

Kyran Day – Implementation of recommendations

Question text from transcript

Transcript p6

The Hon. WALT SECORD: Sorry. Following the death of baby Kyran Day on 22 October 2013, has the New South Wales Government implemented the recommendations of the Coroner issued on 16 December 2016, when Magistrate Teresa O'Sullivan said there needed to be changes "in categories employed by the ambulance service to delineate calls to the service for assistance so that they can be better communicated to all health professionals who may be required to book an ambulance or be involved in the booking of an ambulance"? She asked that this recommendation be adhered to by 30 June 2017.

Mr BRAD HAZZARD: I will take that question on notice. I know there have been a lot of discussions within NSW Ambulance as to how to better determine the particular issues of potential patients. It may well be that there is more to do, but I will find out and let you know.

ANSWER:

I am advised that NSW Ambulance completed this recommendation in June 2017.

Vaccination strains in Australia

Question text from transcript

Transcript p6-7

The Hon. WALT SECORD: When you determine vaccinations in Australia, how is that determined— the strains?

Mr BRAD HAZZARD: In what sense?

The Hon. WALT SECORD: The World Health Organization recommended that the Southern Hemisphere contain A/Michigan, A/Hong Kong, B/Brisbane. How does Australia determine which strains—

Mr BRAD HAZZARD: I am sorry Mr Secord, I do not understand.

The Hon. WALT SECORD: I would like you to possibly direct this to—

Mr BRAD HAZZARD: I will take it on notice.

The Hon. WALT SECORD: I would like an official to answer this question.

Mr BRAD HAZZARD: Maybe, but I am actually indicating I will take it on notice.

The Hon. WALT SECORD: You are now a scientist?

The CHAIR: Order!

Mr BRAD HAZZARD: No, I said I will take it on notice. It actually happens that I am, but thank you for asking.

ANSWER:

Since 1973, the World Health Organization (WHO) has provided formal recommendations for the composition of influenza vaccines based on the information provided by the WHO Global Influenza Surveillance and Response System, which is a global collaboration of national influenza laboratories, including the Institute of Clinical Pathology and Medical Research at Westmead Hospital, with WHO Collaborating Centres for Influenza, such as the WHO Collaborating Centre for Reference and Research on Influenza in Melbourne.

Twice annually, WHO organises consultations with an advisory group of experts to analyse influenza virus surveillance data generated by the WHO Global Influenza Surveillance and Response System, and issues recommendations on the composition of the influenza vaccines for the following influenza season. These recommendations are used by the national vaccine regulatory agencies and the pharmaceutical companies to develop, produce and license influenza vaccines.

Most countries in the Southern Hemisphere, including Australia, elect to accept these recommendations for influenza vaccines licensed for use. These vaccines are used in Australia's National Immunisation Program, which provides free annual influenza vaccine for eligible groups, including Australians 65 years and over, pregnant women, people with underlying health conditions that predispose them to severe influenza, and Aboriginal people under five years of age and 15 years and over. NSW Health promotes and distributes National Immunisation Program vaccines in NSW prior to the winter influenza season.

The WHO Consultation on the Composition of Influenza Vaccines for the 2017 Southern Hemisphere was held in Geneva on 26 to 28 September 2016, and made recommendations for the composition of influenza vaccines for use in the 2017 Southern Hemisphere influenza.

In Australia, all influenza vaccines included in the National Immunisation Program are quadrivalent influenza vaccines and have the following composition:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus (Victoria lineage)
- a B/Phuket/3073/2013-like virus (Yamagata lineage).

The WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2018 Southern Hemisphere Influenza Season is due to be held on 25 to 27 September 2017 in Melbourne.

Statistics on influenza deaths

Question text from transcript

Transcript p7

Dr CHANT: As of 3 September, 368 aged-care facilities have been reported to New South Wales public health units affecting over 4,000 residents, with 350 requiring hospitalisation. There have been 183 deaths reported associated with those flu outbreaks. All of the residents had significant underlying comorbidities. Of note, we have distributed over 9,962 courses of Tamiflu from the State to the aged-care facilities to facilitate timely access. There is good evidence that if that is given early—within 24 hours of onset—there is a good response. In addition, aged-care facilities were written to recommending influenza and pneumococcal vaccination of the residents and the Department of Family and Community Services recommended influenza vaccination of staff prior to the season. There has been a lot of ongoing engagement with aged-care facilities.

