

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 1 – Palliative Care – Bulli Hospital – Page 4

The Hon. BRONNIE TAYLOR: Alright, Minister. We'll just keep going here and we'll outline it all. Minister, it has been revealed to me that you've cut funding for two palliative care staff at Bulli Hospital. Will you apologise to the people of Keira for those cuts? Will you apologise to them?

Mr RYAN PARK: What I will say to the people of Keira is I'm not aware of that, so let me be very clear about the specifics.

The Hon. BRONNIE TAYLOR: Would you like to take that on notice, Minister? Would you like to take on notice that there have been two palliative care—

Mr RYAN PARK: Sure.

ANSWER

Please refer to the answer provided by Minister Park on page 14 of the transcript.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 2 - Clinical nurse educators of palliative care – Page 5

The Hon. BRONNIE TAYLOR: I have limited time so I will move on now. The record amount was the record amount that was announced, but you have cut that by \$150 million. Dying people and their families in New South Wales have a right to know the truth, because people will die in pain now due to these cuts in palliative care funding. I've worked with you a long time, and I am really staggered. That's why I think that it's either the Premier or it's Mr Mookhey – someone hasn't fought hard in ERC, but something has happened here. I understand that dozens of positions right across the State that were earmarked for nursing home services and visits have now been cancelled. Could you please tell us how many of those have been cancelled, in terms of clinical nurse educators of palliative care? Would you like to take that on notice?

Mr RYAN PARK: I'm happy to take that on notice.

ANSWER

I'm advised:

The NSW Government provides specialist palliative care for people with complex needs, including people in residential aged care. Improving access to specialist care for people in residential aged care facilities is a priority. Models of care are determined by local health districts including in-reach services, collaborative care planning and capability support. Residential aged care facilities and primary care services also provide end of life and palliative care to their residents.

In September 2023, all local health districts received further annualised funding enhancements for end of life and palliative care in addition to enhancements provided in 2022-23. Implementation is agreed by each local health district. Funding guidelines include an objective to increase patient activity and enhance models of care including specialist in-reach services to support people in residential aged care facilities.

Under a partnership agreement (2020-21 to 2023-24) with the Australian Government for comprehensive palliative care in aged care, all local health districts received funds to support specialist palliative care. The NSW Government contribution was annualised, and the Australian Government contribution is until June 2024.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 3 – Palliative Care funding - Westmead – Page 6

The Hon. BRONNIE TAYLOR: Was there a letter sent to Westmead local health district showing that that forward funding was not there? Yes or no?

Mr RYAN PARK: I'm not aware of it, but —

The Hon. BRONNIE TAYLOR: Would you like to take that on notice?

Mr RYAN PARK: I will. But I'm the Minister, and we're delivering something in Westmead: palliative care.

ANSWER

I'm advised:

The palliative care unit at Westmead Hospital is in the planning stage. Capital funding has been provided.

Western Sydney Local Health District has been advised that following build completion, the District will be allocated operational funding for the additional palliative care beds at Westmead Hospital.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 4 – Safe staffing – Level D Hospitals – Page 10

The CHAIR: I understand that it's your intention to convert all wards that are currently staffed under the Nursing Hours Per Patient Day model to minimum shift-by-shift ratios. Does the NHPPD staffing apply to public hospitals in peer group D?

Mr RYAN PARK: Phil, is that one of the ones that we are having a look at?

PHIL MINNS: I'd probably want to take that on notice and give you a more precise answer. But, I don't think so, would be my, I think, statement.

The CHAIR: I'm happy for you to take it on notice. I don't think so either. Peer group D hospitals include Bellingen, Cootamundra, Glen Innes, Leeton, Narrandera, Pambula, Parkes, Temora and Tumut.

Mr RYAN PARK: That's correct.

ANSWER

I'm advised:

Please refer to the answer provided by Mr Phil Minns on page 67 of the transcript.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 5 – Safe staffing – Level D Hospitals nurse allocations – Page 10

The CHAIR: Can you tell us how many of those 1,100 nurses are being allocated to peer group D hospitals?

Mr RYAN PARK: No, I can't. I could probably take it on notice –

The CHAIR: Please take it on notice.

Mr RYAN PARK: – and try my best to get it back to you, Dr Cohn.

ANSWER

I'm advised:

The Safe Staffing Levels Taskforce is still negotiating the policy decisions which will impact the staff required by each service to implement Safe Staffing Levels requirements, including Peer Group D facilities.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 6 – Paediatric cardiac surgery - critical volume – Page 10

The CHAIR: I am moving to a different topic now. You have stated that there is not a sufficient volume of patients to sustain medium-complexity cardiac surgery requiring bypass taking place at both The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick. In a letter to the Medical Staff Council at Sydney children's hospital you stated that in the event the activity increases to a level where clinical experts believe a second site is necessary and sustainable, then that would be fully supported. What level of activity would justify recommencing medium-complexity cardiac surgery at Sydney kids hospital, Randwick?

Mr RYAN PARK: I will take it on notice, but I think it's somewhere in the order of 600 or so.

ANSWER

I'm advised:

Critical annual volumes of 600 to 700 bypass operations would be required to sustain 2 sites and achieve sustainable rostering and procedure-to-operator ratios for doctor and specialist skills accreditation.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 7 – Paediatric cardiac surgery – case number analysis– Page 11

The CHAIR: Why wasn't the analysis of the case numbers released to the public and the community?

DEB WILLCOX: I don't have a definitive answer on that. There has been no decision to not provide information to the public around the decisions around this service, but I can take that on notice in relation to the volumes in particular.

ANSWER

I'm advised:

In August 2023, the Sydney Children's Hospitals Network issued 2 media statements, including cardiac bypass surgery numbers for 2021-22 and 2022-23.

On 30 October 2023, Elizabeth Crouch AM, Sydney Children's Hospitals Network Board Chair, wrote to the Randwick City Council Mayor about concerns raised at a 24 October 2023 council meeting and advised the current bypass numbers.

Information about cardiac services is publicly available on the Sydney Children's Hospitals Network website at www.schn.health.nsw.gov.au/about/network-management/cardiac-services.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 8 - Paediatric cardiac surgery – ECMO – Page 11-12

The CHAIR: Can you name one other hospital that provides paediatric ECMO without a cardiac surgical program, including bypass?

Mr RYAN PARK: No, that level of understanding – no, I can't. I'll have to take that on notice.

The CHAIR: I look forward to you answering it on notice. I can answer the question for you. There are none in Australia or New Zealand.

...

The CHAIR: I'd note that medical specialist training varies greatly across the world. We generally recognise, for example, New Zealand training. I repeat my question, which has already been taken on notice: Is there a single other hospital in Australia and New Zealand that's providing ECMO without a cardiac surgeon?

DEB WILLCOX: I would have to take that on notice. Not to my knowledge.

ANSWER

I'm advised:

Sydney Children's Hospitals Network Cardiac Services Model supports paediatric ECMO with Sydney Children's Hospitals Network cardiothoracic surgery at both The Children's Hospital at Westmead and Sydney Children's Hospital Randwick. There is no difference in this regard from other centres in Australia/New Zealand.

There is international precedence that a cardiac surgeon is not essential to either institute or run ECMO. However, there is a paediatric cardiothoracic surgeon always on call for both hospitals.

Day to day management of ECMO is an Intensive Care Unit led therapy, and surgical interventions can be scheduled when the cardiothoracic surgeon is available.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 9 - Paediatric cardiac surgery – mortality or morbidity changes – Page 12

The CHAIR: Is there any evidence that mortality or morbidity has improved since those procedures were centralised at Westmead?

