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Department of Health and Community Services

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Honourable Ross Wiseman, MHA

SOCIAL SERVICES COMMITTEE

Department of Health and Community Services

Chair: Glenn Littlejohn, MHA

Vice-Chair: Eddie Joyce, MHA

Members:

Tony Cornect, MHA
Dan Crummell, MHA
Glen Little, MHA
Andrew Parsons, MHA
Gerry Rogers, MHA

Clerk of the Committee: Elizabeth Murphy

Appearing:

Department of Health and Community Services
Hon. Susan Sullivan, MHA, Minister
Scott Barfoot, Director of Communications
Dr. Cathi Bradbury, Associate Deputy Minister
Sandy Collins, Parliamentary Secretary to Minister
Bruce Cooper, Deputy Minister
Colleen Janes, Assistant Deputy Minister, Professional Services
Michelle Jewer, Assistant Deputy Minister, Corporate Services
Lisa Lindahl, Executive Assistant
Debbie Morris, Director, Long Term Care & Community Support Services
Karen Stone, Assistant Deputy Minister, Policy and Planning
Colleen Stockley, Assistant Deputy Minister, Population Health
Mike Tizzard, Director, Financial Services
Denise Tubrett, Assistant Deputy Minister, Regional Health Services
Jeff Butt, Manager, Francophone Services

Also Present
Kevin Parsons MHA
Kevin Pollard, MHA
Dana English, Researcher, Official Opposition Office
Susan Williams, Researcher, NDP Office

Pursuant to Standing Order 68, Kevin Parsons, MHA for Cape St. Francis, substitutes for Tony Cornect, MHA for Port au Port.

Pursuant to Standing Order 68, Kevin Pollard, MHA for Baie Verte – Springdale, substitutes for Dan Crummell, MHA for St. John's West.

The Committee met at approximately 9:00 a.m. in the Assembly Chamber.

CHAIR (Littlejohn): Ladies and gentleman, I think we are just about ready to start, so if we could all be seated that would be great. Thank you. Thank you, Gerry.

Good morning, everyone. Good morning, Minister. Good morning to you and your staff.

Maybe we will just take the time for a couple of small things. For Hansard and for the record, please state your name and your position when speaking. Just to remind everybody, look for your little red light. It comes on in front of your mic and then you can speak to your point or your question. I ask that you state your name and your position just for the record.

As well, I will take the time right now to introduce the various members. My name is Glenn Littlejohn. I am the Chair of the Social Services Committee and the Member for Port de Grave.

MS ENGLISH: Dana English, Researcher with the Official Opposition.

MR. A. PARSONS: Andrew Parsons, MHA, Burgeo – La Poile.

MS ROGERS: Gerry Rogers, NDP MHA for St. John's Centre.

MS WILLIAMS: Susan Williams, Researcher.

MR. LITTLE: Glen Little, MHA for the beautiful District of Bonavista South.

MR. POLLARD: Kevin Pollard, MHA, Baie Verte – Springdale.

MR. K. PARSONS: Kevin Parsons, Cape St. Francis.

CHAIR: Minister, if you would like to introduce, or have your staff introduce themselves that would be appreciated, starting with yourself.

MS SULLIVAN: Thank you.

I am Susan Sullivan. Grand Falls-Windsor – Buchans is my district. I will let my staff introduce themselves because I never remember all the titles.

MR. COOPER: Good morning. Bruce Cooper, Deputy Minister of Health and Community Services.

MR. BUTT: Jeff Butt, Senior Manager, Office of French Services, Human Resource Secretariat.

MS TUBRETT: Denise Tubrett, ADM, Regional Services.

MS JEWER: Michelle Jewer, ADM, Corporate Services.

MS STOCKLEY: Colleen Stockley, ADM, Population Health.

MR. TIZZARD: Mike Tizzard, Departmental Controller.

DR. BRADBURY: Good morning. Cathi Bradbury, Associate Deputy Minister.

MS JANES: Colleen Janes, Assistant Deputy Minister, Professional Services.

MR. COLLINS: Sandy Collins, Parliamentary Secretary and Member for Terra Nova.

MS LINDAHL: Lisa Lindahl, Executive Assistant to Minister Sullivan.

MR. BARFOOT: Scott Barfoot, Director of Communications.

MS STONE: Karen Stone, ADM for Policy and Planning.

MS MORRIS: Debbie Morris, Director of Long-Term Care and Community Support Services.

CHAIR: Welcome all; thank you for taking the time to come this morning.

Minister, I will call the first subhead. You have fifteen minutes for opening remarks and then I understand we are going to do Francophone Services first.

MS SULLIVAN: Yes, with the indulgence of everybody, I would like to be able to do Francophone Services first so that Jeff Butt does not have to sit through all of this.

CHAIR: Minister, you have fifteen minutes for opening remarks, if you wish.

MS SULLIVAN: At this point or do you want me to go straight into Francophone Affairs?

CHAIR: You can have fifteen minutes for opening remarks and then we will go to Francophone Services.

MS SULLIVAN: Okay, thank you.

CHAIR: Thank you.

MS SULLIVAN: I am certainly pleased to be here today and to be given an opportunity to further discuss any of the items from the 2013-2014 budget for the Department of Health and Community Services. I am really happy that we still have a budget of close to $3 billion in Health and Community Services. It is 40 per cent of the Budget. For us, that is particularly important as we continue to do the good work.

I always like to say and people on this side of the House – they are not members yet; you never know, I might talk them into it at some point in time. People on this side of the House hear me say on a regular basis that we are doing, I believe, $3 billion worth of good work in Newfoundland and Labrador.

It is certainly a significant portion of the overall Budget of the Province and I think it is a testament to our commitment to health and community services. Our investments this year reflect a very happy balance I think between looking for efficiencies within our services, and I believe we have to do that. I believe, as good stewards of the public purse, we need to and have to do that, but it also reflects the commitment to health and safety issues and to the health and well-being of our citizens as well.

Just in terms of basic overview because I am sure people would rather get straight to the questions, but just in terms of outlining in a general sense that $3 billion, we have 68 per cent of the budget that is used to fund the four regional RHAs and other agencies. When I talk other agencies, when I am talking about that particular component, I am referring to NLCHI, I am referring to Canadian Blood Services, and groups of that sort.

Seventeen percent of the budget is used to pay our physicians; 6 percent of the budget is used to fund various capital infrastructure programs; 2 percent for capital equipment needs within our four regional health authorities; and 2 per cent of the budget is used to fund other areas such as departmental salaries and operating expenses. Memorial’s Faculty of Medicine would be included in that percentage, as well as support to community agencies.

We focus on key areas; improving infrastructure is obviously a major one for us, addressing prescription drug costs, and so on. Those are all key areas that we look at, enhancing long-term care, community support services, et cetera.

I think it is important to mention that at this point in time we are benefiting from the highest number of physicians, registered nurses, and nurse practitioners in our Province’s history. For anyone who is interested in numbers, sometimes I like to throw them out as you know, but I think that is truly significant.

We have bolstered our health care infrastructure, and we are providing new services and programs as well that were never previously available.

Overall, I think that we have seen significant results that are directly linked to our investments in health care, and to the strategic goals and long-term planning that we have set out.

I think without getting into very much more detail, I will turn things over to taking your questions. I thank you for your indulgence and allowing us to go first of all, though, to Francophone Affairs or French Services.

CHAIR: Thank you, Minister, very much.

Andrew just for everyone, it is in Executive Council, page 2.16.

Andrew.

MR. A. PARSONS: Thank you, Mr. Chair, and thank you, Minister.

MS SULLIVAN: En français.

MR. A. PARSONS: No. I tried that once in the House last year and I did not get good reviews.

MS SULLIVAN: I do remember.

MR. A. PARSONS: I am going to make this very quick for you on the Francophone Affairs. I notice line 01, Salaries, has gone up from $573,400 to $653,400. Were there new positions added and what were they?

MS SULLIVAN: If I could address that, the Office of French Services as you know is a division of the Human Resource Secretariat. That Human Resource Secretariat has, effective April 1 of this year in time for this year's Budget, undergone a significant restructuring. For example, six of the Strategic Human Resource Management Divisions, Compensation and Benefits Divisions and so on have all joined as the HRS. Again that was of April 1.

There was in actual fact a slight misunderstanding related to the restructuring of the Human Resource Secretariat. An error was made in the Office of French Services Estimates that resulted in that increase that really is not there. That money will be frozen. That money is not there. There is no change at all, really.

MR. A. PARSONS: Is there any decrease in positions?

MS SULLIVAN: There is not.

MR. A. PARSONS: I will just toss out a general question. With this restructuring, is there anything else that is not - I guess I would be looking at, thinking if there are any other changes that I should be aware of?

MS SULLIVAN: What you would see then is the $40,000. What line is that, Jeff, the $40,000 change that needs to be identified?

MR. BUTT: In the Federal – Revenue line as well, there would have been an increase of $40,000. Again, where our office is cost shared with the federal government, when the $80,000 was originally added to the Salaries, $40,000 was automatically applied to our Federal – Revenue, which is not the case as well.

MR. A. PARSONS: I have no other questions under this heading.

CHAIR: Thank you.

Gerry.

MS ROGERS: Thank you very much.

I would love to do this en français but we were told not to because it is a little bit difficult for our Hansard people. Mais c'est la vie. C'est dommage, mais c'est ca.

I want to thank you for the excellent service you provide for staff and for all the departments across the public service. I was enrolled in one of the French classes last year and I was so very excited about it but I was only able to attend, I think, about three. I think aliens have taken over my life and I no longer have control over my schedule, so it has been a little bit difficult. Unfortunately, I did have to withdraw. However, I was so very impressed with the co-ordination of the services and the amount of

information I was given to help me attend, and the level of the instruction in the class was great. I do hope to be able to enrol again.

I am very grateful and thankful for the excellent service that is provided, and also for the excellent service that is provided when translation services are needed. It is always such a thrill to be able to have the opportunity to either speak French or to converse with someone, or to be able to have the opportunity to work en français. I want to thank you again for your excellent service.

I would just like a little bit of information about the number of people enrolled in the classes last year. Do you have any information about that, and the retention as well and also if people are re-enrolling?

MR. BUTT: Yes, I do have some information about the training numbers. In the spring of 2012 we did have 127 employees from seventeen departments and agencies who were enrolled. In the fall of 2012 we had 178. So fall tends to be the time of year when we have our highest numbers in training. So that was 178 from sixteen different departments and agencies.

In the winter of 2013, so the semester that just ended, we had 132 from seventeen different departments and agencies. Added to that, in each of those terms there were eight or nine federal government employees enrolled. We do open it up to federal government departments on a cost-recovery basis. It is just in the spirit of co-operation.

Yes, absolutely, the minister reminded me. We also have a self-study program through a contract with a private company. This allows people who require a greater deal of flexibility or people who are in regions to avail of classes on their own time. If there is a portion of self study then they get some tutor assistance over the telephone.

MS ROGERS: That was going to be my next question. Is there any plan or exploration about the possibility of doing anything Web based so that people who are out in the regions can avail of the actual classroom situation?

MR. BUTT: We already offer distance classes. We have one daytime, and right now two evening offerings that are delivered to people in the regions using Illuminate Live and Desire2Learn technology. That is in co-operation with the PS Access platform of the Centre for Learning and Development and the Centre for Distance Learning and Innovation. That is something we do hope to expand, but right now we are offering it.

MS ROGERS: Okay, great.

Are there any particular challenges you are facing right now in terms of offering these kinds of services or translation services?

MR. BUTT: In terms of translation services, no. It is a pretty straightforward service. We have an onsite translator who is an employee of the Office of French Services. She will make a determination when a translation requisition comes in whether it is done in house or whether it goes out to the federal Translation Bureau, with which we have a contract that we renew annually. So in that regard, it is a pretty smooth service.

In terms of training, yes, there are challenges because you always have to remain abreast of the latest teaching methodologies and technologies changing every year. So it is a matter of keeping up with the latest technologies that people use in the classroom, and of course trying to make that transition to learning approaches that suit the busy lives of people.

I am seeing a shift away from a purely classroom based training program to one that has various options, such as on-line and self study.

MS ROGERS: Okay, great.

I have no further questions.

Monsieur Butt, merci beaucoup.

MR. BUTT: Je vous en prie.

CHAIR: Thank you, Jeff. Thank you for your time this morning, we appreciate it.

Andrew, we will begin with Health and Community Services. For all members, that would be page 16.3, Executive and Support Services. We have called subhead 1.1.01.

Andrew.

MR. A. PARSONS: Thank you, Mr. Chair.

I am going to start off on a general note, if I could. I am just wondering, how many core and non-core jobs have been cut through Health and Community Services in this latest budget?

MS SULLIVAN: In terms of salaries within the department, our salary plan looks like this. There is a reduction of fifty-four positions, which would include twenty-two vacant positions, thirty layoffs, and two retirements.

MR. A. PARSONS: Are there plans for any more in the coming year?

MS SULLIVAN: No.

MR. A. PARSONS: How many vacant positions are there currently?

MS SULLIVAN: Within that fifty-four we were looking at, twenty-two vacant positions.

MR. A. PARSONS: Okay. So they are gone?

MS SULLIVAN: Yes.

MR. A. PARSONS: Okay. I am just looking down at where it says Minister's Office here. There is about $40,000 gone in salaries. What position would that have been? That is line 01 of the Minister's Office.

MS SULLIVAN: That was in a political support position.

MR. A. PARSONS: Okay. What did that political support person do?

MR. COOPER: This was administrative support. This was a position that provided some administrative support.

MR. A. PARSONS: I am going to go off the grid here for a second if I could have your indulgence. I want to go back to something we talked about in the House yesterday. I know it is a general question, but that is the family caregivers' pilot program. Looking at the numbers, I believe it was $6.1 million that was allotted for this year, which going by the pilot program means about, roughly a July 1 start date. Am I correct there?

MS SULLIVAN: We do not have a start date, at this time, identified.

MR. A. PARSONS: Would it be fair to say if there is $8.2 million allotted for next year, a full calendar year, and this year $6.1 million was pro-rated, would that give us, if it was starting, roughly a July start date though?

MS SULLIVAN: Once again, we are working really hard, Andrew, at trying to get the right program in place and being able to deliver to the people of Newfoundland and Labrador what I think will be a phenomenal program in terms of paid family care. We really and truly do not have a date set at this point in time to start the rollout of that program.

Now, we are inching closer to that every day, and I know you want me to give you a date. If I had a date, I would give it to you. This is not a matter of trying to hide that. This is truly a matter of saying to you this is a difficult program to put together.

I know you have said, for example, there are programs in Nova Scotia – it is not quite a program – that there are programs in Australia; and, again, $100 a week does not a program make. This, for us, is truly a commitment that we undertook, that we are committed to and that we will deliver on. As soon as we possibly can, we will have that out for you.

MR. A. PARSONS: Actually, I think the Australian numbers are a bit off there, but I will

go back to the pilot program. Again, this was something that was announced at $6.1 million. That is a fairly specific number and it makes up $8.2 million for next year, so to me there must be a framework in place. Is there any idea if it will be a Province-wide pilot, or will it be just a specific region?

MS SULLIVAN: No, it will be Province-wide.

MR. A. PARSONS: Do we have any idea of how many people might be covered under this? The $6.1 million must have been –

MS SULLIVAN: At this point, this is an Estimates process and I can tell you that we have $6.1 million estimated for this year. To put specific numbers around that right now is really premature.

