

QUESTIONS TAKEN ON NOTICE DURING HEARING

1. Mr Jobling asked the Minister for Health, the Hon Craig Knowles MP—
(Relevant area in Hansard: p1-2)

- a) It is correct that no cardiac beds were available at Royal North Shore Hospital since last Tuesday, and
- b) Did a Wyoming man have a serious heart attack in Gosford Hospital last Saturday while waiting for a bed at Royal North Shore Hospital for heart bypass after having an angiogram on the Central Coast last Tuesday?

Answer:

- a) No
- b) The patient had an angiogram on 18 June 2002. The following day, he was booked for admission to Royal North Shore Hospital for surgery within seven days. Unfortunately, the patient suffered a heart attack on 22 June. After his condition stabilised, the patient was transferred to Royal North Shore Hospital on 24 June 2002.

2. Mr Jobling asked the Minister for Health, the Hon Craig Knowles MP—
(Relevant area in Hansard: p2-3)

- a) What are the NSW Health forward budgets for the next three years and, in particular, the allocation for each area health service for those years?
- b) Could you provide a copy of the three-year forward budgets for March 2000?

Answer:

I refer to page 12 of the uncorrected *Hansard* proof of the General Purpose Standing Committee No 2, Estimates Committee: Health, 24 June 2002, in which I advised the Committee that *"I intend to publish forward budgets for area health services as soon as they are completed, not only for the benefit of this Committee but also for the benefit of the health system."*

3. Mr Harwin asked the Minister for Health, the Hon Craig Knowles MP—
(Relevant area in Hansard: p4)

Can you inform the Committee how many bureaucrats are on the Greater Metropolitan Services Implementation Group?

Answer:

The Greater Metropolitan Transition Taskforce has been established to implement the recommendations of the Greater Metropolitan Services Implementation Group which reported in June 2001. Membership of the Taskforce includes 16 clinicians and three bureaucrats.

4. **In response to a question from Mr Harwin the Minister for Health, the Hon Craig Knowles MP indicated that he would provide the Committee—**
(Relevant area in Hansard: p4-5)

- a) the detail of L4 in terms of its quantum,
- b) what the money has been expended on, and
- c) the authorisations by the department.

Answer:

The following 2000/2001 data is provided as being for the last complete and audited financial year:

| 2000/01 | \$000 |
|---|--------------------|
| Available Contingency Provision | 5130 |
| <i>Approvals</i> | |
| Development of Neurosurgical Network between Westmead and Nepean Hospitals | 1200 |
| Enhancement of accommodation for Southern Region SLSA Helicopter Service staff | 60 |
| Sydney Medical Simulation Centre – Pain Management and Research Centre | 250 |
| Additional 20 devices for Children’s Cochlear Implant Program | 500 |
| Additional funding for Sutherland Shire Suicide Safety Network | 9 |
| Assistance Dogs for Independence training dogs for disabled people | 18 |
| Sponsorship of Neuroscience Nurse Congress 2001 | 10 |
| Contribution to Shoalhaven Children’s Appeal – assisting children requiring Hospitalisation | 10 |
| Contribution for telecommunication support at Dona Maria Post Natal Network | 5 |
| Contribution for Kids of Macarthur Health Foundation supporting health needs of Children | 108 |
| Relocation of Wellington Ambulance Station | 100 |
| Additional funding for Genetic Support Aust & Co-As-it | 59 |
| Sydney Children’s Hospital – Building of new Child Protection Unit | 250 |
| Sponsorship of National Conference – Shaken Baby Syndrome | 15 |
| Additional funding for Paediatric Spinal Cord Injury Outreach Services | 50 |
| Additional funding for Ambulance Service | 290 |
| Video production for Emergency Ward Awareness Campaign | 17 |
| Purchase of equipment for NSW Heart Rescue Service | 315 |
| Continued operation of Australian Cord Blood Bank | 20 |
| Health Research Foundation – May 2000 contribution | 250 |
| Contribution for Priority Research – AHMAC agreement 23/2/01 | 844 |
| Contribution for Towards a Safer Culture (Hunter consortium project) | 500 |
| South West Sydney Health Research Foundation contribution | <u>250</u> |
| Value of Approvals | <u>5130</u> |

5. Dr Wong asked the Minister for Health, the Hon Craig Knowles MP—

(Relevant area in Hansard: p6)

How many beds are operating in the maternity section of Rooty Hill and Blacktown hospitals? In ideal circumstances, what is the maximum capacity for beds in those hospitals?

Answer:

There is no Rooty Hill Hospital. The health needs of residents in the Blacktown Local Government Area are primarily provided by Mt Druitt and Blacktown Hospitals. Mt Druitt Hospital, which was commissioned in 1982, has never provided obstetric services.

The new Blacktown Hospital, which was commissioned in 2000, has nine delivery suites in the labour ward, 30 beds in the postnatal ward, 20 beds in the antenatal and gynaecology ward, and 12 cots in the special care nursery. Based on current birth rate and the unit's capacity, the configuration of services will be sufficient to meet demand until 2011.

