2008-09.

The Budget for 2008-09 included planned growth in acute services, mental health services, cancer services and older person's services. This budget process also reflects the annual pay increases for existing staff and estimates activity for research and other grants.

The increased services are delivered through budgeted increases in staff as well as through higher usage of overtime and agency staff to respond to demand. The increased cost of employee provisions for annual leave and long service leave is also a component of the cost variation between the two financial years.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09/3

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2008-2009 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTARY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 3 - In relation to the Capital Works Program [AR p218-219] outlines the Capital Upgrades Program for ACT Health for the reporting period:

1. Are all projects listed that are yet to be completed on time and on budget?
2. For those projects that are listed as completed by today's date, are they all completed, and were they all on budget? If any are not completed, why not and when will they be?
3. Can you explain the increase in cost associated with the Neurosurgery Operating Theatre?
4. Can you confirm that the New Multi-Storey Carpark at TCH will be completed by October 2010, and that it will not exceed the $45m budget?
5. Can you explain the revised down cost associated with the Linear Accelerator Procurement and Replacement?

Ms Gallagher : I am advised that the answer to the Member's question is:

1. ACT Health has a large program of capital works spread across relatively low value projects through to the refurbishment and construction of large existing and new facilities. There are some projects that will not be completed by the original published dates for reasons related to the need to undertake further detailed planning, confirmation of suitable sites, some weather and terrain issues and to a lessor extent capacity within the construction sector.

   In relation to capital upgrade projects all are on budget, however there have been delays resulting in the completion dates for several projects slipping towards the end of the current financial year. These include; the relocation of the equipment loan scheme; relocation of the TCH discharge lounge; and TCH Building 12 works.

   There are some time pressures for several of the major construction projects linked to planning and site issues. The Secure Mental Health facility cannot be located on the TCH campus and it is expected that the Government will be announcing the new site soon and it is likely that a revised budget and completion date will be considered in the 2010-11 Budget process. The Women's and Children's Hospital has been delayed to accommodate further planning work to allow for more single rooms, a higher environmental rating and enhanced digital infrastructure including widening corridors for Automated Guided Vehicles, automated operation of blinds from patients' beds, cabling and equipment for fully integrated patient handsets controlling entertainment, nurse call, food menus and ordering. This has increased the cost by $7.37m and the project completion has slipped by 3 months.

   The Adult Mental Health Inpatient Unit is, subject to Development Application approval, scheduled for completion in September 2011. It is within budget.

The Refurbishment of Health Centres is focussing initially on Tuggeranong Community Health Centre. This is scheduled for completion in February 2011. It is within budget.

The Skills Development Centre (forward design) is scheduled to be completed in December 2010. It is within budget.

2. The status of projects that were to be completed by December 2009.

Mental Health Assessment Unit – the works are close to completion with the revised date now March 2010. The project is on budget.
Additional Beds – works completed and on budget.
Electrical Services/Mechanical/HVAC – the majority of these works are complete with the remaining items to be completed by February 2010. The works are on budget.
Hydraulics, Plumbing and Drainage – works completed and on budget.
Fire Protection and Security – works completed and on budget.
TCH Bldg 7 Building Works – works completed and on budget.
TCH Clinical Accommodation and 4 Gaunt Place Refurbishment – works completed and on budget.
TCH Bldg 12 Building Works – works to complete the new Mammography area are scheduled to be completed in February 2010 and are on budget. The works are linked to the procurement of the equipment to be installed.
TCH Bldg 6 Heating/Air-con – these works have been completed and were on budget.
TCH Floor Covering Replacement – works completed and on budget.
TCH Mechanical and BMS Upgrades – the majority of these works are complete with the remaining items to be completed by February 2010. The works are on budget.
Australian Government Funding for Elective Surgery – works completed and on budget.
Fire Systems Upgrade – the majority of the works are complete with minor follow up work to be completed. The works are on budget and are expected to be completed by February 2010.
Pharmacy Cool Room Upgrade – works completed and on budget
Expansion of Oncology Clinics and Cancer Services Facilities – works completed and on budget.

3. The total cost of the Neurosurgery Operating Theatre was always estimated to be $10.5m. The first tranche of the Capital Asset Development Program (CADP) in the 2008/09 Government budget included $5.5m for the design and construction of a neurosurgery suite at Canberra Hospital, with the remaining $5m expected to be provided by third party donations.
The third party donations have not been received due largely to the global financial crisis. In the interest of progressing the project, approval to access other capital funds was obtained. In the event that third party funds are received they will be used on capital projects linked to the capital asset development program.