The Hon. PAUL GREEN: Do we have matching statistics for the same period last year in terms of how many we may have lost due to influenza and comorbidity?

Dr CHANT: In my notes here I have not got that, but I would be happy to take that on notice.

ANSWER:

From 1 January 2016 up to 3 September 2016, there was 153 influenza outbreaks in residential aged-care facilities reported to New South Wales public health units affecting 2,712 residents, with 301 requiring hospitalisation. There were 157 deaths reported associated with these influenza outbreaks. All of the residents had significant underlying comorbidities.

Over the same period, NSW Health distributed 3,798 courses of Tamiflu® (oseltamivir phosphate) to residential aged care facilities to assist them with control of their influenza outbreaks.

Winter strategy

Question text from transcript

Transcript p7-8

The Hon. PAUL GREEN: Have you got some initiatives of what we are doing to decrease outbreaks of influenza—for instance, handwash on public transport and places like that?

Mr BRAD HAZZARD: The Chief Medical Officer is very keen to answer your questions, so I am going to allow her to do that.

The Hon. WALT SECORD: Precedent.

Mr BRAD HAZZARD: Precedent, but not for you.

The Hon. PAUL GREEN: Just briefly, because I have some other questions.

The Hon. WALT SECORD: Because she might tell the truth.

Dr CHANT: Maybe if I could give a rundown of the strategy that is used at various points?

The Hon. PAUL GREEN: Just headlines, because I have got some other questions I need to ask.

The Hon. WALT SECORD: I have some questions for you too.

The CHAIR: Order!

Dr CHANT: The initial focus in phase one was really a lot of correspondence to general practitioners, Aboriginal medical services, obstetricians, specialist services, maternity service, aged-care facilities and we also corresponded to the Department of Family and Community Services really promoting the use of influenza vaccination in the target groups. We had a particular focus this year on at-risk and particularly also some work around promoting vaccination for pregnant women. Obviously, throughout the season we have been issuing press releases.

We have also developed a media campaign. That media campaign did not happen immediately because what we find is the vaccine manufacturers do a lot of media initially, concurrently with the vaccine availability. We started the media campaign in May and that proceeded for the said months. We have communicated directly on a number of occasions with general practitioners to remind them and, as the season has evolved, we have changed our messages, initially focusing on vaccination but moving to the use of Tamiflu for early treatment of influenza.

The Hon. PAUL GREEN: If you want to take the rest of that question on notice, I would be happy for an answer like that.

ANSWER:

The NSW Health Winter Flu 2017 campaign commenced on 21 May 2017. This year the Winter Flu campaign particularly focussed on increasing the uptake of free influenza vaccine by people in population groups who are at risk of severe flu and subsequent medical complications. These groups are people medically at-risk because of chronic medical conditions, pregnant women, and Aboriginal people 15 years of age and over or parents/carers of Aboriginal children aged six months to five years old.

Media channels delivering the campaign included social media and third party websites. Mobile advertisements were delivered to high risk groups on the basis of their internet

search histories and frequent visiting of medical centres and pharmacies (geo-targeting). Print advertisements were also placed in Indigenous newspapers.

NSW Health delivered specific advice through letters and influenza-related resources, such as posters and brochures, to general practice surgeries and medical centres, Aboriginal medical services and residential aged care facilities across the state.

NSW Health also delivered influenza-related resources to all local health districts, including posters, brochures and videos about influenza vaccination and influenza hygiene for use in hospital waiting areas.

NSW Health has provided additional advice to the community on how to access free vaccines and how to prevent the spread of influenza in the community, through multiple media alerts and by providing additional information and resources on the NSW Health Influenza web site: www.health.nsw.gov.au/infectious/influenza/

These resources have continued the core influenza prevention messages from previous years, namely:

- Catch It - cover your face when you cough or sneeze
- Bin It - throw away used tissues straight away
- Kill It - clean your hands thoroughly and often.

NSW Health evaluates the Winter Flu Campaign activities each year and considers new approaches to promoting influenza vaccination and respiratory hygiene in the community.