6. Deputy-Chair, Dr Chesterfield-Evans asked the Minister for Health, the Hon Craig Knowles MP—

(Relevant area in Hansard: p8)

In order to determine how much money is being spent on tobacco control overall could the Committee have a summary of the personnel actively involved in promoting smoking cessation and assisting smokers in quitting, monitoring and enforcing of tobacco advertising restrictions and restrictions on sales as administered by Area Health Services?

Answer:

Area Health Services have reported that in the financial year 2001/2002 there were 36.6 full time equivalent personnel involved in tobacco control activity at salary costs of approximately \$1.973 million. In addition, Area Health Services have funded projects in tobacco control to the total of approximately \$721,500. In total, approximately \$2.694 million has been directly spent on tobacco control in Area Health Services.

Of the 36.6 FTE personnel involved in tobacco control in Area Health Services, 27.9 (76%) were actively involved in promoting cessation and assisting smokers in quitting, 3.1 (8%) were involved in monitoring and enforcing tobacco advertising restrictions and 5.6 (16%) were involved in restrictions on sales to minors.

7. Mr Jobling asked the Minister for Health, the Hon Craig Knowles MP—
(*Relevant area in Hansard: p12*)

Why has the completion date for the Western Sydney health strategy, which includes the upgrade of Westmead and Auburn hospitals, been extended to 2008?

Answer:

The 2001-02 Budget Paper No 4 identified that “cost and construction time-frames will be updated as part of ongoing clinical and community consultation”. As a result of the detailed planning which occurred in 2001/02 the work at Westmead Hospital has been extended marginally through to March 2008. The associated works at St Joseph’s Hospital will be completed in 2004 and at Auburn Hospital in 2006.

8. Mr Jobling asked the Minister for Health, the Hon Craig Knowles MP—
(*Relevant area in Hansard: p12-13*)

- a) What funding was allocated to Mr David Harley to undertake a review of metropolitan hospital emergency departments?
- b) What is the anticipated release date of the report? Will it be one month or three months?

Answer:

- a) \$50,000
- b) A release date has not yet been determined.

9. Mr Harwin asked the Minister for Health, the Hon Craig Knowles MP—
(*Relevant area in Hansard: p13*)

In each of the last five years how many psychiatric patients under the care of NSW Health have committed suicide?

Answer:

The annual Australian Bureau of Statistics Mortality report is the source of official reports of suicide in NSW. This data does not indicate whether a person was suffering from a mental illness or being treated as a psychiatric patient under the care of NSW Health. *Suicide in New South Wales: the NSW Suicide Data Report* is available on the NSW Health internet at www.health.nsw.gov.au/policy/cmh/publications/suicide/suicidedata.html

10. Mr Harwin asked the Minister for Health, the Hon Craig Knowles MP—
(*Relevant area in Hansard: p13*)

In each of the last five years how many psychiatric patients under the care of NSW Health have:

- (a) injured themselves?
- (b) injured hospital staff?
- (c) injured others?

Answer:

The NSW Department of Health has guidelines on incidents which are reportable to the Department. However, the guidelines acknowledge that it is “neither possible, nor appropriate, to rigidly define categories of such incidents” and whether an incident should be reported depends on its nature and risk assessment.

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

(Relevant area in Hansard: p13)

I refer to Dr Barclay's report regarding homicides by mentally ill patients over the last five years, by year:

- a) When will the Minister release that report?
- b) Can the Committee have a copy of that report?

Answer:

According to Dr Barclay, he has not prepared such a report.

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

(Relevant area in Hansard: p14)

Can the Minister supply the Committee with information relating to any bills owed by the Ambulance Service that are outstanding up to 45 days?

Answer:

As at 30 June 2002, the Ambulance Service had no outstanding creditors over 45 days.

13. Mr Jobling asked the Mr Barker, Chief Financial Officer, NSW Health—

(Relevant area in Hansard: p14-15)

I refer to the interest-free loan of approximately \$2.6 million which the Department provided the Ambulance Service *(as indicated by Mr Barker, Hansard p. 14-15)*:

- (a) Are the details of the loan published in a budget document?
- (b) Could you provide a copy of the document to the Committee? *(The Minister indicated he would supply the Committee with the relevant document).*

Answer:

- (a) Loan details are not specifically published in the State Budget. It has been established that the Ambulance Service is in receipt of interest bearing loans from the Department rather than interest free loans. The progressive value of these loans is shown in the annual reports of the NSW Ambulance Service, copies of which are available in the Parliamentary Library.
- (b) A copy of the relevant page (page 36) from the Ambulance Service's 2001/02 Annual Report is attached [Tab A].

