

**MINISTER ASSISTING THE MINISTER FOR HEALTH (CANCER)****BUDGET ESTIMATES - QUESTION ANSWERED**

On 17 September 2009, during my appearance before the General Purpose Standing Committee No. 4, Dr John Kaye MLC asked a question on page 4 of the Hansard, which was taken on notice, concerning the recent research into the carcinogenic nature of nitrosamines.

**QUESTION 1**

**Dr JOHN KAYE:** Minister, is your department aware of the recent research into the carcinogenic nature of nitrosamines and, in particular, evidence that is now beginning to emerge from a study from a northeastern American university that excessive use of nitrogenous fertilisers has over the past 50 years increased the concentration of nitrites in food, particularly root vegetables, which is increasing exposure to nitrosamines and may be responsible for increases in certain kinds of gut cancers and, coincidentally also, it is suspected to be associated with increasing instances of Alzheimer's disease and Parkinson's disease, although they are outside of your portfolio?

**Dr CHANT:** I am not aware of that research off the top of my head. However, if you could provide it our environmental health branch can review it.

**Dr JOHN KAYE:** *The Land* contained a report about it on Thursday last week. I will certainly provide that research.

**Dr CHANT:** Thank you very much.

**ANSWER:**

This question falls outside the Health portfolio and is best addressed by the Minister for Primary Industries.

## **MINISTER ASSISTING THE MINISTER FOR HEALTH (CANCER)**

### **BUDGET ESTIMATES - QUESTION ANSWERED**

On 17 September 2009, during my appearance before the General Purpose Standing Committee No. 4, Dr John Kaye MLC asked a question on page 4 of the Hansard, which was taken on notice, concerning emissions from coalmines in the Hunter region.

#### **QUESTION 2**

**Dr JOHN KAYE:** There is growing community concern about emissions from coal-fired power stations and coal dust and other materials emitted from coalmines in the Hunter. Concerns have been raised about the growing incidence of what is suspected to be cancers related to power station emissions and coalmining. Are you aware of calls for an independent health study? If so, have any specific approaches been made to you by individuals, community groups or environmental groups?

**Dr CHANT:** The response I provided then was that I have not been personally approached in relation to an independent study. I then responded by describing the input Health has with regard to the development of mines and other similar initiatives. The Department of Health is asked to provide health advice. We review the environmental impact statements to ensure that there is robust consideration of health issues. I am happy to take the question on notice and to provide some further information.

**Dr JOHN KAYE:** Thank you. I would appreciate that.

#### **ANSWER:**

The Department of Health has not received any formal requests for a specific independent study into the health and social impacts of coal mining in the Hunter Valley.

## MINISTER ASSISTING THE MINISTER FOR HEALTH (CANCER)

### BUDGET ESTIMATES - QUESTION ANSWERED

On 17 September 2009, during my appearance before the General Purpose Standing Committee No. 4, Dr John Kaye MLC asked a question on page 5 of the Hansard, which was taken on notice, concerning smoking in alfresco eating areas.

#### QUESTION 3

**Dr JOHN KAYE:** Where are you headed with alfresco eating areas? Queensland and Tasmania have legislated in this area and the Australian Capital Territory Government has promised to legislate. Is the New South Wales Government heading in that direction? Are we doing any studies to support such legislation? What is the current situation?

**Mrs BARBARA PERRY:** You know that we have a ban on indoor smoking. It is one of the most significant and far-reaching changes in smoking laws in decades.

**Dr JOHN KAYE:** Definitely.

**Mrs BARBARA PERRY:** I will consult widely about this issue. However, I became the Minister responsible for dealing with cancer on Monday afternoon, so I will not put any bold policy statement to you after only 48 hours in the job.

#### ANSWER:

Whilst the *Smoke-free Environment Act 2000* bans smoking in enclosed public spaces in NSW, it does not currently extend to smoking in outdoor areas including alfresco eating areas.

However, the NSW Government has provided power to local councils, under section 632 of the NSW Local Government Act 1993, to make by-laws including by-laws which restrict smoking in open public areas. Some councils have used these powers to-date in relation to alfresco eating areas in public spaces.

The NSW Government is monitoring developments in other jurisdictions in relation to smoking in outdoor areas, and in particular the measures implemented in Queensland and Tasmania in regard to alfresco eating areas. The NSW Government will also be considering emerging evidence in relation to the health impacts of exposure to environmental tobacco smoke in alfresco eating areas. Consumer attitudes to smoke-free eating areas are canvassed as part of the NSW Population Health Survey.

## MINISTER ASSISTING THE MINISTER FOR HEALTH (CANCER)

### BUDGET ESTIMATES - QUESTION ANSWERED

On 17 September 2009, during my appearance before the General Purpose Standing Committee No. 4, Dr John Kaye MLC asked a question on page 6 of the Hansard, which was taken on notice, concerning monitoring the health of staff working in smoke-free exempt areas.

