

Questions from the Hon Mark Buttigieg MLC (on behalf of the Opposition)

Ice Inquiry

1. When will you respond to the Special Commission of Inquiry into the drug ICE?
2. Why has it taken you so long to respond?

ANSWER

The NSW Government is currently finalising the final response to the Special Commission into the Drug 'Ice' ('the Ice Inquiry'). The issues raised by the recommendations of the Ice Inquiry are complex. The Government is committed to developing a meaningful and substantial response to the Inquiry's final report, which recognises the deep harm caused by illicit drugs and putting community safety first.

The Government has already put in place a range of measures to address alcohol and other drug-related harm in NSW, and remains committed to considering other measures that are effective and targeted at reducing the use and impact of "Ice" on individuals, families and the broader community.

In 2021-22, the Government will spend \$330 million from the NSW Health budget on the delivery of dedicated alcohol and other drug programs ranging across the spectrum of prevention, early intervention, treatment and ongoing care.

Health Staff Salary Packaging

3. In relation to the salary packaging and the 50% tax saving withheld from staff, which department retains this money?
 - (a) Is it Health or Treasury?
4. How much money was returned to the Government due to withholding the 50% in the 2020/21 year?
5. Is this policy being reviewed?

ANSWER

The Salary Packaging Scheme for NSW Health employees, which commenced under the former Labor Government, resulted in savings of approximately \$209 million to NSW Health in 2020-21.

Savings achieved under the scheme are shared on a 50/50 basis between the employee and NSW Health, with NSW Health's share of tax savings retained by the Health entities, principally local health districts.

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Policy review is an ongoing exercise.

Security

6. The intention of a Code Black response is to ensure specialised assistance is available to prevent or minimise injury or other harm to staff, patients and visitors at all times. A code black response team will assist in containing the incident until external assistance arrives or they are able to resolve the incident. How many Code Black responses have occurred in NSW public hospitals this year?
7. One of the recommendations of the Anderson Review was that at the commencement of each shift, personnel should be identified who will be required to attend a Code Black if called, and their roles should also be clearly defined and understood. Does this happen?
8. Over the last 12 months how many NSW Health staff have been assaulted by patients?
9. One of the recommendations of the Anderson Review was that Police and paramedics should inform emergency department staff when bringing in patients with challenging behaviours who may pose a potential risk. To this end, the existing and all future MOUs with third party agencies should include provision for such information to be provided prior to arrival at the emergency department. Has this happened?
10. One of the recommendations of the Anderson Review was that barriers used at emergency department receptions and triage desks and other waiting rooms/reception areas that have been determined to be at risk, should be of a safety glass design that does not allow a person to climb or reach through and grab at or potentially harm staff. Has this happened?
11. As part of the Anderson Review legislative change was also recommended to:
 - insert a new ‘Part’ into the Health Services Act dealing with hospital security and safety, recognising the duties, powers, rights and responsibilities of security staff and any related matters that arise from this review that support safety in hospitals
 - ensure there are no legal barriers hampering transport of patients from one part of a hospital to another, where the hospital campus is on two sites;

(a) Why hasn’t this occurred?

ANSWER

6. This information is not held centrally.
7. Yes, local health Districts and specialty networks have processes in place to identify code black teams at the commencement of each shift

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8. NSW Health has advised that between July 2020 and June 2021 there were a total of 357 workers compensation claims related to physical assault. A further breakdown of the data is not available.
9. It is common practice for paramedics to provide prior notification to emergency department staff when bringing in patients with challenging behaviours. This will be an item for inclusion whenever MOUs are established or reviewed.
10. Where barriers are needed, they are fit for purpose and balance the need for privacy of patients and their families and to provide safety for staff.
11. The Ministry is working to develop the Bill to implement this recommendation. It is expected that the Bill will be introduced into Parliament in 2022.

Election commitments

12. As of 1 November 2021, how many of the 100 additional palliative care nurses that were committed at the last election have been recruited?
13. As of 1 November 2021, how many of the 8 additional children's allergy nurses that were committed at the last election have been recruited?
14. As of 1 November 2021, how many of the 24 additional cataract surgery nurses that were committed at the last election have been recruited?
15. As of 1 November 2021, how many of the 23 additional mental health nurses that were committed at the last election have been recruited?
16. As of 1 November 2021, how many of the 8.2 additional paediatric care nurses that were committed at the last election have been recruited?