14. Mr Harwin asked the Minister for Health, the Hon Craig Knowles MP—

(Relevant area in Hansard: p16-17)

I take you to Budget Paper No. 3, subprogram 44.2.1, emergency services. Of the \$761.7 million in expenses for 2001-02 and \$791.6 million in expenses budgeted for 2002-03:

- a) would you deconstruct those figures and tell me how much in each figure relates to hospital emergency departments and how much relates to the New South Wales Ambulance Service?

Answer:

Subprogram 44.2.1 includes total expense estimates for the NSW Ambulance Service of \$296.1 million for 2001/02 (98.7% of the total Ambulance Expenses Budget) and \$309.8 million for 2002/03.

The balances of \$465.6 million for 2001/02 and \$481.8 million for 2002/03 relate primarily to Health Service public hospital emergency departments.

ADDITIONAL QUESTIONS ON NOTICE

15. Dr Wong asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Service demands'

- (1)
 - (a) Can the Minister or his representatives provide details on the way average length of stay in public hospitals (p 8-2) is calculated?
 - (b) Is the time a patient spends in a casualty ward, on a stretcher waiting for bed included in the time calculated for average hospital stay?
 - (c) What is the average time spent in a casualty ward waiting for or receiving emergency treatment?
 - (d) What are the average times spent waiting for a bed in casualty wards and after ambulance arrival at a hospital?

- (2)
 - (a) What percentage of public hospitals have casualty wards?
 - (b) Of those hospitals with casualty wards, how many are operating?
 - (c) Of those casualty wards operating, how many operate on a 24 hour basis and what is the average number of hours a casualty ward is open to the public?

- (3)
 - (a) What percentage of patients discharged from hospitals require home nursing care?
 - (b) What percentage required home nursing care after discharge five years ago?
 - (c) What cost saving has there been to hospitals by having early discharge and home nursing care rather than later discharge?
 - (d) Is the budget for home nursing care included in the hospital budget or is it a separate line item, thus creating cost shifting?

- (4)
 - (a) How are the 'percentage of booked surgery performed' figures derived?
 - (b) What are the comparative figures for state average number (not percentage) of operations booked per day for the last five years?
 - (c) Ignoring those times such as public holidays and the Christmas-New Year or Easter breaks, at what percentage of capacity are operating theatres in public hospitals running?

Answer:

- (1)
 - (a) There are two measures of average length of stay. For both, the average length of stay is calculated by dividing the inpatient bed days (minus leave days) by the separations. Same day patients are excluded from one of the measures and included in the other.
 - (b) Yes. If a patient is admitted to hospital via the emergency department, the date and time of the patient's formal admission to hospital is the date and time the patient presented to the emergency department.
 - (c) Based on Emergency Department Data Collection, the average time spent in an emergency department waiting for treatment depends on the clinical assessment (triage) of the patient's condition. For patients in category 1 it is three seconds; category 2, 11 minutes; category 3, it is 47 minutes, category 4, it is 72 minutes, category 5, 57 minutes.
 - (d) 23.8 minutes.

- (2) (a) 67% of NSW public hospitals have an emergency department. (The term “casualty ward” is no longer used; “emergency department” is the accepted vernacular.)
 (b) All emergency departments are operating.
 (c) All emergency departments are able to provide a 24 hour service.
- (3) (a) This information is not collected.
 (b) This information is not collected.
 (c) Patients are discharged when it is clinically appropriate.
 (d) Hospitals do not have a separate budget for home nursing care.
- (4) (a) Booked surgery as a percentage of all surgery is derived from data in the Inpatients Statistics Collection. One of the items here is the so-called “emergency flag” which enables the classification of all admitted patients into one of the categories: emergency, booked or other. Also provided are diagnostic and procedural data which enable the classification of patients into surgical or medical categories.
- (b) The average daily additions to the elective surgery lists for the past five years are as follows:

| YEAR | AVERAGE DAILY ADDITIONS |
|---------|-------------------------|
| 1997/98 | 677 |
| 1998/99 | 684 |
| 1999/00 | 655 |
| 2000/01 | 636 |
| 2001/02 | 619 |

- (c) This data is not collected by the Department of Health.

16. Dr Wong asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to ‘HEALTHshare’

Can the Minister or his representatives provide details based on performance indicators and measures for the outcomes of the implementation of this model, so far?

Answer:

A number of HEALTHshare pilots have been proposed with negotiations continuing with the Commonwealth Government on the funding and implementation arrangements.

The model of HEALTHshare in each pilot will vary depending on the specific needs being addressed in each area. The planning group for each pilot will establish performance measures and outcomes during the establishment phase of the respective pilots. Each pilot will:

- Clearly define the pilot’s objectives
- Define the means by which the pilot is to achieve its objectives
- Ensure that the implementation arrangements are consistent with the pilot’s design; and
- Gather direct or in-direct evidence on the pilot’s performance.

Examples of proposed performance indicators include:

- Performance against project milestones
- Establishment and maintenance of inter-organisational relationships and collaboration
- Patient and staff satisfaction measures
- Community satisfaction surveys
- Changes to clinical processes and patient outcomes (base line and follow up of factors such as immunisation and cervical screening rates)
- Number of integration models successfully transferred to other sites.