4. ACT Health expects the new multi-storey carpark to be completed by November 2010. It is not expected to exceed the $45 m budget.

5. The package of works required to enable the installation of the new Linear Accelerator and expand service capacity were completed for less than the cost estimate. This resulted in a reduction in the budget required to complete the project, and the funds were refunded to the Government.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 20/1/10

HCSS 09/4

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 4. In relation to the Financial Report
[AR p42] Note 9 – in Other Revenue there has been an increase of nearly 80% to other revenue from $6.51m (2007-08) to $11.695m (2008-09):

1. Can you explain the nature of the increase in General Grants?
2. What does the Research Grants received this reporting period relate to?
3. Specific/Special Purpose Grants – is it "specific" or "Special", and why the large increase?
4. Other revenue increase is described in note [d] as relating to workers compensation reimbursements, can you explain this?

Ms Gallagher : I am advised that the answer to the Member's question is

1. The increase relates to grants from the Commonwealth for 'Electronic Discharge Summary and Referrals', 'e-Referral' and 'Patient Master Index' Information Technology projects
2. Research grant received relates to a number of research projects that commenced or were ongoing across 2008-09. The expenditure in 2008-09 related to research in a number of fields including renal, paediatrics, haematology, medical oncology, gastroenterology, cardiology and orthopaedics.
3. These are 'Specific' Purpose Grants. The increased expenditure in 2008-09 relates to the use of funds received from the Commonwealth for the Health Program Grant (HPG). The funds were used to purchase radiotherapy equipment.
4. This refers to reimbursements from the Commonwealth for workers compensation that relate to a prior financial year. Most reimbursements are received in the year of the expense and are matched with the relevant expense, however in cases where the Commonwealth hasn't processed in time, they are reflected as "other revenue". In this case the amount received from the Commonwealth in 2008-09 was higher than the previous year.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15 · 1 · 10

HCSS 09/5

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 5. In relation to the Financial Report
[AR p42] Note 10 – shows donations given to ACT Health valued at $1.009 million, $771,000 more than the previous year: Can you explain the nature of the increase in General Grants?

1. What was the nature of the donations, and what services are funded from donations?
2. Does ACT Health actively seek donations, and how much resources were dedicated to this activity during the reporting period?

Ms Gallagher : I am advised that the answer to the Member's question is

1. This relates to donations from patients, patients relatives, corporations or the general public. In 2008-09 ACT Health received a large sum from the settlement of an estate.

   These funds are used to purchase medical equipment, general equipment, furniture, training or other purposes as specified by the donor.

2. ACT Health supports fundraising activities. In addition to supporting targeted fundraising for paediatrics, there are a number of donations that are received from patients and others who wish to contribute to public health services. There were 2.5 FTE staff during the reporting period that administer fundraising activities, process and receipt donations, respond to donor's requests and manage any special conditions that may accompany the donations

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

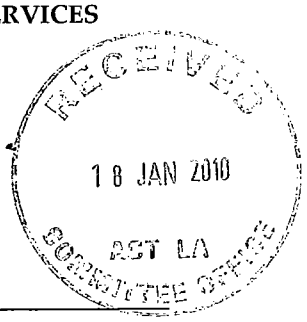
Date: 15.1.10

HCSS 09/6

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry



ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 6. In relation to the Financial Report
Note 11 – lists the increase in various employee expenses.

1. Can the increase in wages and salaries component be broken down further, i.e. how much of the increase or the total related to:
    a. Pay rises;
    b. Premium labour costs; and,
    c. Staff number increases?
2. The Annual Leave and Long Service Leave liability's have increased almost five-fold from $7.313m to $30.917 m (collectively between them) due to the changes in the methodology used to calculate them, can someone explain:
    a. Why the change to methodology was required – was it shown to be under calculated in previous years?
    b. If the methodology will be periodically tested and/or updated to reflect trends in the staff profile?

Ms Gallagher : I am advised that the answer to the Member's question is

1. The increase in wages and salaries mainly relates to:
    a. The 2008-09 budget allowed for an increase of approximately $18m for pay rises linked to various staff collective agreements;
    b. Payments for overtime and penalties increased by $5.2m in 2008-09;
    c. The balance of the increase in Wages and Salaries ($12.4m) relates to costs linked to the budgeted growth in 2008-09, the cost for supporting activity above the budgeted growth in 2008-09 and the full year impact of additional resources engaged during 2007-08 for higher than budgeted activity in 2007-08.

