

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Question: E10-370

OUTCOME 13: Acute Care

Topic: NATIONAL HEALTH AND HOSPITALS NETWORK

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to each of the following measures:

- Flexible funding for emergency departments, elective surgery and sub-acute care.
- Improving access to elective surgery
- Four hour national access target for emergency departments
- New sub-acute hospital beds.

Please advise:

- a) What progress has been made in implementing each of these measures?
- b) For each one, what consultation has occurred with (i) state governments (ii) clinicians (iii) other stakeholders?
- c) What funding has been rolled out to date for each of these measures?
- d) In respect of allocated funding please advise by state, how much has been allocated, for what purpose and to whom?
- e) What is the actual definition and requirements to meet the four hour national access target for emergency departments that will be introduced on 1 January 2011?

Answer:

All Schedules

a)

Following the signing by all states and territories of the Heads of Agreement on National Health Reform and subsequent revised National Partnership Agreement on Improving Public Hospital Services as announced at COAG on 13 February 2011, all jurisdictions have agreed to terms and conditions for the delivery of the National Partnership Agreement on Improving Public Hospital Services.

b)

States and territories are required to actively engage with relevant sectors and clinicians involved in the delivery of services and in the identification of priority areas in development of Implementation Plans. Implementation plans will be agreed between the Commonwealth and each state and territory. Payments under the National Partnership Agreement are made to states and territories subject to receipt of satisfactory implementation plans and progress reports as detailed in the various schedules.

In October 2010, the Australian Health Ministers' Advisory Council (AHMAC) established a time-limited Cross-Jurisdictional Clinical Advisory Group (CJCAG), to make recommendations on a nationally consistent definition of 'clinically appropriate' for the Emergency Department Four Hour National Access Target.

In addition, as a component of the revised NPA on Improving Public Hospital Services an Expert Panel will be established to review the Elective Surgery and Emergency Department targets and the National Access Guarantee, for the lifetime of the Agreement. The Panel will comprise a chair, an expert clinician and a former senior health administrator. The Panel is to provide a first report to COAG by 30 June 2011.

Flexible Funding – Schedule F

c)

As at 7 February 2011, a total of \$99,486,477 has been paid to states and territories under Schedule F – Flexible Funding Pool.

d)

The \$200 million in Schedule F is allocated as follows:

Schedule F: Flexible Funding Pool \$								
	NSW (\$m)	Vic (\$m)	Qld (\$m)	WA (\$m)	SA (\$m)	Tas (\$m)	ACT (\$m)	NT (\$m)
Total	56.4	44.7	37.8	21.7	16.6	8.6	7.5	6.7

Improving access to elective surgery – Schedules A and B

c)

As of 7 February 2011, a total of \$157,870,599 has been paid to states and territories under Schedule A (National Access Guarantee and Targets) and \$70,444,001 has been paid to states and territories for Schedule B (Elective Surgery Capital).

d)

The \$650 million in Schedule A is allocated as follows:

Schedule A: Elective Surgery National Access Guarantee and Targets (includes facilitation and reward)								
	NSW (\$m)	Vic (\$m)	Qld (\$m)	WA (\$m)	SA (\$m)	Tas (\$m)	ACT (\$m)	NT (\$m)
Total	209	161.4	132.9	67.7	47.3	14.6	10.4	6.7

The \$150 million in Schedule B is allocated as follows:

Schedule B: Elective Surgery Capital								
	NSW (\$m)	Vic (\$m)	Qld (\$m)	WA (\$m)	SA (\$m)	Tas (\$m)	ACT (\$m)	NT (\$m)
Total	40.3	32.3	27.5	16.5	13	7.5	6.8	6.1

Emergency Department Capital and Four Hour National Access Target for Emergency Departments – Schedules C and D

c)

As of 7 February 2011, a total of \$78,935,300 has been paid to jurisdictions under Schedule C (Emergency Department Four Hour National Access Target – Facilitation and Reward Funding) and \$95,894,586 has been paid to states and territories for Schedule D (Emergency Department Capital Funding).

d)

The \$500 million in Schedule C is allocated as follows:

Schedule C: Emergency Department targets (includes facilitation and reward) \$								
	NSW (\$m)	Vic (\$m)	Qld (\$m)	WA (\$m)	SA (\$m)	Tas (\$m)	ACT (\$m)	NT (\$m)
Total	160.5	124.1	102.5	52.3	36.3	11.2	7.96	5.2

The \$250 million in Schedule D is allocated as follows:

Schedule D: Emergency Department Capital \$								
	NSW (\$m)	Vic (\$m)	Qld (\$m)	WA (\$m)	SA (\$m)	Tas (\$m)	ACT (\$m)	NT (\$m)
Total	72.4	57.1	48	27	20.2	9.7	8.3	7.2

e)

Under the Four Hour National Access Target, a 95 per cent target will be applied for patients presenting to a public hospital emergency department for whom it is 'clinically appropriate' to either physically leave the emergency department for admission to hospital, be referred for treatment, or be discharged within four hours. The Commonwealth and the states and territories are to agree to a nationally consistent definition for 'clinically appropriate' by 31 December 2011.

At the 13 February 2011 COAG meeting, it was agreed that COAG would seek the advice of an Expert Panel comprising a chair, an expert clinician and a former senior health administrator to review the Elective Surgery and Emergency Department targets and the National Access Guarantee, for the lifetime of the Agreement.

New Subacute Beds Guarantee – Schedule E

c)

Nil. States and territories are required under schedule E to propose a nationally consistent growth methodology for subacute. This is a prerequisite for Schedule E payments to states and territories in 2010-11 and is currently being finalised. The methodology will measure state and territory performance under this agreement and will include the number of new subacute beds delivered through this initiative from 2010-11 to 2013-14.

d)

The NPA provides a total of \$1.623 billion in capital and recurrent funding from 2010 to 2013-14 to states and territories to deliver and operate 1,316 new subacute care beds in hospitals and bed-equivalents in the community. This funding is to be allocated to states and territories as follows:

Schedule E: New Subacute Beds Guarantee \$								
	NSW (\$m)	Vic (\$m)	Qld (\$m)	WA (\$m)	SA (\$m)	Tas (\$m)	ACT (\$m)	NT (\$m)
Total	527.4	402.4	327	166.4	119.7	37.3	26.1	16.9