The Honourable Stephen Dunham  
Minister for Health, Family and Children’s Services,  
Senior Territorians and Essential Services  
Parliament House  
DARWIN NT 0801

Dear Minister

In accordance with the provisions of Section 28 of the Public Sector Employment and Management Act, it gives me pleasure to submit the Annual Report to you on the activities and operations of Territory Health Services, for the year ending 30 June 1999.

I advise that, in respect of my duties as an Accountable Officer, and to the best of my knowledge and belief:

a) proper records of all transactions affecting the Agency were kept and that employees under my control observed the provisions of the Financial Management Act, the Financial Management Regulations and Treasurer’s Directions. Proper records were kept of transactions undertaken by the Department of Corporate and Information Services (DCIS) on behalf of Territory Health Services;

b) procedures within Territory Health Services afforded proper internal control, and a current description of these procedures can be found in the Accounting and Property Manual which were prepared in accordance with the Financial Management Act;

c) no indication of malpractice, fraud, major breach of legislation or delegation, major error in or omission from the accounts and records existed;

d) in accordance with the requirements of Section 15 of the Financial Management Act the internal audit capacity available to the Agency was adequate, and the results of internal audits were reported to the Chief Executive Officer;

e) financial statements included in the Report were prepared from proper accounts and records and were in accordance with Part 2, Section 5 of the Treasurer's Directions where appropriate. All financial statements prepared by DCIS on behalf of THS were prepared from proper accounts and records; and

f) all Employment Instructions issued by the Commissioner for Public Employment were complied with.

Yours sincerely

PETER PLUMMER  
CHIEF EXECUTIVE OFFICER

30 September 1999
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    Katherine Hospital .....................................................................................................
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Community Services

Family, Youth and Children's Services
Disability Services
Aged and Community Care Services
Office of Senior Territorians
Mental Health Services

Health Planning And Systems Support

Business Information Management
Information Technology Services
Acute and Specialist Care
Epidemiology
Health Economics

Organisational Support

Finance and General Services
Human Resource Services
Human Resource Accountability
Staff Development
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Performance Management
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CORPORATE OVERVIEW

Mission Statement and Strategic Directions

“In the end, how will it be possible to craft a health system future that takes into account competing demands and economic complexity and still deliver? How? By absenting government from services and operational areas we should no longer be in. By innovating in areas which show signs of outmoded methods of service delivery; by sponsoring a diversified service provider industry and diversifying the sources from where health finances are drawn by building our strength in costing and productivity management; and by increasing our emphasis on health promotion, disease prevention and early detection.” Ministerial Statement, Future Directions-Strategy 21, Stephen Dunham, Minister for Health, Family and Children’s Services, Senior Territorians and Essential Services 21 April 1999.

Our Mission (Corporate Plan 1996/99)

To improve the health status and well being of all people in the Northern Territory.

The major challenges facing Territory Health Services in contributing to the future growth and well being of Territorians are:

- a scattered population representing 1% of Australians living in 17% of the land area;
- high levels of morbidity and mortality experienced by Aboriginal people having the greatest impact on demand for health services (refer to Figure ..., page ...);
- limited ability to recruit and retain professional staff in rural and remote areas which severely affects the ability to deliver services; and
- a government sector trying to deliver an extensive range of health services many of which in other jurisdictions are provided by non government organisations (refer to page ...).

Strategic Directions

Territory Health Services Corporate Plan 1996/99 spelled out our five strategic health priorities which were to:

i) strengthen public health services to deliver effective prevention and health promotion strategies with particular emphasis on populations with high levels of sickness and early death;

ii) work towards the provision of adequate early intervention and primary level health services in which local communities are able to exercise appropriate control and direction;
iii) further develop an appropriate range of acute care and specialist services of an equivalent quality to that to other Australians;

iv) strengthen the focus and integration of community services to support individual and family well being; and

v) gear Territory Health Services to better support and equip staff to deliver results.

Corporate Plan for the Twenty First Century

It was recognised that the Corporate Plan 1996/99 was coming to an end, and that a new corporate approach would be required to take THS into the 21st century. Over 800 staff and external stakeholders were consulted about future directions for THS services. This process concluded that, while current strategic directions were strongly supported, a radically different approach was required for the future. This new approach required a shift in the balance of its core business from a focus on sickness to individual and community health delivered by a network of quality health care providers. This was outlined in the Strategy Twenty First Century document released in March 1999 which was adopted as the THS Corporate Plan to the year 2003.

The strategic directions and core business provided the framework for the achievement of four practical but stretching goals. These goals are summarised in an overview of Strategy 21 in Figure … below.

Figure …: Strategy Twenty First Century Overview

To create and enhance a Territory wide network of services which delivers continuing improvements in the health status and well being of all Territorians.

<table>
<thead>
<tr>
<th>STRATEGIC DIRECTIONS</th>
<th>CORE BUSINESS FOCUS</th>
<th>STRETCH GOAL AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building on and sharpening our core directions</td>
<td>New Emphasis in Territory Health Services role</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>Policy Leader in Health for Territorians</td>
<td>Strengthening Community Capacity</td>
</tr>
<tr>
<td>Primary Level Health</td>
<td>Funder/Purchaser of Government-Approved Health Services</td>
<td>A Quantum Shift to Service Delivery by Others</td>
</tr>
<tr>
<td>Acute and Specialist Care</td>
<td>Northern Territory’s Lead Provider of Non-Commercial Health Services</td>
<td>A Significant Increase in Aboriginal Involvement in the Health Workforce</td>
</tr>
<tr>
<td>Community Services</td>
<td>A Catalyst for Total Health Solutions, Achieved Intersectorally</td>
<td>Total Health Solutions Through Intersectoral Collaboration</td>
</tr>
<tr>
<td>Organisational Support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The health sector is recognised as an important part of Government’s foundations for the future development of the NT which was outlined in the Chief Minister’s (The Honourable Denis Burke’s, MLA) speech to Parliament in June 1999. In that speech the Chief Minister identified six foundations upon which the future growth of the Territory could be built, of which four were particularly relevant to Territory Health Services. These are:

- preserving and enhancing the lifestyle of all Territorians;
- creating partnerships in Aboriginal development;
- diversifying the economy through service industry growth; and
- encouraging strong Territory regions and communities.
Territory Health Service Outlets in the Northern Territory
ORGANISATIONAL STRUCTURE

Ministerial & Legal Support

Executive Support

DEPUTY SECRETARY & GENERAL MANAGER
Royal Darwin Hospital

ASSISTANT SECRETARY
Public Health, Family & Children’s Services & Chief Health Officer

ASSISTANT SECRETARY
Health Planning & Systems Support

ASSISTANT SECRETARY
Regional Director Health & Education (Operations Central)

ASSISTANT SECRETARY
Aboriginal & Community Health Policy & Corporate Services

AFFILIATE SECRETARY
Regional Director (Operations North)

NT DIRECTOR
Clinical/Medical Services (Hospitals)

Financial Management
Mental Health Policy
Royal Darwin Hospital
Territory Hospitals

Family & Children’s Services
Public Health
Public Health Strategy Unit & Health Promotion
Alcohol & Other Drugs
Centre for Disease Control & Women’s Cancer Prevention
Environmental Health, Radiation, Pharmacy & Poisons
Medical Entomology

Acute & Specialist Care
Aged & Disability
Business Information
Management
Epidemiology
Finance & General Services
Health Economics
Hospitals Development Project
Inter-government Relations
IT Services
Office of Senior Territorians
Overseas Development Projects

Alice Springs Hospital
Regional Health Services
Alice Springs Remote Health
Barkly Integrated Health Services
Tennant Creek Hospital
Mental Health
Public Health
Regional Programs

Primary Health & Coordinated Care
Urban
Rural
Aboriginal Health
Oral Health
General Practice

Research Coordination Program Review
Staff Development Services
Strategic Workforce Planning
Office Services
Employee Relations (Outposted)

Darwin Remote Health Services
Darwin Urban Health Services
Katherin Health Services
Katherine Hospital
East Arnhem Health Services
Gove Hospital
Regional Programs
Children’s Services
Pensioner Concessions
Non-Government Liaison
Top End Rural
Air Medical Services
Oral Health Services
Process Improvement Resource Team

Oversee Provision of Medical Services – NT Hospitals
Chairman NT PATS Committee
Principal Media Spokesperson

DEPUTY SECRETARY & GENERAL MANAGER
Royal Darwin Hospital

ASSISTANT SECRETARY
Public Health, Family & Children’s Services & Chief Health Officer

ASSISTANT SECRETARY
Health Planning & Systems Support

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ASSISTANT SECRETARY
Aboriginal & Community Health Policy & Corporate Services

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Non-Government Liaison
Top End Rural
Air Medical Services
Oral Health Services
Process Improvement Resource Team

Oversee Provision of Medical Services – NT Hospitals
Chairman NT PATS Committee
Principal Media Spokesperson
STAFFING

Territory Health Services recognises that staff, in partnership with all stakeholders, determine better health outcomes. Human Resource Services in its report (page ...) details activities and training undertaken this year in support of employees.

The accompanying graphs provide information about the classification of staff 1995/96 to 1998/99. These graphs should be read in conjunction with Financial Table 1 (page ...) which provides the full time equivalent (FTE) number of staff by Activity and Program.

Since the formation of the Department of Corporate and Information Services Agency (DCIS), approximately 220 Territory Health Service employees have transferred since late 1998. The transferred employees came from a range of service areas such as human resources, finance and information technology.

Figure ...: Staffing Trends by Classification

Note: Staff transferred to DCIS have not been included and have been removed from previous years to maintain relativity for graphing purposes. Dental have been included with Professional.
Figure … indicates that THS staffing levels, as a percentage of the total Northern Territory Public Sector (NTPS), have risen by slightly more than 1% over a five year period but dropped 0.5% during the past year with the formation of DCIS.

**Figure …:** Staffing as a Percentage of Total NT Public Sector

**Source:** Office of the Commissioner for Public Employment, September 1998.

**Note:** The numbers above were obtained by averaging the official Treasury/OCPE FTE staffing numbers for each pay, over the 26 pays for the year. This is the methodology which has been utilised by the OCPE in recent years for reporting sector wide staffing to government in its Annual Report.
EXPENDITURE

The proportional share of expenditure by each THS activity is graphed in Figure … below. Although there have been reductions in length of stay in hospitals and greater use of community support services, hospital expenditure remained high. This stemmed from increasing demand and the provision of more specialists services so people could be treated within the Northern Territory.

Figure …: Territory Health Services Expenditure by Activity

Territory Health Services has three major sources of funding: tied funding including Commonwealth Specific Purpose Payments, Australian Health Care Agreement; THS own sourced revenue; and funding from the NT Government. The proportion of NT Government and THS own revenue combined increased from 66% in 1993/94 to 73% in 1998/99.

Figure …: Territory Health Services Expenditure by Source of Funding

*Note: Including Australian Health Care Agreement (Medicare agreement prior to 1998/99). Monies transferred to DCIS have not been included in Figures , … and … and have been removed from previous years to maintain relativity for graphing purposes.
In turn, Commonwealth funding has decreased as a percentage of funding. This is a similar scenario for other health services. In Primary Health and Community Services, there has been little scope to date for raising revenue, generating alternate sources of funding or tapping into Federally funded Medical Benefits and Pharmaceutical Benefits Schemes through GP services which are often not available in smaller communities in the Territory.

Figure …: Territory Health Services Activity Expenditure by Source of Funding

Expenditure for all health and community services remained constant over five years as a percentage of overall NT Government expenditure, (refer Figures … below) suggesting that health funding is not out of step with rises in overall government expenditure.

Figure …: Territory Health Services Expenditure as a Percentage of Total NT Public Sector
Total health expenditure (including government, non-government, and household expenditure), as a percent of Australia’s Gross Domestic Product (GDP) increased after 1995/96 following a period of stability. This expenditure trend is also evident in relation to Gross State Product (GSP) for the Northern Territory. It is similar to the New Zealand experience but contrary to the USA, Canada and the UK where expenditure has begun to trend downwards. Australia’s expenditure on health, as a percent of GDP (8.4%), is comparable to the average of OECD countries. It is of particular interest that the US spends 13.9% of GDP on healthcare and has a life expectancy (72.2 years, males) that is marginally less than the Australian average (75.2 years, males).

**Figure …:** Total Health Expenditure as a Percentage of Gross State Product

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>USA</th>
<th>NT</th>
<th>Australia</th>
<th>NZ</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993/94</td>
<td>14.2%</td>
<td>8.2%</td>
<td>6.9%</td>
<td>8.4%</td>
<td>6.8%</td>
</tr>
<tr>
<td>1994/95</td>
<td>14.1%</td>
<td>7.3%</td>
<td>6.9%</td>
<td>8.6%</td>
<td>6.9%</td>
</tr>
<tr>
<td>1995/96</td>
<td>14.1%</td>
<td>8.2%</td>
<td>6.9%</td>
<td>8.7%</td>
<td>6.9%</td>
</tr>
<tr>
<td>1996/97</td>
<td>14.3%</td>
<td>8.3%</td>
<td>6.9%</td>
<td>8.6%</td>
<td>6.9%</td>
</tr>
<tr>
<td>1997/98</td>
<td>13.9%</td>
<td>8.2%</td>
<td>6.9%</td>
<td>8.4%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

LEGISLATION

Territory Health Services was established as an Agency on and from 1 July 1995 with the publication in Gazette No. S25 dated 30 June 1995 of an Administrative Arrangements Order signed by the Acting Administrator on 30 June 1995. Prior to this, the Agency was the Department of Health and Community Services. In accordance with the Public Sector Employment and Management Act, Agency means a department or other unit of administration of the Public Service of the Territory.

The current Administrative Arrangements Order has allotted to the Minister for Health, Family and Children’s Services and Territory Health Services the responsibility of administering the provisions of the listed Acts and responsibility for the areas of government relating to; social welfare, community grants, health including hospital and medical services, human quarantine, food standards, alcohol and drug dependence, services to the disabled and the aged, and community grants for health related organisations.

Acts Administered

- Adoption of Children Act
- Adult Guardianship Act
- Cancer (Registration) Act
- Community Welfare Act
- Dental Act
- Disability Services Act
- Emergency Medical Operations Act
- Food Act
- Guardianship of Infants Act
- Health Practitioners and Allied Professionals Registration Act
- Hospital Management Boards Act
- Human Tissue Transplant Act
- Medical Act
- Medical Services Act
- Mental Health Act
- Natural Death Act
- Notifiable Diseases Act
- Nursing Act
- Optometrists Act
- Pharmacy Act
- Poisons and Dangerous Drugs Act
- Private Hospitals and Nursing Homes Act
- Public Health Act
- Radiation (Safety Control) Act
- Radiographers Act
- Silicosis and Tuberculosis (Mine-workers and Prospectors) Act
- Therapeutic Goods and Cosmetics Act
- Tobacco Act
- Transfer of Powers (Health) Act

The portfolio of Minister for Health, Family and Children’s Services is responsible for the following Acts through supporting Agencies:

- Health and Community Services Complaints Act;
- Menzies School of Health Research Act.
The Minister for Health, Family and Children’s Services is the Minister for Senior Territorians, responsible for the area of government relating to services for Senior Territorians. Territory Health Services also provides administrative support to this ministerial portfolio in the absence of a specifically nominated Agency. (The Administrative Arrangements Order signed by the Administrator and published in Gazette No. S20 dated 1 June 1998 refers).

Acts and Regulations passed during 1998/99 were;

- Misuse of Drugs Amendment Act 1999 No 21 of 1999,
- Radiation (Safety Control) Amendment Act 1999 No. 22 of 1999,
- Community Welfare Amendment Act 1999 No. 6 of 1999,
- Mental Health and Related Services Act 1998 No. 63 of 1998,
- Mental Health and Related Services (Consequential Amendments) Act 1999 No. 11 of 1999,
- Nursing Act 1999 No. 10 of 1999, and

MAJOR BUDGET OUTCOMES

In the Minister’s Budget Speech for 1998/99, health and community services spending was projected to increase by 2% over the previous year, after taking account of the extraordinary flood relief in Katherine. The Minister indicated that efforts would continue toward implementing strategic directions for THS programs to be supported and enhanced by the increased funding announced in the budget and by better targeting of services. In the speech the Minister detailed specific initiatives to realise these directions. A summary of the initiatives and progress in their implementation follows.

Early Intervention and Primary Level Health Services

- Expansion of the Strong Women, Strong Babies, Strong Culture program into a further 20 communities and ensure that it can be sustained in the 10 communities where it has been implemented with the addition of $568,000 to the program.

Two new programs were added to both Operations North and Operations Central while three existing communities ceased participating during the year. At the end of the financial year there were six services operating in Operations North and four in Operations Central. Negotiations continued with four additional communities during the year with a target of 20 communities participating within a three year period.
Figure …: Northern Territory Birthweights 1986-1998

Note: The Strong Women, Strong Babies, Strong Culture program was targeted at communities with the lowest birthweights.
End of Coordinated Trials by 30 June 1999 with $2.3M expended enabling assessment to be made as to the level of health services enhanced, the extent of community control and level of care coordination achieved.

The trials were extended to 31 December 1999 by mutual agreement with the Commonwealth to complete assessment. Health boards were established for both trials, the Tiwi Health Board and Katherine West Health Board, which acted as purchasers for a majority of the health services used by their communities. Early indications are that access to and coordination of services have improved.

Free triple antigen (acellular) vaccine for all Territory children.

During the 1998/99 reporting period, the new diphtheria, tetanus, acellular pertussis (triple antigen) vaccine was administered to 87% of NT children aged 16-19 months (refer to Figure …, page …). This acellular vaccine is superior to the previous vaccine because it produces fewer side effects. Since switching to the new vaccine there has been a marked decrease in adverse effects related to the immunisation for these diseases.

Enhanced measles control $260,000.

The Northern Territory participated in the first stage of a national campaign to eliminate measles from Australia in line with the World Health Organization’s plan for global eradication. 15,362 children were vaccinated with the measles, mumps and rubella vaccine in schools, and 642 at community clinics or mobile clinics which were provided to give parents greater convenience during school holidays. Vaccination coverage of approximately 72% of the target population, children 1-11 years, was achieved by June 1999. The high number of reported cases during 1994/95 emphasises the need to maintain effort in this area until global eradication can be achieved.

Figure …: Notified Cases of Measles in the Northern Territory

![Graph showing notified cases of measles in the Northern Territory from 1991 to 1998. The peak in 1994 with 402 cases is followed by a decline to 1 case in 1998.]
As part of the Katherine flood relief $2.8M for replacement of X-ray and dental equipment as well as community support.

All the flood work was completed with equipment replaced and support/information provided to those affected by the flood.

Maintenance of the dental program funding at $5.4M despite withdrawal of Federal funding, $50,000 to employ a dental technician and $48,000 for a X-ray machine in Borroloola.

A dental technician was employed reducing waiting times for dentures and denture repairs. The X-ray machine was purchased but requires a darkroom conversion and staff training before being put into use.

Health centres for Mataranka and Daguragu.

