

**ISSUE: Division of Women, Youth & Children – Centenary Hospital for Women & Children – Birth Centre Capacity**

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- A recent FOI obtained by the ABC outlined that capacity in the birth centre is "less than 50% on most days".
- The birth centre was built to meet current and future demand and it is not unexpected that it would have some vacancy capacity to meet future demand.
- The current occupancy for the birth centre is in line with previous years and does not show a significant reduction.
- Despite the birth centre model being a popular model, the CH&HS also offer a Continuity of Care model (CatCH) which is a model that is accessible to all women who have planned to birth at the Canberra Hospital. This model is also becoming increasingly popular and may also attribute to vacancy's in the birth centre.
- The birth centre model is not a model that all midwives wish to work under and therefore recruitment to positions has been challenging for the Health Directorate. Recruitment attempts continue in this area.
- Currently reviewing options for increasing use of the birth centre.

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**Associate Professor Zsuzsoka Kecskes**  
**Acting Executive Director**  
**Division of Women, Youth & Children**

**Phone: 6174 7389**

**QUESTION TIME BRIEF**

**March 2013**

**SUBJECT: CENTENARY HOSPITAL FOR WOMEN & CHILDREN**

**ISSUE: Birth Centre capacity**

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- A recent FOI obtained by the ABC outlined that capacity in the birth centre is "less than 50% on most days".
- The birth centre was built to meet current and future demand and it is not unexpected that it would have some vacancy capacity to meet future demand.
- The current occupancy for the birth centre is in line with previous years and does not show a significant reduction.
- For the month of March there have been 276 births and the occupancy for the birth centre is 55%.
- Despite the birth centre model being a popular model, the CH&HS also offer a Continuity of Care model (CatCH) which is a model that is accessible to all women who have planned to birth at the Canberra Hospital. This model is also becoming increasingly popular and may also attribute to vacancies in the birth centre.
- The birth centre model is not a model that all midwives wish to work under and therefore recruitment to positions has been challenging for the Health Directorate. Recruitment attempts continue in this area.
- The Health Directorate is currently reviewing options for increasing use of the birth centre.

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Elizabeth Chatham  
Executive Director  
Division of Women, Youth & Children

6174 7389

QUESTION TIME BRIEF

9 - 11 April 2013

**SUBJECT: CENTENARY HOSPITAL FOR WOMEN & CHILDREN****ISSUE:** Birth Centre capacity

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- A recent FOI obtained by the ABC outlined that capacity in the Birth Centre is "less than 50% on most days".
  - The Birth Centre was built to meet current and future demand and it is not unexpected that it would have some vacancy capacity to meet future demand. A recruitment strategy is in place to ensure that future expected vacancies due to natural attrition are able to be recruited to in a timely manner.
  - There has been an increase in staffing of 2 FTE since March this year which has also allowed for more women to receive care through the Birth Centre, somewhat reducing the unmet demand.
  - The Birth Centre is currently fully staffed to the funded staff levels and successful recruitment strategies have been employed over the last 5 years to ensure that full staffing is maintained.
  - The current occupancy for the Birth Centre is in line with previous years and does not show a reduction.
  - The Birth Centre model is a popular choice for Canberra women who are low risk and expecting or preferring low intervention approach to care. Canberra Hospital and Health Services also offer a Continuity of Care at Canberra Hospital model (CatCH) which is a model that is accessible to both low risk and higher risk women who have planned to birth at the Canberra Hospital, but who may prefer, or are medically required to birth in the Birthing Suite. This model is also becoming increasingly popular and has assisted in reducing the demand for the Canberra Midwifery Program (CMP) by ensuring that women receive care in the most appropriate model.
  - Extra funding has been allocated to increase staffing levels in the CatCH Program which will further reduce the waiting list for the Birth Centre.
  - ACT Health is currently reviewing options for increasing the use of the Birth Centre.

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Elizabeth Chatham  
Executive Director  
Division of Women, Youth & Children

6174 7389

Last updated: 28 March 2013

**QUESTION TIME BRIEF**

7 - 16 May 2013

**SUBJECT: CENTENARY HOSPITAL FOR WOMEN & CHILDREN****ISSUE: Birth Centre Capacity**

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- An FOI obtained by the ABC outlined that capacity in the birth centre is "less than 50% on most days".
  - The birth centre was built to meet current and future demand and it is not unexpected that it would have some vacancy capacity now in order that future demand can be met.
  - The current occupancy for the birth centre is in line with previous years and does not show a reduction.
  - There has been an increase in staffing of 2 FTE since March this year which has also allowed for more women to receive care through the Birth Centre, somewhat reducing the unmet demand.
  - The Birth Centre is currently fully staffed to the funded staff levels and successful recruitment strategies have been employed over the last five years to ensure that full staffing is maintained.
  - ACT Health is currently reviewing options for increasing use of the Birth Centre.
  - The birth centre model is a popular choice for Canberra women who are low risk and expecting or preferring low intervention approach to care.
  - Canberra Hospital and Health Services also offer a Continuity of Care model (CaTCH) which is a model that is accessible to both low risk and higher risk women who have planned to birth at the Canberra Hospital, but who may prefer, or are medically required, to birth in the birthing suite. This model is becoming increasingly popular and has assisted in reducing the demand for the Canberra Midwifery Program.
  - Extra funding has been allocated to increase staffing levels in the CaTCH program and recruitment has commenced.
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Elizabeth Chatham  
Executive Director  
Division of Women, Youth & Children

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QUESTION TIME BRIEF

4 – 6 June 2013

**SUBJECT: CENTENARY HOSPITAL FOR WOMEN & CHILDREN****ISSUE: Birth Centre Capacity**

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- An FOI obtained by the ABC outlined that capacity in the birth centre is “less than 50% on most days”.
  - The birth centre was built to meet current and future demand and it is not unexpected that it would have some vacancy capacity now in order that future demand can be met.
  - The current occupancy for the birth centre is in line with previous years and does not show a reduction.
  - There has been an increase in staffing of 2 FTE since March this year which has also allowed for more women to receive care through the Birth Centre, somewhat reducing the unmet demand.
  - The Birth Centre is currently fully staffed to the funded staff levels and successful recruitment strategies have been employed over the last five years to ensure that full staffing is maintained.
  - ACT Health is currently reviewing options for increasing use of the Birth Centre.
  - Total births for the Canberra Midwifery Program 2012-2013 is 708.
  - The birth centre model is a popular choice for Canberra women who are low risk and expecting or preferring low intervention approach to care.
  - Canberra Hospital and Health Services also offer a Continuity of Care model (CaTCH) which is a model that is accessible to both low risk and higher risk women who have planned to birth at the Canberra Hospital, but who may prefer, or are medically required, to birth in the birthing suite. This model is becoming increasingly popular and has assisted in reducing the demand for the Canberra Midwifery Program.
  - Extra funding has been allocated in the 2013-2014 budget to increase staffing levels in the CaTCH program.

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Elizabeth Chatham  
Executive Director  
Division of Women, Youth & Children

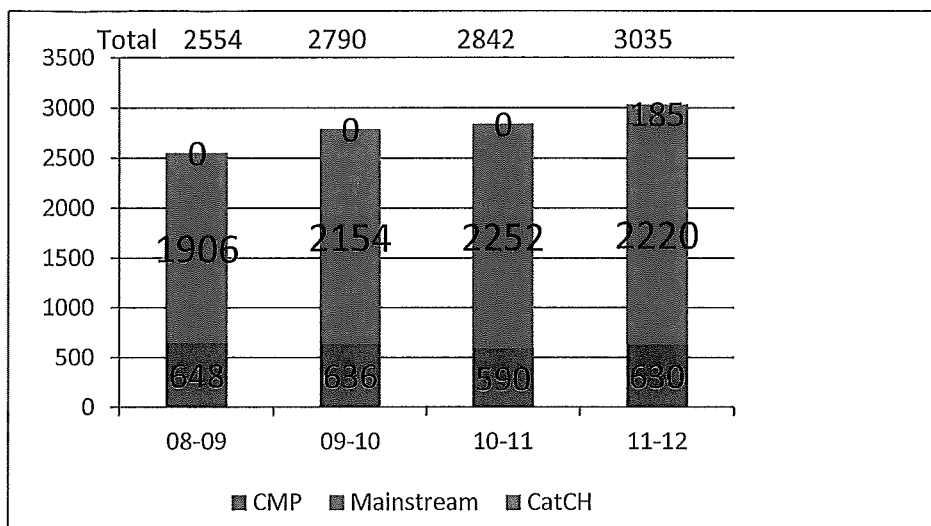
6174 7389

Last updated: 22 April 2013

**ISSUE: Division of Women, Youth & Children – Centenary Hospital for Women, Youth & Children - Capacity Issues**

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- There have been significant changes over recent years in the mix between private and public sector births with the number of public sector births increasing significantly over recent years.
- For example, over the past 5 years between 2006-07 to 2011-12 there has only been a 9% increase in the total number of births in the ACT, which is less than 2% per year. However, over the same period there has been a 25% increase in births in the public sector, whilst private hospitals have experienced a 21% reduction in birth rates over the same period.
- Changes to the Medicare Safety Net and what have coincided with significant decrease in private sector activity and a significant increase in public sector activity. This change was significant in 2010-11 and 2011-12 as many of the private sector bookings were already made at the time of the safety net changes. The change in pattern and downturn of private sector activity unfortunately occurred at a time that was too late to enable any change in planning for construction of the new hospital.
- The planning of the facility was based on the projections for increases in demand and the total number of ACT births is consistent with the projections that were made. However, the safety net changes were not known at this time and therefore shift from private to public sector was unexpected.
- Over recent years there has also been an increased popularity for the midwifery run model of care which has also increased the number of women using the public sector birthing services.
- Since the beginning of the 2012-13 financial year, the total births year to date (YTD) is 1157, which if the trend continues may impact on the full year effect of approximately 3,300 births.
- The demand for the services is depicted in the graph below and relates to the growth over time for the financial years:



- Stage 2 of the hospital is progressing well and will be completed later in 2013. The operation of Stage 2 is being reviewed to maximise the capacity to respond to the increased demand.

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Associate Professor Zsuzsoka Kecskes  
 Acting Executive Director  
 Division of Women, Youth & Children

Phone: 6174 7389

**QUESTION TIME BRIEF**

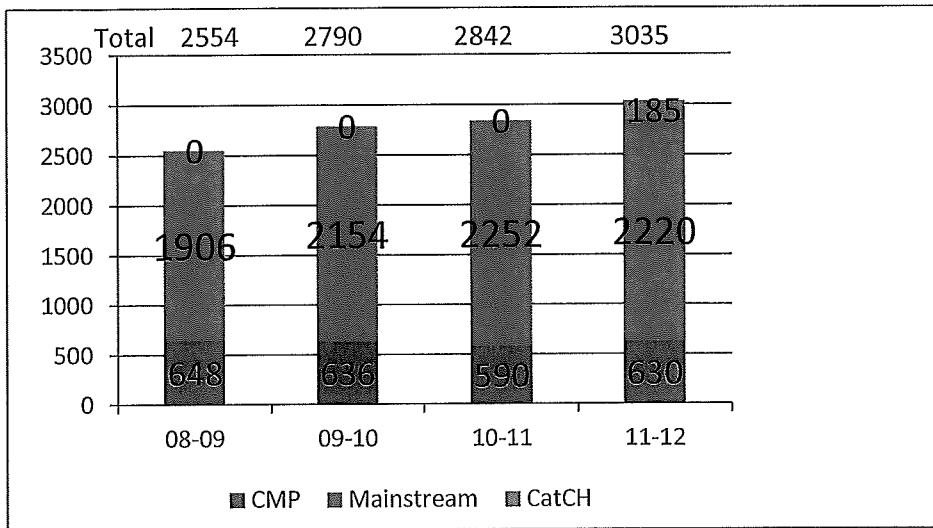
**March 2013**

**SUBJECT: CENTENARY HOSPITAL FOR WOMEN, YOUTH & CHILDREN**

**ISSUE: Capacity Issues**

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- There have been significant changes over recent years in the mix between private and public sector births with the number of public sector births increasing significantly over recent years.
- For example, over the past 5 years between 2006-07 to 2011-12 there has only been a 9% increase in the total number of births in the ACT, which is less than 2% per year. However, over the same period there has been a 25% increase in births in the public sector, whilst private hospitals have experienced a 21% reduction in birth rates over the same period.
- Changes to the Medicare Safety Net and what have coincided with significant decrease in private sector activity and a significant increase in public sector activity. This change was significant in 2010-11 and 2011-12 as many of the private sector bookings were already made at the time of the safety net changes. The change in pattern and downturn of private sector activity unfortunately occurred at a time that was too late to enable any change in planning for construction of the new hospital.
- The planning of the facility was based on the projections for increases in demand and the total number of ACT births is consistent with the projections that were made. However, the safety net changes were not known at this time and therefore shift from private to public sector was unexpected.
- Over recent years there has also been an increased popularity for the midwifery run model of care which has also increased the number of women using the public sector birthing services
- Since the beginning of the 2012-13 financial year, the total births year to date (YTD) is 2,226, which if the trend continues may result in a full year effect of approximately 3,300 births. This compares with 3,035 in 2011-12.
- The demand for the services is depicted in the graph below and relates to the growth over time for the financial years:



- Stage 2 of the hospital is progressing well and will be completed later in 2013. The operation of Stage 2 is being reviewed to maximise the capacity to respond to the increased demand.

Elizabeth Chatham  
 Executive Director  
 Division of Women, Youth & Children

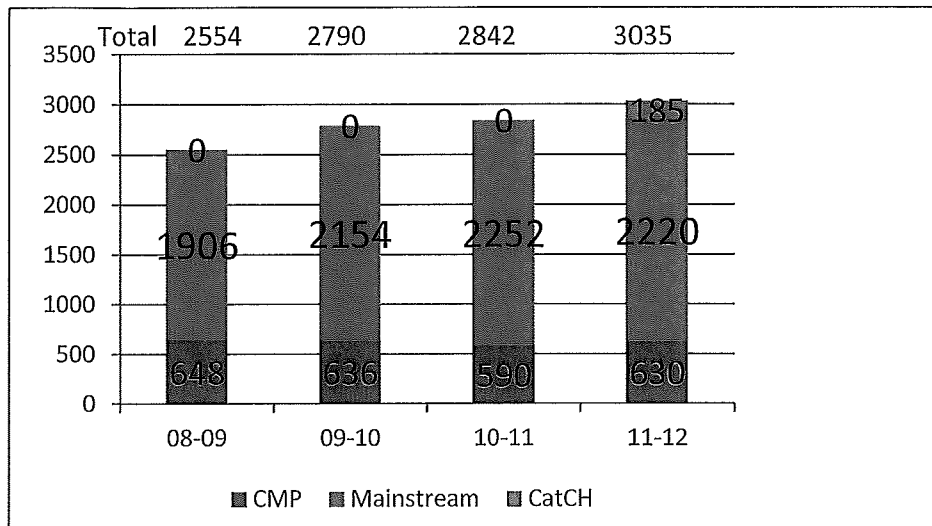
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QUESTION TIME BRIEF

9 - 11 April 2013

**SUBJECT:** CENTENARY HOSPITAL FOR WOMEN, YOUTH & CHILDREN**ISSUE:** Capacity Issues

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- There have been significant changes over recent years in the mix between private and public sector births with the number of public sector births increasing significantly over recent years.
  - For example, over the past 5 years between 2006-07 to 2011-12 there has only been a 9% increase in the total number of births in the ACT, which is less than 2% per year. However, over the same period there has been a 25% increase in births in the public sector, whilst private hospitals have experienced a 21% reduction in birth rates over the same period.
  - Changes to the Medicare Safety Net and what have coincided with significant decrease in private sector activity and a significant increase in public sector activity. This change was significant in 2010-11 and 2011-12 as many of the private sector bookings were already made at the time of the safety net changes. The change in pattern and downturn of private sector activity unfortunately occurred at a time that was too late to enable any change in planning for construction of the new hospital.
  - The planning of the facility was based on the projections for increases in demand and the total number of ACT births is consistent with the projections that were made. However, the safety net changes were not known at this time and therefore shift from private to public sector was unexpected.
  - Over recent years there has also been an increased popularity for the midwifery run model of care which has also increased the number of women using the public sector birthing services
  - Since the beginning of the 2012-13 financial year, the total births year to date (YTD) is 2,399, which if the trend continues may result in a full year effect of approximately 3,300 births. This compares with 3,035 in 2011-12. The demand for the services is depicted in the graph below and relates to the growth over time for the financial years:



- Stage 2 of the hospital is progressing well and will be completed later in 2013. The operation of Stage 2 is being reviewed to maximise the capacity to respond to the increased demand.

Elizabeth Chatham  
 Executive Director  
 Division of Women, Youth & Children

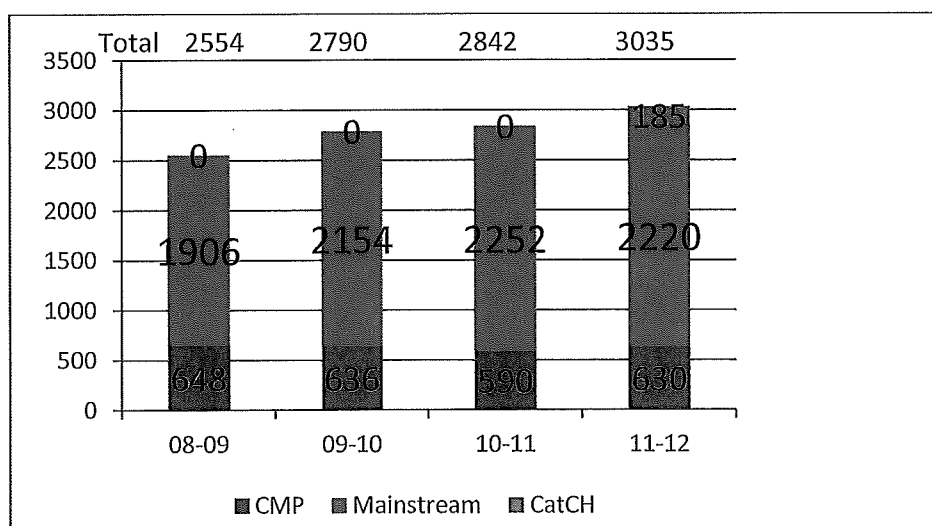
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QUESTION TIME BRIEF

7 - 16 May 2013

**SUBJECT:** CENTENARY HOSPITAL FOR WOMEN, YOUTH & CHILDREN**ISSUE:** Capacity Issues

- The total births year to date (YTD) in 20012/13 is 2,775, which if the trend continues may result in a full year effect of approximately 3,300 births. This compares with 3,035 in 2011-12.
- The demand for the services is depicted in the graph below and relates to the growth over time for the financial years:



- There have been significant changes over recent years in the mix between private and public sector births with the number of public sector births increasing significantly over recent years.
- Between 2006-07 to 2011-12 there has only been a 9% increase in the total number of births in the ACT, which is less than 2% per year. However, over the same period there has been a 25% increase in births in the public sector, whilst private hospitals have experienced a 21% reduction in birth rates over the same period.
- Changes to the Medicare Safety Net have coincided with significant decrease in private sector activity and a significant increase in public sector activity. This change was significant in 2010-11 and 2011-12 (as many of the private sector bookings were already made at the time of the safety net changes). The change in pattern and downturn of private sector activity unfortunately occurred too late to enable any change in planning for construction of the new hospital.

