

Bulli Hospital

1. How much of the \$33.8 million allocation for Bulli Hospital Age Care Centre of Excellence has been spent to date?
 - a) How the \$13,681,000 allocated to the Centre of Excellence in the 2015/2016 was spent?
 - b) How much money has been spent on the planning stage of this project?
 - c) When will the Business Case for Bulli Hospital Aged Care Centre of Excellence be publicly released?

- a) To the end of July 2016, a total of \$1,318,000 has been spent on the Bulli Hospital Aged Care Centre of Excellence.

Budget 2016-2017

2. (a) Explain how the funds allocated to Bulli Hospital Aged Care Centre of Excellence will be spent in the 2016/2017 budget?
(b) When will construction begin?

Funds allocated to the Bulli Hospital in the 2016-17 State Budget are for continued planning and the commencement of construction. Construction is expected to commence in 2017.

New Maitland Hospital

3. When will the business plan for the new Lower Hunter Hospital be released?

The business case will be a confidential cabinet document and as such is not available for release.

4. What services will be available at the hospital

The new Maitland Hospital is expected to provide emergency care, inpatient services, maternity, mental health, intensive care services, ambulatory care, medical imaging and clinical and non-clinical support services.

5. How many beds will the hospital have on completion?

The service requirements for the community within the new Maitland Hospital catchment have been rigorously assessed and the final bed number and mix will align to the projected service need to 2026-27. There are more beds planned than the existing hospital.

6. Why hasn't construction commenced when the project was announced before the 2011 election

The project is currently in the planning and land acquisition phase. Construction will begin in the current term of government in line with election commitments.

7. Will all services be available to both public and private patients if the hospital is a PPP?

The Government is currently testing the market via an Expression of Interest to see if there is interest from the non-government sector for a partnership approach. This is the first step of

the procurement process and should proposals not meet the Government's high standard the project will be delivered traditionally.

8. Which potential private partners is the Government speaking to?

The Expression of interest is open to non-government acute hospital operators with a proven capacity operating in Australia to deliver the services. Once responses have been received a robust review process will be undertaken to establish if any are appropriate.

9. When will construction begin on the new Lower Hunter Hospital at Metford?

Construction will begin in the current term of government in line with commitments.

10. Will the existing Maitland Hospital stay open?

11. What services will be provided at the existing Maitland Hospital after the new hospital is built?

The existing acute hospital services at Maitland Hospital will transferred to the new facility when it becomes operational. There has been no decision made on the future of the site.

12. Has the Minister or the Health Service Planning Department consulted with the Member for Maitland?

Health Infrastructure and the Hunter New England Local Health District have undertaken preliminary consultations regarding the new hospital with clinicians, staff and the community. Further consultation, including with the community and representatives, will be conducted as the project moves into subsequent phases.

13. How many consultations has the Health Service Planning Department had with the Maitland Community?

Health Infrastructure and the Hunter New England Local Health District have undertaken preliminary consultations regarding the new hospital with clinicians, staff and the community. Further consultation, including with the community and representatives, will be conducted as the project moves into subsequent phases.

During the planning phase Health Infrastructure and the Local Health District have held numerous consultation sessions with community groups and stakeholders.

14. Has the Health Service Planning Department consulted with the existing Private hospital in Maitland?

The Maitland Private Hospital was consulted in October 2012 during the development of the Hunter Valley Clinical Services Plan.

15. Before the election, the government said the planning was complete and it was just waiting for commencement of the build process. At that time approximately \$8million had been spent. What is the additional \$9 million announced in the 2015 budget and the \$25 million announced in the 2015 election going to be spent on?

The Hunter Valley Clinical Services Plan which identified the need to develop a new Maitland Hospital on a greenfield site was completed in 2013-14. Funds allocated in the 2015-16 Budget were spent on facility planning and minor capital works at Kurri Kurri and Maitland

Hospitals to assist with service demand and service reconfigurations. Funds allocated in the 2016-17 Budget are for continued facility planning to inform procurement and design, and site preparation works.

16. Is it true that the new Lower hunter Hospital will not have chemotherapy or radiotherapy services in the short to medium term, and that empty bunkers will be built into the hospital?

17. Why will chemotherapy and or radio therapy services not be installed in the first build?

18. When will chemotherapy and or radiotherapy services be installed into the hospital?

Cancer services operate as a networked service within Hunter-New England Local Health District. The existing Maitland Hospital does not provide chemotherapy and radiotherapy services. A new chemotherapy service will be established in the New Maitland Hospital. Radiotherapy services will continue to be provided from tertiary referral facilities at Calvary Mater Newcastle Hospital and the John Hunter Hospital.

19. Is the Minister aware that the existing private hospital in Maitland is planning ICU and chemotherapy services to be delivered from its site in Maitland due to demand from the local Maitland community?

Non-government operators will make their own decisions regarding service enhancements for their own facilities.

20. Why does the Minister not believe there will be a demand for these services in the public health system in the Lower hunter?

Intensive care and chemotherapy services are planned for the new Maitland Hospital to address the projected service demand.

21. Is the new Lower Hunter Hospital going to be a second tier rural referral hospital?

Maitland Hospital is a B2 - Major Hospitals Group 2 facility under the NSW Hospital Peer Groups 2016 classification and it is planned that the new Maitland Hospital will offer services consistent with this level.

22. Will the new Lower Hunter Hospital have patients transferred to it from Morisset?

Mental health services will be expanded in the new hospital compared to services currently available from the existing Maitland Hospital.

23. When will the land on which the Lower Hunter Hospital has been planned to be built become available?

The land will be available in time for construction activities to commence in line with the commitment to start during this term of Government. This process is well underway.

Partnering up and tendering out of community services

24. There have been moves over the last two years to move towards competitive tendering across the non-government sector that provides services for NSW health such as palliative care, counselling, allied health etc. What is the status of this program?

NSW Health is committing additional funding and commissioning services from non-government organisations (NGOs) to meet priority health needs, and reforming recurrent funding to NGOs to ensure it aligns with strategic priorities and local conditions.

NSW Health funds NGOs using a range of purchasing models and under commissioning principles, which consider the potential benefit to patients and NSW Health of open funding processes that give all providers an opportunity to submit proposals.

Under competitive tendering processes, the Last-Days-of-Life Home Support Service allocated approximately an additional \$30 million over four years from 2012-13 to NGO and local health district services to deliver community-based palliative care initiatives that complement existing specialist and other palliative care.

The 2016 NSW State Budget announced additional funding for drug and alcohol and domestic violence programs, which will be allocated to NGOs under commissioning principles.

