

GENERAL PURPOSE STANDING COMMITTEE NO. 3

Tuesday 1 September 2015

Examination of proposed expenditure for the portfolio area

HEALTH

UNCORRECTED PROOF

The Committee met at 2.00 p.m.

MEMBERS

Ms J. Barham (Chair)

Mr J. Buckingham
The Hon. B. C. Franklin
The Hon. C. Houssos
The Hon. N. Maclaren-Jones (Deputy Chair)

The Hon. S. Mitchell
Reverend the Hon. F. J. Nile
The Hon. M. Pearson
The Hon. W. Secord

PRESENT

The Hon. Jillian Skinner, *Minister for Health*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

**Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000**

CHAIR: Welcome to the public hearing for the inquiry into budget estimates 2015-16. Before I commence I acknowledge the Gadigal people who are the traditional custodians of this land. I pay respect to the elders past and present of the Eora nation and extend that respect of other Aboriginals present.

I welcome Minister Skinner and accompanying officials to this hearing. Today the Committee will examine the proposed expenditure for the portfolio of Health. Today's hearing is open to the public and is being broadcast live via the Parliament's website. A transcript of today's hearing will be placed on the Committee's website when it becomes available.

In accordance with the broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I also remind media representatives that they must take responsibility for what they publish about the Committee's proceedings. It is important to remember that parliamentary privilege does not apply to what witnesses may say outside their evidence at the hearing. I urge witnesses to be careful about any comments they make to the media or to others after they complete their evidence as such comments would not be protected by parliamentary privilege if another person decided to take action for defamation. The guidelines for the broadcast of proceedings are available from the secretariat.

There may be some questions that a witness could only answer if they had more time or if they had certain documents to hand. In these circumstances witnesses are advised that they can take a question on notice and provide an answer within 21 days. Any messages from advisers or members of staff seated in the public gallery should be delivered through the Chamber and support staff or the Committee secretariat. I remind the Minister and officers accompanying her that they are free to pass notes and refer directly to advisers seated at the table behind her. Transcripts of this hearing will be available on the web from tomorrow morning.

I ask everyone to turn off their mobile phones for the duration of the hearing. I take this opportunity to remind everyone about the use of social media. Please be careful and respectful in the way you might use social media.

All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. The Minister does not need to be sworn as she has already sworn an oath to her office as a member of Parliament. I remind Dr Foley, Mr Roach, Ms Crawshaw from NSW Health and Dr Chant and Ms Koff from the Ministry of Health that they do not need to be sworn as they were sworn in at an earlier budget estimates hearing. For other witnesses, I ask that each of you in turn state your full name, job title and agency and swear an oath or affirmation, the words of which are on cards on the table in front of you.

ZORAN BOLEVICH, Executive Director, Health Systems Information and Performance Reporting, NSW Ministry of Health, affirmed and examined:

STEWART DOWRICK, Acting Deputy Secretary, System Purchasing and Performance, NSW Ministry of Health, sworn and examined:

JOHN ROACH, Chief Financial Officer, NSW Health,

KERRY CHANT, Chief Health Officer and Deputy Secretary, Population and Public Health, Ministry of Health,

MARY FOLEY, Secretary, Ministry of Health,

ELIZABETH KOFF, Acting Deputy Secretary, Strategy and Resources, Ministry of Health, and

KAREN CRAWSHAW, Deputy Secretary, NSW Health, on former oath:

CHAIR: I declare the proposed expenditure for the portfolio of Health open for examination. We will begin with questions from the Opposition.

The Hon. WALT SECORD: I will start with ambulance response times. Are you aware that reports surfaced on 26-27 November that an ambulance took 23 minutes to get to the Sydney Cricket Ground for cricketer Phillip Hughes?

Mrs JILLIAN SKINNER: Yes, I am. There was considerable investigation of that matter by the former Commissioner of Ambulance, Commissioner Ray Crean, and I think a public statement was made about it at the time. Make no mistake: it was a tragic incident, but it was partly because when the first call came in it was made by somebody who was nowhere near the cricketer so there was no accurate account of the injuries he may have received. Later calls were made where the call-taker asked whether the phone could be given to the doctor or someone close by the cricketer, and at that point there was a much faster response.

But I can tell you—and this has been acknowledged—that at the time the intervention by the paramedics was phenomenal. They provided wonderful care, as did the people on the ground, and that it was their intervention that enabled the cricketer to get to the hospital while still alive. It was a tragic incident that everyone mourned about for some time, including the paramedics and everyone involved.

The Hon. WALT SECORD: At the time you said there would be a report, an investigation into that. Will you instruct NSW Health, the Ambulance Service and 000 to provide all records and material to the coronial inquiry?

Mrs JILLIAN SKINNER: We have already done that. I think it was done not long after the event.

The Hon. WALT SECORD: I turn your attention to 11 June. On that day there was a bit of media scrutiny and attention to waiting lists, people waiting to get on the waiting list for procedures. There was discussion in Western Sydney about cataract surgery. At the time you put out a media statement—indeed, it was 4 June—in which you said that 99 per cent of patients were receiving their care within critically recommended time frames.

Mrs JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: I think that on 11 June you said that you were waiting two years for cataract surgery yourself. What is the status of your waiting?

Mrs JILLIAN SKINNER: That is not exactly what I said. Maybe it was not quoted quite accurately. I said my ophthalmologist believed I needed a cataract procedure.

The Hon. WALT SECORD: You said on Channel 7 that you were on a waiting list for two years.

Mrs JILLIAN SKINNER: I am still on a waiting list because it is not the clinically appropriate time, according to my ophthalmologist, for me to have that yet. And that is the whole point about this. When somebody goes to their primary health care provider—in my case an optometrist—I was referred to a specialist, and I saw my ophthalmologist in his rooms. He determined the urgency with which he believed the procedure needed to be done, and he said, "I don't think it's urgent right now. You should wait but we need to keep a watching brief on that." I could go back to him at any time and say, "It's getting difficult. I think we need to consider again." He could re-examine me and then indicate to the hospital that I need to get it done quicker. That is the normal process.

The Hon. WALT SECORD: Do you think it is acceptable for a 79-year-old pensioner in Merrylands to be told that she will have to wait four years for cataract surgery?

Mrs JILLIAN SKINNER: It is interesting that when that question came to me I was at Westmead Hospital doing a visit at the time and I spoke to the experts there. I believe—I am going from memory now—that she had already attended a clinician in his rooms so she had seen a clinician already—

The Hon. WALT SECORD: Yes, she started the process on 11 February 2015.

Mrs JILLIAN SKINNER: —at some other hospital, if I remember rightly. They had said that the clinical urgency of her procedure would be such that she would not be seen in the hospital until whatever the date was.

The Hon. WALT SECORD: It was 20 March 2016. She saw her doctor on 11 February 2015 and was told 2016.

Mrs JILLIAN SKINNER: Yes, something like that.

The Hon. WALT SECORD: I think she also has Addison's disease, which is a significant complication. She has been blind in one eye from the age of 13.

Mrs JILLIAN SKINNER: The reason I identify with all of this is that I am blind in one eye and I need cataract surgery, but I am in the hands of my expert doctors to advise me when I need to get that procedure done. It is not for a politician to determine that; it is for the clinicians to determine it. That is what was going on at the time.

The Hon. WALT SECORD: Do you think it is fair that she was told that she had to wait for four years for the procedure?

Dr BOLEVICH: My understanding is that the clinical referral that was received by the specialist outpatient clinic at Westmead indicated that the patient had perfect vision in her healthy eye.

The Hon. WALT SECORD: That is not true.

Mrs JILLIAN SKINNER: That was the advice we had.

Dr BOLEVICH: That is the information we received at the time. Based on the information contained in the referral, the referral was clear this was routine and an appointment was made for March 2016, as you have already pointed out. Obviously, subject to the outcome of that assessment and the clinical process that the Minister has described, the patient's urgency for surgery will then be determined and she will then be placed on the booking system to receive her cataract surgery, if that is what she requires.

The Hon. WALT SECORD: To recap for the Minister's benefit: She is 79 years old, she is a pensioner, she is blind in one eye, she is in failing health and she has Addison's disease and she is told to wait four years. She came to me about that and we went public with that. A millionaire came forward and paid for her procedure because he was moved by it.

Mrs JILLIAN SKINNER: That is wonderful. We have generous people living in this State, so I thank that person.

The Hon. WALT SECORD: She is actually here in this room—

Mrs JILLIAN SKINNER: I thought she was.

The Hon. WALT SECORD: —as any member of our society has a right to be as a taxpayer.

Mrs JILLIAN SKINNER: Absolutely, and I hope she is feeling better and recovering well.

The Hon. WALT SECORD: No thanks to you. She asked me to ask you a simple question, Mrs Skinner.

Mrs JILLIAN SKINNER: Okay.

The Hon. WALT SECORD: A man of a similar age and his wife saw it on Channel 7 and were absolutely moved. They wanted to remain anonymous. She did not want the procedure because, as she said, she has worked since the age of 13 and she wants to wait on the queue like everyone else. We had to convince her to get the procedure. We called her repeatedly and we had to make her get the procedure. She has 27 grandchildren and she has one question. She wants to know, in light of your comments that you are going to wait two years for eye surgery on a public waiting list—

Mrs JILLIAN SKINNER: Maybe more.

Mrs JILLIAN SKINNER: —and you are on a ministerial salary and probably have private health insurance, why are you taking up a position on the queue—

Mrs JILLIAN SKINNER: I am not.

The Hon. WALT SECORD: —when there are pensioners?

Mrs JILLIAN SKINNER: I am not in a position on a queue. I said my specialist had said I do not need to be booked for surgery. I saw him in his private rooms and he said, "You should not be having it here."

The Hon. WALT SECORD: Why did you tell Channel 7 you were waiting two years?

Mrs JILLIAN SKINNER: I said if I required—

The Hon. WALT SECORD: It is a direct quote, not a paraphrase, Mrs Skinner.

The Hon. BEN FRANKLIN: Point of order: I believe—

The Hon. WALT SECORD: I am sorry—Minister not Mrs Skinner.

The Hon. BEN FRANKLIN: That was point of order one. Point of order two is that the Hon. Walt Secord is beginning to hector the Minister. He is making his points validly—

The Hon. WALT SECORD: That is not hectoring by my standards.

Mrs JILLIAN SKINNER: No, he can get much worse than that.

The Hon. WALT SECORD: I am showing respect.

CHAIR: Order! Mr Secord, thank you and we would appreciate it if you would continue to show respect.

The Hon. WALT SECORD: What is the state in Western Sydney at the moment for a person in a similar position as Aunt Sarah Morgan? What is the genuine waiting time for cataract surgery for a person who is 79 years old? There are waiting lists for waiting lists. She was told it would take two years to get on the waiting list and then two years before the procedure. What is the genuine figure? You say 96 per cent of people are getting procedures.

Mrs JILLIAN SKINNER: I said that 96 per cent of our patients who are booked for surgery are being seen within clinically appropriate times. These are national benchmarks reported through national data reporting. It is not for politicians to determine how long each individual patient should wait.

The Hon. WALT SECORD: I am not asking you that.

Mrs JILLIAN SKINNER: That is entirely up to the clinicians.

The Hon. WALT SECORD: Every time we raise an issue about the health system you say that it is not your responsibility. You delegate it; you point to the local health districts.

Mrs JILLIAN SKINNER: I hope, Mr Secord, if you ever became Minister for Health you would not determine which patient has priority over another.

The Hon. WALT SECORD: I am not a clinician, but I would properly resource them.

Mrs JILLIAN SKINNER: Exactly. No, you would resource them but you would not be making those decisions. It is up to the doctors and nurses to determine the seriousness of a patient's condition and then when they should have that procedure done. Some people might not need the procedure at all eventually. They keep a watching brief as they are—

The Hon. WALT SECORD: If you are 79 years of age and you wait four years, you are right, you may not need it.

Mrs JILLIAN SKINNER: Correct. Some people do not ever—

The Hon. WALT SECORD: At the age of 79, four years can be a lifetime.

Mrs JILLIAN SKINNER: Yes. In some cases there are new interventions, new models of care, where procedures are never needed because they have brought forward new interventions.

The Hon. WALT SECORD: How many people are on New South Wales' elective surgery waiting lists for cataract surgery?

Mrs JILLIAN SKINNER: I cannot give you that exact detail for that procedure.

The Hon. WALT SECORD: Then can you direct it to one of your civil servants?

Mrs JILLIAN SKINNER: We will take it on notice.

The Hon. WALT SECORD: You do not have it?

Mrs JILLIAN SKINNER: No, not with me. I can take it on notice.

The Hon. WALT SECORD: I think you do have it with you, Mrs Skinner.

Mrs JILLIAN SKINNER: I do not, actually.

The Hon. WALT SECORD: I think you do.

The Hon. BEN FRANKLIN: Point of order: The Minister has made it clear that she is taking this question on notice and the member should move on.

The Hon. WALT SECORD: I think she does.

Mrs JILLIAN SKINNER: Are you accusing me of lying? I am amazed.

The Hon. WALT SECORD: Let me elaborate, expand. I wrote to the Bureau of Health Information asking if every quarter the data on elective surgery lists are released in New South Wales. I asked if I could receive that information, independent data, when the media and the Minister receive it. You wrote back to me

and said no. I wrote to the person in charge of the Bureau of Health Information and he referred me to you. He said it is Mrs Skinner's decision.

Mrs JILLIAN SKINNER: Correct.

The Hon. WALT SECORD: The customary procedure, they advised me, is they give it to you 48 hours before the public release. Tomorrow is the next quarterly period, so you or your staff have that data. The media already have it and you said you do not have the data on elective surgery waiting list times. I would like you to ask the civil servants on either side of you if, in fact, they have it or if the people behind you have it. The media already have it and I am probably the only person in Sydney who does not have this information.

Mrs JILLIAN SKINNER: You are not, actually; I do not have it.

The Hon. WALT SECORD: If you are going to use semantics, does your office have it? Do your media advisers have it?

Mrs JILLIAN SKINNER: The Bureau of Health Information report comes out quarterly.

The Hon. WALT SECORD: Tomorrow.

Mrs JILLIAN SKINNER: I do not know when it is coming out.

The Hon. WALT SECORD: I would like to draw the Committee's attention to the timetable, 2 September—

The Hon. NATASHA MACLAREN-JONES: Point of order: Could that be circulated?

The Hon. WALT SECORD: Absolutely, with pleasure. In fact it says, "2 September the data for April to June 2015 provides regular information to help build the evolving picture of hospital performance and patient—

The Hon. NATASHA MACLAREN-JONES: Point of order: If you are asking the Minister a question, she has a right to see the document, as does the Committee, before—

The Hon. WALT SECORD: I ask an attendant—

CHAIR: Order! I ask that copies be made and—

The Hon. WALT SECORD: I ask the Minister again—

CHAIR: Order! Mr Secord, when you are requesting an answer it would be appreciated if you would allow the Minister to answer rather than interrupting her continuously. Let us pause for a moment because the Minister is waiting for the document. We are all waiting for the document.

Mrs JILLIAN SKINNER: I will wait until I see it to give a definitive answer, but I can tell you that there is a timetable for reports, but especially for those of a quarterly nature. I do not think that is down to the final date.

The Hon. WALT SECORD: Yes, it is.

Mrs JILLIAN SKINNER: That is the period for which they are reporting. All the Bureau of Health Information reports are published on the website. Yes, the media are given it the day ahead so that they can prepare their reports for the next day on an embargoed basis. My office receives it at that time, but I have not received it to this date.