Last Updated: 22 April 2013

- The planning of the facility was based on the projections for increases in demand. Total number of ACT births is consistent with the projections that were made. However, the safety net changes were not known at this time and therefore shift from private to public sector was unexpected.
- Over recent years there has also been an increased popularity for the midwifery run model of care which has also increased the number of women using the public sector birthing services
- Stage 2 of the hospital is progressing well and will be completed later in 2013. The operation of Stage 2 is being reviewed to maximise the capacity to respond to the increased demand.

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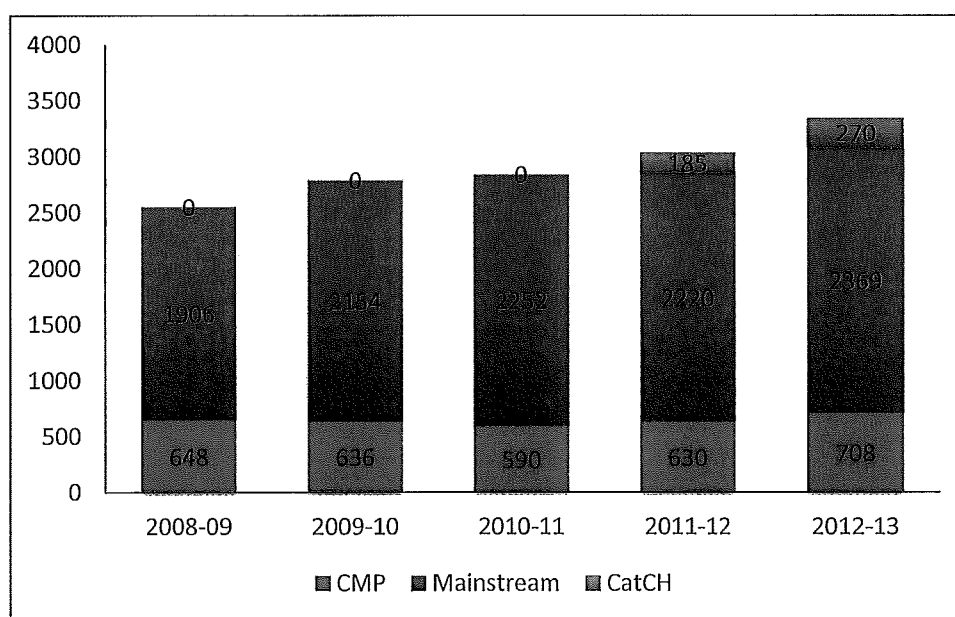
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QUESTION TIME BRIEF

4 – 6 June 2013

**SUBJECT:** CENTENARY HOSPITAL FOR WOMEN, YOUTH & CHILDREN**ISSUE:** Capacity Issues

- The total births year to date (YTD) in 2012-13 is 3,342 this compares with 3,035 in 2011-12.
- The demand for the services is depicted in the graph below and relates to the growth over time for the financial years:



- There have been significant changes over recent years in the mix between private and public sector births with the number of public sector births increasing significantly over recent years.
- Between 2006-07 to 2011-12 there has only been a 9% increase in the total number of births in the ACT, which is less than 2% per year. However, over the same period there has been a 25% increase in births in the public sector, whilst private hospitals have experienced a 21% reduction in birth rates over the same period.
- Changes to the Medicare Safety Net have coincided with significant decrease in private sector activity and a significant increase in public sector activity. This change was significant in 2010-11 and 2011-12 (as many of the private sector bookings were already made at the time of the safety net changes). The change in pattern and downturn of private sector activity unfortunately occurred too late to enable any change in planning for construction of the new hospital.

Last Updated: 22 April 2013

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- Over recent years there has also been an increased popularity for the midwifery run model of care which has also increased the number of women using the public sector birthing services.
- Stage 2 of the hospital is progressing well and will be completed later in 2013. The operation of Stage 2 is being reviewed to maximise the capacity to respond to the increased demand.

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Elizabeth Chatham  
Executive Director  
Division of Women, Youth and Children

Ph no. 6174 7389

# Chief Ministers Talkback Brief

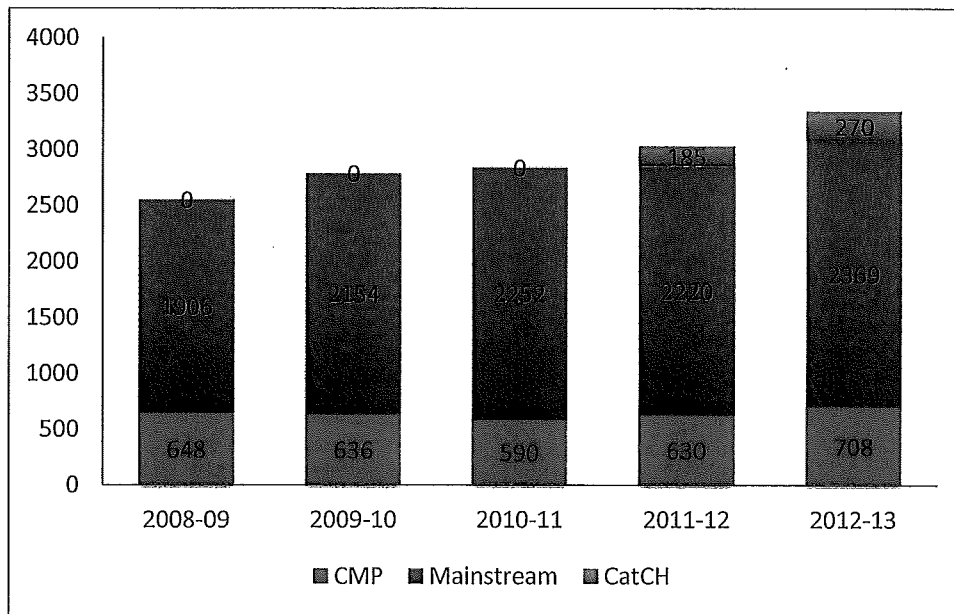
## ISSUE: CENTENARY HOSPITAL FOR WOMEN, YOUTH & CHILDREN – CAPACITY ISSUES

26 July 2013

<b>Minister responsible:</b>	<b>Directorate:</b>	<b>Contact Officer:</b>
Katy Gallagher, MLA	Health	Elizabeth Chatham

### KEY POINTS

- The total births year to date (YTD) in 2012-13 is 3,342 this compares with 3,035 in 2011-12.
- The demand for the services is depicted in the graph below and relates to the growth over time for the financial years:



- There have been significant changes over recent years in the mix between private and public sector births with the number of public sector births increasing significantly over recent years.
- Between 2006-07 to 2011-12 there has only been a 9% increase in the total number of births in the ACT, which is less than 2% per year. However, over the same period there has been a 25% increase in births in the public sector, whilst private hospitals have experienced a 21% reduction in birth rates over the same period.

**Chief Ministers Talkback Brief**  
**ISSUE: CENTENARY HOSPITAL FOR WOMEN, YOUTH &  
CHILDREN – CAPACITY ISSUES**

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- Changes to the Medicare Safety Net have coincided with significant decrease in private sector activity and a significant increase in public sector activity. This change was significant in 2010-11 and 2011-12 (as many of the private sector bookings were already made at the time of the safety net changes). The change in pattern and downturn of private sector activity unfortunately occurred too late to enable any change in planning for construction of the new hospital.
- The planning of the facility was based on the projections for increases in demand. Total number of ACT births is consistent with the projections that were made. However, the safety net changes were not known at this time and therefore shift from private to public sector was unexpected.
- Over recent years there has also been an increased popularity for the midwifery run model of care which has also increased the number of women using the public sector birthing services.
- Stage 2 of the hospital is progressing well and will be completed later in 2013. The operation of Stage 2 is being reviewed to maximise the capacity to respond to the increased demand.

# Chief Ministers Talkback Brief

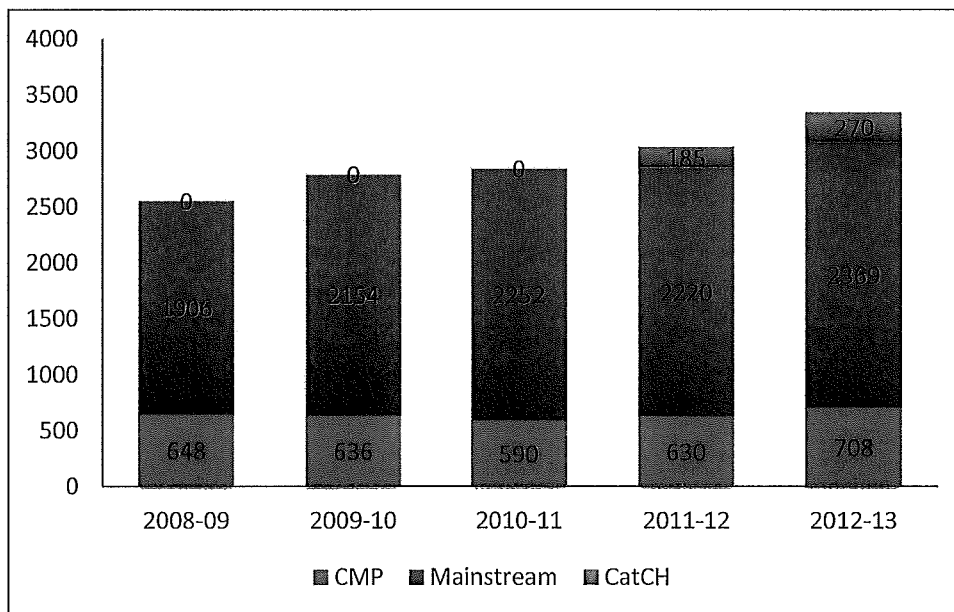
## ISSUE: CENTENARY HOSPITAL FOR WOMEN, YOUTH & CHILDREN – CAPACITY ISSUES

21 and 23 August 2013

<b>Minister responsible:</b>	<b>Directorate:</b>	<b>Contact Officer:</b>
Katy Gallagher, MLA	Health	Elizabeth Chatham

### KEY POINTS

- The total births year to date (YTD) for 2013-2014 is 280.
- The total births for 2012-13 was 3,342 compared with 3,035 in 2011-12, a 10% increase.
- The demand for the services is depicted in the graph below and relates to the growth over time for the financial years:



- There have been significant changes over recent years in the mix between private and public sector births with the number of public sector births increasing significantly over recent years.
- Between 2006-07 to 2011-12 there has only been a 9% increase in the total number of births in the ACT, which is less than 2% per year. However, over the same period there has been a 25% increase in births in the public sector, whilst private hospitals have experienced a 21% reduction in birth rates over the same period.

## **Chief Ministers Talkback Brief**

### **ISSUE: CENTENARY HOSPITAL FOR WOMEN, YOUTH & CHILDREN – CAPACITY ISSUES**

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- Changes to the Medicare Safety Net have coincided with significant decrease in private sector activity and a significant increase in public sector activity. This change was significant in 2010-11 and 2011-12 (as many of the private sector bookings were already made at the time of the safety net changes). The change in pattern and downturn of private sector activity unfortunately occurred too late to enable any change in planning for construction of the new hospital.
- The planning of the facility was based on the projections for increases in demand. Total number of ACT births is consistent with the projections that were made. However, the safety net changes were not known at this time and therefore shift from private to public sector was unexpected.
- Over recent years there has also been an increased popularity for the midwifery run model of care which has also increased the number of women using the public sector birthing services.
- Strategies have been put in place to manage the demand, such as:
  - The opening of four short stay beds in postnatal as a short term measure to manage the overflow of patients
  - The allocation of an additional member of staff to work between the post natal and antenatal wards during the night.
  - The allocation of a Team Leader for all shifts in the Birthing Suite
  - Increase in capacity for the continuity programs and the appointment of a permanent Clinical Midwife Manager (CMM) for the CatCH program
- Stage 2 of the hospital is progressing well and will be completed later in 2013. The operation of Stage 2 is being reviewed to maximise the capacity to respond to the increased demand.

# Chief Ministers Talkback Brief

## ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN – BIRTH CENTRE CAPACITY

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26 July 2013

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<b>Minister responsible:</b>	<b>Directorate:</b>	<b>Contact Officer:</b>
Katy Gallagher, MLA	Health	Elizabeth Chatham

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### KEY POINTS

- An FOI obtained by the ABC outlined that capacity in the birth centre is “less than 50% on most days”.
- The birth centre was built to meet current and future demand and it is not unexpected that it would have some vacancy capacity now in order that future demand can be met.
- The current occupancy for the birth centre is in line with previous years and does not show a reduction.
- There has been an increase in staffing of 2 FTE since March this year which has also allowed for more women to receive care through the Birth Centre, somewhat reducing the unmet demand.
- The Birth Centre is currently fully staffed to the funded staff levels and successful recruitment strategies have been employed over the last five years to ensure that full staffing is maintained.
- ACT Health is currently reviewing options for increasing use of the Birth Centre.
- Total births for the Canberra Midwifery Program 2012-13 is 708.
- The birth centre model is a popular choice for Canberra women who are low risk and expecting or preferring low intervention approach to care.
- Canberra Hospital and Health Services also offer a Continuity of Care model (CatCH) which is a model that is accessible to both low risk and higher risk women who have planned to birth at the Canberra Hospital, but who may prefer, or are medically required, to birth in the birthing suite. This model is becoming increasingly popular and has assisted in reducing the demand for the Canberra Midwifery Program.
- Extra funding has been allocated in the 2013-14 budget to increase staffing levels in the CaTCH program.

**Chief Ministers Talkback Brief**  
**ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN**  
**– BIRTH CENTRE CAPACITY**

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21 and 23 August 2013

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<b>Minister responsible:</b>	<b>Directorate:</b>	<b>Contact Officer:</b>
Katy Gallagher, MLA	Health	Elizabeth Chatham

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**KEY POINTS**

- An FOI obtained by the ABC outlined that capacity in the birth centre is “less than 50% on most days”.
- The birth centre was built to meet current and future demand and it is not unexpected that it would have some vacancy capacity now in order that future demand can be met.
- The current occupancy for the birth centre is in line with previous years and does not show a reduction.
- There has been an increase in staffing of 2 FTE since March this year which has also allowed for more women to receive care through the Birth Centre, somewhat reducing the unmet demand.
- The Birth Centre is currently fully staffed to the funded staff levels and successful recruitment strategies have been employed over the last five years to ensure that full staffing is maintained.
- ACT Health is currently reviewing options for increasing use of the Birth Centre.
- Total births for the Canberra Midwifery Program (CMP) for 2012-13 was 708.
- The birth centre model is a popular choice for Canberra women who are low risk and expecting or preferring low intervention approach to care.
- CHWC also offers a Continuity of Care model (CatCH) which is a model that is accessible to both low risk and higher risk women who have planned to birth at the CHWC, but prefer, or are medically required, to birth in the birthing suite. This model is becoming increasingly popular and has assisted in reducing the demand for the Canberra Midwifery Program.
- Extra funding has been allocated in the 2013-14 budget to increase staffing levels in the CatCH program.























































**SUBJECT: Review of Inpatient Obstetric Projections**

To: Stephen Goggs, Deputy Director-General, Strategy & Corporate  
Ian Thompson, Deputy Director-General, Canberra Hospital and Health  
Services

Through: Grant Carey-Ide, Executive Director, Service & Capital Planning

From: Jacinta George, Senior Manager, Health Services Planning Unit

Date: 1 July 2013

**Purpose**

To brief you on the Review of Inpatient Obstetric Projections undertaken by Harges & Associates (Attachment A).

**Background**

Harges & Associates were engaged to undertake of review of ACT Health obstetric inpatient activity projections to 2022 in light of changes in national insurance policy; and clinical trends nationally in public and private hospitals.

The Executive Summary of the review finds that:

- The projections for deliveries are broadly consistent with both population trends and previous hospital utilisation in the ACT.
- Obstetric activity in ACT public hospitals has been relatively stable and well suited to projection modelling.
- There has been a significant shift from the private sector to the public sector in 2010-11 and again in 2011-12. The shift from the private sector to the public sector is much larger than attributable to the impact of the Medicare Safety Net capping which was introduced in the beginning of 2010. This caused a National decrease in private Obstetrics of around 4.0%. The reduction in the ACT has been well-beyond these levels, especially for Vaginal Deliveries.
- The reasons for the shift from private to public sector are not completely clear but it is noted that, in addition to the impact of the Medicare Safety Net capping, there has been a substantial improvement in the public sector capital stock with the opening of Stage 1 of the Women's and Children's' Centenary Hospital in 2011-12. While this did not increase the public sector supply it may well have impacted upon patient choice – and provided significant competition to the private sector.

