

20 JUNE 2001

(GENERAL PURPOSE STANDING COMMITTEE NO. 2)

PORTFOLIO

HEALTH

QUESTIONS TAKEN ON NOTICE

1. Dr Pezzutti asked the Minister for Health, the Hon Craig Knowles, MP—

(Relevant area in Hansard: p20, top)

- (1) When will mental health funding be subject to the resource distribution formula (RDF)?
- (2) When will Northern Rivers get its fair share of the mental health money?

Answer:

(1) and (2) I refer to the answer provided on page 19 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2, Wednesday, 20 June 2001, with which the Chair indicated he was happy.

Northern Rivers Area Health Service is receiving a 54.5 per cent spending growth under the three year Mental Health Enhancement Funding Program 2000/01 to 2002/03.

2. Dr Pezzutti asked the Minister for Health, the Hon Craig Knowles, MP—

(Relevant area in Hansard: p21, top)

Why is the Northern Rivers Area Health Service funding not adequate to maintain the operation of the mothering unit built in Lismore, a 10 bed discarded room specifically for early childhood management of some 1,500 mothers in Lismore?

Answer:

There is adequate funding to maintain the Women's Care Unit which has 26 beds as well as a special care nursery for very ill and premature infants.

3. Dr Pezzutti asked the Minister for Health, the Hon Craig Knowles, MP—

(Relevant area in Hansard: p23/24, bottom/top)

How many creditors do area health services have over 45 days?

Answer:

I refer to my answer to question 7 (14).

4. Mr Johnson asked the Minister for Health, the Hon Craig Knowles, MP—

(Relevant area in Hansard: p34, top)

How much did it cost to answer questions on notice?

Answer:

In 2000, NSW Health appeared before the Estimates Committee on four occasions; a total of 128 questions were put on notice, at a total cost of time and resources to NSW Health totalling approximately \$80,000.

ADDITIONAL QUESTIONS**5. Ms Gardiner asked the Minister for Health, the Hon Craig Knowles, MP—**

- (1) Please provide information about 2000-01 budgeted and revised allocations to each of the Area Health Services for each of the “fenced off” categories, and
- (2) Please provide information about the budgeted allocations to each of the Area Health Services for 2000-01 for each of the “fenced off” categories.

Answer:

Instructions were issued to all Health Services that expenditure on mental health, Aboriginal health and community health must be maintained in real terms, at least at the level of 1999/2000 annual budgets as may be adjusted by specific enhancements.

Budgeted and revised information for 2000/01 on each of these “fenced off” categories is not yet available. Annual Reports containing the information are not due to be presented until November 2001.

6. Mr Pezzutti asked the Minister for Health, the Hon Craig Knowles, MP—

- (1)
 - (a) Did you seek or receive reimbursement, or did your government agency pay or is in the process of paying, for an ‘out of pocket’ expense, incurred by you, as outlined in Ministerial Memorandum No.99-24, in 2000-01?
 - (b) If so, what was the breakdown of these expenses?
 - (c) What is the forecast amount to be spent in 2001-02?
- (2)
 - (a) Does your Ministerial Office have a discretionary allowance?
 - (b) How was it expended during 2000-01?
 - (c) What is the forecast for expenditure in 2001-02?
- (3)
 - (a) What was the breakdown of expenditure for the day-to-day running of your Ministerial Office in 2000-1?
 - (b) What is the forecast for expenditure in 2001-02?

- (4) (a) What is the breakdown of expenditure, as authorised by your Chief of Staff, and outlined in Ministerial Memorandum No. 96-28, for 2000-01?
- (b) What is the forecast for expenditure in 2001-02?
- (5) What was the total cost of salaries for your Ministerial staff in 2000-01?
- (6) What was the total cost of Ministerial motor vehicle expenses in 2000-01?
- (7) For each agency in your portfolio, what was spent in 2000-01 on media services?

Answer:

- (1) (a) to (c) Ministerial Memorandum 99-24 provided guidelines on the policy for reimbursement of expenses related to general expenses. The expenditure must relate to expenditure on official government business.
- (2) (a) No.
- (b) and (c) Not applicable.
- (3) Expenditure for Ministerial Offices is determined by the Budget Committee of Cabinet.
- Expenditure must be in accordance with the provisions of the Public Finance and Audit Act.
- (4) (a) Approval of expenditure must be in accordance with delegations and in accordance with the Public Finance and Audit Act.
- (b) This will depend on the nature and extent of any expenditure in 2001-02.
- (5) Expenditure was in accordance with the remuneration levels determined by the Director General of Premier's Department as the employer of ministerial staff.
- (6) Motor vehicle management is undertaken within policies administered by State Fleet Services and the Department of Public Works and Services.
- (7) There is no specific allocation in the Health Budget to "media services". As was the case under the former Coalition Government, all agencies work with the media on a range of activities, which include areas such as health promotion.

7. Mr Pezzutti asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Underspent Hospital Budgets'

- (1) Why did you underspend the overnight acute inpatient budget by \$250 million last year when there are now nearly 68,000 people waiting for elective treatment?
- (2) What percentage of the total acute inpatient hospital budget is directed to elective surgery and elective medical treatment?
- (3) Please provide information about 2000-01 budgeted and revised allocations to each of the 10 health budget programs for each Area Health Service.
- (4) Please provide information about 2000-01 budgeted and revised allocations to each of the 10 health budget programs for each hospitals which provide elective treatment.

- (5) How long were each of our hospitals shut for elective surgery during 2000-01 and how long are they scheduled to be closed for elective surgery for the rest of this year (ie winter closures, October holidays)?
- (6) How much supplementary money was given to area health services in the 2000/01 financial year for elective surgery?
- (7) How many Area Health Services have overspent their budgets this year?
- (8) How many hospitals have overspent their budgets this year?
- (9) Identify the hospitals which are being forced to cancel elective surgery operations at the moment because they are over budget?
- (10) Is it reasonable that John Hunter Hospital has been forced to cancel some heart by-pass operations until the end of the financial year because they have no more money in their budget?
- (11) Is it reasonable that Mrs Patricia Smith of Taree had her pacemaker operation which was scheduled at John Hunter Hospital cancelled on Tuesday 12 June and has now been told she will not have the operation until August?

In relation to 'Overdue Accounts'

- (12) How much money is owed as at the 31 December 2000 and at this date by Rural Area Health Services in the form of Accounts Payable and current borrowings? (provide separate figures for each AHS)
- (13) How much money is owed as at 31 December 2000 and as at this date by Metropolitan Area Health Services, the New Children's Hospital and the Ambulance Service in the form of Accounts Payable and current borrowings? (provide separate figures for each AHS)
- (14) What is the total of Accounts Payable at 31 December 2000 and at this date which have been outstanding over 45 days?

In relation to 'Area and Hospital Budgets'

- (15) What is the Department of Health's recurrent allocation (budgeted and revised) in 2000-01 and 2001-02 for each area health service?
- (16) What is the Department of Health's recurrent allocation (budgeted and revised) in 2000-01 and 2001-02 for each hospital on the waiting list

In relation to 'Ambulance Service'

- (17) What is the total budget of the NSW Ambulance Service this year?
- (18) Is the directive which your Director General issued to hospitals last year which threatened budget cuts if the hospital went on LTO still being enforced?
- (19) How much did the Ambulance service raise in fees last year? How much money does the Ambulance Service raise in fees each day on average?

In relation to 'Private Fees'

- (20) Given the Budget Papers show NSW public hospitals raised \$492 million through patient fees over the last financial year - \$52 million more than budgeted, how can you claim that the increase in privately insured patients had done nothing to help NSW public hospitals?