The Hon. WALT SECORD: I would like to ask a question on that basis.

CHAIR: Order! Mr Secord, I do not want to keep asking you not to be rude.

Mrs JILLIAN SKINNER: The practice in relation to Bureau of Health Information reports started when Labor was in office, but we have upped the ante and we are now publishing everything on the website. That was never the case previously, so it is an improvement. There is much greater transparency and accountability, and it is interactive.

The Hon. WALT SECORD: Madam Chair—

CHAIR: Do you have another question?

The Hon. WALT SECORD: This is a question based on the statement the Minister has just made. Minister, do your bureaucrats have that information at the moment that will give us the full data on the number of people in New South Wales waiting for tonsillectomies, hip replacements, knee replacements and all surgery in the elective surgery categories?

Mrs JILLIAN SKINNER: I will ask Dr Bolevich to answer that.

Dr BOLEVICH: The Bureau of Health Information publishes quarterly some of the figures you are talking about. The last quarterly period it reported on is January to March this year, so that information is already out in the public domain.

The Hon. WALT SECORD: I am asking about material for tomorrow, 2 September, the data for the period from April to June—

Mrs JILLIAN SKINNER: It is a target release date.

The Hon. WALT SECORD: I am sorry, but we called them 45 minutes ago to ask them if it will be released publicly to the community tomorrow and they said it is already with the Minister's office.

Mrs JILLIAN SKINNER: I do not have it.

The Hon. WALT SECORD: There is plenty of time this afternoon. I would like that material this afternoon.

Mrs JILLIAN SKINNER: I will take that question on notice and provide the information when I can get my hands on it. I do not know whether it has details about all of those procedures.

Mr DOWRICK: They provide a breakdown of specialities.

The Hon. WALT SECORD: What do they provide?

Mr DOWRICK: About a dozen common procedures.

The Hon. WALT SECORD: It provides response times in emergency departments and elective surgery details for 220 hospitals across the State.

Mrs JILLIAN SKINNER: That is correct.

The Hon. WALT SECORD: It is a little bit of information that the community would like.

Mrs JILLIAN SKINNER: The community has it. We wanted to be far more transparent and accountable. Anyone can access it.

The Hon. WALT SECORD: No, your office has it today and you are denying that you have it.

Mrs JILLIAN SKINNER: I do not have it.

The Hon. WALT SECORD: I see, Mrs Skinner—

The Hon. SARAH MITCHELL: Minister Skinner. The Hon. Walt Secord is putting words in the Minister's mouth. She has already taken the question on notice because she does not have the information.

The Hon. WALT SECORD: I am not satisfied with that. I will continue—

The Hon. SARAH MITCHELL: Just because you do not like the answer does not mean that it is not correct.

Mrs JILLIAN SKINNER: I do not have it.

The Hon. WALT SECORD: Your office has it. The Bureau of Health Information told us today that it is with your office.

Mrs JILLIAN SKINNER: I will take the question on notice and provide it when we can get it.

The Hon. WALT SECORD: It will tell us the state of play of elective surgery in every hospital in New South Wales.

Mrs JILLIAN SKINNER: But not broken down by procedures.

The Hon. WALT SECORD: Yes, it is.

Mrs JILLIAN SKINNER: I think there is a grouping of procedures, but not every procedure.

The Hon. WALT SECORD: Minister, are you aware of community concerns about a decision by South Eastern Sydney Local Health District to remove subsidies for the two childcare centres at St George Hospital and Sutherland Hospital?

Mrs JILLIAN SKINNER: Yes, I am. I understand that they have given an indication that they want to put their resources into and focus on what they regard as core business, which is providing health services. I think there is work underway to ensure there are alternative childcare arrangements within the vicinity.

The Hon. WALT SECORD: Do you think it is appropriate that they were told indirectly by the payroll office two weeks ago that the \$78,000 subsidy that provides child care for doctors, nurses, paramedics and allied health workers on the evening shift at those two hospitals will no longer be provided, and that they were given no warning?

Mrs JILLIAN SKINNER: I do not know that detail.

The Hon. WALT SECORD: Your office confirmed in media reports that it happened.

Mrs JILLIAN SKINNER: Did it? I am sorry, I did not know that. I will find out.

The Hon. WALT SECORD: Would you like to read the note?

Mrs JILLIAN SKINNER: Yes. It does not add anything more than I have said. It states that following a meeting on 25 August one of the services has extended its offer to fund late-night care at the Koala Child Care Centre until December. They have been warned about it, but it is not going to happen until December.

The Hon. WALT SECORD: Minister, you said that you do not make clinical decisions.

Mrs JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: This is not a clinical decision; it is an administrative decision.

Mrs JILLIAN SKINNER: Which is why it is left to the local health districts. I allow them to make decisions.

The Hon. WALT SECORD: What decisions do you make?

Mrs JILLIAN SKINNER: I make systemic decisions.

The Hon. WALT SECORD: Give me an example of a systemic decision.

Mrs JILLIAN SKINNER: We have recently introduced measures to deal with whole-of-hospital issues and whole-of-healthcare issues to smooth the flow of patients through our hospitals. Frankly, we have had stunning results.

The Hon. WALT SECORD: Give me an example.

The Hon. BEN FRANKLIN: Point of order: The member asked for a specific example, and the Minister was in the middle of giving it. The member then interrupted her. Madam Chair, I ask that you rule at least that the Minister be able to finish the answer.

CHAIR: Yes.

Mrs JILLIAN SKINNER: Perhaps he does not want to know about the fantastic work we are doing.

The Hon. WALT SECORD: I would love to know what you do.

CHAIR: The Hon. Walt Secord is continuing to interrupt the Minister after he has asked a question.

Mrs JILLIAN SKINNER: He is playing. The reality is that the whole-of-hospital approach is about smoothing the flow of patients through the hospital system. When I became the Minister for Health in 2011, only 60 per cent of patients were seen and were through the emergency department within the four hours required. That figure is now up to 74 per cent. Why? It is a result of our whole-of-hospital care program, which has engaged all of the devolved hospital districts and the wonderful people working in the ministry and in the pillars who help them to do that. More recently, because of the demand for emergency services, we have initiated the Peak Activity Team. It is headed up by Susan Pearce, the New South Wales Chief Nursing and Midwifery Officer. Twice a day—at 11.00 a.m. and 4.00 p.m.—seven days a week they get in touch with all of our major hospitals, NSW Ambulance, and people in the ministry. The results have been stunning.

I requested and obtained some information that I can now share. Yesterday I was at Campbelltown Hospital to officially open a facility. On Sunday 23 August, just a couple of weeks ago, only 45 per cent of ambulances were able to transfer the care of patients within the required 30 minutes. On Monday 24 August—Mondays are always worse—it went down to 26 per cent. That is very disturbing. This weekend it went up to 93 per cent on Sunday and 78 per cent on Monday, which, as I said, is the problem day. In Liverpool, it went from 60 per cent on Sunday 23 August to 38 per cent on Monday 24 August to 89 per cent a week later and 80 per cent on Monday a week later. These are marvellous examples of how we get a whole-of-health system strategy in place that not only helps the people on the ground—the clinicians and others—but also is fantastic for patients. I am happy to take leadership on that sort of thing and to be involved with this wonderful team with me here. I thank them, as should every member of Parliament.

Reverend the Hon. FRED NILE: How will this budget ease the burden on our overstretched ambulance service, notably with the callout wait time and reducing ramp time when sometimes two or three ambulances are lined up outside hospitals?

Mrs JILLIAN SKINNER: That is a perfect flow-on question from my previous answer. The initiative that I talked about was designed specifically to deal with that. I will get the record straight. The NSW Ambulance budget has grown by 26 per cent since I became Minister. In Labor's last budget in 2010-11 it was \$620 million, and it has grown to \$784 million this year. In fact, our results have been stunning when one considers the triage categories. For category 1A, which is the serious, imminent life-threatening category, the target is to have ambulances respond within 10 minutes. This year the priority response category was within 7.65 minutes across New South Wales. I congratulate our hardworking paramedics.

In relation to demand, NSW Ambulance receives more than 3,000 calls a day. That is an average of one every 28 seconds. There is tremendous demand. It also conducts more than 1,500 transports each day. Patients are supposed to be transported within 30 minutes at the emergency department. When the Labor Government was in office and before I became the Minister this was a major issue. Members probably remember that I would regularly talk about code reds. Hospitals would put out a broadcast to paramedics saying that they were too busy and they should be bypassed. When you have been the shadow Minister for a long time you collect a

great deal of data. I picked out data relating to the period 21 August to 22 August 2004 for all the major hospitals in Sydney. This is what the code reds looked like for those hospitals.

Reverend the Hon. FRED NILE: What year was that?

Mrs JILLIAN SKINNER: That was 2004. And out of that time frame over that 924-hour period hospitals were telling ambulances they were on code red for 545 hours. So it was a massive problem. Now we have this team that is working to introduce new measures and step them up. The first is nurse relief teams. When a paramedic turns up with a patient to an emergency department, normally they have to wait to transfer that patient off the trolley until there is a clinician in the emergency department and a bed or facility to take them. We have appointed nurse teams to transfer that patient care, to take charge of the patients. We trialled it in one of our major hospitals and in a one- to two-week period we saved 200 paramedic hours. They were able to get on the road and make those vehicles and paramedics available.

Reverend the Hon. FRED NILE: Very good.

Mrs JILLIAN SKINNER: As well as that, another initiative we have stepped up and trialled in several wards is protocol-led discharge. This is where there are strict criteria according to clinical determination that have to be checked off and a patient can then be discharged by other than the most senior doctors. This is a major problem at weekends, which is why we always seem to get a bank up of ambulances and patients stuck in hospital beds on Monday. This criteria-led discharge is also likely to free up the patient flow. I can tell you that the response times have been dramatically improved just over the last week, as I have indicated already, in the two major hospitals here.

I did an interview with ABC Radio last night and they asked me about Bathurst. There was in fact a problem with ambulances blocked up at Bathurst, so I made inquiries of this team and I was told the following: At Bathurst they had a total of nine ambulances yesterday—this was the day I was asked. Only one ambulance was delayed. They were delayed up to 140 minutes. Others offloaded as follows: 24 minutes, 22 minutes, eight minutes, seven minutes, five minutes, four minutes and no minutes. That was the response for yesterday, directly from the hospital.

CHAIR: Did you say "no minutes"?

Mrs JILLIAN SKINNER: Yes. There was no wait; they just offloaded. They have triage categories and if a patient is in category 1A, where their life is imminently threatened, then they will be immediately taken into the resuscitation bay.

CHAIR: Right.

Reverend the Hon. FRED NILE: That is very good. That ramp time delay has been worrying me for a long time—since I have been in hospital and seen the ambulances lined up outside.

Mrs JILLIAN SKINNER: Yes.

Reverend the Hon. FRED NILE: Regarding the cancer care centres, my question relates to the not-for-profit accommodation providers who are currently disadvantaged by the Isolated Patients Transport and Accommodation Assistance Scheme. Will the Government increase the level to cover costs rather than continue with the current system, which creates an uneven playing field in regional towns?

Mr JEREMY BUCKINGHAM: Hear! Hear! That is a good question.

Mrs JILLIAN SKINNER: Yes. The Isolated Patients Transport and Accommodation Assistance Scheme—IPTAAS, as it is commonly known—is very important for patients living in country areas who have to travel for treatment. Patients are eligible if they have to travel 100 kilometres for treatment or they have cumulative travel up to that amount. I think when I became the Minister it was \$33 a day for accommodation. We increased that in 2011. Coming into effect today, we have an increase in the commercial rate for people who are staying more than a week—so this is eight days onwards—from \$43 a single to \$80, an 86 per cent boost. It is even more for people in double accommodation, up to \$105.

Reverend the Hon. FRED NILE: That is very good.

Mrs JILLIAN SKINNER: The reality is we are making this directly to patients. It is not going to not-for-profit organisations, which we have been previously providing with a direct subsidy. That remains, so nothing changes for them. This is for patients who are hit by the higher costs of having to stay in a commercial facility. I know it has been very warmly welcomed by country people. We worked on this very hard. Plus we have increased the mileage rate from 15¢ a kilometre up to 22¢ a kilometre, which we have checked on the 100-kilometre run and it gets you through. We have also streamlined the application process. People can do it online now. They do not have to, but they can do it online, which is much easier than it was previously.

Reverend the Hon. FRED NILE: Thank you. That is excellent.

CHAIR: Thank you.

Mr JEREMY BUCKINGHAM: Minister, do you know what the life expectancy of a man born in 2012 in the Central African Republic is?

Mrs JILLIAN SKINNER: No. I am sure you will tell me.

Mr JEREMY BUCKINGHAM: I will. It is 43.6.

Mrs JILLIAN SKINNER: That is tragic.

Mr JEREMY BUCKINGHAM: Do you know what the life expectancy of an Aboriginal man born in Wilcannia in 2012 is?

Mrs JILLIAN SKINNER: I am not sure about Wilcannia, but in terms of Aboriginality across the State it is about—

Dr CHANT: We understand that there is a significant gap in life expectancy between Aboriginal and non-Aboriginal. I would suggest that they probably cannot have real estimates for a town the size of Wilcannia but I do acknowledge there is an incredible gap in the life expectancy of Aboriginal people. The extent of chronic disease in Aboriginal communities and other issues is significant. NSW Health is endeavouring to play its part, but it also needs a very much whole-of-government approach to Aboriginal disadvantage.

Mr JEREMY BUCKINGHAM: Thank you. I appreciate that, Dr Chant. According to the Wilcannia Health Service and the Murdi Paaki group, the life expectancy of an Aboriginal man in that community in Wilcannia is 37 years old, which would make it the worst life expectancy of any group, I would say, in Australia. Do you think that is a matter of national shame?

Mrs JILLIAN SKINNER: Look, I do, if it is accurate—and I will have to check into that. I have been to Wilcannia; I have spent time in Wilcannia. I have spent time with other community out there a number of years ago. I can tell you that we will do everything within our power to, as we continue to do, try and close the gap in terms of health outcomes for Aboriginal people—men or anyone else for that matter.

Mr JEREMY BUCKINGHAM: But specifically in terms of Wilcannia and those far western Aboriginal communities, in terms of "anything in your power" does that mean you will allocate significant resources—or even more resources—to that problem?

Mrs JILLIAN SKINNER: We do. We contribute massive resources. What we are trying to do is work across government to address these issues. I chair the social policy subcommittee in Cabinet. I am very pleased to tell you that the subcommittee includes all the Ministers who have a social policy element to their work—so me, Family and Community Services, Education, Justice and so on. We are really looking at how we can better use multiple sources to make a difference for those people.

Mr JEREMY BUCKINGHAM: The people of Wilcannia have told me that one thing that is exacerbating their health issues is the fact that they do not have access to clean drinking water. The bore water that they routinely have to drink is unfit, according to Australian Drinking Water Guidelines, to give to stock. Do you think that is something the Government should address by investing in water infrastructure that provides them with a clean water supply?

Dr CHANT: Clearly, I will look into that issue immediately. It has not been raised with me. I am aware of the issues facing Broken Hill in relation to the salinity problems and the work that is being done by Department of Primary Industries [DPI] Water in terms of addressing that. I do understand that there are many challenges facing rural water supplies and that they are being progressed by other agencies in government, but I have a responsibility. I would be very concerned if people do not have access to adequate drinking water and if there were any concerns with it being expressed as a potable supply and it not meeting the Australian Drinking Water Guidelines. So I will investigate that and get back to you urgently.