25. What briefing have agencies received about the move to competitive tendering and the government's expectations of them during the tender process?

The Ministry of Health is working closely with local health districts, networks and pillars on future partnership arrangements with NGOs.

26. What support have services been offered to undertake a tendering process?

The Ministry of Health is funding a training and education program to increase skills and knowledge among NGOs receiving NSW Health grants to support the transition to new funding arrangements, and build capacity in relation to competitive funding processes.

The training program was developed in consultation with NSW Health's NGO Advisory Committee and other stakeholders, and was informed by a survey of health-related NGOs.

27. What will the government do if smaller agencies which provide specific community needs are unsuccessful in the tendering process? Will we see the fiasco of the government's domestic violence reforms of 2014?

28. Is the Minister aware that under competitive tendering, smaller agencies are often encouraged to take large management fees for little return to the small agency? For example, a refuge which received \$100,000 directly from the government prior to the Government's 2014 reforms now may receive only \$80,000 if they have partnered up with a larger agency, depending on the management fee charged by the lead agency?

29. How does this impact on their ability to provide services?

30. Why is the government not providing additional resources to cover these additional costs?

31. How will these services be able to still provide those services when they are working with fewer resources?

NSW Health is working closely with NGO peak bodies, and the broader sector, to implement collaborative approaches around future funding for community-based health services.

Future funding approaches are being informed by robust due diligence processes which ensure NSW Health: understands the range of services and activities current funds are supporting and the nature of funded organisations; aligns funds with strategic health priorities

and local needs; and gives due consideration to reforms in community-based health-related services, including aged care and disability.

NSW Health is working with NGOs to develop future funding arrangements that: provide a stronger link between activities and outcomes; demonstrate effectiveness and value for money; utilise transparent allocation processes; and support an effective long-term partnership with a sustainable NGO sector.

32. Has the Minister or her Department made a submission to the Productivity Commissions current Introducing Competition and Informed User Choice into Human Services?
- (a) If so, is the submission available for viewing by the public?
 - (b) Has the Minister or her department consulted with any key stakeholders on such a submission?
 - (c) If so, which stakeholders.

The NSW Government submission is publicly available on the Productivity Commission's website.

Limited Domestic and Family Violence Counselling

33. The NSW Department of Health provides a limited domestic and family violence counselling service at four locations – Rockdale/Caringbah (Southern Sydney), Liverpool, Illawarra and Dubbo, for residents living in these areas which can be accessed through a local hospital. Why are these services restricted to only four locations across the state?
- (a) Why do people have to access them via a hospital?
 - (b) Are they based in the hospitals?
 - (c) What do victims of domestic and family violence in the rest of the state do?

Domestic and family violence counselling services are accessible at a variety of locations across NSW, not only through a local hospital. There is no standardised approach to the provision of these services in local health districts across NSW. Referrals for such services can come from the Police, the Department of Family and Community Services (FACS), General Practitioners, non-government organisations, Women's Domestic Violence Court Advocacy Services, as well as social workers in hospitals referring clients/patients.

Domestic and family violence counselling services are based in a variety of locations, including hospitals, neighbourhood centres and women's shelters.

Domestic Violence Leave and Awareness

34. For each department, statutory agency and/or other bodies in the Minister's Portfolio please report:
- (a) Date of introduction of domestic violence leave into enterprise agreements/contracts of employment, awards as applicable;
 - (b) Whether or not all employees and/or contractors are eligible for domestic violence leave;
 - (c) Number of days of domestic violence leave that have been taken in each financial year since the introduction of such leave;
 - (d) Number of days available for eligible staff to access domestic violence leave in each financial year;
 - (e) Number of other personal days of leave that have been taken in each financial year

since the introduction of domestic violence leave;
(f) Number of sick days available for eligible staff to access domestic violence leave in each financial year;
(g) Whether or not all staff and/or contractors have access to Employee Assistance Programs?
(h) What training has been undertaken with management and administration for those involved in approving and/or processing domestic violence leave on issues such as?
i. Privacy and confidentiality of information about domestic violence
ii. Access to emotional, psychological, financial and medical support which may be required
(i) Who has provided training on domestic violence in the workplace?
(j) What percentage of staff in each agency has undertaken domestic violence training?
(k) What efforts have been made to ensure that perpetrators (or their accomplices) within the staffing profile are not able to access personal information of victims in order to identify their location, or other information which may assist in committing domestic violence against them, including changing or accessing records in such a way as to disadvantage them financially or legally?

Each agency is responsible for implementing NSW Government policy.

Sexual harassment and Anti-bullying training and awareness programs

35. For each department, statutory agency and/or other bodies in the Minister's Portfolio please report:
(a) Date of introduction of sexual harassment and anti-bullying training and awareness programs
(b) Whether or not all employees and/or contractors have received such training?
(c) Is this course mandatory for all employees/ contractors?
(d) How long for each session, how many sessions?
(e) Who delivers it?
(f) Is the program tailored to take into consideration specific needs of LGBTQIA, ATSI and CALD or other at risk groups?
(g) How?
(h) What percentage of staff in each agency has undertaken sexual harassment and anti-bullying training and awareness programs?

Each agency is responsible for implementing NSW Government policy.

Flexible Workplaces

36. Minister, the Premier announced on International Women's Day that the public service would all have access to flexible working arrangements by 2019.
(a) Do you centrally register staff who have flexible work arrangements?
(b) What numbers of staff within your Department currently have flexible working arrangements?
(c) Are you aware of any measures that are currently underway to implement this?

(a) Central registration of flexible work arrangements is not done.
(b) There are 75 staff who have flexible work arrangements.
(c) Flexible work arrangements were included in a HR Information Sheet in June 2016.

Office Administration

37. How many staff are in your ministerial office?

- (a) What was the average salary for staff members in your office during 2015-16?
- (b) What is the estimated average salary for a ministerial staffer in your office in 2016-17 based on current appointments?

Ministers' staff numbers and salary bands are available on the DPC website. Refer to:
http://www.dpc.nsw.gov.au/about/publications/premiers_and_ministers_staff_numbers

38. How many blackberries/iphones/smart phones are assigned to your staff?

- (a) For each phone, how much was each bill in 2015-16?
- (b) How many phones have been lost or replaced due to damage in your office?
 - i. What is the cost of replacing those phones?

There were 280 smart phones in use across all Ministers' offices in 2015-16. The total usage cost of these smart phones and other mobile devices (including iPads) was \$452,830, a 21.7% per cent reduction on the 2008-09 expenditure of \$578,691. The cost of replacing any lost or stolen devices is claimed through the NSW Treasury Managed Fund. Repairs are funded by the Department of Premier and Cabinet, Ministerial and Correspondence Services.

