

5 Expenditure by Queensland Health

5.1 Introduction

Queensland has the fastest population growth of any State or Territory. This is expected to lead to a population of 4 million by 2006, and represents a projected increase of around 14.8% between 1999–00 and 2005–06. There are also particular implications in ensuring access to appropriate services for people in rural and remote areas, with 41.6% of the State's population living outside the metropolitan areas.

Much of Queensland lies within the tropics and this introduces special public health issues for Queensland that are not necessarily found in most other Australian States.

Queensland Health is the largest provider of health services in the State, with estimated recurrent expenditure of \$3.4 billion, capital expenditure of \$562.9 million in 1999–00 and more than 63,000 staff.

The total public health expenditure reported for Queensland is that reported under the government's Managing for Outcomes framework (see 'Technical notes', Chapter 13, page 123, for details). The data were modified to fit within the NPHEP's nine core categories for public health activities.

Public health functions and services are provided directly by Queensland Health through Public Health Services, 39 health service districts, Pathology and Scientific Services and through funding to a range of NGOs.

Public Health Services is a State-wide service comprising 10 centralised units with State-wide policy and program coordination roles and three public health unit networks. The Service coordinates and provides leadership for public health planning, strategy development, implementation, monitoring and evaluation for priority health issues of State-wide and local significance; undertakes health surveillance and disease control initiatives including response to disease outbreaks, and implements or oversees the implementation of public health legislation.

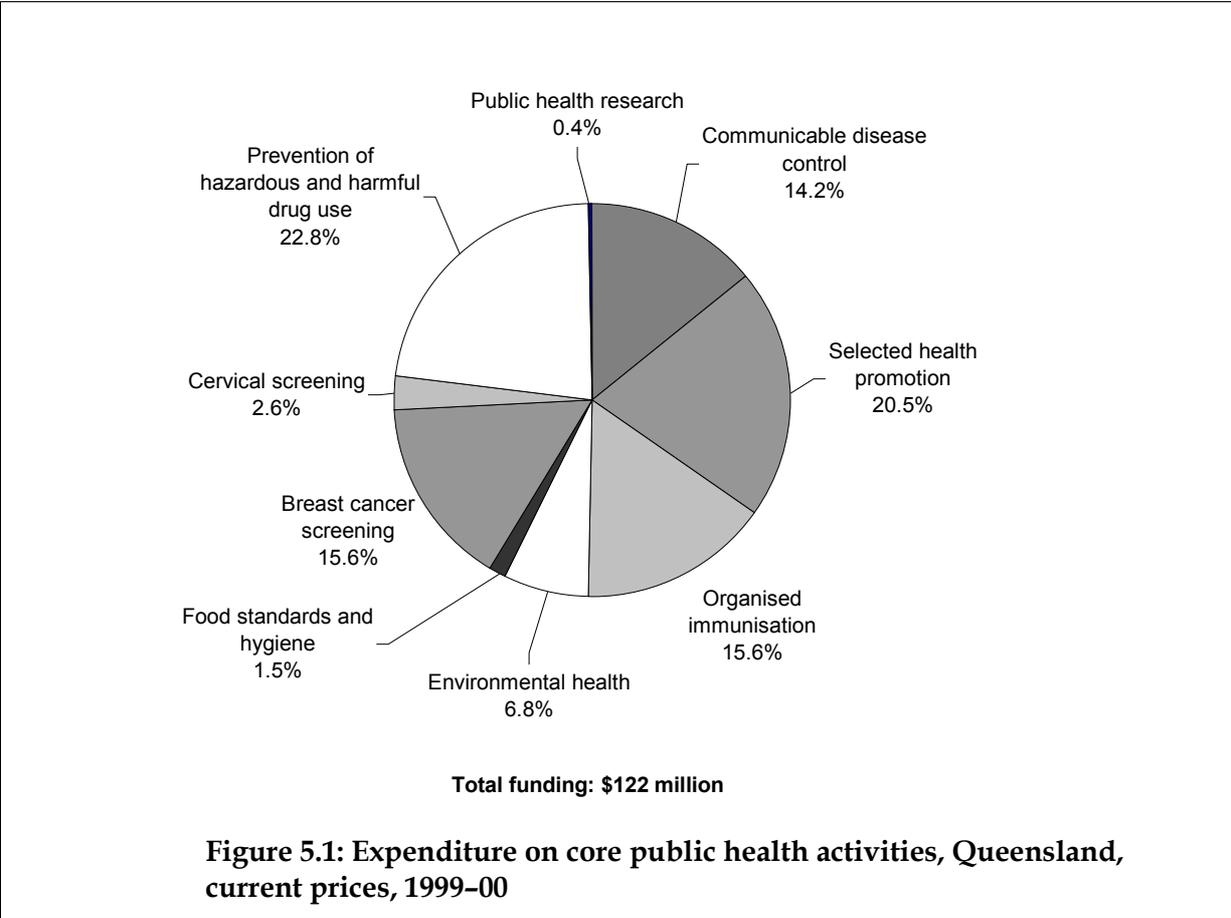
Within health service districts, community-based health services undertake a range of public health roles, including those provided through their child and youth health services, sexual health services, alcohol and drug services, school oral health services, immunisation and breast and cervical screening programs.

