

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Robyn Parker MLC asked a question on page 4-5 of the Hansard, which was taken on notice, concerning overdue accounts.

**CHAIR:** What is your understanding of the benchmark time?

**The Hon. JOHN HATZISTERGOS:** The recent "Report on Business Payments" by Dunn and Bradstreet indicates that the average payment time for industry sectors was 54.8 days. We are under that benchmark but we endeavour to pay as soon as we can and often are earlier than that: 45 days is the figure that people keep using and it is the figure I have been using for the purpose of indicating the \$14 million that is owing in Sydney west, but I make the point that 54.8 days is the industry average.

**CHAIR:** Perhaps that is the case, but the Department of Commerce contracts with these suppliers states 30 days. How do you reconcile 45 days, 54 days or whatever figure with the contract, which says 30 days?

**The Hon. JOHN HATZISTERGOS:** For the people we deal with it is often more than that. The benchmark figures that we state is 45 days, which, as I said, is more than—

**CHAIR:** The question was how do you reconcile that with the 30 days contract?

**The Hon. GREG DONNELLY:** Point of order: The Minister is endeavouring to answer your question and you are speaking over him, which makes it very difficult for me and other members of this Committee to hear precisely what the Minister is enunciating and explaining.

**CHAIR:** The Minister might like to take that question on notice.

**The Hon. JOHN HATZISTERGOS:** Yes.

**Professor PICONE:** I wonder if the chief financial officer might want to comment on the issues of benchmarks and where we fit into the industry generally and improvements in our cash management procedures, particularly creditors and debtors. It would just be short. We have made a lot of improvements in the last 12 months.

**CHAIR:** It might be appropriate to take that information on notice. The documentation could be provided given the limited time we have for questions. Could you also give us information on how much is currently outstanding in overdue accounts?

**The Hon. JOHN HATZISTERGOS:** Would you like the information on how much we are owed?

**CHAIR:** No, just how much is outstanding in overdue accounts. Perhaps you could take that on notice.

**The Hon. JOHN HATZISTERGOS:** I am happy to give you that, but I also highlighted—and I said I could come back to it if you wished me to—the amount of money that is owed to New South Wales Health by a range of people, including workers compensation insurance companies, medical benefits funds, and so on.

**CHAIR:** Perhaps you could supply that at some other point. At the moment we just want to know how much is overdue. Could you take that on notice, if you are unable to provide it, in respect of each of the area health services and the Children's Hospital at Westmead? Could you advise how many overdue accounts there are?

**The Hon. JOHN HATZISTERGOS:** Yes.

**CHAIR:** Could you also tell us whether area health services are obliged to make penalty payments if bills are unpaid?

#### ANSWER:

Area Health Services with creditors over the 45 day benchmark as at 30 June 2009 are as follows :

Area Health Service	30/6/09 \$M
South Eastern Sydney / Illawarra	12.0
Sydney West	14.3
Northern Sydney Central Coast	15.2
North Coast	7.4
Greater Southern	10.5
Greater Western	9.8
<b>TOTAL</b>	<b>69.2</b>

Area Health Services are not obliged to make penalty payments if bills are unpaid.

However, Treasurer's Directive TD92/3 219.01 may apply if a supplier has issued an approved invoice and has not been paid within terms.

This Directive provides that "when a contract for the supply of goods and services does not provide for the time of payment in the contract, payment is to be made by the end of the month following the month in which an invoice or statement is received. Should a payment not be within this time, the Minister may award penalty interest".

The Treasurer's Directive provides for potentially up to 61 days before this Treasurer's Directive applies. For clarification, an approved invoice is an invoice which:

- has been issued as a direct result of an approved official purchase order having been issued by the Area Health Service or a binding contract has been entered into (after complying with Departmental policy) by an Area Health Service;
- is a compliant tax invoice under the Commonwealth legislation, *A New Tax System (Goods and Services Tax) Act 1999*;
- has been issued after full and complete goods and/or services have been delivered / provided as specified on the purchase order;
- certification of service delivery has been provided;
- goods and/or services were provided to the standard required by the Area Health Service; and
- approval for payment is provided.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Sylvia Hale asked a question on page 6 of the Hansard, which was taken on notice, concerning monies owe to NSW Health.

**Ms SYLVIA HALE:** Minister, in speaking about the moneys that were owed to the Department of Health you suggested they were from workers compensation insurance companies and so on. When you provide the breakdown of the figures as to what is owed to the Department of Health, could you break that down into categories?