#### QUESTION 4

**Dr JOHN KAYE:** I am glad you said that because I want to talk about the smoke-free exempt highroller rooms and private gaming rooms in the Star City Casino and in some of the gaming areas in New South Wales pubs and clubs. Are you doing anything to monitor the health of staff working in these free smoke-free exempt areas?

**Mrs BARBARA PERRY:** I am aware that the staff at Star City Casino have an option not to work in private gaming areas in which smoking is permitted. In light of this the former Minister responsible for this area, Ms McKay, wrote to the managing director of the casino asking him to demonstrate that all employees are informed of their rights and that a formal process is in place to allow staff to opt out of working in a smoking section.

**Dr JOHN KAYE:** There has been a lot of criticism of the opt-out clause. At a time of rising or relatively high unemployment employees feel pressured, overtly or covertly, and, given the evidence, as we agreed before, on sidestream smoke is in and given this Government's approach to occupational health and safety, how do you explain what effectively becomes a voluntary exposure to occupational health and safety risk?

**Mrs BARBARA PERRY:** An annual review of the exemption is undertaken to ensure consistency with the smoking restrictions in casinos in other jurisdictions in accordance with the Smoke-free Environment Act 2000. A report considering this will come out in June of next year.

**Dr JOHN KAYE:** Is that under the Casinos Act?

**Mrs BARBARA PERRY:** I think it is the Smoke-free Environment Act.

**Dr JOHN KAYE:** Broadly speaking, what are the terms of reference of that review? What does it look at? What does it take into account? How does it make recommendations?

**Dr CHANT:** I will have to provide you with the templates and consideration of the criteria for that review, but it is currently being undertaken so I am happy to provide that to you.

**Dr JOHN KAYE:** Is that review based on evidence of health checks associated with workers who are exposed to sidestream smoke?

**Dr CHANT:** I am not across the full details of the nature of the review. I am happy to take that on notice and provide it to you. I know one of the considerations is around parity with other States, but I am happy to provide further details to you.

#### ANSWER:

Section 11C of the *Smoke free Environment Act 2000* requires the NSW Government to undertake an annual review of the exemption for a casino's private gaming areas in relation to smoking in enclosed public places. The single term of reference for this review is to determine whether the exemption continues to be justified on the grounds of maintaining parity with the smoking restrictions in casinos in other Australian States and Territories. The review also takes account of consultation with the casino and the Liquor, Hospitality and Miscellaneous Workers Union.

The statutory review is to be undertaken within one month after 1 January each year and a report on the outcome of this review to be tabled in each House of Parliament no later than 1 June of the year in which the review is undertaken.

The NSW Government does not monitor the health of staff working in the private gaming areas (also known as high roller rooms) of Star City Casino. It is the responsibility of Star City Casino to meet legislative obligations to employees under the *Occupational Health and Safety Act 2000*.

### Questions from Mr Gay

1. In May 2009, the Cancer Council NSW reported that in some parts of NSW, the only radiotherapy treatment centre is private (Riverina and Central Coast). In these areas, local residents have to choose between paying the costs charged by the private provider, or travelling further afield for treatment. The Cancer Council recommended that NSW Health should establish a funding mechanism to purchase treatment from private providers in those areas so that patients are not required to pay the 'gap fee'.
  - a. Does NSW Health have data on the number of patients who travel out of area because they cannot afford to use the private centres closer to home?
  - b. Has NSW Health developed a model for purchasing services from the private providers so that cancer patients can access radiotherapy treatment locally without incurring financial hardship?

### ANSWER:

- (a) A patient's decision to have radiotherapy should be discussed by the clinicians and the patient and their family or carers. Some patients, because of the complexity of their diagnosis, the appropriate treatment, or their age, may need to travel to access specialised care.

NSW will vigorously pursue all opportunities for funding from the 2009-10 Commonwealth Budget Initiative for Regional Cancer Centres. In the meantime, Area Health Services will continue to pursue such strategies as outreach services; transport to treatment centres; patient scheduling; and assistance with accommodation.

(b) The Commonwealth Extended Medicare Safety Net (EMSN) is designed to assist families and individuals with high out-of-pocket costs for out-of-hospital services covered by Medicare. Holders of Pensioner cards, Health Care cards, or Commonwealth Seniors card have a threshold of \$529.30. All other Medicare card holders have a threshold of \$1058.70. Once the relevant threshold has been met, Medicare will pay 80% of any future out of pocket costs (that is the difference between what the doctor charges and the Medicare Benefit) for out of hospital Medicare services provided in the remainder of the calendar year.

Therefore, once patients having radiotherapy treatment reach the EMSN threshold, Medicare will pay 80% of any out-of-pocket costs.