Ambulance response times – North Coast

Question text from transcript

Transcript p10

Ms DAWN WALKER: In terms of Maclean, a community which is really seeing the effects of not having enough ambulances—

Mr BRAD HAZZARD: One of the issues might be, as was raised this morning, that there has been a predisposition by ambulance not to call in staff who were not working—in other words, they are not on duty—and apparently that had something to do with some computer program, which I do not fully understand. I have directed the commissioner to address that issue and I assured the union this morning that we are in the process of doing that. In fact, I presented it with a letter from the commissioner this morning. That might address the issue, but let me take that away because, to the best of my recollection, the advice was that it was not appropriate to put another ambulance there. Let me have a look at it for you and I will come back to you.

Ms DAWN WALKER: The other issue is the average response time. I am interested in how many requests there have been for an ambulance in Byron Bay and Nambucca Heads since January 2016 and what the average response time was between requests being received and when the ambulance arrived to those two destinations. Are you able to give that to me now or can you take it on notice?

Mr BRAD HAZZARD: I cannot give you the specifics for that area. I can tell you that ambulance response times have improved, and I will come back to you on that.

ANSWER:

Maclean

I am advised that in May 2017, there was an increase in staff at Maclean Station from five paramedics to 12 paramedics that enabled the introduction of the 24 hours a day, seven days a week on duty roster and removed the requirement for staff to be on call.

Response times

NSW Ambulance activity (including incidents, responses and transports) and performance information for Mid North Coast Zone (including Nambucca Heads) and Northern Rivers Zone (including Byron Bay and Maclean) can be found at the BHI website.

Surveillance mechanisms – farming and human health impact

Question text from transcript

Transcript p11

The Hon. MARK PEARSON: If it became clear that the very existence of intensive farming on the scale that it is, with so many animals being kept in such a confined area—a perfect environment, petri dish-like, for a virus to mutate, to become airborne and to be able to go from human to human—and the risk became grave, as the World Health Organization states, would the Minister find himself in a position to advise the DPI that practices must change away from large-scale, intensive farming, which is probably the main risk factor? Once the disease is on foot, the chickens might be dying in the shed but if it has mutated it is in the air, and as was the case with the Spanish flu, it will kill 52 to 53 per cent of people it infects.

Dr CHANT: I think the issue is that the surveillance mechanisms we have in place and the work with the DPI, I am confident we would pick up the emergence of a strain. I suppose globally, yes, we do recognise that risk. But I am confident in the Australian setting that we have very close vigilance and work with the DPI to be aware of any emergence. From time to time we do have the emergence of issues and I can provide on notice examples of where we have responded to those, including strong consideration of any human health impacts.

ANSWER:

Experts advise that an important environment that could facilitate the development of a pandemic strain of influenza such as Spanish flu, is close coexistence of humans, birds and other animals in large numbers, such as occurs in wet markets in parts of Asia. The situation in NSW is very different, and experts advise that the risk of a pandemic strain developing in NSW is remote, and is further reduced by biosecurity measures taken in NSW on farms.

NSW Health has strong links with the NSW Department of Primary Industry, in particular in relation to biosecurity matters. NSW disease control guidelines specify communication protocols between the agencies in relation to zoonotic diseases.

Converge International

Question text from transcript

Transcript p13

The Hon. WALT SECORD: What is Converge International?

Mr BRAD HAZZARD: Who?

The Hon. WALT SECORD: It is a company that you have employed to assist local residents who are having difficulties with the transition.

Mr BRAD HAZZARD: I do not know. You would not expect the Minister to know that level of detail, but I will find out.

The Hon. WALT SECORD: May I ask the Chief Executive of Health Infrastructure—which employed Converge International to assist with the residents—whether he can answer the question? He seems to know.

Mr BRAD HAZZARD: Because you have asked so politely, of course.

Mr SANGSTER: I can confirm the details on notice. However, it is part of the team that is engaging with that community. Every resident has a personal manager who is their primary point of contact and who will explain the process to ensure there is no wall of anonymity. They have that person's mobile phone number and they can contact them at any time. We are ensuring that we work with them on all of the issues you have raised so that they understand relocations and other matters. The company is part of our team.

ANSWER:

Converge International provides confidential and independent counselling support as part of Health Infrastructure's Public Counselling Assistance.