**The Hon. JOHN HATZISTERGOS:** We can do that. We could name for you the relevant insurance companies that owe us the money. There are also debts that are owed by some overseas patients who were treated here, who do not get free treatment. Some of them have insurance companies that we await the receipt of money from as well. So we could give you that detail. I do have some details here, but I do not have all the details of the breakdown. I have the domestic ones, but I do not have the overseas ones.

**Ms SYLVIA HALE:** That will be a breakdown in terms of, say, private health insurance companies as well as insurance companies that deal in, say, workers compensation?

**Professor PICONE:** That is correct. In relation to the patients that we fondly describe as ineligible, as you know, Australia has a number of reciprocal healthcare agreements with countries where a citizen can receive treatment in this country, and there are other countries that we do not. It is extremely difficult for us at times, when a patient presents who is sick and who needs urgent treatment, not to offer that treatment. Sometimes they can go into long-term treatment. The classic example of this is patients on dialysis. They are not eligible to receive universal health care in Australia, and of course that is a major issue. As I often say, our healthcare system ought to show compassion in these circumstances, particularly if a person is going to die if we stop treatment. It is a major issue for us.

**The Hon. JOHN HATZISTERGOS:** I can give you some figures on patient fees from Australian health funds.

**Ms SYLVIA HALE:** I would like fairly comprehensive figures, rather than just one or two. Could you provide those on notice?

**The Hon. JOHN HATZISTERGOS:** I just want to be clear about your question. I can give you breakdowns in the categories; I can also give you individual companies, like MBF and Medibank Private. Is the latter what you are seeking?

**Ms SYLVIA HALE:** Yes, if you would.

#### ANSWER:

At 30 June 2009, Health Services have advised that debts owed in excess of benchmark days totalled \$61.7 million, as follows:

	As at 30 June 2009 \$M
a) Patient Fees (mainly health funds) over 45 days	13.2
b) Patient Fees (compensable & Overseas Patients) over 150 days	19.4
<b>Patient Fees</b>	<b>32.6</b>
Other User Charges / Other Revenue over 45 days	29.1

- a) Major contributors to the \$13.2M overdue Patient Fees from Private Health funds include:

MBF	more than \$2.6 million
Medibank Private	more than \$1.7 million
HCF	more than \$1.2 million
NIB	more than \$0.8 million
AHM	more than \$0.2 million
MUF	more than \$0.4 million
Other Misc Health Funds	more than \$6.0 million

- b) The breakdown of compensable and overseas patients is essentially by individual and has not been provided in the estimate.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, Ms Sylvia Hale asked a question on page 10 of the Hansard, which was taken on notice, concerning hospital cleaning.

**Ms SYLVIA HALE:** Minister, can you provide the budget figures for the amount of funding allocated for hospital cleaning services in the last three years? You mentioned you were about to increase it. I would like those figures for the last three years. Further, can you tell me whether there has been a decline in the allocation over that period?

**The Hon. JOHN HATZISTERGOS:** For hospital cleaning?

**Ms SYLVIA HALE:** Yes. Presumably you have contracts for people to come in and clean.

**The Hon. JOHN HATZISTERGOS:** Yes, but I am not sure that is necessarily an indicator.

**Ms SYLVIA HALE:** It may not be.

**The Hon. JOHN HATZISTERGOS:** To the extent we are able to, I imagine there would be significant variations, which can be accounted for. In any event, we will take that question on notice.

#### ANSWER:

The NSW Department of Health and Area Health Services do not routinely report expenditure on the basis of individual health facilities. To answer this question in the level of detail sought would substantially and unjustifiably divert the resources of the Department and Area Health Services away from the exercise of their core functions.

However, all Area Health Services use a standard proforma when preparing their financial statements. In each case any cleaning costs would be reported under Note 5, Other Operating Expenses and, more specifically as a component of Domestic Supplies and Services. This also captures expenses such as Housekeeping Contracts, Kitchen and Tableware, Removal of Trade Refuse and Uniforms.

I refer the Member to the relevant Area Health Service Annual Reports.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Gordon Moyes asked a question on pages 10 to 11 of the Hansard, which was taken on notice, concerning trans fats.

**Reverend the Hon. Dr GORDON MOYES:** Professor Picone, I appreciate your comments about alcohol, drugs, obesity and so on. Recently issues were raised in the House with the previous Minister about trans fats. What is the department doing? ...

**Dr CHANT:** I can help you with that. The health department's role in relation to trans fat is that we work in collaboration with the New South Wales Food Authority and we provide health advice... At the moment a regulatory action is not considered warranted.

**Reverend the Hon. Dr GORDON MOYES:** Doctor, in essence, in response to my questions to previous Ministers in the House about what is happening, your reply is: "We are waiting and seeing."

**Dr CHANT:** No. My understanding is we could provide that from the Food Authority

...

