

**Extract from Hansard**

[LEGISLATIVE ASSEMBLY COMMITTEES A AND B SUPPLEMENTARY INFORMATION — Thursday,  
22 October 2020]  
p566b-568a  
Mr Terry Redman

**DIVISION 23: WA HEALTH —**

*[Supplementary Information No A7.]*

*Question:* Mr D.T. Redman asked for a breakdown of expenditure on the patient assisted travel scheme, for both 2020–21 and the out years, under the line item “Digital Innovation, Transport and Access to Care” on page 173 of budget paper No 3.

*Answer:*

	2020–21 Budget Estimate \$'000	2021–22 Forward Estimate \$'000	2022–23 Forward Estimate \$'000	2023–24 Forward Estimate \$'000
Digital Innovation, Transport and Access to Care	62.6	58.1	58.3	58.3
<b><u>Budget Breakdown</u></b>				
Patient Assisted Travel Scheme	37.9	37.9	38.0	38.0
WACHS Command Centre	13.7	16.6	16.8	15.6
Telehealth and Innovative Health Systems	11.0	3.6	3.5	4.7
<b>Total</b>	<b>62.6</b>	<b>58.1</b>	<b>58.3</b>	<b>58.3</b>

The difference between the \$62.6 m (2020–21 Budget Estimate) and \$58.1m (2021–22 Forward Estimate) item for DITAC, is that the 2020–21 Budget Estimate numbers include:

- \$1.3m approved bilateral recashflow of unspent budget from 2019–20 to 2020–21 predominantly related to the Patient Assisted Travel Scheme (PATs) Digital Portal Project delayed procurement and contract award.
- \$2.4m approved carry forward of PATs subsidy underspend 2019–20 related to reduced outpatient – PATs activity due to the COVID-19 impact.

The \$ 11 m Telehealth and innovation health systems line item allocation funds key programs and projects to deliver on Country Health Innovation priorities in alignment with WA Country Health Service (WACHS) strategic priorities including:

- Outpatient Reform and Access Program – implementation and progression of programs and projects that deliver and improve access to health closer to home (WACHS outpatient reform program, regional & clinical telehealth program & projects).
- Telehealth Technical Systems and Projects – delivery of key telehealth / digital health projects and system upgrades that will support innovation and expansion of digitally enabled health care to country communities, inclusive of WACHS Command Centre and Outpatient Reform and Access program priorities (e.g. Core Infrastructure Upgrade Telehealth and My Telehealth Consult projects and Telehealth Scheduler enhancement).
- Research and Innovation Program – builds research capacity, capability and culture and invests in research resources, partnerships and infrastructure.

*[Supplementary Information No A8.]*

*Question:* Mr D.T. Redman asked for a breakdown of expenditure on palliative care services in the WA Country Health Service delivery subregions by dollars and FTE across the forward estimates.

*Answer:* Budgeted figures are provided as per the Members request, as expenditure figures for 2020–21 are not yet available.

Budgeted figures for both hospital-based and community-based palliative care for regional Western Australia, broken down by the WACHS subregions, including the dollars and the FTE is as per Table I and Table 2:

**HOSPITAL BASED PALLIATIVE CARE**

Table 1	2020–21 Budget		2021–22 Budget		2022–23 Budget		2023–24 Budget	
	\$'000	FTE	\$'000	FTE	\$'000	FTE	\$'000	FTE
Goldfields	1,094	7.98	1,130	8.17	1,169	8.36	1,210	8.57
Great Southern	2,811	22.49	2,904	23.00	3,004	23.55	3,109	24.12

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Kimberley	629	3.71	650	3.80	672	3.89	696	3.98
Midwest	3,076	22.28	3,178	22.79	3,287	23.33	3,402	23.90
Pilbara	929	5.80	960	5.93	993	6.07	1,028	6.22
South West	6,134	45.44	6,337	46.47	6,555	47.58	6,784	48.74
Wheatbelt	1,323	11.60	1,367	11.86	1,414	12.15	1,463	12.44
	<b>15,996</b>	<b>119.3</b>	<b>16,527</b>	<b>122.0</b>	<b>17,094</b>	<b>125</b>	<b>17,691</b>	<b>128</b>

Notes – Table 1

- The Hospital-based palliative care budgeted expenditure is a modelled estimate based on projected palliative care activity levels and may not be representative of the cost to deliver services. The expenditure has been proportionately allocated to Regions based on activity levels.

**COMMUNITY BASED PALLIATIVE CARE**

Table 2	2020–21 Budget		2021–22 Budget		2022–23 Budget		2023–24 Budget	
	\$'000	FTE	\$'000	FTE	\$'000	FTE	\$'000	FTE
Goldfields	1,402.2	9.7	1,427.2	10.5	1,652.3	11.3	1,669.7	11.3
Great Southern	1,231.4	8.6	1,256.3	9.1	1,512.2	11.1	1,528.2	11.1
Kimberley	1,451.1	8.4	1,477.9	9.3	1,725.2	10.2	1,743.6	10.2
Midwest	1,223.4	8.6	1,248.0	9.7	1,501.5	11.5	1,517.4	11.5
Pilbara	1,435.7	8.8	1,462.9	10.5	1,722.2	11.9	1,740.5	11.9
South West	1,607.2	12.0	1,638.1	13.0	1,963.0	13.3	1,982.8	13.3
Wheatbelt	1,510.3	10.8	1,538.8	11.1	1,815.2	11.9	1,834.6	11.9
Statewide	2,604.0	8.7	2,675.3	7.4	3,764.4	12.9	3,797.5	12.9
	<b>12,465</b>	<b>75.5</b>	<b>12,725</b>	<b>80.5</b>	<b>15,656</b>	<b>94.0</b>	<b>15,814</b>	<b>94.0</b>

Notes – Table 2:

- The full time equivalent (FTE) has been allocated across medical, nursing, allied health, Aboriginal health worker and administration to support service expansion. There are new elements being developed and implemented relating to home community based care and Telehealth support that will be progressively rolled out and evaluated. The final FTE, configuration and funding will be determined as formally documented models of care are established over the next 12 months.
- To date phase one was to understand the current state (completed). Phase two includes using region specific population and health data to enable detailed service planning and is scheduled to be completed by the end of 2020. Phase three is to finalise the models by the end of the financial year June 2020–21. Implementation is complex and will need some time to refine and embed.