World Health Org Collaborating Centre for Reference and Research

Question text from transcript

Transcript p14-15

The Hon. WALT SECORD: I refer again to influenza. Are you familiar with an organisation called the World Health Organization Collaborating Centre for Reference and Research on Influenza? Dr Chant is nodding yes. Are you familiar with it? Do you know that it is responsible for Australia, New Zealand, Fiji, Papua New Guinea, Cambodia, the Philippines, Singapore, Thailand, and Sri Lanka?

Mr BRAD HAZZARD: If Dr Chant has nodded, she is. I am not, but I will find out.

The Hon. WALT SECORD: This goes to the New South Wales response and testing. Dr Chant, are you familiar with the organisation?

Dr CHANT: I am familiar with the World Health Organization collaborating centre. Your previous question related to who makes the decision. I can provide a detailed response to that on notice. It is a national process and part of a broader international process. Each year the seasonal flu strains in the Northern Hemisphere are examined and an expert panel agrees on what particular strains are likely to be circulating in the Southern Hemisphere, and that is then factored in. These decisions are made in an international environment using expert advice. The current advice is that the predominant strains—which are influenza B and influenza A sub-type H3N2—are matched by the vaccine.

ANSWER:

See answer to Question on Notice *Vaccination strains in Australia*

Cladding Audit

Question text from transcript

Transcript p16-17

The Hon. WALT SECORD: On 23 June Victoria's Health Minister Jill Hennessy released details of an audit of cladding in Victoria's hospitals. Has a similar audit occurred here?

Mr BRAD HAZZARD: I have asked the Ministry of Health to coordinate by having the 15 local health districts check with the various medical people in their hospital facilities. The advice that I have received is that there is no cladding that is problematic. Mr Sangster, do you know anything about that?

Mr SANGSTER: We are still working our way through and looking at some buildings.

Mr BRAD HAZZARD: How many more have you got to go?

Mr SANGSTER: We have been commissioned by the ministry to check any buildings that were built about 10 years ago, so there are still a number to go.

The Hon. WALT SECORD: Of the audit that is underway, have any turned up?

Mr SANGSTER: Not at this point.

Mr BRAD HAZZARD: The advice I had was no. None have turned up so far, but the audit is still ongoing.

The Hon. WALT SECORD: Can you take that question on notice, particularly about Lismore Base Hospital? Yesterday nurses made representations that Lismore Base Hospital may have cladding.

Mr BRAD HAZZARD: The nurses? Absolutely. That is the new facility.

ANSWER:

Aluminium Composite Panels were used on the Lismore Base Hospital Stage 3A and 3B redevelopment led by Health Infrastructure.

The aluminium composite panels used have an appropriate Code Mark Certification of Conformity. A Private Certifier has confirmed that the installation is compliant with the Building Code of Australia.

Health Infrastructure reviewed its projects in 2015 and did not identify any non-compliance. All cladding used on new hospital buildings on Health Infrastructure led projects are part of a compliant cladding system. NSW Health is undertaking a review into non Health Infrastructure projects, in alignment with the Government's NSW Cladding Taskforce review. NSW Health expects its review to be completed by 4th October 2017.

Off Protocol Recommendations

Question text from transcript

Transcript p17-18

Professor CURROW: I suggest that the ministry is responsible for overseeing the response to the section 122 inquiry. Ms Pearce may want to take that question.

Ms PEARCE: The ministry has closely monitored the implementation of the recommendations, in particular in St Vincent's, in Western New South Wales and—in regard to the broader recommendations that pertain to everyone—in the rest of the State. At St Vincent's a lot of work has gone into implementing the recommendations. To assure ourselves that there was proper compliance with those recommendations, we had the Australian Quality Commission conduct an external review of the implementation of the recommendations. We found that a significant effort was made in regard to those, which was reassuring. We continue to meet with the St Vincent's network in regard to those.

Mr BRAD HAZZARD: That is every month, is it not?

Ms PEARCE: We have met every month, yes.

The Hon. PAUL GREEN: And what public access to those reports is there?

Ms PEARCE: The report was done for the ministry.

The Hon. PAUL GREEN: For something of such public interest, how can the public check up on the compliance?