- Modelling in this review has indicated that, based upon the 2011-12 public/private distribution of Obstetrics, ACT public hospitals may be expected to accommodate an additional 150-160 Vaginal deliveries and 105-115 Caesarean deliveries (by 2021/22) compared to previous projections.
- Length of stay trends for obstetrics in the ACT are broadly in line with trends elsewhere. It is noted that average stay in the public sector is well below the private sector and low compared to other jurisdictions. Continued reduction in length of stay in ACT public hospitals will require support.
- There has been a notable increase in Caesarean deliveries in ACT public hospitals (ACT residents) over the period – from 23.4% of all deliveries in 2006/2007 to 27.8% in 2011/2012. (Non ACT residents giving birth in the ACT increased over the same period from 34.15% to 35.44% caesareans).
- The ACT has one of the highest levels of private health insurance in Australia. These levels have shown no sign of falling - but the comparatively high levels of private health insurance are not reflected in the comparatively low levels of private hospital use.
- It is not clear whether the public/private Obstetric mix will stabilise, continue to shift towards the public sector or reverse to a distribution more consistent with the underlying health insurance levels. It is critical to ascertain the intentions of the private sector. Planning for future public sector obstetrics needs to consider and allow for appropriate levels of private sector development. It is evident that the private sector has reservations (in the ACT at least) about the ongoing supply of Obstetric services. Proposed development of public services needs to be cognisant of private sector intentions and concerns.

### **Issues/Implications**

Adjusting the final table of the Hades Report for Day activity it is projected that the total ACT public sector activity in 21/22 will be nearly 4,800 births – representing a 6% variance on the previous projections.

**Adjusted final table - Harges Report**

*Day episodes & ACT Public Total added*

Place of Treatment	ESRG	O'N +		Total incl Day		add. by 2021/22
		2021_22	2021_22SC	2021_22	2021_22SC	
TCH	722 Vaginal Delivery	1,865	1,966	2,079	2,179	100
	723 Caesarean Delivery	813	885	814	886	72
	<b>Total</b>	<b>2,679</b>	<b>2,851</b>	<b>2,892</b>	<b>3,065</b>	<b>172</b>
Calvary	722 Vaginal Delivery	1,078	1,135	1,142	1,199	57
	723 Caesarean Delivery	474	515	494	536	41
	<b>Total</b>	<b>1,552</b>	<b>1,650</b>	<b>1,636</b>	<b>1,734</b>	<b>98</b>
ACT Public	722 Vaginal Delivery	2,944	3,101	3,220	3,377	157
	723 Caesarean Delivery	1,287	1,400	1,308	1,421	113
	<b>Total</b>	<b>4,230</b>	<b>4,501</b>	<b>4,528</b>	<b>4,799</b>	<b>270</b>

Facility planning for the Centenary Women's & Children's Hospital assumed 3,500 births at CH&HS by 2022. The projected activity of 3,065 deliveries by 21/22 is still well below the planned for 3,500 delivery events.

The underlying assumptions of 3,500 deliveries were that 30% would be caesarean with an average length of stay between 3-4 days; of the remaining vaginal deliveries 24% would be through the birth centre model with an ALOS of 1 day and 76% would be non birth centre with an ALOS of 2.7 days. These assumed ALOS are not inconsistent with the trends noted in the Harges report.

Master planning at Calvary Hospital (CH) is still progressing. Capital funding has been allocated to provide 2 additional birth suites at Calvary, this will provide a total capacity of 7 suites. Current public sector deliveries are in the order of 1,500 and with the additional rooms there is capacity for around 2,100 delivery events (assuming 300 deliveries per annum per room).

As the Harges report indicated, it is difficult to project the total market deliveries in the ACT in the future as the data aims to protect private sector commercial interests. However, making some assumptions, it is estimated that the total deliveries in the ACT (public & private) by 2021/22 would be in the order of 6,300.

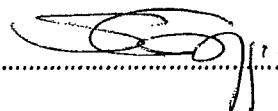
Given current capacity in the public sector is in the order of 5,600 delivery events (3,500 CH&HS; 2,100 CH) and remaining capacity in the private sector of 1,200 delivery events, there is enough capital stock across the territory to meet projected demand.

Consideration of a third public sector birth centre would either lead to underutilisation of existing public sector resources as the volume required to support a stand alone facility would be high enough to drain from the two existing public sites. Or could put significant pressure on the private sector, enough to potentially force a complete withdrawal from the market with the flow on that essentially all private births would need to be accommodated in the public sector.

### Recommendation

That you note the above information.

NOTED/PLEASE DISCUSS



.....  
*Stephen Goggs*  
**Deputy Director-General, Strategy & Corporate**  
5 July 2013

NOTED/PLEASE DISCUSS

.....  
*Ian Thompson*  
**Deputy Director-General, Canberra Hospital & Health Services**  
July 2013



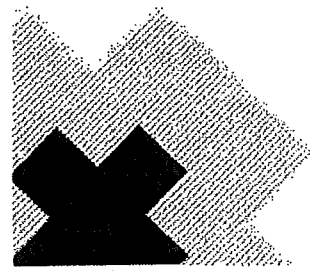
Grant Carey-Ide  
Executive Director  
Service & Capital Planning

3 July 2013

Action Officer: Jacinta George  
Unit: Health Services Planning Unit  
Extension: 50525



REVIEW OF INPATIENT  
OBSTETRIC PROJECTIONS  
FOR ACT HEALTH



2010/11 Base

Hardes & Associates

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## INTRODUCTION

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This report has been prepared by Hardes & Associates to review Obstetric (Vaginal & Caesarean Deliveries) projections to 2022 for ACT Health. It is accompanied by an Excel file containing all data used for this investigation (*ACT Obstetric Review\_1011 base.xlsx*). The report itself is intended to outline key issues and provide an insight into historic and future activity. This information is intended complement the work of ACT Health service planners.



## EXECUTIVE SUMMARY

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Our review of Obstetric projections for ACT Health has indicated that –

1. The projections for deliveries are broadly consistent with both population trends and previous hospital utilisation in the ACT.
2. Obstetric activity in ACT public hospitals has been relatively stable and well suited to projection.
3. There has been a significant shift from the private sector to the public sector in 2010\_11 and again in 2011\_12. The shift from the private sector to the public sector is much larger than attributable to the impact of the Medicare Safety Net capping which was introduced in the beginning of 2010. This caused a National decrease in private Obstetrics of around 4.0%. The reduction in the ACT has been well-beyond these levels, especially for Vaginal deliveries.
4. The reasons for the shift from private to public sector are not completely clear but it is noted that, in addition to the impact of the Medicare Safety Net capping, there has been a substantial improvement in the public sector capital stock with the opening of Stage 1 of the Women's and Children's' Centenary Hospital in 2011\_12. While this did not increase the public sector supply it may well have impacted upon patient choice – and provided significant competition to the private sector.
5. Modelling in this review has indicated that, based upon the 2011\_12 public/private distribution of Obstetrics, ACT public hospitals may be expected to accommodate an additional 150-160 Vaginal deliveries and 105-115 Caesarean deliveries per annum compared to previous projections.
6. Length of stay trends for obstetrics in the ACT are broadly in line with trends elsewhere. It is noted that average stay in the public sector is well below the private sector and low compared to other jurisdictions. Continued reduction in length of stay in ACT public hospitals will require support.
7. There has been a notable increase in Caesarean deliveries in ACT public hospitals (on ACT residents) over the period – from 23.4% of all deliveries in 2006/2007 to 27.8% in 2011/2012.
8. The ACT has one of the highest levels of private health insurance in Australia. These levels have shown no sign of falling - but the comparatively high levels of private health insurance are not reflected in the comparatively low levels of private hospital use.
9. It is not clear whether the public/private Obstetric mix will stabilise, continue to shift towards the public sector or reverse to a distribution more consistent with the underlying health insurance levels. It is critical to ascertain the intentions of the private sector. Planning for future public sector obstetrics needs to consider and allow for appropriate levels of private sector development. It is evident that the private sector has reservations (in the ACT at least) about the ongoing supply of Obstetric services. Proposed development of public services needs to be cognisant of private sector intentions and concerns.



# SECTION ONE

## REVIEW OF HISTORIC TRENDS IN ACT OBSTETRIC SERVICES

---



## ACT SAME DAY OBSTETRIC SEPARATIONS SINCE 2006\_07

The following table examines same day Obstetric separations since 2006\_07 for residents of the ACT by hospital sector. Results are shown for both Vaginal & Caesarean Deliveries. There has been a noticeable increase in same day Vaginal Deliveries over this period in the public sector.

Place of Residence		ACT				
		Same Day Separations				
Hospital Type	Enhanced Service Related Group (ESRG)	2006_07	2007_08	2008_09	2009_10	2010_11
Public	Vaginal Delivery	158	188	224	275	239
	Caesarean Delivery	0	3	2	14	26
<b>Public Total</b>		<b>158</b>	<b>191</b>	<b>226</b>	<b>289</b>	<b>265</b>
Private	Vaginal Delivery	6	5	2	3	0
	Caesarean Delivery	1	1	1	1	0
<b>Private Total</b>		<b>7</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>0</b>
<b>Grand Total</b>		<b>165</b>	<b>197</b>	<b>229</b>	<b>293</b>	<b>265</b>

Although there has been a noticeable increase in same day separations it is important to note that this is still a small component of overall deliveries.



## ACT OVERNIGHT+ OBSTETRIC SEPARATIONS SINCE 2006\_07

The following tables examine overnight+ Obstetric separations since 2006\_07 for residents of the ACT according to hospital sector. Results are shown for both Vaginal & Caesarean Deliveries. Separations are also shown in terms of annual growth (%). Results refer to residents of ACT regardless of where they have been admitted.

### Overnight+ Separations

Place of Residence		ACT					
		Separations					
Hospital Type	Enhanced Service Related Group (ESRG)	2006_07	2007_08	2008_09	2009_10	2010_11	2011_12
Public	Vaginal Delivery	2,149	2,143	2,205	2,337	2,402	2,477
	Caesarean Delivery	706	642	720	824	865	1,049
<b>Public Total</b>		<b>2,855</b>	<b>2,785</b>	<b>2,925</b>	<b>3,161</b>	<b>3,267</b>	<b>3,526</b>
Private	Vaginal Delivery	920	977	990	994	825	638
	Caesarean Delivery	580	657	602	660	616	585
<b>Private Total</b>		<b>1,500</b>	<b>1,634</b>	<b>1,592</b>	<b>1,654</b>	<b>1,441</b>	<b>1,221</b>
<b>Grand Total</b>		<b>4,355</b>	<b>4,419</b>	<b>4,517</b>	<b>4,815</b>	<b>4,708</b>	<b>4,747</b>

\*Results for 2011/12 include preliminary advice in respect of ACT residents admitted to NSW hospitals (113). Total separations are correct but distribution across delivery types is based upon the distribution in the ACT.

### Overnight+ Annual Separations Growth (%) by Hospital Sector

Place of Residence		ACT					
		Annual Separations Growth (%)					
Hospital Type	Enhanced Service Related Group (ESRG)	2006_07 to 2007_08	2007_08 to 2008_09	2008_09 to 2009_10	2009_10 to 2010_11	2010_11 to 2011_12	
Public	Vaginal Delivery	-0.3%	2.9%	6.0%	2.8%	3.1%	
	Caesarean Delivery	-9.1%	12.1%	14.4%	5.0%	21.3%	
<b>Public Total</b>		<b>-2.5%</b>	<b>5.0%</b>	<b>8.1%</b>	<b>3.4%</b>	<b>7.9%</b>	
Private	Vaginal Delivery	6.2%	1.3%	0.4%	-17.0%	-22.7%	
	Caesarean Delivery	13.3%	-8.4%	9.6%	-6.7%	-5.0%	
<b>Private Total</b>		<b>8.9%</b>	<b>-2.6%</b>	<b>3.9%</b>	<b>-12.9%</b>	<b>-15.3%</b>	
<b>Grand Total</b>		<b>-1.5%</b>	<b>2.2%</b>	<b>6.6%</b>	<b>-2.2%</b>	<b>0.8%</b>	

### Overnight+ Obstetric Summary (All – Vaginal & Caesarean Deliveries combined)

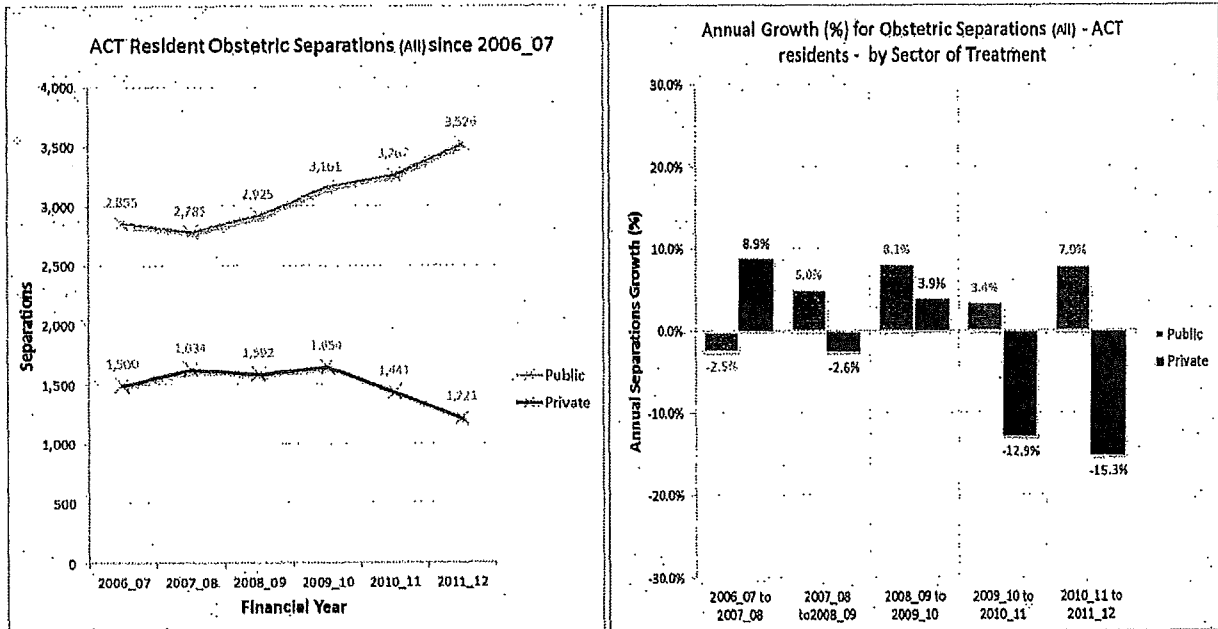
From 2006\_07 through to 2009\_10 there was an increase in total deliveries, with a strong increase in 2009\_10 in particular. The number decreased in 2010\_11 and by 2011\_12 was still below the 2009\_10 peak. It seems likely that this reflects a return to longer term lower birth rates following a short-term increase due to the 'baby bonus'.

Despite the trends in overall births, the results for the public sector show strong annual increases every year since 2007\_08. This has been accompanied by a marked decrease in private hospital overnight+ Obstetric separations in 2010\_11 – with an even greater decrease in 2011\_12. As discussed later in this review the results reflect the impact of the Medicare Safety Net capping introduced in January 2010 and, possibly, a change in patient choice following the opening of Stage 1 of the Women's and Children's Centenary Hospital in 2011\_12.

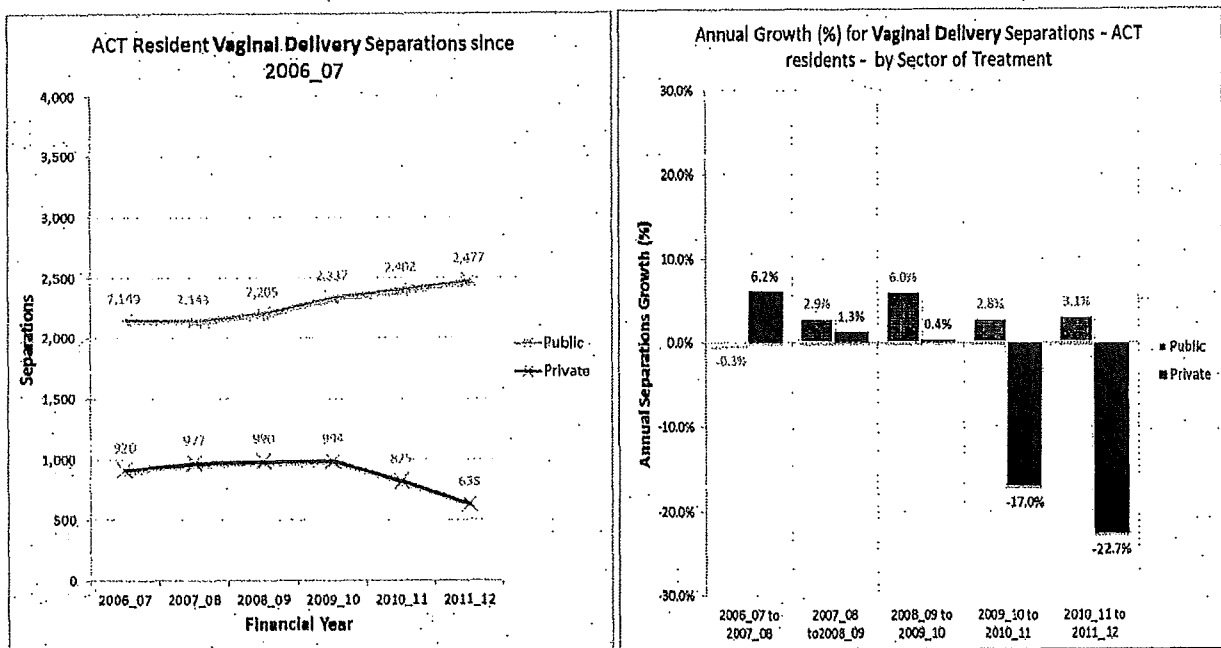
There is no doubt that from 2009\_10 to 2011\_12 there has been a major shift from the private sector to the public sector for ACT resident overnight Obstetrics. The shift has been most pronounced in Vaginal deliveries. The number of Caesarean Deliveries in the private sector has shown a comparatively modest fall – though there has been a notable increase in public sector Caesareans.

The following graphs show actual overnight separations and annual separations growth by hospital sector (for all public hospitals – ACT and other) since 2006\_07 for ACT residents.

