Questions from Miss Gardiner

1. With respect to the Transport for Health Program:

a. What is the Budget for 2009-2010 for the Transport for Health program for New South Wales?

b. What was the Budget for the same program in 2008-2009?

c. What was the actual expenditure on the program in 2008-2009?

d. How many FTE staff are employed in the Transport for Health program?

e. Where are the offices of the Transport for Health program currently located?

f. How many staff are located in each office?

g. What is the 2009-2010 Budget for the Transport for Health program for Hunter New England Area Health Service?

h. What was the expenditure on the same program for HNAHS in 2008-2009?

i. Is the Minister aware that the program, as it applies to communities like Harrington on the Mid-North Coast, requires for a patient to give 48 hours' notice to gain access to transport to a hospital but that patients going to a hospital for day surgery at, say, Manning Hospital, only get 24 hours' notice of their appointment? (Note: The Health Transport Unit of HNEAHS leaflet on the Program advises patients: "48 hours needed to coordinate your transfer needs')

j. Is the Minister also aware that some patients from places like Harrington who are waiting for more serious surgery may also receive less than 24 hours notice that they can access the surgery?

k. Is the Minister aware that, in the case of Manning Valley communities like Harrington, the Manning Valley Community Transport scheme - now superseded by the Transport for Health service - provided a service with no need for patients to give 48 hours notice?

l. Will the Minister review the bureaucratic need for patients to give 48 hours notice of requiring transport in localities like Harrington and consider providing a service that is more flexible and relevant to patients who receive short notice of their appointments for surgery?

m. If the Transport for Health program remains inflexible and cannot cater for patients such as those mentioned above, will the Minister consider allowing a community transport group (or groups) to offer a flexible service?

ANSWER:

(a) $17.4 million.

(b) $16.8 million.

(c) This information is not reportable under the Transport for Health policy framework, and thus a central record of actual expenditure on this program is not held.

(d), (e) and (f)

The location and staffing of Transport for Health offices (as at 23 September 2009) is as follows:

Greater Southern Area Health Service (AHS): Goulburn – 10.53 FTE

Greater Western AHS: Bathurst – 1.4 FTE; Broken Hill – 1 FTE; Dubbo – 6.0 FTE

Hunter New England AHS: Newcastle – 5.5 FTE; Tamworth – 7.35 FTE

North Coast AHS: Lismore – 4.0 FTE; Port Macquarie – 5.0 FTE

Northern Sydney Central Coast AHS: Hornsby - the Area Health Service operates a combined Health Transport and Patient Flow Unit which has 6.84 FTE staff. The actual FTE staff time dedicated to the Transport for Health program cannot be quantified.

South Eastern Sydney Illawarra AHS: Darlinghurst – 2 FTE; Kogarah – 1FTE; Nowra – 1 FTE; Port Kembla – 4 FTE

Sydney South West AHS: Camperdown – 7 FTE; Campbelltown – 6 FTE

Sydney West AHS: Katoomba – 1.72 FTE; Kingswood – 1.39 FTE; Mount Druitt – 3.03 FTE

(g) The 2009-2010 Budget for the Transport for Health program for Hunter New England Area Health Service is $3,923,650

(h) The expenditure on the same program for Hunter New England Area Health Service in 2008-2009 was $3,347,260.

(i) The Health Transport Unit provides a non-emergency transport service through brokerage with partner transport providers under the Transport for Health Program. The 48 hours is to enable its partner transport providers to make contact with the volunteer drivers to see if they are able to undertake the transport. The majority of community transport organisations rely heavily on volunteers to provide transport.

This 48 hour period has been requested by the transport providers rather than the Health Transport Unit.

The Health Transport Unit also utilises a number of other transport providers such as public transport, taxis and hire cars.

There is currently a process in place that allows transport disadvantaged clients to make contact with the Health Transport Unit as soon as they are aware of the date of their day surgery. Whilst a client may not be in a position to provide their theatre time, a tentative booking is made with a partner transport provider with the confirmation of a theatre time occurring the afternoon prior or Friday afternoon if theatre is scheduled for a Monday. Whilst 48 hours notice is required of a client's need for transport, the service is aware that clients may not always receive as much notice as we would like, and if these situations arise the service is happy to receive an application for transport and to review the situation to see if there is an opportunity to assist. However, the Health Transport Unit cannot guarantee that there will be a transport solution.

(j) When the Health Transport Unit is aware that a client may need transport at short notice a process has been developed that allows it to assist clients that may not be aware of the date of their admission for surgery, such as a client awaiting organ transplant. In these cases a letter of approval is provided to an appropriate transport provider, giving approval for a predetermined period to enable the client to travel when called. It is then the client's responsibility to make contact with the transport provider when the transport is needed.

(k) Manning Valley and Area Community Transport Group is just one of the partner transport providers that the Health Transport Unit utilises to broker non-emergency transport for transport disadvantaged clients. Manning Valley and Area Community Transport Group is a community transport organisation that operates independently of Hunter New England Area Health Service and has not been superseded by the Transport for Health program.

The Health Transport Unit is aware that Manning Valley and Area Community Transport Group requires 48 - 72 hours notice for transport from their clients. The Health Transport

Unit has managed to negotiate with them to accept a 48 hour period to maintain consistency across the entire Hunter New England area under the Transport for Health Program.

(l) Flexible measures are already in place across the Hunter New England area to provide appropriate non-emergency health related transport for transport disadvantaged clients needing to travel to health appointments. A variety of partner transport providers are utilised, and the coordination through the Health Transport Unit allows the most appropriate and cost effective use of non Area Health Service resources for this purpose. However, it must be noted that there will be instances when none of the available resources have the capacity to provide transport for a client.

(m) Community transport services are administered either as part of the Home and Community Care program or the Community Transport Program. The guidelines for these programs are the responsibility of the Department of Ageing, Disability and Home Care and the Ministry of Transport respectively. NSW Health already purchases services from Community Transport Organisations (CTOs) in some Area Health Services, where appropriate and subject to patients' clinical and support needs.

2. With respect to the Bathurst Hospital remediation:

a. What has the cost been to date of the remediation of works at the new Bathurst Hospital?

b. What is the estimated total cost of the remediation works?

c. Have all the remediation works been completed? If not, what is the estimated completion date?