2. In 2008-09 ACT Government engaged an actuary to ascertain that the accounting for leave liabilities are correctly accounted for to comply with accounting standard AASB 119, which resulted in the adoption of the current methodology. The current methodology provides for the inclusion of applicable oncosts which were not provided for in prior years across Government.

The calculation in future years will reflect the current methodology, that is the inclusion of oncosts and superannuation for leave calculations together with the relevant length of service for long service leave.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 7. In relation to the Financial Report
[AR p44] Note 13 – Supplies and Services shows an increase of $13.44 million from the previous reporting period:
The increase in Non-Contract Services of $5.15 million from 2008 to 2009 (was also $5m from 07 to 08) cites increased use of Agency Nursing:

a. Is this a trend that will continue, noting that ACT Health has recently adopted a policy to recruit more nursing staff to reduce its reliance on Agency Nursing staff?
b. What would be the estimated cost saving per FTE nurse hired as opposed to using Agency Nursing Staff?
c. What is the status of the recent change in the use Agency Nursing Staff – have we reduced the number procured compared to this time last year?
d. Why has Staff Development and Recruitment funding been reduced from $5.427m (07-08) to $4.725m?

Ms Gallagher : I am advised that the answer to the Member's question is

a. The trend is not expected to continue as strategies are in place to control this cost.
b. On average (based on a registered nurse level 1 third year) the cost would be approximately $33,000 less
c. For the 6 months ended 31 December 2009, ACT Health has reduced agency nursing costs by $1.5m compared to the corresponding period last year.
d. The reduction relates to the transfer of non-training related travel and medical examination costs that were included under this category in prior years to the 'Travel and Accommodation' and 'Other Employee Expenses' categories respectively, and a reduction in conference and course fees. The reduction in conference and course fees was not the result of management initiated reductions in staff development costs.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09/8

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 8. In relation to the Financial Report

[AR p45] Note 16 – Borrowing Costs – can you advise if the purchase of Calvary Public Hospital will be reflected in ACT Health's Borrowing Costs should the proposal proceed, and if so, what it is expected to be per annum?

Ms Gallagher : I am advised that the answer to the Member's question is

If the proposal to purchase proceeds, it is expected to be appropriation funded and therefore ACT Health does not expect to incur any borrowing costs. The borrowing costs reported in the accounts relate to the cost of the finance leases for motor vehicles used to provide public health services.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15 · 1 · 10

HCSS 09/9

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 9. In relation to the Financial Report

[AR p46] Note 17 – Can you explain the miscellaneous expenses component, and breakdown what it relates to

a. How much was paid to the National e-health Transition Authority, and for what purpose? Are other jurisdictions obliged to pay, and how is the amount paid determined, and by whom?

Ms Gallagher : I am advised that the answer to the Member's question is

Expenses that are classified as 'Miscellaneous' are those that due to the nature do not fall under any other broad category. In 2008-09 Miscellaneous Expenses included payments to 'National Blood Authority' for blood products $5.1m, contribution to eHealth Transition Authority $0.498m, ACT Government contribution to Australian Health Ministers Advisory Council $0.142m, prior year accounting adjustments $0.3m and various small items account for the balance.

a. The National eHealth Transition Authority (NEHTA) was paid $498,700 excluding GST. Other jurisdictions do contribute and the amount of contribution is based on the Australian Health Ministers' Advisory Council's resource allocation formula. NEHTA is a jointly funded Commonwealth and States and Territories Project.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

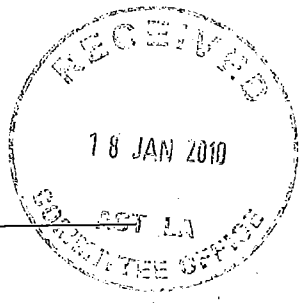
Date: 15 · 1 · 10

HCSS 09/10

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry



ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 10. In relation to the Financial Report

[AR p46] Note 18 – can you explain what the irrecoverable debts relate to?

Ms Gallagher : I am advised that the answer to the Member's question is

ACT Health raises accounts for a number of chargeable services. These include patients treated as compensable, non-eligible – that is non-Australian citizens, pathology services, private patients and some non-inpatient services. During the course of the year a number of accounts are written-off because the status of a patient may change, the patient or estate may be unsuccessful in a compensation case, settlement may occur for part of the accumulated debt, hardship, inability to contact or simply too small an amount to continue to pursue.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

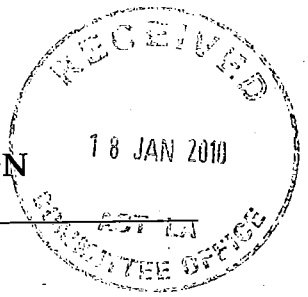
Date: 15-1-10

HCSS 09/11

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry



ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 11. In relation to the Financial Report

[AR p47] Note 19 – Act of Grace Payments lists a single payment of approximately $501,000, this follows $500,000 that was paid out in the previous reporting period [see 2007-08 AR p47]:

1. Can you explain these payments, what they related to, and why the amounts are almost identical?
2. What advice was sought by ACT Health in relation to the requirement to make the payment in 2008-09, and in what circumstances would ACT Health disadvantage an individual and for the individual in question to have no legal claim to the payment, but receive a payment anyway?