MR. A. PARSONS: I might come back to this one –

MS SULLIVAN: I have no doubt.

MR. A. PARSONS: I am going to move forward to 1.2.01, Executive Support.

MS SULLIVAN: Okay.

MR. A. PARSONS: There is about $185,000 less in Salaries. Which positions were eliminated?

MS SULLIVAN: In the Estimates we are talking here, aren't we? The positions that were eliminated here, we are talking about three positions: one permanent and two temporary. There was a secretary to one of the Assistant Deputy Ministers, communications manager, and there was a contractual administrative support position there.

MR. A. PARSONS: I am going to move forward again to General Administration, 1.2.02, Corporate Services, and there was a fair amount of salary cut here: $1.1 million. Do we have a list of positions?

MS SULLIVAN: We do. Do you want me to read them to you? I can tell you that there is an elimination of twenty-one positions in Corporate Services: eleven layoffs; ten were vacant. Again, do you want me to go down through each of those?

MR. A. PARSONS: Where were they based? Do you have that information?

MS SULLIVAN: Do you mean whether or not they were –

MR. A. PARSONS: Are they all in St. John's? Are they spread out?

MS SULLIVAN: There was one here in Grand Falls-Windsor, and one in Stephenville.

MR. A. PARSONS: Under General Administration, under Professional Services, last year there was about $1 million that was budgeted that was not spent. That is under line 05.

MS SULLIVAN: Okay, Professional Services?

CHAIR: Yes.

MR. A. PARSONS: Yes.

MS SULLIVAN: Okay. You are asking about the Estimates here?

MR. A. PARSONS: Last year it was $1,012,000 that was –

MS SULLIVAN: Okay, the revised.

MR. A. PARSONS: – budgeted and there was actually $212,000 spent.

MS SULLIVAN: Okay.

MR. A. PARSONS: What was budgeted for and then what were the professional services purchased?

MS SULLIVAN: That line holds about $1 million as a contingency fund for federal-provincial-territorial agreements that might arise during the fiscal year. Any of those agreements that are offset by the federal-provincial-

territorial sources and it is recorded in the revenue within that activity. This year it is my understanding that there was only one agreement that was $200,000; therefore, it resulted in an $800,000 savings.

MR. A. PARSONS: Using that, this year you still have your $1 million contingency there and we will see what happens.

MS SULLIVAN: Exactly.

MR. A. PARSONS: This year there has been an increase in Purchased Services. This is line 06. Is there anything extra expected this year?

MS SULLIVAN: Yes, our current lease at Belvedere Building expires this year, so the funding increases for new office space in St. John's. Office space is a whole lot more expensive than it used to be. When we first took the lease on the Belvedere Building in 2001 the rate was at $12.07 a square foot. The new lease will be $30.33 a square foot, which is a considerable increase.

MR. A. PARSONS: This $849,000 that was spent last year was that just a lease or is there anything else that was a purchased service?

MS SULLIVAN: Under Purchased Services we would have been looking at not just office space, but also the cost of printing and general purchased services, et cetera.

MR. A. PARSONS: Under the same, line 07, last year it was $58,300 budgeted and it was the exact same amount spent. This year it has been bumped to $100,000. Is there something extra?

MS SULLIVAN: Yes, the $41,000 there again is the department's lease at the Belvedere Building that expired and so we anticipate the relocation costs will result in one-time higher costs there as well.

MR. A. PARSONS: I notice under federal revenue there is $1 million there and it was $200,000, is this related to the one that was just above that?

MS SULLIVAN: Yes.

MR. A. PARSONS: The $200,000 agreement, can you just explain to someone like myself – this is my first year in Health Estimates – what was the agreement?

MS SULLIVAN: Colleen, do you have the details on the agreement?

MS STOCKLEY: Those monies refer to an agreement for a health services integration fund to allow us some money to do some work with regard to Aboriginal health.

MR. A. PARSONS: I guess while we are talking about federal-provincial relations, what is the status of the Health Accord? We know it expires next year. Where do we stand on that right now? What is it looking like?

MS SULLIVAN: That is something obviously that the Premier, with her cohorts – that is an issue that they are working on. There has also been an innovation group that has been set up amongst the provinces that I am happy to sit on, the Health Innovation Working Group. We have met on two occasions, if not three occasions now, and we are looking at various ways that we can support each other and work throughout the country. The rest, however, is left with COF.

I do not know, Bruce, if you would like to elaborate on any of the work.

MR. COOPER: In terms of some of the work that is ongoing with the Council of the Federation, there is a lot of sharing of information that is occurring in terms of how we might enhance team-based models of care. Our Province has been leading a piece of work on health human resources planning to try to make sure that we have a more integrated approach to identifying the needs for health human resources across the country.

There is a piece of work taking place on ensuring that we are using the best quality information when it comes to appropriate treatments, best practices. It is a long work plan,

but some very productive work that is taking place through this table.

MR. A. PARSONS: I am just going to move forward. Just very quickly, it says: Amount to be Voted. Under federal it says Revenue – Provincial. What is the source of this revenue? Is it money invested by the Province?

MS SULLIVAN: Are we under the same tab now?

MR. A. PARSONS: Under the same one. I am sorry, 1.2.02, Corporate Services and it says Revenue – Provincial. It was $350,000 budgeted last year. It looks like it was $300,000 invested and then it is back to $350,000. Being the first time maybe you can –

MS SULLIVAN: Yes. That represents income from miscellaneous sources, such as recoveries relating to prior years, information requests, and repayments of various accounts receivables such as bursaries or defaults. Also included are payments on other miscellaneous billings that occur throughout the year.

MR. A. PARSONS: Okay. Moving forward to 1.2.03, Professional Services, in the Salaries a reduction of about $235,000, how many positions?

MS SULLIVAN: In the salary reductions, there is an elimination of five permanent positions; one vacant, four layoffs.

MR. A. PARSONS: Where were these positions located?

MS SULLIVAN: They would all have been in St. John's.

MR. A. PARSONS: My time is running short. I am going to come back to this section at some point, but I will toss it off to my friend.

CHAIR: Gerry.

MS ROGERS: Thank you very much.

I want to thank you all for coming this morning. I want to also thank you for the incredible service that you provide to the people of Newfoundland and Labrador. I know the Department of Health and Community Services is a huge department and with such complex tasks.

I know that all our portfolios are very important, but this is really one that so many people across the Province are very concerned about. Everybody has a vested interest in how the Department of Health and Community Services is run and the services that are available to the people.

I know in this ever-changing environment of medical technology, innovations, and creativity, that your tasks of not only maintaining what we have but also planning and looking forward are enormous. I thank you for the work, and I thank you for taking the time to come this morning.

This is my first time in Health Estimates and I am new to this portfolio. I am learning a lot. I am very much looking forward to having the opportunity to speak with some of you, to learn from you, and to also help push along and support the work that you do. Thank you again for taking the time to be here this morning.

I would like to stay on 1.2.03, Professional Services. I do not believe I have much more to ask in the previous areas because Andrew did such a great job there. He does a great job, doesn't he? He really does. He works so hard and he is good.

I would like to ask, however, for a list of – whenever we talk about positions that are lost, I would like a list of what those positions are, where they are, and whether they are layoffs, and what FTEs we are losing. In any of the numbers Andrew has asked for, if I could have a written list of that, I would really like that. So for the ones that I ask for and the ones that Andrew asks for. He may want the same, I am not sure, but I suspect he just might.

For Professional Services, over here we see that it is also the maintenance of policies, programs

and standards governing some of the health professionals and the management of different programs. I am just wondering how we are doing with the retention of some of our doctors, and where some of the real changes are right now in terms of specialists in different areas. How are we doing in that area?

MS SULLIVAN: In terms of recruitment programs and incentives, we have fifteen recruitment related initiatives: student bursary programs, grants, signing bonuses, seat purchases and so on. In terms of the overall work that was done, I think we can say we are fairly confident that the incentives we put in place are certainly bearing fruit for us in terms of the numbers. I am looking specifically for the numbers. I know we have unprecedented numbers.

In terms of doctors, for example, we have 1,115 doctors practicing in Newfoundland and Labrador. As soon as I find those notes, I will tell you the breakdown in terms of specialists and GPs: 552 of those are general practitioners; 563 of them are specialists; approximately two thirds of our physicians are fee-for-service doctors, which means of course that one third of them would be salaried doctors.

Again, through our initiatives, I think it is fair to say we have done a good job of attracting people. There have been some questions about certain areas but I can tell just for the last year, for example, in terms of Western Health, which is an area that have been identified as an area of concern, we have recruited seventeen physicians in 2012-2013. We filled all of the pathology and psychiatry vacancies at Western Memorial. We recruited a family physician in Port Saunders, which has typically been very difficult to do. We have twelve new family physicians, three from MUN, which we are very happy about.

MS ROGERS: Great.

MS SULLIVAN: Yes, and one anaesthesiologist from MUN has started in the region actually. We have four of these family physicians who are practicing in the Corner Brook area. We have one ER physician started at Western Memorial, just last week actually. We have recruited another anaesthesiologist, a gastroenterologist, and one emergency physician for Western Memorial.

I think it is fair to say we are making great strides there. We can give you a list as well. I am sure you do not want me to go through them. I just chose Western Health because that has been in the news of late, but we can do the same thing for Eastern Health, Central Health, and Labrador-Grenfell, and tell you in a written form. If you would prefer I can read them out, but we can give them to you in a written form in terms of new recruitments as a result of initiatives for this year.

MS ROGERS: Okay. Written form would be fine.

MS SULLIVAN: Sure.

MS ROGERS: I have received a number of calls and e-mails from families in Corner Brook saying how very difficult it is for them to find a family physician and the waiting lists are so great. It is a great concern.

MS SULLIVAN: Yes, and as I said, we are seeing improvements there every day. We will see more improvements there this summer as we have new people coming along as well.

MS ROGERS: Okay, thank you very much.

Then if we go on to General Administration, in line 01 we see a significant reduction there. Can you explain that please?

MS SULLIVAN: In which activity are we?

MS ROGERS: Salaries.

CHAIR: In 1.2.04.01 Salaries.

MS ROGERS: In Regional Services, yes.

MS SULLIVAN: In Regional Services?

MS ROGERS: Yes.

MS SULLIVAN: Okay, and you are looking at the revised for 2012-2013?

MS ROGERS: Yes.

MS SULLIVAN: Okay. The decrease there is of $574,000, and that results in vacancies and delays in the hiring of certain positions there. Again, I can give you the list of them or we can send it to you, whichever you would prefer.

MS ROGERS: If you could send that to me that would be fine.

Then we see a reduction in the Estimates as well for 2013-2014.

MS SULLIVAN: Yes. There was a $585,000, roughly, decrease in Estimates. It is the result of the elimination of eight positions. Six of those are permanent, two are temporary; three layoffs, five vacant positions.

MS ROGERS: What are those positions?

MS SULLIVAN: Those positions would be: two policy, planning and research analysts, a financial program analyst, director in the wait time's area, management analyst, WPEO –

OFFICIAL: Word processing.

MS SULLIVAN: Thank you.

A word processing equipment operator, Clerk Typist III, and a wait time consultant.

MS ROGERS: They seem like important jobs. Is there any rationale for, particularly, to let those jobs go? How will that work be done?

MS SULLIVAN: Again, five of those positions were vacant, so the work has been ongoing. We feel very confident we can redistribute the work of the other three layoff positions. In the area of the clerk typist and the planning and research analyst, we feel very confident we can redistribute that work among the department. We can find efficiencies in the department where that work can continue to happen.

MS ROGERS: Okay, thank you.

Transportation and Communications, we see a bit of a drop there in the revised amount for 2012-2013, but in the Estimates a significant drop there.

MS SULLIVAN: In the revised amount, there is a drop of $80,000 there. When we looked at our expenditure management plans back in August we made a decision around discretionary travel. That was discontinued for the most part in this area. The $80,000 in savings that we identified in that plan was through discretionary travel.

MS ROGERS: Okay, thank you.

MS SULLIVAN: In the Estimates section, we are looking at $124,000. Again, as a result of the review in the department we reduced the travel budget by about 40 per cent, so about $74,000 of that total would have been in terms of travel budgets. We know that with today's technology, a lot of travel or a lot of conferencing particularly can happen through video conferencing and so on. So we will encourage that.

MS ROGERS: That is another question I would have had. What kind of travel, specifically, would that have entailed?

MS SULLIVAN: I do not have a list of that here but I am assuming we can get that. Bruce, you might be able to respond to that.

MR. COOPER: Certainly. In terms of discretionary travel, it would be travel on such things as sub-committee work for the various initiatives we may be involved with other provinces on. Every province has been dealing with the question of how to reduce travel costs. So there is a movement to more Web conferencing and teleconferencing, as the minister said, in that regard.

The second aspect of travel may be travel related to conferences or courses, things of that nature. That is what we would consider as discretionary.

MS ROGERS: Some of the travel for conferences and courses, where are we then? Because I know it is an issue for nurses and other staff, the amount of monies available for travel to conferences, conference fees. Where are we now in terms of any educational or money for workshops and ongoing professional training? Where are we with that now?

I know it is a broad question, and I know it would be different in different parts of the Department of Health –

MS SULLIVAN: It is.

MS ROGERS: - but I would like to at least start to get at it a little bit.

MR. COOPER: Certainly. Actually, I think I will pass that over to Denise from Regional Health Services.

MS TUBRETT: What we are actually looking at here is the departmental travel, so it would not have anything to do with travel related to nurses or any other professional staff. If they were travelling that would show up in the RHA, or in the regional health authorities' budget, so we are not seeing that in this particular category. This would just be departmental staff travelling to conferences.

I cannot specifically speak to where we are with respect to travel for nurses for conferences and things like that. I know the regional health authorities are also challenged with respect to managing within their budgets and also trying to manage with discretionary travel.

I am not sure; probably Colleen Janes would have some more information about that.

CHAIR: Minister.

MS SULLIVAN: Thank you.

If I could just jump in, some of what we are talking about here when we are talking about reducing travel would be reducing the numbers of people who may travel to a conference. As opposed to three people going to a conference, it is very legitimate to say perhaps one person can go to the conference and come back and do the in-servicing or share that information when that person returns as opposed to sending two or three people to the same conference. That would be some of the allocation in here.

Again, Colleen, if you have any additional information to add.

CHAIR: Colleen.

MS JANES: Thank you.

In terms of professional development in training in our regional health authorities, as Denise said, that is in the RHA budget. There are a number of things that we have indicated need to occur, and my understanding is occurring, anything that is essential. So upgrading and training for CPR, or first aid, or those kinds of things, both within the department or within the RHAs, those are things that are still being supported in terms of professional development.

There certainly is an extra look being taken at some of the things that are more of a discretionary nature, both within the department and within the RHAs. We will have to make decisions in terms of the available budget as to how much can be supported.

Within the department, there are certain professional development opportunities that can be undertaken without travel and without cost. Those are things that we will continue to have staff available.

MS ROGERS: What is the process –

CHAIR: Gerry, I am going to have you hold your thoughts because I let you go over time.

MS ROGERS: Great.

MS SULLIVAN: Can I just finish the answer to that question about (inaudible).

CHAIR: Touch on it, Minister.