**The Hon. JOHN HATZISTERGOS:** I have some information I can give you. Do you want it?

**Reverend the Hon. Dr GORDON MOYES:** Could you place it on the record?

**Ms SYLVIA HALE:** Yes.

**The Hon. JOHN HATZISTERGOS:** I am aware that there have been some calls for bans on the use of artificial trans fats in restaurant food... Manufactured trans fatty acids are generally found in less healthy products such as processed edible foods.

**CHAIR:** Minister, perhaps you could take that question on notice.

**The Hon. JOHN HATZISTERGOS:** They did ask. Two members wanted the answer.

**Ms SYLVIA HALE:** I think he is informing himself.

**Reverend the Hon. Dr GORDON MOYES:** Thank you.

#### ANSWER:

Trans fatty acids, also called trans fats, are unsaturated fats but behave similarly to saturated fats in the human body. Naturally occurring trans fatty acids can be found in red meat, milk and milk products. Manufactured trans fatty acids are generally found in less healthy products such as fried foods cooked with processed edible oils, shortenings, biscuits and baked goods.

There is evidence that high levels of dietary intake of trans fatty acids can increase the presence of known risk factors for chronic heart disease. Reduced human intake of naturally occurring trans fatty acids can be achieved by dietary substitution of low-fat alternatives, where available, and where appropriate, given overall nutritional needs. Reduced human intake of manufactured trans fatty acids can be achieved by eating less of the processed foods containing manufactured trans fatty acids. These foods are generally less healthy and should be avoided for reasons including, but not limited to, the intake of manufactured trans fatty acids.

Current Australian consumption of trans fatty acids is 0.6% of the daily energy intake. These are relatively low levels of consumption compared with the World Health Organisation recommended maximum of 1% of daily energy intake. Australian consumption of trans fatty acids at 0.6% of daily energy intake is also below Danish, Canadian and USA intake estimates of consumption of 1%, 2.2% and 2.6% respectively. The estimated intake of trans fatty acids in the United States is more than four times that in Australia.

It is also significant that the majority (60%) of trans fatty acids consumed by Australians is naturally occurring; with manufactured and mixed sources of trans fatty acids providing just 24% and 16% respectively of Australian's total dietary intake.

NSW Health and the NSW Food Authority will be watching developments in the consumption of trans fatty acids in the Australian population. Recent testing shows that (manufactured) trans fat levels in certain Australian foods have fallen when compared to levels detected in 2005 and 2007. These results and a reassessment of their impact on total intake levels will be presented to the Australia New Zealand Food Regulation Ministerial Council on 23 October 2009.

Of note, the NSW Health Department and the NSW Food Authority have a close working relationship in relation to the management of food policy issues. NSW Health is responsible for advice and expertise in relation to nutrition policy and health promotion, while the Food Authority is the lead agency in NSW for food policy issues.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra asked a question on page 17 of the Hansard, which was taken on notice, concerning the nursing workforce.

**The Hon. MARIE FICARRA:** My specific question was on the hours of nursing, in particular, when one looks at registered nurses and enrolled nurses. How many hours of nursing have been lost in New South Wales Health in those two categories? I am not talking about assistants in nursing; I am talking about registered and enrolled nurses.

#### **ANSWER:**

Comparison full time equivalent (FTE) figures from June 2008 and June 2009 show the total Registered Nurses/Midwives workforce increased by 618 FTE. For the same period the total FTE of the Enrolled Nursing Workforce decreased by 25 FTE.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra asked a question on page 18 of the Hansard, which was taken on notice, concerning the nursing workforce statistics.

**The Hon. MARIE FICARRA:** You are trying to upskill the assistant in nursing workforce?

**The Hon. JOHN HATZISTERGOS:** That is a national qualification: certificate III in health services.

**Ms CRAWSHAW:** Yes, we are. I envisage that the use of the assistant workforce will not be so much a substitution issue as opportunities to expand that category workforce.

**The Hon. MARIE FICARRA:** Can you provide those statistics in terms of full-time equivalents for those three categories?

**Ms CRAWSHAW:** Yes, I am happy to do so.

**The Hon. JOHN HATZISTERGOS:** We will take that on notice. I might add that these issues were canvassed quite heavily in the Garling report and what we are doing is in accordance with the recommendations that Garling put forward.

**Professor PICONE:** Could I correct myself? The figure is not 800; it is 900. There are around 900 assistants in nursing currently in the workforce.