Ms Gallagher : I am advised that the answer to the Member's question is

1. There was no Act of Grace Payment in 2008-09. The payment referred to in this question was made in 2007-08 and is included in the 2008-09 Annual Report for comparative purposes only.

   The payment in 2007-08 was for the reimbursement of legal costs that an employee accumulated in successfully defending an unfair dismissal claim through the Australian Industrial Relations Commission (AIRC).

2. An agreement was reached between the parties in relation to costs associated with the unfair dismissal proceedings conditional upon; withdrawal of the application to the AIRC for costs; and providing a release in relation to the costs of the AIRC proceedings and associated costs.

   This agreement ensured that both parties did not continue to incur further unnecessary legal costs in regards to resolving the issue of costs. However, as the AIRC had not made a ruling on costs, the ACT Government Solicitor's Office advised that in the absence of legal obligation to pay costs, the only lawful source of authority to make a payment was under the provisions of the Financial Management Act. That approval was granted and consequently the payment was made in 2007-08.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09/12

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 12. In relation to the Financial Report

[AR p47] Note 21 – Cash and Cash Equivalents lists a decrease in Cash at the Bank by $17.804 million from 2007-2008: Can you explain these payments, what they related to, and why the amounts are almost identical?

Why was there such a significant reduction and what was the previous year's cash expended upon?

Ms Gallagher : I am advised that the answer to the Member's question is

The reason for the lower cash balance at 30 June 2009 is a timing issue relating to payments from NSW for cross border patient activity.

The previous years cash at 30 June 2008 was expended on the cost of providing health services, specific purpose payments, equipment, capital works and information technology projects that were commitments but not due to be paid out in 2007-08

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15 . 1 . 10

HCSS 09/13

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 13. In relation to the Financial Report

[AR p48] Note 22 – Receivables documents approximately $21.102 million increase in Total Receivables, with Accrued Revenue accounting for $20.043m. The accompanying footnote, [b], states the increase in Accrued Revenue "relates to lower levels of cash payments received than in prior year from NSW for cross-border patient activity

1. What does that mean, and why is it much higher than last year [2007-08 AR p48]?
2. Has NSW changed the way it pays for services, and if so, does this have any impact on our capacity to fund and deliver services in areas ACT Health identify as areas of need?

Ms Gallagher : I am advised that the answer to the Member's question is

1. This increase is the result of the timing of payments referred to in the response to the question on cash and cash equivalents. Under accrual accounting, the revenue is recognised at the time of providing the service and then when the cash is received, a journal entry reduces the accrued revenue figure.

2. The process for finalising cross border payments involves the States and Territories undertaking checks of data provided by the treating jurisdiction. These processes can only be completed in the following year once the coding of cost weighted separations data is complete.

   NSW has in the past provided a provisional payment at the end of the financial year based on their preliminary analysis of submitted data. At the end of 2008-09 NSW did not make a provisional payment and instead sought a review of data. This process is underway and once that is finalised NSW will finalise the acquittal for 2008-09.

   There would be a temporary impact on the Territory's cash position if the data review process requested by NSW takes too long to be finalised. ACT Health is following up on the status of the data review and is seeking a provisional payment from NSW.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09/17

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 14. In relation to the Financial Report

[AR p49] Note 24 – lists Investments with the Territory Banking Account at $3 million. This investment has remained at that level for three consecutive years [see 2007-08, AR p49, Note 24], what is the purpose of this investment if it is remaining consistently static?

Ms Gallagher : I am advised that the answer to the Member's question is

This is NRMA trust money invested with the ACT Government's Central Financing Unit. The funds were provided for the purpose of establishing a leading ACT based centre for medical teaching and research focussed on road trauma. The annual investment proceeds are used to partially fund the Chair of Emergency Medicine.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09/15

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 15. In relation to the Financial Report

[AR p52] Note 26 – lists Intangible Assets, and shows a large increase of $11.319m in Internally Generated Software relating to Radiology Information System, Picture Archival Communication System and Electronic Discharging:

1. Were these all software packages procured by ACT Health throughout the reporting period?
2. Do these softwares account for just the increase or for the total $24.445m?
3. How is amortisation accumulated on software?