Ms PEARCE: We would be happy to. With regard to the select committee process, NSW Health is required to document and publish information around the inquiry, which we will do in due course.

The Hon. PAUL GREEN: What is the estimated time of arrival [ETA] on that?

Ms PEARCE: I will have to take that question on notice

ANSWER:

The response to the final report of the Select Committee will be provided by the requested date of 20 November 2017.

Maclean Ambulance - correspondence

Question text from transcript

Transcript p19

Ms DAWN WALKER: Minister, before we get started on some questions I would like to clear up the Maclean ambulance situation. You mentioned that you had received some advice on that. Would you be happy to provide that advice to the Committee on notice?

Mr BRAD HAZZARD: No, I asked about it. I am trying to think who I spoke to. Let me check. I will find out and come back to the Committee one way or the other. I get a few hundred items of correspondence every week and numerous phone calls from Labor, Liberal and Greens members of Parliament. I just cannot remember at the moment whether it was in writing or in a discussion. Let me find out.

ANSWER:

I have received correspondence from the Member for Clarence and Unions regarding the Maclean Ambulance Station.

24 hour doctor Glen Innes

Question text from transcript

Transcript p19

Ms DAWN WALKER: If you could clarify that it would be great. I would appreciate that. Is the Minister aware that a recent community petition in Glen Innes has attracted more than 500 signatures in just five days? The petitioners are calling for a 24-hour doctor on duty in Glen Innes Hospital.

Mr BRAD HAZZARD: Glen Innes has 24-hour on-call GPs, as I recollect. That would be a normal position for that size of regional hospital. What is the particular issue?

Ms DAWN WALKER: I think the community is concerned—you are correct—that doctors are on call over a 24-hour period, so they have to work and then be on call. The community is concerned that that is not adequate in providing medical services for the community.

Mr BRAD HAZZARD: Did you say that there are signatures from 500 people?

Ms DAWN WALKER: In five days, so there is obviously concern there.

Mr BRAD HAZZARD: Who did the petition? Was it a particular local resident?

Ms DAWN WALKER: It is a community petition. If you google it I think you will find—

Mr BRAD HAZZARD: Did they have a particular issue?

Ms DAWN WALKER: They are calling for a 24-hour doctor on duty at the hospital because they feel that their community warrants that.

Mr BRAD HAZZARD: I will take the question on notice. It is a bit of a challenge because some of the Multi-Purpose Services [MPSS] in our smaller regional hospitals do not have a full-time medical practitioner in the emergency department [ED]. Not all of them even have 24-hour access to GPs, but I believe Glen Innes has 24-hour access to GPs. As I understand it, in that hospital a GP would be only five or 10 minutes away if they were called in for an issue in the ED. I do not think Inverell is very far from Glen Innes.

ANSWER:

In Glen Innes, the doctors who provide services at the hospital are general practitioners in town who work in their private practice and are called in to treat patients as required. It is not standard practice for the doctor to wait in the hospital. The on-call roster provides coverage for 24 hours a day, 7 days per week.

This model was also in place under the former Labor government, and is in line with how Emergency Department medical staffing is managed in similar hospitals right across NSW.

Highly-skilled nurses are available at Glen Innes Hospital 24 hours a day, seven days per week. Nurses assess each patient on arrival and treat a number of non-urgent conditions without doctor support. However, when required, nursing staff will contact the local general practitioner, or visiting medical officer on-call to come to the hospital to provide care.

In addition, doctors and nursing staff at Glen Innes have immediate access to senior medical officers who can provide assistance and instruction to nurses via secure Telehealth video-link.

Western Sydney incinerator

Question text from transcript

Transcript p20

Ms DAWN WALKER: Thank you. Do you support your department's assessment that the proposed Western Sydney incinerator should not go ahead because "The proposal to build and operate an incinerator within city limits is not consistent with over 100 years of environmental regulation to improve urban air quality."?

Mr BRAD HAZZARD: I am sorry; I will need to take that on notice.

ANSWER:

Western Sydney Local Health District made a submission to Planning NSW in relation to the Eastern Creek Energy from Waste Facility. This submission is publically available.

