

Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Hearing – 1/02/2022

Questions on Notice

QUESTION 1 – page 4

The Hon. WALT SECORD: You would be familiar with the Bureau of Health Information data and there is a percentile, the 10 per cent of longest waits. How many people are waiting more than a year for elective surgery in your local health district?

Stewart DOWRICK: I have to take that on notice, I am sorry. I have not got that figure in front of me.

The Hon. WALT SECORD: If you do not have that—

Stewart DOWRICK: I do not.

The Hon. WALT SECORD: That is fine. I would like to know how many people are waiting—

Stewart DOWRICK: [Inaudible], say about 220 to 230 people who are category C over, B and C sort of, about 200 category Cs, so I have given it the 200. I can get those figures passed on, take it on notice.

ANSWER

The Bureau of Health Information reported that the Mid North Coast Local Health District had 196 patients on the elective surgery waitlist at the end of December 2021 who have waited over 365 days.

QUESTION 2 – page 5

The Hon. WALT SECORD: With regard to midwifery, are there currently vacancies for midwives at Coffs Harbour, Kempsey and Port Macquarie base hospitals?

Stewart DOWRICK: I am not aware that there are vacancies, but it would not surprise me. I can take it on notice. We have, because of COVID and issues that deal with incredible midwives across the LHD who deliver 2,200 babies across the region. I have wide respect for their services across the region but I have to take that question on notice and then provide information. I am not aware it is causing a concern. I do not know.

ANSWER

Port Macquarie Base Hospital has 1.65 FTE permanent and 8.57 FTE temporary vacancies totalling 10.22 FTE.

Coffs Harbour Health Campus has 0.42 FTE permanent and 3.42 FTE temporary totalling 3.84 FTE.

Kempsey District Hospital has 1.58 FTE permanent and 2.63 temporary FTE totalling 4.21 FTE. Recruitment is underway for permanent vacancies.

QUESTION 3 – page 5

The Hon. WALT SECORD: I go back to the waiting lists. During the COVID period what were the areas of elective surgery that were most impacted upon? What lists grew by the most proportionately during COVID in your local health district?

Stewart DOWRICK: Again, I have to take that on notice, only because it affected more categories and I can only assume equally during that period we did category A. Again, if we added category B during that period, the Prime Minister made that announcement last March to make that change, I think 26 March or thereabouts in 2020, it would have been equally shared [inaudible] that information to the Committee but it was shared across all categories regards to the [inaudible.]

ANSWER

In reviewing the waitlist from January 2020 prior to the surgical impact of the COVID-19 pandemic, all Mid North Coast Local Health District waitlists have reduced except for urology, ophthalmology and vascular surgeries, with the majority of these being for non urgent procedures.

QUESTION 4 – page 8

Ms CATE FAEHRMANN: We were talking earlier about the waiting list. Earlier you said I think 7,300 on the waiting list now. That was in December and came down from 10,000 in June. Are you aware in terms of the fall off of waiting list, the attrition rate if you like, is that all because that had been dealt with within the public health system? Do you have an indication of how many scrounged the fees to get to private hospitals, whether some people just fell off because they could not wait, whether some people died? Do you know the reasons why that waiting list is—how much has been dealt with by people actually getting the surgery they need in the hospitals that they have been on the wait list for?

Stewart DOWRICK: Thank you very much. It has been a very comprehensive program by the hospitals, public hospitals in relation to the [inaudible.] We have a very [inaudible] surgical program where many of our facilities provide the opportunity of much more surgery. For example Bellingen Hospital used to do 200 operations ten years ago, now it is doing 1,400 this year [inaudible.] Locally, we have been using our local facilities and we have not been able to do that for the entire sector to assist us with a locum at Port Macquarie, either Nyngan or Coffs Harbour, or facilities elsewhere [inaudible] Taree on occasions as well. It has been quite an extensive program. I do not have on my fingertips a split between the two. I think it was about 50 per cent in total. I can take that on notice and provide that as a response to that debate, but 50:50 I think private and the public. We really thank the private sector for [inaudible.]

ANSWER

In 2021-22, the NSW Government has invested an additional \$80 million to continue to support public and private hospitals to undertake additional elective surgery so that patients who had their non-urgent surgery postponed can be scheduled for surgery as soon as possible.