Mr RYAN PARK: I don't know if there's any evidence. I'll take that on notice only because I don't want to mislead or give you the incorrect information.

ANSWER

I'm advised:

The Sydney Children's Hospitals Network's mortality rate is 1.3%*, excluding primary extracorporeal membrane oxygenation (ECMO) cases.

This is within regional rates for cases excluding primary ECMO of 1.3%. See Australian and New Zealand Congenital Outcomes Registry for Surgery (ANZCORS) at www.ncbi.nlm.nih.gov/pmc/articles/PMC10084159/

*Extracted from Sydney Children's Hospitals Network patient outcomes database. This data also informs ANZCORS data.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 10 – Palliative care – NSLHD – Page 13-14

The Hon. BRONNIE TAYLOR: I'll move on. It would help if the Minister answered the question but I'll move on. Minister, are you aware that you have cancelled 11 palliative care medical staff in the Northern Sydney Local Health District? Will you apologise to the people in northern Sydney that will now have to die in pain because of your cuts?

Mr RYAN PARK: No, I don't believe that is the case.

The Hon. BRONNIE TAYLOR: So no that you're not aware that you cancelled 11 positions or —

Mr RYAN PARK: No. Chair, I'm around 4.5 seconds into my answer. Maybe I get a little bit longer than that.

The Hon. BRONNIE TAYLOR: It would help if you answered it, Minister. It may be easier for everybody.

The CHAIR: I remind the honourable member to allow the Minister at least a sentence of his answer. I think we can all agree that's fair.

Mr RYAN PARK: The reason why I'm a little bit concerned about the inferences being made by the honourable member, Chair, is that the advice that I've received already during this Committee is that there was a reference to palliative care positions being cut at Bulli. Now there has been references to palliative care positions being cut, I think, at northern Sydney. I've been advised by NSW Health that that is not the case at Bulli. I'm concerned that we're making comments that are wrong. I'm now responding to you and saying that the earlier remarks you made about Bulli, based on my advice from Health, are incorrect. I am trying to be as respectful as I can, but I'm not confident the inferences and remarks that the honourable member is making are accurate.

The Hon. BRONNIE TAYLOR: Okay, Minister. Would you like to take that on notice until you can verify the accuracy, if you're not sure?

Mr RYAN PARK: I will.

ANSWER

I'm advised:

There has been no reduction in FTE, in medical or other disciplines, in palliative care services in Northern Sydney Local Health District.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 11 – Palliative care - CCLHD – Page 14

The Hon. BRONNIE TAYLOR: That's great. Thank you. Minister, in November I announced \$13.6 million for a dedicated palliative care unit at Wyong Hospital. Why have you cancelled the \$4.3 million annual funding required to run this unit? Will you apologise to the people of Wyong for creating a ghost palliative care ward?

Mr RYAN PARK: No. We'll continue to invest in palliative care services on the Central Coast.

The Hon. BRONNIE TAYLOR: Why have you cut the funding, Minister?

Mr RYAN PARK: The specifics that you infer I will take on notice. We'll probably be able to answer you during this Committee.

ANSWER

I'm advised:

Planning for the new palliative care unit at Wyong Hospital is underway.

Capital funding has been provided. Following build completion, operational funding will be allocated to Central Coast Local Health District for the Wyong Hospital palliative care beds.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 12 – Palliative Care – Bathurst Hospital – Page 15

The Hon. BRONNIE TAYLOR: Thank you, Minister. So there are no cuts there. Minister, can you tell me how many dedicated palliative care beds there are at Bathurst hospital?

Mr RYAN PARK: I'll take that on notice.

The Hon. BRONNIE TAYLOR: I can tell you. There are actually none, Minister. Are you aware that, because of your cuts to palliative care, five dedicated palliative care beds will now be cancelled at Bathurst Hospital? Are you aware of that or would you like to take that one on notice as well?

ANSWER

I'm advised:

There are 3 beds allocated for palliative care at Bathurst Hospital. When there are no palliative care patients they are used as general care beds.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 13 – St Joseph’s Hospital – Page 18-19

Mr RYAN PARK: Just let me finish. I know that you understand that. We are expanding palliative care in Western Sydney, including at Auburn, from memory. I am happy to give to you the specifics. But, please, that is a hospital run by St Vincent's. I know that you know that, Ms Carter. I think it's important that we don't try and join dots that are not able to be joined.

The Hon. SUSAN CARTER: Where will those 24 beds be going?

Mr RYAN PARK: I will provide a detailed response on notice. I know that my deputy secretary, Ms Willcox –

The Hon. SUSAN CARTER: Could you also perhaps advise whether the 0.8 medical support that those 24 patients currently receive will also be travelling with those 24 beds or will that medical support be made redundant?

Mr RYAN PARK: Let me make this clear. I was about to say, I can update you. I am happy to take information on notice.

ANSWER

I'm advised:

There are 24 beds transferring to Auburn Hospital from St Joseph's Hospital. These include:

- 19 rehabilitation beds.
- 5 palliative care beds.

The 5 palliative care beds will join the existing Auburn Hospital 10-bed palliative care unit.

To support the 24 beds, 57 staff (48.8 FTE) will transfer to Auburn Hospital from St Joseph's.

A 0.8 staff specialist, Head of Department, St Joseph's, will not transfer to Auburn Hospital. There is already a Head of Department at the Auburn Hospital 10-bed palliative care unit and the position cannot be duplicated.

Under the transfer order, St Joseph's employees may only be transferred on current employment terms and conditions. The 0.8 staff specialist from St Joseph's receives a managerial allowance as part of their employment as Head of Department. Western Sydney Local Health District is not able to accommodate the allowance as the staff specialist would no longer be performing a managerial function.

The 0.8 staff specialist position (without managerial allowance) will be recruited to by Auburn Hospital and the 0.8 staff specialist is able to apply for this position.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 14 – Pill testing – contacts from service providers– Page 20

Ms CATE FAEHRMANN: Has any pill testing service provider reached out to you to offer their services?

Mr RYAN PARK: I'll double-check or take it on notice. I think they have. Certainly through NSW Health – I'm not 100 per cent sure through my office, but certainly through NSW Health I think they have. I just don't want to mislead the Committee, Cate. Could I ask Dr Chant for 20 seconds, just to make sure?

Ms CATE FAEHRMANN: Sure. Thanks. Dr Chant?

KERRY CHANT: Yes, Ms Faehrmann, they have reached out. I think the letter correspondence has gone to the Minister's office, but, again, I would need to check the time and date of that.

ANSWER

I'm advised:

On 8 May 2023, Harm Reduction Australia wrote to the Premier.

Harm Reduction Australia also sent a copy of this correspondence to the Minister for Health and Minister for Regional Health, and Minister for the Illawarra and the South Coast.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 15 – Palliative Care – Minister visits to Palliative Care units– Page 28

The Hon. SUSAN CARTER: Which palliative care units have you visited?

Mr RYAN PARK: I can give you a list of those, because I don't want to mislead you, but—

The Hon. BRONNIE TAYLOR: Do you need to take that on notice?

Mr RYAN PARK: I'll give you a list. Given that I'm in hospitals a couple of times— at times— a week

and I'm doing unannounced visits—

The Hon. SUSAN CARTER: I'm happy for you to take that on notice.

ANSWER

As the Minister for Health and Regional Health I make regular visits, both announced and unannounced, to NSW public health facilities.

