



NEW SOUTH WALES

## MINISTER FOR HEALTH

The Hon Michael Egan MLC  
Treasurer  
Governor Macquarie Tower  
Farrer Place  
SYDNEY  
2000

Dear Treasurer

Please find attached the formal Government response to the Standing Committee on Social Issues report, "**Hepatitis C; the Neglected Epidemic.**"

It should be noted that since the tabling of the report, NSW Health has developed and released the NSW Hepatitis C Strategy. This release was accompanied by enhancements of more than \$1.7M to key initiatives.

In addition, I have established a Ministerial Advisory Council on Hepatitis C, which met for the first time this week.

As indicated previously, initial advice from the Cabinet office suggested that the proroguing of Parliament for the 1999 election rendered a formal response unnecessary. However, that advice has been revised. I therefore apologise for the delay.

Yours Sincerely



Craig Knowles  
Health Minister

# RESPONSES TO RECOMMENDATIONS OF THE REPORT "HEPATITIS C: THE NEGLECTED EPIDEMIC"

## Notes

1. The Government's response to the resolutions of the NSW Drug Summit impacts on a number of the recommendations contained in the report.
2. Acronyms used in this table:

ALT	Alanine Aminotransferase	MACH	Ministerial Advisory Committee on Hepatitis
ANCAHRD	Australian National Council on AIDS, Hepatitis C and Related Diseases	MMT	Methadone maintenance treatment
CAS	NSW Ministerial Advisory Committee on AIDS Strategy	NCHECR	National Centre for HIV Epidemiology and Clinical Research
CEIDA	Centre for Education and Information on Drugs and Alcohol	NHMRC	National Health and Medical Research Council
HAC	Hepatitis Advisory Committee	NSP	Needle and syringe program
HCCNSW	Hepatitis C Council of NSW	NJAA	NSW Users and AIDS Association
HCV	Hepatitis C virus	PCR	Polymerase Chain Reaction
IDU	Injecting drug user	PHOFA	Public Health Outcomes Funding Agreement
IGCAHRD	Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases	RACGP	Royal Australian College of General Practitioners

	Recommendation	Response	Time line
1	That the Minister for Health urge his Federal counterpart to commission population prevalence studies of hepatitis C at the national level to determine the prevalence of hepatitis C in the general Australian community. The Committee further recommends that such studies be conducted on a regular and ongoing basis.	Not supported. The Commonwealth has already commissioned a National Hepatitis C Surveillance Strategy. It recommended to collate data from target populations already being tested, ie. blood donors, defence force entrants, NSP clients. Establishment of a new sample population for HCV surveillance would be more expensive while providing little additional information.	National Hepatitis C Surveillance Strategy - Jun 99 Epidemiology of hepatitis C virus - May 99
2	That the Minister for Health commission population prevalence studies of hepatitis C at state level to determine the prevalence of hepatitis C in New South Wales. The Committee further recommends that such studies be conducted on a regular and ongoing basis.	See 1. Estimated cost \$7,500 to produce NSW estimates from national models.	
3	That the Minister for Health urge his Federal counterpart to commission population incidence studies of Hepatitis C at the national level to determine the incidence of hepatitis C in the general Australian community. The Committee further recommends that such studies be conducted on a regular and ongoing basis.	Not supported. Notifications already provide a partial estimate of incidence. Serial testing of specific populations provide additional information in a cost efficient way. NCHECR currently conducts annual surveys of HCV and HIV prevalence of NSP clients.	
4	That the Minister for Health commission population incidence studies of hepatitis C at state level to determine the incidence of Hepatitis C in New South Wales. The Committee further recommends that such studies be conducted on a regular and ongoing basis.	Not supported. See 3. NSW participates in the NCHECR annual survey of NSP clients. NSW is also implementing follow up HCV notifications to detect incident cases, identify emergence of new risk factors and changes in pattern of risk factors.	

Recommendation	Response	Time line
5 That the Minister for Health urge his federal counterpart to establish systems to monitor hepatitis C related cirrhosis and hepatocellular carcinoma at a national level.	Supported. Consistent with recommendations of National Hepatitis C Surveillance Strategy. Data will be from existing sources, ie. inpatient statistics collection, cancer registry, death certificates. Supported. See 5	Epidemiology of hepatitis C virus -May 99
6 That NSW Health establish systems to monitor hepatitis C related cirrhosis and hepatocellular carcinoma in New South Wales.	NSW to recommend cost-effectiveness analysis of proposal. Cost-effectiveness should be assessed prior to establishing a data collection system. See 7	
7 That at the next Australian Health Ministers Council the Minister for Health urge his federal, state and territory counterparts to establish clinic based morbidity registers to monitor hepatitis C deaths.	Implemented. National Hepatitis C Surveillance Strategy released June 1999	June 1999
8 That NSW Health establish a clinic based morbidity register to monitor Hepatitis C related deaths in New South Wales.	Implementation in progress. NHMRC funding provided for cohort study of IDU including HCV incidence and prevalence in three Area Health Services including urban and rural areas.	
9 That the Minister for Health urge his Federal counterpart to institute standardised procedures for the notification of hepatitis C across all states and territories of Australia.	See 10	
10 That the Minister for Health commission a prospective, longitudinal cohort study to ascertain the prevalence of hepatitis C amongst injecting drug users (including young recently initiated injecting drug users and clients of the needle and syringe program) in metropolitan and rural New South Wales. This study is to be in addition to the general population prevalence studies proposed in Rec 2.	Study design will be informed by expert advice	
11 That the Minister for Health commission a prospective, longitudinal cohort study to ascertain the incidence of hepatitis C amongst injecting drug users (including young recently initiated injecting drug users and clients of the needle and syringe program) in metropolitan and rural New South Wales. This study is to be in addition to the general population incidence studies proposed in Rec 4.	Implemented. Will be given further consideration by the Corrections Health Service's Research and Ethics Committee. Several HCV prevalence surveys previously completed. Monitoring of HCV prevalence by inmate medical record searches recently commenced by Corrections Health Service. A Surveillance Officer has been appointed to, among other duties, actively participate in the conduct of operational research on hepatitis C infections on an ongoing basis.	Ongoing
12 That the prospective, longitudinal cohort study to ascertain the incidence and prevalence of hepatitis C amongst injecting drug users proposed in Recommendations 10 and 11 be based upon the Victorian Injecting Drug Study and, like the Victorian model, be conducted by an independent agency.	Supported. See 13	
13 That the Minister for Corrective Services and the Minister for Health ensure the prevalence of hepatitis C in the state's corrections system is ascertained through ongoing monitoring and research.	Not supported. Information relevant to the prevention of hepatitis C infections from such expensive tests are more cost-effectively obtained from studies such as the Hepatitis C Incidence and Transmission Study (HTS), currently being conducted in NSW prisons and funded through the NHMRC.	
14 That the Ministers for Health and Corrective Services ensure adequate funding is allocated to ongoing monitoring and research of the prevalence of hepatitis C in the state's corrections system.		
15 That the testing proposed in Recommendation 13 incorporate PCR testing to ascertain the viraemic status of HCV+ prison inmates.		