The Daguragu clinic was deferred for 12 months while tenders were let in July 1999 for the Mataranka clinic.

An Appropriate Range of Acute and Specialist Care

A fair and reasonable share of the Medicare, Health Services Agreement, cake.

A new health funding agreement, following the Medicare Agreement, was signed on 28 August 1998 covering a five year period. The agreement delivered a $21M increase in hospital funding for the first year and total funding of $364.5M over the five years.

Major capital works including $13.7M for Stage 2 Alice Springs Hospital redevelopment including facilities for mental health and renal dialysis.

Renovations costing $80,000 were completed for a mental health facility in June. Renal dialysis facilities were upgraded at a cost of $320,000. Further development of Alice Springs Hospital will continue beyond 2000.

Cyclone coding for Accident and Emergency at Gove District Hospital

The major cyclone strengthening upgrade was completed making it possible for the hospital to provide a continuity of services in the event of a cyclone.

Royal Darwin Hospital lift upgrades

The upgrade commenced in May 1999 and is part of the upgrade and redevelopment of the hospital to improve facilities for clients.
An extra $2M for capital equipment including X-ray equipment at Gove District Hospital, ultrasound steriliser and blood analysing unit in Katherine and cardio-respiratory monitors and mobile X-ray in Alice Springs.

Cardiac monitors ($39,000), ventilators, two mobile X-ray machines and a patient monitoring system ($600,000) were purchased and are now in use.

Expansion of the Top End Specialists Outreach Service program.

Specialist outreach services expanded to include the disciplines of surgery, obstetrics and gynaecology added to those previously on offer which included paediatrics, medicine, ophthalmology, psychiatry and ENT. The total number of patients receiving treatment through this program was 2,604.

Broaden range of specialist services with $2.6M provided.

Specialist services were expanded to include an oromaxillofacial surgeon, an accredited ENT registrar, a director of clinical training, a dermatologist and visiting neurosurgeon. The impact of expanded specialists services, combined with new technologies during the past year should over time reduce the number of people travelling interstate for certain types of treatment (refer to page …).

Expenditure for cross border movements of patients for the 1998/99 financial year was $10.1M which was a decrease of $1.6M from 1997/98 (refer to Figure … (PATS), page …).

Table …: Cross Border Charging

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>7,702,000</td>
<td>8,620,282</td>
<td>10,754,730</td>
<td>11,702,060</td>
<td>10,135,945</td>
</tr>
<tr>
<td>Revenue</td>
<td>2,929,000</td>
<td>4,093,657</td>
<td>8,311,048</td>
<td>5,373,329</td>
<td>5,325,796</td>
</tr>
<tr>
<td>Net Cost</td>
<td>$4,773,000</td>
<td>$4,526,625</td>
<td>$2,443,682</td>
<td>$6,328,731</td>
<td>$4,810,150</td>
</tr>
</tbody>
</table>
Further $3.3M committed to increase renal dialysis services.

Renal dialysis services were completed in June 1999 in Alice Springs at a cost of $320,000. A renal disease program, including self dialysis, was under review in Katherine.

Renal Dialysis has experienced a decrease in the rate of growth for the first time in this decade. Growth in the number of treatments was approximately 0.7% at Royal Darwin Hospital compared to 22% in the previous year. For Alice Springs Hospital growth was approximately 4.3% compared to 17% in the previous year. The decrease in growth is probably attributed to the impact of preventive and early detection strategies and increased access to organ transplants.

Figure …: Total Renal Dialysis Treatments (Separations)

Improvement of access to organ transplants.

Organ transplants for Territorians increased almost sixfold from 1995 to 1997, falling back to 11 in 1998. For the first half of 1999, there were eight organ transplants. Because of the large number of end stage renal failure within the NT, organ donation becomes the primary hope of normalising lives for those with renal failure. As NT hospitals do not perform organ transplants, South Australia hospitals provide most transplants for Territorians. Of all jurisdictions, the Territory had the second highest donor rate for 1998.

Table …: Transplants of Territorians

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Organ Transplants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>3</td>
</tr>
<tr>
<td>1996</td>
<td>4</td>
</tr>
<tr>
<td>1997</td>
<td>17</td>
</tr>
<tr>
<td>1998</td>
<td>11</td>
</tr>
</tbody>
</table>
Improved Community Services To Support Individual and Family Well Being

- **Employment of four life promotion officers costing $298,000.**

Four people are now employed as life promotion officers, two each in Alice Springs and Darwin, in response to the high number of suicides and in particular the risk behaviour of young people leading to youth suicides.

**Figure …:** Suicide Death Rate for 1997

![Suicide Death Rate Graph](image)

*Note: Youth suicide includes persons aged 15-24 years. Tasmania youth suicide rate <4/100,000 population.

- **Introduction of the NT Seniors Card.**

The NT Seniors Card was officially launched on 12 April 1999 and by the end of the financial year approximately 4,029 cards were issued representing 28% of the eligible population.

**Figure …:** Sample NT Seniors Card

![Sample NT Seniors Card Image](image)
Review of the Pensioner Concession Scheme.

The review was completed and a new pension concession system (CPCS) established improving response time to customer queries.

Increased services for people with challenging behaviours including those with substance abuse problems allocating $2.4M over four years.

There was a delay in receiving the Commonwealth component of the funding however agreement was reached in March 1999 on a three year plan to develop services for people with challenging behaviours commencing 1999/2000.

Increased number of places for children 0-2 years - $600,000 over three years.

An operational subsidy of $234,000 was made available to childcare centres to increase placements for 0-2 year olds during 1998/99. This was the first year of three that the subsidy will be offered in response to high demand for childcare by families with children in this age group.

Figure … below depicts access to childcare for children aged 0-4 years.

Figure …: Access to Childcare 1998/99

*Note: Target population includes children aged 0-4 years whose parent/s are in the workforce or training, with access to a formal long day care place.
Further Development of Health Status Information

$4M for development and improvements to the Community Information System to enable:
- population health monitoring,
- implementation of coordinated care,
- tracking care between hospital and community care,
- a system for facilitating funding from MBS and PBS,
- support information for infectious diseases,
- delivery of care and treatment plans,
- early intervention treatment.

Information systems were completed for Family and Children’s Services and Mental Health, with other projects on schedule to be completed by November 1999.

New purchasing strategy for non government services involving contracting arrangements and an increased emphasis on performance management.

Interim contracts, containing performance criteria, were signed for 1999/00 with non government agencies. Of the 93 existing contracts in Operations Central, 74 agencies were placed under interim arrangements with performance criteria. In Operations North, 67 interim performance contracts were signed. Another 210 agencies extended existing agreements pending the development of full performance based contracts.
ACTIVITY AND PROGRAM REPORTS

Operations North

Profile

The Operations North (OPN) region of Territory Health Services provides health and community services across an area totalling 614,000 square kilometers of which Darwin, Katherine and Nhulunbuy (Gove) are the main centres. Katherine and Gove each have a town based hospital and community care centre. There are three urban community care centres in Darwin, and a network of health centres provides community health services to those people living in rural and remote locations. In addition, numerous health and community services are provided by the non government sector through THS and Commonwealth funded programs.

The aim of regional services is to improve the health status and well being of all people in the Operations North community. This is achieved by the provision of health and community services in urban, rural and remote settings in collaboration with non government and private service providers. Other responsibilities include support services for operational areas as well as policy and strategic advice to the Minister, Secretary, Executive and managers.

Principles which guide Operations North are to:
- work within the framework of the Corporate Plan, NT Government objectives, relevant Acts, policies and procedures;
- work in partnership with consumers/clients and the community;
- provide services in a culturally appropriate manner;
- work collaboratively and interactively;
- provide direction and support to districts in a consistent manner;
- work within a framework of the principles of the Aboriginal Health Policy;
- provide equitable distribution of services; and
- balance acute and preventive services.

OPN is responsible for:
- urban and rural operational services encompassing Primary Health, Public Health, Community Services and Organisational Support.
- Katherine and Gove District Hospital

Royal Darwin Hospital is administered separately but works in close collaboration with OPN.

1998/99 Staffing: 1010 full time equivalent (FTE) positions

1998/99 Expenditure: $133.357M
Service Outlets in Operations North

Darwin Rural & Remote Area:
Royal Darwin Hospital
Darwin •★★★★★★
Phone: 8922 8888
Adelaide River •★★★★★★
Phone: 89767027, Fax: 89767093
Bagot •★★★★★★
Phone: 89483166, Fax: 89483044
Batchelor •★★★★★★
Phone: 89760011, Fax: 89760105
Belyuen (Delissaville) •★★★★★★
Phone: 89785023, Fax: 89785009
Gagadju •★★★★★★
Phone: 89792018, Fax: 89792041
Jabiru •★★★★★★
Phone: 89792018, Fax: 89792041
Kunbarllanjnja (Oespelli/ Gunbalanya) •★★★★★★
Phone: 89790178, Fax: 89790159
Maringrida •★★★★★★
Phone: 89795930, Fax: 89795933
Milikapiti (Snake Bay) •★★★★★★
Phone: 89783950, Fax: 89783902
Minjilang (Croker Island) •★★★★★★
Phone: 89790229, Fax: 89790207
Nguiu (Bathurst Island) •★★★★★★
Phone: 89738984, Fax: 89738906
Peppimenarti •★★★★★★
Phone: 89782369, Fax: 89782369
Pirlangimpi (Garden Point) •★★★★★★
Phone: 89783953, Fax: 89783932
Wadeye (Port Keats) •★★★★★★
Phone: 89782360, Fax: 89782555
Warruwi (Goulburn Island) •★★★★★★
Phone: 89790230, Fax: 89790227
Woodykupildiya •★★★★★★
Phone: 89782661, Fax: 89782661

East Arnhem Area
Gove District Hospital
Nhulunbuy •★★★★★★
Phone: 8987 0211
Alyaungu •★★★★★★
Phone: 89876255, Fax: 89876116
Angurugu •★★★★★★
Phone: 89876311, Fax: 89876632
Bickerton Island (Milyakburra) •★★★★★★
Phone: 89876269,
Galivinku (Elcho Island) •★★★★★★
Phone: 89879031, Fax: 89879061
Gapuwiyak (Lake Evella) •★★★★★★
Phone: 89879150, Fax: 89879121
Gunyangara (Marngarri) •★★★★★★
Phone: 89873800, Fax: 89873582
Laynhapuy (Layna) •★★★★★★
Phone: 89871242, Fax: 89871109
Milingimbi •★★★★★★
Phone: 89879903, Fax: 89879940
Numbulwar •★★★★★★
Phone: 89754670, Fax: 89754671
Ramingining & homelands •★★★★★★
Phone: 89797923, Fax: 89797930
Umbakumba •★★★★★★
Phone: 89876772, Fax: 89876779
Yirrkala •★★★★★★
Phone: 89870367, Fax: 89870366

Katherine Area
Katherine Hospital
Katherine •★★★★★★
Phone: 8973 9211
Phone: 89738570, Fax: 89738620
Amanbidji (Kildurk) •★★★★★★
Phone: 091-678842/89750748 T/C
Fax: 89750748
Barunga (Bamyili) •★★★★★★
Phone: 89754501/4509,
Fax: 89754602
Binjari •★★★★★★
Phone: 89710823, Fax: 89710813
Borroloola •★★★★★★
Phone: 89758757, Fax: 89758718
Bulla Camp •★★★★★★
Phone: 091-687303, Fax: 89 750 748
Daguragu (Wattie Creek) •★★★★★★
Phone: 89750891,
Gulin Gulin (Baluman) •★★★★★★
Phone: 89754712/4350,
Fax: 89754829
Jilkminggan (Duck Creek) •★★★★★★
Phone: 89754741, Fax: 89754621
Kalkarindji (Wave Hill) •★★★★★★
Phone: 89750785, Fax: 89750792
Lajamanu (Hooker Creek) •★★★★★★
Phone: 89750782, Fax: 89750903
Mataranka •★★★★★★
Phone: 89754547, Fax: 89754621
Manyallaluk (Eva Valley) •★★★★★★
Phone: 89710823, Fax: 89710813
Minyerri (Hodgson Downs) •★★★★★★
Phone: 89759959, Fax: 89759809
Ngukurr (Roper River) •★★★★★★
Phone: 89754688, Fax: 89754689
Pine Creek •★★★★★★
Phone: 89761268, Fax: 89761325
Robinson River •★★★★★★
Phone: 89759985, Fax: 89750748
Timber Creek •★★★★★★
Phone: 89750727, Fax: 89750748
Urapunga •★★★★★★
Phone: 89754688, Fax: 89754689
Wugularr (Beswick) •★★★★★★
Phone: 89754527, Fax: 89754820
Wurli Wurlinjang •★★★★★★
Phone: 89710044, Fax: 89722376
Yarralin •★★★★★★
Phone: 89750893, Fax: 89750911
Service Outlets in Operations North

**LEGEND**

- Hospital
- Resident General Practitioner
- THS Staffed
- THS Funded
- THS/Commonwealth Funded
- Other Community Service Outlet
Highlights

- School based nursing and therapy services were transferred from NT Department of Education to THS.
- Dental (Oral Health) Services were regionalised.
- Use of best practice care plans were installed within the Coordinated Care Trials (CCT) information system.
- Multidisciplinary teams developed health promotion activities to support new parents, healthy lifestyle choices and “well women”.
- Environmental health standards for remote NT communities were developed in cooperation with other NT Government departments.
- A public health research officer was appointed to develop community health information profiles.
- Marketing and promotion packages were implemented to support appropriate staff recruitment.
- A pilot extended hours child care scheme was introduced.
- The RDH based child care centre opened.
- The child care resource folder was launched.
- A preventable chronic disease strategy and recall procedures were implemented.
- The pension concession system interfacing with GAS, complemented by new look NT Pensioner Concession Cards was introduced.
- Primary health care services at Milikapiti and Pirlangimpi were transferred to the Tiwi Health Board.

Needs, Strategies and Achievements

The Operations North 1998/99 Business Plan established the following key strategies to address health services needs:

Strategy One: Further enhance service delivery through:

- reduction of gaps/duplications in services, over servicing and under servicing;
- needs based service provision;
- intersectoral collaboration; and
- establishment of minimum standards of service delivery.
Achievements:

- Transferred school based nursing and therapy services from NT Department of Education to THS.
- Undertook surveys of remote housing to establish an annual systematic intersectoral approach to providing environmental health support to residents in conjunction with Housing and Local Government.
- Developed strategies for the care of complex needs clients.
- Linked strategies to improve access and quality of aged and disability services for people from various ethnic backgrounds.
- Established standards committees to develop minimum quality standards of service delivery.
- Set up regional FYCS, aged and disability units with coordinators appointed.
- Promulgated practice and operations manuals.

Strategy Two:  Planning better health and community services through:

- community control of health services;
- better informed community;
- public health care models of service delivery;
- culturally sensitive services; and
- more efficient and effective community service providers.

Achievements:

- Asserted community control through Tiwi and Katherine West CCT Health Boards.
- Printed palliative care information brochures in 10 key languages.
- Developed collaborative links between hospital based Aboriginal liaison officers, Aboriginal health workers, remote communities, specialist units and the OPN Palliative Care Unit.
- Trialed a new model of service delivery at Port Keats.
- Established a customer relations hotline.
- Increased Aboriginal health worker involvement in Community Care Centres (CCC).
Facilitated access to primary health care services through strategic relationships by CCCs with both private and public sectors.

Developed new contractual arrangements with non government service providers.

Implemented annual business plans in all East Arnhem communities.

Introduced a chronic disease recall system.

Trialed community support worker positions in East Arnhem to improve appropriateness of service provision.

Developed and implemented cross clan support programs for young mothers at Borroloola.

Facilitated the formation of the Maningrida Health Board.

Introduced welcome days for Tindal recruits.

Promoted Katherine CCC services through information mornings for new mothers.

Strategy Three: Resourcing health and community services by:

- increased community based and delivered services;
- greater access to services in remote areas; and
- an appropriate and sustainable mix of public and community services.

Achievements:

- Built/upgraded health clinics at various Top End communities.
- Installed new radiology equipment and upgraded facilities at Gove District Hospital.
- Increased school therapy support services to Aboriginal communities.
- Developed local health committees in East Arnhem to provide advice on service priorities.
- The Maningrida Health Board was incorporated and governing board elected during 1998.
Strategy Four: Dealing with workforce issues by:

- improved recruitment and retention of staff;
- staff better trained to fulfil their roles; and
- increased staff morale.

Achievements:

- Refurbished remote health staff accommodation.
- Completed new staff accommodation at various communities.
- Implemented bulk recruitment process.
- Implemented a staff development framework.
- Established information baselines to track organisational development.
- Standardised accountabilities and selection criteria for positions within Darwin Urban Aged and Disability Services program.
- Used performance management to assist new managers to understand the accountabilities of their positions.
- Implemented a support strategy for remote staff and staff development framework.
- Supported safety strategies for staff in remote locations.
- Completed a public health training project for rural staff.
- Implemented the Aboriginal Health Worker career structure.
Operations Central Australia

Profile

The Central Region covers an area in excess of 1.1M sq kms extending from the borders of South Australia, Western Australia and Queensland and as far north as Elliott.

Territory Health Services Operations Central Australia (OPC) provides or supports the delivery of services to approximately 42,500 residents including an Aboriginal population of 15,000. In addition, emergency services are provided to 4,000 people who live in areas adjacent to the borders of Western Australia and South Australia. An average of 4,200 tourists receive medical assistance annually.

The structure of OPC changed in December 1998 due to the appointment of a joint health and education Regional Director, the appointment of a Regional General Manager, and the transfer of corporate support services to the Department of Corporate and Information Services.

OPC includes:

- Alice Springs Hospital and the Renal Unit;
- Alice Springs Remote Health Services which provides primary health care and community services;
- Barkly Health Services, an integrated health service delivering acute and primary health;
- Public Health Services that provides public health, clinical and community services to the whole region;
- Regional programs that provide support services to all operational branches;
- Mental Health Services including acute, early intervention and preventive services;
- Alice Springs Community Health Services providing community based services to those residing in Urban Alice Springs; and
- Operations Central Executive comprising the Regional Director, Regional General Manager, General Manager Alice Springs Hospital, General Manager Alice Springs Remote Health Service, General Manager Barkly Health Service, Director Public Health, Director Alice Springs Community Health Service, Manager Mental Health Service, Manager Regional Coordination and Strategic Development and a Regional Communications Officer.