ANSWER

12. In line with funding allocations, all 100 nurses are due to be recruited by June 2023.
13. In line with funding allocations, all eight additional allergy nurses are due to be recruited by June 2023.
15. The last election commitment was for an increase from 5.5 to 6.0 Nursing Hours Per Patient Per Day (NHPPD) in adult acute mental health wards in specialist mental health hospitals.

The majority of the nursing wards have transitioned.

14. and 16.

To support the NSW government response to the COVID-19 pandemic over the past 20 months, there have been periods of reduced surgical activity where workforce has been

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redeployed to help with increased intensive care admissions, contact tracing and vaccination programs, and periods of increased surgery when hospitals were able to do additional procedures to address the surgical backlog, in partnership with the private hospital sector. Staffing levels have varied in line with the variation in activity.

Private Health

17. Northern Beaches Hospital had 38 FTE Allied Health Professionals originally and today there are only 12. Patients are now been forced to go to other hospitals further away. Would you be prepared to look at returning the full complement of Allied Health Professionals to Northern Beaches Hospital?

ANSWER

As of 15 November 2021, Northern Beaches Hospital employs 82 allied health professionals (head count). Patients who require critical allied health support, like physiotherapy or dietetics, are treated in hospital.

Staffing in public hospitals

18. Can you provide, the FTE levels across all Local Health Districts, hospitals, departments and individual classifications for the years 2019, 2020, 2021?
19. Over the last two financial years can you advise how much money is spent on contractors to fill security related staffing positions?
20. Over the last two financial years can you advise how much money is spent on contractors to fill cleaning related staffing positions?
21. Is there a plan to reduce the number of security staff and replace them with Health and Security Assistants (HASA's) at Liverpool Hospital?

ANSWER

18. – 20.

NSW Local Health Districts ensure that there is adequate staffing available to deliver key clinical services. As such FTE in specific groups may fluctuate in relation to the nature of services delivered. Key nursing award conditions ensure agreed nursing FTE is available to deliver clinical care and LHDs ensure adequate skill mixes are available to deliver models of care.

21. Currently there are no plans for changes.

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Cost of locums

22. What is the average cost per day for Locums visiting rural NSW?
23. What is the highest rate that is currently paid for Locums visiting NSW per day?
24. What other costs are covered for Locums when they visit rural NSW? (ie accommodation, food, incidentals)
25. What is the benefit to the community to have locums rather than permanent doctors?
26. Have you had any discussions about capping the Locum rates?

ANSWER

I refer the member to the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 23 August 2021 – supplementary questions 101-106.

Issues from the Rural Health Inquiry

27. At the Rural Health Inquiry hearing in Wellington we heard from a local Doctor, Dr Iannuzzi, who described that running out of basic medicines and equipment has become a weekly if not daily occurrence. Is that good enough?
28. Do you agree with them that this boils down to a limited Budget?
 - (a) Surely if they had their budget increased then they would be able to purchase additional stock?
29. At the same hearing we heard from two nurses, Ms Sheree Staggs and Ms Samantha Gregory-Jones, who told us they often run out of things like incontinence pads and they have to meet people from the local nursing home in the car park to borrow them. How has this been allowed to happen?
30. Are you aware that there are a number of operating theatres in Tamworth Hospital that have been used for storage?
31. Are you aware that there is an operating theatre in Leeton Hospital that is currently not able to be used due to the recovery room being a few centimetres too small?
32. Given there are tens of thousands of people on the elective surgery waiting list, surely there is a desperate need to get these theatres up and running and operating on people who are waiting in pain for things like knee or hip replacements?

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33. How many hospitals in NSW have no doctor within them on a weekend?
34. Are there any hospitals in metropolitan Sydney that have no doctor in them on a weekend?
35. Can you confirm that Temora Hospital received substantial funding a few years ago to upgrade their theatres to allow obstetrics to take place but none of it happened because of a lack of nurses?

ANSWER

27. – 29.

All health services are required to maintain a stock of standard medications sufficient to respond to expected demand. As stock is used, all health services are able to re-stock on a daily basis.