In relation to 'Contracts'

- (21) How much money has been set aside in the budget for increases in VMO contracts?

In relation to 'Capital Works'

- (22) Why did you underspend your capital works budget by \$50 million last year?
- (23) Have you allocated capital money, as you promised on September 7 2000, to the replacement of the Air Ambulance Beechcraft, which have exceeded their lifecycles and have 'significant cracks' in the fuselage?
- (24) In regard to the Royal North Shore Hospital lifts. Of the \$2 million allocated to the replacement of the RNS Hospital lifts last year, only \$50,000 was spent. Why?
- (25) Will the money allocated to rural accommodation in this year's budget include the upgrade of doctors quarters at Dubbo Base Hospital? And what is the estimated start and completion dates?
- (26) How much was budgeted and how much was actually spent on refurbishment or replacing of administrative offices for Macquarie Area Health Service?
- (27) Can you provide details of minor miscellaneous works (which total \$99,354,000)?

In relation to 'Vacant Land'

- (28) How many sites or parts of sites owed by the Department of Health are surplus to Government needs?
- (29) How many are on the market?
- (30) How much revenue do you anticipate will be raised this year through the sale of Department of Health sites?
- (31) What is the status of the tender process for the establishment of community health services located on old Western Suburbs Hospital? When will the services be finally available?

In relation to 'Primary and Community Based Services'

- (32) What is the specific budget of the Drug and Alcohol Directorate for 2001-02?
- (33) How much of Area Health Service budgets will be allocated for Drug and Alcohol Treatment and rehabilitation in 2000-01. Please provide details for each area?

In relation to 'Population Health Services'

- (34) How much money has been allocated for tobacco control programs in 2000-01, at both central and area level. Please provide details for each area?

In relation to 'Hospital Admissions'

- (35) This years budget does not provide information about hospital admissions in 2000-01 or anticipated admissions in 2001-02. Please provide?

In relation to 'Mental Health Services'

- (36) What percentage of the mental health budget is provided to non-government organisations?

In relation to 'Other'

- (37) How many consultants and/or consultancies have been engaged by the Department of Health in 2001-02, what were they for, who conducted them and how much money has been allocated to them?
- (38) How much money has been allocated to health public relations?
- (39) How much money does each Area Health Service allocate for health public relations?
- (40) How many staff are engaged in these public relations activities?
- (41) What is the total cost of overseas trips made by you and your personal staff/family during 2001-02?

In relation to 'Metropolitan Hospital Plan'

What percentage of the NSW Health workforce is classified as 'administration'?

- (43) In your response to the metropolitan hospital plan announced last week, you announced an additional eight CT scanners for metropolitan hospitals. Where will these scanners be located?

In relation to 'Local Issues'

- (44) Kempsey - Why has no funding been allocated to upgrade Kempsey District Hospital's operating theatre (including installing additional entrance/exit) to meet modern standards. When can the Kempsey community expect funding to upgrade the theatre?
- (45) Guyra – given that it has been found that Guyra War Memorial Hospital doesn't come up to fire and other safety standards, will you fast track its replacement with an MPS currently planned for 2003?
- (46) Wouldn't this be a better use of public money than spending \$300,000 on an upgrade to the present building – or have you changed your commitment to build an MPS on a greenfield site in Guyra?
- (47) Will the \$500,000 feasibility study for a new hospital in Orange, be based on Orange Base Hospital remaining the major regional base hospital within the Mid Western Area Health Service?

In relation to 'Manly/Mona Vale'

- (48) What has been the cost to date of the Northern Beaches health service consultation process. What is the estimated ongoing cost?
- (49) What is the cost of the fees paid to GHD consulting (for above)?
- (50) What is the estimated total cost of the proposed new central hospital on the Northern Beaches?
- (51) Have any funds been spent on identifying a proposed site for the proposed new central hospital?
- (52) Has the Health Department had any discussions (proactive or reactive) with other government agencies, private developers or any other persons regarding a proposed site for the proposed new central hospital?
- (53) What is the value of the land at Mona Vale Hospital?
- (54) What is the value of the land at Manly Hospital?
- (55) What is the value of the land at the old Collaroy Hospital site ?
- (56) What are the hours of operation of Avalon Ambulance Station ?

(57) What are the hours of operation of Narrabeen Ambulance Station ?

In relation to 'Mental Health Service - Southern Highlands'

(58) Mental Health funding will increase by \$107.5 m over three years and provide an additional 700 direct care staff. Will there be extra staff allocation for the Southern Highlands and if so when will this occur?

In relation to 'Mental Health Service Electronic Records- Southern Highlands'

(59) Will Wingecarribee Mental Health services be included in the allocation of \$7 million towards State Electronic Health Record (pg 9.7) transfer for chronic and complex care?

In relation to 'Mental Health Service Additional Beds - Southern Highlands/Goulburn'

(60) Will any of the 90 new acute beds (pg 9.3, Budget Paper 3) for mental health clients in rural areas be located at Chisholm Ross in Goulburn?

In relation to 'Ambulance - Southern Highlands'

(61) Given the enhancements proposed for ambulance infrastructure at a total estimated cost of \$46.6 million will this include additional patient transport vehicles that operate outside of the current 9am to 5pm to be used for renal care patients in the Southern Highlands area?

In relation to 'Public Ophthalmology in Southern Highlands'

(62) (a) Will ophthalmology surgery become available in Bowral Public Hospital this year and if so, when?

(b) What is the amount of:

(i) Patient in flow revenue

(ii) Patient outflow expenditure

from:

(i) Wingecarribee Health Service

(ii) Macarthur Health Service

in the last financial year.

In relation to 'Bowral Public Hospital'

(63) Does the 2001-02 Budget include allocation for the following services to be made available at Bowral Public Hospital and/or through the Wingecarribee Health Service:

- ophthalmology
- renal dialysis
- urology
- ear, nose and throat
- cancer treatment services

- (64) (a) Will the 2001-02 Budget increase the budget of Bowral Hospital and Wingecarribee Health Service (net after CPI)?
- (b) If so, by how much?
- (65) What will be the allocation for public elective surgery at Bowral Public Hospital in 2001-02?
- (66) Will there be any additional allocation compared with 2000-01 for expenditure on orthopaedic elective surgery?

Answer:

- (1) I refer to the answer provided on pages 1-3 of the Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (2) I refer to the answer provided by the Director-General of Health on page 3 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (3) I refer to the answer provided by the Director-General of Health on page 4 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (4) I refer to the answer provided by the Director-General of Health at page 4 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (5) I refer to my answer to a similar question last year. Hospitals do not shut for elective surgery. During peak holiday periods, such as school holidays, hospitals significantly reduce the amount of booked surgery being performed. During these times, all emergency surgery is still undertaken.
- (6) I refer to the answer provided by the Director-General of Health at page 3 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (7) Audited budget results are not yet available. Annual reports containing the budget results are not due to be presented until November 2001.
- (8) See answer to 7 (7) above.
- (9) See answer to 7 (7) above.
- (10) I refer to my answer at page 17 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (11) I refer to the answer at page 17 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (12) I refer to the answers at pages 21-22 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.

- (13) Figures reported by Metropolitan Area Health Services, the New Children's Hospital and the Ambulance Service for Accounts Payable and Current Borrowings as at 31 December 2000 are as follows:-

	Accounts Payable \$000	Current Borrowings \$000
Central Sydney	29,197	0
Northern Sydney	18,741	0
Western Sydney	7,749	0
Wentworth	5,978	298 (incl. Capital)
South Western Sydney	18,893	291 (Capital)
Central Coast	4,392	100 (Capital)
Hunter	12,418	330 (Capital)
Illawarra	8,610	286 (Capital)
South Eastern	59,781	2,994 (Incl. Capital)
The Children's Hospital at Westmead	4,098	0
NSW Ambulance Service	11,019	106 (Capital)

- (14) See answer to Question 7 (13) above. The total of accounts payable as at 31 December, 2000 was \$245.3 million.
- (15) I refer to my answer at page 5 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001 in which I provided the 2001/02 allocations for each Area Health Service.