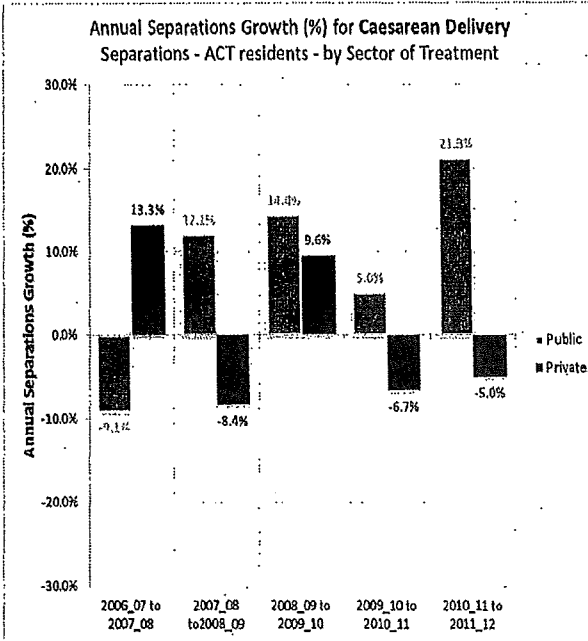
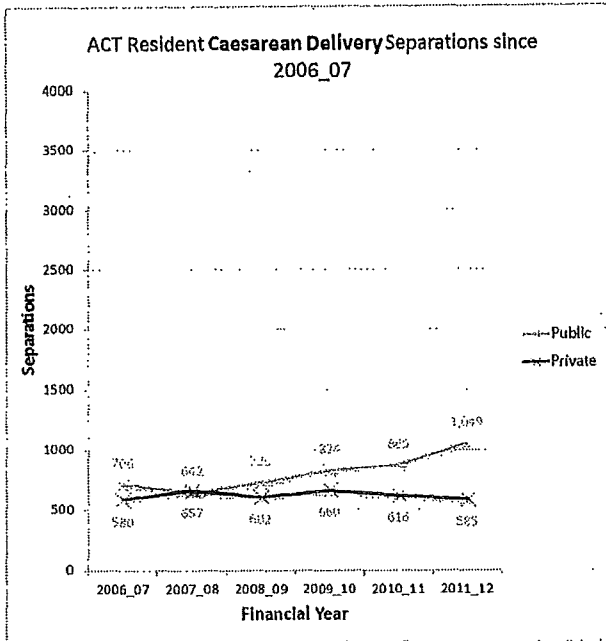
**Overnight+ Obstetric Separations (All – Vaginal & Caesarean Deliveries combined)**



**Overnight+ Vaginal Delivery Separations**



Overnight+ Caesarean Delivery Separations



As in most jurisdictions, growth in caesarean sections has exceeded growth in vaginal deliveries.



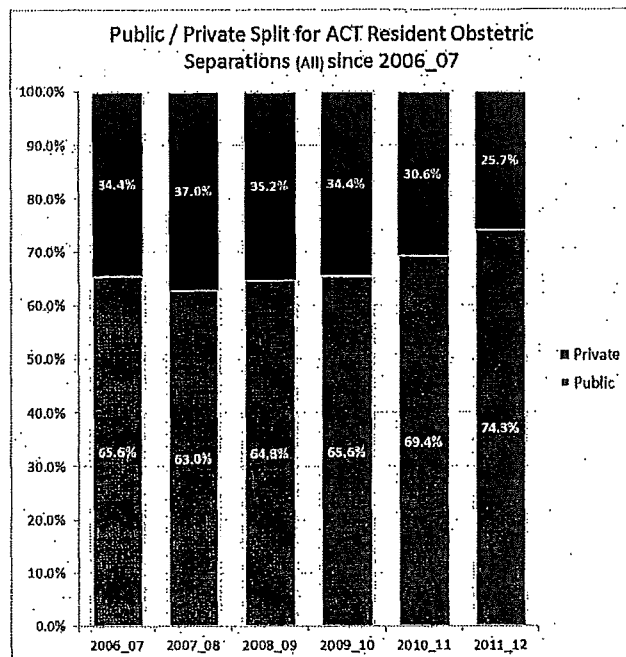
## ACT PROPORTIONAL SPLIT BETWEEN PUBLIC & PRIVATE SECTORS (SEPARATIONS)

We can use the same data to examine the proportional split between public and private sector overnight+ Obstetrics. Although the shift has accelerated in the most recent two years there has been a shift from the private sector to the public sector occurring since 2007\_08. From a low of 63.0% in 2007\_08 the public sector now provides 74.3% of Overnight obstetric services to ACT residents. There is nothing in the data to indicate whether this is now a stable distribution of services, whether the shift will continue, or even reverse.

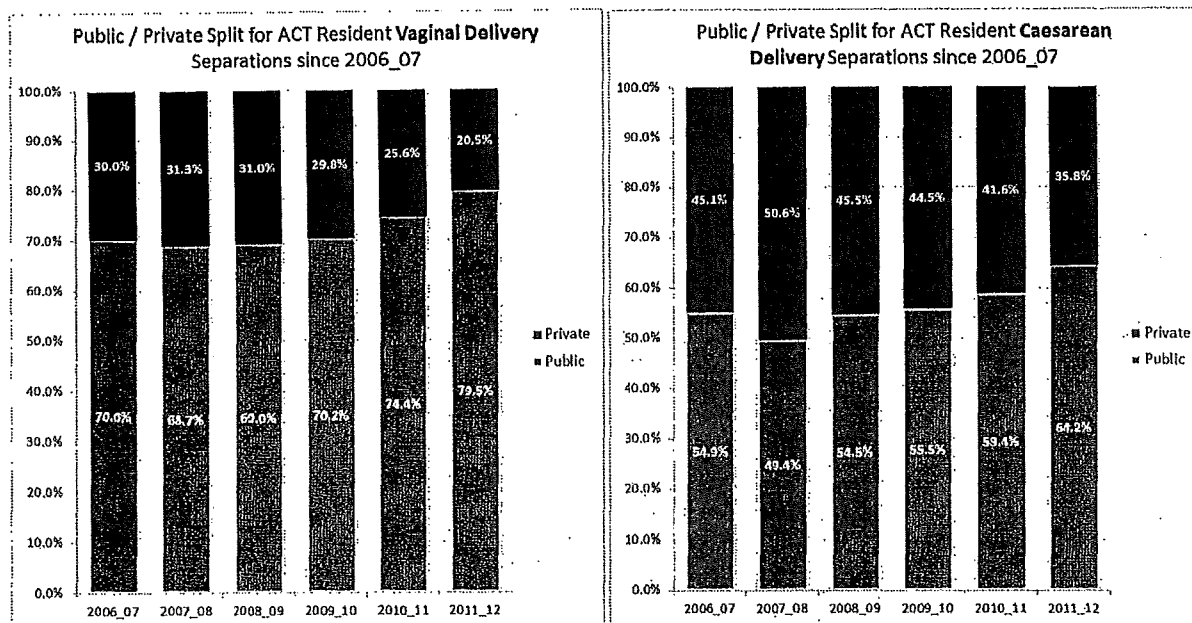
### ACT Residents Proportional Public / Private Split since 2006\_07 (Overnight+ Separations)

		Public / Private Split					
		2006_07	2007_08	2008_09	2009_10	2010_11	2011_12
Obstetrics (All)	Public	65.6%	63.0%	64.8%	65.6%	69.4%	74.3%
	Private	34.4%	37.0%	35.2%	34.4%	30.6%	25.7%
Vaginal Deliveries	Public	70.0%	68.7%	69.0%	70.2%	74.4%	79.5%
	Private	30.0%	31.3%	31.0%	29.8%	25.6%	20.5%
Caesarean Deliveries	Public	54.9%	49.4%	54.5%	55.5%	58.4%	64.2%
	Private	45.1%	50.6%	45.5%	44.5%	41.6%	35.8%

### ACT Overnight+ Obstetric Separations (Proportional Split) (All – Vaginal & Caesarean Deliveries combined)



### ACT Overnight+ Vaginal Delivery & Caesarean Delivery Separations (Proportional Split)



In addition to examining ACT data alone, we can also review the proportional split across other Australian States.

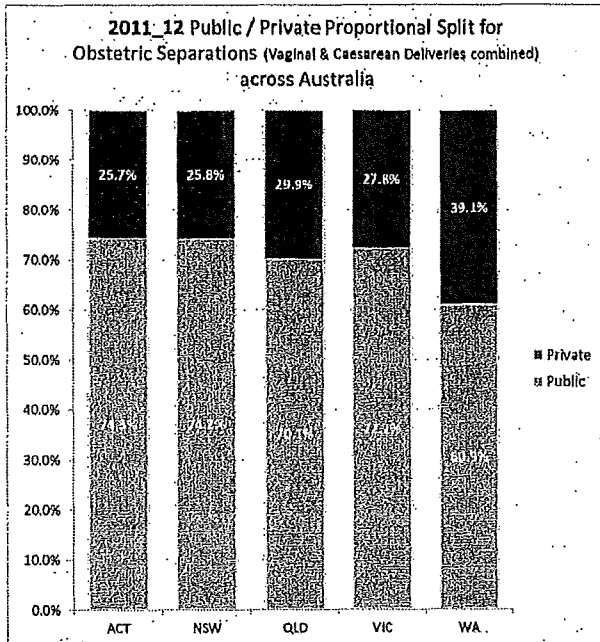
#### 2011\_12 Proportional Public / Private Split (Separations)

Stay Type	Overnight+		
Year	2011_12		
State of Residence	Enhanced Service Related Group (ESRG)	Public	Private
ACT	Vaginal deliveries	79.5%	20.5%
	Caesarean Deliveries	64.2%	35.8%
<b>ACT Total</b>		<b>74.3%</b>	<b>25.7%</b>
NSW	Vaginal deliveries	78.4%	21.6%
	Caesarean Deliveries	65.5%	34.5%
<b>NSW Total</b>		<b>74.2%</b>	<b>28.8%</b>
QLD	Vaginal deliveries	76.0%	24.0%
	Caesarean Deliveries	58.9%	41.1%
<b>QLD Total</b>		<b>70.1%</b>	<b>29.9%</b>
Victoria	Vaginal deliveries	75.9%	24.1%
	Caesarean Deliveries	64.7%	35.3%
<b>Victoria Total</b>		<b>72.2%</b>	<b>27.8%</b>
WA	Vaginal deliveries	65.8%	34.2%
	Caesarean Deliveries	51.9%	48.1%
<b>WA Total</b>		<b>60.9%</b>	<b>39.1%</b>

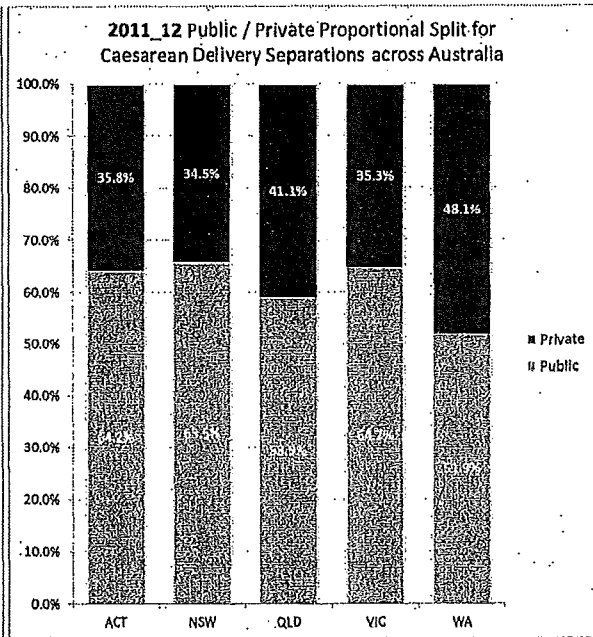
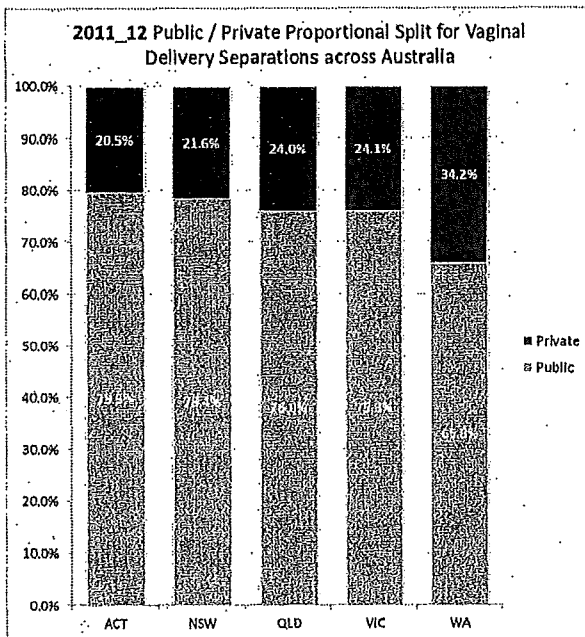
As indicated earlier, by 2011/2012 the public proportion for ACT residents was 74.3% - and the proportion for Vaginal deliveries was 79.5%. Our preliminary review of available data for other States indicates that by 2011\_12 the ACT despite having the highest levels of private health insurance in Australia also had the highest use of public Obstetric services for Vaginal deliveries.



2011\_12 Overnight+ Obstetric Separations (Proportional Split) (All – Vaginal & Caesarean Deliveries combined)



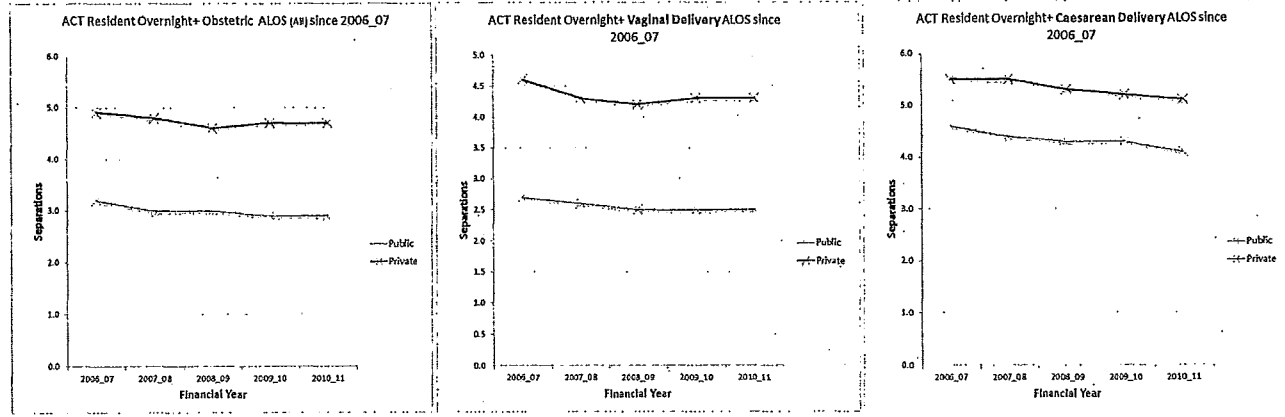
2011\_12 Overnight+ Vaginal Delivery & Caesarean Delivery Separations (Proportional Split)



# ACT OVERNIGHT+ OBSTETRIC ALOS

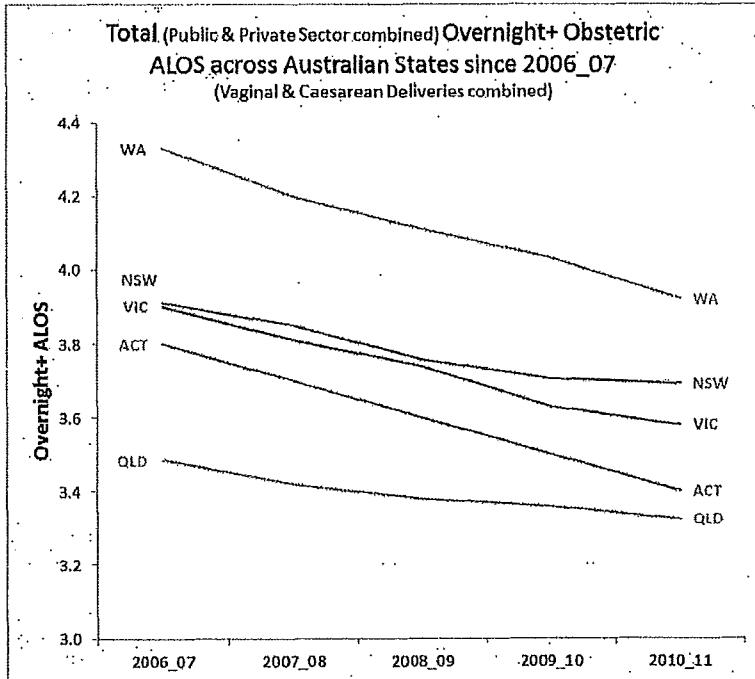
The following table and graphs examine overnight+ Obstetric ALOS since 2006\_07 for residents of the ACT by hospital sector. Results are shown for both Vaginal & Caesarean Deliveries.

Place of Residence - ACT		Overnight+ ALOS					Overnight+ Beddays				
Hospital Type	Enhanced Service Related Group (ESRG)	2006_07	2007_08	2008_09	2009_10	2010_11	2006_07	2007_08	2008_09	2009_10	2010_11
Public	Vaginal Delivery	2.7	2.6	2.5	2.5	2.5	5,824	5,542	5,610	5,774	5,925
	Caesarean Delivery	4.6	4.4	4.3	4.3	4.1	3,215	2,833	3,076	3,545	3,557
<b>Public Total</b>		<b>3.2</b>	<b>3.0</b>	<b>3.0</b>	<b>2.9</b>	<b>2.9</b>	<b>9,039</b>	<b>8,375</b>	<b>8,686</b>	<b>9,319</b>	<b>9,482</b>
Private	Vaginal Delivery	4.6	4.3	4.2	4.3	4.2	4,212	4,231	4,197	4,260	3,505
	Caesarean Delivery	5.5	5.5	5.3	5.2	5.2	3,205	3,615	3,185	3,459	3,208
<b>Private Total</b>		<b>4.9</b>	<b>4.8</b>	<b>4.6</b>	<b>4.7</b>	<b>4.7</b>	<b>7,417</b>	<b>7,846</b>	<b>7,382</b>	<b>7,719</b>	<b>6,713</b>
<b>Grand Total</b>		<b>3.8</b>	<b>3.7</b>	<b>3.6</b>	<b>3.6</b>	<b>3.4</b>	<b>16,456</b>	<b>16,221</b>	<b>16,068</b>	<b>17,038</b>	<b>16,195</b>



In addition to examining ACT data alone, we can also review 2010\_11 overnight+ Obstetric ALOS across other Australian States.