Medical officers working in health services should report any instances of standard medications being out of stock to local management.

There are no reports from Coonabarabran Health Service of standard medication being out of stock on a routine basis.

There have not been any reports made of insufficient supplies of continence devices at the Gilgandra Multi-Purpose Service.

30. Tamworth Hospital currently runs five operating theatres, and has a sixth which can be opened when demand requires.
31. In 2017, Leeton District Hospital Operating Theatre had an insufficient volume of referred patients to schedule regular surgical sessions, and accordingly, nursing staff were unable to maintain the required perioperative skills to safely provide patient care.

Surgical procedures are provided to Leeton residents at Narrandera Hospital or Griffith Base Hospitals.

32. NSW Health is committed to ensuring that patients receive their elective surgery in the clinically recommended timeframe.

In 2020-21, the NSW Government provided an extra \$458.5 million to fast track non urgent elective surgeries that were delayed due to the Australian Government's response to the COVID-19 pandemic in 2020. A further \$80 million has been provided as part of the 2021-22 NSW Budget.

33. and 34.

Health services manage the rosters of doctors. If a doctor is not available, health services have measures in place to ensure patients receive appropriate care.

35. The \$2.3 million upgrade to the Temora Hospital procedure room was completed, and the official opening was held on 13 August 2018.

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The upgrade included new equipment, new service panels for oxygen and improved workflows.

Temora is adequately staffed to support planned caesareans. Since the upgrade to the theatre, 29 caesareans have been performed at Temora Hospital. Temora has five doctors with varying obstetric skills who support women birthing locally.

Visiting Medical Officers

36. How many VMOs (FTE and Headcount) are currently engaged across NSW Health, by LHD and by craft group/speciality?
37. How does this compare to the number of VMOS engaged across NSW health in 2016?
38. What is the number and percentage of VMOs on 'zero hours' contracts?
39. What is the number and percentage of VMO contracts that are exclusively for the provision of clinical service (i.e., they are not required to provide clinical support activities like quality assurance, teaching, policy, and procedure development)?
40. How many staff specialists are employed in NSW (FTE and Headcount, by LHD) and how does this compare to each year for the past five years?
41. How much money did NSW Health spend on VMOs in 2017/2018, 2018/2019 and 2019/20?
42. How much has been spent on VMOs so far this financial year?

ANSWER

There were 6100 VMOs working across 67 different specialties as of June 2021. There were 5900 VMOs working in 2016.

When a VMO is appointed, they enter into a contract with the Local Health District. The contract specifies the terms and conditions under which they are appointed, including the hours they are contracted to provide and their clinical privileges.

All VMOs provide clinical and non-clinical services. The VMO determination defines service as “medical services provided to a public patient by a visiting medical officer under a session / fee-for-service contract, including teaching, training and participation on committees, but excluding attendance at meetings of a medical staff council (howsoever called)”.

As of June 2017, there were 3450 FTE staff specialists within NSW Health. By June 2021 there were 4000 FTE staff specialists - an increase of 550 FTE.

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Westmead Imaging Training

43. RANZCR withdrew accreditation for imaging training at Westmead. A part of the issue is that the staff specialists' award does not adequately enable recruitment of imaging doctors due to competition with the private sector, so Westmead was unable to attract enough specialists, resulting in inadequate training, which the college drew attention to.

(a) What does the government intend to do to address this?

ANSWER

Westmead has accreditation until February 2022 for currently employed radiology trainees.

Currently, the number of radiology trainees is linked to the staffing profile of the radiology staff specialists. This is in accordance with RANZCR.

As vacancies arise in radiology departments, Western Sydney Local Health District facilitates and undertakes recruitment, ensuring vacancies are filled in a timely manner.

Workforce/Staffing

44. In 2019, the NSW government committed to employing an additional 5,000 nurses and midwives into the Public Health System.

(a) What was the headcount then (Feb 2019) and what is the headcount now?

(b) What is the status of this election promise?

(c) How many nurses and midwives have been recruited, per Local Health District (LHD) breakdown?

45. What are the current FTE vacancies, per LHD breakdown, for the following speciality areas across NSW Health run facilities:

(a) Emergency Departments?

(b) ICU?

(c) Operating Theatres?