Many facilities have dedicated palliative care units, while other facilities provide palliative care in other in-patient settings. Community-based palliative care is also available across NSW.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 16 – Aboriginal palliative care workers in Mount Druitt – Page 30

The Hon. SUSAN CARTER: Minister, you would be aware that Western Sydney has the highest population of Indigenous people outside the Northern Territory.

Mr RYAN PARK: Yes, I think Mount Druitt is one of the highest individually, I think, from memory.

The Hon. SUSAN CARTER: It is. How many Indigenous palliative care workers are available to care for this population?

Mr RYAN PARK: I will take that specific question on notice.

ANSWER

I'm advised:

Western Sydney Local Health District has 2 full time Aboriginal identified palliative care positions.

The Senior Supportive and Palliative Care Health Worker is currently employed in the role. The Supportive and Palliative Care Health Worker role is being recruited.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 17 – St Joseph’s - Redundancies – Page 32

The Hon. SUSAN CARTER: Are there any positions which have been made redundant?

DEB WILLCOX: Not to my knowledge. The decision for redundancy will be –

The Hon. SUSAN CARTER: Could you perhaps take that on notice?

ANSWER

I am advised:

Answered by Ms Willcox at Hearing (see page 32). The issue of redundancies is a matter for St Vincent’s Health Australia.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 18 – Lobbyists on LHD Boards – Page 34-35

The Hon. TANIA MIHAILUK: To date, have you evaluated how many of those members are third-party lobbyists or registered lobbyists?

Mr RYAN PARK: No. But I understand – and I'll ask Susan or another dep sec to jump in, just in case they need to add to this – there's a stringent process that board members go through as part of the appropriate governance disclosures that they need to comply with in relation to being on boards. I don't have an exact answer or an exact number for what you're saying. Susan?

SUSAN PEARCE: I'm happy to start, Ms Mihailuk. Board members are required to complete conflict of interest disclosures.

The Hon. TANIA MIHAILUK: Do they have to complete a conflict of interest if they're a lobbyist? Do they have to make it clear that they're a third-party registered lobbyist? Is that something you ask?

SUSAN PEARCE: I would think that would be reasonable for anyone who was a lobbyist.

The Hon. TANIA MIHAILUK: Does that rule them out or prohibit them from being a member?

SUSAN PEARCE: I might pass to Mr Minns to see if he's got anything further to add.

The Hon. TANIA MIHAILUK: You can that on notice. You may not have the answer now.

ANSWER

I'm advised:

Appointments to local health district boards are made in compliance with the Public Service Commission's *Appointment Standards – Boards and Committees in the NSW Public Sector*, which includes the following guidance on the appointment of lobbyists:

“Lobbyists and their employees (as defined in the Lobbyist Code of Conduct) are ineligible for appointment to any NSW Government board or committee that has functions which relate to any matter, on which the lobbyist has represented the interests of third parties in the last twelve months.”

All applicants for local health district board roles are asked to declare whether they are a lobbyist as part of their application. The NSW Government Lobbyist Register is checked for all candidates as part of the appointment process. As at 9 November 2023, no registered lobbyists have been appointed to local health district boards.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 19 – Cardiac paediatric surgery – Randwick Council – Page 40

The Hon. SUSAN CARTER: I appreciate that, but you've indicated that you were aware of that minute. I'm just wondering whether you or perhaps somebody from your office – since you're so busy – had a conversation with Councillor Dylan Parker to move a recission motion yesterday to prevent this motion from going ahead.

Mr RYAN PARK: I'm not aware, but I can take that on –

ANSWER

I am advised:

No.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 20 – BE QoN - Albury Hospital geotechnical assessments

The CHAIR: Has the master planning process that was done to date for the brownfield included any geotechnical assessments? I note a briefing document to the interim CEO of Albury Wodonga Health states:

The building has been constructed on relatively deep fill materials consisting of highly reactive clay soils which may experience high ground movement from moisture changes.

This was cited in the context of significant risk of collapse of one of the wards of the existing hospital.

REBECCA WARK: I'll take the specific question on notice, but I know there have been reports done in relation to the building that you refer to by Albury Wodonga Health, not by Health Infrastructure. We have relied on the content of some of those in our discussions with our engineering consultants who are engaged as part of the hospital redevelopment.

ANSWER

I'm advised:

As part of early planning and due diligence activities for the Albury Wodonga Regional Hospital project, Health Infrastructure undertook a review of the Albury Hospital campus.

Site investigations, including an assessment of ground conditions, were completed to ensure site suitability for the proposed development and inform the redevelopment master plan.

The project team also reviewed geotechnical investigations and reports previously undertaken by Albury Wodonga Health, to inform construction of the Albury Wodonga Regional Cancer Centre and the current emergency department expansion (being managed by the Victorian Health Building Authority).

Ongoing geotechnical and site investigations will be conducted as part of the planning phase and to inform future design.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 21 – Albury Hospital – master planning process – Page 43-44

The CHAIR: From the information I have provided – and what I have quoted from was the result of an SO 52 order through the Legislative Council – does it concern you that it appears a decision was made to progress with brownfield staging from an un-minuted discussion between a member of your department and a member of the Albury Wodonga Health executive while this very extensive master planning process was in the middle of happening?

Mr RYAN PARK: Dr Cohn, I will go through a couple of points to try to answer your question and then, because I know how important this issue is, I will ask the CEO of Health Infrastructure to add some further commentary around it. What I understood and what I've been advised is that early planning confirmed that a single site to the size and scale needed to meet the forecast healthcare needs of the that community, which is extensive, could be built on the existing Albury hospital campus, but could not be built on the Wodonga campus due to the size and site restrictions. Investing in a staged new build on the existing Albury hospital campus is more sustainable. As I have said to you, there are fairly new facilities on that site. We believe that it would deliver the community improvements in health care and services in a way that is sustainable going forward. Rebecca, would you like to add anything? It was a little bit before my time.

REBECCA WARK: Thanks, Minister. I can't answer any specific questions in relation to the timing that you mentioned. I am happy to take that on notice. I think the Clinical Services Plan highlighted the need for a single-site redevelopment. It didn't say if that needed to be greenfield or brownfield. There are a number of advantages –

ANSWER

I'm advised:

The Albury Wodonga Health Clinical Services Plan highlighted the need for a single-site regional hospital. The new hospital redevelopment can be delivered sooner and more sustainably on the existing Albury Hospital campus.

Investing in a major new build on the existing Albury Hospital campus delivers better value for money and allows delivery of the project sooner than if it was built on a greenfield site. It also means it can build on recent investments made to infrastructure and services at the existing Albury Hospital campus, allowing the hospital to fulfill its role as a regional health hub. These include:

- The colocation with the Regional Cancer Centre
- The soon to be opened new \$36 million Emergency Department and Short Stay Unit at Albury Hospital that will become operational in early 2024
- UNSW Rural School of Clinical Medicine presence already on the Albury site
- Patient accommodation availability on the Albury site particularly for patients undergoing radiotherapy
- Proximity to Albury Airport.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 22 – Albury Hospital – Member for Albury – Page 45

The CHAIR: You would understand that the community is perhaps hesitant to believe that that's possible without the detail of how it's going to be done, when this really extensive master planning process recommended against doing it. My next question is to the Minister. I understand that the member for Albury was involved in meetings and briefs regarding this project in late 2021, which is obviously in the term of the previous Government. Is the Minister aware that the member for Albury had declared in his parliamentary disclosures — and rightly so — his ownership of the building and business across the road from the current Albury hospital site?