MS SULLIVAN: Yes. Within that $124,000, I do not want anyone to think that is all travel. Fifty thousand dollars of that reduction is for the removal of – well it is travel, but it is funding associated with the lead province for the National Blood Portfolio. We were the lead Province from April of 2010 until March of this year. That file now transfers to New Brunswick; therefore, we do not need that $50,000 of travel there.

CHAIR: I am going to ask you to hold your thought.

Andrew.

MR. A. PARSONS: I am fine with Gerry, if she wanted to follow up on that subject. If you had a couple of questions left on that specific.

CHAIR: Okay.

MS ROGERS: I would be very interested in the process or the policy of how someone applies for travel for particular conferences, or in-services, or workshops, or ongoing training. What the process is for that and how the decision is made?

I would be very interested in the number of conferences that some of our health care professionals, whether they are nurses or lab technicians – what they have identified is what they feel is somewhat crucial to their ongoing medical education. What is the process for deeming whether or not something like that is essential?

MS SULLIVAN: Those are concerns for the regional health authorities.

MS ROGERS: Yes.

MS SULLIVAN: That is where those questions need to be answered, by the regional health authorities. We can only speak for the department in terms of the travel and the process within the departments.

MS ROGERS: Okay.

Thank you.

CHAIR: Andrew.

MR. A. PARSONS: Thank you, Mr. Chair.

Just to follow up on that, this year I was at the Western meeting – and again, I forget the acronyms now; there are so many – the Western emergency nurses. There were none from my area in Port aux Basques because they were not allowed to go and they did not have the funding to go. I know the difference essential and nonessential, but it was a pretty important meeting. There were guest speakers from a lot of places. It was something that seems to be important: emergency planning.

I know it might not be a regional health authority, but it is something that should be on the radar. A lot of nurses could not go because they were going to have to pay out of their own pocket for what I thought was an important session. I am just putting that out there on the record.

Coming back to this, one of the positions is director of wait-lists?

MS SULLIVAN: Wait times.

MR. A. PARSONS: That is gone?

MS SULLIVAN: Yes, that was a vacant position.

MR. A. PARSONS: That is one of the things we hear about all the time. It is in the news. Who is actually doing the duties that would be under that job heading? Which position is handling that?

MS SULLIVAN: Well, we have a whole Access and Clinical Efficiency Division that would take a look at some of these areas. Bruce can give some more of the specifics around who particularly does what work there.

MR. COOPER: In terms of who is doing the work that was included in the Access and Clinical Efficiency Division, as part of our

ongoing planning, we looked at streamlining our operations in the Regional Services Branch. So we actually realigned the roles and responsibilities of the Access and Clinical Efficiency Division and combined it with the acute care services and emergency management division.

When we took a look at it, we realized there was actually a fair bit of overlap. The focus of the Acute Health Services Division ought really to be about monitoring performance of the health care system and having a strategic focus in terms of improving access and wait times. We have combined the work of that former division inside the acute services group, and that director and ultimately the ADM have responsibility for working on the wait time's issue.

We have a full staffing group that are committed to this now. We have six positions that are going to be working on the issue of access and clinical efficiency with the health system. This is a big issue obviously that we work closely with the RHAs on as well and they have resources that we leverage and work closely with.

MR. A. PARSONS: I do not know, Mr. Chair, did we get to line 06, Purchased Services, under that heading?

CHAIR: We did not, Sir; I have 05.

MR. A. PARSONS: I am just wondering: What would the purchased services encompass?

MS SULLIVAN: Purchased services, we are looking for funding for the cost of advertising, printing services, and other miscellaneous expenses in that line.

MR. A. PARSONS: I am going to move forward to 1.2.05, Population Health. It seems like a pretty important component to the department and there is a pretty substantial cut in Salaries. How many positions were cut?

MS SULLIVAN: Salaries, I am looking at fifteen positions: six lay-offs, seven of those positions were vacant, and two attrition.

MR. A. PARSONS: Were they all based in the metro region or were they outside?

MS SULLIVAN: These are all in St. John's, yes.

MR. A. PARSONS: So I guess the general question is: With a reduction of that nature, should we have concerns about the same service being provided?

MS SULLIVAN: I do not think so. Seven of those positions were vacant and had been vacant for quite some time. So that certainly lessoned the human resource impact that would have happened there and certainly resulted in no loss of capacity, if those seven positions had not been filled.

Again, we are able to redistribute the work of the six layoff positions and we are able to make changes within the department to see that, efficiently, the work still happens.

MR. A. PARSONS: Basically, we are dealing with preventative measures, which is something we talked about – preventative medicine. I know quite well that I am very new at this and I do not have the background, but to the common person, which I guess I will represent here, someone who does not know the background, preventative seems like an important part going forward, especially when we talk about the costs – 40 per cent of the Budget. Is this something that we should not look at doing more of?

MS SULLIVAN: I think it is important to recognize that we still have thirty positions within the department for Population Health. I absolutely believe that the work that we are doing there, with those thirty positions, can continue on; and you are right, there is some tremendous work that is happening in Population Health. Colleen is doing a very good job of leading that work in Population Health. We are seeing some very good results of that work, but with the thirty people who remain, again, recognizing that there were six layoffs, we fully believe that work can continue on.

MR. A. PARSONS: Under the Grants and Subsidies section, can you provide me with some examples of – I know it is a fairly big number, but just the different grants and subsidies that fall under this.

MS SULLIVAN: Grants and subsidies – my favourite topic, and it is very important. We have three types of funding, first of all. I am smiling and they are smiling over here because this is an area where I get confused a number of times with regard to all of the grants and subsidies because we actually have $5.4 million worth of grants and subsidies. What you are seeing under this heading will be one of the types of grants and subsidies. This is Population Health grants and subsidies.

I think your question related to the kinds of funding that would be there, we can send you a list if you would like. All of these pages – I can read them to you, but we can send you the list.

MR. A. PARSONS: Okay.

Maybe we can make it a general standing order here that anything you send to Gerry and vice versa, the other one will get. I think we are both interested in –

MS ROGERS: Absolutely.

MS SULLIVAN: Sure.

MR. A. PARSONS: I am making sure it is the same thing here. One thing I noticed out in my area, there was a lot of advertising – and I do not know the proper word because the Bread and Roses Dinner and one lady said 'sir-vy-kle' cancer screening, another said 'sir-vickle' (cervical), and there was a big dispute amongst the women there. I stayed out of it. Is that one of the initiatives?

MS SULLIVAN: Would that be one of the types of grants –

MR. A. PARSONS: Grants and subsidies, one of the things that were covered under that.

MS SULLIVAN: I do not think that would be in this department, in this division.

MR. A. PARSONS: There is $350,000 less, so there is there a particular group or grant that is not being provided this year, or is that just a lowering along the lines?

MS SULLIVAN: In terms of the Estimates, it is made of up a reduction of about $260,000 to community agencies; $100,000 of that is from the Healthy Aging Research grant program. The Healthy Aging Research grant program is funding that the department grants to the Newfoundland and Labrador Centre for Applied Health Research.

The reduction will result in less funds for research, but I think it is important to understand that the contextualized research that they will do will be maintained for seniors' research. That guarantee of the research that they are going to do around seniors' research is still there. That will continue to happen. The remaining research work will be prioritized to meet the needs of the Faculty of Medicine, the regional health authorities, and the department.

MR. A. PARSONS: Speaking of seniors, where does the Division of Aging and Seniors fall? Which part is it under?

MS SULLIVAN: It is under Population Health as well.

MR. A. PARSONS: Under Population Health, okay.

I am going to move to General Administration, 1.2.06 Policy and Planning. I apologize; I am going to go back. I just noticed a question I had there. I am going back to physician recruitment and retention.

Do you have stats? How many of those doctors – what is the percentage based in the Eastern Regional Health Authority and outside?

MS SULLIVAN: We do have those stats. I do not have them with me. Cathi, do you know?

DR. BRADBURY: Yes, I do.

CHAIR: Cathi, please.

DR. BRADBURY: Good morning.

The numbers by the regional health authorities, I have to add them all up. I have the list here. I would have to add the numbers up.

MR. A. PARSONS: Maybe we can come back to it after. I apologize, I know I am hopping and skipping around here. I will come back to that at some point.

DR. BRADBURY: It is 763 in Eastern, 163 in Central, 136 in Western, and fifty-three in Labrador-Grenfell. I should point out that these numbers relate to our physician supply report. It is a head count as of March 31, 2012.

MR. A. PARSONS: Going by my math, which I admit is suspect, there are a lot more doctors in the Eastern Health Authority than there are in the rest of the Province, a significant number.

OFFICIAL: (Inaudible).

MR. A. PARSONS: Okay. Perfect. Thank you.

Going back to where I was supposed to be – my apologies, Mr. Chair, it looks like my time is up now.

CHAIR: You are good.

MR. A. PARSONS: No, you go ahead. You have all the time.

CHAIR: It is a good spot to start or pick up Andrew, because you are in a new section. Yes, okay.

Gerry.

MS ROGERS: Thank you very much.

I would like to go back to General Administration under Regional Services, 1.2.04.

MS SULLIVAN: 1.2.04, okay.

MS ROGERS: I am not sure if this is the best place to ask it, but let's go anyways.

Electronic medical records, I could not find anywhere and I am not quite sure where to find in the Budget, if there is any money aside for looking specifically at developing our electronic medical records project.

MS SULLIVAN: It is under Capital Equipment in the back. Give me a minute to get there.

MS ROGERS: Okay, no problem.

What section would that be in?

MS SULLIVAN: Subhead 3.2.01.

MS ROGERS: Okay, great; under Furnishings and Equipment.

MS SULLIVAN: The electronic medical record, the current status of that is the pilot is completed. The planning project for the next phase is also completed and the project decision is pending. Of course, we all know what an EMR is, it is a system for physicians to use in community practice setting and provide them with access to a wide range of patient information.

NLCHI recently completed a planning project for the broader provincial implementation and this is currently under review with the department.

MS ROGERS: Is there any budget allocated specifically for bringing that forward beyond the pilot stage?

MS SULLIVAN: There is some money. I am not seeing exactly where it is here. There is money allocated for it but – Denise, can you speak to this maybe in more detail in terms of the exact money because I am not sure where it is here?

MS TUBRETT: The electronic medical record is part of the electronic health record that the

Newfoundland and Labrador Centre for Health Information is pursuing. We have an allocation of about $4 million put aside for 2013-2014 should the project get approved. It is a fairly complex project as well. It will require significant consultation with fee-for-service physicians in the community. That is a budget allotment that will allow us to get started but it will not necessarily complete the whole project.

MS ROGERS: Can you tell me what that means, to get it started?

MS TUBRETT: These are big, huge, multi-year projects that would probably be spread over three to five years for an implementation perspective. There would be a build component to actually build the system, and then of course there would be a deployment aspect to it. In a project of this nature, we are probably talking in the order of $10 million to $15 million. So this would be a small part of it to allow us to advance some work.

MS ROGERS: Is there an implementation date?

MS TUBRETT: No, there is no implementation date at this point in time.

MS ROGERS: Okay. Can you tell me where that $4 million is? Is it under Furnishings and Equipment here?

MS TUBRETT: Under 3.2.01, Furnishings and Equipment, there is $3.8 million allocated for electronic medical records. This particular section includes funding for capital equipment that we would provide to regional health authorities, but it also includes any kind of big information management system we are pursuing. For example, the project work of the centre would rest here as well, with the electronic health record.

MS ROGERS: Since we are at the centre, where are we with looking at bringing the salaries of staff in-line with the public service?

CHAIR: Minister.

MS SULLIVAN: Thank you.

We have had several meetings now with the centre. Just recently, actually, I met with them. I think it was last week, Bruce, or two weeks ago I met with them. They understand very clearly that they are to be compliant and that they are to bring their salary scales and things into alignment with what we have outlined for them within government. They are working on that plan and we hope to have that plan very soon, but some very good conversations and very good understandings.

MS ROGERS: Okay. Thank you.

Back to 1.2.04 –

CHAIR: 1.2.04?

MS ROGERS: Yes, Executive and Support Services again. We asked last year for a departmental plan, an organizational chart, and I do not know if that is in the annual report but sometimes it is a little bit difficult to really see what programs sit where and how the flow works. Is that possible? Does that exist? Maybe I have just missed it somewhere.

CHAIR: Bruce.

MR. COOPER: Yes, we do have an organizational chart. It should be accessible on-line. That said, we are in the process of completing a new chart and can absolutely provide that to you.

MS ROGERS: Great. Thank you very much.

Rapid response centres; in the Budget summary there was $1.6 million for frail, elderly patients. There are two centres and it is going to be moving to four. Can someone tell me a little bit about what that is?

CHAIR: Minister.

MS SULLIVAN: Thank you.

The rapid response teams are a new initiative, or a relatively new initiative that we developed with the strategy to reduce the emergency department wait times. The teams are

comprised of a number of different health professionals that would access this team – or these professionals would access or assess the patients at the emergency department and determine if the patient is medically stable, if that patient could return home with some support.

We would look at enhanced community-based health support. We would look at home care provision for a period of time, for example, so that somebody as opposed to being admitted to a hospital – and this would apply particularly to seniors, although it is for any adult but particularly to seniors. If they were to have some short-term support at home as opposed to being hospitalized, they could return to their own homes for a period of two to three weeks. So we would look at maybe seeing doctors visit the home occasionally and so on. It is a very good program that we are looking to expand this year to four areas of the Province.

MS ROGERS: Where were the two pilots, I guess? Were they called pilots, or are they implemented?

MS SULLIVAN: Yes. We have not launched those two yet. We are just in the process. I am hoping that I will be able to announce those very soon, actually.

MS ROGERS: Okay. So, in fact, we do not have two. They have not been in place –

OFFICIAL: (Inaudible).

MS ROGERS: There are two, and then there will be two more.

MS SULLIVAN: There will be four.

MS ROGERS: Yes.

MS SULLIVAN: We have not launched either of them at this point but we are inching closer. We hope to be able to do that very soon.

MS ROGERS: Okay, thank you very much.

The review of the regional health authorities, we know the one in Eastern Health has been completed. When can we expect the reports of the reviews from the other three?

MS SULLIVAN: I am hoping to be able to see those by the summer actually.

MS ROGERS: Okay. Does there appear to be even another review being undertaken by Eastern Health again?

MS SULLIVAN: Yes. Eastern Health has done a very good job, I believe, in identifying efficiencies within their organization and we have seen some great results as has been discussed many times in terms of their efficiencies. They are now looking at a clinical efficiency review as well and they have just initiated that. It is really in the infancy stage here in St. John's. It is very limited, clinical efficiency study that they are doing at this time.

MS ROGERS: Can we expect more cuts from Eastern Health then?

MS SULLIVAN: Well, I do not like to use the word cuts. I think what we are talking about is finding more efficient ways to do the business of health care.

What we have learned from right across the country, from the Auditor General, from working with our counterparts across the country, is that health care is one of those areas where we can spend, spend, and spend sometimes and we are never sure if we are getting exactly what we ought to be getting there. So part of what we are doing is we are evaluating to see that we are doing that.

We know in Newfoundland and Labrador that we are spending too much on health care. People on the other side of the House have acknowledged that too, have stood and asked questions around that. We are trying to find a way to ensure that the money we spend is spent as wisely as possible.

They will look at the clinical efficiencies. I like to refer to it as a journey from – and I believe if I

were to ask Cathi to speak to it – when the person arrives into the hospital setting until they leave. What can we do through that whole process to ensure it is the best quality of care, but that it is done as efficiently as it can possibly be?

