

MINISTER FOR HEALTH & MEDICAL RESEARCH

**BUDGET ESTIMATES - QUESTION ANSWERED**

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye MLC asked a question on page 7 of the Transcript, which was taken on notice, concerning the Aboriginal Health Service budget.

**Dr JOHN KAYE:** Minister, why was the Aboriginal Health Service budget underspent by 7 per cent in 2010-11?

**Mrs JILLIAN SKINNER:** I think that is a question you needed to ask the former Government. But, in terms of the Aboriginal Health Service budget, the information that I have is that the budget last year was \$95.3 million and the actual spend was \$88.9 million. So, yes, it was down. We have increased the budgeted amount to \$97.3 million for this year. As to why it went down last year, I cannot give you the exact details, but I will look into it further and let you know.

**Dr JOHN KAYE:** If you could, thank you. Will that have an impact on this State's funding and performance under the National Partnership Agreement on Closing the Gap?

**ANSWER:**

I am advised:

I refer the Member to evidence provided by Dr Kerry Chant during the Hearing (page 7 of the Transcript).

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye MLC asked a question on page 8 of the Transcript, which was taken on notice, concerning the emergency department at Royal Prince Alfred Hospital.

**Dr JOHN KAYE:** I will leave that question for that portfolio. Something that is part of your portfolio is the emergency department at Royal Prince Alfred Hospital. I understand emergency departments are becoming declared mental health facilities. Why is it that the emergency department at Royal Prince Alfred Hospital does not have an extended mental health nurse service? Most other hospitals, with the exception of Westmead, have an extended mental health service. For example, St George, St Vincent's, Prince of Wales, Liverpool and Campbelltown all have a 24/7 mental health service. Why does Royal Prince Alfred Hospital not have such a service?

**Mrs JILLIAN SKINNER:** I do not know the answer to that question. I am happy to take it on notice. I agree with you: if there is an indication that it can make a difference and if nothing has been put in place as an alternative, I agree that it is something worthy of consideration. I will take that on notice and get back to you.

#### **ANSWER:**

I am advised:

In 2009/10, Sydney Local Health District received recurrent annual funding of \$335,000 for 2.8 full time equivalent mental health nurses to provide extended hours staff coverage in the Emergency Department for evening shift coverage. Currently, Royal Prince Alfred Hospital's Emergency Department is staffed with a senior level mental health nurse practitioner Monday to Friday (8am - 5pm) and an overnight on-call mental health nurse 7 days a week.

Access to 24/7 mental health emergency admissions are accepted to both Royal Prince Alfred Hospital, through the Missenden Unit, and Concord Centre for Mental Health.

Access to 24/7 psychiatric admission to hospital is facilitated through the local Memorandum of Understanding between the mental health services (Missenden Psychiatric Unit at Royal Prince Alfred Hospital; Camperdown and Redfern Community Mental Health Services; Concord Centre for Mental Health); the Ambulance NSW; and NSW Police. The Memorandum of Understanding sets out clear processes for police and ambulance presentations directly to the facilities, which include the Royal Prince Alfred Hospital mental health inpatient unit and Concord.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye asked a question on page 11 of the Transcript, which was taken on notice, concerning cystic fibrosis funding in NSW.

**Dr JOHN KAYE:** Obviously I did not ask that, Minister. Let us move to the issue of cystic fibrosis funding in New South Wales. You would be aware that earlier this year the New South Wales upper House passed a motion calling for an additional commitment of a massive \$4 million for cystic fibrosis. Based on an analysis of the shortfall, it is recognised by the Cystic Fibrosis New South Wales Short Straw campaign as the amount of money needed to provide adequate clinical services to support the children and young people in New South Wales who have cystic fibrosis. Maybe I have read the budget incorrectly, but I was disappointed not to be able to find the \$4 million that will make a dramatic difference to a relatively small amount of people—about 1,000 people—but nonetheless people who live with a debilitating condition that does beg for more State support.

**Mrs JILLIAN SKINNER:** You would be aware that there are many disease specific groups that have extremely good causes and they asked for additional funding. Multiple sclerosis is one, Parkinson's disease is another, and there are many others—we do not spell them all out in the budget paper; for that you would need a budget paper twice as long. We give fair hearing to all of those considerations and that will be looked into over the coming year.

**Dr JOHN KAYE:** This budget does not contain that \$4 million?

**Mrs JILLIAN SKINNER:** This budget does not spell out the individual allocations through our \$17.3 billion budget.

**Dr JOHN KAYE:** At this stage there is no commitment in your \$17.3 billion budget to the additional \$4 million?

**Mrs JILLIAN SKINNER:** I do not have those figures off the top of my head about what specific groups will get additional money. I can tell you that I have had personal dealings with some but not that one. I am happy to take it on notice.