The Bureau of Health Information reports in the *Healthcare Quarterly* for the October- December 2021 quarter that 4,691 public patients in NSW had their surgery at private hospitals, funded by NSW Health.

Patients are removed from the hospital elective surgery wait list for a variety of reasons.

QUESTION 5 – page 13

The Hon. WALT SECORD: Ms Hyman, in your opening statement you mentioned that the Blue Mountains population is 80,000. How many ambulances are available in the Blue Mountains on a regular basis? I am aware of the answer. I am asking you how many ambulances are currently available serving the Blue Mountains community.

Kay HYMAN: That is a question that I will need to take on notice. Whilst we have a very strong working partnership with Ambulance and they provide great support to us, I do not have those numbers immediately available to me.

The Hon. WALT SECORD: I do. Would you challenge my statement that there are only two ambulances in the Blue Mountains? That works out to one ambulance for every 40,000 residents in the Blue Mountains local government area. Does that surprise you—two ambulances?

Kay HYMAN: I do not have those numbers, so I cannot comment on that.

The Hon. WALT SECORD: Ms Milthorpe, maybe you could add to that since you are director of planning and you would be aware of the allocation of resources. Do you have any information on ambulances in the

Blue Mountains and would you dispute that two ambulances for 80,000 people equals one ambulance for 40,000 residents?

Eloise MILTHORPE: Like Ms Hyman, I do not have that information at hand. I am happy to provide that information to the Committee at a later date.

ANSWER

32 dual paramedic ambulance crews are available to be used across the Nepean Blue Mountains and Lithgow region. Additionally, Special Operations Team resources are also deployed across the area.

QUESTION 6 – page 13-14

The Hon. WALT SECORD: Are you aware of the typical wait for an ambulance in Katoomba, Springwood or Leura?

Kay HYMAN: I am aware of our response time to off-load ambulances when they arrive at hospital. I am not aware and would need to take on notice anything to do with pre-hospital. It is the ambulance service that has that information; I do not have that available to me.

ANSWER

NSW Ambulance response times are publicly available on the Bureau for Health Information website <https://www.bhi.nsw.gov.au/>

QUESTION 7 – page 17

The Hon. EMMA HURST: It has also been raised that only 1 per cent of medical staff actually live in the Blue Mountains that actually work at the hospital, whereas the other 99 per cent are commuting from other areas. Why do you think that is the case—that so many staff do not live locally?

Kay HYMAN: I do not have the numbers in front of me, but I doubt very much that it is 99 per cent, knowing how many of our staff do live locally. I can immediately bring to mind some Blue Mountains medical staff that do live in the Blue Mountains area. There are also medical staff that may live in the Penrith or Hawkesbury areas as well that may work at Blue Mountains. The percentage is very different if you look at people that live within the local health district in total versus those that may live in the Blue Mountains. I would have to take on notice the percentage that do live locally, but I am very confident it is not 1 per cent.

The Hon. EMMA HURST: If you could take that on notice—just because the information we got was 99 per cent commuting from other areas. But if you have got different data, it would be fantastic if you could give that to us.

ANSWER

Of the 188 medical staff employed to work at Blue Mountains Hospital, 24 (12.8%) live within Blue Mountains Local Government Area. This includes Visiting Medical Officers.

QUESTION 8 – page 17

The Hon. EMMA HURST: My follow-up question relates to challenges in terms of staffing, on-call rosters, or staff having to travel in from other areas. Do you find that, even if those numbers are wrong, you still have a significant number of staff travelling in? Does that cause issues?

Kay HYMAN: I cannot comment on the specifics of the number that do come in, because I would need to actually validate it and we have taken on notice the number that live locally.

ANSWER

There are 571 staff overall employed to work at Blue Mountains Hospital. This is inclusive of nurses, allied health, medical staff and all support staff. Of these 571 staff, 269 (47%) live outside of Blue Mountains Local Government Area and travel into the LGA for work.

QUESTION 9 – page 21

The Hon. WALT SECORD: Can I ask you about Ettalong Ambulance Station? What is the current status of the station?

Scott McLACHLAN: As you know, we do not run ambulance services from the local health district. It is run by the statewide ambulance services. But I am aware that there is a new ambulance station proposed to be developed at Woy Woy expected to service the southern part of the local health district.

The Hon. WALT SECORD: But how is the lack of ambulance services interfacing with the services that you provide?