Mr JEREMY BUCKINGHAM: I would appreciate that. As a segue, I do have a question about the Broken Hill water supply. Has NSW Health investigated or provided any advice to other departments in relation to the health impacts of moving the city of Broken Hill onto bore water?

Dr CHANT: Health Protection NSW—which has our statewide water expertise—has been involved, as has the local public health unit and the local area health services, in various cross-government and agencies' local meetings around the water supply issue. I understand there is a solution that is being put in place to ensure that there is a potable water supply for the community. In addition, there will be capital works to provide higher grade water to some of the critical equipment in the hospital which requires water that meets different parameters.

Mr JEREMY BUCKINGHAM: I appreciate that.

Mrs JILLIAN SKINNER: You might be interested in this. I have been handed some data about life expectancy. It is across the State but it is not specific communities. Life expectancy for Aboriginal males in New South Wales was 70.5 years for the years 2010-12 compared to 79.8 for non-Aboriginal males. Wilcannia must be much worse. We will look into that.

Mr JEREMY BUCKINGHAM: It is. The majority of the Aboriginal community, as you know, live in an urban setting.

Mrs JILLIAN SKINNER: I have been there. I agree with you.

Mr JEREMY BUCKINGHAM: I appreciate it is difficult because it is a small cohort but it is still, in my opinion, abysmal.

Mrs JILLIAN SKINNER: It is unacceptable, I agree.

Mr JEREMY BUCKINGHAM: In terms of other Aboriginal health issues, the Aboriginal Medical Service [AMS] Western Sydney is set for closure. It has 11,000 clients; it is a one-stop shop. There is a lot of emotional attachment to that service. What is the position of NSW Health in terms of the withdrawal of Federal funding and the assertion by people at that service that they were expecting capital works funding from the State and that has exacerbated their financial situation?

Mrs JILLIAN SKINNER: It is important to know the context.

Dr CHANT: It is very important that we perhaps make it clear that there continues to be services operated from the site of the former AMS so that there are primary healthcare services, child and family services, dental services, drug and alcohol services, mental health services and services for people with chronic conditions. We are clearly trying to communicate to the Aboriginal community that they can continue to access services from those sites. They can also be assured that their medical records held at that site are safe and secure. If they want to have those records transferred they can, but the service is continuing to operate from that site. At the moment WentWest, which is the primary healthcare network, is providing a transition service, pending the Commonwealth tendering for that service. That site will be available into the future for services to be provided out of that site, and the Commonwealth will be tendering for future services.

At the moment NSW Health and the Commonwealth and WentWest as well as a range of Aboriginal community controlled organisations will be involved on a steering committee which is basically overseeing this transition service and providing input to check that we are meeting all of the needs of the community. The first steering committee, which was last week, identified some concerns around transport and we have worked with WentWest. The primary healthcare network was going to recruit a driver for a van—it is very important for the elderly Aboriginal community members to be brought in. We have a steering committee which is overseeing

this transition and we are making sure that any issues are picked up. Another issue was identified, which is beefing up communication to the local community. It is good to get it on the record that there is a service continuing to operate from this site. Was there another component to your question?

Mr JEREMY BUCKINGHAM: No, I think my time is done. I appreciate the answer.

The Hon. MARK PEARSON: Considering this is possibly a new horizon, I thought I would start with a bit of background and then go to the questions. In 2001, several patients at John Hunter Hospital were found to have become resistant to the antibiotic vancomycin, a condition known as vancomycin resistant enterococcus [VRE]. The patients had no history of use of this powerful antibiotic but subsequent research found that manure from a local poultry farm showed more evidence of avoparcin, a drug similar to vancomycin. Anyone eating the meat from those chickens could have gotten the drug into their system, making them resistant to vancomycin, but no follow-up was ever conducted by the Department of Health or Department of Primary Industries of the day. Several years later, a South Australian study by Professor Mary Barton found that one in 14 chicken carcasses sampled showed traces of VRE.

Avoparcin was quietly withdrawn from the market in the industry and the intensive poultry industry now declares itself antibiotic free, except it is not. Ionophores in broilers are now the main antibiotic for coccidiosis control in poultry, which is a serious issue. Poultry have a high susceptibility to the parasite disease coccidiosis. This is made worse when animals are closely confined in intensive farms because of their susceptibility. Coccidiostats are used in the intensive farming industry and those drugs come under the broad spectrum of antibiotics. According to Northern Ireland's food safety authority, traces of coccidiostats were found in poultry and eggs and investigations pointed to the feed as a likely source. Chris Morrow, PhD, an avian veterinarian with 20 years management experience in Australian poultry and veterinary vaccine industries, noted that the broiler coccidiosis control in Australia is unique with no withdrawal time for most of the coccidiostats.

I can back that up because I have taken feed from three of the major intensive operations in Australia. They are Baiada Steggles, Inghams and Cordina. In the feed, all the way through the 6.2 weeks of growth, what we found were traces of amprolium, salinomycin and nicarbazin—three types of coccidiostats—all under the broad spectrum of antibiotics. They were being used at levels other than the licensed inclusion rate and there appears to be no limitation on combining coccidiostats so that registered combinations, like those three, are being used as we speak. Minister, given the Government's current focus on biosecurity, what investigations have been undertaken to satisfy public health authorities that there will not be further cases of antibiotic resistance in the general public similar to the VRE incidents in the early 2000s?

Mrs JILLIAN SKINNER: Thank you very much for the very detailed background to the question. I think you have put me off eating eggs or chicken.

The Hon. MARK PEARSON: I am right then.

The Hon. WALT SECORD: He has won.

The Hon. SARAH MITCHELL: Mission accomplished.

Mrs JILLIAN SKINNER: That is what you wanted. Dr Kerry Chant is the chief health officer and this is right up her alley. I am sure she will be able to give you an answer.

Dr CHANT: My apologies. I would appreciate, if I could, following this—maybe in the break—to get a bit of the background and I will be happy to explore and give you a much more detailed answer. Talking in general terms, as I understand it, which is around the types of antibiotics, there is a process of approvals for what substances can be used in animals and that is set by the Department of Primary Industries and vets with input across health, I believe, at a national level, but I would have to check that. They generally try not to use antibiotics in animals that are used in humans—for some of the reasons you are highlighting—which is about antimicrobial resistance and we have to keep precious antibiotics for human use when it is needed. There is a process at a national level and obviously there is a concern between antimicrobial resistance and the interplay between the use of antibiotics in animals or the emergence of antimicrobial resistance in animals and humans.

I would not want to leave members thinking that that is the main driver of antimicrobial resistance that we are seeing in outbreaks in hospital settings. Most of those outbreaks are emerging because of a combination of overuse of antibiotics used in humans and also then cross-contamination issues within our health facilities

and in other settings. I would be happy to give a much more detailed analysis in respect of the risks and who is looking at it from a national regulatory perspective. But in relation to antimicrobial resistance, the Clinical Excellence Commission has quite a sophisticated program of looking at VRE and staph aureus, bloodstream infections. This is certainly an area we have to continue to monitor and work with the Public Health Laboratory Network to look at the emergence of new antimicrobials.

The Hon. MARK PEARSON: If we are, as a routine, systemically using three types of antibiotic-type substances as part of normal rearing of chickens in sheds for meat consumption by humans, surely that is an alarming situation. To have it as a systemic part of breeding and growing animals would sound an alarm amongst the community. Why would we need to do that unless there are underpinning, underlying serious health problems for those animals which we are consuming? And, of course, there is a cross-over problem. That leads me to the last question, because I know I have run out of time. Given that there were no Health department investigations into the—

The Hon. BEN FRANKLIN: Point of order: There are three other opportunities for the member to ask his next question.

Mr JEREMY BUCKINGHAM: To the point of order: The member had commenced his question as the alarm rang. I think it would be discourteous, seeing other members ran over, not to give him the opportunity.

The Hon. WALT SECORD: I am willing to yield.

CHAIR: I agree that he was on a run.

The Hon. MARK PEARSON: I acknowledge Walt's kindness.

CHAIR: We will reduce it from your next round of time.

The Hon. MARK PEARSON: Given that no Health department investigation was undertaken into the VRE cases at John Hunter Hospital—

Mrs JILLIAN SKINNER: That was back in 2001.

The Hon. MARK PEARSON: That is correct. Given the ongoing use of antibiotics, as I have just discussed, would the Minister consider establishing a committee to inquire into the use of antibiotic-type drugs in intensive farming and the potential impacts on human health?

Mrs JILLIAN SKINNER: I think this is a Primary Industries role. We cross over but it is something that I would have to discuss with the Minister for Primary Industries. I would also have to discuss it at a national level.

Dr CHANT: There is a national committee that has been reporting to the Australian Health Protection Principal Committee that is looking at this issue. There have been a number of committees that have looked at antimicrobial resistance. I would be very happy to provide a briefing on those initiatives to see if there are any gaps in our knowledge and specifically follow up the John Hunter Hospital incident that you refer to.

The Hon. WALT SECORD: Minister, I return to the issue of St George and Sutherland shire hospitals' child care. Given that you said that you do not make clinical decisions and the Productivity Commission recently identified severe shortages for after-hours childcare places for nurses and paramedics, will you now direct the local health district to continue to provide child care at those two hospitals?

Mrs JILLIAN SKINNER: I will not direct them to do that. No.

The Hon. WALT SECORD: Will you ask them firmly?

Mrs JILLIAN SKINNER: I will certainly have discussions with them because I understand the importance of child care, make no mistake about that. If it is a core business of health, that is one thing. If they can negotiate the provision of child care through some other organisation which is staffed and paid for—even if there was a subsidy—I think that might be a more appropriate use of health dollars, frankly.

The Hon. WALT SECORD: Will you also look at the childcare facilities at the Children's Hospital, Westmead, and the Possum Place Child Care Centre at John Hunter Hospital?

Mrs JILLIAN SKINNER: I am not aware—

The Hon. WALT SECORD: They are in similar situations.

Mrs JILLIAN SKINNER: There was a childcare facility on the site of Dubbo Hospital, and that is being used for part of the redevelopment. I think the local health district out there has helped them find an alternative site which is very close by. As part of our arrangements for the Royal North Shore Hospital site we are seeking expressions of interest. There will be a potential childcare facility there as well. We are very mindful of the importance of providing child care.

The Hon. WALT SECORD: I would like to return to emergency departments, ambulances, paramedics and bed block. Around December this year there was correspondence, media speculation and confirmation from you that you and your department were pushing for the removal of the four-hour emergency department bench targets. Is that correct?

Mrs JILLIAN SKINNER: No.

The Hon. WALT SECORD: It is not correct?

Mrs JILLIAN SKINNER: No.

The Hon. WALT SECORD: Are you happy to have the four-hour benchmark for emergency departments remain?

Mrs JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: Wonderful.

Mrs JILLIAN SKINNER: We have always said that they will remain.

The Hon. WALT SECORD: That is good. There is a wonderful website of the Ministry of Health which is about emergency departments and it gives data as it happens. Mr Buckingham, you would be very interested in this.

Mr JEREMY BUCKINGHAM: I am.

The Hon. WALT SECORD: It shows every emergency department in New South Wales and how many people are waiting in those emergency departments. Given that today is the first day of spring and, Minister, you have said previously that winter is the reason that we have had all the ambulance delays—

Mrs JILLIAN SKINNER: Winter does not end on 31 August, sadly. That happens in the Northern Hemisphere.

The Hon. WALT SECORD: I have lived here longer than there.

Mrs JILLIAN SKINNER: We are at the peak of the flu season. It is called winter but winter does not end on a particular day—for health purposes, anyway.

The Hon. WALT SECORD: We are now in spring. Are you aware that there were 43 patients last night waiting at Westmead Hospital in the emergency department?

Mrs JILLIAN SKINNER: I cannot tell you the data for Westmead but I can tell you that they have been incredibly busy. This is where we are doing the work on trying to deal with issues as they come up. One of the real problems is that there has been such a lack of investment in providing additional capacity in those hospitals over many years. At Westmead Hospital we have in progress the first of our major redevelopments.

The Hon. WALT SECORD: I was out there on Friday.

Mrs JILLIAN SKINNER: That is at a cost of nearly \$1 billion. It will take a while for that to come on stream but the first stage of Blacktown Hospital will, I think, be ready for occupation at the beginning of next year. That will mean an extra bed capacity of 170. That is as well as the new models of care, where we are streaming patients through the hospitals much more rapidly. I have been out at some of those hospitals and they say that they are getting up to 200 patients a day. I saw some data—because we report weekly—about the spike in flu. I was showing the Premier in the Parliament the other day that we are not there yet; we are in the peak of it. We have another two weeks to go.

The Hon. WALT SECORD: It is going to get worse?

Mrs JILLIAN SKINNER: It will get worse. That is why we are being very careful about making sure we have resources in those hospitals.

The Hon. WALT SECORD: If it is going to get worse, what contingency plans do you have in place? What steps do you have in place? Maybe the bureaucrats would like to assist you to explain in detail what the plans are.

Mrs JILLIAN SKINNER: I can tell you. I have already mentioned part of it.

The Hon. WALT SECORD: I would like to hear more.

Mrs JILLIAN SKINNER: I will give it to you. In fact, I will give it to you in great detail.

The Hon. WALT SECORD: "Here is one I prepared earlier."

Mrs JILLIAN SKINNER: Yes. I sat up in the middle of the night to write it.

The Hon. WALT SECORD: You said that you do not make clinical decisions.

Mrs JILLIAN SKINNER: This is not clinical; this is systemic. Mr Secord, I have all the stuff from when you were a staffer in Bob Carr's office. I have a memory that goes back to 1995 so I have all the data here from when you were in government. Wait for it.

The Hon. WALT SECORD: Table it. I would love for it to be tabled.

Mrs JILLIAN SKINNER: I will table some of it.

The Hon. WALT SECORD: All of it, everything in your hands.

Mrs JILLIAN SKINNER: Not all of it.

The Hon. WALT SECORD: Selective editing.

CHAIR: Order! I would like to hear the Minister's response.

The Hon. WALT SECORD: I am mindful of my time.

Mrs JILLIAN SKINNER: Let me tell you about the whole-of-hospital program. This was introduced some time ago and it is the initiative that has been responsible for the increasing number of patients seen and through the ED [emergency department] within four hours. Earlier this year we extended that to transition to the Whole of Health Program. It now includes integrated care across the health system. It involves out-of-hospital solutions so that it will prevent people coming into hospital in the first place if they do not need acute hospital care. The paramedics can now triage them and commend them to the HealthDirect line or take them to a GP or something else.

The Hon. WALT SECORD: Hospital in the Home?

Mrs JILLIAN SKINNER: That is after they have been to hospital, generally. I was very alarmed to read in some of the statistics that something like 40 per cent of the call-outs for ambulances—the red emergency ones—actually do not need an emergency ambulance response. In order to try to deal with that—

The Hon. WALT SECORD: Do you—

Mrs JILLIAN SKINNER: Let me finish this. You wanted to hear that.

The Hon. WALT SECORD: I will come back to the 40 per cent.

Mrs JILLIAN SKINNER: The Whole of Health Program focus for this year has been continued focus on emergency treatment performance and timely access to care, developing improved acute response for children and young people with mental health illness—that is a big challenge—and aged care patients. We are focusing on tackling excessive delays in acute care facilities while awaiting guardianship and subsequent transfer. I was horrified the first time I went to a hospital and learnt of the delays that occur for some patients in acute beds, waiting for resolution through the Guardianship Board. In some cases, it is nine to 10 months a year. That is locking that acute bed for a patient that needs it. We have got Aboriginal health projects that already have been touched upon; identifying and sharing local models that improve not only a patient being put into the hospital but elsewhere.