That would look right at the triage, what happens when you walk in the door from triage, through to the kind of care that is allocated to that person, through to the length of stay, what the discharge plan looks like, how efficiently is discharge done, and so on. Those are the kinds of things that I think we can look for and find efficient ways to be able to bring about within our system.

MS ROGERS: Okay. I see my time is up, but I just have one follow-up question I would like to ask.

Then let's not use the word cuts and let's look at efficiencies. In the additional review for Eastern Health, in looking at efficiencies, will that mean the discontinuation or loss of any additional positions in taking care of people who come in through Eastern Health?

MS SULLIVAN: It is really premature to make any speculation as to what that is going to mean. They have started, as I said, just initially the very infancy of this particular review right now in Eastern Health. I have not had a follow-up conversation with Ms Kaminski around that. I think it is very, very premature to say that is going to necessarily mean that there would be reductions in positions. Once the review is done we will get the draft. Then we will get the review itself, and we will be able to look at it and analyze it.

MS ROGERS: We are expecting that when? Sorry, you may have mentioned it.

MS SULLIVAN: We do not have a date on that. As I said, it has just started, just out the gate.

MS ROGERS: What are we looking at, a year or two years?

MS SULLIVAN: I would think it is this year, yes.

MS ROGERS: Okay.

Thank you very much.

CHAIR: Andrew.

MR. A. PARSONS: Thank you, Mr. Chair.

Just following up on Gerry's question, who is doing these reviews?

MS SULLIVAN: The review that is in the St. John's area, because she has just started a small review first to take a look at it. St. Clare's, I believe, and Health Sciences and how the two interact because that can be part of how we better deliver services there. I believe it is the Hay Group she has contracted to do that one.

MR. A. PARSONS: How about in, say, Western Health?

MS SULLIVAN: That has not started. We have not looked at any clinical efficiency at this point in time. They are looking at the overall initial review as Eastern Health had done. The other three health authorities are doing those clinics, that sort of review. Then they will report to us, hopefully by the summer.

MR. A. PARSONS: The overall reviews are done in-house, I guess, are they?

MS SULLIVAN: No. They are using a company called HCM, which stands for Health Care Management.

MR. A. PARSONS: What is the rough cost on one of those reviews?

MS SULLIVAN: It is about $200,000 per RHA.

MR. A. PARSONS: Okay. This clinical one that is being done in Eastern now, what is the cost on that, roughly?

MS SULLIVAN: I am not sure of that. We can find that information for you, but I do not know that one at this point in time.

MR. A. PARSONS: Okay.

I am going to go back to 1.2.06, Policy and Planning. I do not think we covered that off.

CHAIR: We did not, Andrew. That is where we left off. I thought it was a good spot to start.

MR. A. PARSONS: Thank you, Mr. Chair.

There is about $324,000 less in Salaries. Which positions – I do not want to say they were cut. Which positions were efficientized?

MS SULLIVAN: It is the elimination of five positions. We have two layoffs and three vacant positions here. Again, we will provide you with the list.

MR. A. PARSONS: What is under Professional Services for this component?

MS SULLIVAN: Funding here under Professional Services would be for consulting services for the various divisions in the branch, as well as the Province's contribution to FPT initiatives.

MR. A. PARSONS: I am going to move forward to 2.1.01, MUN. It looks like there is about – just shy of $1 million cut there in the Grants and Subsidies. Is this just an overall or is it specific?

MS SULLIVAN: The majority of that decrease is a result of new funding for pre-negotiated salary increases, but then that is offset by a decrease in the Medical School's operating budget for such things as materials, supplies, travel and repairs.

MR. A. PARSONS: How many seats do we have in the MUN School of Medicine?

MS SULLIVAN: We will have eighty soon. Cathi, are we there yet?

CHAIR: Cathi Bradbury.

DR. BRADBURY: Currently there are sixty-four seats at the undergraduate level. Come September 1 of this year, there will be eighty seats.

MR. A. PARSONS: Excellent.

How about the School of Pharmacy?

MS SULLIVAN: Can I have that recorded twice, Mr. Chair? He said excellent. Also, Ms Rogers said good.

CHAIR: So noted, Minister.

MR. A. PARSONS: How many seats in the School of Pharmacy currently?

MS SULLIVAN: The School of Pharmacy is not directly related to us here in the Department of Health, so I do not know the number of seats.

MR. A. PARSONS: Okay, I get confused because I see the parliamentary secretary goes and gives nice speeches there, so I get confused sometimes.

MS SULLIVAN: We have all been there. We certainly support the School of Pharmacy and all of the work that they are doing. They are doing some tremendous work.

MR. A. PARSONS: Excellent.

Okay, I am going to move forward to 2.2.01, Provincial Drug Programs. This is one of the areas where there was actually an increase in salary. How many positions were created and what are their titles?

MS SULLIVAN: There are no salaried positions here.

MR. A. PARSONS: Sorry –

MS SULLIVAN: Under Professional Services maybe?

MR. A. PARSONS: My mistake. Yes, Professional Services.

MS SULLIVAN: You are looking at the $100,000 increase in Estimates.

MR. A. PARSONS: Yes.

MS SULLIVAN: This particular $100,000 has to do with enhancements to the claim system that is administered by Bell Aliant or Bell Canada.

MR. A. PARSONS: There is a significant cut to the NLPDP. Is this coming from the generic savings?

MS SULLIVAN: It is.

MR. A. PARSONS: Okay. Does that comprise the entire amount?

MS SULLIVAN: Are we talking the revised or the Estimates here?

MR. A. PARSONS: Just looking at the Estimates.

MS SULLIVAN: Okay, so we are looking at the $17 million?

MR. A. PARSONS: Yes.

MS SULLIVAN: The $17 million is made up of savings that we anticipate under the generic price reduction initiative, so it is the annualized savings of the reduction to 35 per cent of brand. It is the April 1, 2013 reduction to the 18 per cent of brand for those six high volume generics, and as well it would be the nine months worth of savings that we will see from the further reduction to the 25 per cent of brand.

MR. A. PARSONS: If I look at this right, last year it was $155 million budgeted and $148 million, actual, so we will say $7 million there. That was the savings related specifically to generics?

MS SULLIVAN: Some of it was. It is lower than anticipated growth which accounted for $22.5 million actually within NLPDP, and then $4.5 million would have been as a result of savings from generics.

MR. A. PARSONS: We talked about, previously, how it was going to be reinvested. Can you give me examples of where it was reinvested and how much?

MS SULLIVAN: Yes. Apart from the $29 million that we reinvest back so that seniors in the Province through the NLPDP do not pay any more than $6 for a prescription, we have invested $37 million back into our pharmacies into rural and remote areas and so on.

We have $37 million over the four years, and we have a $1 million investment in rural and remote pharmacies throughout the Province. Colleen, if I remember correctly and I do not want to say the number, how many pharmacies are availing of that $1 million, somewhere around forty?

OFFICIAL: Forty-seven.

MS SULLIVAN: Forty-seven (inaudible).

MR. A. PARSONS: I do not think your light is on, Minister.

MS SULLIVAN: Oh.

CHAIR: Minister –

MS SULLIVAN: Sorry.

CHAIR: Just repeat a little bit of that, Minister.

MS SULLIVAN: Just a little bit of it?

CHAIR: The Coles notes version, please.

MS SULLIVAN: The Coles notes version of it would tell us that what we have done is that we have invested $29 million so that seniors in the Province through NLPDP do not pay any more than $6 – per prescription that is. We have invested $37 million over four years into our pharmacies, and $1 million has been directed at rural and remote pharmacies. Colleen has just

confirmed that forty-seven of our pharmacies are actually availing of that.

MR. A. PARSONS: Do we have a list of those pharmacies?

MS SULLIVAN: Yes, we can get you a list of those. It is about 49 per cent of the – in fact it says approximately 49 per cent of the forty-seven pharmacies were CICPO pharmacies as well. I think it is important to note that. Certainly yes, we can get you that.

MR. A. PARSONS: Excellent.

MS SULLIVAN: Of course, then we have done things around cognitive development, expanded scope of practice, medication review, medication management, and refusal to fill. Those are all areas as well where we have some targeted initiatives in there that make a difference.

We have a transition fee that was provided to help pharmacies adjust to the decrease in what they were getting. That is there as well for them. There are a number of different areas – a dispensing fee structure that is comparable or better than a number of any of the provinces throughout the country.

MR. A. PARSONS: Do we have a breakdown of how many people are currently covered under the NLPDP?

MS SULLIVAN: We do. I do not remember the number off the top of my head.

MR. A. PARSONS: I would not expect you to remember that, Minister; you can look at the sheet.

MS SULLIVAN: It is in my binder, they tell me, but I like to try to remember. So is it 25,000?

OFFICIAL: It depends on the plan.

MS SULLIVAN: It depends on the plan. It is back this way, they are telling me.

MR. A. PARSONS: Just to provide a follow-up, I was going to ask for a breakdown according to plan if I could get it.

MS SULLIVAN: We can give you that. Well, I can actually give it to you right here; they have found it for me. For the Foundation Plan, we have 46,673; for the 65Plus Plan, 48,814; for the Access Plan, 36,701; for the Select Needs – and select needs is the Cystic Fibrosis and the Growth Hormone Deficiency program – 87; and for the Assurance Plan, 6,671.

MR. A. PARSONS: Sorry, Minister, the last one was 6,000 –

MS SULLIVAN: It is 6,671, and that was at March 27 of this year.

CHAIR: Finish up your thought on this process (inaudible).

MS SULLIVAN: Sorry, that total then would have been 138,946.

MR. A. PARSONS: I still have a fair bit under this, so I will just toss it off to Gerry and come back next time.

CHAIR: Okay.

Gerry.

MS ROGERS: If we could go back to General Administration, Regional Services.

CHAIR: Subhead 1.2.04, Gerry?

MS ROGERS: Yes, 1.2.04.

CHAIR: Thank you.

MS ROGERS: It is beginning to sound like a bingo, isn't it?

Have there been specific cuts to RHAs?

MS SULLIVAN: That is not in this section. That is in another section, but let me find it.

MS ROGERS: I can wait and get back to that then when we get to the other section if you like.

MS SULLIVAN: It is fine, whichever way you would prefer.

MS ROGERS: If we are here, let's do it then I guess.

MS SULLIVAN: Okay.

MS ROGERS: Sorry for jumping around like that.

MS SULLIVAN: It is okay.

CHAIR: Just so we can all follow along, Minister, which section are we referring to now, for RHAs?

MS SULLIVAN: It is 3.1.01.

CHAIR: Thank you.

MS SULLIVAN: If you look there then what you would see in terms of the numbers would support – I am trying to find it myself. I am babbling, looking for it at the same moment. The total amount in the Estimates for RHAs for this year will be $1,952,396,400. That is the total. Is that what you wanted?

MS ROGERS: Yes.

Can we have a breakdown as to where the cuts will be, to which RHAs, the reductions, and how that will be spread out?

MS SULLIVAN: Of the total I just gave you, Eastern Health will receive $1.1 billion, Central and Western Health approximately $280 million each, and Lab-Grenfell $125 million.

MS ROGERS: I imagine I can see that somewhere else, what they had last year compared to this year?

MS SULLIVAN: Yes. I am not sure where it is, but we do have that and we can get that for you. We are looking at about $60 million relates specifically to the four RHAs in terms of the reduction. You would see somewhere around $74 million, but again, as I indicated at the outset, we also talk about other agencies when we talk about the regional health authorities, so we would be talking about NLCHI, we would be talking about Canadian Blood Services, and so on.

MS ROGERS: Thank you. Sorry for making you jump around like that.

MS SULLIVAN: That is fine.

MS ROGERS: Can you tell me about the status of the Bell Island health centre?

MS SULLIVAN: I can check on the status of the Bell Island health centre.

MS ROGERS: I am jumping around again, aren't I? I was looking at regional services, and then I see they are there, too.

MS SULLIVAN: What aspect of that health centre did you want?

MS ROGERS: Can you just give me the status of that?

MS SULLIVAN: I do not have that with me today. With all of the infrastructure plans and builds we are doing, we can certainly go back and get that status for you. I do not think there is a build that is planned for Bell Island.

MS ROGERS: Thank you very much.

Subhead 1.2.05, Population Health, we talked a little bit about –

MS SULLIVAN: Sorry, I lost that heading. What was it?

CHAIR: It is 1.2.05, Minister, back to Population Health.

MS SULLIVAN: Okay.

MS ROGERS: I guess we will continue on. It is like pole vaulting, isn't it?

Population Health – back to the Wellness program and the absolutely incredible work that was done by the consultants there. You said that the work would be absorbed, but there were some very specific initiatives that were undertaken by consultants in that area, the nutritional consultants, and I have those here.

For instance, we had a health promotion consultant position eliminated, the nutrition consultant, environmental health consultant, and the injury prevention consultant. I am just wondering: Were there duplicates of those positions and if not, where is that work being done, those positions have been cut? Within the Provincial Wellness Plan, for instance, is there another environmental health consultant?

MS SULLIVAN: Just let me give you some background first of all on how we have arrived at where we have arrived. The Population Health Branch was formed in 2011. We first gave birth to it at that particular point in time. Since then, we have expanded and we have recruited and we have more people working than we did before, particularly around the Divisions of Health Promotion and Wellness, the Chronic Disease management area, and Mental Health and Addictions.

The Health Promotion and Wellness Division actually grew from two people to five employees. As a result, we have seen tremendous investments, as you have alluded to. I would look to breastfeeding as one of those areas, increased fruit and vegetable consumption – we can see some positive results that have happened there – a decrease in the smoking rates, and so on.

Again, we have increased the number of employees in those areas. In the Chronic Disease Division, we grew that from one employee to three; Mental Health and Addictions, I think we have gone from four to seven employees. The overall branch has now grown, with capacity within the branch to be able to address all of the issues that are there. Where once there might have only been, say, two plus one plus four – seven – we now have fifteen employees.

MS ROGERS: Some of the tasks, the particular expertise in some of the areas, for instance, like an environmental health consultant, is there an environmental health consultant then in the remaining positions?

MS SULLIVAN: There is a Director of Environmental Health.

MS ROGERS: Okay, and injury prevention?

MS SULLIVAN: Yes.

MS ROGERS: Thank you.

While we are still on this page, has there been program reviews done of home support in each region? We are looking at Regional Services there.

MS SULLIVAN: Yes. In terms of home support, there has been a review done in Central Health. I am looking for my notes. I just want to make sure I am specific about the kinds of reviews that were done, when and where. I think there are notes that will tell me that.

A financial review of the Home Support Program was conducted by Central Health, and internal clinical audits were conducted at Eastern and at Western Health. As well, the department did an audit of the Eastern Health financial assessment process.

MS ROGERS: Can we have copies of those reports?

MS SULLIVAN: Yes.

MS ROGERS: Great. That would be great to have.

The Long-Term Care and Community Support strategy, I know there was a pilot project for that. Can we have an update on where that might be?

MS SULLIVAN: A pilot project within –

MS ROGERS: The Long-Term Care and Community Support strategy. There was a strategy?

MS SULLIVAN: There is a strategy. There is a ten-year strategy.

MS ROGERS: Can we have an update on where that is, where we are in our strategy? Were there specific benchmarks, milestones?