Legionnaire's disease

Question text from transcript

Transcript p23

The Hon. WALT SECORD: Now that we are coming out of winter and into summer, I take you to Legionnaires' disease. As of this moment, the official NSW Health website says that we have had 76 cases of Legionella confirmed in New South Wales—six in August, six in July, nine in June and 14 in May. Is it customary to alert the community or advise the community when Legionella is found in New South Wales?

Mr BRAD HAZZARD: I think it is when we get aggregations in particular areas.

Dr CHANT: On our website we have a detailed explanation of our processes to investigate Legionnaires' outbreaks. The Minister is correct in the sense that where there is a point source and we have evidence of linkage to a particular site, that is when we launch an investigation and provide warnings to the community. In many cases they are sporadic and we cannot pinpoint a particular source. We encourage property owners of cooling towers to take preventative action as outlined in the Public Health Act.

The Hon. WALT SECORD: Were the six cases in August isolated or in a cluster?

Dr CHANT: I have not been advised that we are dealing with any outbreak situation, but I am happy to look at that. I would conclude that they were isolated cases, but I am happy to take your question on notice.

ANSWER:

Refer to transcript – answered page 27

Heatwave preparation

Question text from transcript

Transcript p24

The Hon. WALT SECORD: You have answered the question. I want to know whether NSW Health has made any preparations for a hot summer.

Mr BRAD HAZZARD: They are constantly—

The Hon. WALT SECORD: Then I add specific examples that will be funded in the 2017-18 budget.

Mr BRAD HAZZARD: I just said that you have hypothesised on a hot summer and various actions—

The Hon. WALT SECORD: I am trying to determine if you are prepared for a hot summer and high electricity prices.

Mr BRAD HAZZARD: I will take your question on notice and get back to you.

ANSWER:

NSW Health prepares for each summer by preparing public health advice about the health impacts of heat exposure, measures that can be taken to avoid exposure to heat, and actions which can minimise the health impacts of heat exposure. These messages are provided via general and social media as required, with greater details provided by our 'Beat the heat' webpage of NSW Health.

HCCC caseloads- current

Question text from transcript

Transcript p24

The Hon. WALT SECORD: On the HCCC, what is the current caseload? How many cases are currently before the HCCC?

Mr BRAD HAZZARD: Are we off the other issue?

The Hon. WALT SECORD: Yes, we are since you reminded me about the HCCC and I figured I would segue to the HCCC. I would like to know how many cases are currently before the HCCC.

Mr BRAD HAZZARD: I believe that is a matter on the public record.

Ms DAWSON: In terms of the annualised figure, I can tell you that the commission received 6,304 complaints in the last financial year. How many we currently have on hand is a different question, and I will need to take that on notice.

ANSWER:

As at 12 September 2017, there are 2,171 complaints currently being assessed.

HCCC caseload per individual

Question text from transcript

Transcript p25

The Hon. WALT SECORD: It is conceivable that a staff member could have up to 300 cases?

Ms DAWSON: At any one time I do not believe that is conceivable, no.

The Hon. WALT SECORD: It is not conceivable?

Ms DAWSON: I do not believe so.

The Hon. WALT SECORD: Can you take that on notice?

Ms DAWSON: I can take a view as to whether any individual officer has 300 cases.

ANSWER:

There are no staff members with a caseload of 300 or more complaints.

HCCC - Bullying

Question text from transcript

Transcript p26-27

The Hon. WALT SECORD: Okay Minister, if you want to be very explicit I will take you to where I was leading. It is part of the survey of the staff. Are you aware that it shows a culture of bullying in the HCCC, with 51.3 per cent of staff saying that they have been bullied in the workplace. That is where I was leading; that is what I am asking.

Mr BRAD HAZZARD: I will take that on notice and I will come back to you.

The Hon. WALT SECORD: No, you are not taking that on notice.

Mr BRAD HAZZARD: I just did.

The Hon. WALT SECORD: I was directing that to Ms Dawson.

Mr BRAD HAZZARD: One day you might be able to take things on notice, but I can and I have just said I am taking it on notice. So I will make some inquiries.

The Hon. WALT SECORD: Some 51.35 per cent of staff said they were bullied in the workplace in the HCCC and you are refusing to answer that.

Mr BRAD HAZZARD: No.

The Hon. WALT SECORD: I would like Ms Dawson to answer that question.

Mr BRAD HAZZARD: I have just indicated that I am taking it on notice.