1998/99 Staffing: 1079 positions across OPC districts

1998/99 Expenditure: $95.5M
### Service Outlets in Operations Central Australia

**Alice Springs Remote Area:**

- **Alice Springs Hospital**
- **Alice Springs** ☀️☀️
  - Phone: 89569942, Fax: 89569971

- **Aherrenge (Ambilatwatja)** ☀️☀️
  - Phone: 077483111, Fax: 077484874

- **Amunturru (Mt Liebig)** ☀️
  - Phone: 89568595, Fax: 89568984

- **Aputula (Finke)** ☀️
  - Phone: 89560961, Fax: 89560961

- **Atitjere (Harts Range)** ☀️
  - Phone: 89567342, Fax: 89567826

- **Bonya** ☀️
  - Phone: 89566300

- **Engawala (AliCoota)** ☀️
  - Phone: 89569944

- **Ikuntji (Haasts Bluff)** ☀️
  - Phone: 89568547, Fax: 89568547

- **Imanpa (Mt Ebenezer)** ☀️
  - Phone: 89567484, Fax: 89567741

- **Kaltukatjarra (Docker River)** ☀️
  - Phone: 89567342, Fax: 89567741

- **Laramba (Napperby)** ☀️
  - Phone: 89567792, Fax: 89568432

- **Lityentye Apurte (Santa Teresa)** ☀️
  - Phone: 89560911, Fax: 89568512

- **Mutijulu (Ayers Rock)** ☀️
  - Phone: 89562353, Fax: 89562031

- **Ntaria (Hermannsburg)** ☀️
  - Phone: 89567433, Fax: 89567473

- **Nyirripi** ☀️
  - Phone: 89568835, Fax: 89568400

- **Papunya** ☀️
  - Phone: 89565091, Fax: 89560910

- **Mt Marc (Murray Downs)** ☀️
  - Phone: 8956503/5, Fax: 89568512

- **Pmara Jutunta (6 Mile)** ☀️
  - Phone: 89569847

- **Tara (Neutral Junction)** ☀️
  - Phone: 89569789

- **Ti-Tree** ☀️
  - Phone: 89567936, Fax: 89569829

- **Titjikala (Maryvale)** ☀️
  - Phone: 89560906, Fax: 89560906

- **Ukaka** ☀️
  - Phone: 89567828

- **Ulpanyali** ☀️
  - Phone: 89567463

**Barkly**

- **Tennant Creek Hospital**
- **Tennant Creek** ☀️☀️
  - Phone: 89624399, Fax: 89624307

- **Ali-Curung (Murray Downs)** ☀️
  - Phone: 89641954, Fax: 89641971

- **Brunette Downs Station** ☀️
  - Phone: 89644522

- **Barkly Mobile**
  - Phone: 89624399, Fax: 89623132

- **Canteen Creek** ☀️
  - Phone: 89641510

- **Elliott** ☀️
  - Phone: 89692060, Fax: 89692070

- **Epenarra** ☀️
  - Phone: 89641559

- **McLaren Creek** ☀️
  - Phone: 89622385, Fax: 89641961

- **Murumurula** ☀️
  - Phone: 89622385

- **Nudjabarra** ☀️
  - Phone: 89622385
Service Outlets in Operations Central Australia

**LEGEND**

- Hospital
- Resident General Practitioner
- THS Staffed
- THS Funded
- THS/Commonwealth Funded
- Other Community Service Outlet
Highlights

- Alice Springs Community Health Centre (ASCHC) received CHASP Accreditation through the Institute for Health Communities (Australia Inc.). This was the culmination of two years work by all program areas at AASCHC.

- Primary health care services were expanded in Titjikala, Haasts Bluff, Bonya, Barkly Tablelands, Nicholson River, and Tara.

- Following the transfer of school nurses and therapists from the Department of Education to THS, a joint strategic management group of key stakeholders from health and education was developed to support the implementation of the joint departmental service agreement.

- There was an increased focus on nutrition programs resulting from last year’s closure of the CHU resulting in:
  - presentation of the Certificate 1 in health modules to Aboriginal health workers and other community members;
  - a review of dietetic services for the Renal Unit;
  - employment of an additional nutritionist, as a growth assessment and action coordinator, and three community nutrition workers;
  - expansion of the Strong Women Strong Baby Strong Culture program; and
  - outsourcing of antenatal care to the Christian Outreach Centre for mothers awaiting delivery.

- Tools for Reviewing Australian Mental Health Services (TRAMHS) were adopted as the mechanism for driving the implementation of the National Standards for Mental Health Services in Central Australia.

- CAMHS and the Central Australian Mental Health Association worked in partnership to support the outsourcing of the recovery/rehabilitation arm of Mental Health Services through the Heritage Clubhouse.

- Remote Mental Health Team and the Yuendumu Council worked in partnership to develop a pilot framework for the support of individuals in remote areas who experienced a social or emotional problems.

- The Life Promotion Project was established resulting in the development of an intersectoral approach to the problem of children or youth at risk of self harm or suicide.

- A community health council was established as part of the North Barkly Health Zone, with funding under the Remote Community Incentive Program.

- A community youth centre in Tennant Creek was opened with funding from the Living With Alcohol program.

- A culturally appropriate women’s health promotion pilot was developed and implemented.
The regional Aboriginal Family Violence Strategy was implemented.

The AHW Pathways to Professional Development program commenced.

An operational model for health promotion in Central Australia was developed following the Territory wide review of the Health Promotion program.

The first comprehensive remote community profiles were produced as part of the Aboriginal Communities Health Information Project for 23 Central Australian communities.

A joint pilot project with the Heart Foundation of Australia was initiated to implement comprehensive diabetes prevention and management in a Central Australian community.

A regional disaster plan was developed.

Video conferencing services were set up at Alice Springs and Tennant Creek hospitals.

The Flinders Centre for Remote Health sited at Alice Springs Hospital was opened.

The back pain prevention project at Alice Springs Hospital was established.

Needs, Strategies and Achievements

Operations Central 1998/99 Business Plan and Regional Directions paper identified the following key strategies to address health service needs as described in the Corporate Plan 1996/99.

Strategy One: Advancement of remote health services and improving Aboriginal access to services by:

- new and enhanced health services in remote communities including the development of remote health infrastructure;
- development of models of remote health service delivery;
- increased communication between THS, remote communities, and other health service providers;
- increased public health activities;
- provision of appropriate outsourced antenatal accommodation; and
- increased numbers of Aboriginal health workers in Alice Springs Hospital.
Achievements:

- Developed remote management for the North Barkly Zone with the Commonwealth and involved communities.
- Provided new housing for health staff at Hermannsburg, Ti Tree, Yuendumu, Maryvale, Haasts Bluff, Bonya, Lake Nash.
- Constructed a health centre at Bonya.
- Upgraded health centres at Hermannsburg and Yuendumu.
- Established a new antenatal service provided by the Christian Outreach Centre.

Strategy Two: Improvement in coordination and quality of disability services and Family and Children’s Services (FACS) through:

- strategic management groups;
- regional coordination of services by a coordinator; and
- development of key specific preventive programs.

Achievements:

- Developed a draft care coordination pilot report for disability services.
- Employed dedicated FACS and Disability Services regional coordinators.
- Developed a coordinated youth strategy.
- Established the Central Australian Forum (CAF) for disability services.

Strategy Three: Focused regional activities on health priorities and outcomes through:

- the coordination of regional renal services;
- expansion of nutrition services to remote communities;
- development of an inhalant substance misuse strategic plan; and
- improved Alcohol and Other Drugs service delivery.
Achievements:

- Established a renal operational management group.
- Recruited a renal coordinator.
- Presented the Certificate 1 in health modules to Aboriginal health workers and other community members;
- Reviewed dietetic services for the Renal Unit;
- Employed an additional nutritionist, growth assessment and action coordinator, and three community nutrition workers.
- Expanded the Strong Women Strong Baby Strong Culture program.
- Developed an inhalant substance strategic plan.
- Commenced the Alcohol and Other Drugs (AOD) service review.
- Established an AOD psychology service.

Strategy Four: Improved effectiveness of the region to respond to client needs to implement policy and government initiatives by:

- implementation of the NGO reform initiatives;
- creation of model(s) for integration of services;
- initiation of new models of regional allied health care;
- upgraded facilities at ASH and other service areas; and
- development of quality processes to support regional programs.

Achievements:

- Developed models of integrated services such as renal and paediatric ‘OMGS’.
- Developed a service model through the allied health review.
- Established a second speech pathologist position.
- Funded two rounds of quality projects throughout the region.
Strategy Five: Creation of a supportive organisational environment by:

- coordination of regional training;
- development of a comprehensive communication strategy; and
- increased level of performance management of staff.

Achievements:

- Aboriginal community workers at FACS participated in the Aboriginal employment career strategy.
- Developed AHW pathways to professional development program.
ACUTE AND SPECIALIST CARE

There are five public hospitals in the NT located in Darwin, Alice Springs, Nhulunbuy (Gove), Katherine and Tennant Creek. The wide geographic spread and sparsely populated areas often require the movement of people to gain access to specialist impatient care. Patient Assistance Travel (PATS), Medical Evacuation (Medivac) and Interhospital Transfer are schemes benefiting people needing to travel interstate or intrastate for medical services.

Individual reports on the five hospitals are contained in the following sections, but a summary for all of the Acute and Specialist Care Activity is provided for;

- hospital workloads,
- length of stay,
- hospitalisations by particular conditions, and
- waiting times.

Hospital Workloads

From 1998 to 1999 the number of hospital separations rose from 8,000 to 10,000 an increase of 25%. Non Aboriginal separations increased by 10% and Aboriginal separations increased 15%. In 1988 following the opening of the Darwin Private Hospital, the number of non Aboriginal separations for public hospitals dropped 5%.

The increasing impatient numbers have not been evenly distributed across all public hospitals. The three largest hospitals increased by 15% while Gove and Katherine Hospitals decreased 10% over the same time period.

In the past year, RDH treated over half the public hospital patients and ASH treated over one quarter. In all hospitals except Royal Darwin, Aboriginal people comprised over half of all hospital separations, and in Gove and Tennant Creek over two thirds. This reflects the severe health problems of Aboriginal people throughout the NT.

The rate of hospitalisation is very high at the beginning and end of life. In the older age groups the number of hospital separations increased by 20% in those aged 45-65 and in those over 65. This increase is considerably more than the 22% increase in population in these age groups. Older people generally have more complex, chronic illnesses than younger people, and thus consume more resources on average for each separation.
**Particular Diseases**

The change in volume of hospitalisations is not consistent for all conditions. Between 1993 and 1999, there was a considerable decrease in hospitalisations for infectious diseases, but an increase for cancer, endocrine disease, nervous system disease, circulatory, respiratory, digestive and musculoskeletal disorders.

**Length of Stay**

Length of stay is the number of days a patient is in hospital for each inpatient episode. The average length of stay for Aboriginal people was ??? and for non-Aboriginal people ????. The proportion of Aboriginal people staying in hospital for more than seven days fell considerably between 1993 and 1999. The number of patients that return home the same day increased due to improved procedures and technologies. The number of same-day patients increased for Aboriginal and non-Aboriginal people during the period 1993 to 1999.

**Waiting Times**

Waiting times for admission to hospitals are an important performance measure and targets are included in performance agreements with hospitals. Targets are set for three categories of patients, urgent, semi-urgent and non-urgent. Trends are presented since 1997 to 1999 but note that new targets were set for 1998/99 in line with Territory requirements which were more stringent than those under the Medicare Agreement.
Figure ...: Category 1 Urgent Patients Admitted

Figure ...: Category 2 Semi Urgent Patients Admitted

Figure ...: Category 3 Non Urgent Patients Admitted
Performance

Performance targets and indicators for quality, output and strategic management issues are specified in the Performance Agreement between the Hospital, the Regional Director and the Assistant Secretary Health Planning and Systems Support.

1.0 Planned Outcome: Hospital activity levels

<table>
<thead>
<tr>
<th>Measure</th>
<th>projected activity level</th>
<th>actual activity level</th>
<th>variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEIS: Hospital</td>
<td>10,842 - 11,019 (max)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital dialysis treatments</td>
<td>8,500</td>
<td>Renal unit: 8094</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ASH: 290</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total: 8384</td>
<td>- 116</td>
</tr>
<tr>
<td>Outpatient weighted occasions of service</td>
<td>50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-acute inpatient days</td>
<td>195</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation in-patient days</td>
<td>2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boarder days</td>
<td>10,721</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

****Business Info Unit to supply information to complete actuals and variance and ASH to verify

2.0 Planned Outcome: Revenue targets:
The revenue target for Alice Springs Hospital for 1998/99 was $24,585,000, excluding cross border receipts.

Performance reported:
Actual revenue received for 1998/99 was $24,850,887, excluding cross border receipts. 98% of the positive variance of $265,887 came from an increase in revenue raised from compensable and ineligible patients.

3.0 Planned Outcome: Elective surgery waiting lists:

(***Insert Graph from Business Information Unit) - Stephen Moo / Bruce Dunn, verified by Chris
4.0 Planned Outcome: Cross border activity:

****dollars + clients + escorts by PATS and IHT - info from Business Information Unit, verified by ASH

Performance reported:
****insert analytical statement

Jointly with Royal Darwin Hospital, Alice Springs Hospital undertook detailed analyses to identify opportunities to ensure more cost effective management of the referral to interstate hospitals. This resulted in a new policy for routinely referring patients with specified conditions to RDH. Significant cross border savings accrued from the acquisition of technology to enable laser surgery to be performed locally on patients with diabetic retinopathy.

5.0 Planned Outcome: Quality performance:
HPSS agreed to begin production of NT benchmark figure using results of reporting on the following specific indicators:
• rates of post-operative wound infection following clean surgery
• rates of post-operative wound infection following contaminated surgery
• rate of emergency patient readmission to hospital within 28 days of separation (excluding midwifery and psychiatric patients)
• rate of unplanned return to operating theatre

**Alice Springs Hospital’ rates are reported below (?? NT benchmarks available)
info to be supplied by business information unit and verified by ASH

6.0 Planned Outcome: Written communications:
Alice Springs Hospital agreed to implement principles and policies for written communications and discharge summaries in accordance with THS Policy on Written Communications for Inpatient and Outpatient Separations from NT Hospitals.

Performance reported:
Following research and consultation a pilot project was commenced to provide electronic discharge summaries for complicated patients to General Practitioners, Central Australian Aboriginal Congress and District Medical Officers; evaluation pending.

7.0 Planned Outcome: Morbidity coding targets:
Alice Springs Hospital agreed that the morbidity coding for all separations for the previous month are completed by the end of the month using ICD10. (ie. less than or equal to 1% of records uncoded)

Performance reported:
The morbidity coding was complete for the extract throughout the year with the exception of March and April where the amount of records not coded in time for the extract was approximately 2% and 6% respectively. Of note is that the number of inpatient admissions rose on average by 100 per month over the preceding year. Additional resources redeployed to the coding unit from June 1999 should allow morbidity coding to be complete for future extracts.

8.0 Planned Outcome: Capital asset management:
Alice Springs Hospital agreed to comply with the Northern Territory Capital Equipment Replacement Program; maintain a capital assets register; prepare an annual asset, maintenance and minor works plan; and work within THS capital works planning framework.

Performance reported:
The requirements have been met. The Total Asset Management program is managed by DCIS with information and verification by Alice Springs Hospital. In 1998/99 ASH undertook the Building Assets Management System (BAMS) audit for the first time and prepared proposals to upgrade electrical and mechanical assets on next year’s program. Significant effort has been expended in assessing, remedying and certifying Year 2000 compliance of the Hospital’s biomedical, information technology, building and general equipment and in preparing contingency plans to keep the Hospital safe and operating in the event of failure. Additionally, a briefing has been prepared to identify works required to mitigate damage in the event of floods involving the Hospital.

PUBLIC HEALTH SERVICES

Goal
The goal of Public Health Services is to secure the health of communities using a variety of strategies and approaches that act to prevent diseases and harm and to promote, protect and advance health.

Objectives

- To gather and analyse information about the determinants of health, the causes of ill health and the patterns and trends of health and ill health in the population.

- To develop policy, set priorities, develop plans and coordinate services, strategies and interventions aimed at the protection and promotion of the health of the community.

- To develop and strengthen public health infrastructure including; administrative, legislative, informational, training, and evaluation systems for effective program delivery.
To work with national bodies and colleagues in other jurisdictions to maintain up to date public health expertise, innovation, and knowledge of current and emerging public health issues that have relevance for the Northern Territory.

Programs

Public health activity is undertaken by the following programs;

- Alcohol and Other Drugs Program,
- Disease Control,
- Environmental Health,
- Medical Entomology,
- Women’ Health,
- Women’s Cancer Prevention,
- Health Promotion, and
- Public Health Strategy Unit.
ALCOHOL AND OTHER DRUGS

Overview
The Alcohol and Other Drugs Program (AODP) develops and coordinates strategies to minimise the harmful effects of legal and illicit substances in the Territory. Substances used in the Northern Territory are similar to those identified elsewhere in Australia, but alcohol, tobacco, petrol and kava are of particular concern in the Territory.

AODP manages the Living With Alcohol program (LWA), a Territory initiative aimed at achieving long term reductions in alcohol related harm. AODP also administers the Wine Cask Levy (WCL), another Territory initiative which supports local strategies designed to address the immediate and short term impact of the antisocial behaviour that arises from public drinking and substance use.

The Tobacco Action Project (TAP) operates as part of AODP to address smoking issues. TAP has a particular focus on smoking by minors, young adults and Aboriginal and Torres Strait Islander people.

AODP is responsible for delivering services as part of the National Drug Strategy through the Public Health Outcome Funding Agreement. This aspect of the program concentrates on substances other than alcohol.

The program operates with a high degree of intersectoral collaboration. Most services are delivered through the non government sector, and there are strong links across government departments that include Police, Education, the Liquor Commission, Correctional Services and the Department of the Chief Minister.

Operational units of AODP are located in Alice Springs and Darwin and LWA staff are located in Katherine, Nhulunbuy and Tennant Creek to provide local expertise and support. A generic detoxification facility is situated in Darwin and a detoxification service is funded through a non government organisation in Alice Springs. Public hospitals also provide a detoxification capacity.

Strategies
- To undertake policy, planning, research, program development and evaluation across the full range of drug abuse problems/issues in the Territory.
- To provide specialist clinical knowledge, training and resources, and strategic coordination of local services.
- To provide local alcohol expertise and resources in all major urban centres of the Territory for the delivery of community education in urban and non urban settings and the provision of professional education and training activities.
- To resource community based agencies for counselling services, outpatient and residential treatment programs, sobering up shelters and limited detoxification.
To work with the liquor industry, non-government sector, other government agencies and programs to implement broad-based strategies to address the multifaceted nature of alcohol and other drug issues.

Performance

- A new drink-driving campaign, focusing on innocent victims of drunk drivers, was developed and implemented. Responsible drinking commercials were run throughout the year to raise awareness of the effects of irresponsible drinking as defined by the National Health and Medical Research Council and to promote safe drinking strategies.

- NT produced television commercials dealing with issues associated with smoking among Aboriginal people were screened.

- Operation Drink Sense, highlighting the differential effects of drinking high and low alcohol content beverages, continued to be supported on licensed premises. The Sweat Loss package, demonstrating the dehydrating effects of alcohol, was delivered to more than 30 different sports clubs and teams cross the Territory.

Figure … shows a maintenance of the beer market share occupied by beer products containing 3% alcohol/volume or less. In 1997/98 this was 27% in the Northern Territory while nationally it was 19%.