ANSWER:

The remediation works were completed in July 2009 at an estimated total cost of $6.3M.

3. Which NSW hospitals utilise Telehealth services?

a. Please list them.

ANSWER:

NSW Health, through the Telehealth program, provides funding for 245 Telehealth sites across the State, including at the following 109 hospitals:

Albury, Armidale, Ballina, Balranald, Baradine MPS, Barraba, Bathurst, Bellingen, Belmont, Bloomfield, Blue Mountains, Boggabri, Bombala, Bonalbo, Bourke, Brewarrina MPS, Broken Hill, Bulahdelah, Calvary Health Care, Camden, Campbelltown, Cessnock, Cobar Health Service, Coffs Harbour, Coledale, Collarenebri, Concord, Condobolin, Coolah, Coonabarabran, Coonamble, Cowra, Cumberland, David Berry, Dorrigo MPS, Dubbo, Forbes, Gilgandra MPS, Gloucester, Goodooga Health Service, Gosford, Goulburn, Gulgong, Hay, Hillston, Hornsby, Ivanhoe, James Fletcher, Kempsey, Kenmore, Kyogle MPS, Lake Cargelligo MPS, Langton Centre - Sydney Hospital, Lismore, Lithgow, Liverpool Health Service, Lockhart, Long Bay Correction Centre Hospital, Macksville, Maclean, Maitland Psychiatry Impatient Unit, Manly Cancer Institute, Manning, Mater Misericorde, Menindee Health Service, Moree, Murwillumbah, Narrabri, Narrandera, Nepean Hospital Cancer Care, Nyngan, Orange, Parkes, Port Kembla, Port Macquarie, Prince of Wales, Queanbeyan, Royal Hospital for Women, Royal Newcastle, Royal North Shore, Royal Prince Alfred, Royal Ryde Rehabilitation Centre, Rozelle, Rylstone, Sacred Heart Hospice, Shellharbour, Shoalhaven, Springwood, St Vincent's, Sydney Children's, Sydney Hospital, Tamworth, Tibooburra Health Service, Tottenham Health Service, Tweed Heads Cancer Care, Urbenville, Wagga Wagga, Walcha, Walgett, Warren Community Health MPS, Wee Waa Health Service, Westmead Children's - Psychological Medicine, Westmead, Wilcannia, Wingham Health Campus, Wollongong - Mental Health Unit, Wyong Hospital - Mental Health and Yass Hospital.

4. University of New England Rural Medical School - What plans does the NSW Government have in order to meet its commitments with respect to its role in supporting the continuing operations and development of the University of New England's Rural Medical School at Armidale and Tamworth and, in particular:

a. What priority does the Government give to redeveloping Armidale and District Hospital?

b. What is the estimated completion date of the redevelopment of Tamworth Hospital?

c. How many registrar and intern places is the NSW Government funding for graduates at hospitals in the Hunter New England Area Health Service?

ANSWER:

(a) Armidale Medical Officers and Hospital management have developed a draft Medical Education plan and have been provided Hunter New England Area Health Service support to undertake a needs analysis and formalised planning process to identify the workforce, resources, facilities and other supports required to cater for the growing demand to provide medical education, while still providing the level of clinical service required for the communities of Armidale and the Northern Tablelands.

A Clinical Service plan jointly funded by the NSW Department of Health and University of New England has commenced.

The redevelopment of services on the Armidale campus is of importance to the government, but must be seen in the context of the overall priorities of the Hunter New England Area Health Service and NSW Health generally. The Hunter New England Area Health Service will continue to address emerging needs for service and asset improvements as they arise. Any redevelopment will have to be considered in the context of future capital priorities.

Hunter New England Area Health Service has a program of improving its standard and capacity for accommodating students at its rural facilities with a Staff Accommodation Program. This has already seen major improvements at Moree and Taree in particular and improvements generally across the Area Health Service. During this financial year improvements are scheduled for Muswellbrook, Quirindi and Gloucester Hospitals either by way of renovation or new build works costing in excess of $1 million.

(b) The needs of the University of New England Rural Medical School are a key consideration within the planning of the Tamworth Health Service Redevelopment and, while the outcomes of this planning will not be completed until March 2010, this commitment will be covered in that planning.

The staging of works necessary to maintain the functionality of the campus during redevelopment is a major factor for consideration in any redevelopment and this has a significant impact on the completion date. The estimated completion date will also be established during the planning process, due for completion in March 2010.

(c) An Intern is a Postgraduate Year 1 (PGY1) doctor undertaking their first year of employment as a medical officer and provisional work-place based training. As of September 2009, Hunter New England Health employed 97 Interns across the Area Health Service. For January 2010, Hunter New England Health has budgeted for an additional 5 Intern positions.

A Resident Medical Officer (RMO) is a doctor working in Postgraduate Year 2 (and sometimes in years after PGY2), completing generalised work experiences and training in a range of medical specialties in preparation for vocational training. As of September 2009, Hunter New England Health employed 72 RMOs at PGY2 across the Area Health Service.

For January 2010, Hunter New England Health has budgeted for an additional 6 PGY2 RMO positions. As of September 2009, Hunter New England Health employed 135 RMOs at PGY3 plus across the Area Health Service.

A Registrar is a doctor employed at a minimum of Postgraduate Year 3, working in specialised service delivery and undertaking medical specialty training. As of September 2009, Hunter New England Health employed 416 Registrars across the Area Health Service.

5. What is the current annual budget and actual expenditure (2008-09) for the Health Councils (or equivalent body or bodies) for each Area Health Service?

ANSWER:

I am advised that funding allocation and budget itemisation/reporting varies between each Area Health Service and the Department of Health does not centrally collect or report on the budget and expenditure of Area Health Advisory Councils.

The diversion of public resources to answer this question is not justifiable.

6. Patient Flow - With respect to the "Nurses Managing Our Hospitals Better" program:

a. Has NSW Health piloted, or does it have any plan to pilot, the "Nurses Managing Our Hospitals Better" program developed by Flow Health Systems?

b. Has NSW Health had any discussions with the NSW Nurses' Association with a view to jointly conducting a pilot study of the system? If so, what was the outcome of those discussions?

c. Is NSW Health undertaking any pilot studies of any other system aimed at improving patient flow in NSW hospitals? If so, what are those pilot programs?