Recommendation	Response	Time line
16 That the Minister for Corrective Services, in conjunction with the Minister for Health, commission an independent study of the incidence and modes of transmission of hepatitis C in the state's corrections system. This study is to be in addition to the population incidence study proposed in Recommendation 4.	Supported	
17 That the Ministers for Health and Corrective Services ensure adequate funding is allocated to ongoing monitoring and research of the incidence and modes of transmission of hepatitis C in the state's corrections system.	Supported	
18 That the independent study of hepatitis C incidence proposed in Recommendation 16 be conducted on a regular basis to ensure information on the incidence and modes of transmission of hepatitis C in the state's corrections system is gathered over time.	Supported. Surveys at 3-5 year intervals would be sufficient, at a cost of \$50,000-\$75,000. Additional studies to evaluate specific interventions could also be considered.	
19 That NSW Health design and implement an awareness campaign for all those working in the health care system addressing practices, values and attitudes that discriminate against those with hepatitis C accessing the health care system.	Implemented. \$100,000 PHOFA funding allocated to HCCNSW to undertake Health Care Worker Training Project.	Nov 99
20 That the Minister for Health meet with representatives of the various professional colleges (including the Royal College of Surgeons, Royal College of General Practitioners, and Royal College of Nursing) and unions and urge them to support the awareness campaign addressing hepatitis C related discrimination in the health care system proposed in Recommendation 19.	NSW Health has provided \$107,000 additional funding to South Eastern Sydney AHS to implement the project, now the Workforce Development Project, statewide. Superseded by Workforce Development Project	
21 That the Attorney-General instruct the Anti-Discrimination Board to conduct an inquiry into discrimination and hepatitis C in New South Wales. The Committee further recommends that the resultant report of this inquiry be distributed widely to relevant employer and employee organisations, trade unions, education institutions, hospitals and relevant community organisations (such as the Hepatitis C Council of NSW) across the state.	Supported. The NSW Anti-Discrimination Board will undertake an inquiry into discrimination against people with hepatitis C.	6 months, commencing early 2001
22 That the Premier direct an education campaign be designed and implemented across all sectors of the public service addressing practices, values and attitudes that discriminate against those with Hepatitis C and ensuring that those working for the government are aware of the illegality of discriminating against those with hepatitis C.	Referred to the Premier.	
23 That the Anti-Discrimination Board of New South Wales design an information brochure informing those with hepatitis C of their legal rights and action they can take to address discrimination. The Committee further recommends that the Hepatitis C Council of NSW be given responsibility (and adequate funding) to distribute this brochure.	Supported. New resources will be developed based on the findings of the inquiry.	
24 That the Attorney-General provide adequate funding to the Anti-Discrimination Board of New South Wales for the design and development of the information brochure proposed in Recommendation 23.	Supported	
25 That the Minister for Health direct research be undertaken into the personal, social and economic costs of hepatitis C infection to individuals, the state's health care system and to society.	The issue of research has been made a Commonwealth priority and is being coordinated at the national level, through ANCAHRD and IGCAHRD.	

Recommendation	Response	Time line
<p>26 That the Attorney General request the NSW Anti-Discrimination Board conduct (or commission) social research into the causes of hepatitis C-related discrimination. The Committee further recommends that the findings of the proposed research be used in formulating programs to combat this form of discrimination including those programs proposed in Recs 19, 22, 129.</p>	<p>Supported. See 23.</p>	
<p>27 That the Minister for Health upgrade the Hepatitis Advisory Committee to become the Ministerial Advisory Committee on Hepatitis C. The Committee further recommends that the Terms of Reference of the Ministerial Advisory Committee on Hepatitis C include:</p> <ol style="list-style-type: none"> <li>1. to advise the Minister on clinical, education/ prevention, health promotion and surveillance policy and strategic directions for the prevention, care and treatment of hepatitis C;</li> <li>2. to participate in the design and development of the statewide policy statements and strategic plans for hepatitis C;</li> <li>3. to liaise with other Committees and professional groups of relevance to hepatitis C; and</li> <li>4. to promote research and training in hepatitis C.</li> </ol>	<p>Supported. The Ministerial Advisory Committee on Hepatitis C has been established and will begin meeting in 2001. The Chair of the MACH is Professor Geoff McCaughan from the AW Morrow Gastroenterology and Liver Centre.</p>	<p>Ongoing</p>
<p>28 That the Minister for Health direct NSW Health to design and develop a NSW Hepatitis C Policy Statement to give overall direction to the control, treatment, management and prevention of hepatitis C and the care and support of those with the disease.</p> <p>The Committee further recommends that the proposed NSW Hepatitis C Policy Statement include, as a minimum, a broad vision statement of the direction to be taken in hepatitis C support, control, treatment, management and prevention, along with supporting guiding principles and policy aims.</p> <p>The Committee further recommends that NSW Health undertake an evaluation of the NSW Hepatitis C Policy Statement in January 2001 to assist in determining future responses and directions.</p>	<p>Supported. The first NSW Hepatitis C Strategy 2000-2003 has been released and contains key areas for action in prevention; treatment; non-clinical care and support; education and training; and surveillance and research. \$3 million has been allocated over two years to support the Strategy.</p>	<p>2000-2003</p>
<p>29 That the NSW Hepatitis C Policy Statement proposed in Recommendation 28 be the basis for all future planning and funding for hepatitis C in the state.</p>	<p>Supported. See 28.</p>	
<p>30 That the Minister for Health ensure adequate consultation with the major stakeholders during the process of designing and developing the NSW Hepatitis C Policy Statement proposed in Recommendation 28. Those consulted are to include, yet not be limited to, representatives of the Hepatitis C Council and relevant community groups such as NUAA, liver specialists, public health experts, epidemiologists, clinical nurse consultants.</p> <p>The Committee further recommends that the Ministerial Advisory Committee on Hepatitis C be actively involved in the design and development of the NSW Hepatitis C Policy Statement proposed in Recommendation 28.</p>	<p>Implemented. Broad consultation was undertaken in the development of the Strategy, including a publicly released discussion paper, and the holding of key stakeholder workshops and focus groups. The Strategy will be evaluated at the end of its life to assist in determining future responses.</p>	
<p>31 That the Minister for Health direct NSW Health to develop a NSW Hepatitis C Strategic Plan within the context of the NSW Hepatitis C Policy Statement proposed in Recommendation 28 and that the Strategic Plan clearly articulate how, when and where the state will address all facets of hepatitis C control,</p>	<p>Supported. An implementation plan, in the form of a prevention and education plan and care and treatment plan for hepatitis C will be developed to complement the Strategy.</p>	<p>Mar 2001</p>