**Dr JOHN KAYE:** Can you take it on notice? I met with some parents on the weekend and there are ongoing concerns about the availability of life sustaining services for people with cystic fibrosis.

#### ANSWER:

I am advised:

NSW has made significant investment in services to support patients with Cystic Fibrosis, which has resulted in these patients living longer and enjoying a better quality of life than that which was experienced even 10 years ago. The Health Budget for 2011/12 is \$17.3 billion, an increase of \$953 million on the 2010/11 budget. These growth funds are provided to Local Health Districts to develop services based on the clinical need and priorities of their District. As with a range of other specialised services, cystic fibrosis services are planned and provided by Local Health Districts.

There are currently 3 major centres providing services for children with cystic fibrosis, with three adult centres providing for transitioning young people and adult patients. In addition, a range of outreach services are provided for patients living outside of the metropolitan centres.

Local Health Districts indicated that they are reviewing current services to ensure the delivery of high quality, accessible and efficient services that will continue to meet demand into the future. Examples of service improvements include the introduction of additional clinics to address access; realignment of clinics to meet space and infection control challenges; and management of the patient journey by a multidisciplinary team.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Greg Donnelly asked a question on page 18 of the Transcript, which was taken on notice, concerning incident report data.

**The Hon. GREG DONNELLY:** Is there a structured way in which the data from incident reports is collected?

**Mrs JILLIAN SKINNER:** Yes there is and I will ask Karen Crawshaw to explain.

**Ms CRAWSHAW:** There is now a structured way of collecting complaints. It does have to be formally lodged so that it can be collected by the human resources departments in local health districts. The information is aggregated and we collect it on an annual basis.

**The Hon. GREG DONNELLY:** Is that published?

**Ms CRAWSHAW:** I would have to take on notice whether we are publishing it in the new annual report. The difficulty is we have only been doing it for a 12-month period so trend data is not yet available.

**The Hon. GREG DONNELLY:** Could you provide the Committee with the most recent report?

**Ms CRAWSHAW:** Certainly.

#### **ANSWER:**

I am advised:

The NSW Ministry of Health will publish inaugural bullying complaint data in its 2010/11 Annual Report.

MINISTER FOR HEALTH & MEDICAL RESEARCH

**BUDGET ESTIMATES - QUESTION ANSWERED**

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, The Hon Helen Westwood asked a question on page 19 of the Transcript, which was taken on notice, concerning assaults on hospital premises.

**The Hon. HELEN WESTWOOD:** Does the data that the Bureau of Crime Statistics and Research collects record in which location within the health service the assault takes place?

**Ms CRAWSHAW:** I believe it does register that. I would have to take this on notice, but my understanding is that it does record whether it is on a hospital premise or not.

**The Hon. HELEN WESTWOOD:** Does it record, for example, whether it is in an emergency department or whether it is in a ward?

**ANSWER:**

I am advised:

The BOCSAR statistics include all assaults that occur on public and private hospital premises, as recorded by NSW Police by geographical grouping of Local Government Areas.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye asked a question on page 21 of the Transcript, which was taken on notice, concerning the Program for Appliances for Disabled People.

**Dr JOHN KAYE:** I move on now to the Program for Appliances for Disabled People. I understand that it has a budget of around \$34 million this year. Can the Minister provide details of the unmet need regarding the number of applications for equipment and the dollars needed to meet those needs? How many applications were not met? What was the dollar amount of that unmet need?

**Mrs JILLIAN SKINNER:** Of course, you would be aware that I have taken a great deal of interest in the Program for Appliances for Disabled People over many years. I was pleased when my colleague Robyn Parker, a former member of the upper House, chaired a committee that examined this whole program, which is now called EnableNSW. I understand that the Government has provided a \$2 million recurrent enhancement. Sorry, that is not what we are talking about.

**Dr JOHN KAYE:** I hope not. I am looking for \$34 million plus.

**Mrs JILLIAN SKINNER:** Yes, that is right. I believe that the budget has been increased this year.

**Mr ROACH:** The Program for Appliances for Disabled People program was increased by \$3 million and a further \$2 million was provided for the home oxygen program.

**Dr JOHN KAYE:** An additional \$3 million for Program for Appliances for Disabled People?

**Mr ROACH:** Plus an additional \$2 million for the home oxygen program.

**Mrs JILLIAN SKINNER:** For this year.

**Dr JOHN KAYE:** But my question goes to the number of applications that were rejected?

**Mrs JILLIAN SKINNER:** I cannot answer that question. I will have to take that one on notice. I am sorry about that.

**Dr JOHN KAYE:** What will happen to those rejected applications? Are you looking to increase the funding to allocate more money to meet them?

**Mrs JILLIAN SKINNER:** I will take that question on notice. I will speak to EnableNSW. That body looks at the individual applications for funded programs. It may be that they were ineligible. I just cannot answer it off the top of my head.