The 2000/01 allocations, as well as the 2001/02 allocations for The Children's Hospital at Westmead, Corrections Health Service and the Ambulance Service of NSW are:

Area/Entity	2000/01 Initial Allocation \$M	2001/02 Initial Allocation \$M
Central Sydney	567.3	
Northern Sydney	477.8	
Western Sydney	517.3	
Wentworth	196.3	
South Western Sydney	466.4	
Central Coast	188.6	
Hunter	446.8	
Illawarra	226.5	
South Eastern Sydney	752.5	
Northern Rivers	197.6	
Mid North Coast	171.7	
New England	139.5	
Macquarie	91.9	
Mid Western	151.2	
Far West	52.6	
Greater Murray	186.4	
Southern	127.0	
The Children's Hospital at Westmead	109.4	120.7
Corrections Health Service		
Ambulance Service	28.2	34.8
	158.0	167.9

- (16) The NSW Department of Health does not allocate budgets to individual hospitals, funding is allocated to area health services.
- (17) to (19) I refer to the answers provided at pages 25-27 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (20) The overall cost to NSW as a result of declining private bed days since 1990/91 is around \$250 million.

In the six months from September 2000, the percentage of people in NSW with private health insurance has fallen from 47 per cent to 46.1 per cent. Only 5 per cent of the growth has been from people aged 60 and over who represent 46 per cent of the people on public hospital waiting lists.

The NSW Government continues to be concerned about the disproportionate allocation of growth funding by the Federal government to the public and private sectors. MBS and PBS payments have increased by \$670 million from 1998/99 to 1999/00. The Commonwealth has also invested close to \$2.7 billion in the private health insurance industry.

This is compared to the \$300 million national increase per annum in funding under Health Care Grants for factors such as inflation, population growth and growth in public hospital utilisation. Federal funding under the Australian Health Care Agreement provides approximately a third of the resources needed to run the public hospital system in NSW.

In addition, the Australian Health Care Agreement contains provision to reduce the Health Care Grant once privately insured participation rates rise above a certain level.

- (21) The 2001/02 budget has 6% available to fund VMO sessional budget increases, with the 6% comprising 1 July 2000 and 1 July 2001 offers to the AMA from the Department.

The 2001/02 budget also has provision to cover VMO Fee for Service budget cost escalations from CPI type movements in the Commonwealth Medical Benefits Scheme and for the Rural Doctors Fee for Service Agreement.

- (22) Actual expenditure results will not be known until all Area Health Services have finalised their 2000/01 accounting/reconciliation requirements.
- (23) I made no such promise. In a media release issued on 6 September 2000, I said: "Mrs Skinner has set out to falsely alarm families in rural and regional NSW who depend on our Air Ambulance craft, quite literally, as a matter of life and death. Anyone needing the Air Ambulance, and their families, are, by definition, in distressing circumstances. To deliberately add to strain with false safety scares is very low politics."

Replacement of Air Ambulance aircraft will proceed according to established NSW Health process for renewal of assets. Current aircraft are subject to strict and ongoing mechanical examinations and I am advised that existing aircraft present no threat to the safety of patients and staff.

- (24) The information provided in Budget Paper 4 was an estimate only. The balance of funds will be fully expended in 2001/02.
- (25) The Rural Accommodation Program is currently being established. The first allocations will be made based on expressions of interest to be called from all rural Area Health Services.
- (26) The administrative offices of Macquarie Area Health Service moved, in conjunction with several clinical areas of the Health Service, to new premises in December 2000.

As the premises are leased, refurbishment costs were met by the landlord.

The cost of replacing the administrative offices from the cost of replacing the clinical areas cannot be separated as both moved at the same time.

- (27) I refer to my answer on pages 20-21 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001 which the Chair considered to be satisfactory.
- (28) to (30) The Government Asset Management Committee oversees overall asset management in the NSW public sector. It ensures that all agencies adopt a strategic approach to property management.
- (31) I refer to the answer provided by the Director-General of Health at page 20 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (32) The specific 2001/02 budget for the Drug Programs Bureau has not yet been determined.
- (33) The 2001/02 budget for Drug and Alcohol Drug and Rehabilitation is currently being determined.
- (34) On 31 May 2001 I announced additional funding of \$1.5 million bringing to \$3.3 million the direct funding for tobacco control in this State. In 1995/96 the allocation was just \$1.15 million.

However, \$3.3 million is only part of the Government's funding of tobacco control activity in this State. Beyond the Health portfolio, there are a number of agencies such as NSW WorkCover, Police, and Gaming and Racing, who all have particular roles in the area of tobacco control.

In addition, within NSW Health there are a range of areas, other than the NSW Drug Strategy, which are involved in tobacco control. Environmental Health, Health Promotion, Legal Branch, Epidemiology, and Aboriginal Health all make a contribution to preventing and reducing tobacco use. The funding for these branch's activities are not included in the \$3.3 million.

Area Health Services have a range of personnel actively involved in:

- Promoting smoking cessation and assisting smokers in quitting;
- Monitoring and enforcing tobacco advertising restrictions and restrictions on sales of cigarettes to minors.
- Educating various groups and communities about the health effects of both active and passive smoking; and
- Researching and monitoring various tobacco control activities.

Details of funding are not routinely collected.

- (35) Total hospital admissions in 2000/01 are estimated to be 1.31 million. In 2001/02 total admissions are projected to increase by around 0.5 per cent to 1.32 million.
- (36) Services provided by non-government organisations are not identified separately in the NSW mental health budget.
- (37) Payments are made out of general operating expenses.

It is not possible to answer this question in detail at this stage of the financial year. Expenditure will depend on the need for consultancy services throughout the year.

- (38) There is no specific allocation in the Health Budget to "public relations". As was the case under the former Coalition Government, all agencies work on a range of activities which may fall under this area, which include a wide range of health promotion activities.

- (39) See answer to 7 (38) above.
- (40) See answer to 7 (38) above
- (41) Nil.
- (42) I refer to the answer provided by the Director-General of Health at pages 24-25 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (43) Initially, scanners will be located at the priority sites of: Shoalhaven Hospital, Blue Mountains Hospital and Auburn Hospital. Further sites will be determined following a closer review of future hospital requirements.
- (44) Mid North Coast Area Health Service is undertaking a technical investigation before making any decision on the upgrading work for the operating theatres. The current configuration and condition of the theatres do not prevent surgery being provided in an appropriate manner at Kempsey District Hospital.
- (45) The NSW Ministerial Advisory Committee on Health Services in Smaller Towns recommended the development of a multi-purpose service at Guyra. Planning is underway and will include a detailed analysis of the population and future trends, activity levels in the hospital and current levels of service provision. Construction will begin in the 2002/03 financial year.
- (46) The Strengthening Rural Health in Small Towns program will see this Government commit in excess of \$90 million for the construction and redevelopment of 34 rural hospitals.

Construction for a multi-purpose service at Guyra will begin in the 2002/003 financial year. Prior to any construction taking place it is essential to ensure that the appropriate planning and consultation has taken place with the local community through the completion of a service plan, procurement feasibility and project definition plan.

Further, progress will also be dependent on the Commonwealth Government's decision on whether to grant aged care licences for the facility.