2. The Audit Office, in its report 'Tackling Cancer with Radiotherapy' recommended that NSW Health establish centralised booking systems for radiotherapy by December 2009. Can you advise:

- a. Whether implementation of this recommendation is on-track
- b. What the cost of the centralised booking system is
- c. Whether these funds have been made available in the current budget.

**ANSWER:**

The NSW Government is committed to equitable access to medical services despite the challenges posed by our geographic diversity. Provision of radiotherapy is in part, therefore, a matter of careful planning and deployment of limited resources.

A number of the Audit Office recommendations will involve resources and these will need to be considered in the context of priorities and available resources .

3. What is the expected completion date of development of the cancer centre at Orange Base Hospital, including the estimated date from which radiotherapy services will be provided to cancer patients?

**ANSWER:**

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

4. What is the expected completion date of the Integrated Cancer Centre at Lismore Base Hospital and the estimated date from which radiotherapy services will be provided to cancer patients?

**ANSWER:**

I am advised that the Lismore Integrated Cancer Centre (ICC) building is on schedule for completion at the end of March 2010. It is anticipated that the first oncology patients will commence chemotherapy treatment in the new facility by end of April 2010.

I am advised that, following commissioning of the Linear Accelerator, the treatment planning of the first Radiotherapy patients will be completed by the end of May 2010. This will mark the overall completion of the project.

5. As part of the development of the cancer care centre at Lismore Hospital, what provision has been made for patient accommodation?

**ANSWER:**

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.

6. The Audit Office report listed geographic areas of need for radiotherapy as the Central Coast, Hunter New England and the Illawarra Shoalhaven. What provision has been made to address the need for radiotherapy in these areas, in the budget appropriations and forward estimates?

**ANSWER:**

NSW is working to achieve the Audit Office recommendation that the next Radiotherapy Plan be published by June 2010. It should be noted that its implementation will be dependent on resource availability, as acknowledged by the Audit Office.

The Member is referred to the NSW Health's Response to the Audit Office Report Recommendations.

It is noted that the Audit Office recommended "detailed analysis of options for radiotherapy services (including public or private provision) and sites in the geographic areas of need," and that the timing of such analysis is determined by both the annual budget cycle and limited available resources.

The NSW Government is committed to equitable access to medical services despite our geographic diversity. Provision of radiotherapy is in part, therefore, a matter of careful planning and deployment of limited resources in the most efficient manner commensurate with that commitment.



7. On 31 August, the NSW Government announced the appointment of a project management firm to plan for the expansion of radiotherapy services on the Central Coast. When does the NSW Government expect that expanded radiotherapy services will be available for the residents of the Central Coast?

**ANSWER:**

The Member is referred to the answer to Question 6 above.

**8. In relation to Breast screening services:**

- a. Are you aware that in April this year, then Acting Premier Carmel Tebbutt and Minister assisting the Minister for Health (Cancer) Jodi McKay launched a new \$1.5 million awareness campaign promoting the importance of regular mammograms?
- b. Are you familiar with the press release issued on June 19 2009 on release of the 2009-10 budget, that Minister assisting the Minister for Health (Cancer) Jodi McKay highlighted Cancer Institute NSW funding including: \$46.7 million for screening programs to better detect breast, bowel and cervical cancers enabling early intervention and treatment?
- c. Do you agree with them that having regular mammograms is important in enabling early intervention and treatment?
- d. Are you aware that the Cancer Incidence and Mortality Report shows that death rates from Breast Cancer have also declined by 15 per cent over the past 10 years but would decline further if more women over 50 years had a bilateral screening mammogram every two years?
- e. Does it alarm you that, despite the BreastScreen 'Program's aim is to achieve a participation rate of 70% among women aged 50-69', NSW Budget papers show that the participation rate of women in this age-group has dropped from a high of 60% in 2000-01 to 54.3% in 2008-09?
- f. Are you aware that BreastScreen, nationally advises that: it targets 'well women without symptoms aged 50-69, although women aged 40-49 and 70 years and older are able to attend for screening,'
- g. Did you know that even though breast screening is targeted at the 50 to 69 age group, 23 per cent of breast cancer cases were in females aged under 50 at diagnosis and 25% were aged over 70?
- h. In light of these statistics, based on data in the Cancer Incidence and Mortality Report 2006, showing that 48% of all breast cancer cases are outside the target group, and since you agree that screening is important in enabling early intervention and treatment – will you reverse your government's policy announced in December 2004, not to reinstate women for BreastScreens unless they were 50-69?
- i. Further, in light of these statistics, will you reject recommendations following review into BreastScreen Australia, that women under 45 and over 75 are barred from routine screening?