17. Dr Wong asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Health care complaints '

- (1) As a follow-up of last year's question, can the Minister or his representatives provide details of any analysis of the prosecution cases incurring increased legal costs for Hospitals and their staff ascertained whether:
 - (a) the errors most frequently were doctor error or other staff error?
 - (b) where the errors are doctor error, 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?
- (2) As a follow-up of last year's questions,
 - (a) Can the Minister or his representatives provide details of any measures the Department has taken to curb the trend to increased error rates by hospital staff occurring after more than 8-10 hours on duty?
 - (b) Is it still a fact that most public hospitals, as a common practice, employ numbers of medical staff on call for 12 and 24-hour shifts?
 - (c) Can the Department advise how many public hospitals in NSW 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?
- (3) As a follow-up of last year's questions,
 - (a) Has the Minister or his representatives any further details on what would be/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, 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) Has the Department implemented 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), or does it plan to do so? If not, why not?

Answer:

- (1) No such analysis has been done.
- (2) (a) As advised last year, 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. NSW Health is establishing a working party to develop an appropriate strategy to address safe practice and hours of work for clinicians in NSW.
- (b) All salaried medical staff employed in public hospitals are covered by industrial awards. The award provisions include regulating the hours of work.
- (c) The resources required to answer this question cannot be justified.
- (3) (a)-(c) No. As advised in response to the questions last year, 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) This will be considered by the working party the NSW Department of Health is establishing to develop an appropriate strategy to address safe practice and hours of work for clinicians in NSW.

18. Dr Wong asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Nursing Re-connect strategy'

The strategy is described as being designed to attract nurses not currently working in nursing back into the public health care system (p 8-3).

- (1) Can details on the strategy, and performance indicators of its success or otherwise, be provided?
- (2) (a) Is there any strategy to reduce the turnover of nurses within the health care system?
- (b) If so, can details be provided?
- (3) Have any surveys been conducted to determine the reasons for or factors in nurses' dissatisfaction with the health care system or ways to address such factors?

Answer:

- (1) Nurses Re-Connect is tailored to suit each nurse's individual need, covers general and specialty areas, and is offered full-time and part-time. Under this strategy, nurses are paid while they train to re-enter the workforce whereas previously they had to complete a course in their own time and without pay. Following completion of the training, nurses are able to resume work either on full-time or part-time basis.

The strategy was designed to:

- Increase the nursing workforce
- Reduce the number of positions actively being recruited

- Have a mid to long term impact on the use of overtime and agency staff. It also provided the opportunity strengthen local casual pools.

When the strategy was launched in January 2002, I said we hoped to recruit 500 or more nurses. In the first six months, 459 nurses have been employed in a full-time, part-time or casual pool position.

(2) NSW has an ongoing nursing recruitment and retention strategy which includes:

- Nurses Pay Rates
MOU for salary increases of 4% from 1 January 2003 and 5% from 1 July 2003. In addition to this, the IRC is currently hearing a 'special case' lodged by the NSW Nurses Association.
- Nursing *Re-Connect* strategy
- NSW Nursing Scholarships
 - Postgraduate courses for Registered Nurses
 - First year undergraduate (rural) nursing students
 - Undergraduate "rural clinical placement" grants
 - Aboriginal and Torres Strait Islander u/g and p/g courses
 - Mental Health Courses.
- Education
Annual funding of approx \$20m for a range of education initiatives, *including*:-
 - Orientation programs for specialty clinical areas, mental health education and post enrolment programs
 - Funding for College of Nursing education programs
 - Transitional support funding for new graduate nurses and midwives.
- Mental Health Nursing Education Program
\$5m over two years to universities, the NSW College of Nursing and the NSW Nurses Association to develop new mental health courses, enhance existing ones and provide scholarships.
- Nursing Workload, Skill Mix, Staffing Levels & Models of Care Research
- Ministerial Standing Committee on the Nursing Workforce
Developing additional strategies to create an environment that is supportive, adaptable and sustainable.
 - Streamlining human resources processes;
 - Investigating clinical co-ordination roles;
 - Reviewing non clinical work performed by nurses;
 - Transforming workplace culture and;
 - Showcasing nurses with leadership and management skills.
- Marketing and Promotional Activities
- Overseas Recruitment
Interviews in Hong Kong, Ireland & UK for experienced nurses to come to Australia on working holiday maker visas and work in our health services.
- Aboriginal Nursing Project
- Nurse Practitioner Project
- Accommodation Initiatives
- Child Care Initiatives
- Violence in the Workplace Initiatives

(3) A number of surveys have been conducted, the most recent being the NSW Nursing Workforce Survey which I commissioned in 2000.