- (47) The funds are provided to plan health services at Orange and Bathurst.
- (48) Exact costs incurred for the consultation process are still being finalised. The estimated ongoing cost is not known at this stage.
- (49) Consulting fees for GHD have not been finalised.
- (50) The Government has not proposed a new central hospital on the northern beaches. I refer to my statement in Parliament on 4 April 2001.
- (51) No.
- (52) No.
- (53) to (55) The Government Asset Management Committee oversees overall asset management in the NSW public sector. It ensures that all agencies adopt a strategic approach to property management.
- (56) 24 hours a day, seven days a week.
- (57) 24 hours a day, seven days a week.
- (58) In 2001/02 extra staff will be allocated to Southern Highlands, with recruitment expected to begin in September. Staffing levels for the balance of the three year period will be determined after completion of the Wingecarribee Mental Health Strategic Plan which is currently underway.

- (59) The strategic framework for the Electronic Health Records Strategy has been drafted at this stage. Priorities for the roll out of the Electronic Health Record will be developed as part of the implementation plan, in conjunction with Area Health Services.
- (60) The 90 new acute beds in rural areas will be located in Coffs Harbour, Tamworth, Taree, Tweed Heads and Dubbo.
- (61) No.
- (62) (a) Yes – From October 2001
- (b) This information is not available for 2000-01.
- (63) Of the services listed, South Western Sydney Area Health Service provides funding for ophthalmology and cancer treatment services.
- (64) (a) and (b) The allocation of funding is a function of area health services. The increase in the South Western Sydney Area Health Service budget for this financial year is 9.5%.
- (65) I refer to the answer by the Director-General at page 3 of Hansard [Uncorrected Proof] of the General Purpose Standing Committee No 2 of Wednesday, 20 June 2001.
- (66) Yes.

8. Mr Pezzutti asked the Minister for Health, the Hon Craig Knowles, MP—

- (1) For each of your portfolio agencies:
- (a) How much money was spent on advertising in 2000-01?
- (b) What is the estimate of money to be spent on advertising in 2001-02?
- (c) Can you please provide a list of each campaign and cost?
- (2) For each of your portfolio agencies:
- (a) How much was spent on consultants in 2000-01?
- (b) What is the estimate of money to be spent on consultants in 2001-02?
- (c) Can you please provide a list of each consultant, project and cost?
- (3) For each of your portfolio agencies:
- (a) How much was spent on overseas trips by officials in 2000-01?
- (b) What is the estimate of money to be spent on overseas trips by officials in 2001-02?
- (c) Can you please provide a list of each trip, purpose and cost?
- (4) (a) What is the total cost of your overseas trips in 2000-01?
- (b) What is the estimate of money to be spent on your overseas trips in 2001-02?
- (c) Can you please provide a list of each trip, purpose and cost?

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- (d) Can you please provide for each trip a breakdown in airfare costs, hotel costs, care hire, and accompanying staff and officials?
- (5) For each of your portfolio agencies:
- (a) How much was spent on interstate trips by officials in 2000-01?
- (b) What is the estimate of money to be spent on interstate trips by officials in 2001-02?
- (c) Can you please provide a list of each trip, purpose and cost?
- (6) (a) What is the total cost of your interstate trips in 2000-01?
- (b) What is the estimate of money to be spent on your interstate trips in 2001-02?
- (c) Can you please provide a list of each trip, purpose and cost?
- (d) Can you please provide for each trip a breakdown in airfare costs, hotel costs, car hire, and accompanying staff and officials?
- (7) For each of your portfolio agencies:
- (a) How much money in total was spent on Olympic-related costs?
- (b) Of this amount, how much was reimbursed by additional appropriations or by assistance from Olympic agencies?
- (8) For each of your portfolio agencies:
- (a) How much money was spent on performance pay for public servants in:
- (i) 1999-00?
- (ii) 2000-01?
- (b) Did you personally approve these bonus payments?
- (9) (a) For each of your portfolio agencies, how many times were matters referred for independent investigation to ICAC in 2000-01?
- (b) Can you please provide a breakdown of these referrals?
- (10) (a) In 2000-01, how much was spent on your ministerial expenses?
- (b) Can you please provide a breakdown by expense, for example hotel expenses, office refurbishments etc?
- (c) What is the forecast amount to be spent in 2001-02?
- (11) (a) For each of your portfolio agencies, how much money was spent for entertainment purposes in 2000-01?
- (b) What was the breakdown by cost and nature of these functions?
- (c) What is the forecast to be spent in 2001-02?
- (12) (a) In 2000-01, how many board appointments were made you, or by your portfolio agencies?
- (b) Of these appointments:

- (i) How many were women?
 - (ii) How many were from a non-English speaking background?
 - (iii) How many had a disability?
 - (iv) How many were Aboriginal Torres Strait Islanders?
 - (v) How many were young people?
- (13) (a) For each of your portfolio agencies in 2000-01, what fees and fines were increased, and by how much?
- (b) In 2001-02, what is the forecast for fees and fines to be increased, and by how much?
- (14) (a) In 2000-01 for each of your portfolio agencies, how many media or public relations advisers were employed?
- (b) What is the total cost of this?
- (c) What is the forecast for 2001-02 for the number of media or public relations advisers to be employed, and their total cost?
- (15) (a) In 2000-01, for each of your portfolio agencies, how much was spent on legal expenses?
- (b) What was the breakdown for these expenses?
- (c) In 2000-01, how much did you spend on legal expenses?
- (16) (a) In 2001, for each of your portfolio agencies, how much was spent on public opinion surveys?
- (b) What was the breakdown for the cost of these surveys?
- (17) (a) How many ministerial staff are currently employed by you?
- (b) What is the total salary cost of these staff?
- (18) (a) In 2000-01 for each of your portfolio agencies, how much was spent on office fitouts and refurbishments?
- (b) What is the estimated cost for 2001-02?
- (19) (a) In 2000-01 for each of your portfolio agencies, how much was spent on the cost of leases in the Sydney CBD?
- (b) What is the estimated cost for 2001-02?
- (20) (a) In 2000-01 for each of your portfolio agencies, was there any vacant or under-utilised office space?
- (b) If so, how much did this cost?
- (21) (a) In 2000-01 for each of your portfolio agencies, how much was spent on the salary packages for Senior Executive Service?
- (b) What is the estimated cost for 2001-02?

Answer:

- (1) (a) All advertising was undertaken in accordance with Government guidelines for advertising.
- (b) The exact cost will depend on the nature and scope of advertising identified for 2001-02.
- (c) This will depend on the nature and scope of advertising identified for 2001-02.
- (2) (a) The cost of consultants is reflected in the Annual Report.
- (b) and (c) Payments are made out of general operating expenses.
- It is not possible to answer this question at this stage of the financial year. Expenditure will depend on the need for consultancy services throughout the year.
- (3) (a) Details regarding all official overseas travel is included in the Annual Report and in accordance with the appropriate guidelines.
- (b) International travel by public servants is undertaken in accordance with appropriate guidelines.
- Expenditure in 2001-2002 will depend on the particular issues requiring overseas travel.
- (c) It is too early to provide an estimate at this stage of the financial year. However, the Annual Report for 2001/02 will contain the full list.
- (4) (a) Official travel is undertaken in accordance with appropriate guidelines.
- (b) This will depend on the nature and scope of any travel undertaken in 2001-02.
- (c) and (d) Costs incurred during any official overseas travel will be in accordance with the appropriate guidelines.
- (5) (a) Interstate travel by portfolio agencies was undertaken in accordance with appropriate guidelines.
- (b) This will depend on the nature and scope of any travel undertaken in 2001-02.
- (c) Costs incurred during official interstate travel will be in accordance with appropriate guidelines.
- (6) (a) Official travel was undertaken in accordance with guidelines and within cost expectations.
- (b) It is too early to provide an estimate at this stage of the financial year. However, expenditure will depend on the nature and scope of any travel in 2001-02.
- (c) See previous answer.
- (d) See answer to (a) above.
- (7) (a) Expenditure was in accordance with Olympic-related priorities.
- (b) Expenditure was in accordance with agency requirements.
- (8) (a) On 28 August 2000 Premier's Memorandum 2000-21 was issued indicating that performance pay was not to be made available to members of the Chief and Senior Executive Services.