#### ANSWER:

Comparison full-time equivalent (FTE) figures from June 2008 and June 2009 for the three nursing categories including Assistants in Nursing (AIN), Enrolled Nurses (EN), and Registered Nurses (RN) show:

- In June 2009 the number of FTE for the AIN workforce was 843 - this represents a decrease of 120 FTE when compared to June 2008.
- The total FTE of the EN workforce at June 2009 was 5,652 - this is a decrease of 25 FTE when compared to June 2008.
- The total FTE of the RN workforce in June 2009 was 32,168 - this figure represents an increase of 618 FTE when compared to June 2008.



## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Sylvia Hale asked a question on page 20 of the Hansard, which was taken on notice, concerning the provision of dental services.

**Ms SYLVIA HALE:** I turn to the provision of public dental services. I am sure we all recognise how important they are to the maintenance of good oral health. I believe that benchmarks on access to care have been set but no data is publicly released relating to whether or not these benchmarks are met. I gather there are tables that show the waiting lists by area health services but these do not disaggregate the data to show how long each person has been waiting and the treatment they are waiting on. Therefore it makes it very difficult to determine how effective the funding of these health services is and whether the services are improving or not. Minister, will you provide the data—particularly the breakdown?

**The Hon. JOHN HATZISTERGOS:** We will take your question on notice. I am not sure that I am able at this point to decode every aspect of what you are seeking, but I will endeavour to do it on the notice paper.

#### ANSWER:

Persons who are eligible for public dental services are treated on clinical need and not chronologically under the NSW Priority Oral Health Program. Thus waiting times vary due to the needs of patients contacting the service.

Access to public dental services vary between, and within, Area Health Services depending on factors including demand, available workforce, clinical capacity and funding.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Sylvia Hale asked a question on pages 21 to 22 of the Hansard, which was taken on notice, concerning dental funding.

**Ms SYLVIA HALE:** A comparison of dental funding of States and Territories shows—and it has shown it consistently over a period of years—the continuing low level of funding that New South Wales provides to dental health. However, New South Wales Health argues that direct comparisons are not useful because of different methods of calculating reporting on budgets across jurisdictions—

**The Hon. JOHN HATZISTERGOS:** It is more than that.

**Ms SYLVIA HALE:** —but no evidence of this is provided. Will you provide a breakdown of the jurisdictional budgets that show the different factors that go into making up the performance of New South Wales so it is possible to do a comparison between the States and Territories?

**The Hon. JOHN HATZISTERGOS:** You have asked me that question previously in the House, and I have responded to you...

...

**Ms SYLVIA HALE:** My question was, in the interests of accountability and transparency and to enable appropriate comparisons to be made amongst the States and Territories, would you provide budgetary breakdowns to enable the comparisons to be made? Otherwise, New South Wales consistently appears at the bottom of the table.

**The Hon. JOHN HATZISTERGOS:** I am happy to provide information that is not available on the public record. What I am not prepared to do is act as a research service.

**Ms SYLVIA HALE:** Minister, you trot out the answer every time if you do not want to provide information that you are not a research service.

**The Hon. JOHN HATZISTERGOS:** I am happy to provide information. I understand the information that you are referring to is available. I have given you answers. Obviously you do not accept those answers, and that is your prerogative. I am happy to decode your question further after I have read it in *Hansard* to see what further information can and should be provided, and to provide that on notice.

#### ANSWER

It is not possible to provide a breakdown of dental funding in other jurisdictions because the various factors and weightings used to construct these budgets is not known.

In the 2008/2009 financial year, the budget for dental services in NSW was \$154 million, rising to \$163.5 million in the current financial year – a 6% increase.

In November 1999 the Commonwealth Government introduced the Enhanced Primary Care (EPC) scheme that allows a chronically ill person who is being managed by their GP under an enhanced primary care (EPC) plan to access Medicare rebates for allied health and dental services. Clients are entitled to \$4,250 worth of dental services over a two-year period, and their eligibility for public sector services or having private dental insurance are irrelevant factors in using the EPC.

NSW has encouraged the use of the EPC as a means of increased access to dentists, dental specialists and dental prosthetists by people with chronic and complex medical conditions. As a result, around 74% of all EPC funded dental services in 2008 were to NSW residents. This amounts to \$185 million of the \$245 million spent under the EPC Program by Medicare in 2008. This is approximately \$26.30 per capita in NSW versus \$11.47 nationally. The closest State to NSW in terms of expenditure is Victoria at \$8.44 per capita.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Sylvia Hale asked a question on pages 22 and 23 of the Hansard, which was taken on notice, concerning health risk assessments and the mining industry.