19. Dr Wong asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Equipment'

I refer to 44.1.1 Primary and Community Based Services (Budget Estimates 8-19): Advice from NSW Health is that funding for the equipment program, Physical Aids for Disabled People (PADP) is \$15.455 million, which is the same money figure as last year. Once CPI is taken into account, this is a drop of 3%. Given this is a key program to assist people to remain living at home and there are extremely high levels of unmet need for equipment:

- (1) Would you explain why this program has been cut in real terms?
- (2) Can you provide a strategy to meet the current unmet need for equipment to assist people with disabilities to remain living in the community?

Answer:

- (1) In the four year period 1999-2003 there has been an average 15% growth per annum in the PADP budget. The estimated budget for 2002/03 is \$16.4 million.
- (2) A statewide PADP Advisory Committee which was established in February 1999 has representation from disability organisations from both the government and non-government sectors as well as allied health professionals. This committee meets quarterly and is responsible for assisting in the ongoing review and development of PADP and providing advice on policy and changes to items available under the Program.

This committee supports the development of a standard clinical assessment tool which is under consideration by NSW Health. Such a tool would be used to assess and determine the priority of all requests for aids and appliances

All Area Health Services have PADP Advisory Committees to assist in local decision-making. With the guidance of the local PADP Advisory Committees, Area PADP Coordinators may prioritise applications to ensure that urgent and significant needs are addressed.

20. Dr Wong asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Dental / oral health'

Referring to Primary and Community based Services (8-19):

- (1) How much money is allocated for the provision of primary dental health services?
- (2) How does this compare with the budget and revised figures for 2001-2002?
- (3) Given that consumer and community participation in health decision-making is NSW government policy, how much money has been allocated to processes for consumer and community participation in oral health policy development and service planning?

Answer:

- (1) In 2002/03, the initial recurrent budget for oral health is \$97 million.
- (2) In 2001/02, the initial recurrent budget for oral health services was \$72 million. \$9 million in enhancement funding took the total budget to \$81 million.
- (3) The Government's reform process for oral health has received widespread support, including from the non-Government organisation sector. A number of initiatives and reviews have included the opportunity for stakeholder and community input, including the Combined Pensioners and Superannuants Association of NSW, Council of the Aging, the NSW Council of Social Services, NSW Committee on Aging and Disability, and the Council for Senior Citizens Association. These briefings and consultations are carried out as part of the core duties of NSW Health staff and are not costed separately.

In March 2002, the Older Persons Oral Health Needs Workshop was convened by NSW Health at a cost of \$30,000. It included representation from the Combined Pensioners and Superannuants Association of NSW, Council of the Aging, Older Women's Network NSW, the NSW Council of Social Services, NSW Committee on Aging and Disability, Aboriginal Health and Medical Research council of NSW, as well as representatives from Health Services, universities and other research organisations.

The establishment of a Community Consultative Forum for oral health is currently under consideration. In addition, NSW Health encourages community participation on groups, such as Health Councils, which are set up by Health Services to assist with planning and reviewing services, including oral health.

21. Dr Wong asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Mental Health'

Referring to Mental Health Services (8-28):

- (1) How much of the total Budget allocation for mental health services will be committed to the provision of community-based mental health services?
- (2) What proportion of the mental health budget will be spent on services delivered by NGOs?
- (3) What are the planning processes for the allocation of new funds for this year, which total \$50 million in excess of last year's revised budget?

Answer:

- (1) Approximately 45%
- (2) Approximately 3.5% or \$22 million.
- (3) These will take into account fair access to services for the whole NSW population as well as the immediate opportunities which exist to improve the availability of beds for mental health clients. Within this framework, Area Health Services submit detailed plans for approval.

22. Dr Wong asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Electronic Health Records'

The Budget allocated \$2.5 million for expenditure over the next year on the implementation of a statewide Electronic Health Record (EHR). Given the importance of the EHR and its two pilot projects for the health system and for health consumers across the state, what resources are allocated to ensuring effective state-wide consumer and community participation in the development of the EHR?

Answer:

The following activities have either been undertaken or are planned to ensure the community has the opportunity to participate in the development of the EHR:

- Community consultation with rural and metropolitan representation has been held on privacy issues relating to the EHR and the proposed Health Records and Information Privacy Bill
- A forum on the EHR, held in partnership with the NSW Council of Social Services, was attended by more than 100 community organisations. NSW Health provided \$25,000 to sponsor this event.
- A community consultation project with a budget of \$50,000 has been initiated on the consumer requirements for an EHR. This consultation will inform the development and will also involve consumers in providing feedback on the EHR prototype design. The project will result in the development of a marketing strategy and identify the types of communication about the project most favoured by consumers and community groups/consumer organisations.
- There are consumer representatives on key committees overseeing and driving the development and the NSW Health Participation Council will be given regular updates on progress. The communication strategy has budgeted \$300,000 for the next 12 months.
- As part of the communication strategy, a quarterly newsletter is being developed to inform the community about the project and opportunities for participation. This will be distributed through Area Health Councils and other community organisations.