Recommendation	Response	Time line
<p>treatment, management and prevention along with care and support for those with the disease.</p> <p>The Committee further recommends that NSW Health undertake an evaluation of the NSW Hepatitis C Strategic Plan in January 2001 to assist in determining future responses and programs.</p> <p>32 That the NSW Hepatitis C Strategic Plan proposed in Rec 31 identify goals, objectives and key strategies along with detailed implementation plans for each objective.</p> <p>33 That NSW Health ensure the NSW Hepatitis C Policy Statement (proposed in Rec 28) and NSW Hepatitis C Strategic Plan (proposed in Rec 31) are placed on the Department's website.</p> <p>34 That the Minister for Health ensure adequate and ongoing dedicated funding is provided for the full implementation of the NSW Hepatitis C Policy Statement proposed in Rec 28 and the NSW Hepatitis C Strategic Plan proposed in Rec 31.</p> <p>35 That the Minister for Health urge his federal counterpart to provide funding allocations which reflect more accurately the rate of hepatitis C in New South Wales and the state's need for support services and prevention strategies.</p> <p>36. That the Minister for Health ensure dedicated, adequate and appropriately graded full time and permanent staff are assigned within the AIDS and Infectious Diseases Branch of NSW Health to oversee the implementation of the NSW Hepatitis C Policy Statement proposed in Rec 28 and the NSW Hepatitis C Strategic Plan proposed in Rec 31.</p> <p>37 That the Minister for Health direct South Eastern Sydney, South Western Sydney, Western Sydney, Northern Sydney and Northern Rivers Area Health Services to develop and implement Regional Hepatitis C Strategic Plans in line with the NSW Hepatitis C Policy Statement (as proposed in Rec 28) and the NSW Hepatitis C Strategic Plan (as proposed in Rec 31). This measure should be achieved through contract performance arrangements between NSW Health and the Area Health Services.</p> <p>38 That the Minister for Health ensure adequate and ongoing dedicated funding is provided for the full implementation of the regional Hepatitis C Strategic Plans proposed in Rec 37.</p> <p>39 That the Minister for Health review all Area Health Services to determine the needs of each Area Health Services for Area Hepatitis C Managers.</p> <p>40 That the Minister for Health instruct that, as a matter of priority, the position of dedicated Area Hepatitis C Manager be established and filled in the following Area Health Services: South Eastern Sydney; Western Sydney; South Western Sydney; Central Sydney and Northern Rivers. The Committee further</p>	<p>Evaluation will be incorporated into the Strategy, and will occur at the end of its life</p> <p>Supported</p> <p>Supported</p> <p>Supported. The Minister for Health announced \$3 million in funds over 2 years to support implementation of the Strategy and plans. NSW will also be receiving approximately \$1.8 million over four years from the Commonwealth for hepatitis C related initiatives.</p> <p>Supported. NSW Health will continue to urge the Commonwealth to provide appropriate funding for hepatitis C</p> <p>Supported. Any additional costs will be met from existing resources through reallocation of priorities</p> <p>Supported. All Area Health Services and the Corrections Health Service will be required to develop a strategic response to hepatitis C and to implement the NSW Hepatitis C Strategy and plans.</p> <p>Implemented. All Areas have received hepatitis C enhancement funding based on an agreed formula. Areas will also meet their obligation to provide an appropriate response to Hepatitis C from their general allocations from NSW Health.</p> <p>Not supported. Existing Area AIDS program management structures are already overseeing the development and implementation of hepatitis C related initiatives. It is a matter for Areas to ensure that management structures enable the implementation of government policy.</p> <p>Not supported. See 39</p>	<p>Nov 2003</p> <p></p> <p></p> <p>Ongoing</p> <p>Ongoing</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>

	Recommendation	Response	Time line
	<p>recommends that the position of dedicated Area Hepatitis C Manager be in addition to existing positions of Area HIV/AIDS Managers which may currently exist in the identified Area Health Services.</p>		
41	<p>That the Minister for Health ensure dedicated funding is allocated to the South Eastern Sydney, Western Sydney, South Western Sydney, Central Sydney and Northern Rivers Area Health Services for the establishment of Area Hepatitis C Manager positions.</p>	<p>Not supported. See 39</p>	
42	<p>That the Minister for Health instruct that the positions of Area Hepatitis C Manager in the South Eastern Sydney, Western Sydney, South Western Sydney, Central Sydney and Northern Rivers Area Health Services be incorporated in the review of hepatitis C staffing needs proposed in Rec 39. The Committee further recommends that, following this review, and where necessary, additional staff dedicated to hepatitis C management at the local Area Health Service level be appointed.</p>	<p>Not supported. See 39</p>	
43	<p>That the Minister for Health call tenders for the establishment of three major hepatitis C reference laboratories in NSW. Selection of the laboratories should be based on the expertise and experience of the laboratories, the ability to interpret tests and develop new tests, and their capacity to participate in state-wide and national quality assurance programs. The reference laboratories should be able to conduct validation testing for private laboratories for a fee.</p>	<p>Not supported. A review of hepatitis C care and treatment services undertaken in NSW did not recommend such a structure.</p>	
44	<p>That the Minister for Health ensure adequate funding is available to the hepatitis C reference laboratories proposed in Rec 43 and that the funding allocation to the reference laboratories be made from NSW Health funds rather than the local area health services.</p>	<p>See 43</p>	
45	<p>That NSW Health recognise the provision of pre- and post-test information and counselling by health care professionals provides best practice patient management in relation to testing for hepatitis C. The Committee further recommends that the Ministerial Advisory Committee on Hepatitis C proposed in Rec 27 develop a set of policy guidelines for pre- and post-testing for hepatitis C for health practitioners in NSW and that these guidelines ensure pre- and post-test counselling are a routine practice for all people considering HCV testing.</p>	<p>A National Hepatitis C Testing Policy, currently being developed, will inform the development of counselling guidelines.</p>	<p>Nov 2000</p>
46	<p>That the Minister for Health urge his federal counterpart to encourage the Pharmaceutical Benefits Advisory Committee to broaden the assessment criteria for interferon drug therapy under the S100 Highly Specialised Drugs Scheme to include:</p> <ul style="list-style-type: none"> <li>• Patients with minimal ALT elevation or with normal liver function tests and positive hepatitis serology or HCV-RNA testing;</li> <li>• Patients with cirrhosis (dosage 4.5MU daily);</li> <li>• relapsers and non-responders; and</li> <li>• patients with extrahepatic manifestations of hepatitis C.</li> </ul> <p>The Committee further recommends that the proposed new S100 assessment criteria for interferon be monitored for two years with patient response data continuing to be collected for the National Interferon Database.</p>	<p>Supported in principle. Support would be dependent on the available scientific evidence on the efficacy of treatment for patients with particular clinical characteristics in the context of setting access criteria for treatments. NSW Health acknowledges that PBAC decisions should be based on scientific evidence.</p>	