MS SULLIVAN: It is all laid out in the strategy itself, in that booklet. That is all laid out. We are in year two of the strategy now. It is both on-line and there are copies. I can get you a copy of the strategy later.

MS ROGERS: Right. I have the strategy, yes, but in terms of where we are with meeting the goals and objectives of the strategy.

MS SULLIVAN: Really, through the budget that is what we are doing. We are outlining our investments within long-term care, community supports and how we are continuing on. Any investments we have made in home support, for example, I think it was – I am guessing, I should not guess. The additional monies we have put into home support, the additional twelve positions we put in to support home support, all of those are bits and pieces of the overall continuation of the long-term care strategy. What we are doing around personal care homes, for example, all of those pieces are parts of our long-term care strategy.

MS ROGERS: Yes, okay. Thank you.

MS SULLIVAN: There will be an evaluation component of that as well.

MS ROGERS: That will be after the roll out of the ten years then?

MS SULLIVAN: No, no.

MS ROGERS: Yes.

MS SULLIVAN: The first part of that evaluation is at year four.

MS ROGERS: Year four?

MS SULLIVAN: Yes.

MS ROGERS: Okay.

MS SULLIVAN: I am not sure if it is year three or year four, Gerry. I will check.

MS ROGERS: Okay, great. Thank you.

Could we have an idea of how many people are on wait-lists for long-term care facilities?

MS SULLIVAN: We would have those numbers somewhere. I do not have them in my notes. Debbie, do you have those notes?

MS ROGERS: With a break down of regions.

MS SULLIVAN: As of February, they are telling me, there are 275 on a wait-list for long-term care in the Province.

MS ROGERS: Can we have that by region?

MS SULLIVAN: We will get it.

MS ROGERS: Yes. Also, I would imagine there are some on wait-lists who are in hospitals –

MS SULLIVAN: Debbie has it actually, sorry. She can give it to you by region right here.

MS ROGERS: Okay.

MS SULLIVAN: Debbie?

CHAIR: Debbie.

MS MORRIS: In Eastern there are 124, Central ninety-eight, Western there are thirty-four, and Labrador-Grenfell has nineteen.

MS ROGERS: Can we have a break down of those who are on wait-lists who are in hospitals or in acute care beds, those who may be in other long-term care facilities, if there is a wait-list going from a personal care home to a long-term

care? Also, are some of those at home waiting to go into long-term care facilities?

MS MORRIS: I do not have that right now but we can get that for you, certainly.

MS ROGERS: Okay.

Thank you very much.

CHAIR: Okay, Gerry your time has expired for a while.

MS ROGERS: Yes. Mr. Chair, I am wondering if maybe we could take a break for a few minutes. I would hate to step out, just for a washroom break.

CHAIR: Okay, we will take five. I see everybody is sitting and probably are in need at this point. We will take five. We will reconvene again at 10:40 o'clock.

MS ROGERS: Perfect.

CHAIR: We will recess for five minutes.

Thank you.

Recess

CHAIR: I think we are ready to reconvene. Do I have a red light?

Yes, and Elizabeth is back.

Andrew, I think you are up. Before that, I would like to recognize the Vice-Chair of the Social Services Committee, Mr. Eddie Joyce. Welcome, Eddie.

MR. JOYCE: Thank you.

CHAIR: You are on, are you?

MR. JOYCE: Yes.

MS SULLIVAN: If I might.

CHAIR: Minister.

MS SULLIVAN: Thank you.

I just want to correct a statement or a number I gave earlier under Corporate Services, 1.2.02. I think it was Andrew who had asked the question as to where these positions were, in what parts of the Province, and I had said one in Grand Falls-Windsor and one in Stephenville.

In actual fact, there are two positions in Stephenville. One was a layoff and one was vacant. There were three positions in Grand Falls-Windsor: two layoffs and one vacancy. I just want to correct that for the record.

MR. A. PARSONS: Is the total number still the same?

MS SULLIVAN: The total number is the same, yes. It was just that as I looked down and tried to identify positions without towns written there, I missed those.

There was one other thing I needed to add under the Professional Services and Support, Drug Subsidization, activity 2.2.01. When I identified – again, Andrew, it was your question – in terms of the savings, the $7 million savings, I pointed out that there was $2.5 million for lower than anticipated growth, which is true, and $4.5 million as a result of new drug therapies having delayed implementation. What that means is that we are waiting on the expert panels to come back and make their recommendation to us first. It was just that delayed implementation of it.

Again, for the sake of clarity, I just want to make sure that everything is as accurate as it should be.

MR. A. PARSONS: I appreciate that, Minister.

CHAIR: Thank you.

Eddie.

MR. JOYCE: Thank you, Mr. Chair.

I thank the minister and all the officials for being here today. I am going to ask a few questions about some issues concerning Corner Brook and

the Corner Brook hospital. I know sometimes people do not hear me talk about it much, but there are times when we need to get answers.

I just ask the minister – I just want to correct something or just get it clarified that was just said, that there are thirty-four patients waiting for long-term care in the Western Region.

CHAIR: Are you directing the question, Eddie –

MS SULLIVAN: Debbie I think he is talking to.

CHAIR: Okay.

MS MORRIS: In Western, thirty-four, yes.

MR. JOYCE: Can you tell me if they are all in the hospital in Corner Brook or –

MS MORRIS: I do not have that with me. We did say that we would get the wait-list broken down.

MR. JOYCE: Okay.

Minister, the reason why I asked that is with the new – and I will go through the questions. There were 199 beds. I think you and the Minister of Finance is after being quoted that 25 per cent, which is fifty, are taken up by long-term care patients. So, obviously, with thirty in the whole region and even with 25 per cent, that is fifty so the numbers just do not jive with the –

CHAIR: Minister.

MS SULLIVAN: At any point in time those numbers will change, obviously. There are points in time when we have upwards of 25 per cent; we have had more than 25 per cent, people in acute care setting who are waiting for long-term care beds.

What we will do is we will get the breakdown for you and make it as up-to-date as we possibly can, but there has been many a time when we have heard from Western Health that that has been the number, that 25 per cent of their acute care beds have been used by patients who are waiting for long-term care.

Again, as I said, it will vary. There are points of time where that fifty number is exceptionally accurate and is a number that has huge implications on our overall delivery of care, so that is what we are trying to address.

MR. JOYCE: It was used four months ago, it was used three months ago, so I was just wondering, it must be staying stable because I called Western myself and I got a breakdown. There were twenty-five there for the last month-and-a-half and now I find there are thirty-four for the whole Corner Brook area; Western Region. So when you use that 50 per cent, that is why I question it sometimes in the House.

MS SULLIVAN: We use 25 per cent.

MR. JOYCE: Yes, that is fifty, so it just do not add –

MS SULLIVAN: I think that on average it would be 25 per cent.

MR. JOYCE: Again, your own officials are disputing that and so am I, because I called myself personally. I will explain why I am asking those questions.

MS SULLIVAN: We will get those numbers for you as well.

MR. JOYCE: Yes, thank you, Minister.

MS SULLIVAN: No problem.

MR. JOYCE: In the hospital in Corner Brook there is going to be $7 million spent this year. Can you tell me what that is going to be spent on?

MS SULLIVAN: Yes. This is more of a Transportation and Works question. The $7 million has to do with the improved functional plan, the design of the actual buildings or the complex itself. There is a portion of that money, and I am recollecting now, that would be used as well in the sense of determining methodology

for the design build, so whether or not it would be a design-build project, a design-bid-build project, a typical construction project. That methodology will be analyzed as well. Transportation and Works could perhaps answer those questions better than I.

MR. JOYCE: Yes. I did ask that last night in Transportation and Works.

MS SULLIVAN: Okay.

MR. JOYCE: What they said is we are taking direction from Health. They said we are going to go out in probably July or August, middle or late summer, with the design build. They said to find out how the money is being spent, ask the Department of Health and why. This is why I am asking.

MS SULLIVAN: That is how the money will be spent, on those three areas.

MR. JOYCE: If you are going out for a design build, if you are putting a Request for Proposals out for a design build, how are you going to spend the $7 million if you are putting a request out –

MS SULLIVAN: No, I have not said that we are going to go out with a design build. I said part of the money will be used to examine the methodology that will determine how we build this project. Those are examples of considerations: design bid, design build, and regular typical construction.

MR. JOYCE: Okay. I am more confused now because they were saying they were putting in a Request for Proposals. That is just one option; I am not saying the department or the Department of Health will go with design build.

MS SULLIVAN: No.

MR. JOYCE: I am not saying that, but that is just one of the options. The $7 million will be spent by whom?

MS SULLIVAN: Health and Community Services would actually expend the monies.

MR. JOYCE: Expend the monies.

MS SULLIVAN: Yes.

MR. JOYCE: When the Request for Proposals comes in, I assuming sometime in August or September, then that $7 million will be given to the group, whoever gets awarded the contract?

MS SULLIVAN: We need to be careful now because I have identified three areas where that $7 million will be spent.

MR. JOYCE: Yes.

MS SULLIVAN: Okay, so one of it is around the continued development of the functional planning, the second is around the area of the – because we have a master plan so we are going to refine that. The second is around the actual design.

MR. JOYCE: Okay.

MS SULLIVAN: Then the third will be in analyzing what methodology would give us the best construction for that.

MR. JOYCE: Okay. When are you expecting to have this out? Because they said mid-July or August; that is just the anticipated date. There was no confirmed date.

MS SULLIVAN: That is about what we anticipate. I will let Bruce speak to it in more detail there.

MR. COOPER: The next major decision point is, what methodology is going to be used to move this project forward? There are a number of options that are being contemplated, and that decision will be made by the summer.

MR. JOYCE: Okay. There is $127 million, I think, that is supposed to be build next year, will that be –

OFFICIAL: $117 million.

MR. JOYCE: Okay, $117 million used for next year. Can you tell me what that will be used for?

MR. COOPER: Again, the important number here is $227 million, and construction beginning in 2015. The cash flow that has been allocated for this year, going out in the out years, obviously scales up. It represents $7 million this year, $70 million next, $150 million in the out years as things get started.

As the minister has said, the plan is that we will now complete the functional program, which is a more detailed program, building on the work we have done now with Stantec. In fact, it is very likely there will be a group that would be set up in Corner Brook to oversee this project and there will be some design fees.

When we were looking at the cash flow, this represents an aggressive start. Then design fees, which generally represent about 10 per cent of project costs – I think that is right, Cathi?

DR. BRADBURY: It is 5 per cent to 10 per cent.

MR. COOPER: Five to 10 per cent of project costs. So this represents us advancing aggressively with the project and having, of course, expenditures scale up out to the actual construction being initiated.

MR. JOYCE: How much are you planning on spending next year?

MR. COOPER: It is $70 million in the fiscal forecast.

MR. JOYCE: No construction, just on fees or design work?

MR. COOPER: Well, again, it is premature to get into kind of how the money for next year is going to flow. That would be something we would be looking at. With the benefit of the decision that we are going to make in the next few months about the project methodology, we are going to have a more refined plan and we will be in a position to understand that.

MR. JOYCE: I do not mean to harp on this but the commitment was there was going to be so much spent next year. What I was told last night by Transportation and Works and here today, there is not even a design decided upon yet.

My question would be: How can someone go out and say we are going to spend $70 million to $77 million next year when we are just going to hire someone to actually do the design which is not completed yet? Will there be construction next year? If not, what will the $77 million or $70 million be used for? I am just confused.

MR. COOPER: Yes. Construction will be starting, the plan is for 2015. This up-front investment is to finalize the functional program and design.

MR. JOYCE: I can say that the $70 million next year will be for design work only?

MR. COOPER: I think it is premature to say that it is design work only because, again, part of the project management methodology will dictate whether in fact we break the design work up. There may be some elements of design that are very quick and there may be a decision made: well, we can expedite a particular part of this campus build in order to – again, it is premature to say it will be design only but –

MR. JOYCE: It is also premature to say they are going to spend $70 million if you do not –

CHAIR: Minister.

MS SULLIVAN: If I could add, there will be more site preparation work that is done as well, and as Dr. Bradbury has outlined, 5 per cent to 10 per cent of that is for design. If we are looking at $500 million to $600 million, then it does not take long to run up a $60 million bill on design, if we look to 10 per cent of that and then if we look to some continued work around the site preparation and so on.

We are committed to this hospital. I have said that a number of times in this House of Assembly. The Premier has said that a number of times in this House of Assembly. I do not

think for a minute you are proposing that we rush out and start to build it before we are ready to build. I think that you want to make sure we are going to get the best hospital for the people of Western Newfoundland and Labrador. That is what we are committed to doing here. That is why we are taking our time to ensure that we do it properly.

It is not unusual to spend 5 per cent to 10 per cent on that design. Again, if the number happens to be $600 million, and we do not know that for sure – if it is $600 million, then $60 million is not an unreasonable sum for design work.

MR. JOYCE: Minister, with all due respect, there was a commitment made in 2007, and 2011 during the election, that construction would start in 2012. That is why I am asking the question, is to try to ensure that whatever is being committed by the government – because the commitment was made that construction would have started in 2012.

MS SULLIVAN: I understand your frustration, Sir, I really do. However, all I can tell you is that the commitment we have made is one that we are standing by, and we are working forward with this. I think this is more progress than you have seen in a while and we are moving the progress forward. We are not sitting back and just watching and waiting for something to happen. We are actively moving this file.

CHAIR: Eddie, I am going to ask you to hold your thoughts and questions. I am going to move back to Gerry because your time has expired.

Gerry.

MS ROGERS: Thank you very much.

If we could go back to Drug Subsidization, 2.2.01, the Provincial Drug Programs; I am wondering if there is any plan at this point to adjust the eligibility rates at all for either the seniors' 65Plus program, because it is tied to the GIS, the Access program. Are there any plans to adjust that to raise the eligibility ceiling?

MS SULLIVAN: That was not considered in this budget preparation.

MS ROGERS: Okay. I have had a number of calls to the office from both doctors and constituents who are dealing with macular degeneration, some the wet kind, some the dry kind, and doctors who are really pushing to be able to use off-label drugs to deal with the problem of macular degeneration. We have had a number of calls and they seem to be increasing.

Is there any movement afoot to look at including exploring the possibility of off-label use of either Lucentis or Aventis?

MS SULLIVAN: There has been some movement in terms of the use of Lucentis, but I will let Colleen address the specifics of that.

CHAIR: Colleen.

MS JANES: Thank you.

In terms of macular degeneration, we do cover Lucentis right now, which is the product licensed by Health Canada specifically for that use. There are criteria around that, so special authorization needs to be applied for on a patient basis. There are a maximum number of injections.

We do know Lucentis arose from a cancer drug that was being used in an off-label way. It was not indicated for the treatment of macular degeneration. We do know some provinces have looked at using that as an alternative once people maximize their Lucentis, based on the criteria that arose from our expert reviews.

We are certainly in dialogue with those provinces to examine whether that may be an option for us. Obviously, we would need to consider costing and the other implications as well. We do have a dialogue ongoing with the other jurisdictions to see if there is something we need to consider here for our drug program.

MS ROGERS: Okay, thank you.

I am just getting my papers organized here.

Subhead 2.3.02.

CHAIR: Subhead 2.3.02, Dental Services?

MS ROGERS: Subhead 2.3.02, Dental Services, yes.

Did you get to this point with Andrew?

CHAIR: No.