In August 2000 details of performance payments were published in the Sydney media relating to a range of performance payments made in 2000.

- (b) Approvals for performance payments as well as all other remuneration to members of the Senior Executive Service were made by the respective Chief Executive Officers.
- (9) (a) and (b) It is not appropriate to canvass issues that may be the subject of an ICAC investigation.
- (10) (a) and (b) Expenditure was in accordance with the relevant approvals and guidelines.
- (c) This will depend on the extent and nature of requirements.
- (11) (a) Expenditure was undertaken within the allocations to agencies.
- (b) See previous answer.
- (c) This will depend on the nature and extent of expenditure required. It is too early in the financial year to estimate a figure.
- (12) (a) The Government provided a detailed response in December 2000.
- (b) (i) to (v) Refer to previous answers on the notice paper regarding these issues.
- (13) (a) and (b) Fee increases are originated within agencies on an annual or periodic basis and are referred to Parliament's Regulation Review Committee for consideration. Most increases fall within the Consumer Price Index (CPI).
- Fines are set under the relevant legislation and are usually subject to annual CPI adjustments.
- (14) (a) Staff numbers will vary from time to time depending on leave or peak periods.
- (b) See previous answer.
- (c) Staff numbers will vary from time to time depending on leave or peak periods.
- (15) (a) Expenditure on legal expenses followed appropriate review of the circumstances, the need for such expenditure and within appropriate guidelines
- In the case of core work for public sector agencies the Crown Solicitor meets these costs.
- (b) See previous answer.
- (c) Expenditure on legal expenses followed appropriate review of the circumstances and the need for such expenditure.
- (16) (a) On 20 December 2000 Premier's Memorandum 2000-28 was issued indicating that under no circumstances should surveys of clients, other users of government services or citizens be used to elicit information of a political nature.
- (b) See previous answer.
- (17) (a) Ministerial staff are employed by the Director General of the Premier's Department in accordance with the provisions of the Public Sector Management Act 1988.
- (b) All costs were in accordance with the expenditure necessary to facilitate the effective functioning of the office and within allocations to Ministerial Offices.
- (18) (a) All expenditure was in accordance with guidelines and procedures for office fit-outs and refurbishment.

- (b) This will depend on the nature and extent of any changes to office fit-outs and refurbishment.
- (19) (a) Expenditure on lease of government office accommodation followed careful review of the particular circumstances and needs of agencies. The Government Asset Management Committee oversees policy of government accommodation.
- (b) This will depend on a range of factors and it is too early in the financial year to estimate expenditure. The Government Asset Management Committee will oversight leasing issues.
- (20) (a) The Government Asset Management Committee oversees all asset management in the NSW public sector. The GAMC ensures that all agencies adopt a strategic approval to property management.
- (b) See above.
- (21) (a) Salary packages for the Senior Executive Service are set by the Statutory and Other Offices Tribunal. Current bands for each level are:
- Level 8 \$258,000 to \$318,315
 - Level 7 \$218,615 to \$276,135
 - Level 6 \$181,960 to \$219,510
 - Level 5 \$158,840 to \$194,770
 - Level 4 \$145,350 to \$169,420
 - Level 3 \$132,410 to \$155,575
 - Level 2 \$118,675 to \$137,145
 - Level 1 \$109,225 to \$127,130
- (b) This will depend on the number of SES officers employed and their current point within the particular range.

(9) Dr Arthur Chesterfield-Evans asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'HEALTHshare'

- (1) (a) Can the Minister or his representatives provide details on the new model of integrated health care (p 9-3), known as HEALTHshare?
- (b) Where was this model derived?
- (c) Has it been utilised in other states or countries?
- (d) If so, what are the comparative pre and post HEALTHshare model outcomes?
- (e) What are the perceived benefits to the people of New South Wales and objectives of the department for the new model?

- (f) Can the Minister or his officers provide us with detailed performance indicators and measures for the achievement of the outcomes expected with the implementation of this model, both on an annual basis and for long term implementation?
- (2) (a) What has been the dollar increase in legal costs directly related to the increase in prosecutions in this last year?
- (b) How many cases did this represent?
- (c) What percentage of the legal costs were related to obstetrical procedures?
- (d) How many cases did this represent?
3. (a) Has any analysis of the prosecution cases incurring increased legal costs for Hospitals and their staff been performed to ascertain whether the errors most frequently were doctor error or other staff error?
- (b) Where the errors are doctor error, what analysis has been done to ascertain whether the errors tend to occur at the beginning, middle or end of shifts, particularly when shifts are longer than 8-10 hours in duration?
- (c) What other data is available on the effect of long shifts on error rates in the field of medicine?
- (d) If there is any data confirming that errors occur more frequently after more than 8 to 10 hours on duty, what measures does the Department intend to take to curb this trend?
- (e) Is it a fact that most public hospitals still standardly employ numbers of medical staff on call for 12 and 24 hour shifts?
- (f) Can the Department advise how many public hospitals in New South Wales employ RMOs, registrars and other medical staff on shifts of a standard 8 hours (allowing from non-interruption of procedures such as surgery in process), of a standard 12 hours and of a standard 24 hours?
4. (a) What is the estimated budget required by a public hospital to give 24 hour coverage by an RMO or by a registrar in the following scenarios: 3 different medical graduates, each for 8 hour shifts (subject to non-interruption of surgical procedures etc); 2 similar graduates each for 12 hour shifts and one such graduate for a 24 hour shift?
- (b) Is there any cost advantage to employing one doctor on call for 24 hour shifts, rather than three doctors, each for an 8 hour shift?
- (c) Is there any other (non-cost) advantage to employing doctors on long shifts, rather than standard 8 hour shifts as required in other industries where concentration is important?
- (d) Does the Department have any plans to implement standard 8 hour shifts for medical staff on call in public hospitals, rather than longer shifts, or to set a maximum shift time (subject to non-interruption of in-process medical treatment of a patient or to declared emergency states)?
- (e) If not, why not?

In relation to 'Emergency Services p9-21, waiting times in ambulances and emergency wards'

- (5) (a) With regards to Emergency Services, page 9-21 has no figures provided on waiting time for patients, once transported, after arrival at the destination hospital.

Can you provide figures on the times (range, average and median) patients spend waiting for medical assessment and treatment either in the emergency wards after the patient is taken from the transport

vehicle trolley or time waiting to be admitted to the emergency room (ie being left in the transport vehicle after arrival at the destination hospital)?

- (b) There have been instances this year in Western Sydney Hospitals, as well as others in the metropolitan area, of patients waiting in ambulances for up to 4 or 5 hours before being admitted to the emergency ward of the destination hospital due to lack of beds or qualified emergency/triage nurses or doctors, thus also preventing the ambulance from being available for other calls.

Can the department give a comprehensive list for the Sydney Metropolitan and Western Sydney area, as a sample study, of the times individual ambulances take to not only transport patients to the destination hospital, but also the time taken for that ambulance to become available again for re-deployment to other cases (excluding any necessary clean –up time between cases or staff change-over time at shift end)?