Mr RYAN PARK: I am going to say that I was aware he had declared a conflict of interest about something there. That was probably it, but I am not going to be disrespectful and say that was definitely the case. All I expect, and I think all of us expect, is that as members of Parliament we do the appropriate declarations. I don't want to say that the member for Albury has done anything other than fulfilled that requirement. That is what I think is the expectation of all of us.

The CHAIR: To be clear, in the stem of my question I did say that it was declared, and rightly so. My question was whether you were aware.

Mr RYAN PARK: I am aware that there was a conflict. He had raised some issues around potential conflict of interest. I don't think it was about a business, so to speak. I think it might have been to do with a relative, which is what I thought, but I may take that one on notice.

ANSWER

I am advised:

All Members of Parliament acknowledge their responsibility to maintain the public trust in them by performing duties with honesty and integrity as outlined in the Code of Conduct for Members Legislative Assembly of New South Wales.

The Constitution (Disclosure by Members) Regulation 1983 (Regulation) sets out Members' obligations to disclose relevant pecuniary and other interests in periodic returns to Parliament.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 23 – BE QoN - Health - Albury Hospital – modular decant planning

The CHAIR: I wish that all regional communities were treated with that kind of generosity. Of the \$558 million for Albury hospital, \$45 million was a previous commitment of the New South Wales Government before this redevelopment was announced. Was there ever any request or consideration that this be used for urgent modular capacity while the planning for a future greenfield site progressed?

Mr RYAN PARK: I'd have to take advice on that. I'm happy to ask Rebecca. Sorry, with the predating of this, I don't want to mislead the Committee in any way.

REBECCA WARK: Could you repeat the specific question around modular?

The CHAIR: Has there ever been any consideration or request for the existing funding committed by New South Wales to be used for urgent modular capacity for the bed deficit that we currently have at Albury hospital while the greenfield planning progresses?

REBECCA WARK: We are not doing greenfield planning, and I take on notice the question about modular decant. As I mentioned earlier, we will be doing staging planning around that and if that involves some temporary relocation then that will be provided. But in specific answer to your question, no, I am not aware of it.

ANSWER

I'm advised:

In October 2022, the NSW, Victorian and Australian Governments announced a \$558 million redevelopment of the Albury Hospital. This included \$45 million previously committed in the 2022-23 NSW State Budget to enhance medical and surgical services on the Albury Hospital campus.

NSW Health has not received a request to redirect that funding towards increasing current capacity at Albury Hospital through temporary modular units.

The redevelopment includes the construction of a new Clinical Services Building at the existing Albury campus. Albury Hospital will remain operational throughout the delivery of the redevelopment, which will be designed and delivered to minimise the impact on hospital services.

Issues relating to Albury Hospital's current service delivery are a matter for Albury Wodonga Health.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 24 – BE QoN - BreastScreen – breast density – Page 47

The CHAIR: In 2022 the European Society of Breast Imaging published new recommendations for screening of women with extremely dense breasts, which includes MRI for some women. The Royal Australian and New Zealand College of Radiologists is currently in the process of updating their position statement on breast density. Is any work being undertaken by BreastScreen NSW to investigate whether reporting breast density with screening results has a mortality and morbidity benefit?

Mr RYAN PARK: I think Tracey and the team from the Cancer Institute is working on this. I've had a number of discussions with them about BreastScreen NSW. I think the former Minister for Regional Health was also focused on delivering screening across regional and rural New South Wales, particularly in hard-to-access areas. I'll ask Dr Chant to allude, just in case. Tracey from the Cancer Institute is not here with us, but Dr Chant might be able to add some specifics around the particulars of breast density.

KERRY CHANT: Just to alert you that I'm aware that the Cancer Institute chief executive is looking at the issue that you raise. It is a very important issue. I think it would be better that we take it on notice and get a robust response on what Dr O'Brien is up to in relation to that issue.

Mr RYAN PARK: Happy to.

The CHAIR: I look forward to that answer on notice.

ANSWER

I'm advised:

BreastScreen NSW provides information about breast density on its website at www.breastscreen.nsw.gov.au.

Breast Screen NSW aligns with BreastScreen Australia, which does not currently support density reporting. There is not a nationally consistent or funded approach to measuring breast density. There is also no established funded pathway for the care and ongoing surveillance of women identified as having dense breasts.

In NSW women recalled for further tests following their initial BreastScreen mammogram are informed of their breast density based on a subjective assessment provided by specialist doctors. This allows for further discussion and counselling.

The Cancer Institute is evaluating technology to measure and categorise breast density accurately and expects to have an outcome of this evaluation within 12 months.

On 27 October 2023, the Federal Minister for Health announced a review of the BreastScreen Australia Program. NSW, and Victoria were instrumental in calling for this review. The review will evaluate current and emerging screening

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

technologies, screening and assessment pathways, and the issue of breast density. The review and any recommendations are due by the end of 2024.

The Royal Australian and New Zealand College of Radiologists will soon release a finalised position statement on breast density. This will be taken into consideration as part of the national review.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 25 – Voluntary Assisted Dying – Western Sydney Planning – Page 49-50

The Hon. SUSAN CARTER: Thank you for that information. I'm still not clear. As a patient seeking palliative care, am I going to be co-located with a patient receiving VAD or are they physically separate?

KERRY CHANT: Local health districts will be doing service planning associated with voluntary assisted dying. What we obviously want to do is make sure that people have access to voluntary assisted dying if they want it administered where they might want it administered –

The Hon. SUSAN CARTER: I'm not trying to cut you off. I'm just really struggling and I wonder whether I've explained the question properly. What has been put to us very clearly is that, especially in Western Sydney, there is great concern amongst culturally and linguistically diverse communities and Indigenous communities that they want to receive palliative care completely separate from VAD. I'm just wondering if the service has been structured in that way.

KERRY CHANT: The local health districts have been given autonomy in the way that they structure the services.

The Hon. SUSAN CARTER: Can you comment about what is happening in Western Sydney?

KERRY CHANT: In terms of the specifics of Western Sydney, we've obviously worked greatly with them, we can take that on notice about what their specific plans are.

RESPONSE

I'm advised:

Western Sydney Local Health District's Voluntary Assisted Dying service will be a consultative service to support patients across the District - both hospital based and in the community. The service will not be linked to a physical location and will be available in any District facilities.

The Voluntary Assisted Dying service will work with all disciplines and specialities and aligns with the NSW Voluntary Assisted Dying Clinical Practice Handbook and the NSW Health policy directive *Voluntary Assisted Dying* (PD2023_37).

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 26 – Palliative care – Aboriginal – Page 50

The Hon. SUSAN CARTER: So do you have data about the number of Indigenous people in New South Wales who access palliative care?

DEB WILLCOX: I'd have to take that on notice, I'm sorry.

The Hon. SUSAN CARTER: And the number of children?

DEB WILLCOX: I don't have that information before me. I can take it on notice though.

ANSWER

I'm advised:

The table shows Indigenous adults and all children (indigenous and non-indigenous) who received admitted and non-admitted palliative care in NSW.

Fin Year	Indigenous Adults		All Children	
	Admitted patients	Non-Admitted Patients	Admitted patients	Non-Admitted Patients
2020-21	403	1,055	136	400
2021-22	385	970	115	376
2022-23	426	1,046	137	359

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 27 – Rural Health Workforce Incentive Scheme - coverage

The Hon. BRONNIE TAYLOR: I'm really genuinely very happy for you. Can I just ask some questions, and I'm not sure whether they will be for Mr Sloane or Mr Minns. Under the Government's Rural Health Workforce Incentive Scheme, will any incentives be available to attract or retain health workers in John Hunter Hospital or Wollongong Hospital?

