

**LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY**

**WRITTEN QUESTION**

Mrs Finocchiaro to the Minister for Health:

**COVID-19 Budget Response**

- 1. Prior to the COVID-19 health crisis how many of the recommendations in the 'A plan for budget repair: Final report' (the Langoulant Report) had been implemented by the Department of Health?**

NT Health has carriage of one recommendation from the Langoulant Report: Develop a centralised whole of government remote travel hub (recommendation 5.4.7).

Consistent with the NT Government's approved implementation approach (Commence development immediately with implementation across government phased over three years), NT Health has commenced implementation with the establishment of a project board; governance structure; consultation with stakeholders; status of current state of travel and logistics arrangements across the whole of NT Health; and areas for improvement identified.

A detailed project plan was under development prior to the onset of the COVID-19 pandemic. The project activity was temporarily paused.

- a. For all those implemented, what have been the total cost savings to the Department?**

Savings from implementing this recommendation will be realised following successful implementation of a travel hub and revised telehealth processes, incorporating feedback from increased utilisation during the COVID-19 pandemic to inform future project direction, governance and timelines.

- b. How many have continued implementation in full through the COVID-19 health crisis? Please list them.**

Refer responses above.

- c. How many have had the implementation altered in response to the COVID-19 health crisis? Please list them.**

Refer responses above.

2. In regards to elective surgery:

- a. How many elective surgeries have been delayed as a result of the declared medical emergency in response to the COVID-19 health crisis?

Top End Health Service	435
Central Australia Health Service	327

- b. As at 30 April 2020, how many category 2 and 3 patients had been waiting longer than the clinically recommended time (90 days and 365 days) due to the cancellation of elective surgeries?

Top End Health Service	30
Central Australia Health Service	327

- c. Please provide cost of performing elective surgeries in Northern Territory hospitals between 1 March 2020 - 30 April 2020 and the same period in 2019

The amount of administrative effort required to accurately respond is excessive and would result in undue diversion of resources from service delivery.

3. Please list the number of patients/presentations to hospitals or to GP for non-COVID-19 related injuries/illnesses between 1 March 2020 – 30 April 2020 and the same period in 2019. Please include, but do not limit to screening/treatment/assessment for people with any pre-existing conditions or suspected medical problems.

Top End Health Service (TEHS)		
	1 March 2019 - 30 April 2019	1 March 2020 - 30 April 2020
Emergency Department	19 691	16 753
Outpatient Department	37 381	34 690
Hospital admissions	18 124	16 414
<b>TOTAL</b>	<b>75 196</b>	<b>67 857</b>

Central Australia Health Service (CAHS)		
	1 March 2019 - 30 April 2019	1 March 2020 - 30 April 2020
Emergency Department	9548	7704
Outpatient Department	11 243	9226
Hospital admissions	11 503	10 242
<b>TOTAL</b>	<b>32 294</b>	<b>27 172</b>

Notes:

1. The above data relates to non-COVID-19 related presentations / admissions
2. Outpatient attendances exclude pandemic clinics
3. GP presentation data is not able to be reported

4. TEHS activity data is for all four TEHS hospitals (Royal Darwin Hospital, Palmerston Regional Hospital, Katherine Hospital, Gove District Hospital)
5. CAHS activity data is for both CAHS hospitals (Alice Springs Hospital and Tennant Creek Hospital)

**4. Please provide the full cost of providing medical services to communities within designated biosecurity areas that were required to be sent to the communities from outside the biosecurity areas?**

The amount of administrative effort required to accurately respond is excessive and would result in undue diversion of resources from service delivery.

**5. Please provide the number of appointments that have been provided to patients through telehealth between 1 March 2020 – 30 April 2020 and the same period in 2019, and all associated costs.**

<b>Top End Health Service</b>		
	<b>1 March 2019 - 30 April 2019</b>	<b>1 March 2020 - 30 April 2020</b>
Outpatient telehealth appointments	2387	7617

<b>Central Australia Health Service</b>		
	<b>1 March 2019 - 30 April 2019</b>	<b>1 March 2020 - 30 April 2020</b>
Outpatient telehealth appointments	220	676

The amount of administrative effort required to provide figures for telehealth appointments across all Health Service areas and costing information is excessive and would result in undue diversion of resources from service delivery.

**6. Please list any changes made to hospital beds/wards in the Northern Territory that were made in response to the COVID-19 health crisis and list associated costs.**

**Top End Health Service**

Royal Darwin Palmerston Hospital

Bed configuration was scaled to respond to COVID-19 patients if and as needed:

- Inpatient ward 4A and B was reserved by relocating low acuity medical patients to PRH
- Intensive care unit capacity increased
- Equipment – Telemetry beds, ventilators, patient monitors - approximate cost \$661 000
- Lorraine Brennan Centre – 24 beds reserved for Covid-19 patients if required

Katherine Hospital:

KDH has the ability to manage within current bed stock. Location of beds would be changed if required.

Gove District Hospital

There were no material changes made to the hospital bed or wards at Gove District Hospital.

**Central Australia Health Service**

Alice Springs Hospital (ASH) has 14 dedicated hospital beds for COVID-19 patients. ASH has 10 ICU beds for use, with contingency plans for expansion. Minor works to improve infection control were undertaken in the hospital.

The total cost of direct equipment, fit-out and works costs required for COVID-19 across Alice Springs Hospital and Tennant Creek Hospital up to the 31 May 2020 is approximately \$355 000.

- 7. Please list where additional health workers were placed and from where they were sourced to ready/respond to the COVID-19 health crisis in the Northern Territory? How many were there and what was the cost?**

The COVID staffing response has been primarily handled by redirecting health staff to COVID priority areas and ceasing or reducing non-pandemic essential work wherever possible and the reduction of activity across many areas of normal business. Costings are unable to be provided for these resources at this time as they are ongoing at this stage.

- 8. Please list all the costs associated with preparing and operating the Howard Springs Workers Village throughout the Northern Territory's response to the COVID-19 health crisis.**

Personnel	\$0.2 Million
Operational	\$2.9 Million
Total	\$3.1 Million as of 30 April 2020

- 9. How many people in total have been staffed at the Howard Springs Workers Village in response to the COVID-19 health crisis? Please list by department and classification.**

Total of 34 rotation Health Service staff have equated to 16 FTE assigned to the activity. This comprised of:

- 6 Medical personnel
- 15 Nursing personnel
- 8 Allied Health personnel
- 5 Administration support

Two Territory Families staff seconded to Howard Springs Village.

**10. How many people in total have been accommodated at the Howard Springs Workers Village in response to the COVID-19 health crisis?**

111 people have been accommodated at Howard Springs from 4 April to 22 May 2020.