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47 That the Minister for Health urge his federal counterpart to ensure funding continues to be provided to maintain operation of the National Interferon Database and that the intellectual property of the Database remain with the government so that optimum treatment regimes can be ascertained.	The National Interferon Database project has been completed.	
48 That the NSW Hepatitis C Policy and the NSW Hepatitis C Strategic Plan (proposed in Recs 28 and 31) address the management needs of those who are HCV-positive and ineligible for interferon therapy. Issues to be considered are to include (although not be limited to) (i) information on the natural history of the disease, treatment options, health promotion and cross-infection and re-infection; (ii) counselling needs and psychosocial support of these patients and their families; and (iii) the role of primary health care providers in giving this support.	Supported in principle. The needs of people with hepatitis C are addressed in the Strategy and the Care and Treatment Plan.	
49 That the Minister for Health seek the support of his Federal counterpart for a review of the criteria used to establish Interferon Prescribing Centres to enable the expansion of the limited number of hospitals allowed to dispense interferon without compromising clinical standards or cost controls.	Supported in principle. Given the highly specialised nature of interferon as a treatment for hepatitis C, it is essential to ensure that there is appropriate expertise available to support prescribers. The model for community based prescribing of HIV highly specialised treatments could be considered for HCV.	
50 That the Minister for Health approach his Federal counterpart and seek his support for PCR testing used to determine genotyping and viral load in the pre-treatment assessment for patients considering interferon (and other drug) therapy to be fully covered either under the Medicare Benefits Schedule or hospital block funding.	Supported. Medicare will, as of November 2000, fund tests to predict and monitor the effectiveness of antiviral treatment for hepatitis C.	Nov 2000
51 That the Minister for Health urge his federal counterpart to encourage the Pharmaceutical Benefits Advisory Committee to introduce a degree of flexibility into the S100 Highly Specialised Drugs Scheme enabling the interferon dosage schedule to be increased where necessary and appropriate such as in the case of cirrhotic patients.	Supported in principle. Support for this recommendation would be dependent on expert clinical advice regarding the efficacy of varying the dosage schedule.	
52 That the Minister for Health approach his Federal counterpart and seek his support for PCR testing used to monitor interferon (and other drug) therapy and tailor therapy to ensure maximum efficacy of treatment and efficient utilisation of resources to be fully covered either under the Medicare Benefits Schedule or hospital block funding.	See 50.	
53 That the Minister for Health approach his Federal counterpart and seek his support for PCR testing used to predict the relative risk of vertical transmission during pregnancy to be fully covered either under the Medicare Benefits Schedule or hospital block funding.	Supported in principle. Support for this proposal would be dependent on expert clinical advice regarding its efficacy.	
54 That the Minister for Health request his federal counterpart fund and support clinical studies to identify and understand new treatments for hepatitis C and the impact upon patients (particularly female patients) of these new, and existing, treatments. The Committee further recommends that the state government match federal funding for this research on a dollar for dollar basis.	Approach to Commonwealth supported. NSW funding not supported. Funding for clinical research is the responsibility of the Commonwealth Government via expert bodies such as the NHMRC.	
55 That the Strategic Plan proposed in Recommendation 31 consider the provision of adequate support mechanisms for people who do not respond to interferon therapy. The Committee further recommends that the Strategic Plan set targets for the establishment of support services in inner city, metropolitan and regional/rural locations.	The care, treatment and support needs of people with hepatitis C is addressed in the Care and Treatment Plan and Strategy. Enhancement funding has also been provided to Areas to assist in delivering services to people with hepatitis C.	



Recommendation	Response	Time line
56 That NSW Health provide HCV specific training (both initial and ongoing) to existing providers of psychosocial support for people with chronic illness employed within the health care system, such as social workers, counsellors, chaplains, drug and alcohol workers enabling these professionals to provide support to those on interferon therapy.	Supported. NSW Health provided \$107,000 to the Hepatitis C Workforce Development Project to enhance the capacity of existing networks of services to appropriately develop coordinated hepatitis C related responses.	Ongoing
57 That the Minister for Health, through the forum of the Australian Health Ministers Council, urge his federal, state and territory counterparts to recognise Australia's low rate of organ donation and consider innovative and effective ways to increase the donations of organs in general and liver donations specifically.	Supported	
58 That the Minister for Health state his government's commitment to providing adequate and appropriate health care – from primary through to tertiary health care – to all those in NSW who are hepatitis C positive.	Supported. The Strategy outlines the Government's commitment to providing adequate and appropriate health care for people who are hepatitis C positive.	
59 That the NSW Hepatitis C Policy Statement proposed in Recommendation 28 clearly enunciates the Minister's commitment to providing adequate and appropriate health care to all those in NSW who are hepatitis C positive. The Committee further recommends that the NSW Hepatitis C Strategic Plan proposed in Recommendation 31 clearly identifies the way in which the Minister's commitment will be realised along with appropriate time frames and funding allocations.	Supported. Funds for hepatitis C is allocated to Areas on a formula basis, and Areas are guided by the Strategy and local needs in funding programs.	
60 That the NSW Hepatitis C Strategic Plan be the basis upon which NSW Health allocates funding to treat and manage hepatitis C.	Supported. See 59.	
61 That NSW Health conduct a comprehensive needs assessment and service planning exercise within six months of the Report being tabled. This exercise is to include the provision of services in all health areas and all public hospitals. The Committee further recommends that the Department set minimum service levels based on a health outcomes approach.	Implemented. NSW Health, through PHOFA, provided \$60,000 to conduct a review of hepatitis C care and treatment services, and a Care and Treatment Services Plan has been developed.	Nov 1999
62 That NSW Health incorporate the implementation of the results of the needs assessment and the service planning exercise into the Strategic Plan proposed in Recommendation 61.	Supported	Nov 1999
63 That the Minister for Health allocate funding for the implementation of the results of the needs assessment and service planning exercise proposed in Recommendation 61.	Supported	Nov 1999
64 That the Minister for Health accept the principle of shared care as a viable and practical clinical management tool for hepatitis C and ensure NSW Health takes all possible measures for shared care of hepatitis C patients to be introduced into the New South Wales health care system.	Supported in principle. Pending evaluation of HepCare project. The project will provide information on the role and efficacy of shared care and the cost implications for NSW.	
65 That the Minister for Health ensure all measures are taken for the full and unhindered implementation of the National Hepatitis C Education Program for General Practitioners in New South Wales.	Supported. The NSW Health Study Grants Program currently provides for HCV-related training. NSW Health also works closely with the Australian Society for HIV Medicine to provide training opportunities for GPs.	
66 That the NSW Hepatitis C Policy Statement (proposed in Recommendation 28) and the NSW Hepatitis C Strategic Plan (proposed in Recommendation 31) address the issue of a Hepatitis C Education Strategy for Health Care Workers. The Education Strategy is to ensure that appropriate material, resources and	Implemented. \$100,000 was provided to the HCCNSW to undertake a Health Care Worker Training Project, which has been completed. NSW also allocates \$125,000 pa to CEIDA and \$84,000 pa through the NSW Health Study Grants Program	Nov 1999