39. How many iPads or tablets has DPC assigned to your Ministerial office and to whom have they been issued?

- (a) What was the cost of providing iPads or tablets to your Ministerial Office in 2015-16?
- (b) How many iPads or tablets have been replaced due to lost or damage in 2015-16?
 - i. What was the cost of replacing these devices?

There were 148 iPads in use across all Ministers' offices in 2015-16. The cost of replacing any lost or stolen devices is claimed through the NSW Treasury Managed Fund. Repairs are funded by the Department of Premier and Cabinet, Ministerial and Correspondence Services.

40. Has any artwork been purchased or leased for display in your ministerial office in 2015-16?

- (a) What is the cost of this?

In mid-2015, Minister Skinner used private funds to provide selected artworks in the office. Additionally artwork was provided within the office budget.

41. Have any floral displays or indoor plants or potplants been hired or leased for display in your ministerial office in 2015-16?

- (a) If so, what was the cost of these items?

Information regarding maintenance expenditure is available in Agency Annual Reports.

42. Have any floral displays or indoor plants or potplants been purchased for display in your ministerial office in 2015-16?

- (a) If so, what was the cost of these items?

Information regarding maintenance expenditure is available in Agency Annual Reports.

43. What was the total cost of all subscriptions by you and your staff to online news services, newspapers, magazines, journals and periodicals in 2015-16?
(a) What are these services/newspapers/magazines/journals/periodicals?
i. Who is the subscriber for each of these?

The Minister's office subscribes to a modest number of publications, the cost of which is managed within the Office's budget.

44. What was the total value of all gifts purchased for use by you and your office in 2015-16?
(a) What were the gifts purchased?
i. Who were they gifted to?

Gifts are presented to dignitaries during overseas missions and to dignitaries visiting NSW

45. Do you purchase bottled water or provide water coolers for your office?
(a) What is the monthly cost of this?

No.

46. What non-standard features are fitted to your ministerial vehicle?
(a) What is the cost of each non-standard feature?

Ministers, the Leader of the Opposition, other nominated public office holders and certain former office holders are provided with official cars and drivers. During 2015-16 all costs associated with these vehicles were paid from the relevant office's budget.

47. What was the total bill for your office in 2015-16 for:
(a) Taxi hire
(b) Limousine hire
(c) Private hire care
(d) Hire car rental
(e) Ridesharing services

Expenditure on taxis, hire cars and ride share services across the the NSW Government Ministry in 2015-16 was \$99,463. This compares with 2009-10 expenditure of \$175,776.

48. Were any planes or helicopters chartered by you or your office and paid for with public money in 2015-16?
(a) If yes, will you please detail each trip, the method of transport and the cost?

Expenditure on charter flights for the NSW Government Ministry totalled \$28,706 in 2015-16. This compares with expenditure in 2009-10 of \$282,000.

Hospitality

49. How much did your ministerial office spend on hospitality, including catering and beverages, in 2015-16?

Expenditure on hospitality across the the NSW Government Ministry - which includes catering for stakeholder meetings and courtesy calls with visiting dignitaries - totalled \$25,059 in 2015-16

50. How much did your Department/agency spend on hospitality, including catering and beverages, in 2015-16?

Costs are managed within each agency's recurrent budget.

Labour Hire Firms

51. Do any Departments/agencies within your portfolio responsibilities utilise the services of Labour Hire Firms? If yes, please advise in table form for 2015-16:

- (a) The names of the firms utilised
- (b) The total amount paid to each firm engaged
- (c) The average tenure period for an employee provided by a labour hire company
- (d) The longest tenure for an employee provided by a labour hire company
- (e) The duties conducted by employees engaged through a labour hire company
- (f) The office locations of employees engaged through a labour hire company
- (g) The highest hourly or daily rate paid to an employee provided by a labour hire company

NSW Health uses Labour Hire firms, in accordance with NSW Public Service policies to cover temporary vacancies as required. There are no central records maintained, with operations authorised to make such arrangements, subject to their overall labour expense cap.

Media and Public Relations

52. How many media or public relations advisers are employed for each of your portfolio agencies?

DPC staff numbers are included in the Annual Report

53. What is the forecast for the current financial year for the number of media or public relations advisers to be employed and their total cost?

There are currently no plans to increase the number of media staff undertaking media or public relations activities.

54. What is the total cost of media monitoring services used by Departments/agencies within your portfolio responsibilities?

The NSW Government purchases all commercial media monitoring centrally through the Department of Premier and Cabinet which delivers significant savings through aggregated procurement. The total cost of the whole of government service in 2015-16 was \$1,900,000

Compared to \$2,394,973 in 2009-10

55. Have you had media training or speech training?
(a) If yes, who paid for it?
(b) If paid by taxpayers, what was the amount paid in 2015-16?

No

Facebook

56. How much did your ministerial office spend on Facebook advertising or sponsored posts in 2015-16?

No taxpayer money has been spent on Facebook advertising or sponsored posts.

57. How much did your Department/agency spend on Facebook advertising or sponsored posts in 2015-16?

All advertising undertaken by NSW Health in 2015-16, is in line with the *Government Advertising Act 2011* and the *Government Advertising Regulation 2012*.

Overseas Trips

58. Were any of your overseas trips in the last financial year paid for in part or in full by using public money?
(a) If so, did any of your relatives or friends accompany you on these trips?

Details of overseas travel including costs are published on the Department of Premier and Cabinet's website.

59. Have you undertaken any official overseas travel that was privately funded?
(a) If so, what was the nature of these trips?
(b) Who paid for these trips?

Details of overseas travel including costs are published on the Department of Premier and Cabinet's website.

Department/Agency Travel

60. What was the total expenditure in 2015-16 by Departments/agencies within your portfolio on:
(a) Taxi hire
(b) Limousine/private car hire
(c) Hire car rental
(d) Ridesharing services

All Departments' travel in 2015-16 was in accordance with NSW Treasury and Finance Circular OFS-2014-07. DPC taxi travel is in line with the Department's Taxi Usage Policy.

All travel while on official business is undertaken in accordance with NSW Health Policy Directive PD2015_019 Official Travel.

Consulting

61. How much did the Department/agencies under your portfolio responsibility spend in legal costs in 2015-16?
(a) For what specific purposes or matters was legal advice sought?

Financial statements, including Legal Services expenditure and expenditure on consultants, are available in agency annual reports.