The Hon. WALT SECORD: May I intercede, Minister?

Mrs JILLIAN SKINNER: Yes, you may.

The Hon. WALT SECORD: Is the situation, in your own words, that the next two weeks will get worse?

Mrs JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: I understand that. These are the broad-brush things that you are doing.

Mrs JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: But I would actually like to know: What are the on-the-ground steps that you are taking?

Mrs JILLIAN SKINNER: Okay.

The Hon. WALT SECORD: You say that it is going to get worse in the next two weeks.

Mrs JILLIAN SKINNER: Let me tell you about that.

The Hon. WALT SECORD: I would like to know the tangible things that you do.

Mrs JILLIAN SKINNER: The tangible things, okay. I am happy that you have let me come to that part: the peak activity team, just introduced, led by Susan Pearce, the chief nursing and midwifery officer; working with ambulance, the local health districts and networks. These initiatives include nurse off-stretcher teams—to which I have already referred—which have been introduced in some of our largest hospitals' emergency departments, including Royal Prince Alfred, the Liverpool Hospital, and I think they are rolling out even further as we speak. These are initiatives that are being rolled out. These teams of registered nurses are able to take responsibility for patients who have been stuck on ambulance gurneys that prevent that paramedic team and the ambulances being more available on the road to respond to other 000 calls.

As I said, in the first week of its operation over 200 hours of paramedic time was saved for those paramedics to respond to other calls. We are ensuring that our medical assessment units are being utilised efficiently. This is people with chronic conditions who can access units instead of being stuck in the emergency departments [EDs]. We are looking at criteria-led discharge, which I mentioned earlier, and out-of-hospital care. This enables patients that are currently in an acute bed, where it is appropriate, to be provided care in the community. They might be discharged, go to a nursing home, go to their own home. Hospital in the Home is where they are sent home for their continuing care at home with a hospital nurse or a community-based nurse.

We have also got compacts programs, which are packages that help to provide that support, and home-based palliative care. We are also extending the use of our non-emergency patient transport fleet.

The Hon. WALT SECORD: Okay, but at no point did you mention more paramedics.

Mrs JILLIAN SKINNER: Well in fact—

The Hon. WALT SECORD: No. At no point did you mention more paramedics.

Mrs JILLIAN SKINNER: We have in fact employed 270 full-time equivalent paramedics more since I have been the Minister.

The Hon. WALT SECORD: I want to stop you right there.

Mrs JILLIAN SKINNER: Yes, I knew you would.

The Hon. WALT SECORD: The 270 paramedics—I would like a commitment from you today. I would like a full list of the geographical locations and the dates those 270 paramedics were put on. Could I receive that? Could I receive that on notice?

Mrs JILLIAN SKINNER: I will ask Karen Crawshaw to provide some further information on that but I will let you—

The Hon. WALT SECORD: No. I would actually like proof that those—

The Hon. SARAH MITCHELL: Point of order: The Minister is trying to answer the question. You should let her finish.

Mrs JILLIAN SKINNER: Yes, let me.

The Hon. WALT SECORD: I am just making sure the Minister understands—

The Hon. SARAH MITCHELL: I am sure she understands. Of that, I have no doubt.

The Hon. BEN FRANKLIN: She is a very intelligent lady. I am sure she understands.

Mrs JILLIAN SKINNER: I get it. I get it, Walt.

The Hon. WALT SECORD: Okay.

Mrs JILLIAN SKINNER: Let me first of all say, before I ask Karen Crawshaw to respond more fully, that it is a 272.7—I call that 273—full-time equivalent increase in paramedics. Of that number, 104 were employed to accommodate the new award rosters that were negotiated by the former Labor Government, which we have implemented. This is a roster where they have four days on—these are 12-hour days—and then five days off. We have to employ extra paramedics, of course, to ensure that those teams are able to get back out on the road. I am very happy to pass to Karen Crawshaw to give you more details.

Ms CRAWSHAW: In terms of—

The Hon. WALT SECORD: The 273?

Ms CRAWSHAW: —the 273, the 272.7.

The Hon. WALT SECORD: What was that?

Mrs JILLIAN SKINNER: Two hundred and seventy-two point seven, to be precise.

The Hon. WALT SECORD: I want more answers from her.

Ms CRAWSHAW: In terms of the additional 273—and I will round it up—

The Hon. WALT SECORD: Yes.

Ms CRAWSHAW: —my understanding is that comes from payroll data that is supplied by the Ambulance Service. To go into an exercise of trying to go to each geographical part of the State and identify precisely how much in each part of this State would be a very, very—I would have thought—resource-intensive exercise, given this is information that comes off the payroll.

The Hon. WALT SECORD: Okay. These 273, do they exist? Are they walking on the street? Are they in addition?

Ms CRAWSHAW: According to the Ambulance Service, there are 273 more full-time equivalent [FTE] being paid now—today—than there were four years ago. That is the advice from the Ambulance Service.

The Hon. WALT SECORD: Okay. I would like that breakdown.

Ms CRAWSHAW: I think it will be a very difficult breakdown to provide in terms of—

The Hon. WALT SECORD: I think you will be able to do it.

Ms CRAWSHAW: I do not. I am not going to undertake—

The Hon. WALT SECORD: Do it to the best of your ability.

Ms CRAWSHAW: I will have to take it on notice and see if it can be done.

Mrs JILLIAN SKINNER: The other thing you might be interested to know is that there has been a number of reviews of the Ambulance Service. There was one done in 2008 by Graeme Head, who is currently the Public Service Commissioner. He did a review on behalf of the Labor Government. Then we repeated an independent review of the Ambulance Service in 2012, done by Brendan O'Reilly, the former secretary.

The Hon. WALT SECORD: I know Brendan.

Mrs JILLIAN SKINNER: I knew you would. In all those reviews and ones even earlier they recommended splitting the emergency from the non-urgent emergency patient transport, including looking at contestability there. One of the things we have done is set up a booking hub for non-emergency patient transport. That commenced operation in 2014. It provides centralisation of all the bookings and scheduling functions for non-emergency transport.

Ms CRAWSHAW: In the greater metropolitan area.

Mrs JILLIAN SKINNER: In the greater metropolitan area today, yes, thank you, Karen—a good distinction. Since then there has been a dramatic reduction in the number of non-emergency transports undertaken by emergency ambulance vehicles, down from 19.6 per cent in 2012-13—that is 19.6 per cent—to just 4.7 per cent in 2014-15. Of course, you see what this is doing. It is freeing up those paramedics and those red ambulances—the emergency fleet—to respond to the 000 calls

The Hon. WALT SECORD: And the green part is the one that you are privatising.

Mrs JILLIAN SKINNER: In fact, there is part of a green fleet that will be run by—that is already being run by—local health districts by the Ambulance Service. I think we are trialling a non-government organisation in south-east Sydney that is about to start operation later this year.

The Hon. WALT SECORD: Minister, earlier in your previous answer you said that 40 per cent of visits to patients by paramedics were "unnecessary".

Mrs JILLIAN SKINNER: No, I did not say that. I said they are not—

The Hon. WALT SECORD: You actually said "unnecessary".

Mrs JILLIAN SKINNER: The data indicates that they are not emergency calls that require transportation to hospitals and admission to the hospitals.

The Hon. WALT SECORD: These are people who you say are presenting with ingrown toenails.

Mrs JILLIAN SKINNER: No. That was actually a comment made by the Commissioner of Ambulance Service.

The Hon. WALT SECORD: That was actually you on television.

Mrs JILLIAN SKINNER: No, it was not actually, Walt. Go and read the *Hansard*. What I was doing was quoting the commissioner.

The Hon. WALT SECORD: So he's wrong then. You do not agree with his statement.

Mrs JILLIAN SKINNER: No, no. I do. Let me quote what he actually said.

The Hon. WALT SECORD: Okay. But you do not disagree—

The Hon. BEN FRANKLIN: Point of order—

CHAIR: Order! Mr Secord, allow the Minister to respond before you interject.

Mrs JILLIAN SKINNER: Let me quote what he actually said; he said it on television. It is on my Facebook page, if anyone wants to see the commissioner making the comment—because I kept the channel 7 clip, just in case you were going to misquote it, Walt. What he said at the time—

The Hon. WALT SECORD: You said it in Parliament.

Mrs JILLIAN SKINNER: I was quoting.

The Hon. NATASHA MACLAREN-JONES: She is trying to answer to tell you.

Mrs JILLIAN SKINNER: Read it very carefully. I was quoting Commissioner Creen. This is a story published 8 July 2015 in the *Area News* in Griffith quoting Commissioner Creen, where he was talking about:

Local ambulance officers described a range of minor issues they had been called to, from stubbed toes to sore throats and hangovers, and even one case where they were called out for a constipated dog.

I am quoting ambulance officers. No wonder they are furious.

The Hon. WALT SECORD: That is four examples.

Mrs JILLIAN SKINNER: No wonder they are furious about these sorts of mischievous calls, or calls that are preventing their ability to get out and respond.

The Hon. WALT SECORD: You are trying to say that ambulances backed up across the State, 11 deep on the Central Coast at Wyong and Gosford—

Mrs JILLIAN SKINNER: No, I am not saying that.

The Hon. WALT SECORD: —are due to that.

Mrs JILLIAN SKINNER: You know I am not saying that.

The Hon. WALT SECORD: Then why are you using these examples?

Mrs JILLIAN SKINNER: I am quoting paramedics.

The Hon. WALT SECORD: Why are you using these examples then?

Mrs JILLIAN SKINNER: Because it is really important that the public understand. There is a campaign being conducted by New South Wales Ambulance at the moment called, "Is your urgency a real emergency?" It is important. This was recommended in the review by Graeme Head and every other. It is important to educate people about the requirement to be careful about not calling ambulances when it is not necessary, or when you could be treated in another way, which would potentially cause tremendous damage to somebody else, or even risk their life. That is what this is about.

The Hon. WALT SECORD: Okay. So what is causing ambulances to be 13 deep at Liverpool Hospital and 11 deep at Gosford-Wyong?

Mrs JILLIAN SKINNER: I do not think they are at that level now.

The Hon. WALT SECORD: They were last month.

Mrs JILLIAN SKINNER: When were they?

The Hon. WALT SECORD: I could get you the information.

Mrs JILLIAN SKINNER: I do not think you are right. I challenge that. Yesterday Liverpool had 270 overall presentations but still managed transfer of care 80 per cent of the time—that is amazing—which is 30 minutes. Blacktown had very high presentations yesterday, 148, but managed through the night with critical care beds, et cetera.

The Hon. WALT SECORD: So you dispute the front page photograph in the *Sydney Morning Herald*. Was that photoshopped?

Mrs JILLIAN SKINNER: I do not know. You would have to ask the Herald.

The Hon. WALT SECORD: I think it was genuine.

Mrs JILLIAN SKINNER: Maybe it is; I do not know.

The Hon. WALT SECORD: Given that on Friday 21 August 83-year-old pensioner Francesca Werner waited two hours and 40 minutes on the pavement at Abbotsford.

Mrs JILLIAN SKINNER: Yes, unacceptable. I said that immediately I heard it.

The Hon. WALT SECORD: Good samaritans covered her with umbrellas and gave her water—fantastic. What has happened since then? I know that you have expressed your regret for the third or fourth time now, which is wonderful.

Mrs JILLIAN SKINNER: It is wonderful.

The Hon. WALT SECORD: What has happened since then?

Mrs JILLIAN SKINNER: I asked for—

The Hon. WALT SECORD: What happened on that afternoon?

Mrs JILLIAN SKINNER: I asked for an explanation from the acting commissioner. I am advised that there were a number of calls made, including one back to the people on the ground. It was a triaging issue in one instance. They go through a set of questions and they determine the urgency. At one point it should have been upped a level. There was a delay of about an hour, but then it was realised that she did need a more urgent response at that time. The ambulance was despatched more rapidly with lights and sirens, and she was taken to hospital. I am pleased to tell the Committee that the patient is now doing well and was visited by the Ambulance Service on the day to apologise.

The Hon. WALT SECORD: Have you reviewed the triage?

The Hon. BEN FRANKLIN: Point of order—

The Hon. WALT SECORD: Wait a second. This flows in here.

The Hon. BEN FRANKLIN: Your time has expired and you will get another opportunity to ask questions.

The Hon. WALT SECORD: I will come back to it.

Mr JEREMY BUCKINGHAM: Does New South Wales have benchmarks for how far it is safe to drive while giving birth?

Mrs JILLIAN SKINNER: I do not think any distance is safe while you are actually giving birth. Do you mean how far away from a hospital does a pregnant woman in labour need to be?

Mr JEREMY BUCKINGHAM: No. Do you have benchmarks for what is an acceptable distance for a woman to drive a car while giving birth?

Mrs JILLIAN SKINNER: I do not think anyone should drive a car when they are giving birth.

Mr JEREMY BUCKINGHAM: So in your opinion no-one should—

Mrs JILLIAN SKINNER: That is only my gut feeling.

Mr JEREMY BUCKINGHAM: It is important. You do not think a woman should have to drive—

Mrs JILLIAN SKINNER: I certainly would not drive a car while I am giving birth. Would you? Would anyone else?

Mr JEREMY BUCKINGHAM: While you were in labour.

Mrs JILLIAN SKINNER: No.

Mr JEREMY BUCKINGHAM: How would a woman get to hospital if she is in labour?

Mrs JILLIAN SKINNER: If she does not have anyone to drive her, she would call an ambulance.

Reverend the Hon. FRED NILE: Or a taxi.

Mrs JILLIAN SKINNER: Or aeromedical retrieval.

Mr JEREMY BUCKINGHAM: You call an ambulance.

Mrs JILLIAN SKINNER: You could, yes.

Mr JEREMY BUCKINGHAM: When is the review of the Murwillumbah hospital birthing unit by the Northern New South Wales Local Health District expected to be concluded? Will the Minister commit to reopening the service once the review has been concluded?

Mrs JILLIAN SKINNER: The bottom line—it is an issue of concern to the local people—is that it is important because it must be based on what is safe. If there are not sufficient obstetricians, specialists, nurses and others, paediatricians, et cetera, to enable safe delivery of a baby, that is a problem. In the 16 years that I was shadow health Minister I think the Labor Government closed 36 small maternity departments for that sort of reason.

Mr JEREMY BUCKINGHAM: So what is one more?

Mrs JILLIAN SKINNER: Thirty-six. They closed 36.

Mr JEREMY BUCKINGHAM: How many will you close?

Mrs JILLIAN SKINNER: I think this is the only one that is in question but it is in review.

Mr JEREMY BUCKINGHAM: So you will close it.

Mrs JILLIAN SKINNER: No. It is in review. I should tell you that Tweed hospital is only about 20, 40 minutes away so those patients can go there.

Dr CHANT: I have advice about the Wilcannia water supply. Monitoring this year shows that the drinking water meets health-related guidelines. E.coli has not been detected in the water this year. Several physical and chemical characteristics—iron, chlorine, aluminium, total dissolved solids and turbidity—have exceeded guideline values but these have been aesthetic and do not pose a risk to health. There was an episode of some complaints about water quality earlier in the year. This was thought to be related to changing source water in the Darling River. The public health unit investigated at the time and is not aware of any recent complaints or concerns. Wilcannia's water is supplied from the Darling River and from a bore. Drinking water is treated by flocculation, clarification and filtration and disinfected with chlorine.