PHIL MINNS: Mrs Taylor, essentially it's a decision that gets made at the LHD level. If you wanted me to, I could tell you how much money has been expended year to date for that district.

The Hon. BRONNIE TAYLOR: I know that you can tell me anything I want and I won't understand half of what you say, Mr Minns, because you're very good with all of this. I just want to know, I guess, are Newcastle and Wollongong included in the new Rural Health Workforce Incentive Scheme?

PHIL MINNS: I would want to check that. Someone will send me a text.

The Hon. BRONNIE TAYLOR: Do you want to take it on notice and then if you get the text, you can tell me and we can take it off notice?

ANSWER

I'm advised:

Please refer to the answer provided by Mr Phil Minns on page 57 of the transcript.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 28 – Rural Health Workforce Incentive Scheme – Page 51

The Hon. BRONNIE TAYLOR: This new scheme is actually a modification of the old scheme that was introduced – or the scheme that the previous Government introduced. Would that be correct?

PHIL MINNS: It's really a continuation with essentially one tweak, and the tweak is that we've said that in circumstances where you've not had success with the 10,000 incentive package arrangement and it's still a critical role and that incentive is not working, you can offer up to 20,000 across a three-year period.

The Hon. BRONNIE TAYLOR: But previously would it have been correct to say that when you looked at a whole package, it could've been up to 20,000?

PHIL MINNS: Yes and so this is adding 10. It's not taking anything away from that –

The Hon. BRONNIE TAYLOR: No, I understand that, but my understanding was as well that some of those packages could be up to 20,000 previously.

PHIL MINNS: And that would relate to the non-salary-related benefits.

A The Hon. BRONNIE TAYLOR: I understand that, Mr Minns, but I just want to be really clear for the Committee because it was said that there was an increase and if you look at the whole package of incentive, the previous program could allow for that uplift up to 20. I understand the new one does too. But that's correct when you look at the package?

PHIL MINNS: The new one is creating an extra \$10,000, to be contributed towards the attraction component for three years.

The Hon. BRONNIE TAYLOR: But the previous one could be a package of up to \$20,000 too.

PHIL MINNS: But there weren't many at that level.

The Hon. BRONNIE TAYLOR: I'm asking you the question.

PHIL MINNS: I would need to check, but I doubt that anyone got 20 under the old arrangement.

The Hon. BRONNIE TAYLOR: Yes, but it was possible to get.

PHIL MINNS: Well, possibly not because –

The Hon. BRONNIE TAYLOR: Do you want to take it on notice and we can get to the crux of it?

PHIL MINNS: Okay.

ANSWER

I'm advised:

The NSW Rural Health Workforce Incentives Scheme, implemented in July 2022 offered financial incentive packages of up to \$10,000. Other non-salary related benefits were and continue to be available under the scheme.

On 13 April 2023, the NSW Government approved an increase in incentive package value for critical vacancies to \$20,000 for one year, up to 30 June 2024. On 11 August 2023, the NSW Government approved an extension of the package value increase for a period of 3 years, to 30 June 2026. There continues to be non-salary related benefits available under the scheme as was the case in the initial roll out.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 29 - Rural Health Workforce Incentive Scheme – Page 52

The Hon. BRONNIE TAYLOR: That would be really good. As of 27 September 2023 — we just picked that date — how many positions are currently advertised as eligible for the Rural Health Workforce Incentive Scheme?

PHIL MINNS: I've got a table here that will take a while to — newly recruited with headcount across the State is 1,350.

The Hon. BRONNIE TAYLOR: What date was that from, Mr Minns?

PHIL MINNS: That is from yesterday. Well, I got the data yesterday. It might be the last fortnight's paying point.

The Hon. BRONNIE TAYLOR: When is the start of the data?

PHIL MINNS: It's a rolling —

The Hon. BRONNIE TAYLOR: I understand. Is this a total since the last scheme was introduced or is this only the new —

PHIL MINNS: No, this is the entire scheme from when it commenced. But that's not the only number that's relevant.

The Hon. BRONNIE TAYLOR: Can you break up for me pre- and post-March 2023?

PHIL MINNS: Not with the data I have.

The Hon. BRONNIE TAYLOR: Could you take that on notice? Thank you very much, Mr Minns.

ANSWER

I'm advised:

From July 2022 to March 2023, the total number of health workers recruited by headcount is 376.

From April 2023, the total number of health workers recruited by headcount is 974.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 30 & 31 - Manning Base Hospital – Page 53

The Hon. BRONNIE TAYLOR: Was a member of the department present at a meeting between

Minister Park and the member for Myall Lakes on 27 June, during which the importance of cardiac services in the region was discussed?

SUSAN PEARCE: Not to my knowledge, Minister.

The Hon. BRONNIE TAYLOR: Did you want to take that on notice to check or are you happy?

SUSAN PEARCE: That is to the best of our knowledge. We can check.

The Hon. BRONNIE TAYLOR: Understood, Secretary. Thank you very much.

Therefore, there was no direction that the Minister gave or anything after that if no-one was there?

SUSAN PEARCE: We would have to take that on notice.

ANSWER

I'm advised:

No officers from the NSW Ministry of Health attended the meeting noted and therefore there was no direction from the Minister.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 32 – People with disability – Get Skilled Access – Page 61

Ms ABIGAIL BOYD: I was talking with the Minister earlier about people with disability in particular. I understand that just before the election Labor committed to allocate \$800,000 to inclusive healthcare programs across 10 hospitals. They announced that in coordination with Dylan Alcott and his organisation GSA. Do you know if anything has happened in relation to that?

SUSAN PEARCE: Deb, would you be able to comment on that one?

DEB WILLCOX: Certainly. Thank you for your question, member. I'm certainly aware of Get Skilled Access and the work they're doing in an additional 10 hospitals, but as to where they're actually up to in terms of the work, I would have to come back to you with some more detail.

Ms ABIGAIL BOYD: Thank you. I couldn't see anything in the budget papers about it. It's quite a significant investment, \$800,000, so if you could come back on notice and let me know where that's — **DEB WILLCOX:** We're doing some planning work to deliver the training developed by Get Skilled Access in an additional 10 hospitals, consistent with the Government's commitment. But if you wanted detail on locations and just what they're doing, I could get back to you with that.

Ms ABIGAIL BOYD: Yes, and where it's up to. That would be great. Thank you.

ANSWER

I'm advised:

NSW Health has partnered with Get Skilled Access to provide education and training, designed, and delivered by people with a disability, for health practitioners in 10 hospitals.

The program will build disability capability for health staff and improve the accessibility and inclusiveness of NSW hospitals for people with disabilities.

Participating hospitals have not been selected. Ten hospital locations will be determined following the completion of planning and design work.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 33 – One-stop shop clinic at Westmead Hospital – Page 62

Ms ABIGAIL BOYD: Are you aware of the one-stop shop clinic operated at Westmead Hospital that was established by Dr Peter Smith and Dr Rummana Afreen in 2020? Do you know about this one?

SUSAN PEARCE: No, I can't say I'm familiar with that.

Ms ABIGAIL BOYD: This is providing opportunistic sedation to patients with complex and severe disabilities. Funding was secured for that clinic on a trial basis with, I think, staffing for one day a month. We also called for a similar model to be used elsewhere in the State, because there is a huge need and demand for this service. Is that something that you are looking at continuing or rolling out elsewhere?

SUSAN PEARCE: I'll take that on notice.

ANSWER

I'm advised:

NSW Health is committed to ensuring people with a disability are provided with high quality, accessible health care.