**Total (Public & Private Sector combined) Overnight+ Obstetric ALOS since 2006\_07 (All – Vaginal & Caesarean Deliveries combined)**



Generally the trends in Obstetric lengths of stay for ACT residents are consistent with trends observed across Australia. It is noted that public sector ALOS is relatively low and ongoing reductions in ALOS will be difficult to achieve in the absence of appropriate support and discharge strategies.

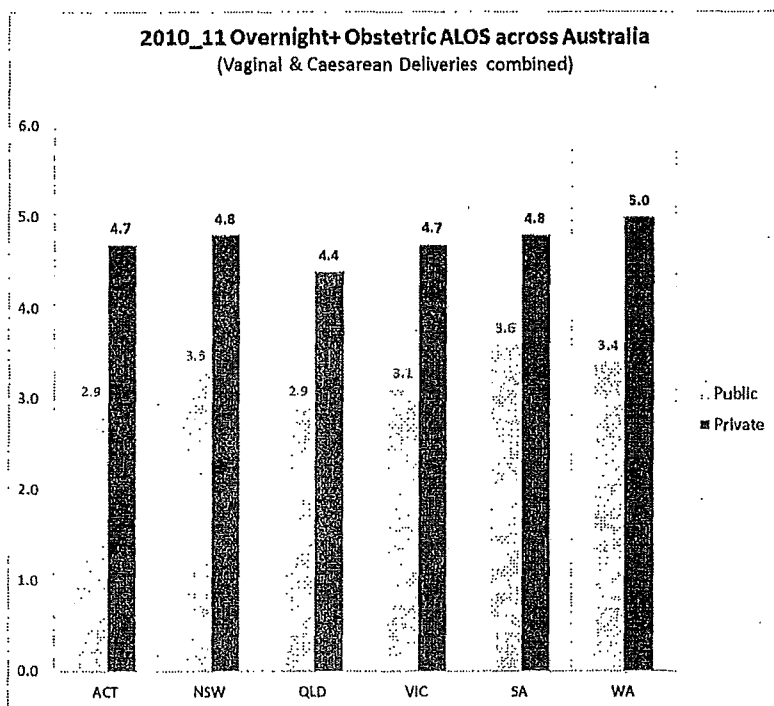


2010\_11 Overnight+ Obstetric ALOS by State

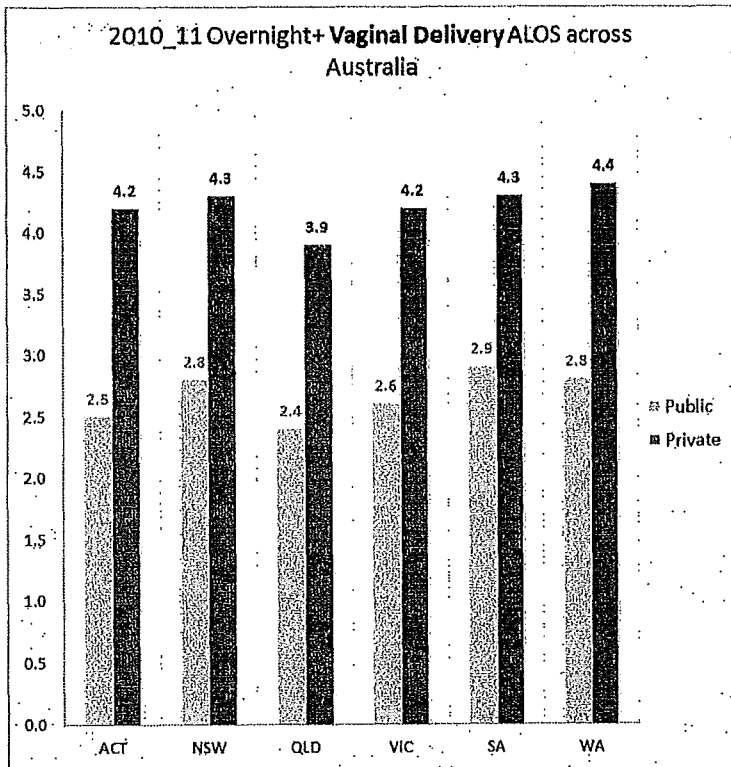
Data	ALOS
Stay Type	Overnight+
Year	2010_11

State of Residence	Enhanced Service Related Group (ESRG)	Public	Private
ACT	Vaginal deliveries	2.5	4.2
	Caesarean Deliveries	4.1	5.2
<b>ACT Total</b>		<b>2.9</b>	<b>4.7</b>
NSW	Vaginal deliveries	2.8	4.3
	Caesarean Deliveries	4.6	5.5
<b>NSW Total</b>		<b>3.3</b>	<b>4.8</b>
QLD	Vaginal deliveries	2.4	3.9
	Caesarean Deliveries	4.0	5.0
<b>QLD Total</b>		<b>2.9</b>	<b>4.4</b>
Victoria	Vaginal deliveries	2.6	4.2
	Caesarean Deliveries	4.6	5.4
<b>Victoria Total</b>		<b>3.1</b>	<b>4.7</b>
SA	Vaginal deliveries	2.9	4.3
	Caesarean Deliveries	4.9	5.5
<b>SA Total</b>		<b>3.6</b>	<b>4.8</b>
WA	Vaginal deliveries	2.8	4.4
	Caesarean Deliveries	4.6	5.7
<b>WA Total</b>		<b>3.4</b>	<b>5.0</b>

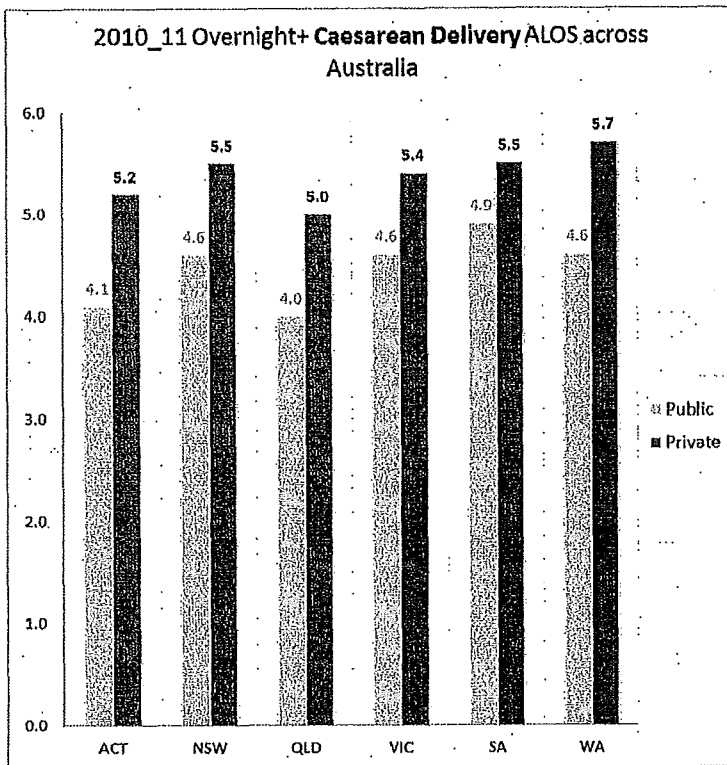
2010\_11 Overnight+ Obstetric ALOS (All – Vaginal & Caesarean Deliveries combined)



2010\_11 Overnight+ Vaginal Delivery ALOS



2010\_11 Overnight+ Caesarean Delivery ALOS



## SECTION TWO

### REVIEW OF INTERSTATE FLOWS TO ACT PUBLIC HOSPITALS

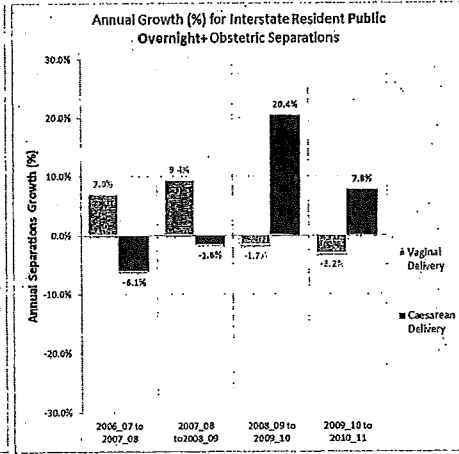
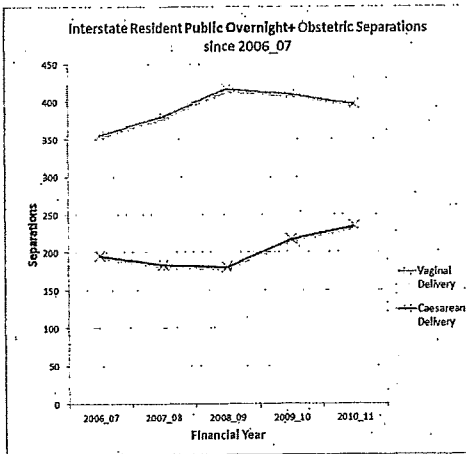
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# HISTORIC ADMISSIONS TO ACT PUBLIC HOSPITALS FROM INTERSTATE RESIDENTS

Place of Residence: All Inflows (Southern NSW, Metro NSW, Rural NSW & Other Interstate combined)  
 Place of Treatment: ACT Public Hospitals

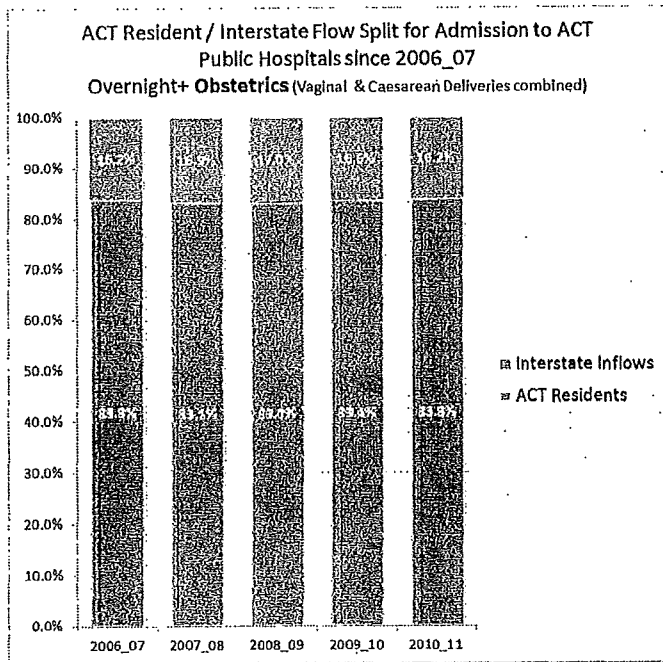
Stay Type	Enhanced Service Related Group (ESRG)	Separations					Annual Separations Growth (%)			
		2006_07	2007_08	2008_09	2009_10	2010_11	2006_07 to 2007_08	2007_08 to 2008_09	2008_09 to 2009_10	2009_10 to 2010_11
Same Day	Vaginal Delivery	22	20	42	20	31	-9.1%	110.0%	-52.4%	55.0%
	Caesarean Delivery	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
<b>Same Day Total</b>		<b>22</b>	<b>20</b>	<b>42</b>	<b>20</b>	<b>31</b>	<b>-9.1%</b>	<b>110.0%</b>	<b>-52.4%</b>	<b>55.0%</b>
Overnight+	Vaginal Delivery	366	381	417	410	397	7.0%	9.4%	-1.7%	-3.2%
	Caesarean Delivery	196	184	181	218	235	-6.1%	-1.6%	20.4%	7.8%
<b>Overnight+ Total</b>		<b>562</b>	<b>565</b>	<b>598</b>	<b>628</b>	<b>632</b>	<b>2.4%</b>	<b>5.8%</b>	<b>5.0%</b>	<b>0.6%</b>
<b>Grand Total</b>		<b>584</b>	<b>585</b>	<b>640</b>	<b>648</b>	<b>663</b>	<b>1.9%</b>	<b>9.4%</b>	<b>1.3%</b>	<b>2.3%</b>



Interstate inflows are an important component of the Obstetric services in ACT public hospitals.

Stay Type	Overnight+
Place of Treatment	ACT Public Hospitals

Stay Type	Place of Residence	Proportional Split (Separations)				
		2006_07	2007_08	2008_09	2009_10	2010_11
Vaginal Deliveries	ACT Residents	85.8%	84.9%	84.1%	85.1%	85.8%
	Interstate Inflows	14.2%	15.1%	15.9%	14.9%	14.2%
Caesarean Deliveries	ACT Residents	78.3%	77.7%	79.9%	79.1%	78.6%
	Interstate Inflows	21.7%	22.3%	20.1%	20.9%	21.4%
Obstetrics (Vaginal & Caesarean combined)	ACT Residents	83.8%	83.1%	83.0%	83.4%	83.8%
	Interstate Inflows	16.2%	16.9%	17.0%	16.6%	16.2%

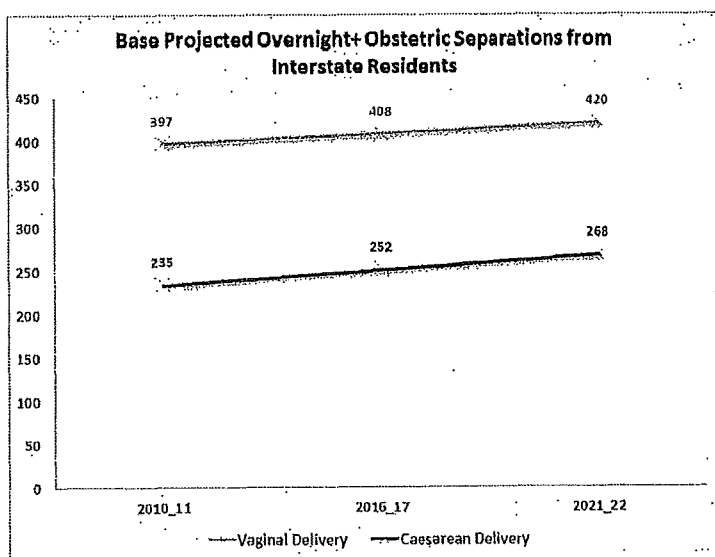


Over time it is considered that there will be some development of these services in Southern areas of NSW but geographically dispersed populations will make local service delivery difficult and projections of future demand for public Obstetric services from ACT hospitals have allowed for a modest increase.



## BASE PROJECTED ADMISSIONS TO ACT PUBLIC HOSPITALS FROM INTERSTATE RESIDENTS

Place of Residence	All Inflows (Southern NSW, Metro NSW, Rural NSW & Other Interstate combined)			
Place of Treatment	ACT Public Hospitals			
Stay Type	Enhanced Service Related Group (ESRG)	Separations		
		2010_11	2016_17	2021_22
Same Day	Vaginal Delivery	31	34	37
	Caesarean Delivery	0	0	0
<b>Same Day Total</b>		<b>31</b>	<b>34</b>	<b>37</b>
Overnight+	Vaginal Delivery	397	408	420
	Caesarean Delivery	235	252	268
<b>Overnight+ Total</b>		<b>632</b>	<b>659</b>	<b>687</b>
<b>Grand Total</b>		<b>663</b>	<b>694</b>	<b>725</b>



## SECTION THREE

### REVIEW OF HISTORIC OVERNIGHT+ OBSTETRIC VOLUMES ACROSS OTHER AUSTRALIAN STATES

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## NATIONAL OVERNIGHT+ OBSTETRIC SEPARATIONS SINCE 2007\_08

This section has been included to expand upon the apparent drop in private hospital Obstetrics for ACT residents in 2010\_11 and 2011\_12. The tables below outline the trends in public and private deliveries across a range of jurisdictions.

The first thing to note is that nearly all jurisdictions showed a drop in deliveries between 2009/2010 and 2010/2011. This follows a uniform increase between 2008/2009 and 2009/2010. There is no question that there was a drop in private sector deliveries in 2010/2011 virtually across-the-board. At a National level the decrease in private obstetrics between 2009\_2010 and 2010\_11 is consistent with the overall decrease of 4% in private confinement claims in 2010 compared to 2009 reported by the Centre for Health Economics Research and Evaluation. There is a mixed picture in 2011\_12.