NSW Health and DPI water have been providing considerable support to the Central Darling shire, which manages Wilcannia's water supply, to help them implement their drinking water management system. The council has limited resources and NSW Health's support includes skilled contractors who are working to optimise water treatment. Commonwealth and State money has been spent on Wilcannia's water supply in the past few years. Wilcannia has two discrete Aboriginal communities that are supported by the New South Wales Aboriginal communities water and sewage program. I am happy to provide more detail.

Mrs JILLIAN SKINNER: Can I come back with more detail?

Mr JEREMY BUCKINGHAM: In a moment. To follow on from that one, you said in a previous answer that a discrete water supply would be provided to Broken Hill hospital.

Dr CHANT: What I indicated—

Mr JEREMY BUCKINGHAM: How is that to occur?

Dr CHANT: Basically, because of some of the specifications of the technical equipment, it needs to meet certain parameters of chemical characteristics, not related to health characteristics but related to the chemical composition. The hospital is also putting in a reverse osmosis plant and there will be some additional refining for the purposes of the particular specialist equipment at the hospital. That is in addition to the solution put in for the entire town.

Mr JEREMY BUCKINGHAM: Can you take on notice the question about what that equipment is that needs the extra level of reverse osmosis treatment?

Dr CHANT: It is about the chemical characteristics of the water.

Mr JEREMY BUCKINGHAM: But for the particular machinery, will you take that on notice?

Dr CHANT: Yes, I will take that on notice and request advice from Broken Hill hospital.

Mrs JILLIAN SKINNER: If I can add to that, I do not think it was Broken Hill but it was an Aboriginal community in western New South Wales. I was approached by the former Governor at one point to see if we could provide a desalination plant for a dialysis unit in a small community. The answer is that we did. That is the kind of purity of water supply that you need for some medical interventions.

Mr JEREMY BUCKINGHAM: I appreciate that. Did NSW Health provide any information or input to the Environmental Protection Authority's inter-agency report "Environmental Compliance and Performance Report: Management of Dust from Coalmines". You might want to take that on notice. Secondly, do you think it is healthy to live next to a coalmine? I would like the Minister to answer the question. Do you think it is healthy to live next to a coalmine?

Mrs JILLIAN SKINNER: I would rely upon the advice of the Chief Health Officer and environmental health people.

Mr JEREMY BUCKINGHAM: Has New South Wales ever conducted a comprehensive study of the health impacts of coalmining?

Mrs JILLIAN SKINNER: Yes. Dr Chant has the answer.

Dr CHANT: We have been working for a while in concert with the local community in the Upper Hunter and there has been some additional work done in the Lower Hunter. It is important to understand that particulates have impacts on health. Those estimates of particulate impact on health have been drawn from studies of very large exposed populations. We went through a process of looking at the size of places like Singleton and Muswellbrook, whether you could conduct a health study that would have sufficient sample size to ensure that you did not erroneously say there was no effect when there was an effect.

We worked with the community and explained that you could not design such a study, and the most important point is extrapolating the known health effects. We know the gradient of health effects; and the gradient for what we know, we treat it like that. So increasing particulates is increasingly bad for your heart. We know the range of diseases that it has been associated with and then by having air monitoring—remember that in the Upper Hunter we have worked with the EPA [Environment Protection Authority] to get independent air monitoring—we can then extrapolate from that the health impacts on that community.

That is the basis of what we look at in various environmental impact statements [EISs]. When Health is looking at environmental impact statements associated with mine developments, we seek advice from the Environment Protection Authority [EPA] to check that the modelling and the data used for those reports is accurate. Then we can extrapolate the health effects from the larger-scale studies that have characterised the health impact. There is a very small individual impact that is significant when you look at it at a population level.

The Hon. MARK PEARSON: Chickens, again. I commence by explaining that in terms of health we have to look at the substances in food, such as, salt, acid, carbohydrates, et cetera. I am of the view that the Department of Health needs to turn its mind more to the story of how animals are produced, so I turn to the issue of avian flu. As you know, H5N1 took its first human life in Hong Kong in 1997 and has since rampaged through Russia, the Middle East and Europe. The medical world has never seen anything like it. We are facing an unprecedented possible pandemic of an unpredictable virus.

Currently, in humans H5N1 is good at killing but not at spreading. There are three essential conditions necessary to produce a pandemic and we are only up to the first stage. For the virus it is one small step to man but one giant leap to mankind. A contingent of scientists called together by the United Nations Food and Agricultural Organization and the World Organisation for Animal Health agrees that bird flu is primarily spread by the poultry industry. It stated: "All the indications are that we are living on borrowed time." A senior associate at the Centre for Biosecurity Risk Analysis lists the indications:

The lethality of the virus is unprecedented for influenza, the scope of the bird outbreak is completely unprecedented and the change that needs to happen to create a pandemic is such a small change—it could literally happen any day.

One of the aspects is that businesses that run factory farms know that they have created an ideal breeding ground for deadly viruses and other diseases. They dose the animals with massive amounts of drugs, as we have gone to. Does the Minister recognise, as the World Health Organization does, that intensive farming operations are the cause of the ideal environment for the mutation of avian flu to an airborne state, which could create human-to-human transmission?

The reason is that at the moment it is just fluid-to-fluid transmission. The fear is that intensive farms, with 22,000 to 44,000 lungs full of blood, create a perfect environment for the current H5N1 virus to mutate into an airborne form, such as Spanish flu. If it mutates into an airborne form, this is the fear the World Health Organization has. Is the Minister aware of this and does the Minister see the seriousness of this in relation to the fact that all the sheds proliferating around New South Wales are seen by the World Health Organization as the incubator for the potential for a pandemic?

Dr CHANT: At the beginning, I would like to say we do work closely with the Department of Primary Industries [DPI] because we deal with a range of what we call zoonoses, diseases of animals that can spread to humans. One of the classics is Hendra virus in horses. We also have vigilance around avian influenza. There are forms of flu in bird flocks and they can develop through passing through animals. There is sometimes an

intermediate host, such as a pig. Pigs are much closer to humans than birds, so there are arguments around which loop will get the flu to us. The real thinking from the World Health Organization is around intensive agriculture where there is significant human population interacting with animals, and more closely in a third-world context.

The Hon. MARK PEARSON: That will not make a skerrick of difference if this virus becomes airborne.

Dr CHANT: Influenza is predominantly droplet spread. In terms of the protections in Australia, we work closely with the DPI. If there is any indication of any animal flocks being unwell the animals die and that triggers investigation and response. For animals we have the absolute control mechanism, which is to kill the animals. We do sometimes pick up forms of influenza in chickens that can transmit to humans. It does not cause this type of flu but it can cause conjunctivitis in humans. We have been involved in working with employers to set up surveillance systems in workplaces. We have a strong vigilance system for the health of animals in confined poultry operations.

The Hon. MARK PEARSON: I question that for two reasons. Why would the Department of Health be assured and convinced that the Department of Primary Industries—which looks after the animal-use industry, not health, although there is some responsibility there—is the right agency to monitor this? Why does the Department of Health not use a completely independent organisation or committee to look at the issue of the potential of not conjunctivitis but of H5N1 spreading? If H5N1 becomes airborne it will kill 53 per cent of infected people. That is not conjunctivitis.

Dr CHANT: No. I am saying there are a number of steps in the evolution of it. The concern of the World Health Organization about the emergence lies largely in countries where there is a lot more human-animal interaction than we have even in our intensive agricultural sheds. I am not saying we should ever be complacent. We need a strong partnership with Primary Industries to ensure that they have mechanisms for identifying the pathogens. That is also in the interests of the growers in the intensive agricultural industry because clearly this flu can spread quickly through the sheds and cause significant fatalities of chickens.

The Hon. MARK PEARSON: My point is that if there is a lovely warm westerly wind and the virus has mutated in a shed and the virus is airborne then it will infect people.

CHAIR: Mr Pearson, you might like to put further questions on notice.

Reverend the Hon. FRED NILE: Minister, are there plans for private development of zone 8 of the southern campus at the Royal North Shore Hospital?

Mrs JILLIAN SKINNER: Yes. There is a bit of background to this. Just before I became health Minister there was a proposal by the former Government to convert 30 per cent of the hospital site to opportunities for private sector or sale to private sector and so on. I made a commitment on behalf of the Coalition in that election campaign to put a moratorium on that until a campus plan had been developed for the whole of the site. I also made a commitment to increase the bed capacity because there was a shortfall.

I think one of the first things I did as Minister was to announce we would build a second element of that hospital as a \$160 million clinical block, which I have happily opened. We developed a campus plan and they identified 8 per cent of the site, which is on the southern end near the Pacific Highway, that the campus plan determined would be for health administration and support services for doctors, patients, et cetera. Included in that would be, for example, things like child care, maybe a medi-hotel for services, health administration, possibly a hydrotherapy pool, et cetera. We then indicated that we would invite expressions of interest from the private sector to see whether any organisation was interested in building it or leasing it long term. We would enter into contractual arrangements to provide those services for the hospital and the health services generally. That is where it sits.

Reverend the Hon. FRED NILE: Will that land still be used for the hospital?

Mrs JILLIAN SKINNER: Yes, it will still provide health services as per the campus plan that was signed by everyone on the site. The only dispute has been whether we should be using State government money to build it or whether it is appropriate to involve the private sector. However, the purpose will be to provide those services as described in the campus plan.

Reverend the Hon. FRED NILE: Are there any plans to sell any of the land for private businesses?

Mrs JILLIAN SKINNER: No, not at this time.

Reverend the Hon. FRED NILE: How does the increased use of e-cigarettes impact on the Health budget in terms of treating tobacco-related diseases and illnesses? Is your department opposing any development of e-cigarettes so that we do not increase the rate of cigarette smoking? We want to keep that rate decreasing. I understand that it is now 14 per cent.

Mrs JILLIAN SKINNER: All governments have been committed to reducing the rate of tobacco smoking for a long time. Crossbench members have also been very vocal about this issue.

Reverend the Hon. FRED NILE: I have been very closely involved.

Mrs JILLIAN SKINNER: I know, and it is marvellous that that is a universal view. Measures come into effect today restricting the sale of e-cigarettes and accessories to minors and for minors—that is, where an adult buys them for minors. We have also introduced restrictions on where vending machines can be placed and have given police officers the power to seize any equipment. From 1 December, there will be further restrictions on vaping in cars in the company of children. Restrictions have also been applied to display materials. We have said that this is the first tranche of measures. We are doing this because of the concerns expressed particularly with regard to young people and e-cigarettes and their being a gateway to smoking tobacco.

Reverend the Hon. FRED NILE: That is the danger.

Mrs JILLIAN SKINNER: The jury has been out on whether there might be some role for e-cigarettes as a diversion from smoking. Even Simon Chapman, the guru when it comes to pushing for measures to reduce tobacco smoking, has said that the jury is still out. Whether that relates to every e-cigarette or only those that have certain nicotine content I do not know. However, I have said that the Government will respond to those recommendations after they have been examined by expert clinicians.

Reverend the Hon. FRED NILE: Thank you for that and congratulations. I refer now to paediatric rheumatology. I understand there are only two rheumatology specialists who care for 6,000 children living with arthritis in New South Wales. Arthritis and Osteoporosis NSW suggests that there is a need for at least six specialists. What has been allocated to meet this need?

Mrs JILLIAN SKINNER: This is testing my memory. This is part of that question of new models of care where people are treated not only by the specialists dealing with their disease but also by a range of different health providers, whether it be physiotherapists or other physicians. It was recommended that these children could be treated using a mix of people from different disciplines. Ms Koff can perhaps provide more information. By way of background, Ms Koff is acting deputy secretary but she was formerly the chief executive of the Sydney Children's Hospital Network.

Ms KOFF: The Minister's memory serves her well. The issue of the number of paediatric rheumatologists was raised by the Arthritis Foundation in relation to the care of children with arthritis and rheumatological conditions. It would be fair to say that paediatric rheumatology is a relatively new specialisation, and there is a range of other paediatric specialists managing the condition. Paediatric immunologists had an extensive role, as did paediatric orthopaedic surgeons. There is a diversity of specialities that have traditionally treated the condition, but it is increasingly becoming a sub-specialisation. The Agency for Clinical Innovation has been doing extensive work on how we can manage and change the model of care as the Minister described. A project manager was appointed to identify and to describe the model of care with a view to getting a better handle on the workforce and the demand for services. That is in progress.

(Short adjournment)

The Hon. COURTNEY HOUSSOS: Minister, before the election the Government said the planning for Maitland Hospital was complete and just waiting for commencement of the build process. In your election commitments document associated with the budget it says that \$25 million will be available to fast-track the construction of the new Maitland Hospital. When will construction begin?

Mrs JILLIAN SKINNER: In fact our documentation before the election was about the \$5 billion we were allocating to capital works over this term—that is building on the \$4.8 billion that we spent last term. We said these works would be commencing during this term. We did not say that it would commence year one. Obviously no government would do that. We have now identified the site. The site is being prepared. There has been remediation work going on on the site, then the clinical planning is going on and work proceeding. We will be making announcements probably by the end of the year.

The Hon. COURTNEY HOUSSOS: By the end of the year regarding the construction commencement date?

Mrs JILLIAN SKINNER: No, the construction commencement date will be done in the context of the budget allocation. As you know, all governments announce how much money they are allocating in each forward year at the budget of that year.

The Hon. COURTNEY HOUSSOS: I am familiar with the budget process. I am interested in what services will be available at the hospital.

Mrs JILLIAN SKINNER: I think we have identified a comprehensive range of services at a much higher level than currently provided at Maitland, which would be emergency department, inpatient care—let me get some notes so that I am totally accurate about this. The site is approximately 40 hectares—much, much bigger than the current site. It would have a future ambulance station, things like medical, surgical, intensive care, cancer—all of those kinds of services that are being identified in the clinical service plan—and a helipad, of course.

The Hon. COURTNEY HOUSSOS: In your answer you mentioned that some of the services that are currently provided at the Maitland Hospital would be provided at the new Maitland Hospital.

Mrs JILLIAN SKINNER: All the acute services at the current Maitland site will move to the new site. I cannot identify exactly what services will remain on the old Maitland site, but it is likely to—

The Hon. COURTNEY HOUSSOS: When do you anticipate that you will be able to identify which services will be provided on the old site?

Mrs JILLIAN SKINNER: That is all part of the clinical services planning that is currently underway.

The Hon. COURTNEY HOUSSOS: And when will that be completed?

Mrs JILLIAN SKINNER: Well, I have said towards the end of this year.

The Hon. COURTNEY HOUSSOS: Towards the end of the year.

Mrs JILLIAN SKINNER: We are expecting that. Do not hold me to an exact date, but the work is ongoing.

The Hon. COURTNEY HOUSSOS: Will all the services be available to both public and private patients if the hospital is a public-private partnership [PPP]?

Mrs JILLIAN SKINNER: All public hospitals in New South Wales or public-private under deals with us have services to public and private patients. Public patients treated as inpatients are not charged anything. The Government pays for public patients treated in public hospitals or not-for-profits.

The Hon. COURTNEY HOUSSOS: I understand that, but my question is: Will all services that are provided at the new hospital be available to public hospital patients as well as private hospital patients?

Mrs JILLIAN SKINNER: Yes.