In addition to the direct service providers, Queensland Health Pathology and Scientific Services provide essential support in the delivery of public health activities, including specimen collection, analytical testing, results interpretation, clinical consultation, teaching and research.

5.2 Overview of results

Table 5.1: Expenditure on core public health activities, Queensland, current prices, 1999–00

Category	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease control	17.3	14.2
Selected health promotion	25.0	20.5
Organised immunisation	19.0	15.6
Environmental health	8.3	6.8
Food standards and hygiene	1.8	1.5
Breast cancer screening	19.0	15.6
Cervical screening	3.2	2.6
Prevention of hazardous and harmful drug use	27.8	22.8
Public health research	0.4	0.4
Total core public health	122.0	100.0
Public health related activities	75.3	..



Expenditure for total core public health by Queensland Health for 1999–00, as defined by the NPHEP, was estimated at \$122 million. An additional \$75.3 million was spent on ‘Public health related activities’. The sum of these two amounts differs from the State Government’s Ministerial Portfolio Statement, which reported \$181.0 million as the total expenditure for the public health services output due to adjustments that were required (see ‘Technical notes’, page 123).

Expenditure reported as overheads for 1999–00 includes:

- health service district and corporate office administration, finance and human resource management
- quality management programs
- maintenance of information systems and implementation costs
- Year 2000 Systems Taskforce
- corporate policy and planning
- significant departmental projects
- corporate communications and marketing.

5.2.1 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by Queensland Health in 1999–00 was \$17.3 million, or 14.2% of total core public health expenditure (Table 5.1 and 5.2).

Queensland Health provides the leadership in State-wide strategy development, service planning and implementation in relation to:

- surveillance, notification, prevention and control of communicable diseases
- immunisation
- HIV/AIDS and sexual health
- hepatitis C
- infection control and sterilisation.

The services identified in the collection of expenditure for the *Communicable disease control* category included the combined efforts of a range of organisations and sectors. Public Health Services’ Communicable Diseases Unit and the Public Health Unit Networks provide most of the services for which data was collected. Health services districts (including community and hospital services) assist in responses to disease outbreaks, surveillance, distribution of information to the public, implementation of prevention programs and liaison with clinicians, pharmacy services and laboratories.

Queensland Health-funded NGOs provide the majority of public health services for HIV/AIDS and other sexual health issues.

Queensland Health Pathology and Scientific Services provided substantial support in notifications, information regarding results, surveillance, new techniques and mass screening.

HIV/AIDS, hepatitis C and sexually transmitted infections

Queensland strategies to address prevention of the transmission of HIV, hepatitis C and sexually transmitted infections include models such as community development, policy development, supportive legislation, awareness strategies and health surveillance. They are broadly directed to the entire Queensland population; however, targeted education and prevention strategies are aimed at gay men, people living with HIV/AIDS, injecting drug users, sex workers, Indigenous people and prisoners. Large proportions of the programs are delivered by NGOs on behalf of the government. Funding to health service districts for HIV/AIDS is used predominantly for the delivery of clinical and treatment services. Under the definitions provided in this report the majority of the health service districts' expenditure should not be included. However, until a review is conducted to correct the cost centre service types it is likely that the reported expenditure includes a significant component of clinical and treatment services.