#### ANSWER:

I am advised:

The annual budget for the former Program of Appliances for Disabled People in 2011/12 is \$38.4 million, including a recurrent enhancement of \$3 million. The budget provides approximately 42,000 items per year.

Unmet demand within the program scope is best reflected by waiting times which have decreased by 87% since the consolidation of the program into a single statewide service:

- Priority 1, the most urgently needed equipment is usually provided within five weeks reduced from 19 weeks.
- Priority 2, equipment needed to manage at home is usually provided within 16 weeks reduced from 32 weeks.
- Priority 3, equipment needed solely to access the community is usually provided within 9 months compared with the past when it was rarely if ever provided and the waiting time exceeded two years.

The continence waiting list has been eliminated.

For the 2010/11 financial year EnableNSW did not fund all or part of 756 items which were outside of program scope and valued at approximately \$1 million. Items which are not currently provided by EnableNSW include:

- Household furniture such as chairs and kitchen trolleys.
- Items which the available evidence indicates is ineffective such as standing frames.

- Items solely needed for recreation purposes such as an Environmental Control Unit (ECU) to operate a TV or sound system.
- Items which are similar to or the same as an item which has already been provided.
- Items which are provided under other Government schemes including:
  - Extended Aged Care at Home (EACH)
  - Continence Aids Payment Scheme (CAPS)
  - Department of Veteran Affairs (DVA)
- Items which are inherently unsafe for the purpose for which they were requested e.g. use of portable ramps as a permanent fixture rather than installing a fixed ramp.
- Non-essential accessories and/or components of an item which are more highly specified than necessary.
- Very low cost items.

These 756 items, which were out of scope, were requested by 566 people. Of these 441 people received other assistance through EnableNSW.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye asked a question on pages 23 and 30 of the Transcript, which was taken on notice, concerning the nursing workforce.

**Dr JOHN KAYE:** Could you provide on notice the total number of full-time equivalent nurses in the system for each of the six month periods going back about three years, and can you indicate in your answer how many of those came out of the memorandum of understanding, how many came out of Birthrate Plus and how many of those came for other reasons?

**Mrs JILLIAN SKINNER:** Some of them will not come out of those things.

**Dr JOHN KAYE:** Some of those answers will be zero, just so we can track the time series of what is happening to the nursing workforce in full-time equivalent form.

**Ms CRAWSHAW:** The annual report does provide the full-time equivalent numbers broken down by profession and it does provide it back five years. That figure will be published in the next month. You will have a five-year track of how the numbers are going. What I would say is we have to track the overall trend in increasing numbers of nursing staff, bearing in mind we are opening beds and we have a campaign to convert wards to the new staffing levels. So there is a range of different activities going on that will give an impetus to an increase in numbers. I cannot dissect the numbers going up because of new beds or expanded services versus conversion of wards. I can tell you what the plan is for conversion of wards. Obviously, they are a priority in terms of the call on staff.

**Dr JOHN KAYE:** Ms Crawshaw, I asked you earlier to take a question on notice about nursing numbers. Can you break that down into registered nurses, enrolled nurses and assistants in nursing so we get a time series on those in the system? We are specifically asking for full-time equivalents, not for bodies in this case.

**Ms CRAWSHAW:** We do not break down the annual report figures into those categories so I will have to take on notice whether we are able to provide that information.

**Dr JOHN KAYE:** It would be good if you could. I would be a little concerned if you did not have the breakdown, but we can talk about that later.

#### ANSWER:

The State Government is committed to employing an additional 2,475 additional nurses and midwives over the next four years. This includes approximately 1400 extra nurses as a result of the Memorandum of Understanding with the NSW Nurses Association.

I am advised that Birthrate Plus is a tool for assessing the midwifery workforce in maternity services in Local Health Districts. Implementation is being undertaken in three stages and will be completed in July 2012.

NSW Health Nursing Workforce Full Time Equivalent (FTE) data is as follows:

Average Monthly FTE	Nursing Category			Total Average FTE
	AIN	EN/TEN*	RN	
June 2007	848	6,376	30,877	38,101
June 2008	960	6,505	31,578	39,043
June 2009	840	6,124	32,178	39,142
June 2010	1,027	5,663	32,661	39,352
June 2011	1,343	5,404	33,556	40,303

**Notes:**

1. Exclusive of Third Schedule Facilities.
2. FTE includes Productive and Non Productive, excludes Overtime and unpaid leave
3. Albury Base Hospital data included
4. FTE for both Nurses and Midwives included in this report

There was an overall increase in nurses during the period.