ANSWER:

(a) The program has been evaluated and is not yet at the stage of development that would allow it to be used in real-time in the NSW Health environment.

(b) Yes. However, as stated above, the program is not at a level of development that would allow it to be used real-time. It does not provide any capabilities that do not already exist in NSW Health.

(c) Yes. NSW Health Patient Flow Systems Program and the Predictive Capacity and Demand tool have been fully implemented in two hospitals in NSW as pilots and the Predictive Capacity and Demand tool has been implemented in 19 hospitals, with a further 5 planned by the end of 2009.

Full implementation at St George and Calvary Mater Newcastle Hospitals have resulted in increased capacity and demand management, and improved forward planning demands.

NSW Health is actively involved in supporting the implementation of NSW Health Patient Flow Systems across all sites within NSW.

7. With respect to the Coffs Harbour Health Campus, what is the NCAHS doing to reduce waiting times for patients in ambulances at the Coffs Harbour Hospital emergency department?

ANSWER:

North Coast Area Health Service is progressing a range of strategies to reduce the waiting times for patients in ambulances at Coffs Harbour Health Campus. These strategies include:

- The Coffs Harbour Health Campus has a Demand Management Plan for the escalation of the discharge of patients in in-patient beds and the utilisation of the Day Surgery Unit for additional surge capacity when Emergency Department patient demand is high.
- Expansion of Alternative to Hospital strategies including Community Acute/Post Acute Care (CAPAC), Transitional Care and Community Packages (Compacks) as an alternative to hospitalisation and to assist more timely discharge.
- Recruiting additional Emergency Department Medical Specialists to provide expert clinical leadership within the Coffs Harbour Health Campus Emergency Department.
- Advertisement of permanent Emergency Department Career Medical Officer positions to improve efficiencies associated with rotational Locum appointments.
- Progressing capital works to establish an Express Community Centre co-located with the Coffs Harbour Health Campus Emergency Department to provide an alternative location for the management of Triage 4 & 5 presentations.

In addition, NSW Ambulance Service, through the local Station Officer, is in regular contact with the Coffs Harbour Health Campus Director of Nursing/Manager, In-Patient Services to resolve issues relating to ambulance off-stretcher times.

8. With respect to Electronic Medical Records:

a. What is the cost to date of the development and implementation of the Electronic Medical Records system being rolled out in NCAHS hospitals?

b. Has the system been evaluated?

c. If so, who did the evaluation?

d. What was the result of the evaluation? What is the name of the evaluation document?

ANSWER:

(a) $100.484M of NSW Treasury capital funds have been spent on the development and implementation of the Electronic Medical Record system. The Electronic Medical Record system is being rolled out across seven Area Health Services - including the North Coast Area Health Service.

(b) Yes. NSW Treasury requires an annual independent Quality Assurance Report for the Electronic Medical Record program.

(c) SMS Consulting Group Ltd conducted the October 2008 Electronic Medical Record Quality Assurance Report.

(d) In relation to NSW Treasury's scope and requirements for the 2008/09 eMR Quality Assurance Report, the evaluation found:

- "The business case objectives are well understood and documented and significant work has been carried out to quantify, map and measure the outcomes. Stakeholders interviewed were aware of the overall Program objectives and were optimistic that these could be achieved through completion of the eMR Delivery Program."
- "There has been variance to the original business case scope. This is primarily due to changes in technical scope and the underestimation of hardware, resource and other costs associated with rollout of the Program at the AHS level."
- "The majority of stakeholders interviewed were optimistic that the eMR program is on track to achieve the initial business case objectives and that the benefits outlined in the initial business case and benefits realisation framework could be realised."
- "…several significant improvements have been made to the Program over the past year in several of the program management disciplines outlined above, and that these changes have had a beneficial effect upon the likelihood of successful delivery of the program."

The name of the document is "eMR Delivery Program Quality Assurance Report".

9. Mileage allowance for Health Service Volunteers and Staff

a. In June 2008, the reimbursement rate for mileage incurred by Health Service Volunteers and Staff was $0.33 per kilometre and had been so for the past two years. Is this still the current rate?

b. If this is still the current rate, does NSW Health have any plans to revise these rates, considering the rise in petrol prices over the last three years?

ANSWER:

(a) The source of the 33 cents per kilometres is not known. It is not consistent with the use of private motor vehicle rates adopted by the Department in accordance with circulars issued by the Department of Premier and Cabinet.

(b) The Department's rates are varied in accordance with changes published by the Department of Premier and Cabinet.

10. With respect to Gulgong Hospital:

a. When is the GWAHS review of Gulgong Hospital expected to be finalised?

b. Will the Minister guarantee that Gulgong Hospital will not be closed?

ANSWER:

(a) The Greater Western Area Health Service anticipates the review of the health care needs of the Gulgong community will be completed by the middle of November 2009.

a) Greater Western Area Health Service is currently reviewing all of its health services consistent with recommendation 117 of the Caring Together – NSW Health Action Plan for NSW. There will be no change to current services without consultation with staff and communities

11. With respect to the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS):

a. When will the NSW Government apply recommendation 14 of the Garling Report by "Abolishing the personal contribution and administration charge for all qualifying IPTAAS claims"?

ANSWER:

In response to recommendation 14 (a) of the Garling Report, the NSW Government determined that the IPTAAS $20 patient contribution for pensioners and / or health care card holders was to be abolished.

I am advised that abolition of the $20 contribution for pensioners and health care card holders came into effect from 1 July 2009.

The NSW Government does not currently plan to review the requirement that persons other than pensioners or health care card holders pay a contribution fee of $40.

12. With respect to Visiting Medical Officers (VMOs):

a. What are the NSW Health initiatives in place to address the shortage of VMOs in regional areas?

b. Please list these initiatives.

c. Are there specific initiatives where video conferencing between hospitals is used in order to assist health professionals in regional areas prescribe and provide treatment remotely where there is no VMO available? If so, please list the sites at which video conferencing for this purpose is operational.