- (c) If not, can such figures be collated over the next year to gain a true picture of the efficiencies of our emergency transport and treatment facilities in this state?
- (d) Can figures be provided comparing the participation rate of women in breast cancer screening (target ages) and in cervical cancer screening (as provided on page 9-31) against the participation rates for the two diseases when the screening was previously performed as a recommended annual event?
- (e) Has there been an effective drop- off if the figures are annualised?

In relation to 'Population Health Services p9-31: smoking and cancer screening, mortality'

- (6) With regards to Population Health Services, page 9-31, can the Minister or his Delegates provide the following information:
- (a) What, if any, explanation is there for the lowered (1.9%) mortality rate due to cervical cancer in the year 1999-2000, compared to the previous year or the following year, or that which is projected for the next year?
- (b) Can figures be provided comparing the participation rate of women in breast cancer screening (target ages) and in cervical cancer screening (as provided on page 9-31) against the participation rates for the two diseases when the screening was previously performed as a recommended annual event? Has there been an effective drop- off if the figures are annualised?

In relation to 'State electronic Health Record page 9-7'

- (7) The initial implementation of the new State Electronic Health Record , p9-7, indicates the development of mandated standards and for security and access, etc, and will require new privacy legislation.
- (a) As this data is to be widely available (including hospitals,, general practitioners et al), what is the general proposition for privacy for patients?
- (b) Has there been consideration given to the potential for misuse of access to such data, such as by insurers medical examiners, by potential employers regards discrimination on the basis of disease history such as mental illnesses, or by others?
- (c) How much of the \$7 million budgeted for this next year is allocated to program development, standards development and to analysis of the privacy and security needs in the system?

In relation to 'Intensive care beds'

- (8) The Estimates state (page 9-3) that an additional 12 intensive care unit beds have been opened, resulting in a 52% decrease in the need to transfer patients when no intensive care unit beds are available on site.

- (a) On what evidence is this reduction based?
- (b) Is the reduction in transfer related specifically to the hospitals which have opened additional beds, or is it a state wide figure?
- (c) What is the change in the figures on a hospital by hospital basis, with comparison to the beds opened in each hospital?
- (d) Page 9-5 states eight intensive care beds are to be provided from the 2001-2002 budget to Western Sydney and the Hunter. What is the break-down of the proposed placement of those beds, and on what needs basis was it made?

Answer:

- (1) (a) HEALTHshare is an integrated regional health services model. It may be used to determine and deliver the most appropriate mix of services to meet the health needs of people in a particular geographic region, regardless of the funding source. It will be guided by a management committee of people who plan, provide and use health services in the region. In the first instance, the following services could be included:
- Hospital based services
 - Community health services
 - Services provided under the Medical Benefits Scheme
 - Services provided under the Pharmaceutical Benefits Scheme.
- (b) There have many reports advocating greater integration of health services. For example, the National Health Strategy in the early 1990s released a report entitled “The Australian Health Jigsaw” which proposed a range of models for better integration of Commonwealth and State health programs.
- Most recently, the Senate Inquiry into Public Hospital Funding reported that its committee believed that “pooling of health funding between the Commonwealth and the states and territories is worthy of further exploration”. While not underestimating the difficulties involved, they believed that “the time is ripe for a trial of pooled funding on a geographical basis”.
- (c) Countries vary in the extent to which there is integrated planning, management and funding of health services. The level of integration will depend upon whether the country has a federal or non-federal system of government, the mix of public and private funding of health services and payment arrangements for health services.
- Other examples of integrated planning, management and funding of health services in Australia include the Co-ordinated Care Trials and the Maitland After-Hours GP Service.
- (d) Given the differences in the organisation and financing of health systems across countries, it is not possible to directly compare the impact of integrated planning, management and funding models.
- (e) The proposed model is based on support for the Medicare principle of access to high quality health care for all according to their needs and the principle that Area Health Services should be fully funded for the total health needs of their population. It would build upon the strength of the NSW population based approach to health funding, which was strongly endorsed in the report of the NSW Health Council.

Key benefits include:

- Better liaison between service providers so that they can achieve improved care for patients, including continuity of care
 - Ensuring that people with similar health needs have access to the same health services
 - Improved planning of health services
 - Better measurement of the effectiveness of health services across the sector
 - Improving the coordination of health care between hospitals and health service providers in the community, particularly general practitioners.
- (f) Performance measures are being developed which may include the use of a program theory evaluation approach and will be further refined during the negotiation phase.

In relation to 'Health care complaints , p 9-9'

- (2) (a) Statement of cash flows:

Fees for services – Legal increase	30/6/2000	30/6/2001
	\$521,055	\$611,933
		\$90,878

- (b) Disciplinary Cases prosecuted
- | | | |
|--|-----------|-----------|
| | 1999/2000 | 2000/2001 |
| | 84# | 110* |

In the 1999/2000 Annual Report, the Commission reported that 84 cases had been prosecuted for disciplinary action in Professional Standards Committees, Tribunals and other courts for appeals. This figure only includes cases where judgement was handed down during that financial year and the files subsequently closed. The figure does not represent all cases heard during the year, which could be a higher figure.

* This figure represents cases heard during the year but not all the cases closed during the year. Of the 110 cases, 28 are awaiting judgement and the files are still open.

- (c) 0.33% of the total legal costs were spent on obstetric cases.
- (d) This represents 4 cases.
- (3) (a) to (d) There is well documented evidence that fatigue is a contributory factor to error rates among workers in high risk industries such as aviation, the nuclear industry, and health.
- (e) All salaried medical staff employed in public hospitals are covered by industrial awards. The award provisions including regulating the hours of work.
- (f) The resources required to answer this question cannot be justified.
- (4) (a) to (c) The estimated cost depends on the salary scales of the doctors and whether the shift is to be worked Monday to Thursday, Friday, Saturday or Sunday as there are different salary rates for each of these.
- (d) to (e) The NSW Department of Health is currently discussing the issue of working hours with the Australian Medical Association and consulting with other industrial bodies.
- (5) (a) The Ambulance Service does not routinely capture information on patient time spent in ambulance vehicles after arrival at the destination hospital.

- (b) The Ambulance Service is presently carrying out an extensive review of its operations in response to the report of the Auditor General released in March of this year. The response capabilities of the Service along with various potential efficiencies in its interface with the broader health system are a particular focus of this review.
- (c) See (b) above.
- (d) and (e) See answer to (6) (b) below.
- (6) (a) Possible explanations for the drop are either that fewer women are dying from cervical cancer possibly because their cancer is being detected and treated at an early stage through having regular Pap tests, or the decrease has occurred by chance alone. Data for 2000 and 2001 were based on actual mortality rates for the period 1989-99, projected using a "line of best fit". This method results in the projected mortality rates increasing from the low figure in 1999.
- (b) Breast screening has never been recommended as an annual event. Cervical cancer screening practices were inconsistent prior to 1991. The national policy of a two-year screening period was implemented in 1991.
- (7) (a) and (b) The privacy and confidentiality of patients' information will continue to be protected under the Privacy and Personal Information Protection Act. In addition, health-specific privacy legislation is being developed, as recommended by the Ministerial Advisory Committee on Privacy and Health Information.
- (c) \$350,000 on standards development; \$210,000 on privacy; and \$500,000 on security.
- (8) (a) and (b) The information was derived from data collected by the Medical Retrieval Unit on the number of retrievals undertaken from hospitals in the greater metropolitan Area Health Service where the reason for transfer was not for clinical reasons or for specialty care.