The one-stop shop clinic provides routine checks for adults with complex disabilities under sedation. Under a single episode of sedation, practitioners conduct multiple examinations, investigations, and treatments simultaneously. Patients are referred through Westmead Hospital outpatient clinics.

The one-stop shop clinic receives \$50,000 annual funding from Western Sydney Local Health District.

NSW Health works with other health and social care providers, including primary care, to provide specialised services through local health districts and specialty health networks.

NSW Health is monitoring the outcomes of the clinic to better understand the model and potential for roll-out elsewhere.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 34 – Kirkbride Precinct – Page 62

Ms ABIGAIL BOYD: If I can ask something totally different, in relation to the Kirkbride precinct, I understand that the department of lands and property EOI for that precinct has been handed back to NSW Health to consider options for that site. I wanted to know why that's been stalled. Can you take that on notice, maybe?

ANSWER

I'm advised:

Property and Development NSW led the expression of interest (EOI) process for a Kirkbride tenant. Property and Development NSW engaged in extensive negotiations with the proponents who responded to the EOI, however none were successful. The EOI concluded in April 2023.

NSW Health continues to consider alternative health services for the site and assess the Kirkbride precinct in line with legislation governing Callan Park, along with NSW Health system and NSW Government priorities. While this occurs, the NSW Ministry of Health is undertaking essential maintenance works and upgrades to the site.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 35 – Grafton Base Hospital – clinical service plan – Page 65

The CHAIR: Just trying to clarify my own understanding, the funding for the redevelopment would be allocated based on the most recent clinical services plan and not the previous clinical services plan, which had had funding for redevelopment allocated to that but never took place?

REBECCA WARK: That is on occasion a little bit chicken and egg, depending on when a project is announced and what the status of a clinical services plan development or approval by the district might be.

The CHAIR: Sure, but I'm trying to understand specifically for this one, specifically for Grafton Base Hospital.

REBECCA WARK: I would have to take that on notice.

The CHAIR: Please do.

ANSWER

I'm advised:

The need for an investment in health care services in the Clarence Valley region was identified in the Northern NSW Local Health District's Asset Strategic Plan 2018, supported by the Clarence Valley (Grafton) Health Services Plan 2016-2026.

The 2022-23 NSW State Budget included a commitment for \$263.8 million for the redevelopment of Grafton Base Hospital.

In addition, the 2023-24 NSW State Budget allocated \$8.3 million towards the redevelopment.

Northern NSW Local Health District finalised the Clarence Valley Clinical Services Plan (CSP) and was supported by the NSW Ministry of Health as the basis for planning for the \$263.8 million Grafton Base Hospital Redevelopment.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 36 – Grafton Base Hospital – planning funding – Page 65

The CHAIR: I understand that there was about a million dollars allocated as part of this redevelopment planning process. Can you just give us the detail of how that was spent?

REBECCA WARK: I'd have to take that on notice.

ANSWER

I'm advised:

The 2022-23 NSW State Budget allocated \$1 million as part of the \$263.8 million commitment to the Grafton Base Hospital redevelopment.

The 2023-24 NSW State Budget allocated \$8.3 million towards the redevelopment.

Planning activities undertaken for the project include existing infrastructure due-diligence, site surveys, town planning activities and engagement of the capital consultants and service engineers to start project design. These planning activities supported the release of a zonal master plan for the redevelopment in 2023.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 37 - Coolamon-Ganmain MPS – Page 65-66

The Hon. BRONNIE TAYLOR: Well, that's really exciting. I congratulate everyone who's done that, because that's really terrific to see. I'm very excited about that. Ms Willcox, I'm very tempted to ask you all about the menopause stuff, but I have so many questions I have to ask, I might just save that for the women's budget estimates – it's one of my favourite topics, as you know. Can I ask about the Coolamon-Ganmain MPS. Can I ask if a development is on NSW Health's list for the upgrade?

REBECCA WARK: I'll have to check that. My recollection is it's not currently on the list of Health Infrastructure projects.

The Hon. BRONNIE TAYLOR: The Coolamon-Ganmain MPS was listed as the number one priority for the Murrumbidgee Local Health District. Am I correct in saying that? Do I remember that correctly?

DEB WILLCOX: I'm not aware.

SUSAN PEARCE: We'd have to take that on notice.

The Hon. BRONNIE TAYLOR: Please would you mind taking that on notice, because I'm happy to be very wrong on that but I thought that was the number one priority for the Murrumbidgee Local Health District. So that's not on any priority list anymore? Would I be correct in saying that?

DEB WILLCOX: I think we have to take it on notice, Ms Taylor. We're not sure, apologies.

ANSWER

I'm advised:

The redevelopment of Coolamon Multi-Purpose Service has been identified as a priority project on the Murrumbidgee Local Health District's Strategic Asset Management Plan. It is included in the 5 capital investment priority projects.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 38 – Gunnedah Hospital – renal and chemotherapy services – Page 65

The Hon. BRONNIE TAYLOR: Can I please ask now about Gunnedah Hospital. There are several health infrastructure projects in development across the State. I'm just wondering with Gunnedah – and I do understand the history on this. I have been told – and I just want an answer on this – that it will no longer receive renal or chemotherapy service as part of the hospital upgrade. Would that be correct or incorrect? **REBECCA WARK:** Are you happy for me to answer, Secretary?

SUSAN PEARCE: Yes, please.

REBECCA WARK: The build contract for Gunnedah, I'm pleased to say, has just been awarded.

The Hon. BRONNIE TAYLOR: That's great.

REBECCA WARK: There has been a prioritisation of what has been able to be included in that, and that's because of escalation of costs from what was estimated at the time we went to tender until the time we awarded.

The Hon. BRONNIE TAYLOR: Ms Wark, I completely appreciate this position. So, basically, the renal and chemo services which were planned to be there won't be there anymore?

REBECCA WARK: I can check that for you.

ANSWER

I am advised:

Please refer to the answer provided by Ms Rebecca Wark on page 67 of the transcript.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 39 – Lifeblood – LGBTQIA+ community blood donations – Page 66

The CHAIR: I understand that the Queensland health Minister has also written to the Federal Government urging it to expedite individual risk assessment for whole blood donation, which I understand is international best practice based on evidence out of the US, UK, Canada and Israel. Do you know if NSW Health has had any engagement with the Federal Government about progressing individual risk assessment?

KERRY CHANT: I know we've had general discussions with Lifeblood about the policy setting in this space, but I would have to take it on notice in terms of any particular correspondence.

ANSWER

I'm advised:

NSW Health has not formally engaged with the Australian Government on the topic of progressing individual risk assessment for whole blood donation.

NSW Health continues to work with the National Blood Authority and LifeBlood to support the high-quality provision of blood and blood products for NSW patients.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 40 – PACER Budget – Page 69

The Hon. BRONNIE TAYLOR: Thank you, Secretary, you've answered my question. I appreciate that. I acknowledge how seriously you take anything like that. I know you even meet with people yourself, and I thank you greatly for that. What is the budget expenditure for PACER? Has there been any new funding for PACER?

SUSAN PEARCE: Did we have any comment about that specifically or did you want to take it on notice? **DEB WILLCOX:** I might take the funding on notice, if that's all right, Ms Taylor. The information around that was — I'm obviously speaking for mental health next week.

The Hon. BRONNIE TAYLOR: Okay. Sorry about that, Ms Willcox. You do that.

SUSAN PEARCE: But, certainly, we are continuing with the rollout of PACER. We have a process where we triage for areas of need with respect to the rollout of that program. The police are actively engaged in that. I've spoken previously to Commissioner Webb with respect to PACER. It is something that has, as you know, been very successful.