Ms Gallagher : I am advised that the answer to the Member's question is

1. Yes, all these systems were finalised in 2008-09.

2. They account for the increase in the value of Computer Software in 2008-09

3. Software is amortised over 5 years

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15 · 1 · 10

4CSS 09/16

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2008-2009 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 16 - Statement of Performance – Output Classes

[AR p99] Given the impending establishment of the **walk-in centre**:

1. What kind of services will be provided, and how will performance of the walk-in centre be measured – will a triage system similar to the ED be established?
2. Will there be a mechanism in place to ensure people do not wrongly present to either the ED or walk-in centre?
3. Is it envisaged that the walk-in centre will ease the burden on the ED, or will it attract a new group of users – e.g. those who fail to consult a GP for various reasons – and actually increase overall demand on services?
4. Has there been any studies or modelling conducted to ascertain the type of demand and level of demand to be expected?
5. Who will conduct the review of the walk-in centre after 12 months?

Ms Gallagher : I am advised that the answer to the Member's question is

1. The Walk-in Centre (WiC) will be a free service, with no appointment required. The opening hours will be 7am- 11pm, 7 days per week. The WiC will provide safe and evidence based assessment and treatment to clients with minor illness and injury.

   To be assessed and treated at the WiC clients must meet the following criteria:

   a. Not have a serious acute illness or injury

   b. Not be seeking treatment for a complex or recurring condition

   c. Be older than 2 years of age

   Care will be provided by Nurse Practitioners and Advanced Practice Nurses who provide assessment and treatment to clients under the guidance of clinical protocols. The WiC clinical decision making process will be supported by Algorithms and Clinical Decision Software. There will be no triage system in place and clients will be seen in order of arrival. The receptionist will enter client details onto the software system and clients in the queue and their presenting problem will be visible to the clinicians. If a clinician is concerned about a client, they can see that person promptly.

   The following key performance indicators will be monitored:

   - Occasions of service
   - The time taken for a patient to be seen by a health care professional and consultation time
   - The number of people referred to the WiC from the ED
   - The number of clients referred from the WiC to another service

- Number of presenting clients that are not within the scope of practice of the WiC
- The number of people using the WiC service including times of greater and lesser demand
- The demographics of people that use the WiC service and their conditions
- Referral patterns to the WiC (where from and how many)
- The impact of the WiC on the number of category 4 and 5 patients attending the ED
- Impact on surrounding GP services
- Consumer satisfaction
- Complaints
- Staff satisfaction
- Other stakeholder feedback

An effective communication and marketing strategy is essential. The very specific scope of practice of the WiC needs to be strongly communicated to the community to ensure that the WiC can achieve its aims. To this end, a marketing campaign will begin shortly before the opening of the WiC and include television, radio and print media.

2. If a client, at any time during their arrival, registration, clinical assessment or treatment process, falls outside the clinical criteria, redirection to another health care provider is required.

   WiC Entry and Exit Protocols include:

   a. Redirection to General Practitioner
   b. Redirection to Community Pharmacy
   c. Redirection to Emergency Department
   d. Redirection to the Registrar Review Clinic
   e. Redirection to Mental Health Services

3. It is envisaged that the WiC will have a positive impact on the number of people in triage categories 4 and 5 presenting to the Emergency Department. It may have an affect on a number of people who are unable to access a GP for a variety of reasons. However, this may enable the earlier detection of management of a range of minor conditions before they deteriorate and require subsequent attention at the Emergency Department or admission to hospital.

4. A study tour of WiCs in the United Kingdom (UK) was undertaken in 2008. Information regarding scope of practice and demand for services obtained during the tour, from published reviews of the UK WiCs and data regarding presentations to the emergency departments in the ACT for comparable conditions was undertaken.

5. A clinical governance structure has been established to continually review and evaluate the service to ensure that is a safe and relevant service. The Nursing and Midwifery Research Council will also plan to undertake a project to investigate the effectiveness of the WiC in terms of the structure, process and outcomes. The WiC will be reviewed through the governance structure in 12 months.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

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LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 17. In relation to Follow-up from previous years

[2005-06 AR p6] States that ACT Health set a target to achieve within 10% of the national peer group average costs over the next 4 years from 2005-06:

Has this target been met, and what was the result for the reporting period? Is this result reported in this years Annual Report – if so, where?