(d) Mental Health?

(e) Maternity?

ANSWER

44. The NSW public health system nursing and midwifery workforce as at March 2019 was 48,754 full time equivalent (FTE), and 52,268 FTE as at September 2021. This is an increase

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of 3,514 FTE and is in line with the government's commitment of 5,000 nurses over four years.

45. Vacancy data is not available.

Maternity Services

46. According to BHI data, 19,113 babies were born in NSW public hospitals during the April to June quarter, a 9 per cent spike compared to the same period last year. Data shows the highest birth figures were concentrated in Sydney's south-west.
- (a) How many midwives have been recruited in SWS LHD during 2021?
 - (b) How many FTE midwifery vacancies (all classifications) are there currently in SWS LHD?
 - (c) How many FTE midwifery vacancies (all classifications) are there currently in WS LHD?
 - (d) How many FTE midwifery vacancies (all classifications) are there currently in NBM LHD?
 - (e) How many FTE midwifery vacancies (all classifications) are there currently in IS LHD?
 - (f) Despite widespread FTE vacancies in maternity services across NSW Health facilities, why is there a lack of midwifery positions currently advertised state-wide?
 - (g) Have midwifery-led postnatal home visits resumed across Greater Sydney?
 - i. If not, when will they resume?
 - (h) Will obstetrics and full maternity services resume at Parkes Hospital?
 - i. If so, when?
 - (i) Only antenatal and postnatal services are available to mothers in Parkes, does WNSW LHD intend on increasing the Midwifery Group Practice model of care?
 - (j) How many midwives are currently operating the MGP service to Parkes?
 - (k) How many midwives resigned from WNSW LHD in 2020?
 - (l) How many midwives resigned from WNSW LHD to date in 2021?

ANSWER

(a) 107.

(b) – (l)

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Local health districts have mechanisms in place to identify vacancies and recruit to positions in accordance with service delivery needs and models of care across their hospitals.

Local health districts are responsible for ensuring skilled staff are available to meet clinical service requirements.

Yes, midwifery-led home visits have resumed in all local health districts in Greater Sydney. Some districts continued home visits throughout the COVID-19 pandemic, while some had hybrid models.

Yes. All positions required to operate a maternity service have and continue to be advertised. Midwifery positions at Lachlan are the subject of a robust advertising campaign reaching across to New Zealand and the United Kingdom.

The Midwifery Group Practice model of care is currently available and provided to all suitability risk assessed women in Parkes, Forbes and Condobolin, with primary birthing occurring at Forbes.

Regional hospitals and Multi-Purpose Services

47. What incentives is NSW Health currently offering to attract nursing and midwifery staff to rural, regional and remote hospitals, health services and MPSs?
48. What recruitment strategies is NSW Health and/or LHDs utilising to attract new staff to available positions?
49. How many FTE nursing and midwifery vacancies currently exist across the 7x regional LHDs?
 - (a) What is the breakdown of these vacancies, per classification?
50. How many regionally based NSW Health nurses have First Line Emergency Care training qualifications?
51. The NSW Government recently announced \$35m for a Regional Housing Package for health accommodation close to health facilities:
 - (a) Will this accommodation be utilised by visiting medical officers and locums?
 - (b) Will agency/short-term contract nursing and midwifery staff have access to this accommodation?

ANSWER

47. – 49. and 51.

Recruiting health professionals to regional, rural and remote areas remains a challenge across Australia. The NSW Government is continuing to address this and, since 2012, the

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NSW Health workforce in regional and rural NSW has been increased by more than 20 per cent.

Local health districts determine the make-up of their workforces to provide clinical services, and manage workforce vacancies, strategies and opportunities using localised data structures.

As such, central data at the NSW Ministry of Health level is not available for these identified workforce groups.

50. This information is not held centrally.

Vaccination hubs

52. What is the vaccination rate in the 2142 postcode area as at 9 November of:

(a) Over-16s?

(b) Over-12s?

53. The Mayor of Cumberland LGA tweeted “launching NSW new vaccination hub at The Granville Centre Granville.... Cumberland City Council donated the centre free of charge.” Is this correct?

54. Is Western Sydney Local Health District aware that 161 community organisations and individuals had their bookings cancelled at the Granville Centre to accommodate the vaccination hub?