**Ms SYLVIA HALE:** Thank you. Minister, I now turn to the impacts of lead on children who live in the vicinity of mines. Are you aware that there is a series of lawsuits in Queensland in relation to the blood lead levels of people living in the vicinity of Mount Isa mines? Are you aware that Minewatch and the New South Wales Environmental Defenders Office are calling for an independent health study into the impacts of coalmining and power station emissions in the Hunter? Given that your Government is making millions of dollars from the Upper Hunter coal industry, will you agree to fund an independent health study to provide data on mining-related illnesses, such as asthma, and heart, lung and kidney diseases?

**The Hon. CHRISTINE ROBERTSON:** That is not lead.

**Ms SYLVIA HALE:** I used "lead" in relation to the Mt Isa mines. I refer to the impacts of coalmining on children and the community as a whole.

**The Hon. JOHN HATZISTERGOS:** You are going from one area to another.

**Ms SYLVIA HALE:** I am talking about airborne diseases caused by fine particulate matter that results from mining.

**The Hon. CHRISTINE ROBERTSON:** Not black lung, surely?

**The Hon. JOHN HATZISTERGOS:** I will have to take that on notice. It will be a matter for the new Minister. The Chief Health Officer may be able to help you.

**Dr CHANT:** I could perhaps make some general comments, but again I would be happy to support the Minister in providing a more detailed response. Usually with major developments, environmental impact assessments are undertaken and they include analysis of health risks as a component. The health department and our local public health units are involved in looking at those health environmental impact assessments to make sure they encompass the major health risks that we are worried about. We would be reviewing those. I could provide you with some examples of health risk assessments or environmental impact statements that we have looked at, if it would assist.

**Ms SYLVIA HALE:** Clearly, I would assume, in Queensland health risk assessments were done in relation to mining there.

**The Hon. JOHN HATZISTERGOS:** I thought you said lawsuits.

**Ms SYLVIA HALE:** I want to know whether in New South Wales health risk assessments associated with coalmining, for example, are so inadequate that they leave the State open to legal action as a result of children developing diseases such as asthma, and heart, lung and kidney diseases from their exposure to coalmining activities.

**The Hon. JOHN HATZISTERGOS:** I will take the question on notice.

#### ANSWER:

Each state in Australia has its own system of planning and environmental legislation which dictates how a development should be assessed. In NSW the Environmental Planning and Assessment Act, and its associated regulations, requires the proposal of large developments such as coal mines to be assessment via an Environmental Assessment. These Environmental Assessments need to consider the impacts the development may have on the surrounding environment, including that to human health, which is generally assessed in the form of a Health Risk Assessment. There are several national and state guidelines which outline how to undertake a health risk assessment.

A health risk assessment is a world wide tool that uses epidemiological and toxicological evidence to determine whether a development is likely to have an impact on human health. Furthermore, the development process in NSW allows for conditions of approval to be placed on a development, which may require the development to meet certain environmental and health guidelines. These guidelines are developed with input from epidemiological (health) and toxicological studies.

The NSW Department of Health has already reviewed routinely collected hospital data on respiratory morbidity in coalmining regions in the Hunter, conducted by the Hunter New England Population Health Unit. This assessment found no increases in morbidity or mortality from conditions that could be associated with coalmining.

NSW Health co-funds research that is likely to contribute to changes in health policy. The projects funded are selected according to the likely health benefit that could be afforded to the NSW population, and according to the scientific quality, feasibility of the research and the likelihood of providing a scientifically valid result. NSW Health assesses research proposals according to merit and will not co-fund those projects that are of poor design or marginal feasibility.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Robyn Parker MLC asked a question on pages 27 to 28 of the Hansard, which was taken on notice, concerning the treatment of obese patients.

**CHAIR:** Minister, we have discussed a broad range of issues today about a number of matters, but in relation to obesity I want to ask you a few questions about the treatment of obese patients. Principally, how many hospitals have been upgraded in line with your Government's commitment to allocate funds to treat these patients? Those commitments included enlarged wards and operating theatres with lifting and other specialised equipment needed to treat obese patients.

**The Hon. JOHN HATZISTERGOS:** I would have to take that on notice. However, it is not just hospitals, it is also the ambulances.

**CHAIR:** Yes, but this is specifically about hospitals. There was a commitment from the previous health Minister and a strategy rolled out. I just want to know how many hospitals. If you want to take that on notice, that is fine.

**The Hon. JOHN HATZISTERGOS:** Are we just talking about acute care?

**CHAIR:** We are talking about the commitment your Government gave to treat obese patients. That included bariatric surgery in particular. ..

**CHAIR:** In the interest of time, if you can just give us an indication of how many, because it was to be rolled out across a number of health services.