Scott McLACHLAN: We have got a great relationship with the ambulances services right across the coast on a daily basis. We know there are around 18 ambulances available through the day across the coast. It is something that—we work very closely with the ambulance service to make sure that, where possible, we can provide good care to patients at home that do not need to come to hospital. We talk regularly with ambulance about some of the pressures in our hospitals and the means and opportunities for making sure that patients get to the right place at the right time.

The Hon. WALT SECORD: Now, you have to excuse my ignorance here. The question was: What is the current status of the Ettalong Ambulance Station? Is it open or closed at this moment?

Scott McLACHLAN: Mr Secord, I am not running the ambulance services for the coast. I could not tell you the definite answer to that. I would need to take that on notice.

The Hon. WALT SECORD: You do not know if the ambulance station at Ettalong is open or closed? You are taking that on notice. That is fine.

ANSWER

The Ettalong Ambulance Station is open and fully operational.

QUESTION 10 – page 28

[in relation to Eurobodalla Hospital]

The Hon. WALT SECORD: But the Government is claiming that the site has been purchased. Last night—another contradiction—at a town hall meeting at Tuross Head sponsored by the progress association, in their candidates' forum, the Liberal candidate for Bega stated: "So the negotiations on the land purchase are underway. The site has been developed, identified and agreed, and those are expected to be finalised by about April." What is the status? What is happening with this project? What is the truth? Is it going to be level 3? Is it going to be level 4? Has the land been purchased? Has the land not been purchased? Will this in fact actually occur?

Margaret BENNETT: Thanks, Mr Secord. With regard to any further questions you would like answered with regard to the acquisition, I would take that on notice and direct that to Health Infrastructure. But I reiterate that the site has been selected and that Health Infrastructure is currently finalising the sale agreement, and that the Minister has been very clear in his direction with regard to the level 4 service.

ANSWER

In December 2020 the NSW Government announced the preferred location for the new Eurobodalla Regional Hospital on the Princes Highway in Moruya.

The acquisition process is being completed under the *Land Acquisition (Just Terms Compensation) Act 1991* to support the affected landowner. This process is proceeding as planned and is expected to be finalised by mid-2022.

QUESTION 11 – page 31

The Hon. EMMA HURST: There was a report that actually related to what Dr Holland stated led to his resignation: the Resilience Assessment of Eurobodalla Maternity Services. Is that document publicly available?

Margaret BENNETT: There were 19 recommendations in that report. It is a report that has been shared with the midwives and with the GP obstetricians in the Eurobodalla.

The Hon. EMMA HURST: Is that a report that can be shared with the Committee?

Margaret BENNETT: Yes, I am sure we could make that happen.

ANSWER

The report is not publicly available.

QUESTION 12 – page 35

The Hon. WALT SECORD: Ms Bennett, I want to take you to the *Clinical Services Plan* of 20 March by your local health district. Page 9 says that 165 beds are needed at Eurobodalla hospital, but in your answer to my very first question you said there will be 137 to 147. That is a cut, so how can you continue to make the claim that it will be a level four hospital when it will have fewer beds than the *Clinical Services Plan* proposed by your very health district? It has fewer beds.

Margaret BENNETT: Thank you for your question. The 137 to 147—bearing in mind that it is a schematic design—is inpatient beds. I would be happy to provide additional detail to the Committee of the planning that we are undertaking. In addition to that, of course—

The Hon. WALT SECORD: Ms Bennett, I want to concentrate on the beds issue.

The Hon. WES FANG: I think Ms Bennett needs the opportunity—

The Hon. WALT SECORD: You said, "in hospital beds". Are you counting people in their homes as beds? You said very specifically, "in hospital beds". What do you mean by that?

Margaret BENNETT: I will start my response by saying that this is something you might like more detail on, separately to this one-minute conversation. But the work underway can take somewhere between 137 and 147 ward beds—medical ward, surgical ward et cetera. Additionally to that, spaces in the hospital for treating patients include, for example, the 17 beds in the emergency department and other treatment spaces in the hospital. I would be happy to provide that additional detail if that—

The Hon. WALT SECORD: Okay, I would like that on notice. Thank you very much.

ANSWER

The Eurobodalla Clinical Services Plan (page 9) **proposes** 165 beds. This has been assessed through a 'Value Management Study' to determine actual service requirements which is consistent with current planning to deliver 137-147 beds with master planning to respond to future changes in demand.