Figure …: Percent of Beer Market Held by Light Beer

Source: Australia - ABS Cat no. 4315.0 Apparent Consumption of Selected Foodstuffs 1997/98. NT Liquor Commission receipts.

- Aboriginal community development facilitators completed six projects in the Tiwi Islands and at Ali Curung, and work continued with other remote communities in Central Australia and the Top End to generate and support local responses to alcohol issues.
Five local community substance workers were funded in Elliot and at Kalkaringi.

A workshop for more than 25 local Aboriginal community workers from across the Territory was run in Darwin to identify support and training needs. The workshop identified future program priorities.

The dissemination and training of community based primary health care workers in the use of the Handbook for Community Health Teams continued, providing user friendly information about alcohol and how associated problems can be managed.

Study units in substance content continued to be supported at Batchelor College and the Northern Territory University. Batchelor College offered a certificate course for Aboriginal students who can take knowledge and skills relating to substance issues back to community settings. Northern Territory University provided graduate units in alcohol and other drugs that can be accessed by students in any faculty.

Continued support was provided for the dedicated Alcohol and Other Drug Unit established by Correctional Services and the ongoing delivery of the Ending Offending program. Liaison officers with Aboriginal communities were also maintained within Police and the Liquor Commission.

17 organisations from across the Territory received funds under WCL. Projects included night patrols in both urban and remote centres, diversionary activities for young people, education and referral programs.

Training was provided to general practitioners and other professionals on the use of new pharmacotherapies introduced to the market for the treatment of alcohol and opiate problems.

A voluntary notification system was set up in Darwin to monitor the prescription of Schedule 8 drugs. Under the system, patients contract to one doctor for their prescriptions and agree to have scripts filled at one pharmacy.

Two small grant programs were funded to promote messages to young people about alcohol and tobacco use. 33 schools received grants under the TAP Health Promoting Schools scheme and 20 youth organisations received grants under the LWA Health Promoting Youth scheme.

A magazine was produced and disseminated as part of the Choose Yourself campaign, presenting creative material prepared by young people to affirm healthy life choices and the merits of moderate drinking and no smoking.

Three incentive grants were given to Aboriginal communities to encourage local initiatives aimed at reducing tobacco related harm. Milikapiti became the first Aboriginal community in the NT to introduce a policy of smoke free public areas.

Workshops were conducted in Darwin, Katherine, Alice Springs and Tennant Creek with people who work with youth to increase their skills to address issues related to substance use by young people. More than 90 participants attended.
The Kava sentinel system continued to monitor the impact of the Kava Management Act in Arnhemland, with three reports prepared and provided to the Liquor Commission to inform development of any regulatory system to be introduced.

Negotiations were undertaken with Aboriginal organisations in East Arnhem to establish a more culturally responsive model for delivering treatment services to the region. The model involved the recruitment and training of local community people and actively involved elders in the development and implementation of appropriate services. The model involved elders and local community people.

A report on substance use by young people no longer at school was completed and distributed.

A survey of liquor prices was undertaken to determine whether the differential between heavy and light beer was being maintained and tracking studies of media campaigns were undertaken.

The professional development and training of non government workers, medical officers, hospital based staff and remote area nurses was provided by program staff and external trainers to enhance the ability of these frontline workers to identify and manage issues related to alcohol and other drug use in their work environments.

Performance toward achieving key program targets was assessed by collecting indicator data relating to harmful behaviour and harmful consumption. The percent of road accidents that were alcohol related was an example of a harmful behaviour indicator.

Figure … shows that the percent of road accidents that were alcohol related dropped from 16.6% in 1992 to 10% in 1998. This represents a reduction of around 40% in alcohol related road trauma during the life of the Living With Alcohol program.

Figure …: Percent of Road Accidents Related to Alcohol in the Northern Territory

Source: AODP
Figure … shows variability in the percentage of NT road fatalities over time, but there has been a consistent decline between 1996 and 1998. In 1998, 35% of road accident deaths were alcohol related. This is close to the national level of around 30%.

**Figure …: Percent of Fatal Road Accidents that are Alcohol Related**

![Graph showing the percentage of fatal road accidents that are alcohol related for the Northern Territory and Australia over the years 1989 to 1998. The graph indicates a consistent decline in the percentage of alcohol-related deaths over time, with a notable decrease from 1996 to 1998.]

*Source: Federal Office of Road Safety - Alcohol and Road Fatalities in Australia 1996.*

*Note: Percentages relate to persons tested for blood alcohol concentration. Figures for Australia are based on the total numbers rather than an average of States/Territories.*

Per capita consumption is a proxy measure of alcohol related harm. Figure … shows that since the start of the decade, pure alcohol consumption has decreased from 18.74 litres per person to 15.03 litres per person in 1997/98. This is a drop of about 20%, albeit that consumption from 1992/93 to 1997/98 has been relatively stable.
Each year the Alcohol and Other Drugs Council of Australia surveys all jurisdictions and assesses government performance in terms of policy directions, commitment to addressing substance problems and provision of support services. 220 key informants from across the country rate performance on a range of criteria. For the fifth year in a row the NT was the top performer in 1997/98, continuing to retain a positive rating that is significantly higher than other States or Territories (refer Figure …).


Overview

The Centre for Disease Control (CDC) Directorate provides services to prevent, monitor and control communicable and non communicable diseases in the Northern Territory. Program activities are coordinated through Disease Control Units in each health district.

The CDC Directorate activities include: policy development; surveillance of selected communicable diseases and outbreak investigation; initiation of appropriate control measures; development, coordination, promotion and monitoring of immunisation programs; reports on the outbreak of communicable diseases of public health importance; and involvement in research, education and health promotion activities. Screening and clinical services are provided for tuberculosis (TB), leprosy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) as well as Hepatitis C.

District CDC units work with urban and remote primary health care providers to enhance the provision of clinical services, contact tracing and community screening where appropriate and offer ongoing professional education.

Surveillance activities involve the ongoing collection, collation, analysis, interpretation and dissemination of data to identify short and longer term trends in disease incidence and evaluate the impact of prevention strategies. Special surveillance programs monitor invasive *Haemophilus influenzae* type b (Hib) disease, enteric disease, measles, malaria, TB, influenza, invasive pneumococcal disease, adverse reactions following immunisation and vaccine utilisation.

The TB/leprosy Control Unit aims to maximise efficiency through joint education and training of mycobacterial staff in the control of TB and leprosy.

The AIDS/STD Unit works toward the prevention and treatment of sexually transmitted disease (STD) and blood borne viruses (BBV), HIV and hepatitis C. In urban areas, Clinic 34 provides specialised clinical services in these areas.

The non communicable diseases section of CDC coordinates the delivery of specialist physician services to rural and remote communities in the Top End and has coordinated the development of the NT Preventable Chronic Diseases Strategy. This strategy addresses in an integrated fashion, prevention, early detection and management of the major diseases of diabetes, high blood pressure, heart disease, kidney disease and chronic lung disease.

The Rheumatic Heart Disease Program helps to coordinate the clinical care of people with rheumatic heart disease in remote areas, provides staff education and promotes the standardisation of treatment.
Strategies

To implement quality assurance in all sub-programs by development of standards and protocols that are consistent with best practice nationally and internationally.

To participate in the National Notifiable Diseases Surveillance Strategy including input into the national review of legislation governing notifiable diseases and documentation of immunisation status at school entry, development of a nationally consistent notifiable diseases list and adoption of standardised case definitions for notifiable diseases.

- To participate in national as well as local initiatives to improve immunisation coverage rates for adults and children.

- To collaborate with all NT vaccine service providers to revise and update childhood immunisation records for linking to the Australian Childhood Immunisation Register (ACIR) and to develop sustainable processes for the timely generation of high quality data for transmission to the ACIR.

- To collaborate with THS operational staff, non government vaccine providers, the Department of Education, Association of Independent Schools and Catholic Education to complete implement the NT wide School Age Hepatitis B Program for students aged 6-16 years in the 1998 school year.

- To reduce the annual incidence of TB cases by aiming for 100% curative treatment, screening of at risk groups, using preventive therapy where indicated and education.

- To maintain awareness and control of leprosy through education and intensified surveillance.

- To provide professional education for urban and remote health professionals in the area of disease control.

- To fully develop a remote community STD/BBV strategy for the NT.

- To support community based organisations in providing needle and syringe exchange programs.

- To provide specialised clinic services in the areas of sexual health and in particular HIV.

- To support the Chronic Diseases Network to promote communication, coordination, collaboration and collective memory.

- To develop an evidence base to support the Preventable Chronic Diseases Strategy through review of the literature and with input from local experts.

- To reduce the long term effects of rheumatic heart disease by improving education, preventive treatment compliance, systematic follow up and referral.

Performance
Notifications of acute rheumatic fever and appropriate follow up have become more timely since the establishment of the program in 1997. To date, 674 people with rheumatic fever/rheumatic heart disease are registered for active follow up in the Top End.
A majority of non-government health services signed service agreements for the exchange and use of childhood immunisation data and transmission to the Australian Childhood Immunisation Register (ACIR).

- Age appropriate childhood immunisation coverage for the NT, based on Australian Childhood Immunisation Register (ACIR) data, was 77% for the primary course of immunisation. However this is an underestimation of the true NT vaccine coverage rate due to difficulties matching NT records with those on the ACIR. The true rate is better estimated by the NT Childhood Immunisation Database and is reflected in Figure … below. A special project began in May 1999 to collect missing immunisation data and increase NT data matching with the ACIR. This is expected to increase NT vaccine coverage rates as assessed by both the NT Childhood Immunisation Database and the ACIR.

**Figure …:** 1998/99 Immunisation Rates for NT Children Aged 12-15 Months

![Graph showing immunisation rates by town and vaccine type](image)

*Note: DTP3 Diphtheria-tetanus-pertussis dose 3; OPV3 Oral polio dose 3; HIB2 PedvaxHIB dose 2 or 3 of another Hib vaccine; HB3 Hepatitis B dose 3

*Source:* Health Insurance Commission; Australian Childhood Immunisation Register and NT Childhood Immunisation Database.

- The NT School Aged Hepatitis B Program officially ended on April 30 1999. Over 41,000 hepatitis vaccines were administered, primarily in schools but also in community health clinics and via non-government vaccine service providers. The program ensured that all Territorians from 6-16 years of age had the opportunity for vaccination against hepatitis B.

- In children 6-16 years of age previously immunised against hepatitis B plus those immunised during the NT School Age Hepatitis B Program, coverage rates for the first, second and third dose of hepatitis B were 77%, 70% and 62% respectively. Ongoing vaccination to complete the second and third doses is still occurring which will increase the final coverage rates.
16,000 vaccinations against measles, mumps and rubella were given in the NT during the [Commonwealth Measles Control Campaign](#). This represented a total overall coverage of 72% in primary school aged children.

360 registered nurses, Aboriginal health workers and doctors enrolled in the short course ‘About Giving Vaccines’ from 1 July 1998 to 1 May 1999. The written exam was completed by 229 with 163 (71%) successfully gaining their ‘Statement of Attainment’ following practical assessment.

The notification rate of TB remained stable with 32 cases in 1998.

Due to an upsurge in cases of TB in the Aboriginal population living in urban Darwin, an active program of extensive case finding, screening and directly observed preventive therapy was initiated in 1998. A total of 11 active cases were diagnosed from this population.

Leprosy is now a rare disease in the NT with no cases notified in 1998.

The number of notifications of chlamydia and gonorrhoea continued to rise due to increased screening. Young people, 15-24 years, had the highest notification rates as in previous years. These infections were notified more frequently in women possibly reflecting greater access to testing.

The number of new cases of HIV remained steady with 9 cases notified in 1998.

The Chronic Diseases Network included 360 members. It published a monthly newsletter and held an annual workshop.

The development phase of the Preventable Chronic Diseases Strategy was completed.

A Rheumatic Heart Disease database for all patients in the Top End was completed. Education packages were sent to all Northern Territory Aboriginal medical services, rural health services and other relevant services in November 1998. Education packages for hospital ward staff were provided in mid 1999.

The main achievements of the Rheumatic Heart Disease Control Program included the location of a number of people who were previously lost to follow up, increased awareness of the importance of regular secondary prophylaxis and follow up, and a functioning treatment recall system.
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(a) NN = Not notifiable.
(b) MVE = Murray Valley Encephalitis virus.
(c) Dengue virus and malaria are not endemic in the NT. Most of the 1998 cases of dengue were acquired in Indonesia.
Figure: Notifiable Diseases NT Wide 1997/98

Note: Rates < 10/100,000 not listed.
NT est. resid. pop - 177,730 as supplied by Epidemiology & Statistics Branch, THS.
Table: Notified Cases of Vaccine Preventable Diseases in the NT by Report Date 1997 & 1998

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*Note: Mumps is largely under reported.*

Figure: Notification Rates of TB in the Northern Territory
The number of cases of HIV notified annually remains steady, however since 1991 there has been an increase in the proportion of cases notified in Aboriginal people.

ENVIRONMENTAL HEALTH

Overview

The Environmental Health Program within THS consists of two sub programs, Environmental Health and Medical Entomology, which provides a separate report in the next section.

Environmental health services aim to prevent physical, chemical, biological and radiological agents in the environment from adversely affecting the health of all Territorians.

Environmental Health is comprised of several discrete service areas; Aboriginal and General Community Environmental Health, Environmental Health Standards, Environmental Planning, Sanitation and Waste Management, Food Safety, Poisons and Pharmacy, and Radiation Health.

Aboriginal and General Community Environmental Health Services are responsible for policy development. Operational environmental health units are located at all major town centres. These units provide services for the enhancement of environmental health standards in urban, rural and remote Aboriginal communities. This includes food safety, environmental planning, sanitation and waste management.
Poisons and Pharmacy Control Services are provided by an operational unit located in Darwin supported by hospital based pharmacists in regional centres. These services undertake investigations and control the supply and use of therapeutic drugs as well as industrial, agricultural and veterinary chemicals. This section has coordinated health and medical examinations for people entering the Northern Territory Government Public Authorities Superannuation Scheme (NTGPASS).

Radiation Health services are provided to minimise any negative health impact of radiation on the NT population and to ensure that beneficial radioactive materials and devices use sound scientific practices and follow legislative controls, together with the Department of Mines and Energy.

**Strategies**

- To administer the provisions of the Public Health Act, Food Act, Poisons and Dangerous Drugs Act, Pharmacy Act, Therapeutic Goods and Cosmetics Act, Radiation (Safety Control) Act and regulations made under those Acts. Radiation safety issues under the Mine Management Regulations are also administered.

- To ensure adequate services in remote communities by assisting Aboriginal communities to evaluate environmental health infrastructure and community sanitation.

- To assist Aboriginal communities to fund the employment and training of environmental health workers (EHWs).

- To take leadership by providing a coordinated approach to progressing a whole of government approach for the improvement of environmental health standards on Aboriginal communities through the work of the Inter Agency Environmental Health Task Group.

- To strengthen and enhance public health services by:
  - developing and updating NT environmental health legislation, standards and policy and providing NT input to the development of national programs, policy and standards;
  - undertaking environmental health impact assessments of significant land use development proposals;
  - actioning national recalls of unsafe food and therapeutic goods; and
  - providing environmental health information and advice on resolving complaints received from communities.

- To support ATSIC’s Health Infrastructure Priority Projects/National Aboriginal Health Strategy - Environmental Health Program (HIPP/NAHS-EHP), which aims to address large scale environmental health infrastructure needs, such as housing, sewerage, power, and water, of Aboriginal communities.
Performance

- The Environmental Health Program participated in the ongoing evaluation of HIPP/NAHS-EHP projects. A total of 48 ATSIC endorsed HIPP/NAHS-EHP projects worth $130M were funded in the Northern Territory. Environmental Health program staff:
  - participated in the comparative ranking of communities to determine $82M of funding priorities for the NAHS-EHP 2000/2001 to 2002/003;
  - assisted in the development and implementation of the Environmental Health Infrastructure Maintenance System (EHIMS) for Aboriginal communities which provided a mechanism for the resolution of environmental health defects in community houses;
  - participated in annual reviews of the THS Code of Practice for Small On Site Sewage and Sullage Treatment Systems and the Disposal or Reuse of Sewage Effluent, and the Environmental Health Standards for Remote Communities in the Northern Territory.
  - assisted in the preparation of the Septic Tank Education Package providing Aboriginal communities with the ability to ensure the continued operation of new and upgraded sewerage systems;
  - in Operations Central the Public Health team undertook a community evaluation project to assess changes to THS community support processes and physical health status that could be linked to the community’s HIPP/NAHS-EHP project.
  - in Operations North commenced an evaluation project to identify patterns of change and causation in a number of communities with HIPP/NAHS-EHP projects; and
  - completed an ATSIC funded $1.5M septic tank upgrade project which provided improved septic tank facilities in six Aboriginal communities.

- THS participated in a Commonwealth funded “National Colilert Trial” to test the operational feasibility of using the Colilert water testing system to identify potentially contaminated water supplies in remote Aboriginal communities.

- Environmental Health Program staff contributed to a Community Services and Health Industry Training Board project to identify competencies for Aboriginal environmental health workers.

- Public environmental reports (PER), environmental impact statements (EIS) and draft management plans were assessed and commented on in relation to potential environmental health impacts for proposals including the Quest 29 Gold Project and Ludmilla Wastewater Treatment Plant.

- The Exposure Draft Food Bill for the development of nationally uniform Food Acts for Australia and New Zealand was released underpinning government’s commitment to protect public health and safety.
An intensive food safety auditing training course was conducted for EHOs to facilitate the effective implementation of the proposed national food safety standards. The proposed standards were based on food safety outcomes and were a significant shift from present prescriptive regulation.

Comments were prepared for 15 applications, and proposals to vary the Australian Food Standards Code were actioned. Proposals included labelling of genetically modified foods and alterations to the maximum residue levels of agricultural chemicals used in food production.

The FoodSafe food handler training program, was launched in November by the Minister. Four businesses were successful in achieving the FoodSafe award.

Notification of 42 national wide recalls of unsafe or potentially unsafe food were received and actioned.

A radiation incident at Berrimah was prosecuted.

The Radiation (Safety Control) Act was amended to substantially increase penalties, update evidentiary provisions and adopt the latest Code of Practice for the Safe Transport of Radioactive Substances.

Radiation health aspects of the Jabiluka Project continued to be supervised. The Chief Health Officer issued staged approval for the Radiological Management Plan for the initial decline construction.
A total of 177 licences and 97 registrations were issued under the provisions of the Radiation (Safety Control) Act. Compliance inspections were carried out on 190 items of irradiation apparatus at 90 premises throughout the Territory. In addition four other inspections were undertaken in relation to provisions of the Act.

NT input contributed to the Australian Health Minister’s Advisory Council’s endorsed approach for the National Uniformity Implementation Panel of the Australian Radiation Protection and Nuclear Safety Authority as a mechanism to achieve national uniform controls.

There was a 12% increase in applications to use Schedule 7 pesticides, reflecting sustained growth in the horticultural industry.