\* The TEN program was based in TAFE, during which time TENs were employees in hospitals during their program. In July 2009 there were changes to the enrolled nurse education with the introduction of a pre -vocational course. The number of ENs currently being trained has reduced. However, a certificate 3 program for Assistants in Nursing commenced (Healthcare Assistants). The numbers of AINs employed has subsequently increased.

The implementation of the pre-vocational course brought NSW into line with other states.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, The Hon Greg Donnelly asked a question on pages 27-28 of the Transcript, which was taken on notice, concerning the staff restructure.

**The Hon. GREG DONNELLY:** The issue of the senior staff restructure that was discussed earlier, in terms of the 300 staff being deployed or made redundant, do you have any numbers at this time of those who have been made redundant?

**Mrs JILLIAN SKINNER:** I am pleased you have asked me this question because it allows me the opportunity to advise you that this week the Chief Health Officer, Dr Kerry Chant, has been reappointed to her position and the Deputy Director General, Ms Karen Crawshaw, has also been appointed.

**The Hon. GREG DONNELLY:** I was looking for the number of those who have been made redundant. Have any been made redundant at this point?

**Mrs JILLIAN SKINNER:** I think we are still going through the implementation of the restructure that was announced back in July.

**The Hon. GREG DONNELLY:** So there are no redundancies yet?

**Mrs JILLIAN SKINNER:** No, not at all. In relation to the staffing levels and the restructure, a number of comments have been made and I want to particularly note that the Australian Medical Association in New South Wales, for example—

**The Hon. GREG DONNELLY:** Minister, I am just asking the questions here if you don't mind.

**Mrs JILLIAN SKINNER:** I am providing the answers if you don't mind.

**The Hon. GREG DONNELLY:** Mine are quite specific questions. About numbers of people being redeployed, have any been redeployed yet?

**Mrs JILLIAN SKINNER:** Yes. It is happening. As I said, the implementation of our restructure will be all rolled out and completed by the end of the year.

**The Hon. GREG DONNELLY:** How many have been redeployed?

**Mrs JILLIAN SKINNER:** No, I cannot answer that yet because it is a work in progress.

**Ms CRAWSHAW:** It is very fluid.

**The Hon. GREG DONNELLY:** Can you take that question on notice?

**Dr FOLEY:** Yes, we can.

**Ms CRAWSHAW:** But we will have to do it at a point in time because it is continuing.

**The Hon. GREG DONNELLY:** That will be fine.

#### ANSWER:

I refer the Member to my response to Questions 108-110, placed on notice following the Health portfolio Budget Estimates Hearing on 24 October 2011.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Helen Westwood asked a question on page 29 of the Transcript, which was taken on notice, concerning the Blue Mountains Hospital.

**The Hon. HELEN WESTWOOD:** The Hon. David Clarke referred to Blue Mountains Hospital. When will the commitment that you, Minister, and the now member for Blue Mountains made prior to the election to reclassify that hospital be delivered?

**Mrs JILLIAN SKINNER:** That is something I have put on the agenda. I will have to take advice about how we are progressing. It is certainly on the agenda. I cannot tell you where we are up to in that process.

**The Hon. HELEN WESTWOOD:** Is there funding for resources in the 2011-2012 budget?

**Mrs JILLIAN SKINNER:** I will have to take on notice what the financial implications are in terms of seeking to have it reclassified. I can provide some additional information for other questions I took on notice if you would like to have that now.

#### ANSWER:

I am advised:

The former Sydney West Area Health Service has conducted preliminary work to assess the potential implications of applying the Rural Doctors Settlement Package to Blue Mountains Hospital. It has been estimated that the additional costs associated with the package could be up to \$4 million per annum. Another option available is enhanced non-standard remuneration arrangements for medical staff working in particular specialities.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Helen Westwood asked a question on page 30 of the Transcript, which was taken on notice, concerning Muswellbrook District Hospital.

**The Hon. HELEN WESTWOOD:** I have other questions, thank you. I refer to the Muswellbrook District Hospital emergency department not being at ground level and your Coalition colleague's commitments to upgrade that facility, particularly the access to emergency. Where is that in this budget?

**Mrs JILLIAN SKINNER:** I am not aware of the details of that particular project. I will have to take that on notice.

**The Hon. HELEN WESTWOOD:** The chief executive officer of the Hunter made a statement in May relating to this issue of reviewing the plans for redevelopment and upgrade of the hospital, particularly the emergency department. Do you know where they are at?

**Mrs JILLIAN SKINNER:** I will have to take it on notice. If he said it was being reviewed, it is being reviewed.

**The Hon. HELEN WESTWOOD:** He was reviewing the planning processes for the upgrade of Muswellbrook District Hospital.

**Mrs JILLIAN SKINNER:** He would be telling you the truth. We are reviewing the planning processes.

**The Hon. HELEN WESTWOOD:** Is there still a commitment to upgrade the emergency department so it is at ground level?

**Mrs JILLIAN SKINNER:** We are reviewing the planning processes. It will be up to the local health district to give us advice about how local services are configured. Those districts boards were appointed in July and they need to come up to speed and work with the clinicians and others locally to determine the priority for the facilities in their district. If that commitment was made in May it then needs to be taken on board by the local health district and considered in the context of its whole obligation to the area.