Place of Residence ACT

Hospital Type	Enhanced Service Related Group (ESRG)	Separations					Annual Separations Growth (%)			
		2007_08	2008_09	2009_10	2010_11	2011_12	2007_08 to 2008_09	2008_09 to 2009_10	2009_10 to 2010_11	2010_11 to 2011_12
Public	Vaginal Delivery	2,143	2,205	2,337	2,402	2,477	2.9%	6.0%	2.8%	3.1%
	Caesarean Delivery	642	720	824	865	1,049	12.1%	14.4%	5.0%	21.3%
<b>Public Total</b>		<b>2,785</b>	<b>2,925</b>	<b>3,161</b>	<b>3,267</b>	<b>3,526</b>	<b>6.0%</b>	<b>8.1%</b>	<b>3.4%</b>	<b>7.9%</b>
Private	Vaginal Delivery	977	990	994	825	638	1.3%	0.4%	-17.0%	-22.7%
	Caesarean Delivery	657	602	660	616	585	-8.4%	9.6%	-6.7%	-5.0%
<b>Private Total</b>		<b>1,634</b>	<b>1,592</b>	<b>1,654</b>	<b>1,441</b>	<b>1,221</b>	<b>-2.6%</b>	<b>3.9%</b>	<b>-12.9%</b>	<b>-15.3%</b>
<b>Grand Total</b>		<b>4,419</b>	<b>4,517</b>	<b>4,815</b>	<b>4,708</b>	<b>4,747</b>	<b>-2.2%</b>	<b>6.6%</b>	<b>-2.2%</b>	<b>0.8%</b>

Place of Residence New South Wales

Hospital Type	Enhanced Service Related Group (ESRG)	Separations					Annual Separations Growth (%)			
		2007_08	2008_09	2009_10	2010_11	2011_12	2007_08 to 2008_09	2008_09 to 2009_10	2009_10 to 2010_11	2010_11 to 2011_12
Public	Vaginal Delivery	49,808	49,781	49,060	49,698	49,235	-0.1%	-1.4%	1.3%	-0.9%
	Caesarean Delivery	18,238	18,704	19,504	19,237	19,894	2.6%	4.3%	-1.4%	3.4%
<b>Public Total</b>		<b>68,046</b>	<b>68,485</b>	<b>68,564</b>	<b>68,935</b>	<b>69,129</b>	<b>0.8%</b>	<b>0.1%</b>	<b>0.5%</b>	<b>0.3%</b>
Private	Vaginal Delivery	13,980	14,167	14,637	13,659	13,582	1.5%	3.2%	-6.7%	-0.6%
	Caesarean Delivery	8,940	9,395	10,099	9,778	10,460	5.1%	7.5%	-3.2%	7.0%
<b>Private Total</b>		<b>22,920</b>	<b>23,562</b>	<b>24,736</b>	<b>23,436</b>	<b>24,042</b>	<b>2.9%</b>	<b>4.9%</b>	<b>-5.3%</b>	<b>2.8%</b>
<b>Grand Total</b>		<b>90,966</b>	<b>92,047</b>	<b>93,300</b>	<b>92,371</b>	<b>93,171</b>	<b>1.2%</b>	<b>1.3%</b>	<b>-1.0%</b>	<b>0.9%</b>

Place of Residence Queensland

Hospital Type	Enhanced Service Related Group (ESRG)	Separations					Annual Separations Growth (%)			
		2007_08	2008_09	2009_10	2010_11	2011_12	2007_08 to 2008_09	2008_09 to 2009_10	2009_10 to 2010_11	2010_11 to 2011_12
Public	Vaginal Delivery	28,609	29,071	29,190	28,838	29,370	1.6%	0.4%	-1.2%	1.8%
	Caesarean Delivery	11,237	11,510	11,344	11,600	11,984	2.4%	-1.4%	2.3%	3.3%
<b>Public Total</b>		<b>39,846</b>	<b>40,581</b>	<b>40,534</b>	<b>40,438</b>	<b>41,354</b>	<b>1.8%</b>	<b>-0.1%</b>	<b>-0.2%</b>	<b>2.3%</b>
Private	Vaginal Delivery	9,383	9,690	9,739	9,389	9,280	3.3%	0.5%	-3.6%	-1.2%
	Caesarean Delivery	8,564	8,748	8,778	8,593	8,354	2.1%	0.3%	-2.1%	-2.8%
<b>Private Total</b>		<b>17,947</b>	<b>18,438</b>	<b>18,517</b>	<b>17,982</b>	<b>17,634</b>	<b>2.7%</b>	<b>0.4%</b>	<b>-2.9%</b>	<b>-1.9%</b>
<b>Grand Total</b>		<b>57,793</b>	<b>59,019</b>	<b>59,051</b>	<b>58,420</b>	<b>58,988</b>	<b>2.1%</b>	<b>0.1%</b>	<b>-1.1%</b>	<b>1.0%</b>

Place of Residence Victoria

Hospital Type	Enhanced Service Related Group (ESRG)	Separations					Annual Separations Growth (%)			
		2007_08	2008_09	2009_10	2010_11	2011_12	2007_08 to 2008_09	2008_09 to 2009_10	2009_10 to 2010_11	2010_11 to 2011_12
Public	Vaginal Delivery	35,059	34,906	35,920	36,149	37,587	-0.4%	2.9%	0.6%	4.0%
	Caesarean Delivery	13,449	13,819	14,497	14,869	15,671	2.8%	4.9%	2.6%	5.4%
<b>Public Total</b>		<b>48,508</b>	<b>48,725</b>	<b>50,417</b>	<b>51,012</b>	<b>53,258</b>	<b>0.4%</b>	<b>3.5%</b>	<b>1.2%</b>	<b>4.4%</b>
Private	Vaginal Delivery	12,874	12,850	12,894	11,864	11,912	-0.2%	0.3%	-8.0%	0.4%
	Caesarean Delivery	7,937	8,401	8,619	7,958	8,545	5.8%	2.6%	-7.7%	7.4%
<b>Private Total</b>		<b>20,811</b>	<b>21,251</b>	<b>21,513</b>	<b>19,822</b>	<b>20,457</b>	<b>2.1%</b>	<b>1.2%</b>	<b>-7.9%</b>	<b>3.2%</b>
<b>Grand Total</b>		<b>69,319</b>	<b>69,976</b>	<b>71,930</b>	<b>70,834</b>	<b>73,715</b>	<b>0.9%</b>	<b>2.8%</b>	<b>-1.5%</b>	<b>4.1%</b>

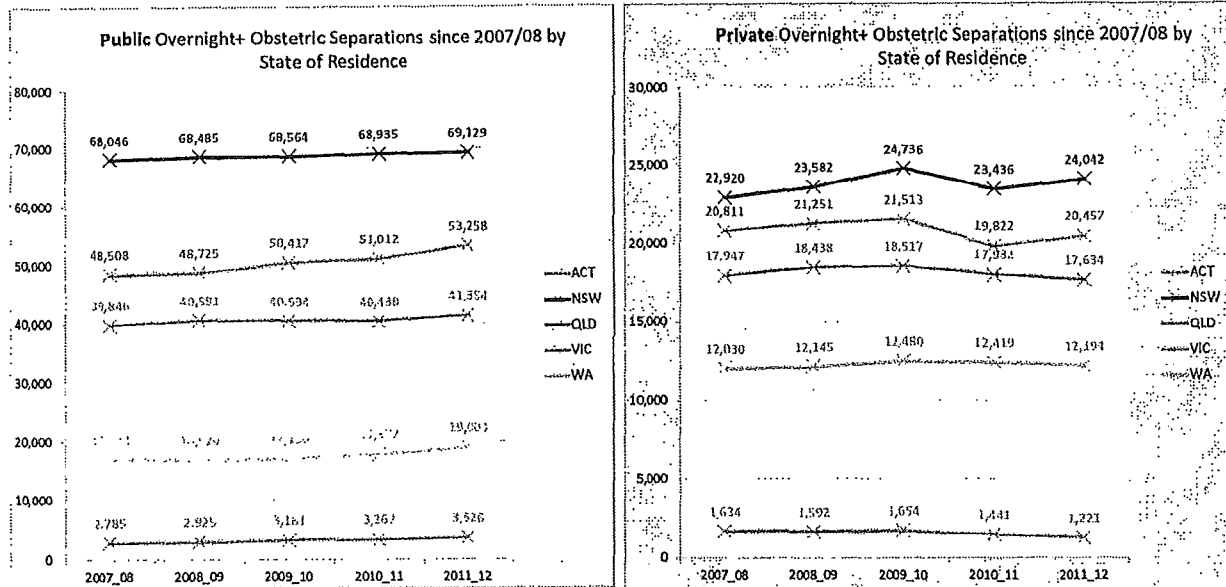
Place of Residence Western Australia

Hospital Type	Enhanced Service Related Group (ESRG)	Separations					Annual Separations Growth (%)			
		2007_08	2008_09	2009_10	2010_11	2011_12	2007_08 to 2008_09	2008_09 to 2009_10	2009_10 to 2010_11	2010_11 to 2011_12
Public	Vaginal Delivery	12,403	12,062	12,246	12,536	13,333	-2.7%	1.5%	2.4%	6.4%
	Caesarean Delivery	4,719	4,864	4,884	5,336	5,670	3.1%	0.4%	9.3%	6.3%
<b>Public Total</b>		<b>17,122</b>	<b>16,926</b>	<b>17,130</b>	<b>17,872</b>	<b>19,003</b>	<b>-1.1%</b>	<b>1.2%</b>	<b>4.3%</b>	<b>6.3%</b>
Private	Vaginal Delivery	6,843	6,995	7,143	7,115	6,933	2.2%	2.1%	-0.4%	-2.6%
	Caesarean Delivery	5,187	5,150	5,337	5,304	5,261	-0.7%	3.6%	-0.6%	-0.8%
<b>Private Total</b>		<b>12,030</b>	<b>12,145</b>	<b>12,480</b>	<b>12,419</b>	<b>12,194</b>	<b>-1.0%</b>	<b>2.8%</b>	<b>-0.5%</b>	<b>-1.8%</b>
<b>Grand Total</b>		<b>29,152</b>	<b>29,071</b>	<b>29,610</b>	<b>30,291</b>	<b>31,197</b>	<b>-0.3%</b>	<b>1.9%</b>	<b>2.3%</b>	<b>3.0%</b>

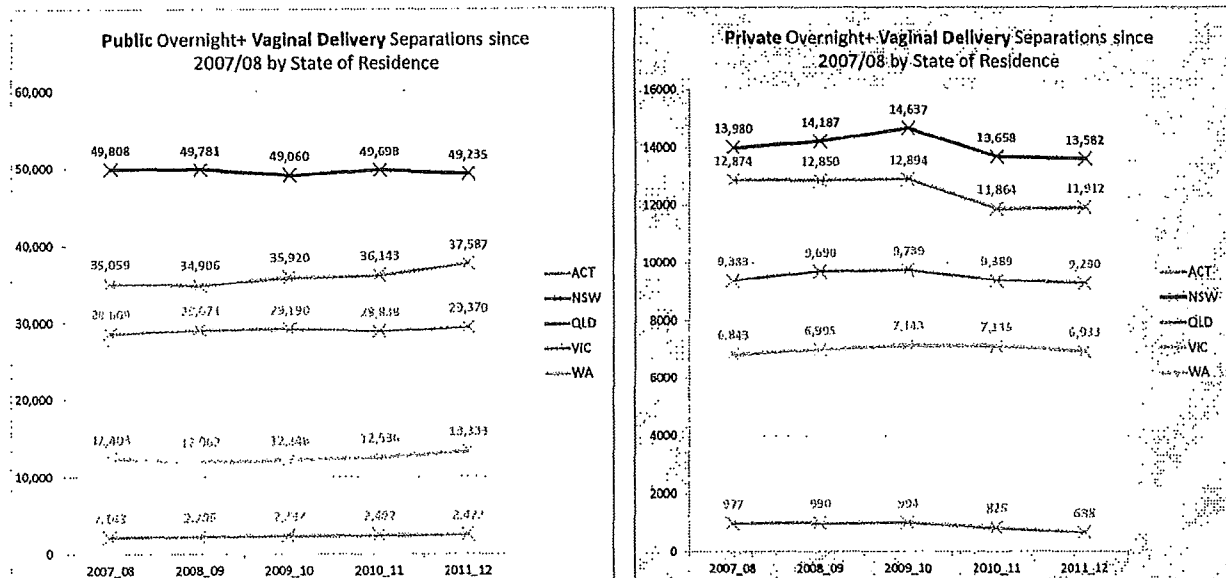
However, the drop in ACT resident private deliveries in both 2010\_11 and 2011\_12 was of a magnitude that exceeds the impact of the Medicare Safety Net capping. There is strong evidence of a decision by a local private provider to reduce the scale of their Obstetric services, especially Vaginal deliveries.

The following charts show year on year changes across the different states.

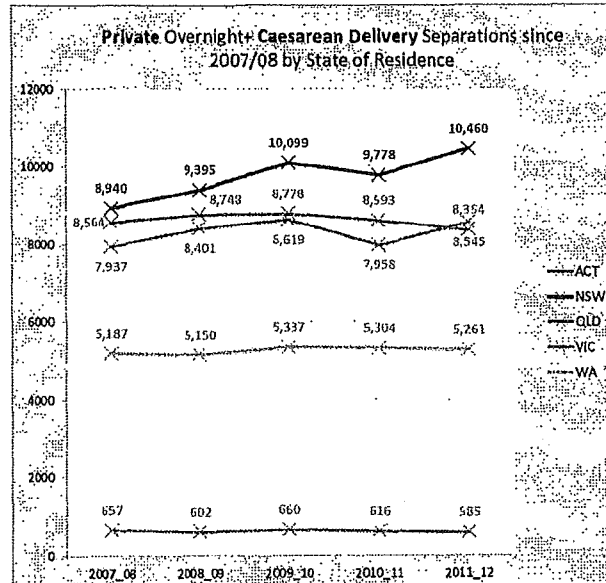
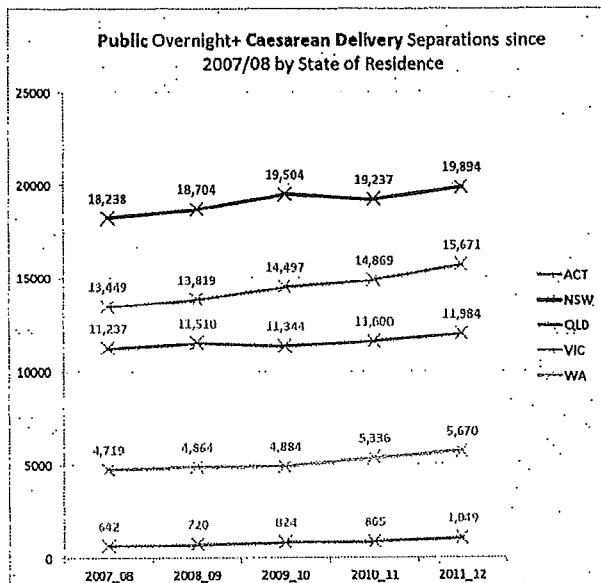
**Overnight+ Obstetrics (Vaginal & Caesarean Deliveries combined)**



**Overnight+ Vaginal Deliveries**



Overnight+ Caesarean Deliveries



## SECTION FOUR

### REVIEW OF HARDES & ASSOCIATES OBSTETRIC STATUS QUO PROJECTIONS

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In this section we present the historic status quo projections prepared by Hardes and Associates for ACT residents based upon data up to and including 2010\_11

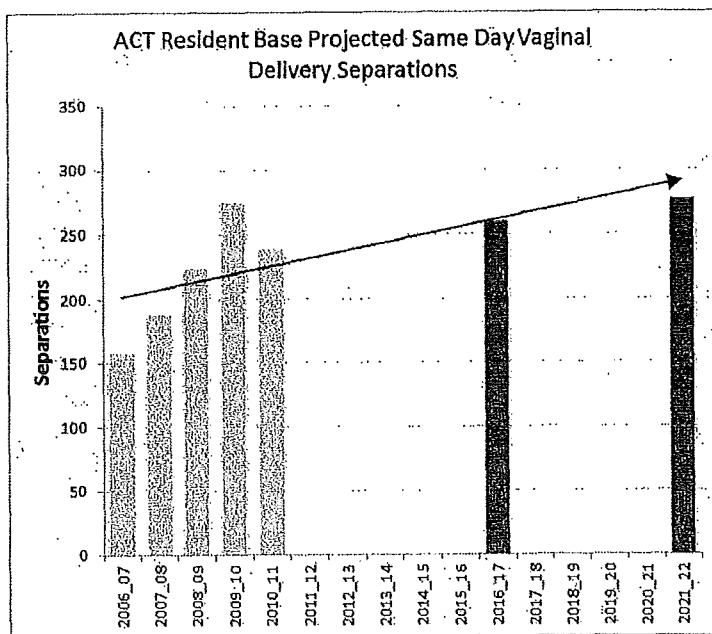


## SAME DAY STATUS QUO PROJECTED SEPARATIONS

The Hardes & Associates projections take full account of population growth, population ageing and specialty-specific trends in admission rates and length of stay. The projection shows results for both Vaginal & Caesarean Deliveries. At the time of production results are also checked to ensure that they are broadly consistent with population projections. The projections are broadly consistent with the population projections developed by the ACT Chief Minister's Department – the number of deliveries is marginally less than the projected births (as multiple births are recorded as a single admission in the hospital data).

The following table shows projected same day Obstetric separations for 2016/17 and 2021/22 for residents of ACT. As indicated earlier, the overall projections also allow for modest increase in the admission to ACT public hospitals by residents from outside the ACT – predominantly southern NSW.

Place of Residence		ACT		
		Same Day Separations		
Hospital Type	Enhanced Service Related Group (ESRG)	2010_11	2016_17	2021_22
Public	Vaginal Delivery	239	261	278
	Caesarean Delivery	26	23	21
<b>Public Total</b>		<b>265</b>	<b>284</b>	<b>300</b>
Private	Vaginal Delivery	0	0	0
	Caesarean Delivery	0	0	0
<b>Private Total</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>		<b>265</b>	<b>284</b>	<b>300</b>

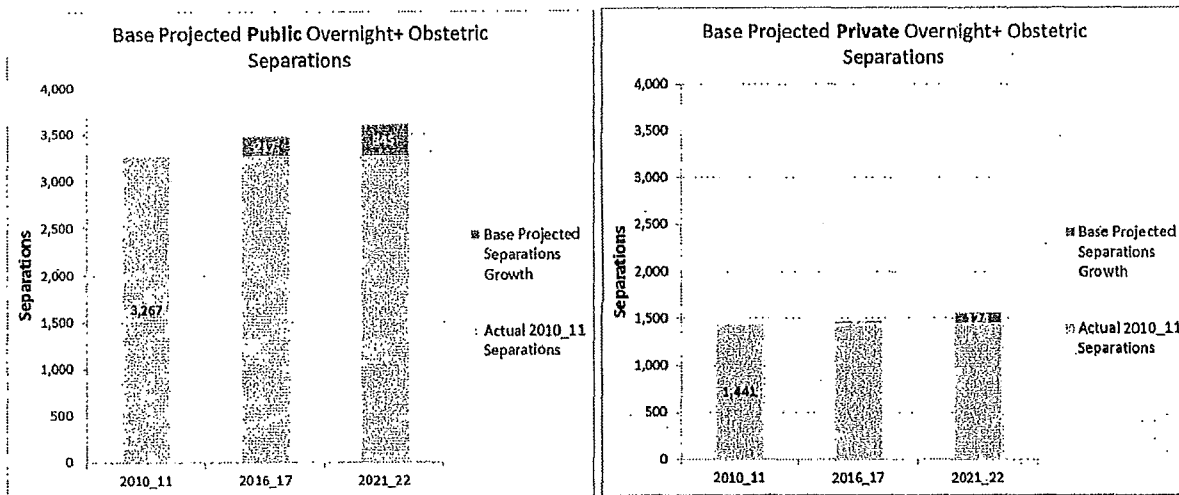


## OVERNIGHT+ STATUS QUO PROJECTED SEPARATIONS

The following tables and graphs examine projected overnight+ Obstetrics for 2016/17 and 2021/22.