ANSWER:

The People Matter Employee Survey results are publically available.

Vaccines containing fetal cells

Question text from transcript

Transcript p28#

The Hon. PAUL GREEN: It can be. Could you indicate which vaccines may have ingredients containing fetal cells?

Mr BRAD HAZZARD: I will ask the Chief Health Officer, because that is a highly technical question. Do you know?

Dr CHANT: Not that I am aware of, but I will get back to the Committee.

Mr BRAD HAZZARD: We will take it on notice.

The Hon. PAUL GREEN: It is a representation that I have received and am trying to work out. If there was, would you think it was reasonable for some people to have a conscientious objection based on that alone? Could you take that on notice?

Mr BRAD HAZZARD: I will take it on notice. I will answer your second question, though. If you are asking for a personal point of view, I think it is a matter for individuals to make up their mind but, as somebody whose first tertiary qualification was in science, I would certainly encourage them to look at and weigh up the evidence. Having said that, it is obviously a question that each individual has to answer.

ANSWER:

Vaccines provided free under the National Immunisation Program in NSW do not contain fetal cells.

During the manufacturing process for some vaccines, cells are needed to grow viruses in a laboratory, and some viruses can only be grown in specific cell lines. A 'cell line' is a set of cells that have an unlimited lifespan and are an ideal system to grow viruses that are used in the production of vaccines. Cell lines from fetal tissue from three abortions (due to medical reasons) have been growing in the laboratory for over 40 years. No further tissues from aborted fetuses have been used and no abortions have been performed for the purpose of obtaining fetal cell tissue to create cell lines.

The only vaccines offered routinely to children in NSW that have grown in the media using these 40 years old fetal cell lines are measles- mumps-rubella (MMR) vaccine offered at 12 months of age, and MMR-varicella (MMRV) vaccine offered at 18 months of age. There are no alternative vaccines available to provide protection against these serious diseases.

Shoalhaven sterilisation

Question text from transcript

Transcript p31

The Hon. PAUL GREEN: So we should be. Some time ago there was an issue at Shoalhaven Hospital with the sterilisation of instruments and a debacle with the autoclave. Has that all been ironed out?

Mr BRAD HAZZARD: Sorry, I do not remember the detail about the autoclave at Shoalhaven Hospital.

The Hon. PAUL GREEN: Sterilisation of instruments was an issue.

Mr BRAD HAZZARD: They used to call it central sterilising. I remember that when I worked in Manly Hospital.

The Hon. PAUL GREEN: Did you do the bedpans?

Mr BRAD HAZZARD: I did the garbage. I was a wardsman, I was a theatre orderly at one stage, I was a garbo on another occasion, and I was a cleaner on another occasion.

The Hon. PAUL GREEN: Like nurses, all things to all people at all times.

Mr BRAD HAZZARD: That is it, and they were all great jobs. But I will find out and report back.

ANSWER:

In January 2017, Shoalhaven Hospital's ongoing inspections identified a potential issue with sterilisation of theatre equipment. In the interests of patient safety a decision was taken to postpone some elective surgery to enable the issue to be fully investigated. Urgent and time-critical surgery continued as normal over this period.

Following a comprehensive review of the equipment, procedures and handling processes, specialist and independent advice confirmed that sterilisation could resume as normal in March 2017.

All patients who had their procedure delayed have since had their surgery performed.

To ensure high standards are maintained ongoing, Shoalhaven Hospital commissioned two new sterilisers, these were installed in September 2017.

Mr Shyam Acharya

Question text from transcript

Transcript p32

Ms O'SHANNESSY: Civil proceedings have been commenced, but the documents must be served on Mr Shyam Acharya, who is not to be found. We are liaising with the NSW Police Force, and as soon as he is found the documents will be served. There is also a caveat on the property and it cannot be sold.

Mr BRAD HAZZARD: That was our doing to try to stop the property being sold.

The Hon. WALT SECORD: So no-one knows where he is?

Ms O'SHANNESSY: The last advice we had from the NSW Police Force was that his whereabouts were unknown. That was some time ago. We can chase it up and advise the Committee whether any more information is available.

ANSWER:

NSW Police has confirmed that at this stage the whereabouts of Mr Acharya are still unknown.