ANSWER:

(a) and (b) inclusive

There are a number of initiatives in place to address the shortage of VMOs in regional areas:-

- The Rural Doctors Settlement Package (RSDP) allows for VMOs that work in specified hospitals (usually small rural hospitals) to be remunerated in accordance with this Package of enhanced payments. The RSDP also provides incentive grants to General Practitioners (GPs), Obstetricians and General Practitioner Anaesthetists working in specified hospitals. The grants are allocated annually through a joint process with the RDA.

- Local resident VMOs working at specified rural hospitals are entitled to claim reimbursement of professional support expenses.

- The Area of Need program enables suitably qualified international medical graduates to be recruited into declared Area of Need positions on a temporary basis, while efforts continue to attract medical practitioners with general registration on a permanent basis. Currently there are approximately 59 Area of Need positions filled by VMOs.

- With recurrent funding of $3.5 million, the Rural NSW General Practice Procedural Training Program provides incentives for GPs to practice in rural areas. Through this Program new positions for GPs and GP registrars have been established for up to 30 procedural training posts in rural NSW in five specialities: anaesthetics, obstetrics, emergency medicine, surgery and mental health.

- NSW Health has developed a new brand highlighting the benefits of living in NSW and working for NSW Health. NSW Department of Health is currently coordinating a presence at

domestic and overseas expos and conferences to attract health staff to work in NSW Health, including VMOs.

- NSW Health introduced Country Careers Project Officers to support the recruitment and relocation of domestic and international health professionals, including VMOs, and to assist in promoting rural careers in NSW.

A number of strategies are also in place to help build capacity through training medical staff in rural areas:-

- To build the specialist medical workforce in rural and regional areas, the NSW Government's *Caring Together Health Action Plan* will invest $15 million over four years to create 22 additional specialist training places in rural, regional and outer-metropolitan areas. These places will commence from 2010.

- The NSW Government invested over $8 million in 2008/09 postgraduate medical training networks which are designed to enhance education and improve distribution of doctors-in-training across NSW. This includes physician, psychiatry, paediatrics, cardiology and prevocational training networks all of which support rural rotations for junior doctors training to become specialists.

- Through the NSW Institute of Medical Education and Training a rural preferential training program has been implemented to allow doctors to spend the majority of their first two years training in a rural location. For the 2009 intake of prevocational trainees there were 10 rural hospitals accredited to participate in the scheme. This is an increase from 4 accredited hospitals in 2007.

- The number of interns accessing the Rural Preferential Program (RPR) has increased from 15 in 2007 to 52 in 2009.

(c)

The Connecting Critical Care Program links rural hospitals without specialist VMOs in emergency and intensive care services to larger centres to support the management of critically ill or injured patients.

The Connecting Critical Care Program links Orange, Bathurst, Dubbo and Mudgee Hospitals; Tamworth and Moree Hospitals; Macksville, Bellingen, Dorrigo, Grafton and Coffs Harbour Hospitals; and Kempsey and Port Macquarie Hospitals.

13. Royal Flying Doctor Service - Given that the Federal Minister for Rural and Regional Health, Warren Snowdon, has said that the Federal Government:

"will monitor any impacts upon the RFDS from any changes in contracts with state or territory governments"

And will;

"Undertake discussions and negotiations with the Royal Flying Doctor Service… towards finalising a new contract",

- if the Royal Flying Doctor Service does not win the Air Ambulance contract, does the NSW Government have any contingency plans to assist the Royal Flying Doctor Service in ameliorating any adverse impact the loss of such contract may have upon its core functions? If so, what are those contingency plans?

ANSWER:

The Royal Flying Doctor Service (South Eastern Section) currently holds a commercial aviation contract to provide aircraft and pilots to the Ambulance Service to undertake interhospital transfers using Ambulance medical staff (Mascot Contract). In addition, NSW Health also funds, either completely or in partnership with the Commonwealth, other services provided by the Royal Flying Doctor Service (South Eastern Section). These include:

- The Rural Aerial Health Service (Bankstown) which transports health specialists to rural areas;
- The traditional Royal Flying Doctor Service at Broken Hill which provides interhospital transfer services along with clinical services such as outreach dental and drug and alcohol services, clinics and land on scene responses to emergencies; and
- The Dubbo fixed wing aircraft which undertakes interhospital transfers tasked by the Ambulance Service.

NSW Health is committed to these arrangements and is working with the Royal Flying Doctor Service and the Commonwealth to optimise their effectiveness in delivery of rural health services.

The Mascot Contract is a separate fully commercial arrangement with no funding relationship to the other services provided by the Royal Flying Doctor Service.

14. Royal Flying Doctors Service cross-subsidy - What is the amount of the cross-subsidy that is, in effect, provided to the Royal Flying Doctor Service via its current contract to provide certain services for the NSW Ambulance Service?

ANSWER:

The Mascot Contract is a fully commercial arrangement and there is no intention that this Contract should subsidise other Royal Flying Doctor Service services as these attract separate NSW Health and Commonwealth funding.

The current contract was awarded to the Royal Flying Doctor Service, a non-government organisation in 2002, following a competitive tender.

15. In June 2009 it was revealed that 263 Health staff where on an "unattached list", 250 of which were from the Area Health Services:

a. How many NSW Health staff are currently on an "unattached list" as of 16 September 2009?

b. What is the breakdown of these staff by Area Health Service?

ANSWER:

As at 14 August 2009, there were 188 displaced staff in the NSW Health Service, of which 146 were in Area Health Services as follows:-

- 11 in Greater Southern Area Health Service
- 16 in Greater Western Area Health Service
- 21 in Hunter New England Area Health Service
- 18 in North Coast Area Health Service
- 46 in North Sydney Central Coast Area Health Service
- 20 in South Eastern Sydney Illawarra Area Health Service
- 2 in Sydney South West Area Health Service
- 12 in Sydney West Area Health Service

Employees who are displaced from their original positions continue to undertake substantive roles - for example they may backfill staff on leave or occupy temporary and project positions. All continue to do meaningful work such as a finance officer working on an auditing project; or a health education officer working in a training and development role.

It is envisaged that a number of these employees will shortly be placed into permanent positions as restructures are finalised. By this means we can use the expertise and skills they have built up in the most appropriate positions for the continued delivery of public health services to the NSW community.

Displaced staff are required to accept appropriate alternative positions at the same pay grade when offered, even if this means a position in a different facility.