**The Hon. HELEN WESTWOOD:** Mr Souris made that commitment much earlier than May this year. Could you provide details of the staffing numbers at Muswellbrook District Hospital emergency department and any increases in the workloads of nurses at that department?

**Mrs JILLIAN SKINNER:** Not off the top of my head. I will take that on notice.

**The Hon. HELEN WESTWOOD:** Thank you. Would you agree that there is a need for additional nursing staff during peak times?

**Mrs JILLIAN SKINNER:** Since I do not know the answer to the previous question it is very difficult to answer that one. I can say that as a general rule the local health districts, their chief executives and hospital management are very mindful of the need to provide sufficient staffing coverage not only for patient care but to ensure the workforce have the support of their peers.

#### ANSWER:

I am advised:

#### Emergency Department

- The Emergency Department of Muswellbrook Hospital is located on the first floor of the Hospital. The Emergency Department is generally accessed via the main lift, which was refurbished in 2008. In the event of the lift being non-functional there are two secondary access points to the Emergency Department within the Hospital and contingency plans are in place should the need arise.
- A Master Planning process for the Muswellbrook District Health Service campus is currently being completed. This process includes reviewing the location of the Emergency Department and potential options for relocation to the ground floor.
- Minor refurbishment of the Emergency Department in its current position will occur in 2011/12.

#### Staffing numbers in the Emergency Department

- Muswellbrook District Hospital Emergency Department is currently staffed by one Registered Nurse each shift with a second Registered Nurse on afternoon shift on weekends, due to the increase in activity over this period. This has been in place for some time.

- Hunter New England Local Health District has rostered an additional staff member for a four hour shift per day from Monday to Friday, between 5pm and 9pm, due to increased activity during these times for a six month period while the Local Health District monitors and reviews current organisational processes.
- There are demand management plans and escalation plans in place to ensure staffing levels are adequate for patient numbers and acuity within all areas of the Muswellbrook Health Service.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye asked a question on pages 30-31 of the Transcript, which was taken on notice, concerning the CJ Cummins Psychiatric Unit at Royal North Shore Hospital.

**Dr JOHN KAYE:** .... I refer now to the CJ Cummins Psychiatric Unit at Royal North Shore Hospital. I am very interested to know what specific resources are provided there. How many registered psychiatric nurses are on duty at any time? Is there a full-time psychiatrist, is there a full-time psychologist? What are the resources?

**Mrs JILLIAN SKINNER:** I will have to take on notice the specific staffing arrangements but I do know the unit reasonably well as it is a hospital accessed by my constituents. One of the great challenges in the redevelopment of that site was to resolve the issue of the location of the new mental health service that will replace the Cummins unit. I am happy to say we have resolved that in this year's budget with some very good work by Health Infrastructure, the Ministry of Health and the local health district, particularly the chair, Professor Carol Pollock, and clinicians at the hospital. They will get a brand-new home that will be purpose built for psychiatric patients and I know it will be staffed adequately. I will get specific details for you.

**Dr JOHN KAYE:** Will it still be a 24-bed facility?

**Mrs JILLIAN SKINNER:** It will be much bigger and brand new. It will be purpose built.

**Dr JOHN KAYE:** How many beds will it be?

**Mrs JILLIAN SKINNER:** I cannot tell you that offhand.

**Dr JOHN KAYE:** What staffing would be generally provided for a standard 24-hour, 30-bed acute psychiatric care facility?

**Mrs JILLIAN SKINNER:** I cannot answer that off the top of my head either.

**Dr JOHN KAYE:** How is that determined? Is it a certain number of psychiatrists per patient or a certain number of psychiatric nurses per patient?

**Mrs JILLIAN SKINNER:** Yes. It would be a funding arrangement looking at the patient mix and whether they are scheduled patients and so on. They are the kinds of things I would need to get back to you about. I am sure there is a formula but I do not have it off the top of my head.

#### ANSWER:

I am advised:

#### How many registered psychiatric nurses on duty at any time?

There is a mix of Registered and Enrolled Nurses on duty on all shifts in the Royal North Shore Hospital (RNSH) CJ Cummins Unit comprising of 6 nursing staff on duty in the morning; 5 in the afternoon; and 3 on night duty. Additional nurses are employed given shifts depending upon the acuity of the consumers on the ward. During business hours there is a Nursing Unit Manager and a Clinical Nurse Educator.