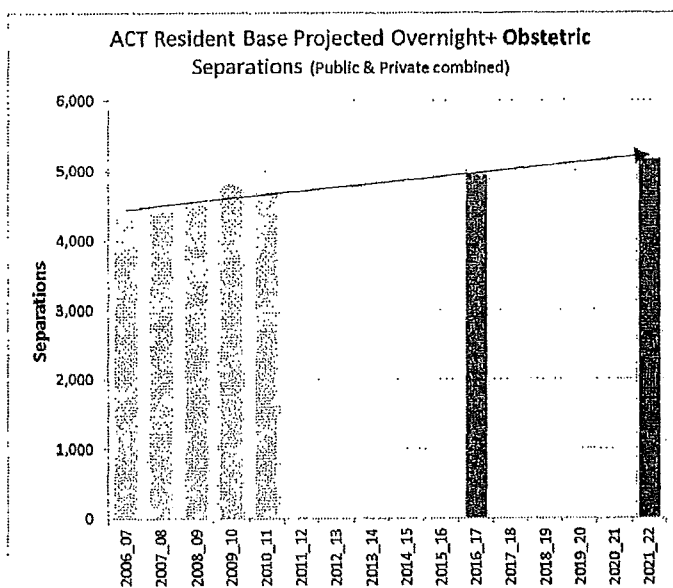
Hospital Type	Enhanced Service Related Group (ESRG)	2010_11	2016_17	2021_22
Public	Vaginal Delivery	2,402	2,521	2,580
	Caesarean Delivery	865	963	1,032
<b>Public Total</b>		<b>3,267</b>	<b>3,484</b>	<b>3,612</b>
Private	Vaginal Delivery	825	813	843
	Caesarean Delivery	616	661	722
<b>Private Total</b>		<b>1,441</b>	<b>1,475</b>	<b>1,565</b>
<b>Grand Total</b>		<b>4,708</b>	<b>4,959</b>	<b>5,177</b>

In 2010\_11 the ACT public sector recorded 3,267 overnight+ deliveries by residents of the ACT. The base market projection indicates that the ACT public sector will see growth of up to 345 separations by 2021/22. Based upon the 2010/2011 based projections the private sector is projected to see growth in deliveries from ACT residents of up to 124 separations by 2021/22.

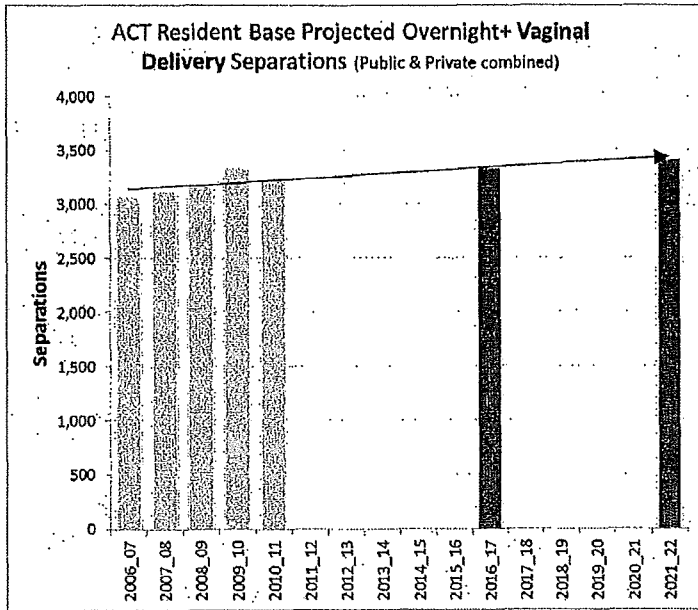


As indicated in the charts below, the overall projections are consistent with trends observed in the previous 5 years.

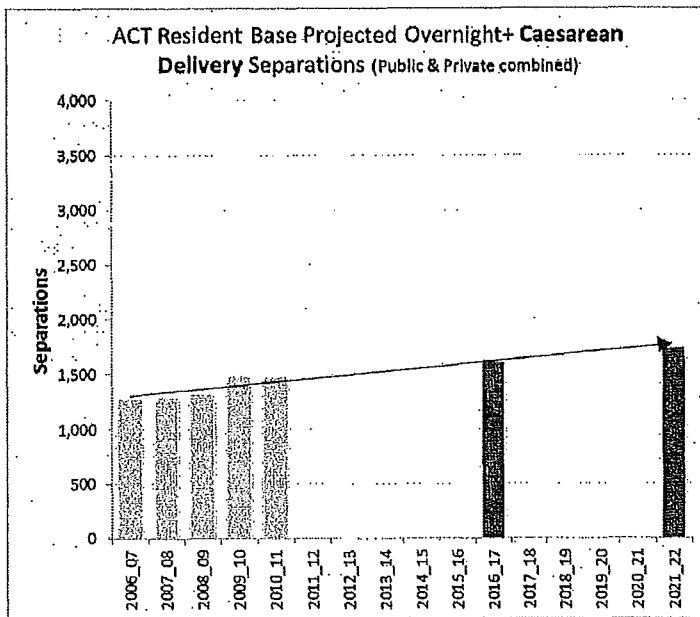
Projected Overnight+ Obstetric Separations (Vaginal & Caesarean Deliveries combined)



**Projected Overnight+ Vaginal Delivery Separations**



**Projected Overnight+ Caesarean Delivery Separations**

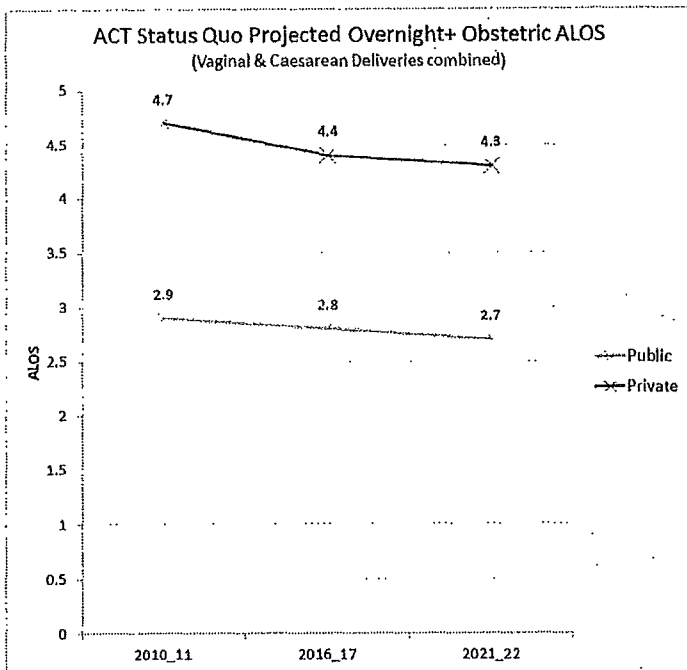


## STATUS QUO PROJECTED OVERNIGHT+ OBSTETRIC ALOS

The following table shows the projected overnight separations, beddays and average stay for ACT residents.

Place of Residence		Overnight+ Separations			Overnight+ ALOS			Overnight+ Beddays		
ACT		2010_11	2016_17	2021_22	2010_11	2016_17	2021_22	2010_11	2016_17	2021_22
Hospital Type	Enhanced Service Related Group (ESRG)									
Public	Vaginal Delivery	2,402	2,521	2,580	2.5	2.4	2.3	5,825	6,990	6,879
	Caesarean Delivery	865	963	1,032	4.1	3.9	3.7	3,557	3,768	3,840
<b>Public Total</b>		<b>3,267</b>	<b>3,484</b>	<b>3,612</b>	<b>2.9</b>	<b>2.8</b>	<b>2.7</b>	<b>9,482</b>	<b>9,758</b>	<b>9,719</b>
Private	Vaginal Delivery	825	813	843	4.2	4.1	3.9	3,505	3,326	3,299
	Caesarean Delivery	616	661	722	5.2	4.9	4.6	3,208	3,233	3,353
<b>Private Total</b>		<b>1,441</b>	<b>1,475</b>	<b>1,565</b>	<b>4.7</b>	<b>4.4</b>	<b>4.3</b>	<b>6,713</b>	<b>6,559</b>	<b>6,652</b>
<b>Grand Total</b>		<b>4,708</b>	<b>4,959</b>	<b>5,177</b>	<b>3.4</b>	<b>3.3</b>	<b>3.2</b>	<b>16,195</b>	<b>16,317</b>	<b>16,371</b>

As might be anticipated the modest increase in overall deliveries is offset to some extent by decreases in average length of stay.



## SECTION FIVE

### REVIEW OF PRIVATE HEALTH INSURANCE COVERAGE

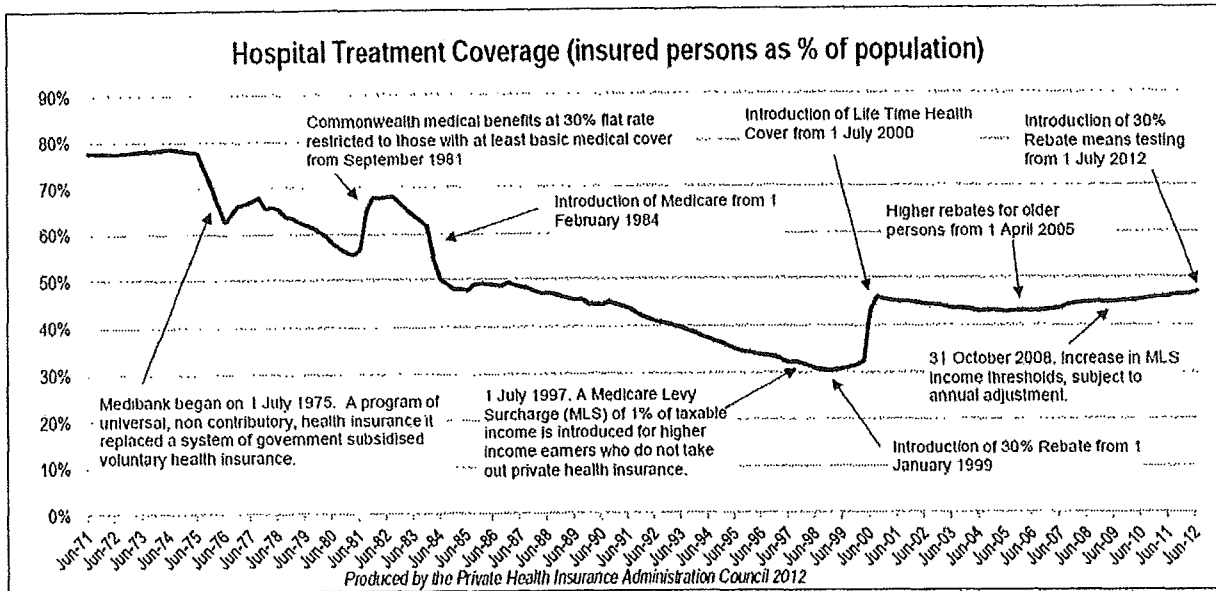
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In this section we examine data obtained from the Private Health Insurance Administration Council in 2012 to provide an indication of insurance levels across Australia.



# PRIVATE HEALTH INSURANCE COVERAGE SINCE JUNE 2006

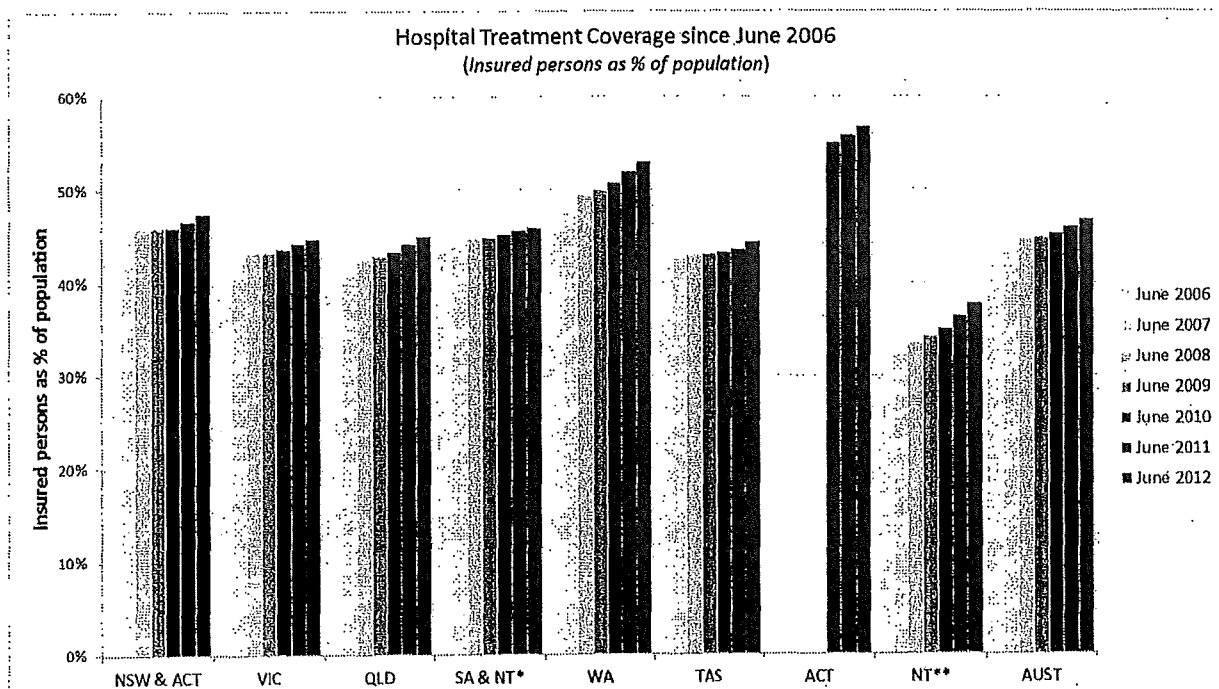
The following graph demonstrates that, at a National level, there has been no significant change to the trend in private hospital cover (insured persons as % of population) over the past decade.



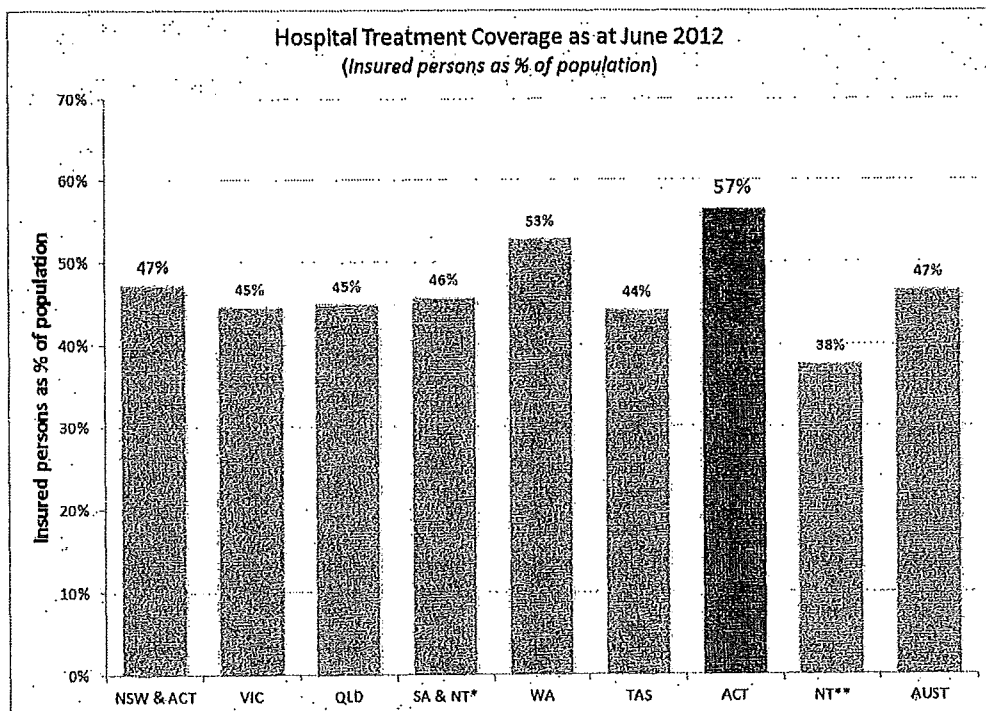
By further examining the figures at a State level, the data show year on year increases in hospital treatment coverage (insured persons as % of population) since 2006\* across all areas.

Quarter	NSW & ACT	VIC	QLD	SA & NT*	WA	TAS	ACT	NT**	AUST
June 2006	44%	42%	42%	40%	43%	47%	42%	30%	43%
June 2007	45%	42%	41%	44%	48%	43%	43%	32%	44%
June 2008	46%	43%	42%	45%	49%	43%	43%	33%	45%
June 2009	46%	43%	43%	45%	50%	43%	43%	34%	45%
June 2010	46%	44%	43%	45%	51%	43%	55%	35%	45%
June 2011	47%	44%	44%	46%	52%	44%	56%	36%	46%
June 2012	47%	45%	45%	46%	53%	44%	57%	38%	47%

\*Separate figures for ACT only exist from June 2010.



The ACT has increased its level of insured patients as a % of population by 1% annually since June 2010. Further, the ACT has the highest level of insured persons in Australia – 57% as at June 2012.



\*The Private Health Insurance Administration Council data contained in this section did not separately identify the ACT prior to June 2010.

In the previous section the Hardes & Associates data demonstrated a strong decline in private overnight+ Obstetric inpatient activity between the 2009\_10 and 2011\_12 financial years. It appears that this decline is not related to private insurance levels - given the Private Health Insurance Administration Council data shows that ACT hospital treatment coverage has been increasing annually.

Given the highest levels of health insurance in the country it should be anticipated that ACT residents enjoy a higher than average private/public supply/utilisation. This is not evident in relation to Obstetrics and while it is critical to provide high quality public hospital services this needs to be done in a framework which seeks to provide complementary rather than competitive services. The private sector should be encouraged to develop the most comprehensive range of services (including Obstetric services) as possible in order to reduce demand on public services.



## SECTION SIX

### REMODELLING PROJECTIONS TO 2011\_12 BASE

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In this section we use the 2011\_12 data to remodel the projections to take into account the most recent trends/shifts.



This section is the most critical component of the review.

In essence, the requirement is to review the status quo projections in terms of the changes that have occurred since 2010\_11 – the base for the previous projections.

There are two essential elements of this component viz. first, is the overall projection of demand (deliveries) still appropriate and second, is the distribution of projected activity (especially between public and private hospitals) still appropriate.