Recommendation	Response	Time line
<p>training are available to health care workers throughout the State, enabling those responsible for delivering health care to access relevant information. Wherever possible, the Committee would like to see the education strategy be integrated with other education and training activities and initiatives. The Committee further recommends that the Minister for Health ensure the Hepatitis C Education Strategy for Health Care Workers is adequately funded.</p>	<p>which can be used to fund hepatitis C related training. In addition, NSW Health has provided \$107,060 to South Eastern Sydney AHS to implement a statewide Hepatitis C Workforce Development Project.</p>	
<p>67 That NSW Health develop a Best Practice Model for the delivery of services to those with Hepatitis C in New South Wales. The Committee stipulates that the best practice model be flexible to provide delivery services in a range of formats appropriate to the diverse needs (including geographical location) of those with hepatitis C. The Committee further recommends that NSW Health take into account the evaluations of the RACGP's National Hepatitis C Education Program for General Practitioners, the four NSW Health demonstration projects, the HepCare trial and the results of the comprehensive needs assessment and service planning exercise proposed in Recommendation 61 in developing best practice models for the delivery of services to those with hepatitis C.</p>	<p>The Care and Treatment Plan includes minimum guidelines for service delivery.</p>	
<p>68 That the strategies to be implemented in establishing the model of best practice for the delivery of services to those with hepatitis C in NSW be incorporated in the NSW Hepatitis C Strategic Plan proposed in Recommendation 31.</p>	<p>Supported</p>	
<p>69 That the Minister for Health ensure adequate funding is available for the implementation of the model of best practice for the delivery of services to those with hepatitis C in NSW.</p>	<p>See 67</p>	
<p>70 That the Minister for Health urge his federal counterpart to encourage the NHMRC to support and fund research trials of complementary therapies designed to relieve the symptoms of hepatitis C.</p>	<p>Supported in principle. The NHMRC funds research on the basis of merit. Trials are already being conducted in NSW with the use of complementary therapies.</p>	
<p>71 That the Minister for Corrective Services ensure the program offered at the Lifestyle Unit be expanded (in both scope and size) to respond more adequately to the prevalence of hepatitis C within the corrections system. The Committee further recommends that the program be extended to include female inmates who are hepatitis C positive.</p>	<p>Supported. A Lifestyle Unit for women has been established.</p>	
<p>72 That the Department of Corrective Services and Corrections Health Service recognise the extraordinarily high rates of hepatitis C amongst inmates in the state's correctional system and develop a Best Practice Model for the delivery of hepatitis C health care services to these inmates as a matter of priority. The Committee believes that the Best Practice Model must provide specific care to male and female HCV+ inmates located in both rural and metropolitan correctional centres. The Committee further recommends that the Best Practice Model must overcome shortcomings in the current provision of health care identified in the inquiry, including the shortage of available health care professionals, the limited number of inmates able to access interferon therapy, and the difficulties currently experienced in administering interferon to inmates.</p>	<p>NSW Health is currently giving consideration to a discussion paper on hepatitis C in prisons commissioned by the Commonwealth. It also gave consideration to the issue in developing the draft NSW Hepatitis C Strategy.</p>	
<p>73 That the strategies to be implemented in establishing the Best Practice Model for the delivery of health care to those with hepatitis C in NSW be incorporated in the NSW Hepatitis C Strategic Plan proposed in Recommendation 31.</p>	<p>Duplicates 68</p>	

Recommendation	Response	Time line
74 That the Minister for Health and the Minister for Corrective Services ensure funding is available for the implementation of the model of best practice for the delivery of health care to those with hepatitis C in the state's correctional system.	Enhancement funding has been provided to Corrections Health Service for hepatitis C initiatives.	
75 That the Minister for Health and the Minister for Corrective Services form an Intersectoral Committee made up of representatives from the Department of Corrective Services, Corrections Health Service, NSW Health and specialists (both medical practitioners and clinical nurses). This Committee should be required to develop a strategic plan to address issues including, though not be limited to: <ul style="list-style-type: none"> <li>• provision of low fat diets to HCV+ inmates;</li> <li>• availability of light duties for those experiencing hepatitis C and/or interferon side effects;</li> <li>• the education of prison officers on hepatitis C and/or interferon side effects;</li> <li>• in-service training for public health nurses on a range of hepatitis C related issues including interferon therapy regimes;</li> <li>• the design of post-release care plans for HCV+ inmates; and</li> <li>• management difficulties experienced by those inmates on interferon therapy</li> </ul>	Supported in principle. The MACH will include a representative from correctional settings. These issues were also considered in the care and treatment review, and in developing the NSW Hepatitis C Strategy.	
76 That the implementation details of the strategic plan for the management of hepatitis C in the state's correctional system proposed in Recommendation 75 be incorporated in the NSW Hepatitis C Strategic Plan proposed in Recommendation 31.	See 75	
77 That the Minister for Health and the Minister for Corrective Services ensure funding is available for the implementation of strategic plan for the management of hepatitis C in the state's correctional system.	See 75	
78 That the Minister for Health and the Minister for Corrective Services take active steps to ensure officers from the Department of Corrective Services and Corrections Health Service/NSW Health (not only at the central agency level, but at the local correctional centre level) collaborate effectively.	Supported in principle. Officers of both Departments currently liaise and meet regularly to ensure effective service delivery.	
79 That the funding allocation by NSW Health to the Hepatitis C Council of NSW be increased to enable the Telephone Information and Support Service to operate from 9:00am to 6:00pm seven days a week and from 6:00pm to 10:00pm Monday to Friday evenings.	Partly implemented. The HCCNSW had its funding doubled in 1999/2000 to approximately \$450,000 per annum, allowing it to increase operating hours. The public now has 24 hour access to a recorded information line provided by the HCCNSW.	
80 That NSW Health commission an independent review and needs assessment of the services provided by the Hepatitis C Council of NSW, the Transfusion Related AIDS and Infectious Diseases Unit, the Haemophilia Foundation NSW, and New South Wales Users and AIDS Association to determine resource needs (including staffing needs for counselling, support, project and policy work and volunteer management) and demand for services. The Committee further recommends that the proposed review be conducted within six months of the tabling of the Report and that the results are with the Minister for Health no later than December 1999.	Supported. The care and treatment review included looking at NGO services available to people with hepatitis C and made recommendations in relation to those services. NUAA is also conducting an independent needs assessment. It should be noted that Traids is not a NGO, but a statewide service auspiced by Western Sydney AHS. The name of the service changed in 1999 from TRAIDS to Traids, and it released a new strategic plan addressing its role in counselling and support for people with medically acquired HIV and HCV.	
81 That, upon receipt of the review proposed in Recommendation 80, NSW Health ensure sufficient and recurrent funding is made available to implement the recommendations of the review.	Review recommendations will be considered	