MS ROGERS: I cannot remember if we got to this point. We have not, okay.

MS SULLIVAN: No.

MS ROGERS: Okay. It is a lot of numbers.

The budget, of course, which I am assuming will cover the Adult Dental Program has gone way over and we know in the House it has been said that it will be brought down to the original committed amount. I would like to know what will be done to address what I would imagine would be a full uptake of the new budgeted amount. What will happen with people who – obviously, the need is still there; we saw last year that the amount that was allocated did not cover the need. I am sure that need has not gone away and I know that it was covering years of neglect, but I suspect that all of that is not yet covered.

What is the plan once this budgeted amount has been all taken?

MS SULLIVAN: That is precisely why we put a cap in place. We want to see that our budget is going to stretch as far as it possibly can to serve a greater number of people.

In the period covered by last year's budget, almost 25,000 individuals had claims paid under this program. In the current process, what we are hoping is that we will allow for persons to be able to get their eligible dental work done within the year; but if we had to leave it as it was, a smaller number of people would have had access to dental. By putting the cap in place, again, we are trying to stretch it out so that as many people as possible can get that.

Many of the services are not available every year. For example, once a person has a set of dentures then it is going to be eight years before that person is going to need a set of dentures again, so therefore people can continue to come on to the program through that.

We do expect that after the initial rush of clients that the numbers in the program will level off. We are certainly hoping that the numbers in the program will level off and that the budget that we will have allocated will continue to benefit the residents of the Province. We understand that this is an important program, and that is why we moved forward with it. It is a progressive step for this government. There is no other government that has taken it on.

We decided to move forward with it, but we have to do that in a fiscally responsible manner. We cannot allow a program to balloon to $21 million when we only have $6.7 million allocated. It is the same as somebody in my district said to me this weekend: It is like if I go out and I decide that I am going to spend $200 for cable but the budget comes in at $600, well I just cannot afford to pay for that cable. That is the position in which we find ourselves.

We are hoping that the cap will help us. We are hoping that over time we will see the list level off in the numbers of people treated and so on. Again, across the country when I go out to meet with my counterparts, there are amazed that we even have this program. It is a good step forward and I think we need to acknowledge that.

We are doing some good work here. We have to try to find a way, though, to be fiscally prudent about what we are doing, and that is what we are trying to do. Having said that, Gerry, I would also like to point out that we are meeting with the NLDA and we are hearing their concerns and trying to find ways to address their issues as well. It is an ongoing process for it. It is an ongoing dialogue.

Within that $6.7 million, as we speak to the NLDA, which we have done a couple of times in the last month or so, two to three times, and I know they are meeting with their own executive again very soon, we are going to look for ways to make this as efficient as we can to serve the greater needs of as many people as we possibly can.

MS ROGERS: I guess it is difficult but also rather a pun to be talking about putting caps on in a dental program –

MS SULLIVAN: I had not thought of that, actually.

We might want to find another word.

MS ROGERS: – and bridging programs.

To talk about putting caps on programs does not necessarily address the very real needs that people may have. One would hope that, in fact, an oversubscription to a program is because there are such great needs and there have been so many years of neglect.

I am wondering: What research has been done in terms of trying to evaluate what really the need is out there? I know that a lot has been addressed by the oversubscription last year, but do we have any idea about, really, if we were to provide a full dental program, as was anticipated and planned with the best intentions, what is the need out there? What would be the projected cost to be able to address the dental needs of the people who are in need in the Province?

MS SULLIVAN: Well, I think we have answered the question that it would be $21 million a year if we just left it open.

In terms of trying to anticipate what the uptake would be, it is really difficult. We looked at the NLPDP and assumed there would be some co-relation between the two programs there and thought that would be something that would indicate to us what the numbers would be and what the anticipated uptake would be, remembering that when we first brought in the NLPDP we actually had to go out and advertise it to get uptake on the NLPDP. So we looked at that.

One of the things that for me were exceptionally astonishing was to find there were 7,000 people more who registered once they realized they could avail of adult dental. We had no idea people would do – they did not want to be part of the NLPDP, but they wanted it. I do not know how anyone would be able to get those statistics. I do not know that the NLDA had those numbers. I am pretty sure they did not because we were in an ongoing dialogue with the NLDA. It is an astonishing number given the fact that nothing had happened ever before in the Province.

We are still committed to the Province, very committed. We understand the importance of oral health. We want to see this program work. We want to see it succeed. We are going to commit that $6.7 million and we will continue to try to address as many needs as we possibly can with that. Over the years, hopefully it will balance itself out and we will have a program. It is a program that is not equal to anywhere else in the country.

MS ROGERS: Also, it just clearly identifies the great need that is out there.

MS SULLIVAN: Absolutely, and I have $3 billion in health care. I would like to have more in health care. When I talk about doing all of these efficiencies, that is exactly what it is that we are talking about; we need to find a more efficient health care system so that we can address known needs out there. This is certainly one of those needs, but for right now we have a $6.7 million program, the same program as we started out with.

CHAIR: Gerry, clue up the question please.

MS ROGERS: Thank you. I am good.

CHAIR: Thank you.

Eddie.

MR. JOYCE: Thank you.

Minister, we will get back to talk about the hospital a small bit. There was a report done by Hatch Mott MacDonald. I put a Freedom of Information in probably a week ago. Can we get a copy of that report and a copy of the report that Stantec –

MS SULLIVAN: We will talk to Transportation and Works around that, see where it is, and we will address that issue for you.

MR. JOYCE: They said last night we could have it.

MS SULLIVAN: Then you are asking me as well?

MR. JOYCE: I am sure they are going to have to refer to you guys.

MS SULLIVAN: We will have a conversation, yes.

MR. JOYCE: Most of the questions they had last night they said you have to speak to Health because they committed –

MS SULLIVAN: Then we will have the conversation.

MR. JOYCE: I think with openness and transparency, if there is nothing there and everything was all up and up –

MS SULLIVAN: It absolutely is.

MR. JOYCE: – then I am sure there would be no problem to release those two reports so the experts out in Corner Brook or the front-line people could have a look at it also.

MS SULLIVAN: Absolutely, yes.

MR. JOYCE: Oh, that is good.

Minister, in the new hospital there are going to be 260 beds, if I am correct, 100 in long-term care. That is going to leave 160 acute care beds. Right now in the hospital in Corner Brook there are about 174 acute care beds. Can you tell me why there is a decrease in acute care beds in the new hospital that is going to serve the full Western region?

MS SULLIVAN: Again, we know there is a portion of the beds that are acute care right now that are being occupied by long-term care.

MR. JOYCE: Twenty-five right now.

MS SULLIVAN: So, if that is the case, then 160 will certainly meet the needs of the area. Stantec have done studies to look at this for us, to help address this situation.

Cathi, I do not know if you want to address that in more detail. Cathi has had some very direct conversations with Stantec, and, in fact, worked with Stantec on that development. Cathi, if you could address that as well.

CHAIR: Cathi.

DR. BRADBURY: The concept is based on the right care in the right place at the right time. There are two issues that will result in a reduction in the number of acute care beds in Corner Brook. One is the correct placement of clients who are identified as alternate levels of care in places outside of the acute care facility.

At the time that I spoke to Western, when I did a presentation, there were forty-six clients on the wait-list for long-term care. That did not include thirteen ALC clients that were already in the hospital who were waiting to be panelled. I think this illustrates that on any one day the number of ALC clients in Western fluctuates. On average it is 25 per cent.

In addition, Stantec identified that the lengths of stay for the patients who are being cared for at Western Memorial far exceed the national averages for their type of care and diagnosis. The intention and plan is that as Western Memorial becomes more efficient, that their expected lengths of stay by 2017 will be 75 per cent of expected. Those two measures will allow then for the reduction in the number of acute care beds from current.

MR. JOYCE: Again, excuse me for asking, but your own official says there are thirty-four. I called personally, there are twenty-five, and that was three months ago. I checked again, and there are still only twenty-five. This 50 per cent has not reached – any time that I have contacted in the last three, four months. That is why I am questioning it.

My question is: What if the expected rate of recovery for acute care patients does not reach the 75 per cent level, will there be a shortage of beds in Corner Brook? You are saying that it is higher than the national average. I am not saying it is not because I do not know, but what happens if they do not reach that level? How are they going to reach that level?

CHAIR: Cathi.

DR. BRADBURY: Western Memorial is working with its staff to ensure that it reaches those targets. They understand that they have the next three to four years to do these types of reviews, including clinical efficiency reviews. It will be through these reviews that the manner in which to reach that target will be identified.

MR. JOYCE: Okay. I am not sure if anybody can give me this information. How many surgeries have been cancelled in Corner Brook say in the last six months because of a lack of acute care beds, elective surgeries?

CHAIR: Minister.

MS SULLIVAN: I do not have that number. I am sure Denise can research it for us though.

MR. JOYCE: Yes, because the people I speak to, it is a regular occurrence to have surgeries cancelled because of a lack of acute care beds. My point on that, if we are going to bring it down to less acute care beds than what is there at present and there are surgeries being cancelled because of the lack of acute care beds, even if you take out that 50 per cent there are still going to be less beds needed for surgeries.

How can you put a hospital in Corner Brook that is supposed to be there for the future with less acute care beds than present, with surgeries being cancelled? These are the questions that are being asked to me. This is what I just cannot get explained.

MS SULLIVAN: Okay. I understand your concern and your question. I am going to ask Dr. Bradbury to address that again, please.

CHAIR: Dr. Bradbury.

DR. BRADBURY: I am waiting for the light.

CHAIR: Dr. Bradbury's light, please.

DR. BRADBURY: Thank you.

For the estimated number of surgical beds, there are three issues. One, on any given day ten-plus surgical beds are occupied by alternate level of care clients. Their bed usage is not just limited to medicine. It is involved with the surgery. The information and the review that Stantec did for the type of care and the type of cases that are being done in Corner Brook, if their lengths of stay are reduced then the number of acute care beds can be reduced as well. The third factor for surgery is the increasing trend towards outpatient and day surgery.

MR. JOYCE: I understand what you are saying. I am no medical expert, but I can assure you the calls that I am getting from people with surgeries cancelled, some of these assumptions just do not help out with their cancellation of a surgery.

When people find out there is going to be less acute care beds in the future to serve the whole Western region, which the minister and the Premier all said there are going to be a lot more because it is going to serve the full Western region, it is making a difference in people thinking: How can you operate a hospital with less acute care beds with cancelled surgeries already in place? There is a concern there, I say to the minister, about the number of acute care beds.

CHAIR: Minister.

MS SULLIVAN: Just to add to that, the hospital certainly will be a regional hospital but it will work in collaboration with the hospital in Stephenville, as well and other facilities that we have in the Western region. It is not meant to house everybody in the Western region.

MR. JOYCE: Yes, I agree.

PET scanner; if you are looking at a hospital for the future, and I did a bit of research on this, most of the new hospitals are introducing PET scanners. Why isn't it included in this new regional hospital?

MS SULLIVAN: The demand and need is not there.

Again, I am going to ask Dr. Bradbury to address for us exactly what is involved in a PET scanner, and the kinds of infrastructure and the kinds of human resources we have to put in place to operate a PET scanner. I think it is really important to understand that. I know that in my lifetime I do not know anyone who has needed a PET scanner, but I certainly know that if we need a PET scanner, that is what we are working toward in our tertiary care centre which is typical of what would happen in most provinces.

Dr. Bradbury, if you would not mind, because I think it is helpful for people to understand what a PET scanner is, the infrastructure that is required, and the operational needs that would be required to see to it that a second PET scanner would be put in place. I think it would help us understand a little better that the need and demand is not there.

CHAIR: Dr. Bradbury.

DR. BRADBURY: The use of a PET scan as a diagnostic tool is evolving as we speak. Currently, its primary functions are used for planning purposes for radiation treatments, for individuals receiving radio therapy as part of their cancer treatment, and it is also used to diagnose and monitor response to treatments for certain types of solid tumour cancers. It is a very highly specialized tool. It requires a lot of work with Health Canada. It requires specialists in radiation care, as well as experts in physics.

To put it in the context, last year, for example, approximately twenty patients in this Province were referred out of Province to have a CAT scan done as a part of their care. The reality of it is that based on numbers, we cannot justify having more than one PET scan in this Province, relative to our current population.

CHAIR: Eddie, I am going to ask you to hold it there.

MR. JOYCE: Yes.

CHAIR: Gerry.

MS ROGERS: Just to pick up on that, I am wondering: What is the status of the PET scan that was planned for St. John's? Where are we at with that now?

CHAIR: Dr. Bradbury.

DR. BRADBURY: Things are progressing. From what I understand, I think the contract is about to be awarded for the design and it is anticipated that the building will open within the next couple of years.

MS ROGERS: The next couple of years: two, three, or five?

CHAIR: Dr. Bradbury.

DR. BRADBURY: The anticipated opening is information we would have to get for you.

CHAIR: Minister.

MS SULLIVAN: The spring of 2015 is the anticipated opening.

MS ROGERS: Spring of 2015, thank you. That is the anticipated.

Great, I know that the PET scan situation is very complex one –

MS SULLIVAN: Yes.

MS ROGERS: – but a great diagnostic tool.

If we could go to section 3.1.02, Support to Community Agencies.

CHAIR: Subhead 3.1.02?

MS ROGERS: Subhead 3.1.02, Support to Community Agencies.

MS SULLIVAN: Subhead 3.1.02; I am almost there.

MS ROGERS: Lots of jumping around, that keeps us going.

MS SULLIVAN: Okay.

MS ROGERS: The Grants and Subsidies, can you tell me a little bit about what those grants and subsidies are for? What is covered under that particular budget item, line 10?

MS SULLIVAN: Financial support is provided to a number of community agencies which are involved in the provision of program delivery or advocacy on behalf of and services to the client populations that they represent.

MS ROGERS: Can you tell me a little bit about the types of groups that have applied for that? What kinds of projects? What kinds of service delivery? What kinds of advocacy? What kinds of groups have applied for those?

MS SULLIVAN: Again, if I could just give you a few examples here, the AIDS Committee of Newfoundland and Labrador, Brain Injury Association – and I am just scanning the list now to give you some examples – CHANNAL, CNIB, the Hub, Seniors Resource Centre, and Schizophrenia Society.

MS ROGERS: I had suspected that. That is great.

Is it possible to have a list of the applications from last year?

MS SULLIVAN: Of the applications?

MS ROGERS: Yes.

MS SULLIVAN: Just to list them. I would not want to share any of the information on the applications.

MS ROGERS: Yes, the list of applicants, what they asked for, at least the title of the project, the work they were going to do, and what they received.

MS SULLIVAN: This is core funding, so this is not project funding.

MS ROGERS: Great, so that is good then. We will know that is core funding and that it is not specific projects, but that is good. So what they applied for and what they received. There is a reduction in that area.

MS SULLIVAN: There would not have been an application.

MS ROGERS: Oh, even better. How great, because they are so busy as it is. To not have to apply for a grant is great, so if we could see who in fact got the grants and how much.

MS SULLIVAN: Yes.

MS ROGERS: Then we see a reduction of $500,000 in that budget item, in that line. How will that affect the groups that have been receiving funding?

MS SULLIVAN: Well, as you can see there is a reduction of $456,000, but we are still continuing to grant $2.1 million under this particular heading and you would have seen in the last heading somewhere around $3.3 million, I think. So we still have substantial money in grants to community organizations and agencies. The decrease is a result of applying the 12 per cent reduction equally across the agencies.