**ANSWER:**

- (a) Yes.
- (b) Yes.
- (c) Having regular mammograms is important in enabling early intervention and treatment.
- (d) The Cancer in New South Wales: Cancer Incidence and Mortality Report 2006 states that deaths from breast cancer declined by 13.8% between 1997 and 2006. The BreastScreen Australia program was established on the premise that biennial screening of well women in the 50-69 year age group will significantly reduce mortality from breast cancer. Mortality reductions are likely to increase with higher participation in the BreastScreen program by women aged 50-69 years.
- (e) The BreastScreen NSW Program aims to increase participation rates in the state through strategies including state-wide media campaigns, expansion of screening services to after hours appointments and targeted initiatives to recruit women to participate in the program at a local level.
- (f) Yes.
- (g) Yes.
- (h)&(i) Criteria for screening are decided at a national level by BreastScreen Australia. The BreastScreen Australia Evaluation recommendations will be further discussed at the Australian Health Ministers' Conference in November 2009.

### Questions from Miss Gardiner

9. Radiotherapy Waiting Times - The Australian Council of Healthcare Standards (ACHS) clinical indicator for radiotherapy wait times is currently 14 days. In addition, The ACHS defines the Radiotherapy Waiting Time as the time taken from the 'Ready for Care' date to the Start of Radiotherapy Treatment. With respect to this:
- a. Does NSW Health use The ACHS clinical indicator for radiotherapy wait times and The ACHS definition for Radiotherapy Waiting Time as its benchmarks for radiotherapy treatment?
  - b. If not, what benchmarks does NSW Health use?
  - c. What are the current waiting lists as of 21 September 2009 that have exceed the above benchmarks at the following Radiation Oncology Treatment Centres (ROTCs):
    - i. Illawarra Cancer Care Centre, Wollongong Hospital, Wollongong
    - ii. Nepean Cancer Care Centre, Penrith
    - iii. Calvary Mater Newcastle, Department of Radiation Oncology, Newcastle
    - iv. Prince of Wales, Institute of Oncology, Randwick
    - v. Northern Sydney Cancer Centre, Royal North Shore Hospital, St Leonards
    - vi. Royal Prince Alfred Hospital, Camperdown
    - vii. South Western Sydney Cancer Service, Liverpool and Macarthur
    - viii. St George Cancer Care Centre, St George Hospital, Kogarah
    - ix. St Vincent's Radiation Oncology, St Vincent's Hospital, Darlinghurst
    - x. Westmead Hospital, Department of Radiation Oncology, Westmead
    - xi. North Coast Cancer Institute, Port Macquarie and Coffs Harbour
  - d. Does NSW Health plan to establish a centralised database of ROTC waiting times in the future?
  - e. If so, when? If not, why not?

### ANSWER:

Each Radiation Oncology Treatment Centre (ROTC) has a system to monitor waiting times and a method of prioritising and categorising urgency of patients. This assists in the management of patient treatments and helps identify ROTCs across the Cancer Network that may have shorter wait times for patient referrals. This also enables clinicians and patients to make informed decisions about treatment options.

NSW Health and the Cancer Institute NSW have been working to improve the systematic statewide monitoring and analysis of patient waiting times. The Cancer Institute NSW has provided funding for a position for a three year period to assist in identifying issues with the current systems and how these could be addressed.

10. Radiotherapy Services - NSW Audit Office's performance audit of radiotherapy Services in NSW,

Tackling Cancer with Radiotherapy highlights the draft Tamworth Health Services Plan 2008-2012 as providing information in relation to planning for future services at Tamworth and identifies Hunter/New England as a "geographical area of need".

- a. What plans does NSW Health and/or Hunter New England Area Health Service have for Radiotherapy services in the Hunter/New England area?
- b. The NSW Cancer Council report Improving Radiotherapy Where to from here? A roadmap for the NSW Government identifies that Tamworth and Dubbo are locations that "should be considered for new or expanded radiotherapy services."
  - i. Will the NSW Government make radiotherapy services in Tamworth and Dubbo a priority?
  - ii. Are there plans for the NSW Government, the Greater Western Area Health Service or the Hunter New England Area Health Service to tender for a share of the \$560 million of federal money for "best-practice regional cancer centres" to provide radiotherapy facilities in Dubbo and Tamworth?
  - iii. If so, please list details.
  - iv. If not, why not?

**ANSWER:**

NSW is working to achieve the Audit Office recommendation that the next Radiotherapy Plan be published by June 2010. It should be noted that the implementation will be dependent on resource availability, as acknowledged by the Audit Office.

The NSW Government is committed to equitable access to medical services despite our geographic diversity. Provision of radiotherapy is in part, therefore, a matter of careful planning and deployment of limited resources.

NSW Health intends to submit applications to the Commonwealth Government's Regional Cancer Centre initiative, once the funding principles have been finalised and applications are invited.