23. Mr Jobling asked the Minister for Health, the Hon Craig Knowles, MP—

(1) (a) Why has the completion date for the Prince of Wales Spinal Medical and Rehabilitation Facility been extended to 2003?

(b) Why was the project underspent by \$6.989 million last year?

(2) (a) Why has the completion date for the Neonatal emergency transport service at Westmead been extended to 2003?

(b) Why was the project underspent by \$1,962 million last year?

(3) (a) Why has the completion date for the Fairfield and Liverpool mental health services project been extended to 2003?

(b) Why was the project underspent by \$200,000 last year?

- (4) (a) Why has the completion date for the State-wide Planning/asset maintenance project been extended to 2008?
(b) Why was the project underspent by \$3.168 million last year?
- (5) When will money be allocated for a dialysis service at Muswellbrook Hospital?
- (6) How much has been provided to decommission Peppertree Lodge (16 bed CADE unit) and allocate to Baptist community Care for the building of the 30-bed unit to look after dementia patients, and provide nursing and age care services in Queanbeyan?

Answer:

- (1) (a) Tenders were sought twice. Following negotiations with the preferred tenderer, a contract was awarded in May 2002, approximately 9 months behind the original program.
(b) The reduction in expenditure was a flow-on effect of the delay in awarding the contract. Funds have been provided in 2002/03 to enable the works to continue.
- (2) (a) The services provided by both NETS and Child Flight have increased significantly. This has resulted in expanded accommodation allowances, increased hangar size, expanded crew quarters and additional offices. A significant redesign of the facilities was necessitated as well as the requirement to lodge a further Development Application with Parramatta Council. Construction is due to begin in October 2002 with completion in July 2003.
(b) The cashflow has been adjusted in line with the revised construction period.
- (3) (a) The construction contract was awarded in March 2002 and it is now anticipated the project will be completed in November 2002.
(b) As a result of a delay in the awarding of the contract, construction works began approximately one month later than the program included in the 2001/02 Asset Acquisition program.
- (4) (a) This line item comprises several projects within the Department's Asset Management Reform Program. The program is of an ongoing nature as initiatives are progressively implemented.
(b) Two projects proceeded slower than originally targeted.
- (5) Hunter Area Health Service is undertaking a study to determine the feasibility of establishing a dialysis service at Muswellbrook Hospital.
- (6) In November 1999 a review by the Southern Area Health Service into the future of its two CADE units, recommended that care be transferred to Commonwealth funded residential aged care providers and that existing resources be utilised to establish community dementia support services.

The recommendation has been the subject of discussion between NSW Health and the Commonwealth Department of Health and Ageing.

The Southern Area Health Service has also been liaising with Baptist Community Services (BCS) since early 2001 concerning their independent development of 30 additional dementia specific low care beds in Queanbeyan. BCS have advised that their new capital facility should be completed in June 2003. The development of the facility is an independent venture and not the subject of Southern Area Health Service funding.

No action will be taken to decommission Peppertree Lodge until such time as the BCS facility is operational.

24. Mr Jobling asked the Minister for Health, the Hon Craig Knowles, MP—

In relation to 'Dental Services'

- (1) How much had been provided to secure qualified Dentists in Cooma and Queanbeyan?
- (2) How much has been provided for Dental Therapists for Bega, Cooma and Queanbeyan to treat children?
- (3) Is this sufficient to cover the short fall?

Answer:

- (1) There is budget available for a three days per week permanent dentist in Cooma and 2 full time permanent dentists in Queanbeyan.
- (2) There is budget available for one full time permanent dental therapist in the Bega Valley, a four days per week permanent dental therapist in Cooma and one full time permanent dental therapist in Queanbeyan.
- (3) There is no shortfall. The budget is appropriate to needs.

25. Mr Jobling asked the Minister for Health, the Hon Craig Knowles, MP—

Relevant area in the Budget papers: pp7-8

- (1) (a) In relation to your \$18 million expanded methadone program, how many people will receive methadone in 2002-03?
(b) How many received methadone each year from 1995 to 2001?
- (2) (a) How many methadone clinics are currently operating in NSW?
(b) How many are mobile clinics?
(c) Please provide the location of each methadone clinic in NSW?
- (3) (a) How many needles were handed out this financial year under the needle exchange program?
(b) How many were returned?