Needle and syringe programs

The Queensland Needle Availability and Support Program (QNASP) includes programs located in a variety of agencies such as community health centres, hospitals, injecting drug user organisations and Aboriginal and Torres Strait Islander and sexual health services. Some provide mobile services via health vans or outreach workers. A significant proportion of Queensland pharmacies also sell injecting equipment.

The identification of QNASP as separate from *HIV/AIDS, hepatitis C and sexually transmitted infections* activities does not reflect its purpose. Some costs associated with support services developed within the QNASP may have been reported in the *HIV/AIDS, hepatitis C and sexually transmitted infections* sub-category.

Other communicable disease control

Queensland's expenditure on communicable diseases is different from that of other States largely as a result of its geography and its decentralised population. Preventing the spread of mosquito-borne diseases is a characteristic of *Communicable disease control* particular to Queensland. The tropical and subtropical climate, and the vast stretch of coastline, leave Queensland vulnerable to the spread of mosquito-borne disease, evidenced by Queensland having the highest number of reported cases of Ross River virus infections in Australia and being the only State or Territory to have reported cases of dengue fever and Japanese encephalitis transmission. Imported cases of malaria have occurred in the Torres Strait Islands due to their proximity to mainland Papua New Guinea.

The reported expenditure on *Communicable disease control* includes a substantial investment in research aimed at managing communicable diseases. In particular, Public Health Services expended funds on investigating diseases such as hendra virus, Australian bat lyssavirus and Japanese encephalitis, and in vaccinating at-risk populations where this is a management option. Included in the expenditure on *Communicable disease control* is a substantial investment in the maintenance, upgrade and management of the Notifiable Conditions Surveillance System.

Queensland Health resources are allocated to enhance surveillance for targeted diseases where additional information improves case management, prevents the spread of disease and identifies risk factors that can be targeted in campaigns to reduce disease. This includes diseases that are of national significance such as measles and invasive meningococcal disease as well as diseases of particular significance in Queensland, such as melioidosis in North Queensland and Q fever in Southern Queensland.

Table 5.2: Expenditure on *Communicable disease control*, Queensland, current prices, 1999–00 (\$ million)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and STI programs	6.1
Needle and syringe programs	2.5
Other communicable disease control	8.7
Total	17.3

Selected health promotion

Across Queensland, a wide range of professional staff participate in health promotion initiatives that range from ‘opportunistic’ or ‘individual’ health promotion to ‘population based’ programs. Expert advice and coordination of major health promotion initiatives is provided by Public Health Services in collaboration with other health agencies, local government and other sectors to address priority health issues. The following major areas of expenditure are examples of health promotion activities within Queensland Health:

- health promotion settings and capacity building programs
- young people at risk
- School Based Youth Health Nurse Program
- nutrition
- skin cancer prevention
- injury prevention
- women’s health.

The NPHEP definition excludes health promotion activities that are not ‘organised population based programs’. Health promotion activities that do not meet this criterion were reported as ‘Public health related activities’.

Total expenditure on this category in 1999–00 was \$25.0 million or 20.5% of total core public health expenditure (Table 5.1).

Organised immunisation

Public Health Services is responsible for the establishment and maintenance of collaborative policy advice, planning and strategy implementation mechanisms. Other major stakeholders in the provision and promotion of immunisation services are health service districts, private and non-government service providers, Divisions of General Practice, LGAs and community- based organisations.

Many of the services that administer the vaccines (for example, GPs, councils, child and community health centres, hospitals, public health unit networks and Aboriginal medical services) receive free vaccines from the Communicable Diseases Unit, Public Health Services.

Expenditure on *Organised immunisation* during 1999–00 was \$19.0 million (Table 5.3), or 15.6% of total core public health expenditure.