Recommendation	Response	Time line
82 That the Area Hepatitis C Managers proposed in Recommendation 40 be responsible for instigating Hepatitis C Support Groups in their local Health Areas and, while not necessarily involved in the day to day operation of the groups, provide expert input and information as required, act as a resource/referral person and ensure necessary resources are available.	Not supported. Area Health Services have been allocated funding for hepatitis C to ensure that support is provided in a manner appropriate to the needs of each Area.	
83 That the review proposed in Recommendation 39 take into consideration the need for support groups in each Health Area and the role played by Area Hepatitis C Managers in facilitating these groups.	Not supported. See 39 and 82.	
84 That, in developing a model of best practice for the delivery of services to those with hepatitis C (as proposed in Recommendation 67), the accommodation needs of local hepatitis C support groups be taken into account.	See 39 and 82.	
85 That NSW Health maintain a watching brief on the issue of changes to the Disability Support Pension. The Committee further recommends that, should changes be proposed in the future which would restrict those genuinely debilitated by hepatitis C from accessing the Disability Support Pension, the Minister for Health, through the forum of the Australian Health Ministers Council, advocate on behalf of those with hepatitis C.	Supported in principle. Eligibility criteria for income support are determined at Commonwealth level.	
86 That NSW Health trial an Interagency Hepatitis C Support Project to ensure government services required by those with hepatitis C are readily available and accessible. The Committee further recommends that the government agencies involved include the Departments of Health, Community Services, Housing and Transport in addition to local government representation.	Supported in principle. Various Senior Officers Groups coordinated by Premier's Department are already involved in developing strategies to ensure a whole of government approach to a range of social services.	Ongoing
87 That the Interagency Hepatitis C Support Project proposed in Recommendation 86 be trialed for a two year period in three Health Areas: Central Sydney Area Health Service (inner city), South Western Sydney Area Health Service (metropolitan) and Northern Rivers Area Health Service (rural). The Committee further recommends that the Area Hepatitis C Managers for each of these Health Areas proposed in Recommendation 40 act as project coordinator and chair of the Committee.	See 86	
88 That the NSW Hepatitis C Policy Statement proposed in Recommendation 28 clearly state the Department's policy to prevent the transmission of hepatitis C amongst target populations. The Committee further recommends that the NSW Hepatitis C Strategic Plan proposed in Recommendation 31 clearly identify the direction to be taken to prevent the transmission of hepatitis C amongst target populations. The Plan should identify existing preventative strategies, include a range of new preventative measures that are innovative and effective and be the basis for funding and evaluation.	Supported. The NSW Hepatitis C Strategy identifies risk factors for transmission, and nominates priority population groups based on those risk factors. The prevention and education plan will provide greater detail on initiatives for preventing the transmission of hepatitis C.	
89 That the NSW Hepatitis C Policy Statement (proposed in Recommendation 28) clearly identify the Department's policy to prevent the transmission of hepatitis C in the injecting drug user population. The Committee further recommends that the NSW Strategic Plan (proposed in Recommendation 31) clearly identifies strategies that will be put in place to prevent the transmission of hepatitis C amongst the state's drug injecting population.	Supported. See 89	

Recommendation	Response	Time line
<p>90 That NSW Health recognise and utilise more fully the role of the Methadone Maintenance Therapy Program in minimising the transmission of hepatitis C amongst injecting drug users. The Committee further recommends that methadone therapy facilities be expanded and made available throughout the state. Resources should be made available to the Methadone Maintenance Therapy Program to provide initial education, counselling and support services for people who are hepatitis C positive.</p>	<p>Implementation in progress. NSW Health recognises the potential of the methadone program to help prevent HCV. This is reflected in the new NSW Methadone Clinical Practice Guidelines which recommend HCV testing and counselling. The Department is expanding access to methadone through greater utilisation of community pharmacies and GPs. The Department has also funded research to increase the range of pharmacotherapies available.</p>	<p>Ongoing</p>
<p>91 That the Minister for Health, through the Australian Health Ministers' Council, urge the National Health and Medical Research Council to commission and fund research into the interaction between methadone and interferon and the impact of methadone on pregnancy.</p>	<p>The NHMRC assesses applications for research funding on the basis of merit.</p>	
<p>92 That, given the high content level of alcohol in methadone and the impact this has upon those on methadone maintenance therapy who are also undergoing interferon therapy, the Minister for Health conduct a rigorous scientific trial of all alternative therapies for this group of people. The Committee further recommends that an independent advisory committee be established to develop the trial protocol, oversee the trial and review the trial's subsequent evaluation.</p>	<p>Not supported. Methadone syrup currently contains 4.75% ethanol, used as a preservative. A methadone dose of 60mg (12mL) contains 0.57mls of ethanol. Literature does not suggest that there is an interaction between Interferon and the consumption of alcohol. However, it is likely that clients with liver dysfunction are less able to metabolise alcohol. Alternatives to methadone syrup already exist including the prescription of physioptone tablets for oral dose in special circumstances including impaired hepatic function. Trials of buprenorphine and naltrexone as alternative pharmacotherapies to methadone have been funded. Naltrexone is already available as a maintenance drug, and buprenorphine may be made available soon.</p>	
<p>93 That the Minister for Police review the instructions concerning police patrols within the proximity of needle and syringe outlets and that the instructions clearly state that:</p> <ul style="list-style-type: none"> <li>i) maximum and effective use of needle and syringe outlets is an effective preventative measure against the transmission of hepatitis C and other blood borne diseases; and</li> <li>ii) clients' access to needle and syringe outlets is to be unhindered and without fear of intimidation or arrest.</li> </ul>	<p>Implementation in progress. The NSW Police Service is developing revised guidelines for the policing of NSP and methadone clinics. NSW Health is represented on the committees to oversee these projects.</p>	
<p>94 That the Minister for Health recognise the role of the Needle and Syringe Program in minimising the transmission of hepatitis C amongst injecting drug users. The Committee further recommends that the Program be further developed and extended in its reach and range of services so that outlets throughout the state provide:</p> <ul style="list-style-type: none"> <li>• education and information (including available treatment options), counselling and support services to people who are hepatitis C positive;</li> <li>• increased after-hours service;</li> <li>• access to sterile water, alcohol swabs and cotton wool filters; and</li> <li>• for integrated services in conjunction with other community health programs</li> </ul>	<p>Supported. The Minister for Health recognises the role of NSP as a HCV prevention measure. Issues raised by this recommendation are already being addressed. The NSP is expanding. Pilot pre-treatment programs running at 4 NSPs will extend the range of education and information reach, including providing support for HCV positive clients. Needle and syringe vending machines have been provided for after-hours service. Pre-treatment programs will develop integrated approaches to other community health programs. In addition, NSW Health has secured \$8.3 million over four years under enhancement funding from the Council of Australian Governments to enhance the capacity of NSPs to provide services.</p>	