A program, run in cooperation with the Northern Territory University School of Horticulture, to ensure all authorised users of the Schedule 7 pesticide endosulphan hold a certificate in the Safe Use of Farm Chemicals (Farmcare), was successfully completed by 30 June 1999. The THS requirement for Farmcare accreditation prior to authorisation helped reduce the incidence of pesticide spray drift complaints received by the Branch.

96 major compliance inspections were carried out on manufacturers, wholesalers, retailers, pharmacies, medical kit holders, pest control operators and primary producers.

A total of 316 licences, 38 registrations and 1464 authorisations to supply/use scheduled drugs and poisons were issued under the provisions of the Poisons and Dangerous Drugs Act.

National recalls and safety alerts for 326 unsafe therapeutic drugs and devices were actioned during the year.

The Schedules to the Poisons and Dangerous Drugs Act were regularly amended to maintain national uniformity. Two significant events were the availability on prescription of Viagra, the impotence drug, and the easing of restrictions on advertising, previously prohibited, of some pharmacist only medications such as minoxidil for hair regrowth.

31523 prescriptions for Schedule 8 (S8) narcotic drugs were checked and recorded to help control prescription drug abuse. Data collected identified patients who visited several doctors to obtain multiple prescriptions in excess of their current therapeutic needs (doctor shoppers).
In association with the Alcohol and Other Drugs Program, a voluntary notification system for prescription of Schedule 8 drugs for non palliative care patients was introduced whereby doctors may sign a written voluntary contract with patients identified as having difficulty managing their drug treatment regime.

Poisons and Pharmacy Branch maintained a database of "contract" patients. 280 contracts were processed since February and 201 are current.

NT input was provided by attendance at national committees including; the National Environmental Health Forum, Australia New Zealand Food Authority Advisory Committee, Senior Food Officers Technical Committee, National Drugs and Poisons Scheduling Committee, National Coordinating Committee on Therapeutic Goods, Highly Specialised Drugs Working Party, NHMRC Radiation Health Committee, Commonwealth/States Consultative Committee on Nuclear Codes and the Management of Radioactive Wastes and the Alligator Rivers Region Advisory and Technical Committee.
MEDICAL ENTOMOLOGY BRANCH

Overview

Services provided by Medical Entomology aim to reduce the impact of biting insects on the people of the Northern Territory. These include: the prevention of malaria reintroduction; the prevention of importation of dengue mosquitoes; insecticide and engineering programs for mosquito control; surveillance programs in the major towns; guidelines and advice on both large and small scale developments; a public inquiry service; a public mosquito awareness service; and incidental research on biting insects and mosquito borne viruses.

Medical Entomology works with: the Darwin City Council in a mosquito engineering program; the Parks and Wildlife Commission in rectifying mosquito breeding sites and carrying out mosquito control in the Casuarina Coastal Reserve; and local government and environmental health officers throughout the NT on mosquito monitoring, surveillance and control. Other clients include the general public for inquiries, Department of Lands Planning and Environment on land development comment, consultants and developers for development and planning advice, and environmental health officers in all regions for mosquito and disease control advice. The main community link is through mosquito public awareness programs and the Mosquito Control Advisory Committee, which provides public feedback and information dissemination.

Strategies

- To maintain active surveillance for endemic and exotic mosquito vectors and mosquito borne diseases through sentinel chicken virus surveillance and mosquito trapping.
- To operate an active mosquito monitoring and control program at all major population centres in the NT.
- To prevent biting insect problems by providing development advice through detailed investigations and reports on major developments.
- To conduct mosquito and disease awareness programs through the media and the Mosquito Control Advisory Committee.

Performance

- There has been no indigenous transmission of malaria in 1998/99 and the NT has remained free since 1962. The number of cases of malaria imported into the NT have reduced substantially over the last three years. This reduction has taken place in spite of a world trend for increased cases of malaria. This reduction is probably due to changed travel patterns but may be partly attributed to an increased awareness brought about through MEB public education and awareness efforts.
The NT remained free of exotic vectors of disease. This continuing situation was attributable to the effectiveness of MEB and Quarantine surveillance which kept the NT free of Aedes aegypti and Aedes albopictus.

During the year there were two instances of importation of Aedes aegypti on illegal fishing boats and one of Culex mosquitoes in machinery from Japan. All three were successfully controlled.

The mosquito monitoring figures from the regular trap sites and total mosquito numbers indicated an increase in some towns this year. Mosquito control at critical locations, times and against certain species meant that vector control played a vital part in keeping mosquito borne disease down to similar numbers as last year.

The total mosquito numbers in Darwin showed an increase from 77,900 last year to 170,100 this year. This was a reversal of the reducing trend from 1993/94 but was unavoidable with the second year of near record rainfall in the Darwin region. This increase was particularly large for species other than the two major vector species (Figure … below), which are not major vectors of disease.

The increase in Aedes vigilax numbers in Darwin from 13,600 last year to 38,000 this year was due mainly to extremely high numbers in November in the Holmes Jungle and Bomb Crater locality of Leanyer swamp (Figure …, page …) attributable to high tides coinciding with unseasonal early rain.
Total mosquito numbers in Jabiru were down from 390,700 to 222,800. This reduction was primarily due to above average rainfall in the area keeping the creeks and swamplands within 20 kms of Jabiru flooded and allowing access for fish thus reducing the numbers of the common banded mosquito.

In Nhulunbuy the total mosquito numbers were up from 30,300 to 46,900. This increase was primarily due to a doubling of salt marsh mosquitoes from 11,400 to 22,000 as a result of the above average rainfall in the area flooding extensive breeding sites in the Wallaby Beach locality (16,400). Salt marsh mosquito numbers were less than last year near the town residential areas due to control efforts.

The total number of mosquitoes in the Katherine area were reduced from 15,000 last year to 7,000 this year. This was primarily due to a reduction in the numbers of the common banded mosquito 12,100 to 4,500. The reduction was attributable to a combination of mosquito control efforts and above average rainfall flushing major breeding sites.

The Alice Springs monitoring showed a substantial jump in total numbers from 10,700 to 71,300. This was primarily due to high numbers of Culex globocoxitis (49,000), a non biting species which breeds in Il Parpa swamp and is sufficiently distant from urban areas. The increase was not due to rainfall but was mostly due to the timing and extent of waste water release from the sewage ponds into the swamp area. The common banded mosquito showed an increase in the urban area from 89 to 232 despite larval control in adjacent drains, but this figure was still low enough to prevent mosquito borne disease in the urban area.

There were 132 cases of Ross River virus disease in the NT compared with 127 last year, which was the second lowest number of cases in nine years. This low figure was a
reflection of awareness programs and location specific mosquito control, and was achieved at a time when this disease is increasing in the rest of Australia.

- A similar trend was recorded for Barmah Forest virus disease, with 22 cases recorded this year compared with 21 cases last year and 45 the year before. There were no confirmed cases although one presumptive case of Kunjin disease in June still under investigation, of Australian encephalitis in the NT this year despite the sentinel chicken early warning system detecting both Kunjin and MVE viruses over a wide area of the NT.

- Extensive engineering works occurred to remove salt marsh mosquito breeding sites by filling in old interdune depressions and constructing new drainage paths in the Ludmilla Creek/Kulaluk area and the Casuarina Coastal Reserve.

- Rectification of the salt marsh mosquito breeding areas in the bomb craters in Leanyer Swamp progressed with the Department of Defence contract for a detailed survey, removal of unexploded bombs, and filling operations to start in the 1999 calendar year.

- A biting midge buffer investigation project was organised in the Palmerston area over two years starting in March 1999. The investigation will determine whether a buffer can protect the residents of Fairway Waters and Palmerston from the severe biting midge problems in the area.
Publications.


WOMEN’S HEALTH

Overview

The Northern Territory Women’s Health Policy 1992 aims to improve significantly the health and well being of women by identifying and responding to their specific and unique health needs.

The role of the Women’s Health Strategy Unit (WHSU) is to develop, implement and monitor women’s health policy and to plan service development and delivery. This is achieved through a mix of activities which are resourced by special funding programs administered by the Women’s Health Advisor, the Women’s Cancer Prevention Program, Family and Children’s Services and Living With Alcohol Programs.

Special purpose women’s health funding is provided under the joint Territory/Commonwealth Public Health Outcome Funding Agreement. This Agreement incorporates the Women’s Cancer Prevention Programs, the National Women's Health Program and the Alternative Birthing Services Program.

Domestic Violence Services, Aboriginal Family Violence Services and some Sexual Assault Services are funded by the Living With Alcohol Program. Other specialist women’s health services such as women’s shelters and domestic violence community based trainers are funded under the Supported Accommodation Assistance Program (SAAP) and Sexual Assault (SARC) services by THS. These programs are reported in the Community Services section of the annual report.

The National Cervical Screening Program promotes an organised approach to prevention of cancer of the cervix including: the provision of information to encourage women to have pap smears; care of women with screened detected abnormalities; education of service providers; promotion of quality and quality assurance measures in all stages of the screening pathway; and establishment of a Territory Pap Smear Register and other systems with a reminder service to women and practitioners.

The Breast Screen Service provides free mammography screening for the early detection of breast cancer in women. The service targets women aged 50-69 for whom the occurrence of breast cancer is more common however woman from age 40 can access the service. Screening and assessment centres are now well established in Darwin and Alice Springs, and a relocatable screening unit started annual visits to Tennant Creek and Katherine with future visits to Nhulunbuy being planned.

The Remote Areas Well Women’s Screening Program promotes a holistic approach to women’s health screening for remote area women and the support, education and training of remote area staff in providing a quality well women’s screening service and education of local women. This includes breast examinations, mammograms in women over 50, quality pap smears in a culturally appropriate manner, blood sugar levels, urine analysis, blood pressure, weight and haemoglobin screening.
Strategies

- To promote a coordinated approach to the delivery of services for women, and in particular promote and strengthen primary health care services which emphasise prevention.

- To develop partnerships with other areas within Territory Health Services and with the community sector to improve access to services for women with poor health status.

- To provide health education and training programs to ensure mainstream services are more responsive to the needs and concerns of women.

- To address priority issues including reproductive and sexual health, cancer prevention, domestic and family violence and sexual assault.

- To provide a breast screening service to women over the age of 40 years.

- To coordinate an organised approach to cervical screening throughout the NT.

- To provide a Well Women’s Screening Program for women living in remote areas.

Performance

- The Women’s Health Strategy Unit undertook a major review of the NT Women’s Health Policy. A new policy and three year Strategic Plan were produced in consultation with consumers and service providers across the Northern Territory. Once endorsed, the Policy and Strategic Plan 1999/2002 will apply to all health services provided, funded or purchased by THS. The policy has five interdependent outcomes, and there are six priority strategies to be implemented over the next three years.

- The Women’s Health Strategy Unit developed educational resources for Aboriginal women on topics related to reproductive health. These included producing the Women’s Business Antenatal Book in five Top End languages and developing a generic English language version.

- A second round of funding was provided to sponsor shared antenatal care between Katherine Hospital and Wurli Wurlinjang Health Service. This service provided culturally appropriate care to women who would not otherwise receive adequate ante natal care.

- An in depth consultation process was undertaken with Aboriginal women from six Top End Aboriginal communities about maternal health services on their communities and quality of care in regional hospital birthing units. A report on the consultations entitled “And the Women Said ...” was produced, containing recommendations for improved service options.

- A project to raise awareness of the impact of smoking during pregnancy and passive smoking by parents was funded in the Darwin urban area. Midwives provided information to other health care providers, pregnant women and counsellors on relevant issues and provided a number of pre conception workshops for prospective parents in Palmerston.
Women’s Health Promotion Training Projects were established in the Top End and Central Australia to provide training, support and resources for health services wanting to promote healthy lifestyle options to women. Both projects provided incentive funds to communities who in turn run health promotion activities, including sport and recreation days and weight loss initiatives.

**WOMEN’S CANCER PREVENTION**

**Overview**

The NT Cervical Screening Program participates in the National Cervical Screening Program which is a joint initiative of the Commonwealth, State and Territory governments in which an organised approach to preventing cancer of the cervix is implemented. Funding is provided under the Territory/Commonwealth Public Health Outcome Funding Agreement.

The organised approach involves all steps of the screening pathway including: encouraging all eligible women to enter and remain in the screening program; ensuring optimal quality of Pap smears by adequate training of Pap smear takers; ensuring optimal quality of Pap smear reading; following up of abnormal Pap smears; providing recall and reminder systems to ensure adequate follow up of screen detected abnormalities; and maintaining women in the screening program by encouraging service providers to set up reminder systems and the operation of the Pap smear register.

BreastScreen NT is the Territory component of BreastScreen Australia. Funding is provided under the Territory/Commonwealth Public Health Outcome Funding Agreement. BreastScreen NT provides breast screening services and assessment of screen detected abnormalities for women aged 40 years and over. The target group is women aged 50 to 69 years. Screening and assessment centres are located in Darwin and Alice Springs, and a relocatable screening unit visits Katherine, Tennant Creek and Nhulunbuy.
Strategies

- To provide breast screening and assessment services to women 40 years of age and over.
- To coordinate an organised approach to cervical screening.
- To operate the NT Pap Smear Register.
- To provide a Well Women’s Screening Program for women in rural and remote communities.
- To provide information to women from culturally and linguistically diverse backgrounds using bilingual educators.

Performance

- 5,200 women aged 50-69 years had a breast screen in the 27 months to June 1999, representing a participation rate of 55.6% for this population. The aim of the program was to screen 70% of women in this age group every two years. In addition, 2,740 women aged 40-49 years and 70 years are eligible to participate in breast screening on request.

Figure …:  BreastScreen NT Participation Rates for Women aged 50-69

Source: BreastScreen NT Database

- Since commencement in 1994, 9,544 women had at least one screening mammogram at BreastScreen NT. 509 women were recalled for assessment of screen detected abnormalities and 55 cancers were detected.
- 47,000 women are registered on the NT Pap Smear Register. 60% of women aged 20-69 years had a Pap smear in the last two years.

Figure …: Percent of Women Screened Two Years to 31 March 1999

- 38-58% of women in non urban health districts participated in Well Women’s Screening in the last year.

- Four videos providing information about breast, cervical and well women’s screening for Aboriginal women were produced.
PUBLIC HEALTH STRATEGY UNIT

Overview and Highlights

The Public Health Strategy Unit (PHSU) reports to the Assistant Secretary, Public Health Family and Children’s Services Division. The Unit coordinates the development, implementation and evaluation of NT wide public health and health promotion strategies.

PHSU assists in the implementation of national public health priorities and provides strategic coordination of public health activities across THS.

PHSU staff represent NT on a number of national public health forums. Membership on a number of National Public Health Partnership Working groups cover:

- public health strategies coordination,
- legislative reform, and
- public health workforce development.

The Unit provides a central administrative, monitoring, reporting role for the National Public Health Outcome Funding Agreement and coordinates functions the Public Health Family and Children’s Services Division.

PHSU staff provide policy and program development to support public health and health promotion initiatives which include:

- provision of professional support and expertise on public health and health promotion approaches used within THS;
- provision of policy input and advice to regional public health programs on health promotion approaches and strategies; and
- advice on resource requirements for health promotion across the NT.

PHSU also provides public health advice and curriculum input to strengthen the public health and health promotion courses conducted by training providers, such as Batchelor College, Northern Territory University and Menzies School of Health Research.
Strategies

- To provide informed public health and health promotion advice, policy and program development.
- To provide information and support for public health and health promotion, education training initiatives, research and evaluation.
- To strengthen understanding and practice of contemporary public health, particularly health promotion, disease prevention and early intervention activities.
- To work with operational and service areas to analyse, build upon and incorporate health promotion and public health approaches into everyday practice.
- To coordinate the development of standards, accreditation, assessment and evaluation of health promotion training and support.

Performance

- “Hands On” was developed and published on the Internet and Intranet, an interactive database of public health education and training available in the Northern Territory.
- A review of the THS health promotion model was conducted from October 1998 to February 1999. Assistance with THS consultations, literature reviews and input to the draft report were undertaken. The review concluded that the health promotion model was “soundly based on national and international experience” and formed “a significant and promising part of essential primary health care services”.
- A review of public health training program, ‘Health Promotion Principles and Practices’, was undertaken simultaneously with the review of the THS health promotion model.
- Contents for volumes 1 and 2 of the Public Health Bush Book were completed.
- Two public health short courses were developed and piloted in four East Arnhem communities as part of a project undertaken with OPN. One course focused on sharing health information and the other on brief interventions. Both courses complemented relevant parts of the Public Health Bush Book.
- A health education resources kit was developed which was available in hard copy and on the Intranet.
- Higher education level courses in health promotion in partnership with Batchelor College and Menzies School of Health Research were developed to continue and expand access to public health and health promotion training.
- Consultations into public health workforce development priorities were conducted on behalf of the National Public Health Partnership. The resulting report fed into the national plan for public health workforce development.
Stage I of the Public Health Expenditure Project including the compilation of a descriptive mud map of public health activity undertaken in the NT and pilot testing of a public health expenditure collection instrument was completed.

Administration, monitoring, financial management and reporting obligations set out in the Public Health Outcome Funding Agreement between the Commonwealth and the NT were undertaken.

Negotiations associated with the framework, performance outcomes, funding and financial management arrangements for the new Public Health Outcome Funding Agreement 1999/00-2003/04 between the Commonwealth and the Northern Territory were undertaken.

Input to the public health legislative reform agenda established under the National Public Health Partnership was provided.

Coordination of financial and business activity across the Public Health, Family and Children’s Services was undertaken.

HEALTH PROMOTION

Overview and Highlights

Health Promotion is an approach to improve the health and well being of individuals, groups and communities through increasing their capacity to control the determinants of health. THS uses a health promotion model based on three key components:

- working with communities to generate locally tailored health promotion projects;
- supporting primary health care providers in a health promoting role; and
- providing training and professional support service providers and community based workers.

Health promotion teams work with primary health care providers to enhance their health promoting role through professional training and collaborate with other THS programs to develop specific projects in response to community concerns. Health promotion teams also work with other government agencies, non government agencies and community based staff to encourage and support community action through locally initiated health promotion activities.

An external review of the THS health promotion model conducted during the year by the WHO Regional Training Centre for Health Development found the model to be well suited to the community and service context of the NT and soundly based on national and international experience. The review made recommendations to further strengthen the model. Staff from Regional Health Promotion Programs and PHSU worked collaboratively throughout the review process and will jointly coordinate responses to the recommendations in the review.

Strategies
To provide support for service providers in THS and community based organisations to plan, implement and evaluate their health promotion programs.

To build health promotion capacity within the THS workforce, other government agencies and non government organisations through accredited training and other training as required for the attainment of health promotion skills. This includes community based workers in remote communities to ensure that the principles and practices of health promotion are encouraged and supported.

To increase access to resources that enable health promotion and disease prevention activities in Aboriginal communities through the Health Promotion Incentive Funds Scheme.

To develop and support the implementation of health action plans in remote communities.

**Performance**

- Modules from the nationally accredited Health Promotion Principles and Practice Training Program were offered in Katherine, Darwin, Nguiu, Tennant Creek and Alice Springs. 92 participants undertook modules in *Strategies and Methods, Planning and Research and Evaluation*.

