

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

WRITTEN QUESTION

Mrs Finocchiaro to the Minister for Health:

**Annual Report – Department of Health**

1. Are the recently announced Meningococcal vaccine rollouts to all children outside the Top End paid for out of the existing vaccine budget? Or is this an unbudgeted expense?
2. How much did the Wi-Fi upgrades cost and was there a specific budget allocation for this expense?
3. Does the Department have the requisite specialist practitioners and staff to maintain the required level of service for cardiothoracic and neurosurgical services at Royal Darwin Hospital?
4. How many specialists engaged at Territory Hospitals were engaged on an agency basis as distinct from being employed during the reporting year?
5. How many people have received voluntary alcohol treatment at the Berrimah facility since it opened?
6. How can this year's high number of TEHS Weight Activity Units be explained? (page 60)
7. How can the lower-than-expected percentage of emergency patients leaving within 4 hours of presentation be explained at RDH? (page 60)
8. Can the sustained increase in aged care occasions of service in TEHS be explained? (page 61)
9. Can the steady rise in TEHS prison incidences of care be explained? Why is an annual increase considered "on target"? (page 63)
10. According to the report the CAHS Alcohol Mandatory Treatment is struggling to keep up with demand, and lacked resources, are the same resources required for voluntary treatment programs? (page 73)
11. Can the steady rise in CAHS prison incidences of care be explained? Why is an annual increase considered "on target"? (page 76)
12. Are there any associated costs with the reconstituting of the NT Clinical Council as the Clinical Senate? (page 87)

13. Can CAHS explain the increased incidence of “golden staph” infection this year? (page 91) what has been done to prevent a re-occurrence at such high rates?
14. Is RDH’s high energy consumption and large carbon footprint due to the age of the buildings and facilities? (page 96)
15. How will Palmerston Regional Hospital’s design enhance energy efficiency and keep its carbon footprint small?
16. What recruitment strategies are underway to ensure a sustainable workforce for the Palmerston Regional Hospital? Will any staff be recruited from agencies?
17. When will the birthing suites be operational at the Palmerston Regional Hospital?
18. Does it serve departmental objectives to have 60% of DoH FTEs as administrative employees? How does the Department justify this? (page 104)
19. What proportion of Aboriginal employees recruited under the Special Measures Plan come from remote communities? (page 110)
20. How can the Department explain that 38% of worker compensation payments were made to DoH employees, when 60% are administrative workers? (page 119)
21. How can the \$46.5 million increase in operating expenses be explained? (page 122)
22. How many of the department’s assets are liquid? Are there any unfunded liabilities once non-liquid assets are accounted for? (page 125)
23. Does TEHS project that it will be at least operating budget neutral at any point over the forward estimates? (page 167)
24. What is the Department doing to address the high number of Recruitment agency personnel engaged?
25. What is the department doing to address the wait list for public dental patients?
26. What is the difference in the number of Aboriginal Health Practitioners year on year?
27. How many health clinics have transferred to Aboriginal Community controlled in the year under report and what are their specific locations and names of managing organisations?

## Annual Report – Australian Health Practitioner Regulation Agency 2016

1. The report shows that the number of registered health practitioners in the National Scheme grew by 3.2% this year, to 678,938. However, registered practitioners by principal place of practice has been slowly dropping in the NT. In 2013-14 it appears to be 1.09%; in 2014/15 – 1.05%; in 2015-16 – 1.05%; in 2016-17 – 1.04%.  
  
Can you please advise the percentage of registered practitioners by profession, by principal place of practice for the years 2010-11, 2011-12, 2012-13.
2. Can you please advise the reason for this disturbing statistic, given the overall national increase in practitioners and what the current Government is planning to do about it?
3. Can you please explain the reason why at 2.2%, the Northern Territory, together with Queensland, has the highest percentage of all registered health practitioners with notifications made about them in 2016/17, by profession and state or territory?
4. Can you please provide details on the 53 NT cases that are being actively monitored by AHPRA, against all five categories: conduct, health, performance, prohibited practitioners/students and suitability/eligibility.
5. It is noted that AHPRA provides reports by monitoring cases established, rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. Please advise the length of time it takes to actively monitor 'a case'.
6. Is the registrant free to practice while the case is being monitored and is this considered a risk?