The Hon. COURTNEY HOUSSOS: Great.

Mrs JILLIAN SKINNER: We have not determined the model we are using, but, yes, that is the norm. Hospitals like the Mater, like St Vincent's, like Hawkesbury, and like the new Northern Beaches Hospital we will be building all have services that are available to public patients as they are to private patients.

The Hon. COURTNEY HOUSSOS: Excellent. I think that is really important for the people of Maitland.

Mrs JILLIAN SKINNER: They are now. Royal North Shore treats private patients. St George treats private patients. Westmead treats private patients. They are all available to both public and private patients. I am glad you asked this question, because there was some quite mischievous disinformation provided in that local district at one point saying you would have to pay—it was a bit like the stupid Americanisation ads that were run during the election campaign, which were totally discredited, suggesting people would have to pay for public inpatient care. Well, that is just simply nonsense. We have never charged public patients for inpatient care ever, and will not.

The Hon. COURTNEY HOUSSOS: I would not characterise any campaign highlighting the privatisation of the public health system or the Americanisation of the system as "stupid".

Mrs JILLIAN SKINNER: The Australian Medical Association [AMA] did.

The Hon. COURTNEY HOUSSOS: But I will move on.

Mrs JILLIAN SKINNER: Sorry, it was not the word they used but it was totally discredited by very serious organisations.

The Hon. COURTNEY HOUSSOS: We might put that to one side.

Mrs JILLIAN SKINNER: I am happy to quote—

The Hon. COURTNEY HOUSSOS: I would like to move now to the Tomaree—

Mrs JILLIAN SKINNER: Would you like me to give you the quote that was said at the time?

The Hon. COURTNEY HOUSSOS: I would actually like to move to the Tomaree Hospital.

Mrs JILLIAN SKINNER: I am happy to. I will give you the quote. Maybe I will table it.

The Hon. SARAH MITCHELL: Yes. I would be interested.

The Hon. BEN FRANKLIN: I would be very interested as well, actually.

The Hon. WALT SECORD: Yes, okay—Tomaree Hospital.

Mrs JILLIAN SKINNER: I will table it. Madam Chair, it is the quote from the AMA President saying:

AMA (NSW) does not support the NSW—

CHAIR: Thank you, Minister.

Mrs JILLIAN SKINNER: I will table it.

CHAIR: We will get a copy of that. Thank you very much.

The Hon. COURTNEY HOUSSOS: Minister, if I can now move to Tomaree Hospital, are you aware that Tomaree Hospital has no x-ray, pathology or ultrasound facilities?

Mrs JILLIAN SKINNER: Tomaree Hospital is a very interesting one. I have been there a number of times because I spend all my Easters up in that part of the world. At one time it had a real struggle attracting doctors to work in its emergency department. Credit goes to the former Government, which set up a GP practice

right at the door to the hospital and it now has GP proceduralists who provide care for those patients. One time I was up there, they had had a tragic incident with a child who died because there was not a vital piece of equipment—

The Hon. COURTNEY HOUSSOS: In 2013?

Mrs JILLIAN SKINNER: Yes. As a consequence of my visit we made sure that equipment was provided. I expect that is what you are talking about.

The Hon. COURTNEY HOUSSOS: Are there any other hospitals in New South Wales without x-ray, pathology or ultrasound facilities?

Mrs JILLIAN SKINNER: Not every hospital would have x-ray, pathology and ultrasound. We have 220 to 230 hospitals in the State. Some of them are low acuity. Some of them do not even have inpatient care. Not each one would, but there would be different levels required in different hospitals. After that incident at Tomaree, I discussed it with the secretary and we made sure that there was a rollout of some of that mobile equipment that would prevent that kind of thing happening in future. I think it was something to do with blood.

The Hon. COURTNEY HOUSSOS: The information I have is that the key cause of the tragic situation in 2011 was specifically this lack of x-ray, pathology or ultrasound on site. That is my question: Are there steps to remedy those specific services at that site?

Mrs JILLIAN SKINNER: We did that immediately when we visited. I do not know whether it has all been resolved. Certainly we took it on board. I will get further information.

The Hon. COURTNEY HOUSSOS: It would be great if you could take that question on notice. I want to move to the Manning Base Hospital upgrade, of which you are aware. It was a \$20 million election commitment that you made. You would be aware that there is \$1.3 million, approximately, allocated in the current budget for the upgrade in this financial year. I am not sure if you are familiar with the site, but it is quite a constrained site.

Mrs JILLIAN SKINNER: I am familiar with the site.

The Hon. COURTNEY HOUSSOS: As part of the ongoing upgrades for this hospital there are perhaps four stages that are required, and estimates say that there could be perhaps \$120 million worth of upgrades required for the full four stages. How do you plan on spending that \$1.3 million, which is quite a small amount, given the initial \$20 million spend and given the ultimate size of the project?

Mrs JILLIAN SKINNER: As you know, we start all of our projects with the clinical services planning element, which is done within the normal budget of the local health district. Then when the capital is ready to start we put extra money in to do the planning, and that is what that money would be for, such as looking at the site to see where you would locate things. We are much more sophisticated now about how we do this. We no longer have the situation that we build something and then discover at the next stage it has to be pulled down because we did not do the proper campus planning in the first place. That initial money is spent on planning, getting the development approval ready and all of that. That can be quite a lengthy process, as it is indeed when you are building a house, but you can imagine building or adding to a hospital is even more time-consuming. That is part of what we have already allocated in this year's budget. The next round of money will flow on from that.

The Hon. COURTNEY HOUSSOS: Given the Manning Base Hospital, as I said, is quite a constrained site—

Mrs JILLIAN SKINNER: Yes, I know the site.

The Hon. COURTNEY HOUSSOS: —and given the planned stages, it is not just stage one, there is obviously stage one with the immediate upgrade of pathology, renal and oncology. Are you using this initial planning money, which is quite small, for the \$20 million upgrade? Are you saying you will be using the planning money for all four stages?

Mrs JILLIAN SKINNER: Generally we try to look at what the total campus would be like. It is not a small amount. We spent \$1 million for the planning of the whole of Westmead Hospital, so it is not a small amount, to be perfectly honest, but it is about looking at what elements of the hospital need to be upgraded and in what time. The \$20 million we promised has specific elements in it and that was identified in our election commitment.

The Hon. COURTNEY HOUSSOS: My specific question is this: Is the planning money promised in this year's budget going to be used to plan all four future stages, because you said you like to look at all of the campus and all of the future use?

Mrs JILLIAN SKINNER: No, it is for stage one, but when we decide to build a stage, we look at the rest of the site and what might need to be done in the future, but that is part of stage one, if there is going to be a stage two, three and four. We have made a commitment to do stage one. If I could find my papers, I would tell you what is in stage one.

The Hon. COURTNEY HOUSSOS: That is okay, I am familiar with what is in stage one.

Mrs JILLIAN SKINNER: I have visited it so I know it very well.

The Hon. COURTNEY HOUSSOS: My final question is: Why are you upgrading instead of rebuilding the Goulburn Base Hospital?

Mrs JILLIAN SKINNER: You are playing semantics. We might be building. Sometimes we will use the word "upgrade", sometimes "redevelop", sometimes "rebuild". It will be quite a substantial build. It is \$120 million; that is substantial. Part of the planning is to determine whether it is an add-on, or whether it is a new wing, or whether it is a greenfield site. Those are the things that have been taken into consideration.

The Hon. COURTNEY HOUSSOS: You are not ruling out a greenfield site?

Mrs JILLIAN SKINNER: I do not think so. Those are the sorts of discussions that have been held, but I am not ruling it in either. Those options are all considered when looking at the early stages of planning a hospital. I have to say that \$120 million is not a small build.

The Hon. WALT SECORD: Minister, can we return to the case of Francesca Verna on 21 August. In your answer, when we ran out of time, you said that the ambulance service was reviewing the triage.

Mrs JILLIAN SKINNER: This is the—

The Hon. WALT SECORD: This is the 83-year-old pensioner at Abbotsford who lay on the ground for two hours and 40 minutes in the baking sun.

Mrs JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: You said that the ambulance service is reviewing the triage. As part of that review, do they now ask about what is the age of the person and whether they are lying on the ground?

Mrs JILLIAN SKINNER: There are two elements to this, Walt. There are a series of questions that are asked and they are based on an international questionnaire. Out of that comes the categorisation; that is a triage that puts patients into a different category. The questions are very comprehensive: Is the patient breathing; alert; fallen unconscious, et cetera. I do not know the exact questions.

Dr CHANT: To clarify, the Minister has asked that I conduct the review. We have pulled together an expert panel, which draws on some paramedics who were not involved in the initial review process, but clearly the reference group that made the decisions around the changes to the algorithm are involved. Plus, we have also drawn on the experience of members of the emergency department [ED], critical care experience, obstetrics, and midwife experience, also an ED triage nurse. That committee met for the first time on Monday and we have been provided with significant documentation from the Ambulance Service about the nature of the triage process and the decision-making, and the committee on Monday morning identified the next steps in considering and reviewing the decisions around the triage, the categorisation.

Mrs JILLIAN SKINNER: There is a question and then there is how you categorise.

The Hon. WALT SECORD: Minister, I would like to ask you a few questions about the departure of Ray Creen, Chief Executive Officer of the Ambulance Service of New South Wales. Why did he leave?

Mrs JILLIAN SKINNER: I was very sad when Ray left. He had family reasons. I will not go into it; I think it would be entirely inappropriate.

The Hon. WALT SECORD: Fair enough.

Mrs JILLIAN SKINNER: He was recruited from South Australia and his family had moved back to South Australia. It was a matter of moving back and taking the opportunity of working with St John Ambulance.

The Hon. WALT SECORD: When will his replacement be appointed?

Mrs JILLIAN SKINNER: We have an Acting Commissioner, David Dutton, at the moment. We are going through the process of trying to recruit to fill that position.

The Hon. WALT SECORD: What about Mr Creen's former deputy, Mr Mick Willis?

Mrs JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: He was made redundant. What were the circumstances around his departure in May?

Mrs JILLIAN SKINNER: That was a decision made by Commissioner Creen. It was part of the reform of the Ambulance Service and part of the recommendations of the review done in 2012 to flatten the structure. It was widely respected. That is casting no aspersions on Mick Willis or anybody else who had been acting in those positions. It was about flattening the structure, making it less hierarchical. There have been a lot of tremendous improvements in the Ambulance Service. Ray Creen had a very strong view that the ambulance should be seen as a much closer part of the health system. I think the response teams that have been set up recently are demonstrating that. We have David Dutton working very closely with us on all of this, and paramedics and ambulance are very much embedded in what we do.

The Hon. WALT SECORD: Minister, on 1 July you increased the maximum charge for an ambulance from \$5,715 to \$5,851. I will understand if you take this on notice. How much did the State Government collect in the first month of that operation?

Mrs JILLIAN SKINNER: I will have to take that on notice. As you know that has been part of an annual increase. It went up similarly when you were in government.

The Hon. WALT SECORD: Minister, you would be aware of recent discussions between Hunter New England Health and the New South Wales Nurses and Midwives Association over Tamworth Base Hospital's emergency department, where the Industrial Relations Commission [IRC] told Hunter New England Health to increase nursing hours by 10 hours a night—a shift—on a two-month trial basis. Why have they not done that? Why have they ignored the independent umpire?

Mrs JILLIAN SKINNER: I think the independent umpire—the IRC—in its first hearing in relation to the emergency department [ED] at Tamworth required the nurses to return to work. They agreed to that. I think a recommendation was made about the extra 10 hours. It is a decision that has been implemented by the local health district. They have increased the number by four hours. They have said that they want to review the demand on the ED. You have to understand that one of the things that happen when we invest all of this money into building new facilities, which are replacing very run-down and inefficient buildings, is that the way that the nurses and others in the hospital can look after patients is much easier and more efficient. It does not require the additional number of nurses. On top of that, I think that the district has indicated that it wants to have a look at whether there is increased patient demand before they agree to the increase in the number of nurses.

The Hon. WALT SECORD: Do you not think it is extraordinary to ignore a recommendation? It is only a two-month trial and they are refusing to adhere to it.

Mrs JILLIAN SKINNER: I believe that they gave due consideration to the recommendation. It was not a ruling, it was not an order; it was a recommendation.

The Hon. WALT SECORD: It was part of an arbitration process.

Mrs JILLIAN SKINNER: It is not a formal ruling, I understand.

Ms CRAWSHAW: It was a recommendation, certainly, in a conciliated environment. It certainly was not a direction. There was an attempt—

The Hon. WALT SECORD: I am mindful of the time.

Ms CRAWSHAW: Just to let you know, the ministry has been in contact with the New South Wales Nurses and Midwives' Association on a peak level and we are closely monitoring the situation.

The Hon. WALT SECORD: I have a couple of technical questions. According to the New South Wales *NSW Government Gazette* published on 8 July you took leave from 14 July to 2 August.

Mrs JILLIAN SKINNER: I came back two or three days early.

The Hon. WALT SECORD: Was that an overseas trip?

Mrs JILLIAN SKINNER: It was private.

The Hon. WALT SECORD: It was a private trip? Fair enough.

Mrs JILLIAN SKINNER: I came back three days early so that I could go to a Cabinet meeting. See how dedicated I am.

The Hon. WALT SECORD: You said it was a private trip; that is fine with me.

Mrs JILLIAN SKINNER: It was a private trip.

The Hon. WALT SECORD: Are you familiar with a former public servant called Dr Rohan Hammett?

Mrs JILLIAN SKINNER: I am.

The Hon. WALT SECORD: Are you aware of where he currently is employed?

Mrs JILLIAN SKINNER: No. I think he moved a couple of times since he left our employ.

The Hon. WALT SECORD: He has moved again?

Mrs JILLIAN SKINNER: I am not sure. I am only going on what I have read in the media.

The Hon. WALT SECORD: Do you know where he is currently?

Mrs JILLIAN SKINNER: No.

The Hon. WALT SECORD: Are you comfortable with his moving from his position as deputy director general straight across to PricewaterhouseCoopers [PwC]?

Mrs JILLIAN SKINNER: I do not think there was anything untoward. I think he followed all the guidelines and rulings, did he not?

Ms CRAWSHAW: I think it is important to understand that we have requirements for executives who leave the employ of NSW Health and the broader public sector. It is not a question of whether an executive finds another job. They are certainly entitled to leave the Public Service and find other jobs.

The Hon. WALT SECORD: Are you comfortable that all post-separation requirements were adhered to?

Ms CRAWSHAW: I am comfortable but those obligations continue. When you separate from the public service you are not permitted to utilise the information that you have obtained in the course of your role. You cannot use it in a way that is outside of the official purposes for which that information was obtained. You are not at liberty to utilise information that you have come into contact with or obtained which is confidential to the organisation.

The Hon. WALT SECORD: I put you on notice that I will return to that.

The Hon. MARK PEARSON: Minister, in the 1980s and 1990s, NSW Health, based on the evidence available, introduced programs across the State offering community-based alternatives to in-patient treatment for people suffering from acute mental health problems. I was part of the implementation of the Richmond report, as a psychiatric acute nurse specialist in Newcastle. These programs were subsequently copied in other parts of Australia and in the United Kingdom but allowed to lapse here.

In the light of the current financial constraints on the Health budget and specifically on the Mental Health budget and given that these programs demonstrated significant savings compared to in-patient treatment as well as being at least as acceptable, if not preferred, by patients and their families, has the Minister any plans to mandate the redevelopment of such programs in New South Wales?