- Aboriginal health promotion officers supported the Tiwi for Life Workers through training as part of coordinated care trials.

- Aboriginal and non Aboriginal health promotion officers supported the Katherine West Coordinated Care Trials.

- Health promotion officers continued to support implementation of health action plans in two Central Australian communities and commencement of planning and capacity building processes in a third following community requests.

- Grants from the Health Promotion Incentive Funds Scheme were made available for 25 projects in urban and remote communities, targeting nutrition, tobacco, alcohol, environmental health, hearing, men’s health and dental health.

- Health promotion officers worked in partnership with other agencies to implement the health and physical Activity Case Studies project in five Aboriginal community schools.

- The National Women’s Health program funded a women’s health promotion training officer for 12 months to implement eight community projects in women’s health and to provide a women’s health promotion information kit for communities.
A primary health care approach is to work collaboratively with communities to keep healthy people healthy, to improve the health of others, and to respond quickly and thoroughly to ill health. This approach complements the methods used by many community organisations and other sectors of government.

Primary health services represent the first and most frequent point of contact with the health system for most members of the public. These services and programs play a key role in preventing the onset of serious illness or in slowing the progress of chronic illness or disability.

In the urban areas, there are a choice of primary level health services available. These include general practitioners, pharmacists and community health centre staff which provide assessment, prevention, early intervention and treatment services.

There are many causes of ill health in Aboriginal remote communities relating environmental, behavioural, social and psychological factors. In remote areas, most primary level health services are provided through community health clinics staffed by Aboriginal health workers and nurses assisted by visiting medical and allied health staff. There has been an increase in the number of resident general practitioners on remote communities over recent years. Services range from acute emergency treatments through to management of people with chronic diseases.

A major focus area has been in the provision of food and nutrition education to community based Aboriginal people, including people employed in stores. The community nutrition worker trains and supports local Aboriginal people who provide nutrition education to their own community. Territory Health Services funds positions in eight communities, supports a community nutrition worker funded through World Vision and other organisations.

Goals

The goals of Primary Health Care are to: ensure the provision of an appropriate and comprehensive primary health care service and promote healthy community attitudes, environments and lifestyles.
Objectives

» To ensure adequate access to clinical and preventive services.

» To support the creation of healthy environments in the community particularly for children.

» To ensure adequate access to healthy lifestyles information and assessments to help make healthy choices easy choices.

» To develop strategies for the detection, management and prevention of the major types of preventable mortality and morbidity.

» To shape policy and program development to improve the health status of Aboriginal Territorians.

» To develop culturally effective strategies.

» To increase skills and knowledge in health and illness issues that allow individuals and communities to take greater responsibility for their own health.

Program Reports

The Primary Health Care Activity consists of the following programs and sub programs:

» Primary Health Care, Program Development consisting of;
  -Food and Nutrition
  -Maternal and Child Health
  -Men’s Health

» Primary Health Care, Rural;

» Primary Health Care, Urban;

» Aboriginal Hearing Health;

» Dental (Oral) Health; and

» Palliative Care.
PRIMARY HEALTH CARE, PROGRAM DEVELOPMENT

Overview

Program development works to meet the aims of primary health care through the combined efforts of food and nutrition, maternal and child health and men’s health services.

Strategies

- To work closely with and provide support to public health nutritionists, dietitians and public health officers to implement the Food and Nutrition Policy.
- To establish and maintain strong links with other government departments, relevant training organisations, the food industry, non-government organisations, land councils, the Northern Territory University and Batchelor College.
- To communicate information on food and nutrition related activities to government and non-government organisations through formal newsletters and informal networks.
- To develop appropriate policies and programs for children and young people.
- To develop and implement Territory wide programs for maternal and child health in remote areas.
- To consult with Aboriginal women and health workers in their communities about significant factors for healthy pregnancies and healthy development of children in the 0-2 year age group.
- To develop a structured policy with operational and non-government staff to oversee the evaluation and updating of existing standard treatment manuals.
- To provide support and education for indigenous and non-indigenous men’s health programs in the NT.
- To develop and establish cultural models, strategies and frameworks that address health and well-being issues for men.

Performance

- A standardised system to monitor food supply, cost, availability and variety of food in remote community stores on an annual basis was developed.
- The first NT wide survey of stores was conducted. It included 45 remote stores with comparisons being made on costs in regional centres and in Australian capital cities. (graph???)
The training module, “Healthy Food From The Store”, was developed and nationally accredited. The module aimed to promote the use of healthy foods in food outlets in remote communities by encouraging safe food handling practices and educating community members about healthy eating.

An accreditation scheme for food service premises, “Healthy Choices Award”, was developed and piloted in both Alice Springs and Darwin. The aim of the scheme was to provide an incentive for food premises to offer healthy food choices.

A system to monitor the growth of children 0-5 years in remote communities and to report this information back to communities was developed together with the Epidemiology Branch. A pilot of the system in 39 communities was completed.

The new growth chart that measured development of children in the 0-3 years age group in remote communities, “Road to Health Chart”, was developed. It included training and support materials comprising a video, pamphlet and booklet.

“My Food Choices and Snack Smart”, an approach to food for early childhood in remote community schools, was developed and distributed. This resource was developed in conjunction with the NT Department of Education as a supplement to the Hands on Food kit.

The Children’s Standard Treatment Manual was reviewed.

The joint THS and NT Department of Education Healthy School Age Kids program was implemented throughout the NT.

The Strong Women, Strong Babies, Strong Culture program continued to be supported in six communities in Operations North and four communities in Operations Central.

The Strong Women, Strong Babies, Strong Culture program philosophy was promoted in educational settings at Batchelor College, Daly River School, St John’s School, Kormilda College, Bathurst Island Girls School, NTU, Flinders University via satellite and the contemporary medicine unit at Mt Lawley TAFE in Perth.

Strong Women, Strong Babies, Strong Culture teleconference workshops in Operations North and Central were conducted regularly.

15 Strong Women Workers in Operations North remote communities were recognised.

A presentation of NT men’s health issues at an international conference in the United States of America was conducted.

An audit of men’s health programs across the Northern Territory was completed.
PRIMARY HEALTH CARE, RURAL

Overview

Rural primary health care services are provided to people in remote Aboriginal communities and outstations, residents of small rural towns, widely dispersed pastoral properties and remote based industries such as mining and tourism.

Strategies

- To monitor negotiations with the Commonwealth Government on improved financial arrangements for the delivery of primary health care services in remote communities and the provision of pharmacy services to remote communities under Section 100 of the National Health Act 1953.
- To analyse and coordinate data collection for Commonwealth funding of district medical officer services.
- To liaise with the Remote Health Workforce Agency on placements of general practitioners in remote communities and develop a collaborative process for building multidisciplinary teams in remote health clinics.
- To promote the alignment of Northern Territory rural and remote health policies and service delivery with an agreed Commonwealth/State and Territory multisectoral approach.
- To establish essential primary health care services and standards for government and non-government health services in remote Aboriginal communities.

Figure …: Trends in Estimated Life Expectancy

Source: Epidemiology Services Unit, Queensland Health, based on data supplied by the ABS, the US Indian Health Service and Statistics NZ
The health status of Australians as a whole continued to improve using life expectancy as a measure. In contrast, the death rate for Aboriginal people remained unchanged for women and only slightly better for men. As a consequence, the gap in life expectancy between Australians and NT Aboriginal people remained high. Figure … indicates that estimated life expectancy for NT indigenous people in 1996 was 60 years compared to almost 78 years for all Australians.

International comparisons for life expectancy are also presented in the graph for indigenous people in the United States and New Zealand. There are recognised cultural differences between these indigenous groups, but common factors exist to support life expectancy comparisons of the three countries. The estimated life expectancy for indigenous people in New Zealand and the United States is higher than NT Aboriginal population. These groups experienced major gains in life expectancy during the 1970s demonstrating improvements are possible with the right strategies.

The failure to match international mortality rates of indigenous people in Australia prompted a strategic approach across THS programs within a primary health approach. Features of primary health have been:

- improved coordination between Commonwealth and NT Governments expressed by new pooled funding arrangements and a five year Health Service Agreement with the Commonwealth;

- the importance of infrastructure development to the success of health services outcomes as demonstrated by the Health Infrastructure Priority and Indigenous Housing Authority (HIPP/IHANT) projects;

- community control/self determination as key determinants in improved health given practical demonstration with the establishment of community health boards at Tiwi, Katherine West and Central Australia; and

- an adequate level of resources including a skilled workforce being realised with the establishment of positions for Aboriginal health workers, environmental workers, hospital liaison workers as well as the provision of extra funding for trials in Aboriginal communities of innovative health services.

Some evidence is emerging that these primary health strategies are leading to improvements in life expectancy for NT Aboriginal people with a 4.3% increase in life expectancy from 1985 to 1996.
Performance

- Workshops on the funding and provision of primary health care services and pharmacy services to remote Aboriginal communities were conducted in Alice Springs and Darwin.

- A partnership between Remote Health Work Force Agency and THS on a collaborative process of developing multidisciplinary primary health care teams in remote clinics was developed.

- A standard for essential services for remote Aboriginal communities was established.
PRIMARY HEALTH CARE, URBAN

Overview
In the urban setting, the primary providers of health services are general practitioners. Territory Health Services provide health services through community care centres and health clinics supported by specialist work units such as palliative care and aged care assessment teams. They provide a multidisciplinary approach to clinic and home based services to individuals, families and communities with an emphasis on health promotion, prevention and early intervention.

THS funds non-government organisations to provide primary health care services targeting special needs. These include Diabetes Australia NT, the Asthma Foundation NT, the Arthritis Foundation and urban Aboriginal Medical Services.

Strategies
- To promote greater coordination and integration of community health services.
- To develop an appropriate mix of hospital and community based services.
- To obtain more accurate information about community health service activity and community health status.

Performance
- A profile of urban communities in the NT was produced.
- The community health component of the Community Care Information system commenced.
- There was NT contributions to a national project aiming to establish performance indicators for community health.
- Six General Practice Forums were held.
- An alternative model of funding and providing post acute care, “Hospital in the Home”, was developed.
ABORIGINAL HEARING HEALTH

Overview

The Aboriginal Hearing Program is a joint THS and NT Department of Education initiative to address ear disease, hearing loss and the educational implications for Aboriginal infants and children. The program works in collaboration with an Aboriginal reference committee, Commonwealth agencies and independent Aboriginal medical services.

The incidence of ear disease and the associated conductive hearing loss remains high. School screening statistics have shown that more than 50% of school aged Aboriginal children have ear disease and hearing loss. The long term cost to the community can be measured in impaired language development and intellectual development as well as poor educational, employment and financial prospects.

Strategies

- To use an intersectoral model to ensure a coordinated approach to healthy hearing.
- To promote community awareness and provide education on the nature of ear disease and its impact on language development, literacy and educational progress.
- To provide education, training and support for classroom teachers and assistant teachers.
- To provide hearing health education, training and support to Aboriginal health workers.

Performance

- The VET Training course “Child Ear Health, Hearing and Learning” was accredited.
- 21 Aboriginal Health Workers graduated and 66 Aboriginal health workers participated in the “Child Ear Health, Hearing and Learning” course.
- Resource materials, “Listening and Speech for all Ages”, in book and poster format were produced and distributed.
- Professional development through education, training and support to teachers and their assistants on the educational management of children suffering conductive hearing loss was continued.
Figure …: Number of Students/Children, School Staff, Community Members and Health Clinic Staff Supported and Assisted by Aboriginal Health Program (adjusted figures for 1998)
DENTAL (ORAL) HEALTH

Overview

During the year the name ‘Dental Services’ was changed to ‘Oral Health Services’ to emphasise integration of oral health with general health services to place a greater focus upon prevention and health promotion. There is increased evidence linking oral disease to conditions such as low birth weight, premature birth, diabetes, renal disease, cardiovascular disease, pulmonary disease and stroke.

The Children’s Dental Service (CDS) provides a free service to children aged 0-3 years old and all pre and primary school children who have been resident in the Territory for six months. Services are provided at clinics in larger urban schools or in remote areas, either at the community health centre or from a mobile clinic. Secondary school students are treated free of charge at urban and community clinics and not at school clinics.

Adult oral health services are provided free of charge to clients who are; health care card holders, dependents of health care card holders, refugees, institutionalised long term, and/or residents of remote communities without access to private services.

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of eligible children</th>
<th>Eligible adult population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations North</td>
<td>21,232</td>
<td>16,402</td>
</tr>
<tr>
<td>Operations Central</td>
<td>6,704</td>
<td>6,274</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong> 27,936</td>
<td><strong>22,676</strong></td>
</tr>
</tbody>
</table>

Strategies

- To integrate oral health with general health services especially prevention and health promotion.
- To increase quantity and to improve quality of services to rural and remote areas.
- To increase the family focus with collective and personal responsibility for health.
- To increase service provision to the 0-3 year old age group.
- To recruit staff with a public health focus.
- To promote fluoridation of water in those areas where it does not occur naturally.

1 ABS March 1998
Performance

- A marketing strategy targeting 0-3 year olds was developed by the Children’s Dental Service.
- A purpose built mobile oral health van was purchased.
- Waiting time for dentures in Darwin were reduced from two years to two months by the use of contract staff.
- A review of NT oral health services was approved and commenced.

Figure 1: Percentage Caries Free 5 Year Old Children

Figure 2: Children’s Dental Service Goal - DMFT for 12 year olds will be 1.0

Figure 3: Patient Visits by Gender and Ethnicity - General Dental Service
PALLIATIVE CARE

Overview

Palliative care aims to ensure that high quality palliative care is accessible throughout the Territory and is responsive to the cultural and spiritual needs of clients.

Direct palliative care service provision is shared by family/partners, health services, including GPs, and community organisations. Palliative care teams based in Darwin and Alice Springs facilitate coordination of care and provide support, education and consultation to clients, service providers and the community.

Strategies

- To improve access to services throughout the Territory, especially in remote areas and for people from ethnic backgrounds.
- To increase community awareness and understanding about palliative care.
- To educate and facilitate skill development among health care providers, volunteers and carers.
- To integrate services and provide continuity of care across all settings.
- To evaluate and improve quality of service provision and administration to maximise effectiveness.

Performance

- A Territory Palliative Care Policy was developed.
- The number of clients accessing palliative care services across the Northern Territory increased in both regions. In Operations Central client numbers more than doubled with an average of 22 people per month accessing the service compared with eight clients per month in 1997/98. Operations North averaged 34 clients per month in urban areas.
- The average number of clients from remote areas increased from seven per month in 1997/98 to 16 clients per month in 1998/99.
- An Aboriginal health worker position in Operations North was established and filled.
- The 24 hour 1800 telephone line providing access to clients and service providers throughout the Territory was maintained.
- Four Aboriginal paintings were commissioned from different language groups in Central Australia to illustrate “many ways of caring.” The paintings were reproduced into posters and a teaching book and used to facilitate better understanding of palliative care among Aboriginal people.
Key components of the Palliative Care Information Package were translated into 10 languages other than English.

25 volunteers undertook a training course with Red Cross in Alice Springs to support palliative care.

Seminars and radio broadcasts conducted during National Palliative Care Week involved Dr Phyllis Silverman, an expert on grief and loss from the United States of America.

An introductory and an advanced course on palliative care was developed and implemented.

Figure …: Place of Death 1998/99
COMMUNITY SERVICES

Goal
The goal of community services is to support individuals and families to enhance well being and to provide assistance in overcoming crisis and in maintaining independence within their homes and communities.

Objectives
To assist communities to provide for the protection and care for children and young people and to promote the well being of communities, families and individuals.

To meet the needs of frail aged, people with disabilities, their families and carers, enabling them to maintain maximum independence and quality of life in their own communities.

To provide accessible and culturally appropriate care for people with mental disorders and severe mental health problems.

To provide adequate support to families to enable them to successfully fulfil a care function, and where they are unable to do so, ensure that quality substitute care is available.

To ensure that services operate according to established service standards.

To develop effective partnerships with the non government and private sectors within the context of THS Strategy 21 for the benefit of NT families.

Program Reports
Community Services consists of the following with individual reports provided:

- Family, Youth and Children’s Services;
- Aged and Disability Services; and
- Mental Health Services.
ORGANISATIONAL SUPPORT

Goal

Organisational Support equips staff to deliver results particularly through strategic, effective and efficient use of human, financial, technological and information resources.

Objectives

› To provide advice on the strategic direction of support services, establishment of policy for management of resources and monitoring of the use of financial, and technological resources.

› To deliver services to operations in the strategically sensitive areas of information technology and staff development.

› To assume overall responsibility for financial services.

Achievements

The major component of Organisational Support work was to gear Territory Health Services to better support and equip staff to deliver results and is reported under performance by each branch.

Functions previously carried out within Organisational Support have been transferred from Territory Health Services to other Northern Territory Government agencies during 1998/99 including; Accounting Services, Human Resource Services as well as Library Services to the Department of Corporate and Information Services. Internal audit transferred to Strategic and Audit Services in the Department of the Chief Minister.

REPORTS

Corporate Services comprises the following:

› Finance and General Services;

› Human Resource Services;

› Human Resource Accountability

› Staff Development Services;

› Occupational Health and Safety;

› Performance Management; and

› Legal and Ministerial Support Services.

Branch reports follow.
FINANCE AND GENERAL SERVICES

Overview

Finance and General Services are responsible for:

- budget development and monitoring;
- accounting services liaison and funds control;
- internal audit liaison;
- capital works, minor new works, and repairs and maintenance programming; and
- records management.

Strategy

- To provide advice, assistance and administrative support to facilitate efficient and effective services delivery including information which assists management decision making and evaluation of services.

Performance

- The cost of providing financial and general services was $4.3M in 1998/99. The functions of Accounting Services and Office Services were transferred from this branch in 1998/99.

- Projects on the 1998/99 Capital works programs totalled $16M. This included $10.9M for Stage 2 of the Alice Springs Hospital redevelopment and $645,000 to construct a new health centre at Mataranka. The upgrade of the Accident and Emergency department at Gove District Hospital and upgrading of the service lifts at Royal Darwin Hospital was also approved.

- A program of interchanging budget officers and regional finance staff commenced to enhance the level of corporate knowledge and financial skills across Territory Health Services. A seminar for finance/budget officers was conducted during the year.

- Finance and General Services provided courses for cost centre managers covering budgeting, accounting services, together with hands on training in the use of accounting and personnel systems.

- The finance graduate program provided training for graduates in personnel information systems, budgeting, the government accounting system and financial management in operational areas.
PERFORMANCE MANAGEMENT

Overview

Activities undertaken by the Territory Health Services to improve its performance management during the 1998/99 included:

- a comprehensive planning cycle integrating business planning, budget development, program performance reporting, and individual performance monitoring (diagram page___);
- improvement in program performance and business information reporting;
- participation with the Commonwealth and other jurisdictions, in the development and collection of performance related data to enable ongoing comparisons of program effectiveness and efficiency across jurisdictions;
- a systematic approach to program evaluation which increasingly will include assessments of the community’s capacity to supply alternative service providers;
- enhancement of the organisation’s ability to obtain, and act on, the client observations, complaints and suggestions for service improvement;
- anti-competition reviews of THS legislation; and
- reporting annually to government on the operations and performance of the organisation.