(c)

Hospital	Transfers due to bed availability 1999	Transfers due to bed availability 2000
Liverpool	31	26
St Vincents	26	26
Royal North Shore	27	22
Prince of Wales	19	10
Westmead	17	11
Concord	16	7
St George	13	2
Royal Prince Alfred	8	2
John Hunter	0	1

- (d) 2 beds at Westmead Hospital; 2 beds at Liverpool Hospital; 1 bed at John Hunter Hospital; and 3 beds at Nepean Hospital. The placement of the beds was based on expert opinion, results of departmental surveys, and inter-hospital transfer data.

10. Dr Arthur Chesterfield-Evans asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Lead poisoning prevention funding in New South Wales'

- (1) Is the Minister aware of the fact, and what is your response to the fact that the Nature Conservation Council passed a resolution at its last annual conference supporting:

- (a) the continued funding of the Lead Advisory Service; and
 - (b) actions to be taken as appropriate to address the lead issue, including:
 - (i) reviewing the levels of achievements of the targets defined in the NSW Lead Management Action Plan;
 - (ii) providing the community with adequate statistics on lead poisoning;
 - (iii) acting upon the above findings to effectively eliminate lead poisoning and protect the environment from lead, including the adoption of a cradle to grave, product management approach on lead.
- (2) (a) Is the Minister aware that he has based his decision not to fund the Lead Advisory Service on an unpublished blood lead survey of around 700 children in New South Wales when the original study design called for 2000 children to be tested, for statistical validity?
- (b) Is the Minister acting to speed the publication of the study so that its critics might know whether its conclusion that only 1.4% of young children in New South Wales are lead poisoned?
- (3) (a) What is the possible justification for the decision that 1.4% of young children in New South Wales is not worth spending tax-payers money on in the form of a Lead Advisory Service to assist their families to bring down their blood lead levels?
- (b) The taxes will after all be spent on remedial education for these children and on the police and legal systems for those lead poisoned children who become delinquents and criminals.
- (4) Is the Minister aware that, despite the lack of funding from the NSW Government, the Lead Advisory Service continues and has had to handle nearly 2000 calls since its funding ceased in November 2000. Community organisations don't just leave a message machine on telling people there's no money for wages - instead, they meet community needs that your government has helped to create. Over 62% of these calls were from New South Wales - a staggering 1,222 New South Wales calls that had to be dealt with by professional staff forced into the role of volunteers, and fast becoming destitute. While all the NSW Government fact sheets on lead, the guide for Public Health Unit officers on dealing with notifiable cases, Poisons Information, Pollution Line and Work Cover all refer people to the Lead Advisory Service for information and referrals on lead - how can you coldly write that the Lead Advisory Service is no longer required?
- (5) Whilst the Lead Advisory Service has disseminated over 3,500 copies of NSW Government publications on lead in the 6 months since funding ceased, how can you pretend there is no community need for this service or that Pollution Line or the Health Dept switch is meeting the community's ongoing need for information?
- (6) (a) Is the Minister aware that the community cost of each lead poisoned child (ie for each 10 micrograms per decilitre rise in lead in blood) is \$10,280 in remedial education costs, health costs and lost earning potential?
- (b) When compared to the call cost of the Lead Advisory Service, if only one of 246 calls results in preventing one child from exceeding the Australian blood lead goal, the service is cost effective.
7. (a) Is the Minister able to demonstrate such cost-effectiveness for the millions of dollars the NSW Government has spent on the Broken Hill Environmental Lead Centre or the North Lake Macquarie Environmental Health Centre?
- (b) Are the tax-payers' dollars reasonably being used to clean up contamination that the lead industry has been allowed to create and which it continues to create?

- (c) Why not a tax on lead produced to cover the continuing need for decontamination in lead mining and smelting communities, instead of diverting virtually all lead poisoning prevention expenditure in New South Wales on these bottomless pits of contamination?
- (8) On the assumption that the Health Minister will fund the Lead Advisory Service for FY 2001-2002, would the Health Minister support it being a condition of lead mining and smelting licences in New South Wales, that the Lead Advisory Service, Broken Hill Environmental Lead Centre and the North Lake Macquarie Environmental Health Centre be funded by the lead industry from July 2002 onwards until such time as the Australian blood lead goal is reached by all New South Wales residents?

Answer:

- (1) NSW Health is not aware of resolutions of the Nature Conservation Council. NSW Health has not provided funding to the Lead Advisory Service.

A review of achievements against the NSW Lead Management Plan was conducted by the inter-agency group charged with overseeing implementation of the plan. The Lead Management Action Plan attempted to identify major sources of lead exposure in the community and address each systematically. Studies of blood lead levels in NSW children are published in the Chief Health Officers Report.

- (2) Funding for the Lead Advisory Service was provided through the NSW Environment Protection Authority and the question on funding should be asked of the Minister for the Environment.

NSW Health conducted an opportunistic study of blood lead levels. There was a low response rate to the survey, particularly in some rural areas. The study will be submitted for independent peer review prior to publication.

- (3) I refer to my answer above.
- (4) I refer to my answer above.
- (5) I refer to my answer above. Information on lead poisoning and its prevention is available from NSW Health or from Public Health Units throughout NSW.
- (6) The NSW Lead Management Action Plan was developed to reduce the health and societal costs of lead poisoning in children. In urban children, blood lead levels have been reduced by two-thirds. In lead contaminated communities, such as Broken Hill and Boolaroo, blood lead levels have been more than halved, although a number of children still exceed the level set as the blood lead level goal of 10 micrograms per decilitre.
- (7) (a) The programs in Broken Hill and Boolaroo have been effective in lowering blood lead levels. However, the cost effectiveness of these programs has been more difficult to evaluate.
- (b) and (c) These questions should be asked of the Minister for the Environment.
- (8) I refer to my answer to (2) above.

11. Mr Pezzutti asked the Minister for Health, the Hon Craig Knowles, MP—

- (1) Does NSW Health allocate monies to Area Health Services for Intensive Care and High Dependency Care?
- (2) Does NSW Health recommend a certain provision of ICU AND HDU beds on a population basis to Area Health Service?
- (3) How much was paid by NSW Health and its various Area Health Services including Corrections Health and Ambulance to the Treasury managed fund for Professional Indemnity Insurance?

Answer:

- (1) NSW Health does not allocate specific monies to Area Health Services for intensive and high dependency care. Historically, funding for these services is provided through acute inpatient services. The Intensive Care Funding Model which is being developed will reflect the high fixed costs of intensive care units, the need for these services to be available at all times to the most critically ill, and the role of the units within a broader network of critical care services. Decisions by Area Health Services on the distribution and level of intensive care services must reflect agreed statewide planning guidelines.
- (2) No. Intensive care services function as a statewide resource, and referrals from other Areas are expected, especially in relation to quarternary services. As part of the Government Action Plan for Health, the Intensive Care Clinical Implementation Group has undertaken the development of an Adult Intensive Care Service Plan and statewide networking model both within and across Area Health Services. The networking will further improve the coordination of adult intensive care beds in NSW..
- (3) The total paid by NSW Health is not available as the liability insurance premiums advised by the Treasury Managed Fund are not dissected below the aggregate level.

12. Mr R Jones asked the Minister for Health, the Hon Craig Knowles, MP—

- (1) Does the Minister believe that a person who has Multiple Chemical Sensitivity and who must go to hospital should have equal and adequate access to medical care without further risking their health?
- (2) As NSW Health does not consider there is a need to provide special facilities for people who react adversely to chemical exposures, what advice can be given to a person who has Multiple Chemical Sensitivity who needs urgent medical attention?
- (3)
 - (a) Does NSW Health acknowledge that while Multiple Chemical Sensitivity may be considered a controversial condition with diffuse symptoms, it is nevertheless a real disability for a growing number in the community?
 - (b) If so, will NSW Health undertake to develop a protocol to minimise chemical exposure for people with MCS who must be admitted to hospital?
- (4)
 - (a) Will NSW Health ensure that contained within the plans for extensions to Westmead Hospital, that special facilities are built for the treatment of people who react severely to chemical exposures?
 - (b) If not, why not?