62. Have Department/agencies under your portfolio engaged any consultants to provide the following services or advice in 2015-16:
(a) Social media
i. And the cost of these services
(b) Photography
i. And the cost of these services
(c) Acting training
i. And the cost of these services
(d) Ergonomics
i. And the cost of these services

Expenditure by the NSW Ministry of Health on consultants is included each year in the NSW Health Annual Report, including the nature of the consultancy, in accordance with the Annual Reports (Departments) Regulation 2015.

Department/Agency Staffing

63. How many redundancies were processed by Departments/agencies within your portfolio responsibilities during 2015-16?
(a) Of these redundancies, how many were:
i. Voluntary
ii. Forced
(b) What was the total cost of all redundancies?

Voluntary redundancies are a component for agencies to achieve their efficiency dividends. Redundancy figures across the sector for 2015/16 are anticipated to be in the order of 2,099 – totalling 11,777 Since July 2011. The Labour Expenses Cap introduced in the 2012-13 Budget also continues to give Secretaries as much flexibility as possible to achieve these savings in the most appropriate ways to meet the service requirements of their agencies. Nurses, police officers and teachers in schools have been quarantined from this measure

64. Have any staff who received a redundancy in the last two years undertaken any paid work or provided any paid services for the agency with which they were formerly employed?
(a) What was the nature of these works/services?
(b) What was the total cost of these works or services?

Voluntary redundancies are a component for agencies to achieve their efficiency dividends. Redundancy figures across the sector for 2015/16 are anticipated to be in the order of 2,099 – totalling 11,777 Since July 2011. The Labour Expenses Cap introduced in the 2012-13 Budget also continues to give Secretaries as much flexibility as possible to achieve these savings in the most appropriate ways to meet the service requirements of their agencies. Nurses, police officers and teachers in schools have been quarantined from this measure

65. Are any staff formerly employed by your ministerial office now employed by Departments/agencies under your portfolio responsibility?

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66. How many staff were dismissed from Departments/agencies under your portfolio responsibilities in 2015-16?
(a) What were the reason/s for each dismissal?

Voluntary redundancies are a component for agencies to achieve their efficiency dividends. Redundancy figures across the sector for 2015/16 are anticipated to be in the order of 2,099 – totalling 11,777 Since July 2011. The Labour Expenses Cap introduced in the 2012-13 Budget also continues to give Secretaries as much flexibility as possible to achieve these savings in the most appropriate ways to meet the service requirements of their agencies. Nurses, police officers and teachers in schools have been quarantined from this measure
Smart Phone Accounts

67. Do the Departments/agencies within your portfolio have an iTunes account?
(a) What was the total expenditure in 2015-16 on iTunes?
i. What applications/subscriptions/services were purchased through iTunes?

IT costs are managed within each agency's budget and are guided by NSW Government's ICT and procurement policies and frameworks.

68. Do the Departments/agencies within your portfolio have an Android account?
(a) What was the total expenditure in 2015-16 on Android?
i. What applications/subscriptions/services were purchased through Android?

No. Android is not in the standard device options.

Websites Visited

69. What were the top 20 most utilised (by data sent and received) unique domain names accessed by your Ministerial office this year?

Due to the way the Ministers' IT network infrastructure is configured with third party service providers, DPC does not have a single data source showing domain access and utilisation figures.

70. What were the top 20 most accessed (by number of times accessed) unique domain names accessed by your Ministerial office this year?

Due to the way the Ministers' IT network infrastructure is configured with third party service providers, DPC does not have a single data source showing domain access and utilisation figures.

Merchant fees

71. Please provide a list of all transactions where customers need to pay a merchant fee on credit and/or debit card payments in your Department/agency.

All NSW Government agencies are required to impose surcharges to recoup their merchant interchange fees, pursuant to Treasury Circular TC12/13.

72. Please provide the percentage and/or amount of the merchant fees applied to all credit and/or debit card payments/transactions in your Department/agency.

NSW Ministry of Health staff only use their Pcards for the purchase of goods and services for official business purposes. If particular vendors elect to impose a merchant fee on card transactions, that is an unavoidable cost of doing business. It would not be possible to determine fees charges to Departmental cards, as these would either be embedded in the individual transaction cost, or if separately disclosed would require each monthly card statement for each user to be reviewed.

73. What was the total amount paid in merchant fees on credit and/or debit card payments in your Department/agency in 2015-16?

NSW Ministry of Health staff only use their Pcards for the purchase of goods and services for official business purposes. If particular vendors elect to impose a merchant fee on card transactions, that is an unavoidable cost of doing business. It would not be possible to determine fees charges to Departmental cards, as these would either be embedded in the individual transaction cost, or if separately disclosed would require each monthly card statement for each user to be reviewed.

Probity Auditor

74. Has your office or department used a Probity Auditor or Probity Advisors, or similar, in the past five years? If so please list the company and/or individual, the project, the engagement dates, and their total remuneration in tabular format."

In accordance with the NSW Procurement Board's Direction (PBD-2013-05), the NSW Ministry of Health has mechanisms in place to ensure that probity considerations are routinely taken into account in its procurement decisions, and the use of external probity advisers and auditors is the exception rather than the rule. The Department's Annual Report includes all consultancies valued more than \$50,000.

Organ transplants

75. In 2014-15 how many overseas-transplanted organ recipients were treated at:

- (a) Liverpool;
- (b) Royal Prince Alfred;
- (c) Prince of Wales;
- (d) St George;
- (e) e) Royal North Shore

- (f) Westmead
- (g) St Vincent's

76. In 2013-14 how many overseas-transplanted organ recipients were treated at

- (a) Liverpool;
- (b) Royal Prince Alfred;
- (c) Prince of Wales;
- (d) St George;
- (e) e) Royal North Shore
- (f) Westmead
- (g) St Vincent's

77. In 2012-13 how many overseas-transplanted organ recipients were treated at:

- (a) Liverpool;
- (b) Royal Prince Alfred;
- (c) Prince of Wales;
- (d) St George;
- (e) e) Royal North Shore
- (f) Westmead
- (g) St Vincent's

78. In 2011-12 how many overseas-transplanted organ recipients were treated at:

- (a) Liverpool;
- (b) Royal Prince Alfred;
- (c) Prince of Wales;
- (d) St George;
- (e) e) Royal North Shore
- (f) Westmead
- (g) St Vincent's

79. In 2010-11 how many overseas-transplanted organ recipients were treated at:

- (a) Liverpool;
- (b) Royal Prince Alfred;
- (c) Prince of Wales;
- (d) St George;
- (e) e) Royal North Shore
- (f) Westmead
- (g) St Vincent's

The NSW Ministry of Health does not collect this data.