16. According to the Garling Report, Chapter 28, page 987, the "average annual cost of an occupied rehabilitation bed is estimated to be approximately $256,000, 62% of which is made up of salaries and wages" and "the average annual cost of an occupied intensive care bed… is estimated to be approximately $1.53 million, 46% of which is made up of medical and nursing salaries".

a. What is the annual average cost of both an occupied rehabilitation bed and an occupied intensive care bed for each of the eight Area Health Services?

ANSWER:

The annual average cost of an occupied rehabilitation bed is not readily available as cost per bed type is not routinely calculated by Area Health Services.

A standard cost per day is applied to each Intensive Care Unit (ICU) bed across the State with no variation across Area Health Services. Current ICU bed day costs were derived from statewide costing studies commissioned by NSW Health in 2006. The annual operating cost for an ICU bed in NSW is approximately $1 million.

17. With respect to the Resource Distribution Formula (RDF):

a. In the case of each Area Health Service, by how much did the actual expenditure in 2008-09 vary from the RDF for each Area Health Service?

ANSWER:

The Resource Distribution Formula (RDF) has no direct relationship with actual expenditure by Area Health Services.

The RDF is one source of guidance in relation to the equitable distribution of available funds among Area Health Services. It does not determine allocations to or expenditure by individual Area Health Services and does not identify the level of funding required to meet the health care needs of Area populations.

An Area Health Services' distance from its theoretical RDF target share of total available resources will change each year depending on changes in the Area's population and other factors, as well as changes in other Area Health Services. In 1989/90, the average distance of all Area Health Services from their target share was 14%. In 2008/09 the average distance from target share is 2%.

18. Wagga Wagga Base Hospital:

a. What priority does the NSW Government give to redeveloping Wagga Wagga Base Hospital?

b. What is the current estimate for when this project will be:
i. Started?
ii. Completed?

ANSWER:

Planning for the development of the new Wagga Wagga Hospital continues with the completion of the Concept Design Development and preparation for a Part 3A Project Planning Application for the NSW Planning Authority will be completed in the near future.

19. Murwillumbah Hospital Obstetrics - What is the current status of, and plans for, the provision of obstetric services at Murwillumbah Hospital?

ANSWER:

The Obstetric service at Murwillumbah Hospital currently provides a range of birthing services including:

- Normal (low risk) births – currently provided by General Practitioners and Obstetricians;
- Elective Caesarean section births; and
- Postnatal care for mothers and babies.

Future plans for the Obstetric Service at Murwillumbah includes:

- Midwifery led normal (low risk) birthing service including ante-natal care, normal deliveries, postnatal care for mothers and babies;
- High Risk ante natal clinics for Tweed Valley women – outreach service from the Tweed Hospital; and
- Elective Caesarean section births.

Questions from Ms Parker

20. In regards to recent cases of misdiagnosis at the Dubbo Base Hospital:

a. Can you explain why an 18 year old girl, who was recently at the RPA hospital with fluid on her brain and a spinal drip in her back, was turned away from the Dubbo Base Hospital three times after being told she had a mental health problem?
i. Can you provide an update on the investigation into this matter?
ii. Can you explain how this case of misdiagnosis occurred?
iii. What steps have you put in place since the incident to make sure this type of situation doesn't happen again?

b. Given this was the third case of misdiagnosis at the Dubbo Base Hospital in six weeks, what reassurance can you provide the Dubbo community that this type of incident will not happen again?

ANSWER:

I refer the Member to the Hansard record of my response to a Question on Notice on this subject in the Legislative Assembly on Thursday, 24 September 2009.

The Dubbo Base Hospital is a very busy hospital. It provides important health services to a community of approximately 160,000 people in an area that spans 30,000-plus

kilometres. In 2008-09 the hospital provided over 46,000 bed days and dealt with more than 26,000 attendances at the emergency department. Dubbo hospital has approximately 500 skilled and dedicated staff who work hard to meet that demand.

Nonetheless, I am also aware of recent concerns that have been expressed with regard to the Dubbo hospital. I visited Dubbo, and met with the doctors, nurses, allied health staff and others who work at the hospital on 1 October 2009.

With regard to care, I am advised that Dubbo Base Hospital reviews all cases where concerns are raised about the quality or timeliness of care, and makes improvements where possible. Cases have also been reviewed by the Greater Western Area Health Service and, when relevant, the Health Care Complaints Commission.

The Dubbo Base Hospital continues to strive to enhance its services to the community. The recent appointment of a cardiologist, who is resident in Dubbo, together with 24 new graduate registered nurses, is testament to that.

21. Previous Minister for Health John Della Bosca whilst in the New England area in August honoured the commitment of the Government that the construction of the Tamworth Hospital Redevelopment would begin before the next State Election. Mr Della Bosca also advised The Leader that he hoped to visit Tamworth in the next six weeks.

a. Will the Government confirm their position that the Tamworth Hospital Redevelopment will commence construction before the next State Election.

b. Will the new Minister for Health confirm whether they will honour the previous Ministers intention to visit the Tamworth area and discuss the Tamworth Hospital Redevelopment with them.

c. Will the Minister confirm that they will adopt the recommendations as listed in the Tamworth Services Plan namely:

i. that the redevelopment of Tamworth Hospital will include the provision of Radiotherapy services? And

ii. that the redevelopment of the hospital includes an upgrade to a 397-bed facility from the present 350-day beds, and if not, why not

iii. that the maternity section of the Hospital will be increased to a Level 5 Maternity Services Facility

d. Will the Minister confirm that she is aware that the Tamworth Services Plan recommendation of a Radiation Oncology Services would be in support of a 'Best Practice Regional Cancer Centre' and that to gain such a service would be reliant on a successful bid to the Australian Government?

e. Would the Minister assist the Hunter New England Area Health for such a bid to gain a "Best Practice Regional Cancer Centre'?

ANSWER:

(a) The Project Director Planning has been appointed and at this stage, it is anticipated that both the Service Procurement Plan and the project Development Plan documentation will be completed and endorsed by the second quarter of 2010. It is anticipated that works can start in the first quarter 2011.

(b) Yes.

(c) i Yes. This is indicated in the Tamworth Health Services Plan 2008-2012 which was endorsed by NSW Health.