#### Is there a full time psychiatrist?

There is currently a Senior Staff Specialist (Psychiatrist) who is employed 36 hours per week for the RNSH CJ Cummins Unit. In addition to this position, Staff Specialists employed within North Shore Ryde Mental Health Service admit consumers to the facility and take responsibility for those admitted under their care.

#### Is there a full time psychologist?

There is currently no full time psychologist, however, the staffing establishment of the new mental health inpatient facility at RNSH, when complete, will include 2 full time Clinical Psychologists.

#### Will it still be a 24 bed facility?

The new mental health inpatient unit located at RNSH will have 34 beds. Twelve of these will be 'high dependency beds' for consumers who require increased levels of observation, 22 beds are being designed for consumers who can be nursed on the 'general acute area' of the ward.

What staffing would generally be provided for a standard 24hr 30 bed acute psychiatric care facility? (a) How is this determined? (b) Is it a certain number of psychiatrists per patient or a certain number of psychiatric nurses per patient?

The NSW Health system does not have a 'standard' 24 hour 30 bed acute psychiatric care facility.

Acute care mental health units are staffed by a mix of medical, nursing, allied health and support staff. The process of determining the staffing level for newly developed units involves input from the Local Health District and the NSW Ministry of Health, (Statewide and Rural Health Services and Capital Planning Branch and the Mental Health Drug and Alcohol Office).

The mix and number of staff will vary due to a number of factors, including but not limited to:

- Mental health consumer demand.
- Mental health consumer acuity.
- The proposed model of care.
- The functionality of the unit to provide care in a safe, therapeutic and appropriate environment to enable the model of care to be implemented.
- Where the unit is located and its relationship with other units within the facility (general hospital or specialist mental health) or other health service providers.
- Economies of scale that can be achieved due to the size of the unit.
- Award provisions – the number of nursing staff required for acute mental health units is determined by a formula agreed between the NSW Ministry of Health and the NSW Nurses Association. This formula is based on six hours of nursing care per patient day for acute units in a general hospital setting, and 5.5 hours of nursing care per patient day for acute units in a specialist psychiatric hospital setting. The Nurses Award also provides for 'reasonable workloads' to be negotiated at the local level.
- Service efficiency – where staffing, operational budget and the service 'network' are configured to optimise use of resources, consumer outcomes and meet consumer demand.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye asked a question on page 32 of the Transcript, which was taken on notice, concerning the Tobacco Strategy.

**Dr JOHN KAYE:** I understand that. But my question still has not been answered. The previous strategy expired in 2010. When did it expire in 2010?

**Dr CHANT:** There was work done in 2010 on a new strategy and a lot of consultation with stakeholders, and that set the tobacco strategy. There was consultation on that, and now it is before government in terms of articulating the next steps.

**Dr JOHN KAYE:** I understand: we are now talking about the 2011 to 2016 strategy. But there was a previous strategy, and we understand that expired in July 2010. Is that correct?

**Mrs JILLIAN SKINNER:** Can I answer that by saying that I do not know and we will have to get you specifics. But it is a bit like the question I was asked earlier by the Hon. Helen Westwood about the Women's Health Plan. I have been advised that an extension of 12 months has in fact been approved for the Women's Health Plan, which was due to expire in 2011 but now goes to 2012. So it is still current.

**Dr JOHN KAYE:** So you are saying it did expire and it was extended?

**Mrs JILLIAN SKINNER:** It was extended for 12 months. I cannot be definitive about the tobacco plan, but I believe that is the case. It is not as though we have not had a tobacco plan in all that time.

**The Hon. HELEN WESTWOOD:** It expired in 2010 and it was extended to 2011.

#### ANSWER:

The previous Tobacco Action Plan operated for the period 2005-2009, however activity aligned to the Tobacco Action Plan to achieve smoking reduction targets continued in 2010 during the development and consultation on the new strategic tobacco control plan for NSW.

The NSW Government recently announced tough new targets in the *NSW 2021* strategic plan to reduce smoking, as part of a strengthened commitment to preventative health. Those targets are to:

- Reduce smoking rates by 3% by 2015 for non-Aboriginal people and by 4% for Aboriginal people; and
- Reduce the rate of smoking by non-Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women.

Strategy to support these targets is being finalised in the new tobacco strategy for NSW.



## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye asked a question on page 33 of the Transcript, which was taken on notice, concerning tobacco vending machines.

**Dr JOHN KAYE:** What about in terms of registering tobacco vendors? This is an issue that has been on the agenda for a number of the tobacco control non-government organisations for some time. Did you receive feedback on the issue of registering licensing of tobacco vendors?

**Dr CHANT:** The issue of licensing vendors has come up on many occasions. I would have to go back to the submissions and the consultation to give you the specifics, but I would be happy to take that part of the question on notice.