Recommendation	Response	Time line
95 That the Minister for Health ensure the Needle and Syringe Program is adequately resourced to take on the additional functions proposed in Rec 94.	See 94	
96 That NSW Health design strategies targeting those who have just commenced injecting practices to warn them of the inherent dangers of contracting hepatitis C from unhygienic equipment and to encourage them to utilise fully the services offered by needle and syringe outlets. The Committee further recommends that the Needle and Syringe Program be resourced to implement the proposed strategies.	Implementation in progress. The Commonwealth, NSW Health and Area Health Services have for some years been designing strategies to target new injectors to reduce incidence of HCV.	
97 That NSW Health ensure workers at needle and syringe outlets are adequately skilled and trained to provide HCV specific information.	Implemented. Current training of NSP workers includes a significant component information about HCV prevention. A new national training package is also being developed.	
98 That NSW Health provide funding for a state-wide peer based education campaign on the importance of blood awareness amongst injecting drug users. The Committee further recommends that representatives from the hepatitis C community and other appropriate interest groups be involved in the development and implementation of the proposed education strategies to ensure the strategies are practical and effective and appropriate.	Implemented. The New South Wales Users and AIDS Association, funded by NSW Health to almost \$1 million, runs a number of peer-education 'Tribes' projects for HIV and HCV prevention. Representatives of the HCV community are involved in the design and implementation of several of these programs.	
99 That NSW Health and the Department of Education and Training ensure the basic message of all preventative strategies to prevent or delay initial injecting behaviour in adolescents is a very clear one that encourages young people not to take drugs.	Supported. Drug education within government schools focuses on preventing drug use by students. Where students have already begun experimentation with drugs, local drug education programs are responsive to the needs of these students. Care is taken to ensure that drug use is not normalised in messages provided in drug education programs.	Ongoing
100 That the Minister for Health and the Minister for Education and Training meet and reach an agreement on the role to be played by the Department of Education and Training in providing hepatitis C education to children and young people in the state's school system. The Committee further recommends that the two Ministers give consideration to the following aims for hepatitis C education within the school system:  To prevent infection with HCV by discouraging young people from engaging in risk behaviours; and  To provide information on harm minimisation for young people who may have already become involved in drug use.	There has been no need for the Ministers to meet as there is close liaison between the Departments of Health and Education and Training on the Hepatitis Education Project (see rec 101) and drug education in schools.  PDHPE teachers develop teaching and learning programs that are responsive to the local needs of their students. Risk taking and managing risk in a range of contexts relevant to the student group, are aspects of these programs.	Ongoing
101 That the Department of Education and Training develop school-based education programs to raise student awareness on issues including:  The nature of hepatitis C, including epidemiology, transmission and risk behaviours;  A range of strategies to assist students to avoid injecting drug use;  Potential behavioural, social and environmental risk factors; and  Assessing appropriate sources of information, support and advice, including testing and treatment information and services.	Supported. Education about hepatitis occurs within PDHPE programs in government secondary schools. Curriculum support materials on hepatitis are being developed to provide teachers with assistance in education about hepatitis C within the context of PDHPE. \$45,000 provided in 2000 to the DET by NSW Health, for production of additional support materials for teachers and students.  In 2001 secondary schools will be provided with these materials which will also indicate how a "whole schools approach" can support effective education about hepatitis.	The materials will be provided to schools in 2001.

Recommendation	Response	Time line
102 That NSW Health continue to urge the Commonwealth Department of Health and Family Services to provide funding under the Public Health Outcomes Funding Agreement Incentives Program for a pilot hepatitis B vaccination program for methadone clients in New South Wales.	Implemented. Project commenced in Nov 1998 in South Western Sydney, with \$240,000 funding through PHOFA.	
103 That the Minister for Health ensure drug treatment services funded by NSW Health play a more direct and active role in providing information on the prevention of hepatitis C to injecting drug users.	Supported	
104 That NSW Health increase the provision of drug treatment and rehabilitation programs as an effective hepatitis C preventative strategy.	Supported. NSW Health has placed significant resources into increasing and expanding the range of available treatment resources throughout NSW. The Government's response to the resolutions of the NSW Drug Summit, includes support for increased provision of drug treatment programs.	Ongoing
105 That the Minister for Health establish a NSW Intersectoral Advisory Committee for hepatitis C and invite the Ministers for Corrective Services and Police and the Attorney General to join him on that Committee.	Not supported. The MACH has appropriate representation from key stakeholders.	
106 That the NSW Intersectoral Advisory Committee for Hepatitis C proposed in Rec 105: Consider the role of drug policy and law reform as a pragmatic measure to limit the transmission of hepatitis C; Assess and examine how policies and legislation relating to prohibited drugs (such as the self administration and possession offences, s10 and s12 of the Drugs Misuse and Trafficking Act, 1985) can best be revised to serve as effective instruments of health policy and to support public health objectives designed to limit the spread of hepatitis C; Encourage public debate about the public health consequences of drug policy reform; and Examine strategies to improve non-custodial sentencing options.	See 105. Issues of law reform were also considered in the Government Plan of Action in response to the Drug Summit.	
107 That the Minister for Health urge his federal counterpart to fund research into issues including: Reducing the number of injecting drug users; Improving the effectiveness of treatment for persons using illicit drugs which can be injected; Development of non-reusable injecting equipment; Behavioural and ethnographic research into young injectors; The effectiveness of bleach and other agents used for decontamination of injecting equipment; and The danger of contracting hepatitis C from the exchange of body fluids And that the results of such research be used in devising strategies to target those at risk, particularly young injectors.	Supported. A number of these issues are currently under discussion amongst ANCAHRD, IGCAHRD and the Intergovernmental Committee on Drugs. Several studies have also been commissioned to examine some of these issues.	
108 That the Minister for Corrective Services commission a review of the HIV and Health Promotion Unit to ascertain the staffing needs of the Unit and to ensure the Unit is adequately resourced to meet the information and educational needs of hepatitis C inmates in the state's correctional system	The HIV & Health Promotion Unit has merged with the Alcohol and Other Drugs Service to ensure an ongoing presence in every centre for HIV, hepatitis C and related health issues. The new unit was subjected to an independent review in line with Drug Summit recommendations.	

Recommendation	Response	Time line
109 That the HIV and Health Promotion Unit ensure all educational strategies employed reflect current health promotion practices. The Committee further recommends that representatives from the hepatitis C community are consulted along with experts in the field of health education and health promotion in the design of educational material produced by the HIV and Health Promotion Unit.	Supported. This practice has been in place for a number of years.	
110 That the Minister for Health ensure any shortcomings identified in the current review of the methadone maintenance program be considered and acted upon as a matter of priority as a pragmatic public health measure to limit the transmission of hepatitis C within the state's corrections system and, consequently, the general community.	Supported	
111 That the Minister for Health ensure methadone maintenance therapy is available to new prison inmates with a history of injecting drug use to limit the transmission of hepatitis C within the state's corrections system and, consequently, the general community.	Supported. Methadone maintenance treatment is already available in prisons for inmates assessed as being suitable for treatment. The Hepatitis C Strategic Plan for Corrections Health Service seeks the expansion of methadone to more prisons.	
112 That, recognising the role of tattooing in the transmission of hepatitis C, the Minister for Corrective Services enable tattoos to be available in hygienic conditions within the state's corrections system.	Prisoners are already provided with information on the risk of transmitting blood borne viruses associated with unsterile tattooing.	
113 That the Minister for Corrective Services ensure adequate bleach dispensing machines are available in all correction centres enabling inmates to access bleach freely and anonymously. This should be administered as a hepatitis C control measure, and should not be linked to drug surveillance.	Implemented. Bleach dispensers are available in all areas of all correctional centres, making inmate accessibility high.	Ongoing
114 That the HIV and Health Promotion Unit continue to encourage inmates not to share their razor blades and toothbrushes.	Supported. One focus of work performed by the HIV Health Promotion Unit.	Ongoing
115 That the NSW Intersectoral Advisory Committee for Hepatitis C proposed in Rec 105 give urgent consideration to a range of non-custodial sentencing options such as: <ul style="list-style-type: none"> <li>• The use of diversionary sentencing;</li> <li>• Utilisation of drug courts; and</li> <li>• The inappropriateness of mandatory sentences for minor offences</li> </ul> As a means of reducing the transmission of hepatitis C in the corrections system.	Implementation in progress. The NSW Government has already made the diversion of drug offenders from the prison system a priority, a position which has been agreed to nationally since. It has provided over \$5 million in funding for the Drug Court trial. Diversion of offenders from the criminal justice system was also supported at the Drug Summit.	
116 That the Ministers for Corrective Services and Health establish a medical records database throughout the state's corrections system to facilitate the successful follow-up of inmates and management of their hepatitis C.	Supported. A Notifiable Diseases Database is already maintained across the health system, and in correctional centres.	Ongoing
117 That the Ministers for Corrective Services and Health collaborate to ensure that the hepatitis B vaccination program operates effectively in every prison and where possible, every alternative community sentencing program.	Supported. Hepatitis B vaccination available for prisoner entrants via the Corrections Health Service.	
118 That the Minister for Health commission a cost effectiveness study of the hepatitis B vaccination program currently conducted by Corrections Health Service and that the study examine a range of immunisation options including the use of accelerated vaccination schedules.	Corrections Health Service already uses NHMRC recommended immunisation schedules.	Ongoing