Ms Gallagher : I am advised that the answer to the Member's question is

The Initiative was announced in the 2006-07 Financial Year. The target is still in place with the results up to the 2007-08 financial year indicating a reduction to approximately 7 per cent above the benchmark from 24 per cent in 2004-05. The result for 2008-09 is not yet available and is therefore not reported in the 2008-09 Annual Report. The data is collected nationally and usually is available by the end of the following financial year.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

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LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 18. In relation to Private hospitals

On page 11 it says that there was an additional expense of $8.9m to the budget, one of the reasons being 'increased purchases by private hospitals'. Could you please explain this further and how much this was exactly?

Ms Gallagher : I am advised that the answer to the Member's question is

ACT Health sells inventories including Medical & Surgical Supplies, Pathology Supplies and Domestic supplies to Private Hospitals and Calvary Public Hospital. Total cost of goods sold amount to $13.8m, which was higher than the amount estimated at the beginning of the financial year by $1.1m. This expense was offset by matching additional revenue earned.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

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LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 19. In relation to Act of grace payments

On page 47 it says there was $501 000 for an act of grace payment.
Can you please tell us more about what this payment was for? Were there any cases in which ACT Health or the Government were successfully prosecuted with regard to a case? If yes what did it involve?

Ms Gallagher : I am advised that the answer to the Member's question is

See response to the earlier question on the Act of Grace payment that occurred in 2007-08 and not during 2008-09.

In relation to the question regarding if any cases were successfully prosecuted against ACT Health or the Government the answer is yes. These are reported under legal settlements in the financial statements and relate to medical negligence, public liability, professional indemnity and employment matters.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09/20

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES
2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 20 - In relation to the evaluation of the Better General Health Program.

Page 116 refers to the evaluation of the Better General Health Program. Can you please provide more information about the results of the evaluation and the recommendations referred to in the Annual Report?

Ms Gallagher : I am advised that the answer to the Member's question is that the evaluation was completed in March 2009. The program was re-named as Better Health Program to reflect the collaborative relationship between the General Practitioners and ACT Mental Health. The results from the evaluation highlighted the following:

Health Screening:

- The number of consumers who received a health screening post pilot program was 960.
- New categories for health screening have been introduced since completion of the Pilot Program.

Consumer Satisfaction:

- Consumer satisfaction categories of very satisfied and satisfied have not statistically changed between the Pilot Program and the 2008 survey. Combined satisfaction rating is 85.7%. Consumers indicated a 78.6% improvement rating.

General Practitioner Satisfaction:

- General Practitioner satisfaction indicated a minor decrease from the Pilot Program of 93.7% to the 2008 survey of 85.7%.
- The results on improvement in the Model of Care for consumers indicated that the Much Improved category has increased in the 2008 survey by 28.4%.

City Mental Health Team Satisfaction:

- There was a decrease in the Very Satisfied category of 27.8%. Satisfied category increased by 2.8%; however Somewhat Satisfied category increased by 25%, indicating a shift in overall satisfaction ratings from very satisfied to satisfied or somewhat satisfied.

- The response on improvement in the model of care for consumers reflected a shift from strong agreed to agreed and that physical health has improved.

Future Recommendations:

- Job enrichment is recommended, by expanding the clinical aspects over the City Mental Health Team and Woden Mental Health Team for the one Registered Nurse Level 3 position.

- The creation of an Administrative position for data collection, entry and supervised analysis. The position was to be part time initially, but with the expectation that it would be increased to full time over the 4 teams.

- The Registered Nurse Level 3 will be included in the multidisciplinary clinical review where participants of the Better Health Program are being represented.

- The Better Health Program to become a dedicated agenda item for staff meetings, at both teams, to facilitate updates of the Better Health Program progress.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.16

HCSS 09/21

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 21 - In relation to Physiotherapy Extended Scope of Practice Project?

Page 190 refers to the Physiotherapy Extended Scope of Practice Project.
The committee notes the final report (June 2008) contains 8 recommendations. Can you provide more information about the project and the status of the recommendations?

Ms Gallagher : I am advised that the answer to the Member's question is

The Final Report *Physiotherapy Extended Scope Practice: Phase 1* was endorsed by ACT Health Portfolio Executive (PE) 30 July 2008. A key recommendation was to progress to Phase 2: trial of extended scope practice physiotherapy roles, initially in the areas of orthopaedics and in the emergency department.

The status of the project is that funding has been allocated in the 09/10 Workforce Budget to enable a Project Officer (PO) to be recruited. The PO will commence February 2010 to progress the recommendations. This includes, but is not limited to, establishing a Project Reference Group and clinical working groups which will include both internal and eternal stakeholders.