(c) ii The bed numbers quoted by the Member are incorrect. The Tamworth Health Services Plan 2008-2012, details the current and planned bed and bed equivalent requirements. This is available on the Hunter New England Health website at: www.hnehealth.nsw.gov.au/services_plans

(c) iii This is proposed. The Tamworth Health Services Plan states "mothers from the northern part of Hunter New England Health who have a higher risk of maternity complications are currently referred to other centres (usually John Hunter Hospital) for antenatal care and delivery. In the future with a level 5 maternity service, more mothers will have the option of receiving care and birthing at Tamworth Hospital. The effects of this change have not yet been fully investigated."

(d)&(e)The provision of a Radiation Oncology Service, as part of a comprehensive integrated cancer care strategy for the New England region of Hunter New England Area Health Service is a recommendation in the Tamworth Health Services Plan 2008-2012. The Department has also provided funding for a project to investigate further falling utilisation rates of New England residents to better target strategies.

The establishment of this radiation oncology service is not reliant on a successful bid to the Australian Government. The timing for the establishment of any service at Tamworth will be reliant on access to approved capital funding. NSW will be vigorously pursuing all opportunities for funding from the 2009-10 Commonwealth Budget Initiative for Regional Cancer Centres.

22. Emergency Medical Service Protection Association (EMPSA) BANS

a. Why has the NSW Ambulance Service (ASNSW) refused to deal EMSPA in its representative and support capacity for employees of ASNSW?

b. Is it being suggested that employees of ASNSW who do not wish to be a member of a union, may not appoint EMSPA as their representative or support association in workplace matters?

c. Is ASNSW management and the government supporting and enforcing compulsory unionism by refusing to deal with EMSPA?

d. Have instructions been given to ASNSW managers to remove all EMSPA material from ambulance stations?

e. Have bans been placed on EMSPA members contacting the association by email from ASNSW computers?

ANSWER:

The Emergency Medical Service Protection Association (EMSPA) is not a registered union in the NSW industrial jurisdiction, and is not subject to the obligations nor benefits that arise from being party to an Award of the Industrial Relations Commission.

The NSW Ambulance Service has not and does not interfere with the choices made by any employee about membership of organisations or their individual role in such organisations. However, an organisation that is not a registered trade union does not have the right to represent industrial matters with the employer nor in the Industrial Relations Commission. Ambulance policies and procedures have scope for individuals to be supported by another person. This other person can be a union representative, a colleague or an agent (including an agent of EMPSA).

Should EMSPA gain registration as a union, the Ambulance Service will engage with them on the same basis as other unions. There is no compulsory unionism in the Ambulance Service.

23. Cuts to school health screening programs:

a. Are school students still given vision, hearing and general health checks?

b. If not when were they last provided?

c. Was this at all schools across the state?

d. If not at what schools?

e. If dropped why?

f. How much funding was allocated to this program?

ANSWER:

(a) No. There is no longer any evidence to support this approach.

(b) This occurred gradually after the relevant review of evidence by the National Health and Medical Research Council, first in 1998 then in 2002.

(c) Yes.

(d) Not applicable.

(e) The evidence from medical research over the past decade indicates that there is limited health gain to be obtained by a one-off screen of school children on a particular day for specific conditions. The focus of child health surveillance and screening has therefore moved to prevention, early detection and early intervention for 0-5 year olds rather than identifying problems once children commence school.

(f) The Department of Health is unable to provide a specific amount as school screening was part of the general allocation of each Area Health Service's Health Child and Family Health Service.

24. Delayed Autopsy Reports

a. Are you aware of the long recognised and important role of information learned from autopsy examinations in the continuing education and quality assurance of doctors?

b. What are you doing to address the inordinate delays in the provision of autopsy information, up to two years in many cases, from the coroner's office to hospital doctors in NSW?

ANSWER:

(a) I am aware of the importance of information learned from autopsy examinations in the continuing education and quality assurance of doctors. However, with advances in medical science, the number of requests for non-coronial autopsies has decreased significantly over recent years. Non-coronial post mortems are conducted by anatomical pathologists within hospital pathology departments.

(b) Coronial post-mortems are conducted by forensic pathologists at one of two departments of forensic medicine or on contract to the Attorney General's Department by Coronial Medical Officers in some rural areas.

Forensic pathology services are provided to the coronial jurisdiction as a result of a coronial court order to perform a post mortem examination. The results of the post mortem are the property of the coronial jurisdiction.

The coronial jurisdiction will release of the post mortem results to the public (including health professionals) once it has concluded its findings.

There is currently a delay in Sydney in the finalisation of post mortem reports due to a forensic pathologist shortage. NSW Health has recruited an additional 3 senior international forensic pathologists and is currently interviewing for a fourth to address this issue.

25. Cerner FirstNet – Emergency Department IT Program - Cerner FirstNet implementation at Westmead Hospital

a. Is diagnosis data from the Emergency Department Collection useful for monitoring public health and health activity trends?

b. Did the previous EDIS (Emergency Department Information System) System (now being replaced by Cerner) only offer sensible diagnosis codes from an international classification of disease?

c. Has the implementation of Cerner Emergency Department System at Westmead resulted in a drop in the quality of diagnosis data?

d. Does the Cerner system when entering appropriate key words frequently offer silly diagnosis suggestions?

e. Have clinical staff frustrated with the new Emergency Department System left inappropriate diagnosis information in the new Emergency Department System?

f. Have staff been threatened with dismissal for this? Is a formal investigation now in progress on this issue?

g. Has the investigation examined the types of silly non health diagnosis information that is offered by the new system?

h. Have the senior DOH managers responsible for implementing a system in one of the busiest emergency departments with these issues been threatened with dismissal?

ANSWER:

(a) - (h) inclusive

Any major IT reform is accompanied by a transition period in which system users need to become familiar with revised technical processes.

Data entry is different to the previous Emergency Department Information System (EDIS) and as a result there have been some 'teething' issues associated with data entry and reporting.

Area Health Services are undertaking local education programs to ensure that their frontline staff have optimal training to ensure that the disruptions associated with a new IT product are at a minimum.