The Hon. BRONNIE TAYLOR: Have they offered to pay for any of it yet?

SUSAN PEARCE: I couldn't possibly comment about the police budget.

The Hon. BRONNIE TAYLOR: Sorry. Understood, Secretary. If you wouldn't mind taking that on notice. I know Ms Willcox will probably answer it in the mental health inquiry, but I would be really interested to know if there's any new money for PACER to roll out any new programs, not just existing ones, if that's okay. Thank you.

DEB WILLCOX: You're welcome.

ANSWER

I'm advised:

\$25.8 million over 4 years is being provided to support the PACER program in 10 Police Area Commands and 2 Police Districts across the greater Sydney area and Central Coast.

In addition, more than \$50 million is being provided over 3 years from 2021-22 for the provision of virtual mental health services. This funding allows rural and regional local health districts to adapt the PACER model.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 41 – Drug rehabilitation centres – Page 74

Ms CATE FAEHRMANN: I know it's not just about treatment beds, in terms of treating issues when it comes to alcohol and other drug use, but do you have a target in terms of opening up more treatment beds, both in Sydney and in regional New South Wales, as a result of the \$500 million funding? Is there a target for more centres, for more support, for more beds across New South Wales?

KERRY CHANT: There will be an increase in beds, and some of them are residential facilities. There has been a particular focus on enhancing services in rural and regional, and particularly for priority groups such as women and those with young families. I'm happy to take that on notice and give you a bit more of an issue in terms of what we think the scope of increase will be in terms of residential rehab, but I think you were very valid in pointing out that residential rehab is just one component of the spectrum, and used in a – a smaller group of patients would be suitable for residential rehab.

Ms CATE FAEHRMANN: Getting that on notice, broken down over the forward estimates, potentially in terms of what you're expecting in terms of beds opening up.

ANSWER

I'm advised:

From 2023-24, up to \$28.3 million is committed over 4 years to establish and operate 2 new residential withdrawal management and rehabilitation services.

A service for Aboriginal women with children will provide up to 14 beds and a service for young people aged 12 to 17 years will provide up to 17 beds.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 42 – Pre-court diversion scheme – Page 75

Ms CATE FAEHRMANN: I'm sure you've done this research as well, based on the numbers of people caught by police over many years with drugs on them. What is the expectation around how many people will go through this scheme in the first four years? What assessment have you done in that regard?

KERRY CHANT: I haven't got the modelling data before me but, as I said, I'm expecting that there will be a gradual uptick, as this is really also a discretionary element for police, and there are some people that won't fall within the eligibility parameters for police in this scheme. I'm happy to take that on notice in terms of the estimated volume.

ANSWER

I'm advised:

It is anticipated that the pre-court diversion scheme will divert thousands of people away from the NSW court system, including hundreds of First Nations people.

The anticipated numbers are informed by data from the Bureau of Crime Statistics and Research (BOCSAR) and assessment between lead government agencies.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 43 – Palliative Care – Goulburn and Southern Highlands – Page 76

The Hon. SUSAN CARTER: We talked earlier about various palliative care units that are being redeveloped in New South Wales. I couldn't see any funding in relation to allocation to the palliative care units in Goulburn and the Southern Highlands region. Can anybody help me with palliative care services in those regions?

DEB WILLCOX: Ms Carter, I'd have to double-check what's available in both those hospitals. I can come back to you. It will only take me a moment.

The Hon. SUSAN CARTER: I would be very grateful.

ANSWER

I'm advised:

Goulburn Hospital has 4 designed-for-purpose palliative care rooms.

In the Southern Highlands, Bowral and District Hospital provide palliative care in the adult and paediatric inpatient units as required.

Bowral and District Hospital employs 2 palliative care physicians. The primary and community health palliative care team provide out of hospital care.

Southern Highlands Private Hospital operates on the Bowral and District Hospital site through a lease arrangement and provides palliative care supported by charitable donations from the Southern Highlands Community Hospice group.

Bowral and District Hospital has also recently welcomed back its palliative care volunteers, who offer invaluable support to patients and carers.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 44 – Contracts for training or consulting – Page 79

The Hon. SUSAN CARTER: I anticipate you may have to take this question on notice, but I am wondering if you have — and, if so, if you can provide us with — a list of all contracts for training or consulting which have been awarded to a union?

PHIL MINNS: Yes, I'm sure we can have a look and see if there are any and make that information available on notice.

The Hon. SUSAN CARTER: Thank you. I would be grateful.

ANSWER

I'm advised:

There are no NSW Ministry of Health records of contracts for training or consulting awarded to a union during the past financial year.

The Ministry does not have oversight of contracts that may be undertaken by local health districts.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 45 – Ramping Inquiry - partnered pharmacists medication charting trial trialling – Page 79

The CHAIR: Just coming back to the recent New South Wales Government inquiry into ramping and access block and some of those recommendations, particularly around pharmacy, there was a recommendation around implementing partnered pharmacists' medication trialling in hospitals. I am wondering if there has been any work done towards considering that implementation?

PHIL MINNS: I would have to take that on notice, I'm afraid.

ANSWER

I'm advised:

Partnered Pharmacist Medication Charting in emergency departments has been identified as an area for further exploration as part of the Future Health Strategy. There is an action in the strategy to *Design, pilot, and scale best-practice multidisciplinary models for better patient outcomes across a range of settings*. Partnered Pharmacist Medication Charting is one of several programs identified to be further developed and scaled across the system.

A steering committee has been established to oversee these programs. The Chief Allied Health Officer has been identified as the Lead for Partnered Pharmacist Medication Charting in collaboration with the Chief Pharmacist.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 46 – Ramping Inquiry - public hospital pharmacy workforce – Page 79

The CHAIR: There was also a recommendation about increasing the number of public hospital pharmacists so that their availability better matches emergency department availability.

I understand there is a significant number of new positions being promised in NSW Health. How many new pharmacist positions in the public hospital pharmacy workforce are being created as a result of this budget?

PHIL MINNS: I would need to take it on notice, Chair.

ANSWER

I'm advised:

Local health districts and speciality health networks are responsible for planning and delivering services to their communities. This includes pharmacy services in line with patient, community, and local need.

Variances in pharmacist availability will be in line with the Role Delineation Levels of Emergency Medicine (level 1, 2, 3 4), publicly available at www.health.nsw.gov.au/services/Publications/role-delineation-levels, and contingent on regional, rural, and metro locations and after hours and weekend services.

On 13 November 2023, there are around 30 pharmacist positions available on the NSW Health jobs board at <https://jobs.health.nsw.gov.au>. This includes pharmacists and pharmacy assistant positions.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 47 – Hospital pharmacist vacancies – Page 80

The CHAIR: I am just interested because your answer has focused on the sort of reputational and brand issues. Does that mean that there are a number of hospital pharmacists or hospital pharmacist intern positions that are currently vacant?

PHIL MINNS: I don't think so. I will take it on notice to give you a precise answer. The area where we are sort of seeing a pattern of challenge around graduate recruitment is mostly in medical intern in rural and regional, and we are currently sitting at about 65 available places for new interns to commence in the next clinical year. But we've got the other 1,280. That bothers us because of how it impacts the system if we don't get those new medical interns, but it is not a huge order of magnitude. It is a little bit more than last year. We will look at international medical graduates earlier in the process of recruitment to see if we can use that as a resource to deal with that gap. There has been at times a view that COVID and its aftermath and some of the narrative about it was impacting on enrolments in medical-related disciplines. I don't think that is now the view still of the university deans. I think they've seen a sort of swing back to more healthy levels of student interest in enrolment. I just think it's timely for us to have our own staff speak to what they value about working in this system, and one of the things they value is the fact that it's such a huge system that their career opportunities are really quite considerable. There are about five key themes that have come from those staff engagement sessions.