**The Hon. JOHN HATZISTERGOS:** We will take it on notice.

**CHAIR:** We want to know how many have been undertaken, how many are providing those services. Also, in relation to that, one particular hospital was Sutherland hospital. Can you tell us how much staff time is involved and what the cost of staff time in terms of planning has been?

**The Hon. JOHN HATZISTERGOS:** Planning?

**CHAIR:** Planning for the bariatric surgery alterations that I mentioned before.

**The Hon. JOHN HATZISTERGOS:** I will take that on notice.

**CHAIR:** And also when the proposal is for that unit to be established at Sutherland hospital—in other words, a timeline?

**Professor PICONE:** Can I answer some of these things generally and then get the particulars? ...

...

**CHAIR:** Thank you. It is really a progress report across those six area health services and, particularly, the question about Sutherland. Perhaps you could also take on notice what your plans are for those patients who have been categorised as being at risk while they wait for the rollout of those services?

#### ANSWER:

In 2008, the NSW Department of Health requested the Greater Metropolitan Clinical Taskforce (GMCT) undertake an analysis of obesity services in the public health system and develop a multidisciplinary framework for NSW obesity services. The framework included the development of a model of care which could be adapted to each Area Health Service (AHS) depending on workforce availability and other AHS specific issues. GMCT expanded their current Diabetes Network in September 2008 to include obesity and was then known as the Endocrine Network.

In September 2008, GMCT coordinated an obesity working group which was co-chaired by Ian Caterson, Boden Professor at the Institute of Obesity, Nutrition and Exercise (IONE) and Janet Franklin, Dietician / Clinician with the Metabolism and Obesity Services at Royal Prince Alfred Hospital.

The GMCT Obesity Plan has focussed on the structured guidelines for the introduction and implementation of a multidisciplinary medical obesity clinic for each AHS to adopt. This includes the management / treatment of obesity for paediatrics, adolescents and adults.

The Obesity Plan was written in consultation with a wide range of NSW obesity health professionals, such as dietitians, exercise physiologists, clinical psychologists and physicians. Expert opinions were also sought from external agencies, for example Diabetes Australia NSW and Australian and New Zealand Obesity Society, to ascertain that the guidelines would be effective and easily implemented.

The Obesity Plan describes a structure to facilitate the implementation of obesity management services where such a service does not exist. Where local obesity service plans currently exist, The Obesity Plan was intended to act as a guide to facilitate the continued development of such services.

GMCT intended that the Obesity Plan operate within NSW Health and be implemented by individual AHS with infrastructure and service evaluation overseen by a Steering Committee within each Area.

While each facility will have different requirements, and will work collaboratively with AHS's to meet local needs, the following provides some practical examples of how NSW Health is planning for the provision of comprehensive services for obese patients:

The Aeromedical and Medical Retrieval Service (AMRS) will receive additional funding in the 2009/10 budget allocation to further enhance adult medical retrieval services. Specifically, the enhancement funding is to purchase patient transport trolleys for the transfer of obese critically ill patients to the helicopter. Funding has also been identified to purchase additional trolleys in subsequent years to ensure that there is a consistent equipment specification that is to be progressively implemented across NSW to appropriate health facilities.

In relation to Sutherland Hospital, I am advised that the South Eastern Sydney and Illawarra has undertaken comprehensive planning to investigate opportunities for the prevention and management of overweight/obesity. As a result, Sutherland Hospital was identified as the preferred location to conduct bariatric surgery.

Further planning for the management of obesity is being undertaken through the revision of the Area Health Service's Healthcare Services Plan 2010-2015 and through the development of a Clinical Services Surgical Plan.

Currently, any at risk patients are managed through existing clinical services such as diabetes, nutrition and endocrine clinics across the Area. The South Eastern Sydney Area Health Service's Health Promotion Unit is also currently rolling out the communication strategy to support the *NSW Get Healthy Launch* to staff and residents of the Health Service. This statewide initiative provides a seven day a week information and coaching hotline to help reduce people's weight.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra MLC asked a question on pages 28-29 of the Hansard, which was taken on notice, concerning the development of a series of health facilities.

**The Hon. MARIE FICARRA:** You might take my question also on notice, because it is quite lengthy. In regard to each of these hospitals, promised new hospitals, Northern Beaches hospital, Bega Regional Health Facility, Tamworth hospital, Wagga Wagga hospital, Dubbo hospital, Parkes hospital, Forbes hospital, can you provide what is the time frame for the development of each of these facilities, when will construction start on each, what is the expected completion date of each and how much is the estimated cost of each project,? Did you apply to the Commonwealth for funds from the Commonwealth health and hospitals fund for any or all of these projects? If not, why not? If so, were they not approved? Why were they not approved, given the substantial funding provided to other States? I do not expect you to go through it now, but if you could take that on notice?