The new Eurobodalla Regional Hospital will provide an overall increase in bed numbers and service capacity, more than what is currently available at both Moruya and Batemans Bay hospitals.

QUESTION 13 – page 39

The Hon. WALT SECORD: My very first question is to the chief executive of the Illawarra Shoalhaven Local Health District, Ms Mains. There was quite a bit of excitement this morning with the announcement that elective surgery in some form was going to begin in New South Wales today. But it was probably frustrating and infuriating to read a statement from the Illawarra Shoalhaven Local Health District welcoming the announcement but saying, "Our hospital teams are now working through the development of a reimplementation plan, taking into account local circumstances including the availability of staff." Has elective surgery started in the Illawarra? If it has, what is the capacity and what is occurring?

Margot MAINS: Thank you for your questions. Currently, at this point in time, we are providing urgent and emergency—urgent elective surgery and emergency surgery—and we are providing day surgery. As the statement I put out and provided today says, we have been asked to look at recommencing. Depending on our individual circumstances, we will add surgery up to 75 per cent as of 7 February. The reality is that the team, in the light of that decision—which we do welcome, as you have said—are actually currently also looking at our ability to do that based on demand and also our capability and staff availability. At the present time we can have up to 150 staff furloughed each day due to COVID—getting COVID or being a close contact—and we need to weigh up, every day, what services we can actually provide. Today, for example, we had 100 furloughed staff. At the same time, every LHD is experiencing different effects of COVID, and it is most—generally, regional and rural areas are slower to see an impact than metro areas. So, for example, at the moment we have increasing presentations of people with COVID. We are also having increasing presentations of patients who are having the impacts of COVID past the positive. We are also getting increasing presentations of people with injury and other illness. So what the team are currently doing, in response to the announcement today, is looking at when it is feasible for us at all three sites to actually re-establish surgery, and then we hope to be able to make a further announcement in the near future. But I will need to take into account all of those factors.

The Hon. WALT SECORD: Ms Mains, I want to dig into your answer little bit. So elective surgery did not begin today in the Illawarra.

Margot MAINS: No, the elective surgery is to commence—the announcement is that we would be looking to commence this from 7 February, and we would each make our own—to look at what was actually possible, moving forward.

The Hon. WALT SECORD: Okay, so it did not begin today, but you hope that you will be back up to 75 per cent on 7 February.

Margot MAINS: I honestly cannot say that, because we have a lot of pressures. We will be doing our best, but we actually need to look at what staff we have got available and also what the capacity of our hospitals is. At the present time, a number of our wards are taken over as COVID wards and a number of our staff have been redirected to support the COVID wards when they are asked to. So we need to look at what capacity we have actually got to enable us to do that as of next Monday, and I am not in a position yet to be able to answer that question.

The Hon. WALT SECORD: Ms Mains, the Premier said that elective surgery would begin today, so that is a misleading of the community. Elective surgery in the Illawarra is not beginning today. He was on radio this morning and in print media saying that it would begin today. In fact, that is not your experience on the ground.

Margot MAINS: Basically, there has been a statement that private hospitals are currently looking at—we are looking to the private hospitals to provide some of our elective surgery, and they are looking to move now to doing that. I would need to go back and further clarify our statement.

ANSWER

All emergency surgery, urgent elective surgery and day surgery have continued to be performed across NSW during the latest COVID-19 outbreak.

On 1 February 2022, the NSW Premier announced that from 7 February 2022 non-urgent elective surgery requiring an overnight stay would return to 75 per cent of pre-pandemic levels in private hospitals, and up to 75 per cent in public hospitals in regional and rural NSW, where safe to do so.

In that announcement, the Premier stated that the reintroduction of non-urgent elective surgery would be done in a phased manner to balance the ongoing potential need for extra capacity in our hospitals and the need for people in NSW to access their elective surgeries as quickly as possible.

The Minister for Health, in the media announcement, recognised that hospitals are under continued pressures due to COVID-19 so only public hospitals that were in a position to resume non-urgent elective surgeries without compromising their ability to care for COVID-19 patients and patients with other medical conditions would do so.

Illawarra Shoalhaven Local Health District is working on safely returning elective surgery to 100 per cent of pre-pandemic activity levels, with a staged increase to occur over coming weeks taking into account hospital and staffing capacity as well as any demand associated with the COVID-19 pandemic.