Mrs JILLIAN SKINNER: Before I ask the Secretary to go into this, we have worked very closely on this in relation to preparing our response to the review by the Mental Health commissioner. You had the Mental Health Minister here this morning but I can tell you—because I was the shadow Minister for more years than I care to remember—that we looked at some of those things that happened in relation to the Richmond review. It was a very important review. It was about de-institutionalising people who were inappropriately institutionalised. One of the criticisms of the day was that not enough resources were then put into supporting those community services. That is why we are focusing on a lot of that in our new response to the Mental Health Commission review.

Dr FOLEY: In relation to the Mental Health Commission's report, the strategic plan for New South Wales for mental health, called *Living Well*, in December the Government released its response and commitment. A major focus is to strengthen and build up the community-focused health services and social support services for people who suffer from mental illness and to enable a much greater focus on restoring people to living more normal lives in the community sooner but in a supported way. Resources have been dedicated and committed to that in both this year's budget and next year's budget.

We are in the process of designing and rolling out those initiatives which are primarily about developing the infrastructure within the community—both specialist community mental services and non-government organisations [NGOs]—and supporting those organisations to provide more of the psycho-social supports in the community for the mentally ill so that people can be supported to live much more normal lives. They will be supported to get into employment and to access local health services, and they will be supported in terms of early intervention if there are issues. Then the specialist community mental health support will be brought in as and when required. In terms of in-patient facilities, we will continue to develop those in terms of community demand with much more focus on step-up, step-down and being able to look to community options which follow up people post discharge, plus earlier intervention to avoid admission in the first place. That is very much part of—

The Hon. MARK PEARSON: I think the matter that is very important—Professor Pat McGorry was part of this; he trained up with me, actually—is that one of the key elements is the acute treatment. When the person first presents with a mental health problem—either with the police, at the hospital or wherever—acute treatment would occur from the beginning. So it is not a follow-up program after admission to hospital. There are a lot of very good reasons not to get admitted and start the revolving-door syndrome, as we call it. That was probably the critical, very novel but very successful aspect of that implementation in the 1980s and 1990s. Rather than being there in the aftermath it is actually being there, with all the resources, at the very first presentation, such as early intervention in psychosis.

Mrs JILLIAN SKINNER: I invite you to visit some of the amazing mental facilities that have been built in the last four years. There is the Professor Marie Bashir Centre at Royal Prince Alfred Hospital [RPA],

which is quite stunning. The facilities introduce totally new models of care which, for example, have people from the ED at RPA coming over to that centre, where there is an in-patient post-natal depression unit for mums and babies.

There is another one down at Wagga Wagga, which is transforming the mental health service in that district. On the upper floor—which is really their rehab facility and where they have special entry for ambulances—people with severe psychotic episodes go straight into that unit, not into the hospital itself. Then they have acute areas, but then an area on the upper floor where they are more into rehab, preparation for discharge and they have non-government organisations [NGOs] set up there. They have the old Medicare local, so general practitioners [GPs] in that facility as well, to put in place the community supports as those patients are discharged. It is a much more effective model of care. It is really our focus, which is about integrated care. You can keep those people well without the need to come back to hospital so frequently.

Reverend the Hon. FRED NILE: Minister, how will the \$12 million over four years for specialist palliative care be allocated—extra places, training specialist staff, drug treatment, et cetera?

Mrs JILLIAN SKINNER: Yes, indeed. This is another one of my passions, and it has been for a long time. There was survey done of people some years ago asking them, "If you could, would you prefer to die at home or in a hospital?" Seventy per cent of the respondents said, "At home", but the reality was that only 17 per cent were dying at home. We set up this fund for community-based palliative care. I think it totals \$35 million or maybe a bit more than that. We mapped where there was a shortage. It was very difficult because not a whole lot of data was kept, particularly in the country, about palliative care services. A lot of people do not call them palliative care services.

Ms CRAWSHAW: That is right.

Mrs JILLIAN SKINNER: But once we had done that, we called for expressions of interest and we provided that funding to two main groups. One is HammondCare here in the city, which is working with some of the districts, and the other is Silver Chain, which is a group of GPs. The results have been quite phenomenal. The plan that we developed was led by Professor Richard Chye, who is the director of St Vincent's hospice. I was there recently for the 125th anniversary of that marvellous facility. He said that even though that is not something we particularly funded under this project, because the word has spread now that there is support for you to die at home, in the last 12 to 18 months, instead of having only 15 per cent of their patients dying at home, it has now risen to 40 per cent. We are getting the same kinds of results for people who are participating in these programs.

It is about providing clinical support but also routine housekeeping help for people at home. There are occasions when they might come in for respite in a hospice or a hospital but, wherever possible, they will be able to die at home. I have to tell you that one of my motivations for this was the fact that I was with my best friend when she died back in 1988 at a hospice—Neringah, in fact—but she was only there for two days. For the rest of the time she had been at home with the marvellous support of a community nurse, and I saw the value of that, not only to her but to her friends and family.

Reverend the Hon. FRED NILE: If they still needed treatment for cancer and so on, such as chemotherapy, could that be provided in the home?

Mrs JILLIAN SKINNER: I do not think much chemo is done at home.

Dr FOLEY: There is palliation.

Mrs JILLIAN SKINNER: A little bit is—it is. There is palliation, yes, but they can also go to hospital. This is not compulsory dying at home. With chemotherapy, a lot of those treatments now are done as outpatients. They do not spend hours and days in a hospital bed. They use the ambulatory care clinics in hospitals or, in some cases, at home. Now with cancer becoming more of a chronic disease rather than a death sentence, there are more and more patients having chemotherapy on an ongoing basis. I have a young friend who has been treated for very seriously metastasised cancer for six years. She has chemo once a month. She is teaching, goodness gracious. I mean, it is that kind of support. Palliative care is not just for the last few days of a person's life. It can be about maintaining your situation over a long period of time.

Reverend the Hon. FRED NILE: That is excellent. In the budget papers there were two amounts: one was \$32 million, which I think is the one you are referring to—community-based palliative care—and there is another one for specialist palliative care.

Mrs JILLIAN SKINNER: That would be the specialist clinicians, I am imagining.

Reverend the Hon. FRED NILE: What is the difference between those two amounts?

Mrs JILLIAN SKINNER: That would be hospital based.

Reverend the Hon. FRED NILE: What is that \$12 million?

Mrs JILLIAN SKINNER: The \$12 million would be for the psychiatrists and specialist palliative care staff in our hospitals.

Reverend the Hon. FRED NILE: Thank you. That is very important.

Mrs JILLIAN SKINNER: It is.

Reverend the Hon. FRED NILE: There was a report concerning the Prince of Wales Hospital—and it may have happened in other hospitals' emergency departments. An aged female patient was forced to leave the emergency department and died three days later.

Mrs JILLIAN SKINNER: Yes.

Reverend the Hon. FRED NILE: What budget allocation is there to address and rectify those kinds of issues in our emergency departments?

Mrs JILLIAN SKINNER: This was again a case where I think the elderly patient had been in a nursing home or aged residential care. She had been treated in the hospital and the hospital wanted to transfer her back to the nursing home and she was unfortunately written a very inappropriately worded letter. She left then shortly thereafter and went to St Vincent's Hospital. She was admitted to St Vincent's Hospital. In fact, it was the day after I was at the hospice—the 125th anniversary. I asked after her wellbeing and they told me she was doing fine but, sadly, she died—I think the next day. But the doctors at the Prince of Wales and the medical executive director spoke to the patient's family and apologised on behalf of the hospital for the distress. The chief executive of the district had ordered an investigation into her care and clinical decisions made about her discharge. I think that there were also words spoken to the person who wrote that inappropriate letter. It was said it is not to be done again.

Reverend the Hon. FRED NILE: I have had a deputation from the Paramedics Association.

Mrs JILLIAN SKINNER: Yes.

Reverend the Hon. FRED NILE: It is about what you call the green non-emergency private ambulances.

Mrs JILLIAN SKINNER: The green fleet, yes.

Reverend the Hon. FRED NILE: It is also about the qualifications of the staff involved with those vehicles and the reliability of the vehicles themselves.

Mrs JILLIAN SKINNER: Really?

Reverend the Hon. FRED NILE: What standards and regulations are in place? They are fearful they may not have been of sufficient standard.

Mrs JILLIAN SKINNER: This is the green fleet. There is a distinction between the red emergency ambulances and the green fleet—

Reverend the Hon. FRED NILE: Yes, that is right.

Mrs JILLIAN SKINNER: —which is also run by the Ambulance Service. But there are other vehicles. Local health districts—

Reverend the Hon. FRED NILE: This refers to the private fleet.

Mrs JILLIAN SKINNER: Yes, local health districts are running them. I have not heard any comment. I will ask Ms Crawshaw to comment.

Ms CRAWSHAW: I would like to talk to the issue. I think what you might have had a deputation about was not so much the standards of the green fleet or the local health district fleets but what standards might be applied in that modest procurement that is going on at the moment in south-east Sydney.

Reverend the Hon. FRED NILE: The private division.

Ms CRAWSHAW: Yes. If you look at the specification that went out to obtain that, I have to emphasise that in south-east Sydney there was not a strong local health district fleet present. Most of the metro local health districts do have their own fleets to do inter-hospital transfers. Then you have the green fleet that used to do the sort of backwards and forwards between home and hospital or nursing home—whatever that home was. Now we have a fleet that is deployed whether you are a local health district or you are green fleet in the Ambulance Service. You are being deployed where the priorities are, regardless. The local health districts are doing to and fro between home and hospital and the green fleet could be involved in inter-hospital transfers. We have got this modest procurement going on in south-east Sydney. We have looked at the standards to apply as if they were the sorts of standards we apply internally. We have attempted to replicate the standards around that and apply it in our specification.

Mr JEREMY BUCKINGHAM: Is climate change real?

Mrs JILLIAN SKINNER: Sometimes when I see the weather I think it is. I am sure Dr Chant—

The Hon. SARAH MITCHELL: Point of order: I am not sure how that question is relevant to the Minister's responsibilities.

Mr JEREMY BUCKINGHAM: To the point of order: Climate change and its impact on health are very relevant to the Health portfolio.

Mrs JILLIAN SKINNER: They are.

The Hon. WALT SECORD: Especially if you live in Western Sydney.

Mrs JILLIAN SKINNER: I am sorry; it is the broad nature of your question. Of course climate change is real. It has changed for millennia. I think you are asking how it is caused, whether it is a matter of human, et cetera. That is what you meant.

Mr JEREMY BUCKINGHAM: Yes, that is what I am asking. What is your view?

Mrs JILLIAN SKINNER: My view is that there are many factors involved in affecting the climate, whether it is the cars we drive, our footprint, et cetera, but there are many, many factors.

Mr JEREMY BUCKINGHAM: Would you describe yourself as a climate sceptic?

The Hon. SARAH MITCHELL: Point of order: I am sure the Minister can answer, but again I do not see how this is at all relevant to her ministerial responsibilities.

CHAIR: Order! That is correct: Personal views are not relevant. If Mr Jeremy Buckingham is leading to a question I suggest he get there quickly.

Mr JEREMY BUCKINGHAM: Does NSW Health do modelling on the impact of heatwaves on health and their role in exacerbating a range of health—

Mrs JILLIAN SKINNER: We do.

Mr JEREMY BUCKINGHAM: I have not finished the question. The Committee might think it is funny, but the IPCC suggests that one of the leading cause of mass death we are likely to see in the next 100 years is from heatwaves. Is NSW Health doing any modelling into the impact of increased frequency, duration, extremity of heatwaves on the New South Wales population?

Dr CHANT: The answer is that we work in whole of government and the expertise for some of this modelling lies in the Bureau of Meteorology, and the Office of Environment and Heritage. We recognise that what you are alluding to is the impact of more frequent events. One concern is that you see more frequent clustering of heat events, and the duration of a heat event, as well as a cold event, can cause significant impacts. My director of environmental health and one of his colleagues Ben Scalley has just published a paper on the effect of cold or heat. He did it while he was in Western Australia so I cannot take much credit for it from New South Wales. We have looked at the evidence associated with both heatwave and cold events. Both spectrums are very important.

Mr JEREMY BUCKINGHAM: But not here in New South Wales. You are relying on a Western Australian—

Dr CHANT: No. The modelling has been done by the Office of Environment and Heritage, which has done extensive work on behalf of whole of government about looking at the impacts of potentially an increase in sea level, which areas are likely to get hotter and which areas are likely to get colder. The particular domain that we are concerned about is the impact on particularly south-west Sydney. We have increased the resources on our website and worked with GPs and the community around particularly south-western Sydney and Western Sydney. We have a program called Beat the Heat. You probably hear sometimes the Australian Medical Association get up and propagate that. That has a series of resources because one thing we can do from Health is tell people how to mitigate the effects of health in alerts. But it is basically common sense. The elderly and the young are the most susceptible to heat events.

Mr JEREMY BUCKINGHAM: I appreciate that.

Dr CHANT: We have a series of messages that we put out there.

Mr JEREMY BUCKINGHAM: But NSW Health is not conducting its own modelling on the impacts of extreme heat under a range of climate change scenarios.

Dr CHANT: For instance, the range of climate change scenarios has been set. We have done research on hospitalisation data where there have been many researches that are done in the New South Wales context but also the South Australians have done some work and Victoria.

Mr JEREMY BUCKINGHAM: Would you be prepared to table that research?

Dr CHANT: Yes, I would be happy to give you a summary of that. But it is looking at how hospitalisations have been impacted by events. We have been trying to learn whether it takes three days of a hot event before you start seeing that effect. Is it a delayed effect?

Mr JEREMY BUCKINGHAM: What is the effect that you start seeing?

Dr CHANT: Clearly, the more prolonged the effect we see, the more severe the impact, and I am happy to provide you with the reports that we have available.

Mr JEREMY BUCKINGHAM: Do you mean increased deaths and hospitalisations?

Dr CHANT: At both extremes, cold and heat, because particularly older people and young people do not have the physiological mechanisms to cope. For instance, if they are frail and elderly who have heart disease, they die often of heart disease. So it is attributing the heatwave. It is a sophisticated piece of analysis, which imputes that the heatwave or the heat impact has led to bringing forward their death. But they are not registered as heatwave deaths. They are often registered as heart attacks. There is quite a sophisticated methodology to explore the contribution of heat events and also people's exposure to heat. Perception of heat is different in different parts of the State. As you are aware, people in more rural and regional areas get perplexed

at Sydney when we have a heatwave when we are in the high 30s for a few days when you live in Broken Hill where it is very hot. So there is also a factor of what your norm is in terms of your experience with heat events as well.

Mr JEREMY BUCKINGHAM: How many people are on the waiting list for accommodation at Royal North Shore Hospital? What is the average wait time for accommodation at Royal North Shore Hospital?

Mrs JILLIAN SKINNER: Are you talking about families?

Mr JEREMY BUCKINGHAM: The replaced Blue Gum Lodge.

Mrs JILLIAN SKINNER: I am pleased to inform you that I think it opens next week, 7 September. In the redeveloped Douglas Building there will be 22 beds for families and patients who are long term.

Mr JEREMY BUCKINGHAM: Why are there no kitchen facilities in the new facilities?

Mrs JILLIAN SKINNER: There are.

Mr JEREMY BUCKINGHAM: There are?

Mrs JILLIAN SKINNER: Yes. I was there when they were redeveloping the building. It is beautiful. It is better than the facility that it replaces. It opened today.