**The Hon. JOHN HATZISTERGOS:** We will provide you with as much information as we can. As you know, a number of those hospitals are in planning, and the planning will inform the time frame. That also includes community consultation because, as you know, in a number of these centres you can get community disputes developing, as has occurred with Parkes-Forbes and has also occurred with Bega-Pambula, which need to be taken into account.

**The Hon. MARIE FICARRA:** Sure. I am sure you will include that in your answer.

**The Hon. JOHN HATZISTERGOS:** We will.

#### ANSWER:

The NSW Department of Health has a structured and strategic approach to the planning and delivery of capital works projects. The final form of any capital project is the result of careful research and investigation. This process also includes consultations with many stakeholders, including the community and clinicians, which may take considerable time. There are various stages of analysis, evaluation and prioritisation. Area Health Service projects are considered each financial year against other state-wide priorities.

As part of these processes preferred service models are developed and feasibility studies, master plans and site evaluations may be required; negotiations may be undertaken with local councils regarding proposed projects and development applications submitted.

The desirability of and local commitment to the development of these health facilities is acknowledged and these projects are reflected in the Department's forward capital works planning.

Initial facility planning stages require the preparation of a Service Procurement Plan and a Project Definition Plan, including an Economic Appraisal. Construction can only commence once the project has been considered by Government and funding approved. Funding is announced annually as part of the State Budget.

In relation to the Member's question concerning the Health and Hospital Fund (HHF), NSW submitted 15 applications for consideration for the Health and Hospital Fund. This included Northern Beaches, Bega Valley and Wagga Wagga.

Projects not approved for HHF funding were separated into three categories by the Commonwealth:

1. ***Projects which met all of the tender evaluation criteria, however funding for these projects was not available.*** The Department of Health & Ageing advised that these applications will be retained, and should future funding become available NSW will be contacted.

2. ***Projects which did not fully satisfy the evaluation criteria, although it was considered that the application had merit.*** These applications will be retained by the Department of Health & Ageing, and NSW contacted to more fully develop the submission should future funding become available.
3. ***Projects which did not meet the HHF evaluation criteria and were not supported for funding.***

At this time no more detailed written feedback has been received by NSW regarding the basis of the categorisation of the NSW submissions. Oral feedback has indicated that most applications, including the NSW submissions, were of a suitable standard. However, there were many projects that were suitable for consideration and those that were generally successful included significant co-contributions and which were well advanced in planning and specificity. The Nepean and Narrabri projects were in this category.



## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Maria Ficarra asked a question on page 29 of the Hansard, which was taken on notice, concerning the cost of a centralised radiotherapy booking system, the development of Orange and Lismore cancer centres and patient accommodation provisions at the Lismore centre.

**The Hon. MARIE FICARRA:** Shifting to radiotherapy questions: In June this year the Audit Office recommended that New South Wales Health establish centralised booking systems for radiotherapy by December this year. Can you advise whether this recommendation is on track for implementation, whether there is any cost in implementing the centralised booking system and has provision being made for this in the budget?

**Dr MATTHEWS:** Yes, the recommendation is on track. The second part of your question, about how much the systems will cost, I will have to take on notice. I do not have that in my head.

**Professor PICONE:** Can I just add that our system of waiting times for radiotherapy is so well regarded that other jurisdictions around Australia will be following our system and are taking it up.

**The Hon. MARIE FICARRA:** Can you confirm the completion date for the development of the cancer centre at the Orange Base Hospital, including the estimated date from which the radiotherapy service can be provided? If you do not have that on hand, that is fine. A similar question about the cancer centre at Lismore Base Hospital, again, can you tell us the estimated date that radiotherapy services will be provided? As part of the development of the cancer care centre at Lismore hospital, what provision has been made for patient accommodation? I do not expect you to have that in front of you.

**Professor PICONE:** I was only up there two weeks ago. The building is going up. I cannot give you the exact dates. We have been negotiating to provide accommodation locally as well and I think that is nearly completed. We would be best to take that on notice.

#### ANSWER:

The Audit Office recommendation indicated that centralised booking systems should be established for radiotherapy centres *within a service network*. A number of recommendations are essentially operational and require implementation by Area Health Services. The Department of Health has written to Area Health Services accordingly. It is anticipated that this recommendation is building on arrangements to achieve coordinated care.

The new Orange Health Service building is expected to be completed in May 2011. This includes facilities to provide care to people with cancer, including chemotherapy and radiotherapy. It is expected that services will commence around mid 2011.