Data on overseas-acquired kidney transplantation is reported by the Australia New Zealand Dialysis and Transplantation Registry (ANZDATA). Data on other solid organs is not reported. ANZDATA figures are reported nationally – see below. Data by jurisdiction or hospital is not reported due to the small numbers of transplants and the potential to identify individual recipients.

Table 8.6: Transplant Operations Performed Overseas on Australian/NZ Dialysis Patients 2005-2014

Year	Australia	New Zealand
2010	4	
2011	7	2

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Responses to questions relating to the Health portfolio – 30 August 2016

2012	4	
2013	3	
2014	3	0

Source: ANZDATA Registry. 38th Report, Chapter 8: Transplantation. Australia and New Zealand Dialysis and Transplant Registry, Adelaide, Australia. 2016. Available at:
www.anzdata.org.au/anzdata/AnzdataReport/38thReport/c08_anzdata_transplantation_v2.0_20160128_web.pdf

80. Are there any exchange arrangements between overseas/international transplant centres, hospitals and research facilities, universities and NSW transplant centres- research-based and/or direct medical training?
(a) If so, which centres are involved?

NSW Ministry of Health does not collect specific information in relation to these arrangements.

NSW is one of the best known and regarded centres for transplantation internationally. Through our hospitals and the medical experts who work within them, NSW is a major centre for teaching and education in this field.

The centres involved in transplantation include The Prince of Wales Hospital, Royal Prince Alfred Hospital, Liverpool Hospital, Royal North Shore Hospital, Westmead Hospital and St Vincent's Hospital.

Royal Prince Alfred Hospital provides a range of clinical services to New Caledonia including organ transplant services.

The Lions NSW Eye Bank has participated in several skills exchange programs, providing both laboratory and surgical staff to the International Eye Bank of Mandalay at the Eye, Ear, Nose and Throat hospital in Mandalay, Myanmar, to help create a sustainable corneal tissue program. The Lions NSW Eye Bank has provided training in basic laboratory management and the use of diagnostic equipment.

NSW scientists and clinicians collaborate with many of the best international research centres. A recent research study between Westmead and several large centres in the United States was published in the prestigious British medical journal The Lancet.

In recognition of the expertise of NSW medical specialists and scientists in this field, international meetings, congresses and training workshops for many professional organisations have been held in Sydney in the past few years.

International professional organisations that have held meetings in Australia, including Sydney, over the past few years are: The Transplantation Society, the International Heart Lung Transplantation Society, the International Liver Transplantation Society, the International Islet and Pancreas Transplantation Society, the World Marrow Donor Association and the International Society of Organ Donation and Procurement.

81. Is there any funding received from overseas transplantation centres in the form of equipment, staff training, logistics, research conducted (including journal submissions)
(a) Please outline the breakdown of funding per hospital/unit
(b) If so how much and which centres are involved?

The NSW Ministry of Health does not collect specific information in relation to this matter.

82. What measures are in place to address concerns about a conflict of interest between key transplant researchers in Australia and their engagement with a Chinese hospital?

Research activity in NSW Health is approved through a human research ethics committee and governance model.

83. What was the purpose of the trade delegation to China?
(a) What steps were taken to ensure the ethical standards of hospitals visited?

Building and strengthening commercial partnerships with China is a core objective of the NSW Government's International Engagement Strategy (2014).

China is the number one trading partner and a priority market for NSW, with two way trade valued at approximately \$30 billion per annum, and growing at an average of 9 per cent per annum over the last five years (ABS, 2014).

China's healthcare market is large, rapidly growing and fast evolving. It is estimated that within a very short period of time, China will be the second largest healthcare market in the world.

While the Australian and Chinese health systems are differently structured and funded, there are common drivers shaping each system, which provide opportunities for collaboration and commercial partnerships.

Recognising the potential to develop commercial partnerships with China, the NSW Minister for Health led a Health Focussed Trade Delegation to China in April 2016, accompanied by delegates with expertise in health, medical research and academia.

The purpose of the delegation was to:

- learn more about the Chinese healthcare system and the commercial opportunities that exist in one of the fastest growing healthcare markets in the world
- showcase NSW's expertise in healthcare, education and medical research across the public and private sectors
- engage with the Chinese government sector with the aim of entering into formal agreements to support long term cooperation in areas of common interest and mutual benefit
- support NSW based private hospital operators, universities and technology/innovation companies in their efforts to explore and formalise commercial partnerships with China
- explore the level of interest and potential amongst Chinese companies to invest in NSW based infrastructure and services, consistent with the NSW Government's Infrastructure Strategy (2014)
- participate in the Australia Week in China events in Shanghai to promote commercial business opportunities at both a state and national level.

The hospitals visited during the trade delegation were chosen based on thorough background research, expert advice from leading academics/clinicians from within NSW, and international reputation.

84. What formal agreements and/or MOU's has the Minister undertaken with the Chinese healthcare authorities/Chinese Government/Universities/Hospitals?

(a) Please outline the details and nature of any of these arrangements and all parties involved?

The Minister for Health signed a Memorandum of Understanding (MOU) between the Health and Family Planning Commission of Shandong Province, People's Republic of China and NSW Ministry of Health in June 2016.

The purpose of the MOU is to affirm these parties' commitment to identifying and developing opportunities for cooperation and collaboration with respect to their shared interests in three key areas: workforce training and education; development of medical research and new technologies; and developing the evidence base for Traditional Chinese Medicine.

In implementing activities within the areas of interest, the MOU outlines that particular consideration will be given to the special relationship between Qilu Hospital (administered by the Health and Family Planning Commission of the Shandong Province), Shandong University (affiliated with Qilu Hospital) and Westmead Hospital, Sydney (a facility of the Western Sydney Local Health District).

Qilu Hospital, Shandong University and Westmead Hospital, Sydney have been identified through the MOU as 'Friendship Hospitals'. As such, these parties will progress particular opportunities to further their shared interests through facilitated exchange between the hospitals.

There were also other MOUs signed by parties who took part in the delegation.

Under dosing of chemotherapy patients

85. When I met with representatives from your office it was put to me that because Dr Grygiel was paid by Medicare and private individuals that his practices in the Central West were not the responsibility of you and NSW Health – do you agree with this?

Since the Budget Estimates hearing on 30 August 2016, the Central West component of the inquiry under Section 122 of the Health Services Act 1997 relating to prescribing of chemotherapy by Dr John Grygiel has been released, with all recommendations accepted and to be implemented by NSW Health.

The report, as well as the Interim Report and Final Report are available at <http://www.health.nsw.gov.au/Hospitals/Pages/cancer-patients-inquiry.aspx>

86. What was your offices' involvement in drafting the terms of reference for the select committee of inquiry into Off-Protocol Prescribing of Chemotherapy in NSW?