Current s122 investigations

Question text from transcript

Transcript p32-33

The Hon. WALT SECORD: I refer to section 122 investigations and the off-protocol chemotherapy situation. Are any section 122 investigations underway at the moment in NSW Health?

Mr BRAD HAZZARD: I have not been advised of any.

Ms O'SHANNESSY: I do not believe so.

Mr BRAD HAZZARD: To the best of our knowledge, no. However, I will double-check because that answer did not sound categorical.

ANSWER:

There are no current inquiries under s122 (c) of the Health Services Act.

Flexible working arrangements

Question text from transcript

Transcript p33

The Hon. COURTNEY HOUSSOS: That is excellent. The people of Cooma will be very happy to hear that. On International Women's Day last year then Premier Mike Baird announced that all roles in the New South Wales Government would be fully flexible by 2019. How are you implementing that commitment in NSW Health?

Mr BRAD HAZZARD: The department is complying with that direction and doing all it can to achieve it. However, I will provide the details in writing.

ANSWER:

NSW Health provides a 24/7 service, with our extensive facilities needing to be adequately and safely staffed at all times. As an employer, we provide a variety of flexibility to staff through offering a wide range of roles, many of which provide employment at different time periods and in different locations. Many of these roles are available part time, or contain the flexibility to adjust work hours to other commitments (e.g. through roster options, shift management etc).

Byron Bay old hospital site

Question text from transcript

Transcript p33

The Hon. WALT SECORD: What is the status of the Byron Bay old hospital site? There have been community discussions about this over the past 10 days. On 23 August The Nationals member Ben Franklin said that he would be discussing it with you. What is happening with the site?

Mr BRAD HAZZARD: I will take that question on notice. I do not want to mislead anyone and a few community groups want to do various things.

ANSWER:

I refer you to my answer in the House of 20 September.

Macarthur Clinical School

Question text from transcript

Transcript p38

The Hon. PAUL GREEN: That is fine. The Government recently opened the \$21 million state-of-the-art Macarthur Clinical School at Campbelltown Hospital. What are the figures for the anticipated numbers of doctors per year you aim to train through this facility? When can the community expect to see the first graduates?

Mr BRAD HAZZARD: It is an amazing facility; it is really exciting. It cost about \$21 million. The LHD and the university are excited about it. They already have students in there. I spent some time with some second year students who were in the tutorial labs there. At the moment there is not a huge number. I think it was in the order of about 60 or so, but I will come back to you with the number. It is considered to be one of the facilities that will be landmark attraction for people to study in the west, which is fabulous. A number of the students I spoke to were from the western suburbs. They were keen to stay in the west or go even further west, which is fabulous.

ANSWER:

The Macarthur Clinical School supports the existing training program for medical students from the Western Sydney University Medical School. There are approximately 100 graduates each year from this training program.

Violence against healthcare professionals

Question text from transcript

Transcript p38-39

The Hon. PAUL GREEN: I have a more serious question about violence against healthcare professionals, particularly in accident and emergency departments, involving drug episodes and stuff like that.

Can you give us some statistics about what is happening? Have we seen some improvement, particularly with the inner-city closure times and the shut-out laws?

Mr BRAD HAZZARD: I can give you some statistics, but I will not give them to you today because I do not have them.

The Hon. PAUL GREEN: No, take it on notice.

Mr BRAD HAZZARD: It is an issue. It is probably not a good thing to be telling my Liberal and Nationals colleagues, but I went to speak to the Health Services Union [HSU] annual general meeting. There were about 600 people there. Some of them were security officers. We were chatting afterwards and they were saying they felt that a lot more needed to be done to support them in their endeavours. They were describing some of the actions that occur in and around emergency departments as a result of people being on ice and so on. I am not satisfied that all has been done that can be done, but I am working on it. I will come back with the statistics for you. But I have an absolute commitment to trying to do more.

ANSWER:

The Ministry of Health receives quarterly data from the Bureau of Crime Statistics and Research (BOCSAR). This data shows selected offences recorded by the Police as having occurred at public and private hospital premises in NSW. The location of assaults is provided by Local Government Area (LGA), and the data does not indicate which incidents took place in Emergency Departments, whether drugs were involved or who were the victims or the perpetrators.