

Division 21: WA Health —

[Supplementary Information No A11.]

Question: Mr W.R. Marmion asked for the funding arrangements for the regional men's health program.

Answer: From 2018–19 the Southern Inland Health Initiative (SIHI) recurrent projects will be absorbed into a new program structure. The new program structure includes projects established through the SIHI, including the Residential Aged and Dementia Investment Program, a time limited program that is due to end in 2019–20.

This program was set up to provide funding contributions on a non-recurrent basis to facilitate the design and construction of age appropriate accommodation options for older people enhancing the ability to age in place within their communities. Other projects funded for finite periods focused on expanding existing local services or enabling improved access to contemporary aged care services in regional communities in partnership with the private and not-for-profit aged care providers.

I am advised by the Office of the Minister for Regional Development; Agriculture and Food that Regional Men's Health is an important initiative delivered by the Department of Primary Industries and Regional Development. The program is funded for the next two years with funding beyond that to be considered in future budget processes.

[Supplementary Information No A12.]

Question: Ms M.J. Davies asked: Can the minister provide a list of the projects being funded by royalties for regions and define where those projects are being funding only by royalties for regions and where there is a combination of departmental funding and royalties for regions; list any of the projects or services that were previously partly or wholly funded by consolidated revenue that have been shifted into royalties for regions; and those projects or services that have been shifted from royalties for regions in to the consolidated account?

Answer:

(a) Projects funded exclusively from Royalties for Regions are:

- Wheatbelt Renal Dialysis
- Renal Dialysis Service Expansion
- Expand the Ear Bus Program
- Find Cancer Early
- Remote Indigenous Health Clinics
- Valley View Aged Care Centre
- Ear, Eye and Oral Health
- Busselton ICT
- Pilbara Health Partnership
- District Medical Workforce Investment Program
- Digital Innovation
- Residential Aged and Dementia Care Investment Program
- Royal Flying Doctor Service Western Operations Expansion of Capacity

(b) Projects funded in part from Royalties for Regions and in part from consolidated funds are:

- Regional Workers Incentives Allowance Payments
- Rural Palliative Care Program
- Meet and Greet Service

(c) Projects previously funded partly by consolidated account that have been shifted into Royalties for Regions:

- Patient Assisted Travel Scheme

(d) Projects previously funded by Royalties for Regions that have been shifted to consolidated account:

- Nil

[Supplementary Information No A13.]

Extract from Hansard

[LEGISLATIVE ASSEMBLY COMMITTEES A AND B SUPPLEMENTARY INFORMATION — Thursday,
24 May 2018]

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Mr Bill Marmion; Ms Mia Davies; Mr Sean L'Estrange

Question: Mr S.K. L'Estrange asked for information on the breakdown of funding for community dental health services across the forward estimates, and reasons for any reduction in each of those funding categories.

Answer: The table below provides the breakdown of funding for community dental health services in the 2018–19 Budget and across the forward estimates.

Community Dental Health Services Funding	2018–19	2019–20	2020–21	2021–22
	Budget	Forward	Forward	Forward
	Estimate	Estimate	Estimate	Estimate
	\$000	\$000	\$000	\$000
1. Dental Fees	5,449	5,572	5,706	5,851
2. State Appropriation (incl. Community Dental Health and Oral Health-Care WA)	91,998	94,726	93,152	93,198
3. Commonwealth funding (under NPA agreement) (a)	7,264	0	0	0
Total Expenditure	104,711	100,298	98,858	99,049

(a) Commonwealth funding under the current National Partnership Agreement (NPA) will end in 2018–19.

Changes in Community Dental Health Services for the 2018–19 Budget Estimate and across the forward estimates is due to the cessation of Commonwealth funding under the Adult Public Dental Services National Partnership Agreement in 2018–19. The increase in State Appropriation between 2018–19 and 2019–20 is reflective of substitution of funding sources between Commonwealth and State Governments.

[Supplementary Information No A14.]

Question: Ms M.J. Davies asked: How much funding has been allocated to the patient assisted travel scheme over the forward estimates? Will the state government be implementing the recommendations of the PATS inquiry from the last Parliament?

Answer:

Funding allocated over the forward estimates:

	2018–19	2019–20	2020–21	2021–22
	\$'000	\$'000	\$'000	\$'000
Patient Assisted Travel Scheme	45,485	45,167	45,756	45,856

A number of recommendations from the inquiry have already been addressed as follows:

Recommendation 6: The Committee recommends that the current Patient Assisted Travel Scheme arrangements applicable to patients with treatment modalities greater than six months in duration be reviewed.

- Arrangements for PATS clients with treatment modalities greater than six months are considered under the Exceptional Ruling process on a case-by-case basis.

Recommendation 7: The Committee recommends that the Patient Assisted Travel Scheme be amended to include additional subsidies for return to home visits during long-term treatment.

- Additional support for PATS clients wishing to return home during long-term treatment are considered under the Exceptional Ruling process on a case-by-case basis.

Recommendation 9: The Committee recommends that the Patient Assisted Travel Scheme eligibility criteria be reviewed every two years to ensure that advances in medical technologies are taken into account for the purposes of Patient Assisted Travel Scheme eligibility.

- The primary criteria for PATS eligibility remains the requirement for travel for specialist medical treatment. PATS eligibility for maternity care aligned to the recommended maternity and newborn models of care. There has been a focus on expanding telehealth consultations to provide access to specialist services closer to home.

Recommendation 11: The Committee recommends that Schedule 6: Special Rulings of the Patient Assisted Travel Scheme be amended in relation to child birth to provide accommodation assistance for three weeks prior to their due date for applicants who live in remote areas where no birthing facilities exist.

Extract from Hansard

[LEGISLATIVE ASSEMBLY COMMITTEES A AND B SUPPLEMENTARY INFORMATION — Thursday,
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- Accommodation assistance is now provided to child birth applicants according to clinical need. This change is reflected in the revised policy guideline document released in 2017.

Recommendation 12: The Committee recommends that the Patient Assisted Travel Scheme eligibility criteria be amended to provide funding assistance for a patient escort for all pregnant women travelling to their nearest birthing centre for delivery.

- Funding for escorts remains based on clinical need or where assessed on a case by case under the Exceptional Ruling process .

Recommendation 19: The Committee recommends that the appeals process be clearly defined on the Patient Assisted Travel Scheme Application Form

- In addition, improved information regarding appeals has been included in online FAQs and in the revised PATS policy guideline released in 2017.

Recommendation 20: The Committee recommends that information regarding claiming for exceptional circumstances be clearly set out on the Patient Assisted Travel Scheme Application Form.

- A new guideline for Exceptional Rulings was distributed to the regions in July 2016.

Recommendation 21: The Committee recommends that there needs to be further suitable accommodation facilities provided for Patient Assisted Travel Scheme patients.

The State Government is investigating additional accommodation facilities through the Medihotels project.

Analysis of a number of the recommendations has been undertaken to determine the potential impact of implementation. This analysis is informing future considerations for the program including stream-lining the administrative and application processes, and service reform such as expansion of Telehealth services to provide patients with care closer to home.