Mr JEREMY BUCKINGHAM: Can you take those questions on notice regarding the waiting list, the numbers on the waiting list?

Mrs JILLIAN SKINNER: I do not know that there is a waiting list. This is purpose-built accommodation, the Douglas Building, on the hospital campus. It is wonderful because a lot of community organisations, Rotary, et cetera, have helped. A patient who is unable to afford accommodation elsewhere is given priority here.

The Hon. COURTNEY HOUSSOS: You spoke about the Isolated Patients Travel and Accommodation Assistance Scheme [IPTAAS]. Are you aware that changes that came into effect today will not apply to not-for-profit accommodation providers, particularly across such regional centres as Orange, Lismore, Wagga Wagga, Port Macquarie, Coffs Harbour, Tamworth and Albury?

Mrs JILLIAN SKINNER: Yes.

The Hon. COURTNEY HOUSSOS: Indeed, they have been described as having a *Dumb and Dumber* moment. Will you now review this decision?

Mrs JILLIAN SKINNER: I think those were the Hon. Walt Secord's words.

The Hon. COURTNEY HOUSSOS: I will correct the record and say that it was actually Dr Chris Ingle, the Chairman of Lismore's cancer support centre, who made that comment. Will you now review that decision?

Mrs JILLIAN SKINNER: I spoke to Chris Ingle yesterday. In fact, I did a radio interview with him yesterday afternoon. I explain it this way. We were focussing on patients. Our primary help is for patients who are out of pocket because they must rely on commercial facilities. Those places like the one that Chris Ingle runs in Lismore and others in other parts—I visited one at Orange last week—we provide with block funding through the IPTAAS scheme. Nothing will change for them. The patients do not pay anything. They will still get that block funding from the Government through IPTAAS. The only difference is an individual patient will be able to claim extra money if they stay more than eight days in a commercial facility. It is to give them an opportunity that might not be available to those who do not have access to a not for profit or a program such as the one at Lismore.

The Hon. COURTNEY HOUSSOS: But one of the locals who helped raise money actually said that this could affect future fundraising for the centre. Will you review your decision?

Mrs JILLIAN SKINNER: I do not understand why people would say that, to be perfectly honest. There is a forum—

The Hon. COURTNEY HOUSSOS: These concerns are raised by the community.

Mrs JILLIAN SKINNER: I do not understand why the community would not continue to support. In fact, there was a ball at Orange on Saturday a week ago that got a tremendous response. I provided some additional money for fencing and what have you. I do not believe the community is going to lose interest in supporting these wonderful facilities in the country. On top of that, the Minister is holding a forum for some of these NGOs and I invited—

The Hon. COURTNEY HOUSSOS: I am aware of the forum.

Mrs JILLIAN SKINNER: I invited Dr Chris Ingall to attend that forum. I know him very well. If there are further things we can do, we will.

The Hon. COURTNEY HOUSSOS: We have very limited time so I will pass to my colleague.

The Hon. WALT SECORD: Minister, in your Community for Economic Development of Australia [CEDA] speech on 28 August you pointed to possible private operations after Northern Beaches Hospital. What projects were you referring to?

Mrs JILLIAN SKINNER: It was during questions after the speech. I said that I am very proud that we have Northern Beaches Hospital happening.

The Hon. WALT SECORD: Yes, but my question is about other privatisations.

Mrs JILLIAN SKINNER: Yes, and I said there would be interest in other facilities, just like the former Government had private sector involvement.

The Hon. WALT SECORD: I am asking for locations, sites.

Mrs JILLIAN SKINNER: We have not designated locations. As I said in that speech, if anyone has any interest in coming forward then please do so.

The Hon. WALT SECORD: Minister, on 23 August there was some community consternation about reclassifications of category one priority ambulance responses: haemorrhaging blood after a sexual assault, second trimester—

Mrs JILLIAN SKINNER: We have just answered that question.

The Hon. WALT SECORD: I have not finished. Minister, are you going to review those classifications?

Mrs JILLIAN SKINNER: Yes. That is the answer Dr Chant gave to your last question.

The Hon. WALT SECORD: What is the total budget for the NSW Office of Preventive Health?

Mrs JILLIAN SKINNER: I will have to take that on notice, but it is a wonderful office located at Liverpool Hospital and headed by Professor Chris Rissel. We have enhanced the funding and are putting in a statewide campaign Make Healthy Normal. This program offers a lot of support, particularly to communities in south-west Sydney, for dealing with childhood obesity, overweight and fitness. They have child breakfast programs and so on. I do not know the total budget; we will have to take that on notice.

The Hon. WALT SECORD: I am mindful of my time so I would like you to take that on notice.

Mrs JILLIAN SKINNER: Yes, we will take the actual number on notice.

The Hon. WALT SECORD: Post-separation activity—

Mrs JILLIAN SKINNER: Can I give you the answer?

The Hon. WALT SECORD: Yes.

Mrs JILLIAN SKINNER: It is \$24.1 million this year.

Dr CHANT: We will have to be careful because some of that money goes to support local health districts for a range of programs, so it is better if we just give you the office budget. That office works to support a range of program delivery across the State.

The Hon. WALT SECORD: Okay. I would like to return to post separation and Dr Rohan Hammett. Is NSW Health working on protocols or guidelines involving post-separation rules?

Ms CRAWSHAW: I am happy to respond to that.

Mrs JILLIAN SKINNER: Yes, thank you.

Ms CRAWSHAW: I mentioned before we already have a code of conduct that makes it clear that when any staff member separates from Health they are not permitted—it is an ongoing obligation—to use information they have acquired that is confidential information. Obviously, when the information becomes public then they are able to use it.

The Hon. WALT SECORD: Minister, based on the statement by your colleague, Dr Rohan Hammett immediately moved to PwC and in the PwC publicity material they talk about him being the head of strategy, resources, development of strategic policy. There is clear advertising of his previous roles and responsibilities. This clearly does not adhere to what your colleague has just said.

Mrs JILLIAN SKINNER: I do not think that is right.

Ms CRAWSHAW: Can I respond to that?

Mrs JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: Was there an investigation into his activity?

Ms CRAWSHAW: I am not clear why you would say it needs to be investigated. Dr Hammett is entitled to leave the public service and take up employment somewhere else. What he is not entitled to do is use confidential information that he has obtained in Health in future roles. He can use publicly available information; he can use the skills he has acquired when he was with NSW Health. He is allowed to go to a future employer and say, "I acquired these skills" and the employer is entitled to look at the skills he acquired. He is not entitled to use confidential information.

The Hon. WALT SECORD: Based on the criteria spelt out by your colleague, Minister, will you investigate his movement from NSW Health directly to PwC and the material advertising his activity and the roles he is going to undertake?

Mrs JILLIAN SKINNER: I do not believe any investigation is warranted. We feel confident that he met all our requirements.

Ms CRAWSHAW: I do understand. Ultimately, it is a matter for his current employer, but I would think that in order for Dr Hammett to ensure he complies with his ongoing obligations, having separated from us, it would be prudent for Dr Hammett and his employer to ensure any future roles he has for quite a period of time do not involve direct interaction with NSW Health. From our point of view, we will be managing very carefully any interactions we have that might involve any potential conflicts of interest we may have in terms of our dealings with his employer.

The Hon. WALT SECORD: Thank you.

Reverend the Hon. FRED NILE: I have had a memo from Our House, Lismore, that provides a 20-room, self-contained, motel-style, affordable facility across the road from Lismore Base Hospital. It says that

the Government has reclassified commercial operators who get subsidised benefits to exclude not-for-profit [NFP] providers. The NFP providers are a significant supplier of cancer accommodation in regional towns. Can that be reviewed?

Mrs JILLIAN SKINNER: That is the answer I have just given. Our idea is to provide assistance directly to the patients who apply for Isolated Patients Transport and Accommodation Assistance Scheme reimbursements. I have asked Chris Ingall and any organisation that feels there are matters to address to please attend the forum that will be held in the Ministry of Health, and they will all be notified of that forum. If there are things that will make it very difficult for those organisations, or if they need assistance in developing business models or how to raise funds or whatever, we will certainly help them as we have in the past. They are still getting their block funding from Health through the IPTAAS program at the rate that all patients would get for a period of up to seven days.

Nothing has changed, so there is no reason why they should suddenly put their fees up as that would have some detrimental effect on their bookings. I am told, when you listen to radio interviews and so on, that there is a waiting list for patients to get into some of those services. This is why we are providing the subsidy specifically for patients who have to use commercial premises.

Reverend the Hon. FRED NILE: Our House, Lismore, have advised me that in every other State NFPs are classified as commercial and the one-room rate subsidy applies to both providers. There seems to be some distinction occurring in New South Wales.

Mrs JILLIAN SKINNER: I think our IPTAAS fees have gone up dramatically compared to other States. I am very happy for these not-for-profits to raise these issues during that forum. I know Dr Ingall very well and I welcome their involvement in it.

Reverend the Hon. FRED NILE: I have a general question regarding life education. I understand there was a \$1 million one-off grant provided. What will that be used for?

Mrs JILLIAN SKINNER: This is the Healthy Harold initiative that—

Reverend the Hon. FRED NILE: Yes, life education.

Mrs JILLIAN SKINNER: —goes around the schools. It has been around since my kids were in primary school, which is a number of years ago. It is really about getting a message to primary-age children about good health practices and so on.

Reverend the Hon. FRED NILE: What services do they provide at the schools?

Mrs JILLIAN SKINNER: Healthy Harold is a bus, is it not, that goes around?

Dr CHANT: Yes, it is life education. It is a program run to support drug education in schools. There was a commitment for some additional funding for that.

Reverend the Hon. FRED NILE: So mobile units go to schools?

Mrs JILLIAN SKINNER: Yes.

Dr CHANT: It supports teachers in delivering the program. We are going to work with life education to evaluate that initiative because it is really important that we use evidence-based processes for supporting communication to students.

Reverend the Hon. FRED NILE: I appreciate the grant. I think they do a good job. That is all from me.

Mr JEREMY BUCKINGHAM: How has the safety of the various e-cigarettes and vaping products in New South Wales been assessed?

Mrs JILLIAN SKINNER: I think there is ongoing assessment and we rely to some extent on research being done elsewhere.

Dr CHANT: Nicotine is a prohibited substance and, I understand, a schedule 9 poison. I will have to check the schedule categories. Technically, they have to be registered with the Therapeutic Goods Administration [TGA]. To date, no e-cigarettes containing nicotine have been scheduled by the TGA. Technically, there should not be any e-cigarettes containing nicotine.

Mr JEREMY BUCKINGHAM: What do you mean by "technically"?

Dr CHANT: We know from enforcement activity that some of the vaping fluid contains nicotine.

Mr JEREMY BUCKINGHAM: What enforcement have you done?

Dr CHANT: We have done some enforcement and we have also done some educative work. We are commencing further regulatory activity concurrently with the new e-cigarette initiatives.

Mr JEREMY BUCKINGHAM: What form did that enforcement take?

Dr CHANT: We took possession of products. Our inspectors—an amalgam of the pharmaceutical inspectors in our pharmaceutical branch and environmental health officers—went to particular premises and collected samples. They were tested in an analytical environment to see what they contained.

Mr JEREMY BUCKINGHAM: You said that you seized products.

Dr CHANT: No, I meant collected.

Mr JEREMY BUCKINGHAM: You mean they bought some?

Dr CHANT: Yes, they bought some. However, if they were found to contain nicotine they were seized.

Mr JEREMY BUCKINGHAM: They did seize them?

Dr CHANT: They did seize some product.

Mr JEREMY BUCKINGHAM: Where were those products seized?

Dr CHANT: I will have to provide details of the nature of the places where they were seized.

Mr JEREMY BUCKINGHAM: Please take that question on notice. Is the safety or therapeutic benefit of these products being assessed by the Therapeutic Goods Administration?

Dr CHANT: We are dealing with two different products. There are e-cigarettes sold overseas that contain nicotine.

Mr JEREMY BUCKINGHAM: I understand that.

Dr CHANT: There are also vaping products or devices—

Mr JEREMY BUCKINGHAM: That do not.

Dr CHANT: —that do not contain nicotine; they contain other chemicals and fluids, and there is no regulation around that.

Mr JEREMY BUCKINGHAM: Who is assessing them?

Dr CHANT: If they were making a therapeutic claim—

Mr JEREMY BUCKINGHAM: Is anyone making a therapeutic claim?

Dr CHANT: No, but if they are making a therapeutic claim for their e-cigarettes—

Mr JEREMY BUCKINGHAM: It would be to the TGA.

Dr CHANT: Yes.

Mr JEREMY BUCKINGHAM: But they are not, so no-one is.

Dr CHANT: Any nicotine-containing product would have to be licensed with the TGA.

Mr JEREMY BUCKINGHAM: I understand the process—

CHAIR: Order! Mr Buckingham, allow the witness to answer.

Dr CHANT: The non-nicotine containing products have to meet the standards under fair trading legislation and legislation requiring a label that lists what is in the product. Clearly, if there are products that are harmful to human health, depending on the nature of those products, that would create the offence of an unsafe product.

Mr JEREMY BUCKINGHAM: Is Fair Trading doing that?

Dr CHANT: The department—

Mr JEREMY BUCKINGHAM: Is NSW Health working with Fair Trading on that process along with the TGA? [*Time expired.*]

Dr CHANT: We will work across agencies with Fair Trading in terms of these products. However, we are also informing the community and people selling them of their responsibility to know what is in their product.

Mr JEREMY BUCKINGHAM: How are you informing the community?

The Hon. BEN FRANKLIN: Point of order: The member's time has expired.

CHAIR: Order! The answer should be provided on notice.

Dr CHANT: In terms of informing the community, we have issued a number of press releases and warnings because we were concerned that people might inadvertently have these products lying around and children could access them.

Mr JEREMY BUCKINGHAM: And politicians.

Mrs JILLIAN SKINNER: Some politicians, Jeremy.

Dr CHANT: The Therapeutic Goods Administration website also has a description of the some of the risks associated with sourcing products that have no ingredient list or point of origin information. Some products are procured online. In addition, when we get the results of testing, we release them and write to the tobacconists and other people warning them of these issues.

Mr JEREMY BUCKINGHAM: Will you table the results of that testing?

Dr CHANT: Yes. We did a sample of 11 tests.

CHAIR: This could go on for a long time. I invite—

Mr JEREMY BUCKINGHAM: It is important that that testing—

CHAIR: Yes, it is.

Mr JEREMY BUCKINGHAM: Point of order: I am trying to make a point.

Dr CHANT: To clarify—

CHAIR: Order! This hearing is concluded.

Dr CHANT: —the point in relation to whether it contained nicotine—

CHAIR: Thank you.

Dr CHANT: —we can test for a wide range of chemicals.

Mr JEREMY BUCKINGHAM: We will have that tabled.

Dr CHANT: Yes.

CHAIR: Thank you.

Mrs JILLIAN SKINNER: I would like to clarify my response to the question about the Royal North Shore Hospital site. I think at one point I said that we market tested whether there was private sector interest in purchasing or leasing the site and then leasing it back under contract to provide those services. I clarify that that is the answer.

CHAIR: Thank you everyone. Questions have been taken on notice.

Mrs JILLIAN SKINNER: Yes.

CHAIR: The secretariat will contact you about those questions, answers to which must be provided within 21 days.

Mr JEREMY BUCKINGHAM: What about the tabled documents?

CHAIR: They will also be provided on notice.

(The witnesses withdrew)

The Committee proceeded to deliberate.
