

MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Dr Gordon Moyes MLC asked a question, on page 1 of Hansard, which was taken on notice relating to front line services staff. The following is provided in response:

As Mr Barker indicated to Rev the Hon Dr Gordon Moyes, the NSW Health Department reports the number of salaried staff employed by the NSW Health System, by category, in its Annual Report.

The 2003/04 figures provided by Mr Barker are correct.

The staffing numbers for June 2005 will be published shortly in the Department's 2004/05 Annual Report. I am advised that the total number of full time equivalent staff for June 2005 is 93,182.8.

Front-line staff account for approximately 57,966 or 66% of total salaried staff employed. This figure does not include support staff such as porters, wardsmen, ward assistants, transport officers and ward clerks who provide support services to assist clinical staff in the provision of patient care. The figure also excludes Visiting Medical Officers and other clinical and allied staff paid under contracting arrangements.

MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Gordon Moyes MLC asked a question, on page 2 of Hansard, which was taken on notice relating to why an ICU for children has not been established in Wollongong Hospital. The following is provided in response:

I am advised that to ensure quality services for critically sick children across the State, NSW Health focuses its world class intensive care services at three specialist children's hospitals. Paediatric Intensive Care Services are provided at the Children's Hospital at Westmead, Sydney Children's Hospital and the John Hunter Children's Hospital at Newcastle.

These three units work in a coordinated and cooperative framework to ensure that all children across NSW are provided highly specialised care in a coordinated manner and in facilities that are staffed by a highly trained and skilled workforce.

The coordination of the State's intensive care services at these three dedicated hospitals ensures that bedside services are assisted by a range of highly specialised support services to ensure that children in NSW are given the optimal chance to survive life-threatening conditions.

Due to the different needs of babies and children, the system provides separate units for very young and premature babies, and for older children.

Whilst each hospital has responsibility for the management of their own units, the clinical coordination for this complex state-wide network of services is provided by the NSW Neonatal and Paediatric Emergency Transport Service (NETS), who work with each of the clinical units to plan and provide services that meet the individual needs of each child.

The provision of quality intensive care services for children is dependant on expert staff and specialised equipment and support services, and therefore is focussed at these designated units.

NSW Health advises me that the identified patient's condition required a very high level of specialised paediatric care and a bed was arranged through the Paediatric Emergency Transfer Service.

Wollongong Hospital provides general medical and non-complicated surgical procedures. The facilities do not provide therapeutic long-term ventilation of children. However, the adult ICU will take adolescents depending on weight (that is, it will not take very small/underdeveloped adolescents).

Wollongong Hospital has a Level 2 Neonatal Unit – providing services to all neonates that do not need ventilation. Those that do are transported by the NSW NETS to the highly specialised facilities.

In 2003/04, NSW had the capacity to accommodate 25 of the most acutely ill children. With the addition of \$1.2 million in 2004/05 this increased to 27. In 2005/06 \$1.3 million has been provided for a further two beds to be located at Children's Hospital at Westmead and Sydney Children's Hospital, bringing the total available beds with the capacity to accommodate the most acutely ill children to 29.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, Rev the Hon Dr Gordon Moyes MLC asked a question, on page 4 of Hansard, which was taken on notice relating to telemedicine services available to mental health clients. The following is provided in response:

Further to our discussion in relation the mental health services, I can advise that this Government continues to demonstrate its commitment to improving access, equity and quality of health services for all people in NSW, particularly in rural and remote communities. Telehealth is but one mechanism that aims to achieve this goal and it is strongly endorsed by consumers and clinicians alike.

I am advised that Telehealth enhances health services by allowing patients to receive improved access to specialised health care and limits their travel costs by providing more health services in their local community. Activity supported by the Telehealth network includes:

- Clinicians in metropolitan and regional centres conducting consultations via videoconference link to patients in rural and remote towns.
- Case conferences conducted between rural clinicians and regional/metropolitan specialists to discuss patient progress and develop treatment plans supported by technology such as image capture and videoconferencing.

For our mental health clients, I am advised that telepsychiatry was initially established in 1998 at eight mental health sites located at Tamworth, Armidale, Moree, Wagga Wagga, Albury, Griffith, Orange and Forbes and has since expanded to include telemedicine facilities at fifteen NSW acute mental health inpatient units and community mental health facilities; four statewide child and adolescent facilities; and ten Justice Health facilities for forensic telepsychiatry.