The decision to form a Legislative Council Select Committee into the off-protocol prescribing of chemotherapy in NSW was a decision of the Legislative Council.

87. Do you think that politicians are better suited to lead an investigation into the failures of the NSW Health System, rather than a retired Supreme Court judge or equivalent?

The decision to form a Legislative Council Select Committee into the off-protocol prescribing of chemotherapy in NSW was a decision of the Legislative Council.

88. Why did you choose not to release information about an issue with another doctor flat dosing at Hurstville and Sutherland when you were first aware of this issue?

South Eastern Sydney Local Health District (SESLHD) immediately escalated concerns raised about oncologist and haematologist Dr Kiran Phadke's treatment of patients at the Sutherland and St George hospital cancer services.

Internal and external reviews were ordered and the NSW Medical Council and Health Care Complaints Commission were notified.

A complaint was first raised within the cancer service about Dr Phadke's choice of treatment for a blood cancer patient in late April, following revelations about a St Vincent's oncologist who treated patients against protocol.

In response, a detailed review found three of Dr Phadke's patients who had been under treatment for as long as 13 years were considered to have been affected by his treatment choice.

89. Why did you release that information when Professor Carow's report was released, given I understand the investigation into the second doctor is still ongoing?

Accountability of Publicly funded hospitals run by private institutions

90. Given that you have said that St Vincent's hospital lied to you – is there a fundamental problem with public hospitals being run by private organisations – particularly in terms of accountability and transparency?

As I mentioned in the Budget Estimates hearing on 30 August 2016, I was paraphrasing what Professor Currow had said in his report. He used the word "misleading". At the press conference I should have said "misleading".

91. Are you satisfied about the level of oversight and accountability that the public health system has over St Vincent's?

The Ministry of Health have a performance framework that is attached to the service agreements for all of our local health districts and specialty networks, including St Vincent's Hospital. There is a ranking in that of performance levels, zero being that the performance of that service is performing well, down to a four. St Vincent's Hospital was escalated on the performance framework to a 2 following the outcome of the report and, as a consequence of that process, the Ministry of Health have met with St Vincent's Hospital once a month to review the recommendations arising from the report, and to ensure that those recommendations are being implemented as St Vincent's Hospital indicated they would be, in full.

92. Are there any differences in terms of accountability, transparency and oversight in the agreement between NSW Health and Healthscope for the Northern Beaches Hospital and the existing agreement with St Vincent's?

The Health Administration Corporation has entered into a contract with HealthScope Ltd for the development of the Northern Beaches Hospital and the delivery of publicly funded health services at that facility. This contract will be managed by the Northern Sydney Local Health District.

St Vincent's Hospital at Darlinghurst is a public health organisation under the Health Services Act 1997, but recognised as an 'Affiliated Health Organisation.' The Health Secretary enters into annual service agreements with public health organisations, which set out the conditions of subsidy, financial requirements and service delivery requirements among other things. The service agreement aligns with the principles of the NSW Health Performance Framework.

The two facilities have different models for service delivery and governance.

The arrangement with the Northern Beaches Hospital is commercial, whereby the contract sets out the framework for the delivery of services from what will be a licensed private health facility. The Northern Beaches Hospital will not be a public health organisation for the purposes of the Health Services Act 1997. The contract establishes clear accountabilities, including governance, partnership with the Northern Sydney Local Health District clinical network, performance standards and reporting. The contract is publicly available, in accordance with the NSW Government's public disclosure requirements.

93. How many publically funded hospitals in NSW are not run by NSW Health?

The public health system consists of local health districts statewide, specialty health networks, statutory health corporations providing clinical support services, and affiliated health organisations. The principal reason for recognising the affiliated health organisations is to enable certain not-for-profit, religious, charitable or other non-government organisations and institutions to be treated as part of the public health system where they control hospitals, health institutions, health services or health support services that significantly contribute to the operation of that system.

Schedule 3 of the *Health Services Act 1997* sets out the affiliated health organisations, some of which have recognised establishments which would be regarded as hospitals. However, affiliated health organisations deliver a range of acute and non-acute health services critical to the public health system in NSW.

In addition to the affiliated health organisations, there are some arrangements in place whereby local health districts or the Health Administration Corporation have entered into commercial arrangements with private operators to deliver public hospital services.

94. How many other health services are publically funded but not run by NSW Health?

In the devolved health service model, some local health districts will choose to contract private operators to provide public health services. Some of those services could include out-patient dialysis services, cardiac catheter laboratories and diagnostic imaging. Such services will be provided under a commercial framework which defines the accountabilities and deliverables for the private operators.

95. How many of these are run by religious organisations?

Schedule 3 of the *Health Services Act 1997* sets out the affiliated health organisations and the recognised services or establishments those organisations operate. Affiliated health organisations are operated by a variety of entities including Catholic Healthcare Limited, St Vincent's Hospital Sydney Limited and the Uniting Church of Australia.

As expressly set out in the Act, the principal reason for recognising affiliated health organisations is to enable certain not-for-profit, religious, charitable or other non-government organisations and institutions to be treated as part of the public health system where they

control hospitals, health institutions, health services or health support services that significantly contribute to the operation of that system.

96. Are they allowed to restrict access to services such as abortion services?

Under the Health Services Act 1997, the Health Secretary (as delegate of the Health Minister) may determine the role, functions and activities of any recognised establishment or recognised service of an affiliated health organisation and, for that purpose, give the organisation any necessary directions.

Before determining the role, functions and activities of an affiliated health organisation, the Health Secretary is to consult with the affiliated health organisation concerned, having regard to the health care philosophy of that organisation.

With respect to public private partnerships in NSW, the contractual terms between the NSW Health entity and the private sector provider govern the nature of the public health services being purchased under those agreements.

Climate change and heat waves

97. Has NSW Health modelled the increase cost to the health service of increased frequency of heatwaves due to climate change?
(a) How much is this?

The NSW Ministry of Health has not modelled this cost.

98. Does NSW Health have a specific plan to deal with increased frequency of heat waves due to global warming?
(a) If so, is climate change mentioned in this?
(b) If not, Why doesn't NSW Health have its own plan, like the Victorian health department does?

The NSW Government has a whole-of-government approach to heatwaves. The plan that governs this is called the Heatwave Subplan (a subplan of the NSW State Disaster Plan).

Climate change is not mentioned in the subplan.

99. Do you believe that the current plan is sufficient to prepare NSW for increased heatwaves?

The heatwave subplan has been used to respond to a heatwave of statewide relevance. Periods of review are included in the subplan where its ongoing appropriateness can be assessed.