From 28 February 2022 a staged removal of restrictions on elective surgery commenced with all restrictions being removed for private hospitals from 7 March 2022. This included private hospitals in the Illawarra Shoalhaven area.

QUESTION 14 – page 43

The Hon. EMMA HURST: Thank you. Ms Larkin, in April last year there were further reports about serious staffing problems at Liverpool Hospital. There was a story of an 80-year-old man who was numb on one side and could not get an MRI for several days because there was no staff actually rostered to operate the machine. Have there been more staff hired at the Liverpool Hospital in the last 12 months to actually address this issue?

Amanda LARKIN: Yes. Could I just take on notice, though, for the Committee that percentage increase? I do not have that in front of me just because of the focus of this particular inquiry; but, if you are comfortable, I will [inaudible].

The Hon. EMMA HURST: Yes, thank you. If you could take that on notice, that would be great. In our inquiry into health services in South Western Sydney in 2020, staffing, recruitment and retention of staff, including junior doctors, was raised as a general sort of ongoing issue. Have there been any strategies put in place to actually recruit and retain staff within the LHD?

Amanda LARKIN: Look, over the last year, could I say South Western Sydney, and I am sure you are as aware as everyone, has been significantly focused on managing the COVID outbreak, it being very much at the centre of that. So in terms of the focus of our work overall, we have been managing that issue and ensuring the safety and provision of services for our community over that time. We have worked with and talked with our JMOs and our junior staff around issues of recruitment, retention, et cetera; but I would take on notice if we have put any of those strategies further in place over the last year, only because of the focus we have had on COVID.

ANSWER

From February 2020 to February 2022 there has been a 3.3% increase in staff at Liverpool Hospital.

QUESTION 15 – page 48

The Hon. WALT SECORD: Firstly, I actually will agree with the Hon. Wes Fang. I did check, and the report that was given to me was slightly inaccurate. So, yes, the Premier said that elective surgery would return on 7 February. So, Ms Mains, yes, I understand that, I acknowledge that, and I correct the record. But I do note that you said it would be at a 75 per cent rate. How long do you expect that it will take before it will be back to, how do we say, "normal" activity?

Margot MAINS: Could I please take it on notice because I think what is really important is we need to look at our reimplementation plan and refer to the effects that are in that plan [inaudible].

ANSWER

Please refer to answer provided at Question 13.

QUESTION 16 – page 49

The Hon. WALT SECORD: Thank you. Ms Mains, could you also give me a bit of an idea on this? How has COVID impacted on the treatment of the provision of kidney dialysis in the Illawarra? How has that impacted on patients?

Margot MAINS: I will take that question on notice because I do not have the exact number for each year.

ANSWER

Patients have continued to receive their usual prescribed dialysis treatment throughout the pandemic.

When the COVID-19 pandemic impacted the number of staff available to care for dialysis patients this was managed using overtime and redeployment of dialysis trained staff from the renal ward.

QUESTION 17 – page 49

The Hon. WALT SECORD: Thank you. Ms Larkin, could I put a similar question to you on the impact of kidney dialysis of COVID on patients in your local health district? What have been the responses? What strategies have you taken to ensure that they continue to receive kidney dialysis?

Amanda LARKIN: Yes, happy to give some response to that.

ANSWER

At all times through both the Delta and Omicron COVID-19 waves, patients in SWSLHD received their haemodialysis treatment as medically prescribed.

Senior medical and nursing clinicians met daily to ensure patients received their dialysis in a safe environment adhering to stringent infection control guidelines. PCR tests were taken on all renal patients three times a week to ensure that COVID-19 positive patients were dialysed in single rooms or cohorted to reduce risk of transmission to others. Renal patients were offered and given vaccinations on site and were also given intravenous anti-virals in line with best practice medical care.

QUESTION 18 – page 51

Ms CATE FAEHRMANN: Thank you. Do you have the data on how many people within the LHD have died from COVID outside of the hospital environment?

Margot MAINS: We would have to take that on notice.

ANSWER

Between 1 January 2020 and 26 February 2022, there were a total of 84 deaths notified in ISLHD residents. Of these:

- 56 occurred in hospital
- 28 occurred outside hospital, comprising:
 - 25 in Residential Aged Care Facilities (RACF)
 - three at home/outside a hospital or RACF