Answer:

- (1) All patients admitted to hospital, irrespective of diagnoses, will receive medical care deemed appropriate for their particular condition.
- (2) Advice on patient care is a matter for the individual's medical practitioner, not the NSW Department of Health.
- (3) NSW Health is presently exploring the possibility of estimating the prevalence of self-reported chemical sensitivity in the NSW population. NSW Health has published appropriate guideline and policy documents on safe use of hazardous chemicals and disposal of waste materials and best practice in the health system.
- (4) The provision of purpose-built special facilities at Westmead Hospital is considered inappropriate at this time.

13. Ms Gardiner asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Drug counselling'

- (1) Upon the second anniversary of the Drug Summit the Premier claimed that an extra 250 people a month in rural areas now receive drug counselling.

Can you detail where in rural and regional New South Wales the drug counselling services referred to by the Premier are provided and the number of people receiving drug counselling at each location?

In relation to 'Ambulance executives – overseas trips'

- (2) Following the overseas study tour taken by Ambulance officers late last year can you indicate which officers participated in the trip.
- (a) Were any reports produced as a result of this visit and if so, can you table copies of any such documents?
- (b) What recommendations were made as a result of the trip and what time frame exists for implementing any such changes?

In relation to 'Community Transport'

- (3) Can you list the 33 community transport organisations and Aboriginal Medical Health services to which funds have been allocated? (Mr Mick Reid referred to this item – GPSC2 Base Hospital Inquiry)

In relation to 'Psychiatric beds available in Sydney hospitals'

- (4) As there is an acute and chronic shortage of psychiatric beds at Sydney Hospitals on Friday nights, what is being done to address this problem?

In relation to 'Nurse practitioner placements'

- (5) Can you list all nurse practitioner placements to date and any planned in 2001-02 (list by location)?

In relation to 'Blood banks'

- (6) Can you advise of the current state of discussions between NSW Health and the Australian Red Cross Blood Service in trying to address concern in rural communities about the closure of blood banks and mobile services?

In relation to 'NSW Ambulance Service'

- (7) (a) Can you list the staff members for each of the ambulance call centres for:
- (i) 2000-01?
- (ii) 2001-02 (estimate)?
- (b) How many staff positions were designated for the Riverina ambulance service in 2000-01?
- (c) How many were unfilled at the end of 2000-01?
- (d) How many staff positions are designated for the Riverina for 2001-02?

In relation to 'Accounts payable'

- (8) Can you advise the dollar amount for accounts payable that remained unpaid for 45 days by the Southern Area Health Service at the end of:
- July 2000
 - August 2000
 - September 2000
 - October 2000
 - November 2000
 - December 2000
 - January 2001
 - February 2001
 - March 2001
 - April 2001
 - May 2001
 - June 2001 (if question unanswered by 30 June, 2001)
- (9) Please provide the equivalent data for each of the above months for the New England Area Health Service.

In relation to 'Performance agreements'

- (10) (a) Have the recommendations of the NSW Health Council with respect to performance agreements been implemented for 2001-02?
- (b) If not, why not?

In relation to 'Drug detoxification, rehabilitation and education – Northern NSW'

- (11) Can you detail the resources and programs allocated to Area Health Services arising from the Drug Summit:
- (a) to New England Area Health Service for 2001-02?
 - (b) to Northern Rivers Area Health Service for 2001-02?
 - (c) to Mid North Coast Area Health Service for 2001-02?

Answer:

- (1) A drug and alcohol counsellor has been appointed to each of the rural Area Health Services.

On average, 250 people per month receive drug and alcohol counselling in rural and regional NSW. From January to May 2001, a total of 1,243 clients received drug and alcohol counselling in rural NSW. Details on the number of clients receiving counselling in rural NSW are provided in the table below.

Table: Number of Clients receiving drug and alcohol counselling in rural NSW (January to May 2001).

Area Health Service	Number of Clients
Greater Murray	96
Macquarie	38
Mid North Coast	140
Mid Western	40
New England	104
Northern Rivers	135
Southern	690
Total	1243

(2) Chief Executive Officer, Director, Metropolitan Ambulance Services, General Manager, Corporate Services, and Sydney Operations Centre Manager

- (a) Reports were produced as a result of the visit
- (b) The current Ambulance Service reform agenda incorporates a number of the key findings of the study tour including:
- the tiering of the Service and development of a Patient Transport non emergency service
 - deployment of paramedic officers to facilitate a paramedic in every ambulance
 - a greater focus on and improvement in response times
 - the conduct of a staff cultural survey
 - reinvestment in a clinical assurance program
 - management development
 - revision of the Service's recruitment practices including fitness testing.

The timeframe for implementation of specific recommendations is being managed as part of the current reporting arrangement by the interim Ambulance Service Board to the Minister.

(3) Bourke Aboriginal Health Service, Far West HACC Services, Marri Maa Aboriginal Health Corporation, Walgett Shire Council, Carrathool Shire HACC Multi-Service Outlet, Griffith Community and Regional Transport Service, Lockhart and District Community Services Inc, Tumut and Gundagai Community Transport Service, Community Transport Group of Port Stephens Inc, Merriwa and District Health Association Inc, Upper Hunter Community Transport Inc, Upper Hunter Non-Emergency Medical Transport Service Inc, Wollongong City Council, Community Transport Mudgee, Coolah Shire Council, Coffs Harbour, Bellingen and Nambucca Community Transport Inc, Hastings Macleay Community Transport Service, Manning Valley and Area Community Transport Group, Cabonne Council, Murrin Bridge Advancement Aboriginal Group, Parkes Information and Neighbourhood Centre Inc, Inverell HACC Services Inc, Tablelands Community Transport,

Wee Waa and District HACC Association Inc, Clarence Community Transport Inc (expansion of service), Clarence Community Transport Inc (new service), Northern Rivers Community Transport, Tweed Byron Ballina Community Transport, Bega Valley Community Transport Service, Booroorwa Community Transport, Harden Community Transport, Snowy River Shire Council, Young Community Transport Service Inc.

- (4) The statistical evidence does not confirm that the occupation of psychiatric beds on Friday nights is higher than at other times.
- (5) One generalist (remote) nurse practitioner has been appointed at Wanaaring in the Far West Area Health Service. Further placements in 2001/02 are dependent on the availability of authorised nurse practitioners with skills, knowledge and experience which match approved positions and who are willing to work in the geographical area of an approved position.
- (6) Discussions are continuing. However, the Australian Red Cross Blood Service has the ongoing responsibility for the management of the statewide blood services, which includes review and monitoring of efficiency levels at all centres and allocation/reallocation of resources to meet operational requirements.
- (7) (a) The diversion of resources to list individual staff members in response to this question is not appropriate and cannot be justified.
- (b) 89.
- (c) 7.
- (d) 89.
- (8) As at 30 June 2001 accounts payable balances for Southern AHS was \$10.1 Million.
- Accounts payable values represent the total amounts payable at times after 30 June 2001 for goods and services provided.
- (9) As at 30 June 2001 accounts payable balances for New England AHS was \$6.99 Million.
- Accounts payable values represent the total amounts payable at times after 30 June 2001 for goods and services provided.
- (10) (a) Yes.
- (b) Not applicable.
- (11) Allocation of resources for 2001/02 has not yet been determined.