In relation to the overall projection of activity it is noted that the 2010\_11 projected deliveries were rescaled to correspond to the projected births from the ACT Chief Minister’s Department. A simple linear extrapolation was not appropriate given the short-term increase driven by the ‘baby bonus’. This approach has been vindicated by the 2011\_12 data which show projected deliveries below trend. Under the circumstances there is no need to change the projected overall Obstetric demand.

More problematic is the distribution of projected activity between public and private sectors. The shift in activity from the private sector to the public sector observed in the 2010\_11 data has continued – and even accelerated into the 2011\_12 data – especially in relation to Vaginal Deliveries. In essence our approach to distributing projected demand is to distribute it in accordance with the pattern observed in the most recent year. Given that there has been an ongoing shift of Obstetrics from the private sector to the public sector it is reasonable to expect that this would be reflected in the projection of future supply requirements.

The tables below show the status quo projection – and a modified projection – of overnight Obstetric requirements for ACT residents when we factor in the impact of the 2011\_2012 shift from the private sector. Overall the public sector would need to accommodate an additional 133 Vaginal deliveries and 83 Caesarean deliveries (compared to the status quo projections) in 2016\_17 and 138 Vaginal deliveries and 91 Caesarean deliveries in 2021\_22.

	2016_17		2016_17 Total	2016_17SC		2016_17SC Total
	Public	Private		Public	Private	
ESRG						
722 Vaginal Delivery	2,521	813	3,335	2,654	680	3,335
723 Caesarean Delivery	963	661	1,624	1,046	578	1,624
Grand Total	3,484	1,475	4,959	3,701	1,259	4,959

	2021_22		2021_22 Total	2021_22SC		2021_22SC Total
	Public	Private		Public	Private	
ESRG						
722 Vaginal Delivery	2,580	843	3,422	2,718	705	3,422
723 Caesarean Delivery	1,032	722	1,755	1,123	631	1,755
Grand Total	3,612	1,565	5,177	3,841	1,336	5,177

The next question is how the projected work may be distributed across the public hospital sites. After allowing for inflows from NSW, modest outflows of ACT residents – and based upon the overnight Obstetric activity distribution between TCH and Calvary Hospital in 2010\_11 the following projected demand – status quo and adjusted for the 2011\_12 public/private redistribution (scenario – SC) might be anticipated.

Stay_Type	Overnight+					
SRG	72 Obstetrics					

Separations		Year				
Place_of_Treatment	ESRG	2010_11	2016_17	2016_17SC	2021_22	2021_22SC
TCH	722 Vaginal Delivery	1,812	1,841	1,937	1,865	1,966
	723 Caesarean Delivery	712	767	833	813	885
TCH Total		2,524	2,608	2,768	2,679	2,848
Calvary	722 Vaginal Delivery	933	1,032	1,088	1,078	1,135
	723 Caesarean Delivery	377	435	473	474	515
Calvary Total		1,310	1,468	1,561	1,552	1,650

It should be noted that these results are indicative only and need to be reconfirmed by subsequent updating of the full projections.

## Bertram, Sophie

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**From:** Williams, Jeni  
**Sent:** Friday, 5 April 2013 4:52 PM  
**To:** Summerrell, Jessica  
**Cc:** Oliver, Michelle  
**Subject:** RE: Media Q's - Birth centre

The staff are new grads not core staff so no permanent increase in FTE.  
Jeni

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**From:** Summerrell, Jessica  
**Sent:** Friday, 5 April 2013 4:26 PM  
**To:** Williams, Jeni  
**Cc:** Blumer, Shari  
**Subject:** FW: Media Q's - Birth centre

Hi Jeni

Re the below – in relation to the increase, how many staff has it increased by?

Jess

**Jessica Summerrell**  
Executive Officer  
Office of the Deputy Director-General, Canberra Hospital & Health Services  
Phone: 6244 2169  
Mobile: 0466 770 201

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**From:** Blumer, Shari  
**Sent:** Friday, 5 April 2013 11:01 AM  
**To:** Summerrell, Jessica  
**Cc:** Chatham, Elizabeth; Bertram, Sophie; Chatham, Elizabeth  
**Subject:** FW: Media Q's - Birth centre

Dear Jess,

Please see response from Jeni Williams.

Warm regards,

**Shari Blumer**  
Personal Assistant  
Executive Director, Woman, Youth and Children

Canberra Hospital & Health Services  
Level 2, Building 11, Canberra Hospital  
Phone: 02 6174 7389

E-mail: Shari.Blumer@act.gov.au

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**From:** Williams, Jeni  
**Sent:** Friday, 5 April 2013 10:45 AM  
**To:** Blumer, Shari  
**Cc:** Bertram, Sophie; Chatham, Elizabeth  
**Subject:** RE: Media Q's - Birth centre

Hi Shari,

In response to the questions:

20FTE – 24 staff

No vacancies and yes there has been an increase only because of the new grads placed there.  
jeni

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**From:** Blumer, Shari  
**Sent:** Friday, 5 April 2013 10:39 AM  
**To:** Williams, Jeni  
**Cc:** Bertram, Sophie; Chatham, Elizabeth  
**Subject:** FW: Media Q's - Birth centre  
**Importance:** High

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**From:** Blumer, Shari  
**Sent:** Thursday, 4 April 2013 4:14 PM  
**To:** Pearce, Melissa  
**Cc:** Chatham, Elizabeth; Bertram, Sophie  
**Subject:** FW: Media Q's - Birth centre  
**Importance:** High

Hi Mel,

Can you please provide very short answers to the questions in yellow below for Liz. If you could send them through to Liz by tomorrow morning early for her to approve that would be great.

As you can see Ian's office has a 10am deadline tomorrow for us. Let me know if you if you have any queries or concerns?

Warm regards,

*Shari Blumer*  
*On behalf of*

**Elizabeth Chatham**  
Executive Director, Woman, Youth and Children

Canberra Hospital & Health Services  
Level 2, Building 24, Canberra Hospital  
Phone: 02 6174 7389  
E-mail: Shari.Blumer@act.gov.au

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**From:** Summerrell, Jessica  
**Sent:** Thursday, 4 April 2013 4:01 PM  
**To:** Chatham, Elizabeth  
**Cc:** Blumer, Shari; Bertram, Sophie  
**Subject:** Media Q's - Birth centre  
**Importance:** High

Hi Liz

Please see questions below regarding the birth centre. P&I will pull the information regarding occupancy for us, however I'm wondering if you can answer the questions regarding staffing (highlighted below).

I will need this back by lunch time tomorrow in order to meet the 5pm deadline.

Thanks  
Jess

**Jessica Summerrell**  
Executive Officer  
Office of the Deputy Director-General, Canberra Hospital & Health Services  
Phone: 6244 2169  
Mobile: 0466 770 201

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**From:** Kellar, Alexandra  
**Sent:** Thursday, 4 April 2013 3:41 PM  
**To:** Summerrell, Jessica  
**Cc:** Pace, Mark; Galarza, Yadira; Harris, Trevor  
**Subject:** NEW Birth centre

Hi Jess,

Ewa at the Sunday Times is after information after viewing an FOI on-line.

What is the occupancy rate of the new birth centre?

How many days has it been full?

How many midwives are on staff at the new birth centre?

What is the number of vacancies of midwives in the new birth centre?

Is there an increase in the numbers of staff at the new birth centre compared with previous centre?

Deadline: Friday 5 April 10am.

Thanks

Alexandra

Alexandra Kellar

Acting Senior Manager

Communications and Marketing

ACT Health

T (02) 6205 0837 | M 0466 655 136

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## Bertram, Sophie

---

**From:** Bertram, Sophie  
**Sent:** Monday, 21 January 2013 2:06 PM  
**To:** Summerrell, Jessica  
**Subject:** FW: Waiting list for birth centre

Hi Jess

Jeni Williams has provided information regarding waiting list for the birth centre:

- total patients on waiting list for the birth centre in 2012 was 345.

Please advise if you require further information.

Regards

### Sophie Bertram

A/G Executive Officer  
Division of Medicine  
Division of Women, Youth and Children  
Canberra Hospital & Health Services  
Phone: 6244 3659

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**From:** Williams, Jeni  
**Sent:** Monday, 21 January 2013 2:03 PM  
**To:** Bertram, Sophie  
**Subject:** RE: Waiting list for birth centre

Hi Sophie,

The total of patients on the waiting list for the BC in 2012 was 345.

Jeni

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**From:** Bertram, Sophie  
**Sent:** Monday, 21 January 2013 1:34 PM  
**To:** Williams, Jeni  
**Cc:** Pini, Sallyanne; Galarza, Yadira; Kinsmore, Simon; Summerrell, Jessica; Pace, Mark  
**Subject:** RE: Waiting list for birth centre

Hi Jeni

As discussed on the phone, ABC TV have requested information regarding the current waiting lists for the birth centre. Once again, this has a strict deadline, could you please return this information to me by 3.00pm to allow collation of information and approval.

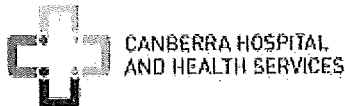
Thank you

Regards

Sophie Bertram

A/G Executive Officer  
Division of Medicine  
Division of Women, Youth and Children  
Canberra Hospital & Health Services  
Phone: 6244 3659

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**From:** Pace, Mark  
**Sent:** Monday, 21 January 2013 1:26 PM  
**To:** Summerrell, Jessica  
**Cc:** Bertram, Sophie; Pini, Sallyanne; Galarza, Yadira; Kinsmore, Simon  
**Subject:** Waiting list for birth centre

Jess,

In the ABC interview with Ian re: the birth centre held just then, ABC TV requested the current waiting lists for the birth centre

Ian said that Sophie Bertram is the current contact for this, so could I please request this information by a strict deadline of 3.30pm today.

The figures will appear in tonight's story re; the birth centre.

Many thanks.

Regards,

Mark.

Mark Pace

A/g Deputy Manager | Communications and Engagement  
ACT Government Health Directorate



p (02) 6205 0897 | m 0431 322 112  
e <mailto:mark.pace@act.gov.au>

a Level 2 Building 24 | Canberra Hospital | Yamba Drive | Garran ACT 2605  
p PO Box 11 | Woden ACT 2606  
w [www.health.act.gov.au](http://www.health.act.gov.au)

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## Bertram, Sophie

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**From:** Bertram, Sophie  
**Sent:** Friday, 7 June 2013 5:09 PM  
**To:** Summerrell, Jessica  
**Cc:** Chatham, Elizabeth; Blumer, Shari  
**Subject:** Estimates Briefs - Division of WYC  
**Attachments:** Enhancement of services for women, youth and children.docx; Expansion of services at the Centenary Hospital for Women and Children.docx

Hi Jess

Please find attached Estimate Briefs for:

- Expansion of services at the Centenary Hospital for Women and Children
- Enhancement of services for women, youth and children

These have been approved by Liz Chatham.

Regards

### Sophie Bertram

A/G Executive Officer  
Division of Medicine  
Division of Women, Youth and Children  
Canberra Hospital & Health Services  
Phone: 6244 3659

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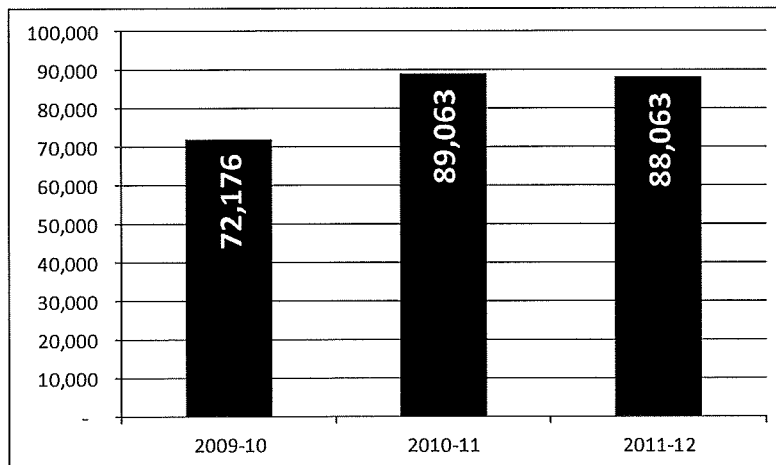
## Select Committee on Estimates 2013 – 2014 Budget

20 June 2013

### Enhancement of services for women, youth and children

- The Division of Women, Youth and Children has been allocated \$781,000 in growth funding for the 2013/14 financial year which will provide additional inpatient capacity to manage the demand for care and to ensure that future demand is able to be managed within the new Centenary Hospital for Women and Children.
- The funding is allocated as follows:
  - Additional community-based care (\$0.221m) to increase services at community health centres and in people's homes.
  - Demand for community-based services for women, youth and children has increased well above the general demand for Government services - 22% over the two years to 2011-12.

*Women, youth and children services  
community-based occasions of service by year*



*Source: community services data set, ACT Health, unpublished*

- Expansion to outpatient services (\$0.350m), with the equivalent of three new staff (FTE);
- Outpatient and community services within the Division of Women, Youth and Children includes options such as antenatal services, paediatric services, and follow-up care following acute illness/birth to maximise health outcomes and minimise the potential for further acute care;
- A new paediatric Clinical Nurse Consultant to (\$0.210m).
- These monies have been allocated to partly fund the development, implementation and evaluation of a four bed, short stay unit within in the paediatric unit which will be called the Paediatric Observation Unit

(POU). The POU will function within the paediatric service to provide less than 12 hours care to children who would otherwise receive this care in the Emergency Department. Moving these short stay admissions to the paediatric service will create flow within the Emergency Department for other children.

- This budget allocation in 2013-14 aligns with the Government's priority as part of the 2012 election platform commitment to provide \$24.8 million over the four years from 2013-14 to increase the capacity of the Centenary Hospital for Women and Children.

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**Elizabeth Chatham**  
**Executive Director**  
**Division of Women, Youth and Children**

**6174 7389**

**Select Committee on Estimates  
2013 – 2014 Budget**

20 June 2013

**Expansion of services at the Centenary Hospital for Women and Children**

- Stage 2 of the commissioning of the new Centenary Hospital for Women and Children (CHWC) involves a major refurbishment of the existing Maternity Building and will be operational in 2013 and provide additional capacity for inpatient services.
  - The Division of Women, Youth and Children has been allocated \$1,529,000 in growth funding for the 2013/14 financial year and will provide additional inpatient capacity to manage the demand of care and ensure that future demand will be managed within the CHWC.
  - The funding is allocated as follows:
    - An increase of one bed for the Neonatal Intensive Care Unit;
      - The Government made a commitment as part of the 2012 election campaign to increase the number of neonatal intensive care places by one additional cot per year from 2013-14.
      - The increase in demand for neonatal intensive care services in 2011-12 compared to 2010-11 totalled 8,049 hours of care (or 335 patient days). This is equivalent to an increase in demand of one bed per day over a year. This level of demand is anticipated to continue over the next four years.
      - The Neonatal Intensive Care Unit, Canberra Hospital cares for around 700 seriously ill babies each year. By boosting the number of beds, we will meet growing demand for these important services.
    - Additional paediatric inpatient services - four additional beds will be commissioned to create a paediatric short stay unit within the Paediatric Ward which will improve the flow of patients through the Emergency Department;
    - A Foetal Medicine Unit bed to be available in 2013-14;
    - Two additional Birthing Centre beds have been brought on line in 2012-13 to meet the demand which were offset by one-off underspends in the year;
    - A five bed Maternity Assessment Unit was able to be brought on-line in 2012-13 to meet the demand which was offset by one-off underspends in the year.
  - This budget allocation in 2013-14 aligns with the Government's priority as part of the 2012 election platform commitment to provide \$24.8 million over the four years from 2013-14 to increase the capacity of the Centenary Hospital for Women and Children.
-

**Elizabeth Chatham  
Executive Director  
Division of Women, Youth and Children**

**6174 7389**

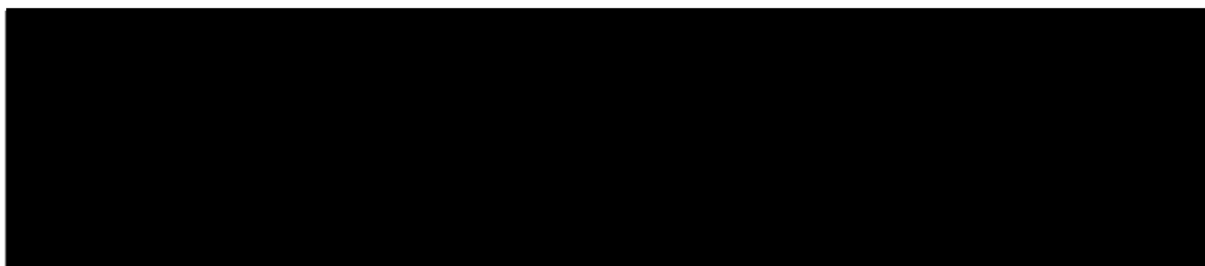
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**Select Committee on Estimates  
2013 – 2014 Budget**

**20 June 2013**

**Demand for Birthing Services**

- The Centenary Hospital for Women and Children (CHWC) has been experiencing an increased and unexpected demand since its opening. There have been significant changes over recent years in the mix between private and public sector births, with the number of public births increasing significantly over recent years.
- Over the past five years there has only been a 9% increase in the total number of births in the ACT, which is less than 2% per year. However, over the same period there has been a 25% increase in births in the public sector, whilst private hospitals have experienced a 21% reduction in birth rates over the same period.
- Changes to the Medicare Safety Net have coincided with significant decrease in private sector activity and a significant increase in public sector activity. This change was significant in 2010-11 and 2011-12 as many of the private sector bookings had been made at the time of the safety net changes. The change in pattern and downturn of private sector activity unfortunately occurred at a time that was too late to enable any change in planning for construction of the CHWC.
- The planning of the facility was based on the projections for increases in demand and the total number of ACT births is consistent with the projections that were made. However, the safety net changes were not known at this time and therefore shift from private to public sector was unexpected. Over recent years there has also been an increased popularity for the midwifery run model of care which has also increased the number of women using the public sector birthing services.



**CONTACT:** Elizabeth Chatham  
Executive Director  
Division of Women, Youth and Children

**PHONE:** 6174 7389