55. What vaccination targets have been set for the number of vaccinations to be conducted at the Granville Centre?

ANSWER

52. Postcode data is released weekly. As of 7 November 2021, vaccination rates in postcode area 2142 were:

(a) 90.8 per cent of people aged 16 and over had received a first dose of a COVID-19 vaccine, and 85.7 per cent were fully vaccinated.

(b) 89.4 per cent of people aged 12 and over had received a first dose of a COVID-19 vaccine, and 84.0 per cent were fully vaccinated.

53. Cumberland City Council received a COVID-19 recovery grant to the effect of \$250,000. The space to be provided to Western Sydney Local Health District was then at no cost.

54. The Council advised Western Sydney Local Health District about three cancellations and noted that a number of organisations and individuals were rebooked at other vaccination sites.

55. The number of vaccinations administered naturally depends upon a numbers of factors; however, the Centre may administer 1,000 per day initially.

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Canterbury Hospital

56. In your letter to Sophie Cotsis MP, you advised that the NSW Ministry of Health has allocated planning funds to facilitate the update of the Canterbury Clinical Services Plan.
- (a) How much funding is planned?
 - (b) How much of these funds will be allocated to Canterbury Hospital specifically?
 - (c) How much of this funding will be allocated to Canterbury Hospital in 2022?
 - i. What resources and infrastructure will this fund for Canterbury Hospital?
57. In the period of June 2020- June 2021, how many new beds were allocated to Canterbury Hospital?
58. In the period of June 2021- October 2021, how many new beds were allocated to Canterbury Hospital?
59. From November 2021- November 2022, how many new beds are planned to be allocated for Canterbury Hospital?
60. In the period of June 2020- June 2021, how much funding was allocated for palliative care at Canterbury Hospital?
61. In the period of June 2021- October 2021, how much funding was allocated for palliative care at Canterbury Hospital?
62. From November 2021- November 2022, how much funding is planned to be allocated for palliative care at Canterbury Hospital?
63. In the period of June 2020- June 2021, how many renal dialysers were available for use at Canterbury Hospital?
- (a) How many angiograms?
 - (b) How many MRI scanners?
64. In the period of June 2021- October 2021, how many renal dialysers were available for use at Canterbury Hospital?
- (a) How many angiograms?
 - (b) How many MRI scanners?
65. From November 2021- November 2022, how many renal dialysers will be available for use at to Canterbury Hospital?

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- (a) How many angiograms?
 - (b) How many MRI scanners?
66. During the period of 26 June and 10 October 2021, what support services were made available for transfer patients?
67. During the period of 26 June to 10 October 2021, what was the average waiting time for emergency patients at Canterbury Hospital?
- (a) What was the average waiting time for emergency patients from June 2020- June 2021?
 - (b) What was the average waiting time for emergency patients from October- November 2021?
68. During the period of 26 June to 10 October 2021, what was the average waiting time for non-emergency patients at Canterbury Hospital?
- (a) What was the average waiting time for non-emergency patients from June 2020- June 2021?
 - (b) What was the average waiting time for non-emergency patients from October- November 2021?
69. During the period of 26 June to 10 October 2021, what was the average waiting time for out-patients at Canterbury Hospital?
- (a) What was the average waiting time for outpatients from June 2020-June 2021?
 - (b) What was the average waiting time for outpatients from October- November 2021?

ANSWER

Planning funds to the value of \$980,000 have been allocated to Health Infrastructure NSW by the NSW Ministry of Health, to assist the Sydney Local Health District with the development of an updated Clinical Services Plan (CSP) and Investment Proposal (IP) for a potential future redevelopment of Canterbury Hospital.

Planning funds were allocated in 2021 and will continue into 2022.

The CSP will encompass the provision of required beds.

Canterbury Hospital has strong networks with Concord Repatriation General Hospital, which has a dedicated palliative care centre that includes a 20-bed inpatient unit. In addition, from 1 July 2020, a permanent recurrent 1.0 full-time equivalent Clinical Nurse Consultant dedicated for the provision of Palliative Care services commenced at Canterbury Hospital. Time for services are published annually.