Performance


1998/99 was the third year of the current, three year Corporate Plan. The new THS Corporate Plan (Strategy 21) will cover the five year period 1999-2003. A five year planning cycle was adopted to reduce planning overhead and to increase continuity. The development of the Department’s Plan for 1999/2003 commenced in January of 1998 and was completed in December for implementation early in 1999.

Business Plans

Divisional business plans, branch business plans and work unit action plans were used by most areas of the organisation. The Department’s publication, Business Planning Guidelines, and new Business Planning courses, were used to improve staff effectiveness in the implementation of the corporate plan across the organisation.

Information Management for Program and Financial Reporting

The quarterly reporting of THS performance and service utilisation trends continued to strengthen the effectiveness of the organisation’s analysis, overall decision making and priority setting.
Program Evaluation

A number of programs were evaluated during 1998/99. Quarterly status reports on the implementation of key recommendations from major program evaluations were monitored by the Executive. Key findings from evaluations are reported by program in the Annual Report.

Program evaluations commenced or completed during 1998/99 were:
Aboriginal Community Worker Career Structure (THS),
Aged Care Assessment Teams (THS),
Child Protection (THS),
Children’s Services Relief Staff Scheme (AECA, NT),
Community Care Centres (KPMG),
Cooperative Research Centre (R. Calucy),
Coordinated Care Trials (National),
Corporate Support (NTPS),
Disability Services Reform (THS),
Environmental Health (Menzies),
Environmental Health Worker Program (J. Standen),
Essential Primary Health Care in Remote Communities (WHO),
Family & Children’s Services (Auslink),
Food & Nutrition Policy (Menzies),
Health Promotion (WHO),
Joint Management Remote Clinics (THS),
Living with Alcohol (THS),
Medical Entomology (Menzies),
Mental Health (THS),
NT Public Hospitals - Private Management Options (THS),
Oral Health (AD Loan & Associates),
Organisational Structure (R. Parker),
Pensioner Concessions Administration / Operations (THS),
Pharmacy & Poisons (Menzies),
Primary Health Care (THS),
Professional Boards (J. Clarke),
Public Health (THS),
Public Health Legislation (THS),
Public Health Services (THS),
Remote Area Birthing (S Kildea),
Remote Services Best Practice Review (THS),
Study Assistance (THS),
Therapeutic Goods, Pharmacy & Poisons Legislation (National),
THS & General Practitioners (Hennessy),
THS Management of the Health Infrastructure Priorities Project (Menzies),
Women’s Health Policy (THS), and
Workforce Planning (R&M Consultants).
National Review of Government Service Provision

The Council of Australian Governments (COAG) initiated a process in 1993 to develop and publish objective data on the performance of government services. Since this time reports on government service provision have been published annually.

THS supported this process by participating with other states and territories in the development of standard ways to define and measure performance. Senior program staff provided the performance data and undertake the Territory analysis of this data for the annual reporting of service provision across all Australian jurisdictions.

Internal Audit

Wide ranging activities were undertaken by internal audit to improve performance by providing assurance that systems and internal control operating within the Agency were adequate.

Extensive risk management analysis, and management training in risk management methodology continued with specific training for Royal Darwin Hospital and Corporate services staff.

 Audits were undertaken in the following areas:

<table>
<thead>
<tr>
<th>Audit</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Accommodation</td>
<td>Recommended standard procedures be implemented throughout all Territory hospitals.</td>
</tr>
<tr>
<td>Royal Darwin Hospital</td>
<td></td>
</tr>
<tr>
<td>Support Areas - Katherine Hospital</td>
<td>Recommended improved supervision of systems and improved Internal Controls,</td>
</tr>
<tr>
<td>Non-Government Service Provider Settings</td>
<td>Recommended a full review of the system of administration of Grants and Funding to Non-Government Service Providers. This is currently underway.</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Provided a high level risk analysis which was incorporated into the current planning cycle.</td>
</tr>
</tbody>
</table>
Review of Medical Officer’s

Recommended improved access to

Professional Development and Travel

and information gained through

Royal Darwin Hospital attendance at Professional Development courses.

Asset Management

Recommended regular, comprehensive stocktakes be programmed annually.

Aero Medical Services

Recommended that an external review of aircraft utilisation be undertaken.

Salaries

Recommended expansion of direct input salaries processing particularly in relation to all Hospital staff.

External Audit

Agency Compliance Audits for 1997/98 included:

Control Over Drugs at Royal Darwin Hospital
Administration of the Grant Acquittal Process

Performance Management Audits included:

General Performance Management Systems Audit
Alcohol and Other Drugs Program
New Information Systems Status Report
Year 2000 Status Report
Tennant Creek Hospital and Barkly Health Service

These matters have been concluded successfully. Comment on the above audits have been included in the Auditor-General’s Report.

Planning

Territory Health Services continued to develop its integrated planning approach to corporate planning, budget planning, business planning, individual performance agreements, program review and performance monitoring. The following diagram represents the overall THS approach to integrated planning.

Strategy 21 places considerable emphasis on the development of a funder-purchaser-provider framework across the Department and shifting the delivery of services from THS to non-government, community controlled, and private organisations. In support of this the organisation has been increasing its capacity to more accurately define services and identify performance measures across all programs.
STRATEGIC WORKFORCE PLANNING

Overview

Strategic Workforce Planning is to facilitate the development of a health workforce that is responsive, flexible and provides sufficient numbers for a consistent and sustainable health service delivery through:

- support for THS initiatives to improve and adapt the skills and employment base in health occupations across the Northern Territory;
- research and development of projects that have a Territory wide significance in workforce planning;
- collection of THS data relevant to the practicing clinician workforce which will facilitate macro workforce forecasting;
- dissemination of research results to all appropriate and relevant stakeholders;
- acting as a clearing house for workforce information relevant to the health sector;
- providing advice on matters relating to workforce planning; and clarifying issues arising from this; and
- providing support and advice with regard to workforce service delivery issues that focus on output efficiencies and consumer needs.

Strategies

To predict demand and supply of the clinical workforce by:

- identifying skill gaps and skill shortages within the nursing, medical, Aboriginal health and allied health workforce; through where skill shortages exist and developing strategies for remedial action; systems analysis to track the current status and identify future projected requirements.

Identifying recruitment and retention shortfalls; developing systems of analysis to track the current status of the nursing, medical, Aboriginal health workforce and allied health workforce to provide for future projected requirements;

- establishing and reinforcing links with other areas of THS involved in delivering the programs and services that directly impinge on workforce planning.

To participate in the development of supportive measures to improve workforce retention in the designated areas of nursing, medical, AHW and allied health.

- focusing on local recruitment and local career development to address long-term requirements;

- influencing entry level training arrangements for nursing and Aboriginal health work.
— Identifying barriers to a skilled and responsive health workforce and undertaking ongoing development for improved management practices;

- increasing awareness of the requirement of workforce planning across THS and providing a coordinated approach to the development of strategies.

- Improving the quality and availability of workforce information in the areas of nursing, medical, Aboriginal health work and allied health.

— Promoting and fostering cooperative relationships between THS and other agencies including the Commonwealth;

- Fostering local involvement with education/training providers to facilitate development of project proposals and programs, liaising with operational areas, Commonwealth government, community organisations and education/training providers for development of workforce packages and proposals.
Performance

- A series of projects to attract school leavers to the health professions was developed for implementation.
- Systems were established to collect and analyse workforce data.
- Stage 2 of the implementation of the new Aboriginal health worker career structure was completed and the third and final phase of this process commenced.
- Strategic workforce planning, consultancy and policy advice on Aboriginal health worker issues was provided on a consistent basis.
- A streamlined approach for recruiting overseas nurses through the regional and business sponsorship migration systems was maintained.
- The development of marketing and promotional materials for the recruitment of nurses from interstate was undertaken.
- THS officers participated in nursing recruitment expos for new graduates in Melbourne and Sydney.
- Consultancy advice as a result of the NT 1998 Nurses Survey outcomes was provided.
- The collection of a workforce questionnaire for allied health professionals was commenced.
- An examination for shortages of indigenous nurses was undertaken.

RESEARCH

Overview

THS has supported a wide range of research activities over the years and works closely with the Cooperative Research Centre for Aboriginal and Tropical Health. The need to develop a more coordinated and focused approach to research was highlighted in a discussion paper entitled “Setting the Agenda: Establishing Research Priorities for Territory Health Services”.

The Research Advisory Group (RAG) was established by THS in 1998 to develop a more coordinated approach to health research and support THS involvement. The role of RAG includes setting research priorities to ensure consistency with corporate goals to determine minimum standards for the conduct of research and to disseminate or research fundings.

Performance

- Ongoing support was provided to researchers.
- A data base of current and completed research was developed.
Research priorities were identified and developed for: the links between mental health and chronic disease (strengthening community capacity); an intersectoral approach to working towards total health solutions; and population based purchasing for health gain to develop evidence based approaches to planning and decision making.

Guidelines for research conducted within THS were produced.
COMPLAINTS HANDLING

A number of health service and community service providers are required under the Health and Community Services Complaints Act 1998 to implement effective internal complaints procedures and to lodge annual returns.

The past year was the first in which the independent Health and Community Services Complaints Commission (HCSCC) operated to implement the Act. Customer relations staff were designated in the Northern and Central Australia Regions of THS to meet the requirements of the Act and to better manage complaints handling within Territory Health Services. Statistical information from the THS annual return provided to the HCSCC is presented in this section.

To facilitate statistical reporting, THS and HCSCC agreed to use complaint categories in classifying complaints. The classification of complaint outcomes however were not completed until the second half of the year. Complaints handled for the full year are summarised in the graph below and the outcomes are presented for the second half of the year in Figure … on page ...

Figure …: Total Complaints Received

Encouraging feedback from people using health and community services is a key strategy in maintaining quality standards, identifying trouble spots in the organisation and receiving suggestions on ways to improve services from those people using them. Information posters were placed throughout service outlets to advise people of their rights and obligations within the health system. In turn quarterly reports were circulated to THS staff on complaints handled as one measure of our quality control approach.

Availability of customer relations officers combined with an active public information approach to publicise our commitment to responding to service users’ concerns. This no doubt was a factor in the increased number of complaints handled over previous years (Figure… above).
Hospitals were the major focus of complaints (91%). Within hospitals the most frequent complaints concerned: delays in treatment, inconsiderate service and administrative practice. Delays related to rescheduling of appointments and waiting times for elective surgery (refer to page…). Administrative practice complaints were often about the eligibility of escorts to receive funding for accompanying patients needing to travel elsewhere for treatment (see PATS scheme, page…). Complaints about inconsiderate treatment present a challenge to staff as this continued to constitute a concern for many people.

Complaint outcomes (Figure…) indicate that for many people the health system is difficult to navigate. A large percentage of complaints were resolved when people were assisted in obtaining a service (almost one third of outcomes). The outcomes reveal a number of people sought mediation or counselling (7%). These were often the most serious and complex situations which had potential for litigation.
FINANCIAL STATEMENTS

In the opinion of the Management, the Financial Statements of Territory Health Services as set out, are drawn up so to give a true and fair account of the results of Agency operations of the year ended 30 June 1999.

The Financial Statements are presented in accordance with Part 2 Section 5 of the Treasurer’s Directions, and records have been kept as required by the Financial Management Act.

PETER PLUMMER                 Kevin Williams
Chief Executive Officer       Assistant Secretary

The following tables details the statements as indicated

Table 1: 1998/99 Expenditure by Activity and Program
Table 2: 1998/99 Expenditure by Standard Classification
Table 3: 1998/99 Expenditure by Category of Cost
Table 4: 1998/99 Receipts by Account
Table 5: Accountable Officers Trust Account Transactions for the Year Ended 30 June 1999
Table 6: Accountable Officers Trust Account Balances as at 30 June 1999
Table 7: Write Offs, Postponements and Waivers for the Year Ended 30 June 1999
Table 8: Debtors as at 30 June 1999
Table 9: Creditors and Accruals as at 30 June 1999
Table 10: Employee Entitlements Outstanding as at 30 June 1999
Table 11: Lease Liabilities as at 30 June 1999

Territory Health Services Notes To And Forming Part of the Financial Statements for the Year Ended 30 June 1999.
### FINANCIAL TABLE 1

1998/1999 Expenditure by Activity and Program

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>ORGANISATIONAL SUPPORT</td>
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<td>21 124</td>
<td>22 372</td>
</tr>
<tr>
<td>Executive and Support</td>
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<td>3 448</td>
<td>1 952</td>
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<td>Corporate Services</td>
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<td>17 676</td>
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<tr>
<td>ACUTE CARE</td>
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<tr>
<td>Royal Darwin Hospital</td>
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<td>OTHER ACUTE CARE</td>
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<td>81 534</td>
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<td>10 414</td>
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<td>Public Health Services</td>
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<td>Dental Services</td>
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<td>Primary Health Care - Urban</td>
<td>163</td>
<td>20 252</td>
<td>21 750</td>
<td></td>
</tr>
<tr>
<td>Primary Health Care - Rural</td>
<td>402</td>
<td>56 336</td>
<td>52 852</td>
<td></td>
</tr>
<tr>
<td>Katherine Region Floods</td>
<td>9</td>
<td>2 937</td>
<td>9 999</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>3 803</td>
<td>404 202403</td>
<td>531395</td>
<td>861</td>
</tr>
</tbody>
</table>
Explanations to Table 1: Variation between 1997/98 and 1998/99 Expenditures

**ORGANISATIONAL SUPPORT** expenditure decreased by $1.2M in 1998/99. The variation was primarily due to a shift in corporate service functions of $5.5M to other Agencies, offset by additional funding of $0.5M for projects undertaken in relation to hospital projects, community care and remote health information system funding of $2.3M, and an increase of $0.9M to implement full cost recovery of information technology services within government. An additional $0.3M for contracting out of legal services was also provided.

Expenditure on **ACUTE CARE** increased by $8.3M. Of this increase, an additional $3.4M was provided for increases in workload, including renal dialysis. Expenditure on Cross Border transfers increased by $1.4M. Funding of $1.2M was provided for the replacement of capital equipment in 1998/99, and the Hospital took responsibility for its repairs and maintenance program valued at $0.9M.

Expenditure on **OTHER ACUTE CARE** increased by $3.8M in 1998/99. The majority of this increase was also due to increases in hospital workload of $1.4M, including renal dialysis. Expenditure on Cross Border transfers increased by $1.2M.

A minor reduction of $0.6M in expenditure on **PUBLIC HEALTH** is due to a reduction in grants through the Alcohol and Other Drugs Program in order to cover the increase in hospital workload.

Expenditure on the Katherine Region Floods experienced in 1997/98 reduced by $7.1M in 1998/99. If this one off extraordinary item is taken into account, expenditure on the **PRIMARY HEALTH CARE** activity increased by $4.3M in 1998/99. Additional items funded were:

- $0.7M for the proposed privatisation of the hospitals project;
- $1.1M for information systems projects;
- $1.0M for school nurses, allied health and professional staff from Education;
- $2.2M for the Coordinated Care Trials in Katherine and Tiwi.

These additions are offset by a transfer of $1.3M for administrative functions to the Department of Corporate and Information Services.
## FINANCIAL TABLE 2

1998/1999 Expenditure by Standard Classification

<table>
<thead>
<tr>
<th>Category of Cost / Standard Classification</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONNEL COSTS</strong></td>
<td>207 479</td>
</tr>
<tr>
<td><strong>SALARY COSTS</strong></td>
<td>162 859</td>
</tr>
<tr>
<td>Salaries</td>
<td>157 044</td>
</tr>
<tr>
<td>Payroll Tax</td>
<td>5 394</td>
</tr>
<tr>
<td>Fringe Benefits Tax</td>
<td>421</td>
</tr>
<tr>
<td><strong>OTHER PERSONNEL COSTS</strong></td>
<td>44 620</td>
</tr>
<tr>
<td>Higher Duties Allowance</td>
<td>2 352</td>
</tr>
<tr>
<td>Leave Loading</td>
<td>1 111</td>
</tr>
<tr>
<td>Northern Territory Allowance</td>
<td>892</td>
</tr>
<tr>
<td>Other Allowances</td>
<td>3 440</td>
</tr>
<tr>
<td>Other Benefits paid by Employer</td>
<td>1 269</td>
</tr>
<tr>
<td>Overtime</td>
<td>11 356</td>
</tr>
<tr>
<td>Penalty Payments</td>
<td>13 107</td>
</tr>
<tr>
<td>Perishable Freight Subsidy</td>
<td>20</td>
</tr>
<tr>
<td>Recreation Leave Fares</td>
<td>2 125</td>
</tr>
<tr>
<td>Salary Advances</td>
<td>91</td>
</tr>
<tr>
<td>Termination Payments</td>
<td>6 234</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>2 623</td>
</tr>
<tr>
<td><strong>OPERATIONAL COSTS</strong></td>
<td>119 662</td>
</tr>
<tr>
<td><strong>PROPERTY MANAGEMENT</strong></td>
<td>15 407</td>
</tr>
<tr>
<td>Repairs and Maintenance Program</td>
<td>984</td>
</tr>
<tr>
<td>Property Management</td>
<td>14 423</td>
</tr>
<tr>
<td><strong>OTHER OPERATIONAL COSTS</strong></td>
<td>104 255</td>
</tr>
<tr>
<td>Advertising</td>
<td>63</td>
</tr>
<tr>
<td>Audit fees</td>
<td>13</td>
</tr>
<tr>
<td>Client Travel</td>
<td>11 216</td>
</tr>
<tr>
<td>Clothing</td>
<td>313</td>
</tr>
<tr>
<td>Communications</td>
<td>4 100</td>
</tr>
<tr>
<td>Consultants' Fees</td>
<td>10 450</td>
</tr>
<tr>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Consumables/General Expenses (incl. Stores)</td>
<td>2,618</td>
</tr>
<tr>
<td>Cross Border Patient Charges</td>
<td>10,150</td>
</tr>
<tr>
<td>Document Production</td>
<td>856</td>
</tr>
<tr>
<td>Entertainment</td>
<td>29</td>
</tr>
<tr>
<td>Food</td>
<td>1,939</td>
</tr>
<tr>
<td>Freight</td>
<td>798</td>
</tr>
<tr>
<td>Furniture and Fittings</td>
<td>1,106</td>
</tr>
<tr>
<td>Information Technology Services</td>
<td>15,108</td>
</tr>
<tr>
<td>Insurance Premiums</td>
<td>33</td>
</tr>
<tr>
<td>Laboratory Expenses</td>
<td>2,657</td>
</tr>
<tr>
<td>Legal Expenses</td>
<td>1,370</td>
</tr>
<tr>
<td>Library Services</td>
<td>829</td>
</tr>
<tr>
<td>Marketing and Promotion</td>
<td>1,157</td>
</tr>
<tr>
<td>Medical/Dental Supplies</td>
<td>22,059</td>
</tr>
<tr>
<td>Memberships and Subscriptions</td>
<td>65</td>
</tr>
<tr>
<td>Mobile Plant</td>
<td>38</td>
</tr>
<tr>
<td>Motor Vehicles (excl. Insurance)</td>
<td>4,430</td>
</tr>
<tr>
<td>Office Requisites and Stationery</td>
<td>1,558</td>
</tr>
<tr>
<td>Official Duty Fares</td>
<td>2,155</td>
</tr>
<tr>
<td>Other Plant and Equipment</td>
<td>2,045</td>
</tr>
<tr>
<td>Payments to NT Government</td>
<td>285</td>
</tr>
<tr>
<td>Recruitment Expenses</td>
<td>2,247</td>
</tr>
<tr>
<td>Registration &amp; Advisory Boards/Committees</td>
<td>236</td>
</tr>
<tr>
<td>Relocation Expenses</td>
<td>202</td>
</tr>
<tr>
<td>Training and Study Expenses</td>
<td>1,845</td>
</tr>
<tr>
<td>Travelling Allowance</td>
<td>2,285</td>
</tr>
<tr>
<td><strong>CAPITAL EXPENDITURE</strong></td>
<td><strong>6,097</strong></td>
</tr>
<tr>
<td>Construction</td>
<td>129</td>
</tr>
<tr>
<td>Furniture &amp; Fittings</td>
<td>16</td>
</tr>
<tr>
<td>Information Technology Software and Hardware</td>
<td>36</td>
</tr>
<tr>
<td>Mobile Plant/Vehicles</td>
<td>70</td>
</tr>
<tr>
<td>Other Plant and Equipment</td>
<td>5,846</td>
</tr>
<tr>
<td><strong>GRANTS AND SUBSIDIES</strong></td>
<td><strong>70,293</strong></td>
</tr>
<tr>
<td>Grants</td>
<td>61,647</td>
</tr>
<tr>
<td>Personal Benefits</td>
<td>8,646</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>403,531</strong></td>
</tr>
</tbody>
</table>
### FINANCIAL TABLE 3