100. Do you think it would be appropriate for Australia to have national heatwave guidelines, rather than a state based approach?

Emergency response is routinely governed at the state or local level. Because of this, state jurisdictions have their own plans to respond to heatwave episodes.

101. Does NSW have any heat wave guidelines to inform local planning decision makers, especially with regards to the urban heat island effect?

The Office of Environment and Heritage has produced a number of resources for planning adaptation to heat and climate change. This includes *the Urban Green Cover in NSW: technical guidelines*, which is a document to assist built environment specialists in planning for increased resilience to future extreme heat through use of urban green cover. It is available at:

www.climatechange.environment.nsw.gov.au/~media/6AF91E36950E4E06BFC6188A1E7D6343.ashx

102. Does NSW have any heat wave guidelines developed for aged care and other health service providers?

NSW Health provides information for healthcare providers and for those at risk through the 'beat the heat' program. This information is available at:

www.health.nsw.gov.au/environment/beattheheat/pages/default.aspx

103. What is NSW Health doing to prepare vulnerable communities such as the elderly, children, and people with chronic health conditions?

NSW Health provides information specific to the elderly, children and people with chronic health conditions through the beat the heat program available at:

www.health.nsw.gov.au/environment/beattheheat/pages/default.aspx

Drugs and Harm Minimisation – overdoses

104. The Pennington Institute released a report which shows a 61% increase in deaths due to accidental overdose in the decade 2004 to 2014. The report shows NSW has the second worst rate in the country at 5.1 deaths per 100,000 and the largest increase in the country has occurred in regional NSW, which has increased from 2.5 to 6.2 deaths per 100,000 since 2004. Of these deaths 71% are from overdoses of legally proscribed drugs and the increase has overwhelmingly occurred in people aged over 40. Why has the rate of overdoses due to prescription drugs increased so significantly in NSW in the past decade?

The 2013 National Drug Strategy Household Survey, released in June 2014, reported that non-medical use of pharmaceuticals in the previous 12 months had increased in Australia since 2007 and was at the highest level of use since 1988 (from 3.7 per cent in 2007 to 4.7 per cent in 2013). The rate of non-medical use of pharmaceuticals in NSW is lower than the national average (4.4 per cent in 2013).

While it is not clear which ABS data the Pennington Report has used, nor the specific drugs they are referring to, the ABS notes the following administrative considerations in relation to its most recent 'causes of death' data:

. . . (C)hange in administrative systems highlights how various factors (including administrative and system changes, certification practices, classification updates or coding

rule changes) can impact on the mortality dataset. Data users should note this particular change and be cautious when making comparisons between reference periods.

With regard to opioid overdoses, a study published by the National Drug and Alcohol Research Centre (NDARC) in June 2016 found that 564 Australians aged 15-54 died from accidental opioid overdose in 2012 – the latest year for which national coronial data is available.

NDARC found that the increase in opioid related deaths accompanied a significant increase in prescribing of opioid painkillers in Australia over the past decade. Use of the pharmaceutical opioid oxycodone has increased between three and four times over the past decade, which could account for the high proportion of accidental opioid overdoses.

Roxburgh, A., and Breen, C. (2016). Accidental drug-induced deaths due to opioids in Australia, 2012. Sydney: National Drug and Alcohol Research Centre, UNSW

105. Are you concerned that there is a systematic failure to inform patients about the risk of prescription drugs?

There is appropriate governance in Australia through the Therapeutic Goods Administration's processes for the registration of medications, which ensures that information about the risks of prescriptions drugs is published in approved Consumer Medicines Information available from pharmacists.

The first of the five key principles which underpins Australia's National Strategy for the Quality Use of Medicines is the primacy of consumers. The Strategy recognises both the central role consumers play in ensuring the appropriate use of medicines, and the wisdom of their experience. Similarly, consumers are key partners in the National Pharmaceutical Drug Misuse Framework for Action. There are a number of aspects to this, including the need to address a range of health literacy needs and consumer expectations about medication, and recognising that pharmacists have professional obligations to confirm a therapeutic need for the supply of medications and to ensure that the patient knows how to use them appropriately.

There may be individual cases where doctors and pharmacists have not adhered to their professional responsibilities to inform patients of the risks that apply to prescription drugs. Where doctors and pharmacists fail to exercise responsible professional conduct, this may lead to disciplinary action under the National Health Practitioner Regulation Law.

106. Do you have any concerns about prescribing practices that may be contributing to this increase?

Where irresponsible or inappropriate prescribing practices are brought to attention, the NSW Ministry of Health Pharmaceutical Regulatory Unit takes action using a risk-based approach to investigate such prescribing. Prescribing confirmed to be of high risk of harm to individuals or the community will precipitate action including the withdrawal of the doctor's drug authority (preventing the doctor from continuing to prescribe), and referral to the Medical Council of NSW and the Health Care Complaints Commission for consideration of further disciplinary action.

107. How much is NSW Health investing in education and awareness campaigns to reduce the incidence of accidental overdose from prescription drugs?

In 2016-17, NSW Health provided \$282,900 to the Australian Red Cross to deliver the Save a Mate (SAM) program across NSW. The SAM Program provides training, education and first aid skills around alcohol and other drugs that build the practical skills and knowledge of young

people to look after themselves, respond in an emergency and provide support to their peers. The Program includes a peer support initiative that is aimed at saving lives by training young people, and 'at risk' groups of all ages, in overdose prevention.

The NSW Health Yourroom website (www.yourroom.com.au) contains information on drugs and alcohol, counselling and treatment services, and specific information on overdose and what to do in emergency.

108. What are you doing to reverse this trend in NSW?

The Ministry of Health responds to pharmaceutical misuse through a number of strategies including increasing access to treatment to the Opioid Treatment Program. Other initiatives to reduce the non-medical use of pharmaceuticals include:

- The Discomfort Zone: Managing Difficult Consultations, a training program to assist prescribers who feel pressured to prescribe drugs inappropriately.
- The Program of Experience in the Palliative Approach (PEPA) provides resources for clinical workforce placements and workshops for health professionals in the treatment of pain management.
- Tamper evident packaging of all Schedule 8 drugs is required under the NSW Poisons and Therapeutic Goods Regulation.
- Child resistant packaging is also a requirement for a range of prescription medicines, including Schedule 8 drugs and benzodiazepines, under the same regulation.
- The National Drug Control System, a database maintained by the Commonwealth Government, which tracks the wholesale supply of Schedule 8 drugs to pharmacy level, is used regularly by the NSW Ministry of Health to assist in monitoring supplies of Schedule 8 opioid drugs, and assists in prioritising and initiating investigations into prescribing and supply by pharmacists of prescription drugs known to be subject to abuse.
- Publication of guidelines developed by the NSW Therapeutic Advisory Group to assist prescribers in preventing and managing problems with prescribing of opioid drugs for chronic non-cancer pain.

