LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 78

COMMITTEE SUPPORT

Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2021-2022
ANSWER TO QUESTION ON NOTICE

Asked by **MS LEANNE CASTLEY MLA** on 8 November 2022:

Reference: CHS annual report 2021-22 Page 150

In relation to: Radiation therapy

During hearings Ms O'Neill indicated that all the strategies from CHSFOI21-22.35 pages 43 and 44 were implemented to improve radiation wait times.

1) For each strategy could the Minister update

    a. What extended operational hours were extended? What were the operational hours? What are the excess hours worked for all employees in the radiation oncology department for

        i. July 2021

        ii. January 2022

        iii. June 2022

    b. Could the Minister breakdown how many patients received a shorter course radiation therapy for

        i. Radical

        ii. Palliative

        iii. Emergency.

    c. How many palliative patients received single doses? Did any patients receive multiple doses before these strategies were implemented? Have any patients now received multiple doses since after previously being on a single dose?

MINISTER STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1)

a. Prior to the linear accelerator replacement program, standard operational hours were 8am – 5pm. Operational hours were 7am – 6pm during all the above periods with COVID-19 positive patients treated beyond these hours as required.

   Staff did not routinely work excess hours, rather they worked staggered shifts to allow extension of operational hours. Some excess hours were worked during all these periods due to unexpected clinical conditions that can typically arise from time to time, see table below.

Month	Number of additional hours worked
July 2021	28.4
January 2022	44
June 2022	29.5

   Note that this excludes when staff are responding after hours as part of the on-call service.

b. No patients received a shorter course of radiation therapy. The decision to treat with multi or single fraction radiation therapy was made between the treating specialist and patient from the outset. The treatment prescriptions were not changed or modified. A patient may have been offered multi-fraction palliative radiation therapy when the treating specialist was of the opinion this offered greater benefit.

c. The decision to treat with multi or single fraction radiation therapy was made between the treating specialist and patient from the outset. The treatment prescriptions were not changed or modified. A patient may have been offered multi-fraction palliative radiation therapy when the treating specialist was of the opinion this offered greater benefit.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:  Date: 12/1/23

By the Minister for Health, Rachel Stephen-Smith MLA