MS ROGERS: So 12 per cent equally across the agencies?

MS SULLIVAN: Sorry, 12.5 per cent.

Having said that, I think it is really important to understand that even when we are reducing this funding, these agencies are much better off than they had been, say, five or ten years ago. They are much better off as a result of the fact that we were able to increase these grants over the years.

Agencies are still doing very well. If I look at some of the amounts of money that are being received here, there are significant amounts of money for some of these groups and organizations.

MS ROGERS: I must add that they are doing significant amounts of public service and work for the people of Newfoundland and Labrador –

MS SULLIVAN: No question. No debate.

MS ROGERS: – under very, very limited funding and very low salaries, as well. I am familiar with many of these groups, as all of us are, and the services that they are providing to the people of the Province, in some cases, are life and death services and often at great expense to the staff and the people who are either working – staff or volunteers – in some of these agencies.

So a 12.5 per cent decrease in some of these agencies is significant because they are already working on shoestring budgets. When we see the increasing demand for services in the community around mental health issues, addictions issues, and some of these issues that are exacerbated by the housing situation, I think that the demand is growing on their services. So perhaps the funding has gotten better, but now there is a cut, a decrease.

Particularly, when we look at the issue of – please, I hope I do not sound like I am lecturing or preaching; if I do, I am sorry. I am sure what I am saying everybody knows. When we see the growing population of seniors and the stresses on seniors with the increase of the cost of living and the increase in the cost of housing, I just wonder, when we look at some of the services that they are providing, what will be the backup to help them continue to provide the services if they have these cuts?

MS SULLIVAN: When we looked at these groups and how it was that we could reduce funding, there were a few of those agencies that we spared and did not actually cut. We can get you that list as well.

MS ROGERS: I would like that.

MS SULLIVAN: Particularly, what we are looking at is the ability of the agencies or the organizations to access money in other areas. We know that across government that happens as well, not just here, but other departments of government where they access monies as well. So we looked at that. There were some areas where we looked at various commitments that we had made and we decided to honour those commitments and not reduce their funding there this year.

The amount of funding that organizations requested helped to inform our Budget process, as well, when we looked at what it was that they wanted to be doing, when we talked about some of these. Again, the total amount of the government funding is really important.

This is tough. This is not anything I wanted to do, or anyone around me wanted to do. We are not callous. We work on many of these groups, as people who sit here around me; we work with many of these groups and organizations as well. We understand this. It is not an area where we wanted to go, but at a time when fiscal management is so important, we have to make a decision to govern as well.

So one of the areas was here, and so we made a reduction here, a small reduction. I think, though, we still have to remember there is $5.4 million worth of grants and subsidies going out to organizations just through the Department of Health and Community Services. As I said, there are many other millions of dollars that are going out to these organizations through other departments of government as well.

That is not to diminish any of the work that is being done. It really is not. Just as we have to find efficiencies, I am expecting the agencies and the organizations themselves will find

efficiencies. They may well find other sources of monies as well.

MS ROGERS: I would like to counter that with the fact that they are already under such stress. Many of these groups and organizations are under such financial stress and human resources stress in terms of trying to deliver the services they are trying to deliver. An across-the-board cut of 12.5 per cent, which is only $500,000 in the whole budget of Health, is significant, I believe, to these groups who are providing these vital services.

Have the groups been notified of the cuts?

MS SULLIVAN: They have, and the reaction from most all of them, I think, was one of relief. When my officials were in contact with them, I think it is fair to say, Colleen, that people were saying we are very relieved that you are still continuing to fund us. Many of them expressed to us that they understood the position we were in.

MS ROGERS: Thank you.

I only have eight seconds, so I will pass it on to Andrew.

CHAIR: Andrew.

MR. A. PARSONS: I am just going to put this out there now, Mr. Chair. There is about a half hour left and I have a fair amount of stuff. It is the biggest department.

Will we have extra time either today or another day? If we do, I can go about it in an orderly fashion; if not, I am just going to start flipping around here and covering off certain areas.

MS SULLIVAN: I have to ask, Lisa, when am I leaving to go to Corner Brook?

OFFICIAL: (Inaudible).

MS SULLIVAN: Tomorrow morning, really early in the morning.

MR. A. PARSONS: Even if there is time for an extra twenty minutes today on top of this.

MS SULLIVAN: Sure, then we can arrange that. I just thought you were referring to tomorrow, and I know I am not here tomorrow.

MR. A. PARSONS: That works for me.

MS SULLIVAN: I do not mind staying until 12:30 p.m.

MS ROGERS: (Inaudible).

CHAIR: We will finish at 12:00 p.m. because of commitments, Minister, and we can confer and see what we can do. Obviously, you are going to have to check your calendar. There are some open spaces within the time allotted for Estimates and if we can co-ordinate something, we will.

MS SULLIVAN: I am happy to accommodate, as best we can. I just thought that he was referring to tomorrow morning, and I immediately wanted to say I am not available tomorrow morning.

CHAIR: There are openings on the calendar, Andrew. I will confer with the minister this afternoon and the minister can confer with staff and we will see if we can make time available in the period that we have left for Estimates. Minister, would that be reasonable?

MS SULLIVAN: That is fine.

MR. A. PARSONS: I would appreciate that and the reason I put it out there is that there was a different minister last year who would not give extra time and said send the questions along. I did and I never received an answer.

MS SULLIVAN: I was here last year and I am sure I would have given extra time.

MR. A. PARSONS: No, not you.

That minister knows who they are.

CHAIR: Based on that, we will finish at 12:00 p.m. and the minister and I will chat.

MR. A. PARSONS: Health care foundations: Where does the funding for health care foundations fall again?

MS SULLIVAN: That would fall under Support to Community Agencies – I am sorry. No, it is not; it is under Capital, under 3.2.01, Furnishings and Equipment.

CHAIR: Could you say that again, Minister, just for all of us?

MS SULLIVAN: Yes, it is subhead 3.2.01, Furnishings and Equipment, under Capital.

CHAIR: Page 16.10, Andrew.

MR. A. PARSONS: Which line under that, sorry?

MS SULLIVAN: It would be in the block funding for equipment to RHAs.

MR. A. PARSONS: Okay.

Last year we had the little issue with some foundations got money and some never until they requested it. Is there any plan for this year to avoid that and make sure they are all accounted for?

MS SULLIVAN: Can you address that?

MS TUBRETT: I have the numbers from last year. I have to add them up, though; they are not added.

MS SULLIVAN: Denise is just adding some numbers there for you now. No, we are getting a calculator out to add the numbers.

CHAIR: While they are doing that, Andrew, do you want to ask another question?

MR. A. PARSONS: Yes, under the same section, I believe this would cover off where the chief nurse position was –

MS SULLIVAN: I am sorry, where am I going back to?

MR. A. PARSONS: The chief nurse position, was that eliminated?

MS SULLIVAN: Yes, the position was eliminated but not the Office of the Chief Nurse. That work has been redistributed to the Director of Acute Care.

MR. A. PARSONS: Okay. Because that is one of the positions that the former Premier I know was in conversations and promised that it would happen. So that position is gone; it is just the work is elsewhere.

MS SULLIVAN: Well, the position is not gone. There will be a chief nurse.

MR. A. PARSONS: Okay.

MS SULLIVAN: The chief nurse will be the Director of Acute Care.

MR. A. PARSONS: I am just going to switch over – I believe this falls under 3.1.01, ambulances.

MS SULLIVAN: Subhead 3.1.01.

MR. A. PARSONS: The ambulance program.

CHAIR: Subhead 3.1.01.

MS SULLIVAN: Okay.

MR. A. PARSONS: I know that the review is going on right now or they should be in the drafting stage anyway. When do you expect to receive it?

MS SULLIVAN: Yes. Cathi, do we have an update as to when we will receive that report from Fitch-Helleur?

DR. BRADBURY: Within the week.

MS SULLIVAN: Within the week.

MR. A. PARSONS: Is that report going to be made public?

MS SULLIVAN: I have not seen the report. I have not had a chance to review the report. In terms of the findings of the report, I would certainly be reporting on that.

MR. A. PARSONS: One of the concerns we had last year, and I do not think this fell under the review, was the protocol for transfer for mental health patients. Can we clarify that was not covered under the review?

MS SULLIVAN: Cathi.

MR. A. PARSONS: Specifically the episode last year where the young person –

CHAIR: Cathi.

DR. BRADBURY: It is a policy that is administered by the provincial medical officer of oversight. A working group of regional health people, mental health workers, and staff have been struck to address the issue of restraint.

MR. A. PARSONS: Is there a timeline on when a report will be released, or recommendations, or a new policy?

DR. BRADBURY: I do not anticipate that there will be a report. A successful outcome here would be of provincial policy.

MR. A. PARSONS: Is there any timeline on that?

DR. BRADBURY: No.

MR. A. PARSONS: That might not happen in 2013?

DR. BRADBURY: I am not aware of what their time frame is; I am sorry.

MS SULLIVAN: We will get back to you on that.

MR. A. PARSONS: I am just going to go back. Do we have the numbers for the health care foundations?

MS SULLIVAN: Go ahead, Denise.

CHAIR: Denise.

MS TUBRETT: We spent $715,000 in 2012-2013 for various health care foundations across the Province. The allocation for 2013-2014, we do not have that finalized to date. It is all part of the $40 million block that is allocated for capital equipment.

MR. A. PARSONS: Okay.

I am just wondering, because – there will be funding this year?

MS TUBRETT: We will look at the priorities in relation to the requests we get from the RHAs with respect to capital equipment, what types of fundraising are going on by the foundations, and we will consider all priorities with respect to how that money gets allocated in 2013-2014.

MR. A. PARSONS: Is that a nice way of saying that all foundations are going to be taken care of, or some might be taken care of?

I put that out there specifically because two foundations last year had MHAs show up and make donations on behalf of government, and I had another one that nobody let us know and I had to call and ask for it. I just wonder if they are all going to be treated the same?

CHAIR: Minister.

MS SULLIVAN: Thank you.

It is always our intention, Andrew, to insure that everybody is treated the same. You and I had a conversation around what happened the last time, and I moved to rectify that. That is always my intent, to ensure that everybody is treated the same here. This is important stuff. The work of the foundations is important and we respect the work that we do, and we are happy to be partnering and working with them.

MR. A. PARSONS: When I talk to the Health Care Foundation for Charles L. LeGrow I can tell them to send their letter and it will be looked at?

MS SULLIVAN: Absolutely.

MR. A. PARSONS: Perfect. Okay.

I am going to go back to the dental plan, 2.3.02. I know this was discussed, but I just want to ask a couple of questions. You can educate me if I am wrong on this number. The coverage for dentures is $750 per year?

MS SULLIVAN: Yes.

MR. A. PARSONS: My understanding is that dentures, a full set costs $1,500?

MS SULLIVAN: That is right.

MR. A. PARSONS: So, basically it is a choice people have to make getting the top or bottom half one year and getting the other half the next year?

MS SULLIVAN: Well, again, I would not suggest they make that choice. I would suggest they follow their health care provider's advice.

MR. A. PARSONS: What if their health care provider says you should get the full set at one time?

MS SULLIVAN: Well, then there are options for them, I guess, that they can have $750 worth of coverage one year and $750 the next year, or they can find other ways to fund on their own. Sometimes people are doing that out there as well. For some people it was the fact that they could not afford the $1,500, but they could afford half of it.

MR. A. PARSONS: There are a lot of people out there who cannot afford any of it, and that is why this –

MS SULLIVAN: Absolutely, and that is why we brought in the program.

MR. A. PARSONS: Yes, and that is why it received such tremendous uptake. I heard from a lot of people who very happy about it, and I applauded the initiative, but it is obvious that the uptake was almost double what was planned, which leads me to question the planning. So, basically, let's take these individuals who have not had work done in years and cannot afford the work, and they need the dentures. They are going to get one set this year, the top half or the bottom half, and get the second part next year.

MS SULLIVAN: Which is 100 per cent better than the option they had before this time last year.

MR. A. PARSONS: Do you think that is reasonable?

MS SULLIVAN: We are sitting here looking at a $3 billion budget and we are looking at deficit across this Province. We are trying to find the best way forward to ensure that this health care system delivers the best for everyone in the Province.

We have $6.7 million allocated to adult dental health. It is a program that has not been seen anywhere else in this country. We are doing the best we possibly can within the resources that we have. We hope to be able to provide the $6.7 million in a manner which ensures that as many people as possible can benefit from the program.

Now, that is the choice we have to make. We can say fewer people can take advantage of it or we can try to find a way to stretch those dollars so that more people can take advantage of it. In doing that, we are also working with the NLDA and we are trying to find the best way forward. If I could put $21 million into this program and think that it might handle the next year or two, I would love to be able to do that. We do not have that kind of money. We simply do not have it.

Where would I get the money? You have stood in this House and you have said we spend more per capita than anywhere else in the country, and that is too much. The Auditor General has told us we spend too much money. We know that we

have a deficit. So where would we get the money to put into it to sustain a program that we know will balloon again to $21 million?

I am asking you, what cuts would we make? I know you do not like me to ask questions. You put out a news release yesterday that said you do not want to give me any of the ideas or suggestions, but I am really quite sincere when I ask you: What would you do?

MR. A. PARSONS: Well, Minister, I am going to give you a very saucy answer.

MS SULLIVAN: Well, we have been known to do this back and forth to each other anyway.

MR. A. PARSONS: Which is when I get on that side of the House, you are going to get all the opportunity in the world to ask me questions.

MS SULLIVAN: You see, what I would really like to be able to do is work together –

MR. A. PARSONS: With all due respect, I am going to ask the questions here. I appreciate that it is tough times, and I know you have a personal investment in this, but I am going to ask the questions.

MS SULLIVAN: I have no problem with the questions but I would really like that occasionally you would have some solutions to offer as well.

CHAIR: Okay. Andrew, are you done with the dental plan or do you have one more question?

MS SULLIVAN: That is collaboration.

MR. A. PARSONS: That is good for the dental plan. I will move on.

CHAIR: Okay, good.

Gerry.

MS ROGERS: Thank you very much.

I have just one more issue about this dental plan. Again, the cap of a $150 basic really gets you in the chair and it is very, very difficult. I am amazed that people who are on very limited incomes or Income Support, that there is not a choice about whether or not they can pay for it. There just is not a choice. It is just really, really tough. I am amazed, again, in this time of prosperity, when we have a time of prosperity that people will have to make a decision.

MS SULLIVAN: We have a deficit.

MS ROGERS: Well, we have a deficit, but in a time when this government has been talking about prosperity, too.

MS SULLIVAN: The economy is hot, no question, but we have a deficit in government. Monies coming into the Treasury are less.

MS ROGERS: Yes.

Then let us go back to Health Care Facilities and Equipment, 3.2.01.

CHAIR: It is 3.2.01.

MS ROGERS: Yes, thank you.

Just back to the air ambulance review, we know that the placement went to Lab West from Happy Valley-Goose Bay.

MS SULLIVAN: No.

MS ROGERS: No, hang on. Just let me get my thoughts together here.

Have we lost an air ambulance crew?

MS SULLIVAN: We are in the process now of putting together a second air ambulance crew. We have seven positions recruited for that, and training is in process now for those seven positions. Ideally, we would like to have a crew of twelve. Ideally, we would like to have five more, but we are in the process now of training that second crew.