Nil. Renal services for Sydney Local Health District are delivered by the statewide Renal Services as a coordinated service across the District. Canterbury Hospital has strong networks with both Concord Repatriation General Hospital and Royal Prince Alfred Hospital for these types of services. These networks support the appropriate management of patients who require renal

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dialysis, angiogram and MRI services, with timely referral and transfer processes in place for patients who present to Canterbury Hospital.

Questions from Ms Cate Faehrmann MLC

Emergency Surgery

70. Was there an increase in emergency surgery in public hospitals in 2021 compared to 2019?

(a) If so what percentage increase was there between

- i. Quarter 1 2019 and 2021?
- ii. Quarter 2 2019 and 2021?

ANSWER

There was a small increase in emergency surgery in public hospitals in 2021 compared to 2019.

Leeton hospital questions

71. Why has the Leeton Hospital's operating theatre not been used for the past five years?

72. The phrase "Leeton District Hospital" has been deleted from the Murrumbidgee Local Health Service website. It's now called the Leeton Health Service. What is the reason for this change?

73. Can NSW Health guarantee that Leeton Hospital will continue to provide emergency care from doctors?

ANSWER

71.

I refer the Member to the response provided at Supplementary Question 31 of this document.

72. Leeton District Hospital has been referred to as "Leeton Health Service" on the Murrumbidgee Local Health District website since 2016.

73. There are no plans to change the services provided at Leeton District Hospital.

Griffith hospital

74. Does the Griffith Base Hospital currently have an orthopaedics service?

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(a) If not, for how long has it been without this service?

75. Will the new Griffith Base Hospital employ full-time, permanent onsite orthopaedic surgeons?

(a) How many?

ANSWER

Murrumbidgee Local Health District has an agreement with St Vincent's Private Community Hospital Griffith to deliver elective orthopaedic surgery for appropriate public patients in the Griffith area. The District will engage orthopaedic surgeons as visiting medical officers to provide services at the redeveloped Griffith Base Hospital.

I also refer the Member to the response provided at LA 5352.

Ambulances and wait-times in border areas

76. What proportion of ambulances attending cases in Moama are Victorian?

(a) What proportion are from NSW?

77. Which hospital is the primary destination for ambulances attending patients in Moama?

78. What is the average wait time for an ambulance in Moama?

79. How are ambulance services funded for border residents?

(a) Do they require two memberships?

80. What is the funding arrangement for NSW public patients who travel into Victoria?

(a) How much does it cost the NSW taxpayer per year?

81. Is there an MOU between the NSW and Victorian Government on NSW residents accessing Victorian health care?

(a) If there is can you table it?

82. How much money does NSW pay to Victoria each year for healthcare services?

ANSWER

76. – 79.

NSW Ambulance does not collect Ambulance Victoria response data. In 2020-21 there was a total of three incidents in Moama attended by NSW Ambulance.

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NSW Ambulance activity and performance data is publicly available on the Bureau of Health Information website at www.bhi.nsw.gov.au.

I also refer the member to answers to August 2021 Budget Estimate supplementary questions 47-52.

80. – 82.

Under Medicare principles, patients are entitled to care in public hospitals, including interstate hospitals, regardless of their place of residence. No MOU is required.

NSW pays for the health care of all NSW residents, whether treated in NSW or in another state. Cross-border arrangements are enabled by the National Health Reform Agreement.

For patients treated in Victoria (except Wodonga as below), arrangements are as follows:

- NSW estimates the total demand (or ‘activity’) of NSW patients in Victoria for a financial year and makes provisional payments. Victoria can use this cashflow to maintain services when they are needed. NSW bases these provisional payments on known demand for services from previous years. Provisional payments to Victoria typically exceed \$50 million per year.
- After the end of a financial year, data on actual demand are compared so that any activity not covered by the provisional payments can be reimbursed. As a result, NSW reimburses Victoria for all health services provided to NSW residents based on what was provided.

Funding for Albury Wodonga Health is subject to a separate agreement between NSW and Victoria and is not included in the cross-border process described above. Victoria has responsibility for all services in this region. Accordingly, under this agreement, NSW pays for all NSW residents treated in both Albury (NSW) and Wodonga (Victoria). Albury Wodonga Health expenditure is captured in the AWH Annual Report: <https://www.awh.org.au/about-us/reports-publications>.