The CHAIR: You didn't quite answer my question. I let your answer run because the medical intern piece is obviously really important as well, and I was interested to hear about what's happening with JMOs. My question was about intern pharmacists rather than medical interns.

PHIL MINNS: I'll have to take that on notice. It has not been raised with me as a looming issue that's different to normal trend, but I will certainly take it on notice.

The CHAIR: While I have you, Mr Minns, I would

ANSWER

I'm advised:

NSW Health does not centrally collect numbers on vacant positions.

However, between 19 September 2023 and 6 November 2023, 60 pharmacist and 2 pharmacist intern job requisitions were published on the NSW Health careers website at <https://jobs.health.nsw.gov.au>.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 48 – Single Digital Patient Record – Page 81

The CHAIR: I'm moving to a completely different topic now. How much is the Single Digital Patient Record project costing to deliver?

SUSAN PEARCE: If you could just give us a moment, we'll see if we've got that to hand.

...

SUSAN PEARCE: I don't have the full figure to hand, Chair. We can take that on notice.

ANSWER

I'm advised:

A total of \$124 million was allocated in the 2023-24 NSW State Budget to support delivery of the Single Digital Patient Record project.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 49 - Single Digital Patient Record- IT Provider – Page 81

The CHAIR: What kind of experience does the selected IT provider Epic Systems have of developing a Single Digital Patient Record of this project scale previously?

SUSAN PEARCE: Our understanding is that it has a substantial history with delivering services of this size at scale. The team were able to understand the work that they've done, for example, in the US with Kaiser Permanente and so on, which is a very large health service, as you would know, in the US. The lessons that have been learnt, even from smaller rollouts, are being taken into consideration in terms of the rollout of the SDPR. This will be a huge change for the New South Wales health system that will enable our clinicians to see patient information that they couldn't previously see.

For example, if you were a patient at Sydney Eye Hospital, which is nearby with us, today, but tomorrow you were at Royal Prince Alfred, the clinicians can't currently see between the electronic medical records between the districts. The SDPR will correct that. We anticipate as well that as a consequence of that, it will improve patient safety but also for patient experience. They're continually having to repeat stories in terms of their medical history, their medications, what diagnostic tests they've had and so on. That will be addressed by this system as well as many other things.

And excitingly there is also opportunity within the SDPR for the patient themselves to be able to hold their own information that they can then share with their primary care provider, which I think will be a major improvement for us in our system in the fullness of time because of those issues, as I'm sure you're well aware, with discharge summaries and the like. So we're very excited about this, but, Deb, did you have anything else to add in terms of the scale of it?

DEB WILLCOX: I don't think so. Some of the functionality that clinicians and patients are going to receive from having this single platform across the State, the secretary has outlined, and it is a massive transformation for the system. We're working with literally hundreds of clinicians across the State, so they'll have a lot of input into the Epic rollout and to some of the configuration and special functions that will be important for their specialty areas. So just to reassure the Committee, the input of our clinicians, consumers as well as our non-clinical staff across the system will be actively involved over the coming years. I'll come back to you with a figure, my apologies.

RESPONSE

I'm advised:

Epic has extensive experience supporting large scale electronic health record implementations that cover large geographic regions, a wide range of specialties, thousands of users, and millions of patients.

The Epic platform is used by healthcare organisations such as Alberta Health Services in Canada that provides care to a population of around 4.5 million and employs 100,000 staff. It is also used by Kaiser Permanente, the largest managed care organisation in the United States. It serves a population of around 12.5 million and employs over 200,000 staff across the country.

Budget Estimates - 26 October 2023
Health, Regional Health & the Illawarra and the South Coast
Responses to Questions on Notice

QUESTION 50 – Oncology Information System – Page 81

The CHAIR: I've got a related question about the Oncology Information System. How many cancer centres did eHealth visit across the State as part of that consultation process?

DEB WILLCOX: I have to take that on notice, Chair.

RESPONSE

I'm advised:

eHealth NSW worked with the Cancer Institute to develop the Oncology Information System Strategy. This included consultation with over 500 stakeholders across all 15 local health districts, including all cancer centres, clinical staff, patients and carers as well as external subject matter experts. As part of this process, eHealth NSW visited one cancer centre and held 16 workshops, which were conducted both face-to-face and virtually.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 51 – Rural Inquiry – unused hospital wards – Page 82

The CHAIR: I should have kept all of my questions to do with inquiries together. I'm going back to the rural health inquiry, which heard evidence about reasons that were given for wards or theatres to be unused. At the time of the inquiry, the Minister said it was unacceptable to have unused operating theatres when there were people waiting for life-changing surgery, and I agree. Can you provide us with an update on hospitals that were raised in that inquiry with unused wards, both due to infrastructure failings or staff shortages? Have any of those been resolved since the inquiry?

LUKE SLOANE: We would have to take that on notice and go through the specific wards referenced if we had access to the evidence that wasn't confidential. I'm happy to chase that up.

ANSWER

I'm advised:

Evidence was provided at the Rural Health Inquiry that Leeton and Tamworth hospitals had unused operating theatres.

In 2017, the operating theatre at Leeton Health Service was closed due to insufficient patient volumes and because it no longer met Australian standards.

Tamworth Hospital currently runs 5 operating theatres. A sixth theatre can be used depending on demand and the mix of surgical lists on any given day.

Recruitment to the regional, rural and remote workforce continues to be a priority for NSW Health.

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Questions on Notice

QUESTION 52 – UTI Trial – Page 82-83

The Hon. BRONNIE TAYLOR: Can I quickly be indulged about the UTI trial?

SUSAN PEARCE: Yes.

The Hon. BRONNIE TAYLOR: Is it just a smashing success? I know you guys want to go and everything.

SUSAN PEARCE: No, we're loving it.

The Hon. BRONNIE TAYLOR: I know. You're very dedicated.

SUSAN PEARCE: We are.

The Hon. BRONNIE TAYLOR: I just love that everyone is talking about it. Is there some really good news, Dr Chant?

KERRY CHANT: It's been a very effective rollout. I'm trying to find my details. I'm sure I've got the numbers, but we can certainly —

The Hon. BRONNIE TAYLOR: Just anecdotally I'm happy with. You don't even have to do it on notice. I'm just so interested, because it was obviously my baby.

KERRY CHANT: There certainly has been a reasonably good uptake. And, as you know, we've rolled out the oral contraceptive pill trial as well.

The Hon. BRONNIE TAYLOR: Yes.

KERRY CHANT: So we'd be happy to give you the updated numbers. They do change daily, but we'll give you —

The Hon. BRONNIE TAYLOR: If it's not too much trouble — I'm just so interested.

ANSWER

I'm advised:

The NSW Government is funding a state-wide clinical trial for appropriately trained pharmacists to provide medications for urinary tract infections and provide extensions for supply of the oral contraceptive pill. The UTI trial started in May 2023 with a feasibility study.

During the feasibility study phase of the trial, until 30 July 2023, 939 consultations occurred across 94 participating pharmacies.

The broader roll out of the UTI trial began on 31 July 2023. As of 31 October, 1,156 pharmacies are participating, and 4,233 consultations have been provided.

The oral contraceptive pill trial began on 27 September 2023. As of 31 October 2023, 1,102 pharmacies are participating and there have been 191 consultations.