**Dr JOHN KAYE:** Fantastic. There is one last issue, that of tobacco vending machines, which I understand still exist in New South Wales although in limited areas. Is there a move afoot to ban tobacco vending machines?

**Dr CHANT:** Again, I would not want to pre-empt anything in relation to Cabinet process, but the public consultation paper that went out in December 2010 raises a number of strategies, and I am happy to provide feedback on what the consultation involved.

**Dr JOHN KAYE:** Thank you.

#### ANSWER:

I am advised:

The discussion paper *Strategic Directions for Tobacco Control in NSW* released by the NSW Ministry of Health and the NSW Cancer Institute in late 2010 to support public consultation proposed to continue to implement the existing retailer notification scheme and review its effectiveness.

Since 1 January 2010 there have been new requirements relating to cigarette vending machines. These machines are only allowed in licensed venues restricted to over 18s; must be operated by staff intervention; and are also subject to tobacco product display bans. Furthermore, only one cigarette vending machine is allowed in each premise.

The *Strategic Directions for Tobacco Control in NSW* discussion paper proposed to review compliance data relating to tobacco vending machines to determine whether tobacco vending machines represent a risk of sales to minors.

Over 800 submissions were received following the release of the discussion paper. The feedback from the consultation process has informed the development of a new tobacco strategy for NSW.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Greg Donnelly and The Hon Helen Westwood asked a question on pages 37 & 38 of the Transcript, which was taken on notice, concerning Illawarra Medical Research Funding.

**The Hon. GREG DONNELLY:** The \$15 million over three years committed to the Illawarra for medical research, which was to commence in 2008-09, is that going to continue?

**Mr ROACH:** Was that under the previous Government?

**The Hon. GREG DONNELLY:** Yes.

**Mrs JILLIAN SKINNER:** You are talking about the money that goes to the Hunter Medical Research Institute?

**The Hon. GREG DONNELLY:** Yes.

**Mrs JILLIAN SKINNER:** Under the Medical Research Support Program? They have had their funding enhanced. All of the institutes that previously received funding have received substantially increased grants.

**The Hon. GREG DONNELLY:** Can you tell us how much extra?

**Mrs JILLIAN SKINNER:** For the Hunter?

**The Hon. GREG DONNELLY:** For the Illawarra.

**Mrs JILLIAN SKINNER:** I will come back to you shortly.....

**The Hon. HELEN WESTWOOD:** Would you be able to provide us with the detail of the funds for the Illawarra?

**Mrs JILLIAN SKINNER:** Yes, I am looking for that.

**The Hon. HELEN WESTWOOD:** Do you have it yet?

**Mrs JILLIAN SKINNER:** I will take it on notice but hopefully I will find it. I will see if I can locate it at the end of the hearing, otherwise I will provide it on notice.

**The Hon. HELEN WESTWOOD:** What is the total budget now?

**Mrs JILLIAN SKINNER:** It is \$32.5 million each year for the next four years. They not only have enhanced funding but certainty of funding.

#### ANSWER:

I am advised:

The \$15 million over three years committed to the Illawarra Health and Medical Research Institute commencing 2008-09 was capital funding to complete the first stage of the Research Institute building. This has been completed and all funds expended.

For the 2011/12 funding year, the Illawarra Health and Medical Research Institute has received \$844,683 from the Medical Research Support Program (MRSP). This is an enhancement of \$164,752 from the previous year's funding.

Additional security has been given to the medical research sector by increasing the base funding pool for the Medical Research Support Program with an additional \$10 million per annum (\$17.3 million - \$27.3 million), removing the uncertainty of an annual Treasury top-up which the sector has experienced over the last 3 years.

In addition to this, the Government have secured a further \$20 million in funding over the next four years for the Medical Research Support Program. This means that my Government will now be investing a total of \$129 million in the Medical Research Support Program over the next 4 years (\$32.3 million per annum). This funding is particularly important for researchers because it contributes towards the day-to-day expenses associated with conducting research that are not supported by the competitive research grants system.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Helen Westwood asked a question on page 38 of the Transcript, which was taken on notice, concerning nanotechnology.

**The Hon. HELEN WESTWOOD:** Could you tell us what the New South Wales Government has done to support advances in nanotechnology over the past 12 months?

**Mrs JILLIAN SKINNER:** I have no detailed information, but Dr Chant might have.

**Dr CHANT:** No, I do not.

**Mrs JILLIAN SKINNER:** We will have to take that on notice.

**Dr CHANT:** Nanotechnology is one of the topics that falls across trade and investment as well as us. One of the other issues is that the spend on Health and Medical Research is supported by some of the initiatives of the Department of Trade and Investment, Regional Infrastructure and Services [DTIRS]. I would be happy to take the issue of the nanotechnology initiatives that have been put in place.