Table 5.3: Expenditure on *Organised immunisation*, Queensland, current prices, 1999–00 (\$ million)

Sub-category	Expenditure
Organised childhood immunisation	3.3
Organised pneumococcal and influenza immunisation	4.3
All other organised immunisation	11.4
Total	19.0

Environmental health

Total expenditure on *Environmental health* in Queensland during 1999–00 was \$8.3 million, or 6.8% of total expenditure on core public health activities in the State (Table 5.1).

Queensland Health undertakes a wide range of environmental health activities, including an advisory or support role to LGAs and other State departments, for example water management and water quality.

It has the leading role in State-wide environmental health policy, surveillance and law enforcement, waste management, research into emerging environmental health issues and the provision of advice to the community. Within Queensland Health, Public Health Services has responsibility for the following areas:

- control of poisons
- therapeutic goods
- pest control
- fumigation
- toxicology
- radiation health.

Food standards and hygiene

Expenditure on *Food standards and hygiene* include costs and revenues associated with:

- assistance and support/coordination on State-wide food matters
- advice on food legislation and other food issues
- coordinating the food recall process in Queensland
- development and communication of policies, guidelines and procedures on food issues
- participation in, and coordination of, strategies to improve food safety (such as training, community awareness, mass media and working with schools)
- development, amendment, implementation and review of food safety, food standards and other food legislation.

Estimated expenditure in 1999–00 was \$1.8 million (1.5% of total expenditure on core public health activities).

Public Health Services provided leadership, direction and management through the Environmental Health Unit and Public Health Unit Networks in regard to food safety, food standards, and other food matters. Queensland Health Pathology and Scientific Services provides the laboratory services essential for the surveillance, investigation and development of food standards.

Breast cancer screening

Expenditure on *Breast cancer screening* of \$19.0 million was one of the more significant areas of expenditure on core public health activities during 1999–00. It accounted for 15.6% of total core public health expenditure in the State (Table 5.1).

The BreastScreen Queensland Program, the State component of the BreastScreen Australia Program, was established in 1991 through an agreement with the Commonwealth.

The Women's Cancer Screening Services section of Public Health Services has State-level responsibility for planning and coordination of BreastScreen Queensland Program. Services are provided at a local level by the health service districts.

Since the program began, 11 fixed site breast cancer screening and assessment services, 4 mobile services, 4 relocatable services and 7 screening-only services have been established throughout Queensland. The program operates within a comprehensive and continuous quality improvement system which aims to ensure that all aspects of the screening and assessment pathway meet clearly defined national and State standards of best practice.

The next focus of the BreastScreen Queensland Program will be the full utilisation and expansion of existing screening capacity in order to increase participation rates and achieve cost-effective services, the enhancement of quality improvement mechanisms such as the implementation of the BreastScreen Queensland Registry, refining data collection and monitoring processes and enhancing the interface with multi-disciplinary management and treatment services.

Cervical screening

The Queensland Cervical Screening Program (QCSP) is a component of the Commonwealth-State funded National Cervical Screening Program. Approximately 35% of the funding under the QCSP is provided to health service districts to implement the Mobile Women's Health Service, which provides outreach screening services to women in rural and remote areas. An additional 41% of expenditure for the QCSP is incurred in the maintenance and operation of the Pap Smear Register.

Expenditure under the QCSP represents only a small part of total expenditure on *Cervical screening* within Queensland. The majority of cervical screening is undertaken in the private sector by GPs and funded through Medicare. Many non-QCSP screening and follow-up services captured in the data are provided through health service district facilities (that is, hospitals, community health services, primary health centres and sexual health services). In addition, the Queensland Cytology Service, a fully State government-funded laboratory, is the major public provider of cytology and pathology services associated with cervical screening in Queensland.

It should be noted that the identified funding for some cervical screening services provided by NGOs might not include all the costs associated with those services. The Rural and Remote Women's Health Program, managed by the Royal Flying Doctor Service, is jointly funded by Queensland Health and the Commonwealth Department of Health and Aged Care, who contribute 34% and 66% respectively of the funding for this service.

Estimated expenditure in 1999–00 was \$3.2 million (2.6% of total expenditure on core public health activities).