Answer:

- (1) (a) Funding is allocated on the basis of places. In 2002/03, the total number of methadone places funded by the Drug Summit is 2106.
- (b) As at 31 December of each year, the following number of patients received methadone:

| Year | Number of patients |
|-------------|---------------------------|
| 1995 | 9,810 |
| 1996 | 10,932 |
| 1997 | 11,739 |
| 1998 | 12,443 |
| 1999 | 12,706 |
| 2000 | 14,588 |
| 2001 | 15,006 |

- (2) (a) 39
- (b) Nil
- (c) Every Area Health Service provides methadone treatment as part of their core health services, either through clinics or hospitals.

| Area Health Service | Location |
|----------------------------|--|
| Central Coast | Gosford and Wyong |
| Central Sydney | Camperdown, Chippendale, Enmore and Summer Hill |
| Far West | -- |
| Greater Murray | Albury |
| Hunter | Cessnock and Newcastle |
| Illawarra | Nowra (1) and Wollongong (2) |
| Macquarie | Dubbo |
| Mid North Coast | Coffs Harbour |
| Mid Western | Bathurst and Lithgow |
| New England | -- |
| Northern Rivers | Grafton and Lismore |
| Northern Sydney | St Leonards (2) and Manly |
| South Eastern Sydney | Waverley, Surry Hills, Kogarah, Darlinghurst and Waterloo |
| South Western Sydney | Fairfield, Bankstown, Campbelltown and Liverpool |
| Southern | Queanbeyan |
| Wentworth | St Marys, Katoomba and Kingswood |
| Western Sydney | Westmead, Blacktown, Auburn, North Parramatta and Westmead |

- (3) (a) In the 2001/2002 financial year there were an estimated 7.7 million syringes distributed through the NSW Needle Syringe Program.
- (b) The focus of the program is on needles being safely disposed of, rather than being returned or exchanged. The proportion of needles and syringes safely disposed of is estimated to be between 90 and 95% (NB: returned needles and syringes are not counted individually. Estimates are made on the basis of return bin capacity or on the weight of the return bin).

26. Mr Jobling asked the Minister for Health, the Hon Craig Knowles, MP—

Relevant area in the Budgets papers: Budget Program 44.3.1, p 8-23

- (1) How many acute psychiatric beds are currently available across NSW?
- (2) How many non-acute psychiatric beds are currently available across NSW?
- (3) How many non-acute patients are occupying acute psychiatric beds?

Answer:

- (1) 1084
- (2) 770
- (3) Patients identified as “non-acute inpatients” in NSW psychiatric units occupy beds designated as “non-acute beds”.

27. Mr Jobling asked the Minister for Health, the Hon Craig Knowles, MP—

Relevant area in the Budget papers: Budget Program 44.2.1, pp 8-23 to 8-24

- (1) (a) Does the NSW Ambulance Service currently have bills outstanding over 30 days and up to 45 days?
- (b) How much are these bills and please detail all outstanding bills over \$100.00?
- (2) (a) Does the NSW Ambulance Service currently have a loan or overdraft from Treasury to help pay its bills?
- (b) If so, how much?
- (c) When will this loan be repaid?
- (3) How much money was owed as at 31 Dec 2001 and at 31 May 2002 by the NSW Ambulance Service in the form of Accounts Payable and current borrowings?
- (4) (a) How much did the Ambulance Service raise in fees last year?
- (b) How much money does the Ambulance Service raise in fees each day on average?

Answer:

- (1) (a) Yes, as 45 days is the creditor benchmark set by the NSW Department of Health.
- (b) Creditor details and amounts paid for services have a relationship to agreed tender and contract prices for the provision of goods and services. As at 30 June 2002, the NSW Ambulance Service had no outstanding creditors over 45 days.

- (2) (a) No
 (b) Not applicable
 (c) Not applicable.

(3)

| | 31 December 2001 | 31 May 2002 |
|------------------|------------------|-------------|
| Accounts Payable | \$14.10M | \$15.00M |
| Borrowings | \$3.2M | \$3.2M |

- (4) (a) \$61.08 million
 (b) \$0.167 million.

28. Mr Jobling asked the Minister for Health, the Hon Craig Knowles, MP—

- (1) (a) How much extra money for hospital security was allocated in 2001-02?
 (b) Where is it in the Budget papers and where was that money spent? (*Both recurrent for extra security staff and capital for fixtures?*)
 (c) How much additional money has been allocated this year?

- (2) (a) How many EFT nurses were employed on 30 June 1999, 2000, 2001?
 (b) How many are employed at present by NSW Health?
 (c) What percentage of these are:

- (4) Registered Nurses?
 (5) Enrolled Nurses?
 (6) Assistants in Nursing?

(a) (a) How many EFT nurses were employed under each of the following budget programs:

- (i) Primary and Community Based Services,
 (ii) Aboriginal Health Services,
 (iii) Outpatient Services,
 (iv) Emergency Services,
 (v) Overnight Acute Inpatient Services,
 (vi) Same Day Acute Inpatient Services,
 (vii) Mental Health Services,
 (viii) Rehabilitation and Extended Care Services,
 (ix) Population Health Services,
 (x) Teaching and Research?

- (b) How many nurses are in clinical positions in each program area?
 (c) How many nurses are in management positions in each program area?