#### ANSWER:

This question should be referred to the Deputy Premier, Minister for Trade and Investment and Minister for Regional Infrastructure, as he is responsible for the Office for Science and Research.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Helen Westwood asked a question on page 38 & 39 of the Transcript, which was taken on notice, concerning stem cell research.

**The Hon. HELEN WESTWOOD:** Could you give us the total contribution from the New South Wales Government to stem cell research?

**Mrs JILLIAN SKINNER:** Stem cell research may be part of the spinal cord injury program. The Government has provided \$2.88 million for the New South Wales Spinal Cord Injury and Related Neurological Conditions Research Grants Program. In addition, most of the clinical research comes from the NHMRC and other sources, and the Medical Research Support Program is provided from that \$32.3 million to the various institutes.

**The Hon. HELEN WESTWOOD:** That is \$2.8 million to spinal research.

**Mrs JILLIAN SKINNER:** That is \$2.88 million for the New South Wales Spinal Cord Injury and Related Neurological Conditions Research Grants Program. That is for 2011-12.

**The Hon. HELEN WESTWOOD:** Dr Chant, would stem cell research be a separate program?

**Dr CHANT:** The issue is many of the medical research institutes may be doing work in relation to stem cell. We would have to do a bit more of a stocktake if the question was how much overall research activity is being done on stem cell. I would have to get back to the Committee.

**The Hon. HELEN WESTWOOD:** Could you take that on notice?

**Dr CHANT:** Yes and I will consider how best to inform the Committee on that issue.

#### ANSWER:

I am advised:

- There are currently no stem cell research programs that are funded by the NSW Government in 2011-12.
- There are 25 groups in NSW that are conducting research using stem cells. Of these, the following receive funding through the Medical Research Support Program for indirect costs of research, not specific medical research projects or programs. In the State's major medical research institutes, funding is allocated according to an institute's success in obtaining competitive grants from sources such as the National Health and Medical Research Council (NHMRC), formal membership of a hub and independent governance structures.
  - ANZAC Research Institute
  - Centenary Institute
  - Children's Medical Research Institute
  - Garvan Institute for Medical Research
  - Hunter Medical Research Institute (HMRI)
  - Institute of Virology; Centre for Immunology, National Centre in HIV Epidemiology and Clinical Research (NCHECR)
  - Kolling Research Institute
  - NeuRA (POWMRI)
  - Victor Chang Cardiac Research Institute (VCCRI)
  - Westmead Millennium Institute (WMI)

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 24 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye asked a question on pages 41-42 of the Transcript, which was taken on notice, concerning EnableNSW aids and equipment co-payment.

**Dr JOHN KAYE:** Can I now take you to another matter which I referred to briefly before—the issue of EnableNSW and a statement made by the former Minister for Disability Services that EnableNSW aids and equipment co-payment was in the process of being dropped. The former Minister for Disability Services, Peter Primrose, made that statement during the March election campaign. Can you confirm if that is still the case?

....

**Dr JOHN KAYE:** Do you have figures on how much it costs to collect the co-payments? Anecdotally we are hearing it is more expensive to collect the co-payments than the total amount of money collected.

**Mrs JILLIAN SKINNER:** No, I do not. I can seek that information for you. It is certainly something that I was looking at in terms of future reform of the Isolated Patients Travel and Accommodation Assistance Scheme. It is something that I would be happy to look at in terms of EnableNSW because I know that equity in terms of getting access to these programs is very important for people. Earlier on I think you asked a question about waiting times for EnableNSW appliances?

**Dr JOHN KAYE:** Correct.

**Mrs JILLIAN SKINNER:** I have now got further information. I said I would provide it on notice, but I am told that for the aids and equipment program there is a four to five week wait.

**Dr JOHN KAYE:** To be accurate, I did not ask for waiting times. I asked for the number of people who applied and were rejected.

**Mrs JILLIAN SKINNER:** I do not have any rejected numbers, sorry. I have just got the waiting times.

**Dr JOHN KAYE:** Minister, you might like to table that document to save us time.

**Mrs JILLIAN SKINNER:** I will table the document.

#### ANSWER:

I am advised:

The introduction of information and communication technology (ICT) has reduced the cost of collecting the co-payment from approximately \$40 per transaction for manual processing of payments to less than \$10 for online payments. This will be fully implemented from the end of December 2011.

The \$100 annual co-payment for mobility, self care and communication equipment has not increased since 2001. Those required to make this co-payment are full pensioners, children under 16 years and those with incomes of up to \$42,000 (single) or \$70,000 (couple).

For those with an income exceeding this threshold, there is a co-payment of 20% of the total cost of the device. Those required to make this co-payment represent a very small portion of program users, approximately 1.25%.

Program users can also seek a reduction in co-payment due to financial hardship. In most cases this is granted.