The Cerner First Net application uses 'SNOMED CT' descriptions, which are an internationally recognised quality standard for coding. This coding system and improvements to streamline its use by frontline staff are currently being progressed by the NSW Health Application Advisory Group for the State Based Build implementation of the Cerner First Net product. This group is co-chaired by the Director of Emergency Medicine at Westmead Hospital and consists of frontline Emergency Department staff including doctors, Nurses and clerical staff.

The FirstNet Application Advisory Group recognised that searching through 300,000 SNOMED CT terms for a diagnosis was an unsuitable process for busy clinicians. As a result, the FirstNet Application Advisory Group has devised and is currently implementing a short list of 1900

diagnosis terms for clinicians to choose from. This should streamline the diagnosis choice process and facilitate accurate reporting of data.

There have been no complaints lodged at NSW Health in regards to an Area Health Service or Department of Health staff facing disciplinary action.

26. Departmental Questions

a. What are the total number of Media and or Communications staff/Advisers for NSW Department of Health and any other associated agencies?

b. What is the total entertainment budget and actual expenditure in entertainment for NSW Department of Health and other associated agencies?

ANSWER:

(a)
The NSW health system is a large and complex organisation employing more than 94,000 full-time equivalent staff. The Department of Health and Health Services media staff provide services 24 hours a day, 7 days and week, including support for the dissemination of important pubic health information, to respond to calls from the media, provide advice to the Department and Health Service senior executive, as well as the Minister's Office. For example, this year the Pandemic HINI 2009 influenza created a tremendous additional workload for the media unit at the Department of Health. In addition to media and public relations functions, the staff in Health Services undertake a variety of other duties including event management, fundraising, production of publications and other executive support functions.

In 2009 Health Services engaged 40.7 full-time equivalent media and communications officers across NSW; the NSW Department of Health's head office engaged 5.3 full-time equivalent media and communications officers.

(b)
The Department of Health and Health Services routinely report budget and expenditure details in their Annual Reports.

To ensure appropriate probity and accountability in the management of public funds the *New South Wales Government Expenses* policy outlines sector-wide requirements, prohibiting the expenditure of State funds on any event that could provide predominantly personal benefit to New South Wales public sector employees.

The details of this policy are set out in Premier's Memorandum M2008-24 entitled *Out of Pocket Expenses and Christmas Season Parties*.

Ministers are provided with an allowance that covers expenses incurred as part of the normal representation responsibilities associated with their portfolio.

Out-of-pocket expenses may also be incurred by Chief Executives and Senior Executive Officers in relation to entertainment and other forms of hospitality associated with the performance of their official duties.

Department and Authority Heads are responsible (and therefore accountable) to ensure that appropriate controls are exercised in this area of expenditure. Strict guidelines apply to any expense claims related to working meals and gifts of protocol.

A copy of the Memorandum and the Guidelines are available on the NSW Department of Premier and Cabinet web site (www.dpc.nsw.gov.au).

27. Cooma Hospital

a. When will the 4.43 registered nursing position be cut from the Cooma Hospital?

b. Given the region is home to an ageing population, how do you plan to deal with the increasing demand for community healthcare when you have planned to cut jobs and resources from Physiotherapy, Palliative Care, Physiotherapy, Aged Care, Women's Health and Counselling.

c. When will the cuts to Community nursing go ahead and why were nurse not adequately consulted?

ANSWER:

(a) Greater Southern Area Health Service is currently in discussion with the NSW Nurses' Association regarding nursing staff numbers across the Area Health Service. A final decision has not been made concerning any changes to Registered Nursing positions.

(b)&(c) Greater Southern Area Health Service is no longer proceeding with the Community and Allied Health frontline restructure.

28. Cooma State Plan Consultation

a. How much did it cost for community consultation process to take place?

b. How many staff members attended?

ANSWER:

(a-b) The Cooma State Plan Consultation was facilitated by NSW Department of Premier and Cabinet.

29. Queanbeyan Hospital

a. Steve Whan responded to reports from the Southern General Practice Network that Queanbeyan Hospital is without a CT scanner, diagnostic imaging equipment or qualified ultrasound staff, by saying that the facility had not been 'officially opened'. When will the Queanbeyan hospital be officially opened and will this equipment then be made available?

b. How do you explain the lack of this critical life saving equipment when your Government spent more almost $100,000 in taxpayer money on charter flights and advertising for a Cabinet meeting in Queanbeyan?

c. Given that for the last 10 months the Queanbeyan Hospital Computed Tomography Scanner room has remained empty due to the absence of the critical equipment;

i. What is the reason for this significant delay?

ii. What is the reason for the Canberra Imaging Group being rejected as a tender to provide the service 12-18 months ago?

iii. Given that the tender expressions of interest have now opened, can you provide a commitment that the service will be provided by the end of the year?

ANSWER:

(a) - (c) inclusive

The tender process undertaken in 2007 for the provision of comprehensive medical imaging services covering the Queanbeyan region did not result in any proposal meeting the evaluation criteria.

The Greater Southern Area Health Service has advised that tenders have been called in relation to the provision of CT Scanning services at Queanbeyan Hospital and Queanbeyan Hospital recently advertised for ultrasonography staff.

The tender issued by the Greater Southern Area Health Service seeks the successful tenderer to have CT services commence from mid December 2009.

Tenders will be assessed during October 2009 and a final decision will be made subject to the specific tender proposals and their evaluation.

30. Pathology Company

a. How many companies expressed interest during the tender process for the Pathology system service used at Cooma and Queanbeyan Hospital?

b. How much did the Government pay ICPMR (Institute of Clinical Pathology and Medical Research) for their services in 2008-2009?

ANSWER:

(a) Nil.

(b) Funding for public pathology services is provided as part of the overall funding for Sydney West, Greater Western and Greater Southern Area Health Services. No direct funding is provided from the NSW Government to the Institute of Clinical Pathology and Medical Research for the provision of public pathology services.

31. Complaint system

a. How many complaints have been lodged with the hospitals IMMs (Incident Management System) for the past five years at;

i. Cooma Hospital and;

ii. Queanbeyan Hospital.

