

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

WRITTEN QUESTION

Mr Vowles to the Minister for Health:

Health

1. Please provide details of all intoxicated patients in the custody of police brought to hospital accident and emergency departments for 2012-13 and 2013-14 by month, including the number of presentations, location, length of stay in A&E and the proportion of patients requiring overnight or longer hospitalisation.
2. Please provide details of all alcohol-related presentations to hospital accident and emergency departments for 2012-13 and 2013-14 by hospital and month, including the number of presentations, length of stay in A&E and the proportion of patients requiring overnight or longer hospitalisation.
3. Please provide data for 2012-13 and 2013-14, by hospital, on the proportion of patients presenting to hospital A&E departments who are children under 16 years of age.
4. Please provide a breakdown for 2012-13 and 2013-14 of all grants and service contracts with non-government organisations for provision of health services, including health promotion and disease prevention, mental health support, disability support and community care across the Territory, including the details of service providers, services being provided, the term and cost of grants and contracts, and the location of services being provided.
5. Please provide a breakdown of the \$14m of efficiency measures required of the Department of Health as reported in the *NT News* on 14 May 2013. Please include details of the efficiency measures and savings by budget output and program, including changes to staff numbers, staff level and classification.
6. Please detail the health services that will be reduced or lost as a consequence of the reduction in the 2014-15 budget for remote primary health care delivered by the Top End and Central Australia Health Services, including expected job losses, the nature of the services affected and the locations and communities affected by reduction or loss of services.

Question 1

Departmental information systems do not record the number of patients who are brought in by Police and who are intoxicated. Statistics about alcohol-related hospital admissions are complex and resourcing required to extract this information is considerable. This information was released in February 2014 and will be released annually.

Question 2

For alcohol-related hospital admissions 2012 - 2014, please refer to the following publication:

[http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/88/28.pdf&siteID=1&str_title=Alcohol Related Hospital Admissions and Emergency Department Presentations to NT Public Hospitals.pdf](http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/88/28.pdf&siteID=1&str_title=Alcohol%20Related%20Hospital%20Admissions%20and%20Emergency%20Department%20Presentations%20to%20NT%20Public%20Hospitals.pdf)

Question 3

The proportion of Emergency Department (ED) presentations for children aged under 16 has been stable at around 20% of all presentations during 2012-13 and year to date, April.

Proportion of ED Presentations^(a) aged under 16 years, 2012-13 and 2013-14 YTD April

	2012-13	2013-14 YTD Apr
Royal Darwin Hospital (RDH)	19.3%	18.9%
Katherine Hospital (KH)	22.5%	22.1%
Gove District Hospital (GDH)	27.4%	29.9%
Top End Health Service (TEHS)	20.5%	20.3%
Alice Springs Hospital (ASH)	18.1%	20.1%
Tennant Creek Hospital (TCH)	21.4%	21.6%
Central Australia Health Services (CAHS)	18.9%	20.4%
Northern Territory Total	19.9%	20.3%

(a) Includes Visit Type of Emergency and Unplanned presentations and includes presentations with a departure status of left before being seen and dead on arrival.

Question 4

Please refer to the Department of Health Annual Report.

Question 5

The NT NEWS reported a figure of \$14 million efficiencies, which was a rounding-up of \$13.5M published as part of Budget 2014.

This efficiency is comprised of a number of back of house efficiencies and the deletion of duplicated services.

The New Service Framework changes resulted in 20FTE reduction in middle management. No permanent officer will lose their tenure as a result of these arrangements.

In health service delivery areas there is a less than 1% reduction in nursing positions, equalling 17 FTE.

Projected savings of \$6.5M are anticipated through the roll-out of Phase 2 Alcohol Mandatory Treatment, through, in part, by re-purposing the Long Security Village at the former Berrimah Corrections site.

The realignment of clinical policy and DoH functions will save an estimated \$1.1M.

A reduction in grants to NGO is estimated to yield \$1M. This is largely yielded through maintaining current CPI indexation levels.

Savings of \$650,000 are being made through efficiencies in the Disease Prevention and Health Protection, equating 4FTE.

Savings of \$845,000 are being made across urban community health and dental programs Territory wide, where there is program duplication and maintaining vacancies. This equates to 10 FTE.

Question 6

Primary health care is a Commonwealth responsibility that the NT has historically stepped into where Commonwealth services were not in place. Eight FTEs will be reduced.