The PO will develop a Physiotherapy (PT) Extended Scope of Practice (ESP) Framework, which will further define the targeted PT ESP training roles in orthopaedics and emergency department.

ACT Health is committed to funding two new Physiotherapy extended scope training positions in the areas of orthopaedics and emergency department.

Once the ESP PT Framework has been developed, it is proposed to recruit to the PT ESP training roles from mid 2010 onwards.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09/22

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2008-2009 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTARY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 22 - In relation to Health Records Act – brochures

The Committee notes that ACT Health , in conjunction with the Human Rights Commission has published 2 brochures dealing with the Health Records Act, and that 500 of these are being disseminated through the Department of Justice and Community Safety. (page 241) Could you please advise the Committee:

a) Why these brochures are being disseminated by JACS and not through ACT Health?
b) Will more of these brochures be published and made available to the community through community organisations, general practices and community health centres etc.

Ms Gallagher : I am advised that the answer to the Member's question is:

a) JACS requested copies for dissemination to members of the community and community organisations who sought advice from them. Alternatively, copies can be downloaded from the ACT Health website at: www.health.act.gov.au/consumerinformation.

b) Recommendation #29 of the GP Taskforce Final Report *General Practice and Sustainable Primary Health Care – The Way Forward* states that "The roles and responsibilities of the HSC in relation to health records are clarified and publicised to the community and the profession."

In response to the GP Taskforce's recommendations about health records, the Minister for Health introduced a primary Health Legislation Amendment Bill in November 2009 to clarify the status of e-health records. The Minister for Health also introduced a second Health Legislation Amendment Bill in December 2009 to give effect to a majority of the remaining recommendations made by the GP Taskforce relating to access to health records.

The Government Response to the GP Taskforce recommendations, and both of these pieces of legislation will be debated early in 2010.

Once these changes have been agreed, new brochures dealing the Health Records Act will be revised in conjunction with the Human Rights Commission and widely disseminated.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15 · 1 · 10

HCSS 09/23

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 23 - In relation to Access and equity general policies

Page 244 refers to ACT Health's access and equity general polices. Can you please advise the Committee:

a. How ACT Health promotes the use of interpreters?
b. What sort of training and education has been offered to staff in interpreter use?
c. Is this training and education provided to health workers/ professionals and general practitioners working outside of ACT Health.

Ms Gallagher : I am advised that the answer to the Member's question is

a. The Community Health Migrant Health Unit promotes the use of interpreters by providing on site health care interpreting services between clinicians and clients from Cantonese, Mandarin, Croatian, Bosnian, Serbian, Spanish and Vietnamese backgrounds. The health care interpreters specialise in assisting the communication process between health professionals and immigrant clients, helping both overcome language barriers and cultural differences and ensuring informed consent.
b. The Migrant Health Unit provides information and resources about cultural issues such as female genital mutilation for health professionals and to communities affected by the practice.
c. The Migrant Health Unit runs workshops for health service providers on the effective use of interpreters and cross-cultural awareness.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15.1.10

HCSS 09 | 24

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

Question 24 – Rate of fractured neck femur

In relation to Strategic Indicator 12 – Reduction in the rate of fractured neck of femurs (p 95) ... the result for 2008-09 was not available at time of printing. Is there a particular reason why this information was not available and are you now able to provide the result for this strategic indicator?

Ms Gallagher : I am advised that the answer to the Member's question is

Information on ACT hospitalisations due to fractured neck of femur for 2008-09 is not yet available. This the ACT is awaiting the receipt of validated data for 2008-09 from the Australian Institute of Health and Welfare. It is envisaged that this process should be complete by the end of March 2010. These validation timeframes are consistent with previous years.

Approved for circulation by the Minister for Health – Katy Gallagher MLA

Signature: K. Gallagher

Date: 15 · 1 · 10

HCSS 09/25

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

2007-2008 Annual Report Inquiry

ANSWER TO THE SUPPLEMENTATRY QUESTION

Mr Doszpot : To ask the Minister for Health

In relation to the ACT Government's e-health proposals, and in reference to an ACT Health e-health concept planning document presented by the Chief Information Officer, can the Minister advise:

1. Do the ACT Health Portal proposal and the Minister's Personal Electronic Health Record (PEHR) comply with all relevant National E-Health Transition Authority standards?

2. What is the precise functionality of the ACT Portal and the PEHR?

3. What is the detailed range of clinical and allied health information which will become available when the Portal is opened?