Recommendation	Response	Time line
119 That the Minister for Corrective Services instruct all correctional centres to purchase and supply only approved barber's shears with detachable heads that can be cleaned readily with bleach and water.	Supported. A "Hairdress Policy and Procedures" manual has been developed, which includes guidelines for using and cleaning instruments.	
120 That the Minister for Corrective Services direct that inmates required to clean up blood spills must be provided with adequate protective clothing and appropriate sterilisation solution to minimise their exposure to hepatitis C.	Supported. It should be noted that it is neutral detergent rather than sterilant which is required in the cleaning of blood spills.	
121 That the Minister for Corrective Services direct that appropriate educational strategies target non hepatitis C positive inmates who are at risk of infection during their first few weeks in prison.	Supported	
122 That the NSW Intersectoral Advisory Committee for Hepatitis C proposed in Rec 105 investigate and report on the appropriateness of introducing a needle and syringe program, modelled on the successful European trials, into the state's correctional system and, if necessary, develop guidelines for the program's implementation.	Not supported. The NSW Hepatitis C Strategy states that it is not currently government policy to introduce a needle and syringe program in prisons.	
123 That the Department of Corrective Services design, develop and implement an in-service training course for prison officers made up of education modules on harm minimisation and that adequate resources be made available to fund the implementation of the modules. The Committee further recommends that the Minister for Corrective Services direct all prison officers to undertake the proposed in-service training course on harm minimisation.	Supported. All new recruits are provided with a day's training. Further action to be considered.	Ongoing
124 That Corrections Health Service make available a range of drug withdrawal strategies to inmates seeking to give up their drug habit.	Supported. A range of drug withdrawal services are already provided in prisons by Corrections Health Service, including detoxification, pharmacotherapies and counselling.	Ongoing
125 That the Ministers for Health and Corrective Services direct that a policy addressing prevention of hepatitis C within the state's correctional system and the role played by drugs in the transmission of hepatitis C be collaboratively developed between the two departments and that the policy be included in the NSW Hepatitis C Policy Statement proposed in Rec 28. The Committee further recommends that the two departments also develop strategies to prevent hepatitis C transmission in the state's corrections system and incorporate these strategies into the NSW Hepatitis C Strategic Plan proposed in Rec 31.	Supported. The Dept of Corrective Services and Corrections Health were involved in the development of the Strategy, and were represented on the steering committee overseeing the development of the Strategy.	
126 That the Minister for Health, through the forum of the Australian Health Ministers' Conference, encourage the Australian Council on Health Care Standards to include the inspection of documentation verifying implementation of a hepatitis B vaccination program for staff (excluding confidential staff records) in the hospital accreditation procedures.	Supported	
127 That the Minister for Health, through the forum of the Australian Health Ministers' Conference, urge his federal, state and territory counterparts to consider the adoption of national infection control standards. The Committee further recommends that the Minister for Health propose the NHMRC's guidelines for the prevention of transmission of infectious diseases entitled Infection Control in the Health Care Setting (1996) be considered as the basis for national infection control standards.	Supported. The NHMRC document is already acknowledged as a national minimum standard. Provisions in place in NSW exceed the minimum standard in some regards eg processing of endoscopic equipment, regulation of health care workers. NSW monitors occupational exposures to BBV by contributing to the national program.	
128 That, within the context of the Australian Health Ministers' Conference, the Minister for Health urge his federal, state and territory counterparts to consider	Supported. NSW provisions for reprocessing of endoscopic equipment already exceed those of the NHMRC guidelines with	

Recommendation	Response	Time line
<p>the adoption of standard procedures for endoscopic units including sterilisation, staff training and use of disposable medical appliances as part of the hospital accreditation process.</p>	<p>regard to sterilisation in particular. NSW Health is in the process of assessing a proposal for training in relation to reprocessing of equipment used for invasive procedures (including endoscopes) and to establish core competencies for reprocessing.</p>	
<p>129 That the Minister for Health encourage his federal counterpart to design and introduce a national community education hepatitis C campaign. The Committee further recommends that NSW Health fully support the introduction of a community based hepatitis C education campaign within NSW and provide whatever assistance may be required.</p>	<p>Supported. \$800,000 was provided to conduct a NSW Hepatitis C Public Awareness Campaign in March-April 2000. The campaign included a series of television advertisements, posters, information booklets, and support activities in Areas.</p>	
<p>130 That the national community education hepatitis C campaign proposed in Recommendation 129 include a component about the role of preventative strategies such as the methadone maintenance therapy program and the needle and syringe program in limiting the transmission of hepatitis C.</p>	<p>Supported. The campaign material included information on prevention strategies for HCV.</p>	
<p>131 That the Minister for Health urge his federal counterpart support and fund research into the social factors which increase the risk of contracting hepatitis C. The Committee further recommends that the Minister for Health encourage his federal counterpart to utilise the results of sound social research in the design and introduction of the community based education hepatitis C campaign proposed in Recommendation 129.</p>	<p>Implementation in progress. Three social research projects totalling \$260,000 have been funded in NSW to examine these issues. NSW Health will seek further funding from the Commonwealth to conduct additional research.</p>	
<p>132 That the Premier invite his Parliamentary colleagues, from both Houses and all political parties, to form a Hepatitis C Parliamentary Liaison Group. The role of the Liaison Group would be to advocate and support hepatitis C related policies within the political domain with an overall objective to limit the spread of hepatitis C in the general community and the corrections system.</p>	<p>Referred to the Premier</p>	