- (4) (a) How many nurses were employed on 30 June 1999, 2000, 2001?
 (b) How many are employed at present at:
- (i) the 12 Principal Referral hospitals?
 - (ii) the 2 Paediatric Specialist hospitals?
 - (iii) the 4 Ungrouped Acute hospitals?
 - (iv) the 13 Major Metropolitan hospitals?
 - (v) the 9 Major Non-Metropolitan hospitals?
 - (vi) the 13 District Group 1 hospitals?
 - (vii) the 28 District Group 2 hospitals?
 - (viii) the 33 Community Acute hospitals?
- (5) (a) How many Salaried Medical Officers were employed on 30 June 1999, 2000, 2001?
 (b) How many are employed at present at each of the above? *[Refer to (4) (a)]*
- (6) (a) How many Administrative and Clerical Staff were employed on 30 June 1999, 2000, 2001?
 (b) How many are employed at present at each of the above? *[Refer to (4) (a)]*
- (7) (a) How many Diagnostic and Allied Health Staff were employed on 30 June 1999, 2000, 2001?
 (b) How many are employed at present at each of the above? *[Refer to (4) (a)]*
- (8) (a) How many Domestic and Other Staff were employed on 30 June 1999, 2000, 2001?
 (b) How many are employed at present at each of the above? *[Refer to (4) (a)]*
- (9) (a) How many Administrative and Clerical Staff were employed on 30 June 1999, 2000, 2001?
 (b) How many are employed at present by each Area Health Service excluding those who are/were hospital or community health based?
 (c) What were the employee related costs of the above?
- (10) (a) How many Staff were employed on 30 June 1999, 2000, 2001?
 (b) How many are employed at present in the office of the Minister for Health?
 (c) What were the employee related costs of the above?
 (d) How many of these people were employed to undertake public relations/media duties?
 (e) What were the employee related costs of the above?
- (11) (a) How many nurses have applied to participate in the Nursing Re-connect strategy?
 (b) How many nurses have returned to full time work under the Nursing Re-connect strategy?
 (c) How many have been refused participation?
- (12) (a) What funds have been allocated to cover this year's Award increase for nurses?
 (b) What funds have been allocated to cover this year's Award increase for HAREA employees?
 (c) What funds have been allocated to cover this year's increase for VMOs?
 (d) What funds have been allocated to cover this year's Award increase for PSA employees?

- (e) (i) Do all or part of these increases have to be funded from AHS budgets.
- (ii) If so, how are these productivity savings to be achieved?
- (iii) Will it involve putting off staff to cover the increase?
- (f) How much would a one per cent pay increase for nurses cost?

Answer:

- (1) (a) In 2001/02 an additional \$2.166 million was provided in recurrent monies and \$7.5 million in capital allocated over two years.
- (b) The funding is not separately identified in budget papers.
- (c) In 2002/03, recurrent allocations were increased by a further \$3.334 million.

- (2) (a) This information is contained in the NSW Department of Health's 2000/01 Annual Report - 1999: 33,303; 2000: 33,356; 2001: 33,325
- (b) 34,666 (May 2002)
- (c) Registered nurses: 83.6%
- Enrolled nurses: 14.8%
- Assistants in Nursing: 1.6%

- (3) (a) The NSW Department of Health does not collect staffing information at hospital level.
- (b) The NSW Department of Health does not collect staffing information at hospital level.
- (c) The NSW Department of Health does not collect staffing information at hospital level.

- (4) (a) See answer to (2)(a) above.
- (b) The NSW Department of Health does not collect staffing information at hospital level.

- (5) (a) This information is contained in the NSW Department of Health's 2000/01 Annual Report – 1999: 5,751; 2000: 5,969; 2001: 6,140.
- (b) The NSW Department of Health does not collect staffing information at a hospital level.

- (6) (a) This information is contained in the NSW Department of Health's 2000/01 Annual Report – 1999: 10,860; 2000: 10,608; 2001: 10,773.
- (b) The NSW Department of Health does not collect staffing information at a hospital level.

- (7) (a) The NSW Department of Health's 2001/02 Annual Report contains a history of staffing by award. "Diagnostic and Allied Health Staff" is not an award category.
- (b) The NSW Department of Health does not collect staffing information at a hospital level.

- (8) (a) The NSW Department of Health's 2001/02 Annual Report contains a history of staffing by award. "Domestic and other staff" is not an award category.
- (b) The NSW Department of Health does not collect staffing information at a hospital level.

- (9) (a) See (6)(a) above.
(b) The NSW Department of Health does not collect staffing information on the basis of such exclusions.
(c) Not applicable.
- (10) (a)–(e) 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. All costs were in accordance with the expenditure necessary to facilitate the effective functioning of the office and within allocations to Ministerial Offices.
- (11) (a) As at 12 June 2002, 2313 calls had been referred to Area Health Services.
(b) 459 have been employed in a full-time, part-time or casual pool position.
(c) No-one is refused participation.
- (12) (a) \$34.9 million
(b) \$45.2 million
(c) \$7.4 million
(d) \$0.6 million
(e) Area health budgets are supplemented for award increases in accordance with Treasury policy.
(f) \$17.82 million pa