**1998-1999 Expenditure by Category of Cost**

<table>
<thead>
<tr>
<th>Activity/Program</th>
<th>Personnel $000</th>
<th>Operational $000</th>
<th>Capital $000</th>
<th>Grants and Subsidies $000</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORGANISATIONAL SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive and Support</td>
<td>1 841</td>
<td>1 532</td>
<td>28</td>
<td>47</td>
<td>3 448</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>8 449</td>
<td>9 154</td>
<td>73</td>
<td></td>
<td>17 676</td>
</tr>
<tr>
<td><strong>ACUTE CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Darwin Hospital</td>
<td>64 960</td>
<td>38 010</td>
<td>2 559</td>
<td>1 313</td>
<td>106 842</td>
</tr>
<tr>
<td>Katherine Hospital</td>
<td>8 148</td>
<td>4 009</td>
<td>327</td>
<td></td>
<td>12 484</td>
</tr>
<tr>
<td>Gove District Hospital</td>
<td>6 272</td>
<td>3 669</td>
<td>473</td>
<td></td>
<td>10 414</td>
</tr>
<tr>
<td>Tennant Creek Hospital</td>
<td>3 890</td>
<td>1 835</td>
<td>158</td>
<td></td>
<td>5 883</td>
</tr>
<tr>
<td>Alice Springs Hospital</td>
<td>32 043</td>
<td>19 369</td>
<td>1 329</td>
<td></td>
<td>52 741</td>
</tr>
<tr>
<td><strong>OTHER ACUTE CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Katherine Hospital</td>
<td>8 148</td>
<td>4 009</td>
<td>327</td>
<td></td>
<td>12 484</td>
</tr>
<tr>
<td>Gove District Hospital</td>
<td>6 272</td>
<td>3 669</td>
<td>473</td>
<td></td>
<td>10 414</td>
</tr>
<tr>
<td>Tennant Creek Hospital</td>
<td>3 890</td>
<td>1 835</td>
<td>158</td>
<td></td>
<td>5 883</td>
</tr>
<tr>
<td>Alice Springs Hospital</td>
<td>32 043</td>
<td>19 369</td>
<td>1 329</td>
<td></td>
<td>52 741</td>
</tr>
<tr>
<td><strong>PUBLIC HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Services</td>
<td>13 375</td>
<td>5 536</td>
<td>24</td>
<td>1 764</td>
<td>20 699</td>
</tr>
<tr>
<td>Dental Services</td>
<td>3 875</td>
<td>1 698</td>
<td>273</td>
<td></td>
<td>5 846</td>
</tr>
<tr>
<td>Alcohol and Other Drugs</td>
<td>3 359</td>
<td>1 724</td>
<td>8 787</td>
<td>13 870</td>
<td></td>
</tr>
<tr>
<td>Menzies School of Health Research</td>
<td>5</td>
<td>2 650</td>
<td>2 655</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMMUNITY SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>9 160</td>
<td>1 943</td>
<td>84</td>
<td>564</td>
<td>11 751</td>
</tr>
<tr>
<td>Family, Aged and Disability Services</td>
<td>12 345</td>
<td>4 240</td>
<td>16</td>
<td>34 172</td>
<td>50 773</td>
</tr>
<tr>
<td><strong>PRIMARY HEALTH CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Development</td>
<td>4 750</td>
<td>4 044</td>
<td>130</td>
<td></td>
<td>8 924</td>
</tr>
<tr>
<td>Primary Health Care - Urban</td>
<td>8 958</td>
<td>2 927</td>
<td>8 364</td>
<td></td>
<td>20 252</td>
</tr>
<tr>
<td>Primary Health Care - Rural</td>
<td>25 474</td>
<td>19 074</td>
<td>11 408</td>
<td></td>
<td>56 336</td>
</tr>
<tr>
<td>Katherine Region Floods</td>
<td>580</td>
<td>893</td>
<td>1 094</td>
<td></td>
<td>2 937</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>207 479</td>
<td>119 662</td>
<td>6 097</td>
<td>70 293</td>
<td>403 531</td>
</tr>
</tbody>
</table>
## FINANCIAL TABLE 4

### 1998/99 Receipts by Account

<table>
<thead>
<tr>
<th>Consolidated Revenue Account</th>
<th>Estimated Receipts $000</th>
<th>Actual Receipts $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from Territory Sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes, fees and fines</td>
<td>404</td>
<td>450</td>
</tr>
<tr>
<td>Miscellaneous Receipts</td>
<td>0</td>
<td>881</td>
</tr>
</tbody>
</table>

**Total Consolidated Revenue Account Receipts:** 404 1 331

<table>
<thead>
<tr>
<th>THS Operating Account Receipts</th>
<th>Estimated Receipts $000</th>
<th>Actual Receipts $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer from Consolidated Revenue Account</td>
<td>278 131</td>
<td>267 131</td>
</tr>
<tr>
<td>Charges for Goods and Services</td>
<td>17 472</td>
<td>18 603</td>
</tr>
<tr>
<td>Sale of Other Assets</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Miscellaneous Receipts</td>
<td>673</td>
<td>952</td>
</tr>
<tr>
<td>Commonwealth Payments</td>
<td>105 524</td>
<td>107 935</td>
</tr>
<tr>
<td>Intrasector Receipts</td>
<td>179</td>
<td>537</td>
</tr>
<tr>
<td>Advances Received</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total THS Operating Account Receipts:** 401 999 395 168

1. CRA was reduced by $11M due to NT Treasury transfer at year end.
2. Cross Border Charging receipts exceeded budget by $1.2M.
3. THS achieved better than the expected budget figure by $2.4M. This is mainly due to greater than budgeted receipts for the following:

   - Highly Specialised Drugs: $250K
   - National Health Program: $238K
   - Victims of Domestic Violence: $167K
   - Public Health Outcomes: $507K ($260K is a receipt relating to last year)
   - Remote Community Initiatives: $125K
   - Mental Health Strategy: $245K
   - Specialist Training Post (Mental Hlth): $102K (budgeted for in 1999/2000)
   - Visual Impairment Prevention Program: $110K (late receipt - no budget)
   - Maningrida Tripartie Agreement: $188K (budgeted for in previous years)
| Rural Health Clinics | $262K (budgeted for last year) |
## FINANCIAL TABLE 5

**Accountable Officers Trust Account Transactions**  
for the Year Ended 30 June 1999

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Airfares</td>
<td>49 159</td>
<td>15 157</td>
<td>23 949</td>
<td>40 368</td>
</tr>
<tr>
<td>Deceased Estates</td>
<td>158</td>
<td>0</td>
<td>0</td>
<td>158</td>
</tr>
<tr>
<td>Unclaimed Moneys</td>
<td>17 282</td>
<td>26 976</td>
<td>-140</td>
<td>44 398</td>
</tr>
<tr>
<td>Accommodation Bonds</td>
<td>99 458</td>
<td>175 846</td>
<td>158 807</td>
<td>116 497</td>
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<tr>
<td>Uniform Bonds</td>
<td>300</td>
<td>0</td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td>Electricity Security Deposits</td>
<td>22 950</td>
<td>3 600</td>
<td>4 000</td>
<td>22 550</td>
</tr>
<tr>
<td>NTUCAM Seminar</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Home Patients</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adoptions Previous Subsidy Scheme</td>
<td>5 098</td>
<td>2 000</td>
<td>0</td>
<td>7 098</td>
</tr>
<tr>
<td>Overseas Adoptions</td>
<td>0</td>
<td>29 698</td>
<td>20 200</td>
<td>9 498</td>
</tr>
<tr>
<td>Sessional Medical Officers Superannuation</td>
<td>24 162</td>
<td>0</td>
<td>18 650</td>
<td>5 512</td>
</tr>
<tr>
<td>Keys Security Deposit</td>
<td>460</td>
<td>11 375</td>
<td>3 635</td>
<td>8 200</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>219 026</td>
<td>264 652</td>
<td>229 100</td>
<td>254 578</td>
</tr>
</tbody>
</table>
## FINANCIAL TABLE 6

### Accountable Officers Trust Account Balances as at 30 June 1999

<table>
<thead>
<tr>
<th>Nature of Trust Money</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Darwin</strong></td>
<td></td>
</tr>
<tr>
<td>Nursing Airfares</td>
<td>29 643</td>
</tr>
<tr>
<td>Deceased Estates</td>
<td>24</td>
</tr>
<tr>
<td>Unclaimed Moneys</td>
<td>17 014</td>
</tr>
<tr>
<td>Accommodation Bonds</td>
<td>43 891</td>
</tr>
<tr>
<td>Adoptions Previous Subsidy Scheme</td>
<td>7 098</td>
</tr>
<tr>
<td>Overseas Adoptions</td>
<td>9 498</td>
</tr>
<tr>
<td>Sessional Medical Officers Superannuation</td>
<td>5 512</td>
</tr>
<tr>
<td><strong>Sub Total Darwin</strong></td>
<td>112 680</td>
</tr>
<tr>
<td><strong>Katherine</strong></td>
<td></td>
</tr>
<tr>
<td>Deceased Estates</td>
<td>134</td>
</tr>
<tr>
<td>Accommodation Bonds</td>
<td>19 285</td>
</tr>
<tr>
<td>Uniform Bonds</td>
<td>300</td>
</tr>
<tr>
<td>Keys Security Deposit</td>
<td>960</td>
</tr>
<tr>
<td><strong>Sub Total Katherine</strong></td>
<td>20 679</td>
</tr>
<tr>
<td><strong>East Arnhem</strong></td>
<td></td>
</tr>
<tr>
<td>Nursing Airfares</td>
<td>516</td>
</tr>
<tr>
<td>Accommodation Bonds</td>
<td>2 700</td>
</tr>
<tr>
<td>Electricity Security Deposits</td>
<td>22 550</td>
</tr>
<tr>
<td><strong>Sub Total East Arnhem</strong></td>
<td>25 766</td>
</tr>
<tr>
<td><strong>Alice Springs and Barkly</strong></td>
<td></td>
</tr>
<tr>
<td>Nursing Airfares</td>
<td>10 208</td>
</tr>
<tr>
<td>Accommodation Bonds</td>
<td>50 621</td>
</tr>
<tr>
<td>Unclaimed Moneys</td>
<td>27 384</td>
</tr>
<tr>
<td>Keys Security Deposit</td>
<td>7 240</td>
</tr>
<tr>
<td><strong>Sub Total Alice Springs and Barkly</strong></td>
<td>95 453</td>
</tr>
</tbody>
</table>

### Accountable Officers Trust Account Grand Total

| Accountable Officers Trust Account Grand Total    | 254 578|

---
## FINANCIAL TABLE 7

### Write Offs, Postponements and Waivers for the Year Ended 30 June 1999

<table>
<thead>
<tr>
<th>Category</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Write Offs, Postponements And Waivers Under The Act</strong></td>
<td></td>
</tr>
<tr>
<td>Amounts written off or waived by Delegated Officers</td>
<td></td>
</tr>
<tr>
<td>Irrecoverable money written off</td>
<td>37,000</td>
</tr>
<tr>
<td>Losses or deficiencies of monies written off</td>
<td>3,278</td>
</tr>
<tr>
<td>Value of public property written off</td>
<td></td>
</tr>
<tr>
<td>Waiver of right to receive or recover money</td>
<td>15,000</td>
</tr>
<tr>
<td>Amounts written off or waived by Treasurer</td>
<td></td>
</tr>
<tr>
<td>Irrecoverable money written off</td>
<td></td>
</tr>
<tr>
<td>Losses or deficiencies of monies written off</td>
<td></td>
</tr>
<tr>
<td>Value of public property written off</td>
<td></td>
</tr>
<tr>
<td>Waiver of right to receive or recover money</td>
<td>20,000</td>
</tr>
<tr>
<td><strong>Write Offs, Postponements and Waivers Authorised Under Other Legislation</strong></td>
<td></td>
</tr>
<tr>
<td>Amounts written off or waived by Delegated Officers</td>
<td></td>
</tr>
<tr>
<td>Losses or deficiencies of monies written off</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>75,278</td>
</tr>
</tbody>
</table>
FINANCIAL TABLE 8

Debtors as at 30 June 1998

<table>
<thead>
<tr>
<th>Activity/Program</th>
<th>External Charges</th>
<th>Other Charges</th>
<th>Total $000</th>
<th>Intrasector Charges</th>
<th>Other Charges</th>
<th>CSO Charges</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>CORPORATE MANAGEMENT</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Support</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Corporate Services</td>
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<td>15</td>
<td>0</td>
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<td>0</td>
<td>15</td>
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<tr>
<td>ACUTE CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Darwin Hospital</td>
<td>741</td>
<td>273</td>
<td>1014</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>OTHER ACUTE CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Katherine Hospital</td>
<td>70</td>
<td>24</td>
<td>94</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>95</td>
</tr>
<tr>
<td>Gove District Hospital</td>
<td>22</td>
<td>78</td>
<td>100</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>101</td>
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<tr>
<td>Tennant Creek Hospital</td>
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<td>6</td>
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<td>0</td>
<td>43</td>
</tr>
<tr>
<td>Alice Springs Hospital</td>
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<td>88</td>
<td>376</td>
<td>2</td>
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<td>2</td>
<td>377</td>
</tr>
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<td>PUBLIC HEALTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Services</td>
<td>0</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Dental Health</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol and Other Drugs</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Menzies School of Health</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COMMUNITY SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>0</td>
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<td>22</td>
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<td>0</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Family, Aged and Disability Services</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>PRIMARY HEALTH CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Development</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Primary Health Care - Urban</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Primary Health Care - Rural</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1 158</td>
<td>570</td>
<td>1 728</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Less: Provision for Doubtful Debts</td>
<td>166</td>
<td>36</td>
<td>202</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>202</td>
</tr>
<tr>
<td>NET DEBTORS</td>
<td>992</td>
<td>534</td>
<td>1 526</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>23 1 549</td>
</tr>
</tbody>
</table>

Classified As:

<table>
<thead>
<tr>
<th></th>
<th>External Charges</th>
<th>Other Charges</th>
<th>Total $000</th>
<th>Intrasector Charges</th>
<th>Other Charges</th>
<th>CSO Charges</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>328</td>
<td>352</td>
<td>680</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>23 703</td>
</tr>
<tr>
<td>Non Current</td>
<td>664</td>
<td>182</td>
<td>846</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>846</td>
</tr>
<tr>
<td>NET DEBTORS</td>
<td>992</td>
<td>534</td>
<td>1526</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>23</td>
</tr>
</tbody>
</table>
## FINANCIAL TABLE 10

Employee Entitlements Outstanding as at 30 June 1998

<table>
<thead>
<tr>
<th>Entitlement</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
</tr>
<tr>
<td>Recreation Leave</td>
<td>19,863</td>
</tr>
<tr>
<td>Leave Loading</td>
<td>2,984</td>
</tr>
<tr>
<td>Long Service Leave</td>
<td>16,400</td>
</tr>
<tr>
<td><strong>Non Current</strong></td>
<td></td>
</tr>
<tr>
<td>Long Service Leave</td>
<td>4,495</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43,742</strong></td>
</tr>
</tbody>
</table>

### Methodology

1. **Recreation Leave**
   
   The value of recreation leave entitlements is calculated by PIPS based on employees' actual salaries and entitlements at 30 June 1999.

2. **Leave Loading**
   
   The value of recreation leave entitlements is calculated by PIPS based on employees' actual salaries and entitlements at 30 June 1999.

3. **Long Service Leave**
   
   Long Service entitlement is calculated in accordance with Australian Accounting Standard AAS30. The calculation takes into account the probability of employees reaching ten years of service, the future increases in salary costs and discount rates to achieve the net present value of the future liability.
### FINANCIAL TABLE 11

#### Lease Liabilities as at 30 June 1999

<table>
<thead>
<tr>
<th>Lease Commitments/ Liability</th>
<th>Information Hardware</th>
<th>Technology Software</th>
<th>Furniture &amp; Fittings &amp; Equipment</th>
<th>Other Plant</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>2 735</td>
<td>305</td>
<td>10</td>
<td>3 050</td>
<td></td>
</tr>
<tr>
<td>Later than one year but not later than two years</td>
<td>1 202</td>
<td>294</td>
<td>1 496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Later than two years but not later than five years</td>
<td>357</td>
<td>274</td>
<td>631</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Later than five years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum lease payments</td>
<td>4 294</td>
<td>873</td>
<td>10</td>
<td>5 177</td>
<td></td>
</tr>
<tr>
<td>Less future financing charges</td>
<td>- 662</td>
<td>- 114</td>
<td></td>
<td>- 776</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3 632</td>
<td>759</td>
<td>0</td>
<td>4 401</td>
<td></td>
</tr>
</tbody>
</table>

Classified as:

- **Current**
  - 2 261
  - 263
  - 10
  - 2 534

- **Non Current**
  - 1 371
  - 496
  - 1 867

**Total**

| 3 632 | 759 | 0 | 10 | 4 401 |