Prevention of hazardous and harmful drug use

Queensland Health offers a comprehensive range of alcohol, tobacco and other drug services to the people of Queensland through Public Health Services, community health centres and hospitals and funding to the non-government sector. Queensland Health supports a range of evidenced-based interventions that reduce the health, social and economic harms associated with the use of alcohol, tobacco and other drugs, including supporting people to make informed choices about alcohol, tobacco and other drug use. Services and programs are provided in collaboration with other State government departments, the Commonwealth Government, LGAs, NGOs, industry, and specialist and generalist health workers.

Alcohol, tobacco and other drug services target:

- hazardous and harmful alcohol consumption by young people, adults and Indigenous people
- tobacco use by young people, adults and Indigenous people
- prescription drug misuse
- harmful illicit drug use.

Estimated expenditure in 1999–00 was \$27.8 million (Table 5.4). This was 22.8% of total expenditure on core public health activities.

Table 5.4: Expenditure on *Prevention of hazardous and harmful drug use*, Queensland, current prices, 1999–00 (\$ million)

Sub-category	Expenditure
Alcohol and tobacco programs	12.9
Illicit drugs and methadone program	9.7
Other drugs-related programs	5.2
Total	27.8

Public health research

The interpretation of the NPHEP definition of research used in the Queensland collection, based on advice provided by the Technical Advisory Group, significantly limited any public health expenditure to be reported as research. Any activity that was identified with a purpose to further develop, improve or review activity defined in the core public health categories was allocated to that respective category and not considered research.

Public Health Services has a Research Position Statement that outlines the importance of public health research, the types of research of interest and its commitment to enhancing collaboration with research institutions and other agencies in responding to research needs.

Estimated expenditure in 1999–00 was \$0.4 million (0.4% of total expenditure on core public health activities).

5.2.2 Expenditure on ‘Public health related activities’

A total of \$75.3 million was reported as ‘Public health related activities’ (Table 5.5). This is expenditure attributable to the ‘Public health services’ output category that could not be attributed to the core public health activities under the NPHEP.

Pathology and Scientific Services

Included in the expenditure reported as public health under the Managing for Outcomes framework in 1999–00 was \$22.8 million from Queensland Health Pathology and Scientific Services that has not been reported under core public health categories. The expenditure related mainly to the provision of forensic science and the administration of information services and building costs that could not be attributed to core public health functions.

School dental services

Oral health services within Queensland Health are reported under two outputs within the Managing for Outcomes framework: treatment services – non-inpatient output, and public health services output. Oral health services offered to all children from age 4 up to and including Year 10 school students are reported as public health expenditure.

Queensland Health includes school dental services within the public health services output based on the significance and contribution oral health has to the quality of life. Oral health should be enjoyed in continuity, and a full range of proven preventive and treatment measures should be utilised to achieve sustained oral health. Within the oral health services of Queensland Health, promotion of oral health is the cornerstone of the service for all ages. The prevalence and impact on society of oral health makes the prevention of oral diseases and good oral health an important public health issue.

School dental services are a significant contributor to the public health services output: \$40.8 million for 1999–00.

Primary health centres and outpatient services

Primary health centres and outpatient services are managed by health service districts and are located within urban, rural and remote areas of Queensland. The range of health services include general practice medicine, child health, oral health, mental health, drug and alcohol services, HIV/AIDS services, palliative care, home care, rehabilitation, prevention and treatment of infectious diseases, and health promotion activities.

Most primary health centres or outpatient services within Queensland Health have a unique cost centre. Under the Managing for Outcomes reporting framework, the primary health centres and outpatients cost centres are apportioned to public health services output by the health service districts (range from 5–55% of total cost centre expenditure).

In total, primary health centres and outpatient services contribute \$5.4 million to the public health services output.

Other activities reported in the public health services output include:

- Sexual Assault Support and Prevention program
- Government Medical Officers
- Aboriginal and Torres Strait Islander health initiatives
- Some aspects of Home and Community Care services.

Table 5.5: Expenditure on 'Public health related activities', Queensland, current prices, 1999-00 (\$ million)

Sub-category	Expenditure
Queensland Health Pathology and Scientific Services	22.8
School dental	40.9
Primary health centres/outpatients	5.4
Other public health	6.2
Total	75.3