The Lismore Integrated Cancer Centre (ICC) building is on schedule for completion at the end of March 2010. The first medical oncology patients will commence chemotherapy treatment in the new facility by end of April 2010. Following commissioning of the Linear Accelerator, the first Radiotherapy patients will be treated by the end of May 2010. This will mark the overall completion of the project.

The "Northern Rivers Community Cancer Foundation" is a local volunteer organisation set up specifically to raise money for Cancer Patient and Carer Accommodation for the new Lismore ICC. North Coast Area Health Service on behalf of NSW Health has entered into negotiations to sell "Jildyn Flats" (a block of 10 units located only 50 metres from the ICC) at market value to the Foundation for refurbishment and use as Cancer Patient and Carer Accommodation. NSW Health has agreed to provide a grant of \$500,000 to the Foundation to assist in the purchase of the site. This grant will be the NSW Government contribution to the establishment of this Patient and Carer Accommodation facility. The North Coast Area Health Service wrote to the Foundation with the proposal to sell "Jildyn Flats" on 24 August 2009 and is currently awaiting a response.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra asked a question on page 29 to 30 of the Hansard, which was taken on notice, concerning radiotherapy issues.

**The Hon. MARIE FICARRA:** Does NSW Health have data on the number of patients who travel out of the area because they cannot afford to use the private centres closer to home, and has NSW Health developed a model for purchasing services from the private providers so that these cancer patients can access radiotherapy treatment locally? They seem reasonable requests.

**Dr MATTHEWS:** There are a couple of issues in there...

**The Hon. MARIE FICARRA:** That is a very good suggestion. Has that been passed on to the Federal Government?

**Dr MATTHEWS:** Absolutely.

**Professor PICONE:** We regularly pass suggestions on to them. Sometimes they do not take our suggestions up, though....

.....

**The Hon. MARIE FICARRA:** The Audit Office report listed geographic areas in New South Wales of need for radiotherapy. It listed the Central Coast, the Hunter-New England and the Illawarra-Shoalhaven. What provision is being made to address the need for radiotherapy in these areas?

**The Hon. JOHN HATZISTERGOS:** We can give you that information. There will be another estimates hearing, as I understand it, where the Minister Assisting the Minister for Health (Cancer) will appear. Some people from the Cancer Institute will no doubt be present and they will be able to respond to some of those issues. I am not saying that to preclude you from asking the questions. We will certainly take those matters on notice and provide you with additional information.

**The Hon. MARIE FICARRA:** Thank you.

#### ANSWER:

NSW is the only jurisdiction with a comprehensive management information system which has been developed over nearly 20 years which enables patient flows to be considered. However, it is not possible to determine what proportion of these flows relates to issues of affordability. There are many factors in a patient's decision to have radiotherapy, or at which site, that should be discussed between the clinicians and the patient and their family or carers. In addition, some patients, because of the complexity of their management or age (children), may need to travel to access this more specialised care.

Of the geographic areas identified in the Audit Office report, NSW is working to achieve the Audit Office recommendation that the next Radiotherapy Plan be published by June 2010. The implementation of any expansions will be dependent on resource availability as noted by the Audit Office. NSW will also be vigorously pursuing all opportunities for funding from the 2009-10 Commonwealth Budget Initiative for Regional Cancer Centres. In the meantime, Area Health Services undertake a variety of strategies, such as outreach services; transport; patient scheduling; and assistance with accommodation to assist patients access cancer services.

## MINISTER FOR HEALTH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.2, Reverend the Hon Dr Gordon Moyes asked a question on pages 31 and 32 of the Hansard, which was taken on notice, regarding vaccination.

**Reverend the Hon. Dr GORDON MOYES:** My question is directed to either the director general or the chief health officer. It seems that the levels of reduced illness and death, in both children and adults, by vaccine preventable diseases have been stable now for quite a number of years. In light of a renewed and very well-organised campaign against immunisation that backbenchers are receiving via emails at the moment—

**The Hon. JOHN HATZISTERGOS:** From the national vaccination network.

**Reverend the Hon. Dr GORDON MOYES:** Among others, I think, but certainly that is true. It fills my email box each day. What is the department doing to counter that, and to improve the rates of vaccine preventable illness?

....

**Reverend the Hon. Dr GORDON MOYES:** As I reply to people who email me, can you make sure I get some factual material?

**Dr CHANT:** We would be happy. There are a couple of books, which are called *The Myths of Vaccination*, but I think it is appropriate that we relook at the way we provide information. We must also remember that we have to move with generational change in relation to the way younger people are accessing information, and make sure our messages are tailored—

**Professor PICONE:** But we can provide the material to your office.

#### ANSWER:

The relevant information was forwarded direct to Reverend the Hon Dr Gordon Moyes on 21 September 2009.