4. Will the proposed PEHR automatically aggregate data in summary form for ready access by clinicians?

5. Will the Portal be fully integrated into clinical software packages (such as Medical Director) to enable seamless addition to and access of information by private health practitioners?

6. Will clinicians and other health practitioners be able to use the Portal or the PEHR as an efficient, functional health record in its own right?

7. Does the proposed Portal and PEHR have the potential for efficient, seamless e-prescribing?

8. Will the ACT Health Portal be fully interoperable with the Commonwealth Government's intended PCEHR and have the equivalent level of functionality in both the public and private sectors?

9. Will the ACT and the surrounding NSW health regions e-health records be fully interoperable in their ability to use e-data exchange and to enhance clinical care?

10. What is the extent of patient control of their files in the Portal and PEHR and what mechanism will be employed to ensure patient control?

11. What is the mechanism for individuals to opt in or opt out of the proposed ACT PEHR?

12. What mechanisms will be in place to provide the individual with power to give or withhold consent for other parties to access parts or the whole of the PEHR?

13. What are the PEHR's security and privacy management systems?

14. What mechanisms will be set in place to protect the privacy of individuals' health information which becomes potentially accessible via the ACT Health Portal?

15. What mechanisms will be in place to gain patient consent to allow access to their information which is obtainable via the ACT Health Portal?

16. Will the currently proposed ACT Health Portal be fully interoperable with all relevant private sector health services? If so, when?

17. Will the currently proposed PEHR routinely populate health summaries from data available from the ACT Health Portal used by hospitals, doctors and ancillary health workers in both the private and public sectors?

18. What access will private and public hospitals have to general practitioner and private specialist records or health summaries?

19. Will the proposed ACT Health Portal allow for collaborative, multi-disciplinary health records particularly for chronic diseases such as diabetes?

20. Does the proposed ACT Health Portal or ACT PEHR permit remote assess to files of patients in residential aged care facilities by practitioners and other health carers?

21. When will the ACT Health portal and PEHR be available for Canberra's health care practitioners to use?

22. What precise selection and tender process will be or has been undertaken to ensure adoption in the ACT of best practice technology in the establishment of the ACT Health Portal and the PEHR?

Ms Gallagher : I am advised that the answers to the Member's questions are

1. The national standards for Health Portals and PEHR are currently under development by the National E-Health Transition Authority (NEHTA). ACT Health is participating with NEHTA in these developments.

2. The ACT Health Portal provides a patient-centric view of health related information. The PEHR is intended to enable individuals to record health related information about themselves.

3. The Portal is designed to provide access to systems and data that can interoperate with such a technology. As at December 2009, the Portal has access to the ACT Health pathology data and inpatient discharge summaries.

4. The PEHR is intended to enable individuals to record health related information about themselves. The PEHR is not intended to aggregate data in summary form.

5. The integration of portal technologies with private practice software will be subject to NEHTA standards and practice software adopting those standards.

6. No. This is not the intended purpose of the Portal or the PEHR.

7. No. This is not the intended purpose of the Portal or the PEHR.

8. It is intended that the Portal will interoperate with systems that comply with national e-health standards.

9. It is intended that ACT Health systems will interoperate with systems that comply with national e-health standards.

10. The extent and mechanism for patient control of their information in the PEHR will be defined during the development of the PEHR business requirements. The Portal and PEHR will comply with the ACT and national privacy and access legislation.

11. The mechanism for individual's participation will be defined during the development of the PEHR business requirements.

12. The mechanism for patients to manage consent will be defined during the development of the PEHR business requirements.

13. The PEHR's security and privacy mechanism will be defined during the development of the PEHR business requirements.

14. The mechanism to protect patients' records will be defined during the development of the PEHR business requirements.

15. The mechanism to gain patient consent will be defined during the development of the PEHR business requirements.

16. The Portal is designed to provide access to systems and data that can interoperate with such a technology.

17. No. The PEHR is intended to enable individuals to record health related information about themselves. It is not intended for clinicians to populate the PEHR.

18. Access to health data will be subject to the owners of such data releasing them to the requestor.

19. It is intended that the Portal will support access to collaborative multi-disciplinary health records that comply with national e-health standards for interoperability.

20. The Portal is designed to provide access to systems and data that can interoperate with such a technology.

21. A clinical Portal was implemented by ACT Health in 2009 for access by authorised ACT Health staff. The PEHR is expected to be operating in 2013.

22. ACT Health will develop business requirements for the PEHR in collaboration with NEHTA. Procurement will follow the ACT Procurement guidelines.

Approved for circulation

Signature: K. Gallagher Date: 6/1/10

By the Minister for Health, Katy Gallagher MLA