MS ROGERS: Okay, thank you.

What is in the plan this year for the Waterford? Any plans at all? We know there has been a push for a new mental health facility. Where are we with that?

MS SULLIVAN: We have $700,000 allocated for that. The RFP, as I understand it, Eastern Health will be putting out is about ready to go out. They are also about ready to hire a project consultant to move that plan forward.

MS ROGERS: The RFP specifically is for what?

MS SULLIVAN: It would be for functional planning.

MS ROGERS: Okay. It is for an entirely new facility in another location?

MS SULLIVAN: Yes.

MS ROGERS: What would it encompass?

MS SULLIVAN: That is what they would do through the RFP process. They would put together that functional plan that would actually tell us what it is we need in that facility: master programming, programming, services, et cetera.

MS ROGERS: How it would fit with the overall Department of Health plan for mental health services?

MS SULLIVAN: Yes.

MS ROGERS: Okay, thank you.

How are we doing with the development of the new addictions facilities for youth?

MS SULLIVAN: It is actually a pleasure for me when I go home on weekends to drive by the addiction centre in Grand Falls-Windsor and see the progress that is made there. Both of those are progressing.

In terms of dates when we expect to be able to occupy – I saw those dates earlier. Winter 2014 is when we are hoping to be able to occupy those centres. The progress –

MS ROGERS: Both?

MS SULLIVAN: Both, yes.

MS ROGERS: We will have the physicians necessary as well, specialists, to tend to the needs in those facilities?

MS SULLIVAN: The staffing actually is being looked at as we speak. They are looking at staffing now and ensuring that proper training is done, and that they understand the staffing requirements of both those centres.

MS ROGERS: Okay, thank you very much.

Long-term facility plans: Are there any plans in the future looking at our future needs for long-term care facilities?

MS SULLIVAN: Long-term care – I should put my glasses back on and go back to my notes. Where would I find the completed and the projects that are moving forward, Denise? Are these just all long-term care? No, they are all mixed up. I do have them in another binder somewhere in terms of the long-term care facilities that we are moving forward on and the ones that are completed.

The St. John's long-term care facility, we anticipate that one will be completed in the summer of 2014.

MS ROGERS: That is the new Hoyles-Escasoni?

MS SULLIVAN: Yes.

MS ROGERS: Okay, thank you.

MS SULLIVAN: The Bonavista bungalows, we expect completion in the fall of 2013.

MS ROGERS: Fall of 2013?

MS SULLIVAN: Yes. Carbonear long-term care: spring of 2015. North Haven Manor, I had the pleasure of officially opening last week. Clarenville protective care: We do not have a

date, but we are moving forward in this year's budget with $2 million on that particular facility.

MS ROGERS: I am sorry, Minister, could you repeat that?

MS SULLIVAN: Sure. Clarenville: We do not have a date, but we have allocated $2 million in this year's budget for that particular Clarenville protective care facility.

MS ROGERS: That allocation of $2 million is for planning?

MS SULLIVAN: No, that is construction.

MS ROGERS: Okay.

MS SULLIVAN: Happy Valley-Goose Bay long-term care is an extension and we have $500,000 I believe in this year's budget for that. In the out years, we are looking at $3 million and $3.5 million for a total of $7 million there.

MS ROGERS: I am not sure if the number of beds in each of these facilities is on the Web site or not, but if we could get a list of the number of beds and the services, the level of care.

MS SULLIVAN: We will get that.

MS ROGERS: Great, thank you very, very much.

Now, the dementia unit at the Waterford Hospital, there has been a lot of complaints about this. Is there a plan to move this to the Hoyles-Escasoni? What is the plan for –

MS SULLIVAN: That is the plan, as I recollect it – I just to confirm that with Cathi, that is the plan?

OFFICIAL: (Inaudible).

MS SULLIVAN: Yes, to move them to the new Hoyles-Escasoni.

MS ROGERS: Okay.

MS SULLIVAN: To move that unit.

MS ROGERS: How many beds is that in the Waterford facility now?

MS SULLIVAN: Fourteen comes to mind. I do not want to be held to that number, so we will get that for you and let you know.

MS ROGERS: Fourteen beds in the Waterford and so then those fourteen beds will move to the new –

MS SULLIVAN: I will get you the precise number. I am remembering that number and it is not always good after being here this long this morning.

MS ROGERS: It is a lot of numbers.

MS SULLIVAN: A lot of numbers.

MS ROGERS: There are a few programs I would like to ask about. The HealthLine, is there anything new happening with the HealthLine? Has there been a recent review or evaluation of the HealthLine?

MS SULLIVAN: Bruce will answer that question for us.

MR. COOPER: In terms of evaluation, we certainly, on an ongoing basis, evaluate utilization of that service and are working to ensure that the evaluations we do line up with some recommendations out of the AG report. The HealthLine obviously generates very good value for people in terms of health services.

This is a service we are going to be looking at expanding and making some improvements to. I cannot get into full details in terms of that, but part of our evaluation has said that there are opportunities there to better utilize the service. That is what we are talking with them about doing.

MS ROGERS: Can we have any of the recommendations out of the most recent evaluation, a report of the recommendations and findings?

MR. COOPER: We will look at getting for you what lessons we learned from those evaluations, sure.

MS ROGERS: Is there any plan of increasing any budget for communication and promotion of the HealthLine at this point?

MR. COOPER: We are looking at developing a promotional campaign.

CHAIR: Okay, Gerry, I am going to hold you there. I am going to turn it over to Eddie with the last eight minutes.

MS ROGERS: Okay.

MR. JOYCE: Yes, I am just going to be two minutes because I understand we are going to be coming back later sometime. I will just ask one more question on the hospital and I will make a comment.

Minister, was there ever any consideration to have an information session out in Corner Brook area so as the front-line people could have some input into the hospital in Corner Brook?

CHAIR: Minister.

MS SULLIVAN: Thank you.

Front-line people have had input into the development of the Stantec plan. It was a very intense process that was entered into that involved members of the department, members from Stantec, and also people from the regional health authority itself. Cathi can speak more directly to the nature of those meetings because she was part of them. There was certainly consultation.

When we do a project of this nature we need to understand clearly what we have, we need to take a look at what the needs are, and then we need to marry up the two. In terms of having people who work in the regional health authority, those consultations really have taken place. I do not know, Cathi, if you would like to add to that.

CHAIR: Cathi Bradbury.

DR. BRADBURY: Thank you.

The work that Stantec did was really to review the work that had been done on the previous master program and plan. That had extensive input and involvement of the majority of staff at Western Memorial. No doubt, as the project moves forward to the functional program and plan, additional staff will be involved with that process.

MR. JOYCE: I will just make two comments and I will clue up. Andrew is going to finish.

I am not sure, because I would like to have a list of who - or not who, but what department, because one of the frustrations of people that I am speaking to is that they did not have a lot of input. I am not saying – but there is a frustration among the front-line people that there was not a lot of consultation. That is just something I am hearing on a regular basis out there going around.

Minister, I am going to clue up now, but I just wanted –

MS SULLIVAN: Can I respond to that?

MR. JOYCE: Oh, sure.

CHAIR: Minister.

MS SULLIVAN: Anecdotally, when I was there with the Premier in February, I think it was, to make the announcement, the number of front line staff people who came along and shook my hand and said, thank you, I am so glad I had opportunity to have a say in this, was amazing to me.

So, whilst I do not know the names of the people, I can tell you that people who came down to that lobby that morning were ecstatic and said, I am so happy to see that people have heard what we had to say, and I am happy to see that this is happening and that is happening. So, the consultation did happen.

MR. JOYCE: Yes, just a lot of frustrated – there is not. Anyway, we can argue on that.

Minister, I am going to clue up now by thanking everybody, because I know health care is a hard department all throughout the Province of Newfoundland and Labrador. I just want to thank everybody for the services, because we are all going to need health care services. So, thank you, and thank all the people of Western Newfoundland and all Newfoundland who provide health care.

Minister, I just want to thank Lisa Lindahl – I know Lisa is back there. On several occasions there were times when there were emergencies, and I contacted Lisa in her office, and I just want to thank Lisa publicly and have it on record, for her efficiency and her dedication to getting things done. I want to thank her and thank your minister for allowing us to be able to call Lisa directly to get stuff done on an emergency basis.

Thank you.

MS SULLIVAN: Thank you for that. I do appreciate that.

CHAIR: Andrew.

MR. A. PARSONS: Thank you, Mr. Chair.

I do not have a lot of time left, so I am going to go back to something I started off the day with, and that is our pilot program. I just noticed there is a press release sent out talking about the $160 million provided to 8,200 home support clients. That just came out. Those are the numbers that I had here.

So, going by those numbers, $8.2 million would equal about 5 per cent of the $160 million. Is that the same percentage that will be used in the pilot program, like how many people will be covered off?

MS SULLIVAN: I do not have those details.

MR. A. PARSONS: So, is there any –

MS SULLIVAN: You want me –

OFFICIAL: (Inaudible).

CHAIR: Minister.

MS SULLIVAN: I think what you are asking me is how many people will be covered off by paid family caregivers, and I can tell you that I do not know that number. As many times as you ask me – as I used to say when I was teaching school, and I will not be the teacher here, but as many times as you ask me I can only give you the answer that I have. The answer is we are working on the details around that program.

We have monies allocated to deliver paid family care in this Province, as we committed to. It is tough, tough to put together. We are working diligently at it. The people that you see around me over here are committed to this. They are working exceptionally hard at putting this together.

Now, I do not want to say soon or very soon, or in the coming days, but we are getting closer and closer. At that time we will be able to give you all of those details, but you are trying to narrow in on it based on our budgeted number. We needed to put a number in the Budget because we want to move forward on that program this year, so we put the number of $6.1 million, annualizing to $8.2 million.

That does not mean to say we can tell you how many people are going to be able to take advantage of that because we have to look at: What are the options under the program? How are we going to roll it out? What is that model of care going to look like? What will be the pay for persons who are going to deliver that model of care? How many hours? Would those hours be the same? Would they be different? There are so many factors in there that I cannot tell you how many people are going to be covered off under that number.

MR. A. PARSONS: I know I might be persistent in this and I will tell you why, because you mentioned in your comments that this was a commitment, and I do not doubt the hard work that everybody alongside of you and behind you

are doing, but I ran into a gentleman down in Burnt Islands a month after I got elected and he was so excited. He said: I like you, but that promise they made, that is going to mean a world of difference to me. He said: When you go in the House you make sure you ask that question because I cannot wait to get it.

That is the reason I ask it, because he is just one of many. I get them, and I know you get them.

MS SULLIVAN: Absolutely.

MR. A. PARSONS: That is why this year – again, there were plenty of opportunities in this Budget to criticize government but when I saw that, that is a good news story.

MS SULLIVAN: It is.

MR. A. PARSONS: I am going to keep, and I know you know that I am going to keep asking questions because people out there are waiting for it, and they want it and they need it. That is why I have to be as persistent as I have been, because I want it to work. I know there is a need out there.

When that was announced in this year's Budget – again, I am just trying to narrow it down, so when I get those phone calls, instead of calling Lisa, like we do with everything else, thank God she is there, I would like to be able to have some answers to pass on. So right now the money is there but the plan is not in place.

MS SULLIVAN: The plan is not finalized. We are very close though.

MR. A. PARSONS: Okay.

MS SULLIVAN: We have committed, we will see this commitment through.

MR. A. PARSONS: Okay.

I had a couple of more on that but I am not going to belabour the point because I do not think I am going to get anything – I have questions on exceptional circumstances and questions on geography, because the demographics play a large role in this, urban versus remote and rural and everything else.

MS SULLIVAN: You are starting to understand some of the issues around why it takes a period of time to be able to put this in place and do the right thing. We have looked at all of those issues, all of those concerns. We are trying to address them all and ensure that the plan that we put in place is going to be the best one.

MR. A. PARSONS: You can be assured that I will continue on that.

I only have a little bit of time left and I know we are ending at 12:00 p.m. so I would just like to clue up today by just saying I appreciate it, Minister, and everybody sitting across for the time you have put into this. I know it is not pleasant sometimes having to sit across from the likes of politicians like us and answer questions, but I appreciate it.

I do appreciate it, and my colleague referenced Lisa and she takes a lot of phone calls from our office so I appreciate that and the people in the district appreciate that. I appreciate the work that everybody else does. Thank you so much for giving up your time. Hopefully, the rest of it should not take as much time and we will hopefully be able to just hammer through a few more.

CHAIR: If, Andrew, I could pick up on that point. Between yourself and Gerry, just to give the minister and I some idea of how much time we have to ask the staff to come back, are we talking an hour, are we talking –

MR. A. PARSONS: I think an hour altogether should cover it.

CHAIR: Okay, so that just gives us some kind of time frame for what we are dealing with and I will talk to the minister.

Gerry.

MS ROGERS: Is it possible, please, to have a list of everybody's name who was here representing the department? I tried to write

them down, but I was not fast enough. Thank you so much.

CHAIR: I think there is a sheet there, Gerry.

MS SULLIVAN: Names and positions. Oh, it is there, is it?

CHAIR: It will come out in the minutes of this meeting, Gerry.

MS ROGERS: Yes, but when do we get the minutes?

CHAIR: The next meeting. We will approve them at the next meeting.

MS ROGERS: Well, how wonderful is that.

CHAIR: There you go.

MS ROGERS: What a great system.

CHAIR: Minister, I want to thank you on behalf of the Committee for taking this time this morning. It has been a lot of frank discussion, a lot of information has been covered. I want to thank your staff for the input that they have had. It has been a wonderful morning, I thank you. I thank you for your consideration to come back again. The Committee certainly appreciates that.

We have just a couple of housekeeping things. We did French Language Services back a while ago, so I would like to call the subhead from Executive Council of French Language Services. I am going to ask the Clerk to call the subhead.

CLERK: Subhead 3.1.04.

CHAIR: Will subhead 3.1.04 carry?

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

CHAIR: Contra-minded?

Carried.

On motion, subhead 3.1.04 carried.

CHAIR: Shall the total carry?

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

CHAIR: Carried.

On motion, subhead 3.1.04, French Language Services of the Executive Council, carried without amendment.

CHAIR: Shall I report the Estimates – well, we cannot go there yet. So, we have that done, just that one.

Thank you, Elizabeth, for that clarification.

As well, can I have a motion to accept the Department of Education, Social Services Committee meeting of April 16?

MR. JOYCE: Should we vote on that?

CHAIR: That is just the minutes.

MR. JOYCE: They are going to come back (inaudible).

CHAIR: Yes, but it is only the minutes of that meeting, Mr. Joyce. So do you move?

MR. JOYCE: I move.

CHAIR: Seconded by Mr. Little.

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay'.

Carried.

On motion, minutes adopted as circulated.

CHAIR: Thank you.

I remind Committee members that the next meeting of the Social Services Committee will occur on Monday, April 29. In the a.m., we will have Justice and the Attorney General, and the Minister Responsible for the Labour Relations Agency. In the evening, we will have the Newfoundland and Labrador Housing Corporation. That is Monday, April 29, a.m. and p.m.

At this time, I will call for a motion to adjourn.

Moved by Mr. A. Parsons; seconded by Mr. K. Parsons.

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay'.

Carried.

Thank you, ladies and gentlemen.

On motion, the Committee adjourned.