ANSWER:

Since the implementation of the Incident Information Management System within Greater Southern Area Health Service on 1 May 2005, the following number of consumer complaints has been logged to Cooma and Queanbeyan health facilities:

i. Cooma - 73
ii. Queanbeyan - 292

32. Jindabyne HealthOne

a. Have you got plans to build a Jindabyne HealthOne facility in Jindabyne given that you in March 2007, Mr Hatzistergos and the Member for Monaro visited Jindabyne to announce that they would support the HealthOne state initiative and given that concerned locals for over 18 months have dedicated their time to trying to work with the GSAHS on the plans for the HealthOne?.

ANSWER:

The HealthOne NSW Program provides capital and recurrent funding to bring together General Practice and Community Health Services into multi-disciplinary teams providing integrated primary health care for local communities.

The participation of a General Practitioner is essential for the HealthOne initiative to progress in Jindabyne. To-date there have been difficulties in securing the participation of a GP at Jindabyne.

The Greater Southern Area Health Service is committed to building a partnership with local health providers with a view to providing an improved health service for the Jindabyne community.

33. Health Restructuring Cuts – General

a. When will phase 2 begin of the Greater Southern Areas Health Service organisational restructuring?

b. When will phase 3 begin of the Greater Southern Areas Health Service organisational restructuring?

c. How many more FTE cuts are proposed to be made at each stage?

ANSWER:

(a) & (b)

Greater Southern Area Health Service is no longer proceeding with the Community and Allied Health frontline restructure.

(c) Nil.

34. Health Reporting

a. Why were there no hospital performance results provided in the NSW Quarterly Health Performance Report? Does the Government have something to hide in the performance reports for Cooma and Queanbeyan Hospital?

ANSWER:

The Quarterly Hospital Performance Report provides individual hospital performance results for the 41 major hospitals across NSW. Aggregated results for the smaller hospitals in each Area Health Service are also included in this report.

Detailed monthly performance results for Waiting List activity are published on the NSW Health website and include both Cooma and Queanbeyan Hospitals.

Detailed monthly performance results for Emergency Department activity are also published on the NSW Health website for hospitals which have electronic Emergency Department information systems.

35. Port Macquarie Base Hospital

a. Given that a Department of Health briefing document received through a freedom of information request on the Port Macquarie Base Hospital expansion refers to a "potential commencement date of 2014-15", will the Minister confirm that this is still the current timeline of hospital expansion? If not, what is the timeframe for the Labor Government plans to begin construction?

b. Under the North Coast Area Health Service restructuring plans, does the Government have any plans to employ casual staff when a full timer is on sick leave? If so, will this equate to the staff member only working a six hour shift,

rather than eight hour shift?

c. When will the proposed amalgamation of Directors of Nursing positions at the 15 North Coast Hospitals including Grafton, Lismore, Ballina, Maclean, Kempsey, Port Macquarie, Wauchope, Tweed Heads, Murwillumbah, Kyogle, Nimbin, Urbenville, Casino, Coraki and Bonalbo take place? And how many Director of Nursing positions will be cut as a result of the amalgamation?

d. What is the current status of the Palliative Care Co-ordinator position? Is the position still in existence and vacant or has the position been cut?

e. Given that in the Premier's announcement of the $1.3 million upgrade on the 1st of November 2009 of the Emergency Department included '11 treatment bays and 2 resuscitation bays', why has the Premier gone back on his promise and is now only planning to install XX bays?

f. When will the third round of FTE reductions be approved and applied to the North Coast Area Health Service?

ANSWER:

(a)
The need for further expansion of Port Macquarie Base Hospital is being monitored by the Department of Health.

A Master Plan for Port Macquarie Base Hospital has proposed the construction of a fourth wing and other supportive infrastructure works to the Hospital. Following on from the Master Plan more planning is required to be undertaken before consideration can be given to approving the development of a Fourth Wing at the Hospital.

The Port Macquarie Base Hospital Master Plan will be assessed against other priorities to determine the timing of the Fourth Wing's inclusion on the NSW Health Capital Works Forward Plan. This Government will continue to respond to growing demands on our health system including in Port Macquarie.

(b)
North Coast Area Health Service Managers are responsible for the monitoring of staff sick leave, in line with the North Coast Area Health Service policy, as one component of their Human Resource Management responsibilities.

The usual practice in line with North Coast Area Health Service policy concerning coverage of sick leave, is that a determination is made as to whether additional staff are required to cover said sick leave. If coverage is determined as being required, either coverage from another ward is obtained or a part-time staff member is approached to undertake the sick leave coverage. The use of casual staff for sick leave cover is not standard practice and would be used as a last resort if permanent staff are not available.

(c)
The proposed amalgamation of Directors of Nursing positions at eight North Coast Area Health Service Hospitals including Port Macquarie Base, Wauchope District, Grafton Base, Maclean District, Lismore Base, Ballina District, Murwillumbah District and The Tweed Hospitals is currently before the New South Wales Industrial Relations Commission.

(d)
The Port Macquarie Base Hospital currently has 6 - 8 active Community Palliative Care and 7 Oncology Volunteers.

The responsibility for the supervision of these volunteers is currently being undertaken by the Nurse Unit Manager of Community Nursing while the current North Coast Area Health Service

review of staffing levels is being undertaken. As part of the staffing review, which will take place over the next few months, the Area Health Service will determine a final model for the co-ordination of the Volunteers.

The Palliative Care Volunteer Service continues to operate.

(e)
The $1.3 million upgrade of the Port Macquarie Base Hospital Emergency Department is well underway and on schedule for completion in December 2009.

This is a two stage project with the first stage being the extension at the front of the existing Port Macquarie Base Hospital Emergency Department. Stage 1 (new works) was completed on 16 September 2009 and work is now underway on Stage 2 being the refurbishment within the existing Emergency Department.

On completion there will be 2 fully compliant and expanded Resuscitation Bays and 11 treatment spaces (this includes 9 treatment bays, a dedicated Paediatric treatment area and a separate Treatment Room). There will also be additional treatment and assessment areas including a multi-function Mental Health Safe Assessment Room / Negative Pressure Isolation Room, a large Procedures Room, a Triage Room, a Plaster Room, a Clinical Initiatives Nurse Room and 3 treatment chairs.

(f)
North Coast Area Health Service is currently in the process of identifying further opportunities in the Third Round to identify potential FTE reductions. It is expected that this work will be completed within the next week after which the Third Round consultation process will commence.