The Electronic Recording and Reporting of Controlled Drugs initiative, established under the Commonwealth's Fifth Community Pharmacy Agreement, aims to provide a national system for recording and reporting community pharmacy data on dispensed Schedule 8 controlled drugs to assist doctors considering prescribing Schedule 8 drugs and help address problems of abuse and 'doctor shopping'.

The NSW Pain Management Plan 2012-2016 is the NSW Government's response to the recommendations of the Pain Management Taskforce commissioned by the NSW Minister for Health and Minister for Medical Research, which provides strategic direction for current and future delivery of pain management services across NSW, including regarding prescriptions of pain medications.

In its 2014 response to the NSW Legislative Council's General Purpose Standing Committee No. 2 report on Drug and Alcohol Treatment, the NSW Government supported reducing opioid overdose deaths through evidence based strategies and committed to consider the outcomes of take-home naloxone trials.

In August 2014, South Eastern Sydney Local Health District Drug and Alcohol Service developed a standardised brief intervention using take-home-naloxone for clients at risk of opioid overdose, either illicit or prescription opioids. Naloxone, which is given by injection, reverses the effects of opioid drugs such as morphine, oxycodone and heroin.

The brief intervention, delivered by trained clinicians, takes approximately 15-30 minutes and provides client education as well as take-home-naloxone. The trial reported 30 successful overdose reversals and is now adopted clinical practice.

In February 2016, the Therapeutic Goods Administration (TGA) reclassified naloxone from a Schedule 4 (prescription only) medicine to a Schedule 3 (pharmacist only – over the counter) medicine when used for the treatment of opioid overdose. The TGA based this decision on international experience and outcomes of the ACT trial which indicated that naloxone is a well-tolerated medicine with minimal side-effects and that easier availability of naloxone would likely decrease the proportion of opioid overdoses that result in fatality. There is no evidence that take-home naloxone and peer administration encourages illicit drug use.

NSW Health position on hemp

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| 109. | Does NSW Health agree with the assessment of Food Standards Australia New Zealand that “low THC hemp foods are safe for consumption”? |
| 110. | Does NSW Health acknowledge the finding of Food Standards Australia New Zealand that “No other country has reported any problem with mixed messaging regarding drug law enforcement”? |
| 111. | Does NSW Health support the legalisation of low THC Hemp as a food product? |

Food safety falls within the portfolio of the Hon Niall Blair MLC, Minister for Primary Industries and Minister for Lands and Water.

Lismore Hospital Night Reliever

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| 112. | Given your departments recent decision to base the night reliever at Lismore base hospital in the emergency unit only, how will you ensure adequate and safe staffing in remainder of hospital? |
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There are two relievers at Lismore Base Hospital and they are employed to cover sick leave. One reliever has been allocated to the emergency department for four weeks, while the other remains available for the rest of the hospital.

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| 113. | How will rostered staff in other areas of the hospital be able to take a meal break now, especially given the long shifts they work? |
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Most Lismore Base Hospital wards have more than two staff rostered on night duty. Therefore, they can provide relief for each other to enable meal breaks and the like.

The two wards that have two staff rostered can be relieved by staff from other areas, or by the Clinical Resource Nurse who is supernumerary on night duty. If the night reliever is not rostered to a ward for short notice sick leave they can also provide meal relief

Lismore Maternity Unit collapse

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| 114. | Can you provide an update on the outcome of the investigation into collapse of the maternity unit at Lismore base hospital? |
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The two safety regulators have finalised their investigations into the incident, and at this point are not proceeding with prosecutions. Health Infrastructure continues to work with the principal contractor, John Holland, and insurers for both parties.

115. Who was responsible?

Health Infrastructure continues to work with John Holland (the principal contractor) and insurers for both parties to resolve the matter under the construction contract and insurance.

116. What is the long term plan for that facility?

As a part of the Stage 3B Redevelopment Project, the existing maternity facility will be removed as planned from its current location to allow for future development works to be completed. Delivery of the new maternity ward located in the southern tower is to be expedited, with completion scheduled in early 2017.

Increase in patient fees

117. Why have in patient fees, other patient fees and ambulance transport charges charged by NSW Health increased by over 10% or \$84 million in the past year?

The change in these fees and charges are due to increases in the annual price escalation and expected increases in activity driven by increased patient numbers. Around 40 per cent of the increase relates to price and the remainder is volume.

The nature and source of price increases varies across different patient classes. Price increases are gazetted each year. and details can be found in the Ministry of Health Policy Directive Scale of Fees for Hospital and Other Services at:
www0.health.nsw.gov.au/policies/pd/2016/pdf/PD2016_024.pdf

Cars and fuel standards

118. Are you concerned about the health impacts of Australia having significantly lower standards for vehicle particulate pollution than the EU and USA?
119. Given the clear public health implications of particulate pollution from vehicles, do you think we should move to the same standards as the EU and the USA before July 2018?

Emissions standards for cars are mandated by federal regulations (Australian Design Rules for new vehicle emissions). Standards that result in a reduction in particulate matter air pollution will have positive health effects.

120. Has NSW Health undertaken any research into the health impacts of widespread uptake of electric vehicles?

NSW Health has not undertaken this research.

121. What is the projected annual health costs from air pollution caused by motor vehicle emissions on residents living adjacent to major roads?

NSW Health has not done this study.

White Bay cruise ship facility

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| 122. | What is the projected annual health costs arising from air pollution caused by cruise ships using the White Bay cruise ship facility?
(a) What is the basis that was used to calculate those health costs? |
| 123. | What is the health costs of additional hospitalisations caused by air pollution from cruise ships? |
| 124. | What is the annual health costs imposed upon school children attending the primary schools and child care facilities near the White Bay facility? |

These costs have not been calculated.

Funding

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| 125. | What increase or decrease in funding has been budgeted for the following service in NSW Health in real terms?
(a) Physiotherapy,
(b) Speech Pathology,
(c) community nursing
(d) local occupational therapists |
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NSW Health funds local health districts for the provision of hospital and community based services. These services are “purchased” on the basis of the National Weighted Activity Units for acute and emergency departments, non-admitted & sub-acute services or in some cases via a block funded arrangement. NSW Health, does not budget at a “professional” employee type cost input level.