Telepsychiatry services include clinical consultations and case conferences for adult, child and adolescent clients. These services can also be accessed at the 235 other Telehealth sites across the State. I am advised that the Mental Health Review Tribunal also accesses the NSW Telehealth network to conduct hearings via videoconference.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Patricia Forsythe MLC asked a question, on page 4 of Hansard, which was taken on notice relating to temporary winter beds. The following is provided in response:

I am advised by the NSW Department of Health that with technological improvements and new models of care being implemented, activity has been moving out of the inpatient setting.

Reporting systems in place prior to 1998/99 did not have the capacity to independently report bed equivalents.

In relation to the Honourable Members question as to when the temporary winter beds were opened, I can advise that this took place between June and August 2004.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker MLC asked a question, on page 6 of Hansard, which was taken on notice in relation to access block. The following is provided in response:

The questions do not specify a time period however figures as to access block are provided publicly on the Department's website. The member is otherwise referred to the answers provided at the estimates hearing.

Emergency Departments always give priority to the most life threatening cases and NSW hospitals continue to treat 100% of the most seriously ill within the designated 2 minutes timeframe.

I am advised by the NSW Department of Health that the percentage of patients who wait longer than 8 hours in the Emergency Department to get an inpatient hospital bed (Access block) across NSW has fallen from 38% in August 2004 to 32% in August 2005. That is, over 800 more patients a week are getting to their hospital bed from the Emergency Department within the benchmark time of eight hours than this time last year.

In 2005/06 the government is investing a total of \$227million in opening 822 new public hospital beds as part of a major plan to lift the capacity of the NSW public hospital system.

In relation to Mr Napier I am advised that he was treated and monitored in an emergency department bed at Camden. He was moved to an adjacent ward area during the day and returned to the main area at night for observation. On 2 August he was admitted to Campbelltown Hospital and discharged the next day.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker MLC asked a question, on page 7 of Hansard, which was taken on notice in relation to the Nurses Reconnect Program. The following is provided in response:

The Government's "Nursing Re-connect" initiative was designed to attract nurses and midwives back to our hospitals who have been out of the nursing workforce for a number of years. This initiative has been extremely successful with 1,254 nurses reconnected as at July 2005.

I am advised by the NSW Department of Health that as at July 2005 approximately \$4.8M has been expended on this initiative. This amount includes the cost of advertising and call-centres, as well as the initial 3-week salary plus \$600 for clinical support paid to Area Health Services for each nurse, which affords nurses with the opportunity for a tailor-made orientation and re-entry program.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker MLC asked a question, on page 9 of Hansard, which was taken on notice in relation to nurse retention. The following is provided in response:

I am advised by the NSW Department of Health that information relating to the average length of time a nurse stays in the public health system is not collected on a State-wide basis.

The Government's support for nurses and midwives is well documented and is producing results. The results of a range of initiatives already in place show that the total number of permanent nurses and midwives in employment in the NSW public health system has been steadily increasing over the last three and a half years.

In 2004/05 \$34.8M was spent on a range of nurse related initiatives including:

- \$15 million for Trainee Enrolled Nurses (TENS);
- \$6 million for Study Leave for nurses;
- \$5.2 million for College of Nursing Education Programs; and
- \$2 million in Nursing Scholarships.

In 2005/06 the Government has allocated \$35.5M to be spent to assist nurses and midwives in NSW. This is an increase of \$700,000 or 1.8% on last year's budget.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, Rev the Hon Dr Arthur Chesterfield-Evans MLC asked a question, on pages 9 and 10 of Hansard, which was taken on notice regarding the number of full-time equivalent Psychologist clinicians in NSW and their ratio to the NSW population. The following is provided in response:

I am advised that NSW Health has contributed staffing data to the National Mental Health Report in accordance with its requirements since 1992-93. Since 1994-95 psychologists have been identified within the overall category of Allied Health. However, while clinical psychologists are not distinguished within the overall group, I am advised that NSW mental health services employed psychologists at a rate slightly higher than the Australian average, as demonstrated by the following Tables:

Psychologists in NSW Mental Health Services		
Year	FTE	Per 100,000 pop.
1994-95	257	4.2
1995-96	276	4.5
1996-97	314	5.0
1997-98	348	5.5
1998-99	343	5.4
1999-00	371	5.8
2000-01	426	6.5
2001-02	491	7.4
2002-03	534	8.0

Tables A-32 and A-33 of the *National Mental Health Report 2004* show the figures for all States and Territories in 2001-02. These are:

Psychologists in Australian Mental Health Services, 2001-02		
Jurisdiction	FTE	Per 100,000 pop.
NSW	491	7.4
VIC	332	6.9
QLD	235	6.4
WA	126	6.6
SA	79	5.2
TAS	23	4.9
ACT	47	14.6
NT	9	4.6
Aust	1,342	6.9

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, Rev the Hon Dr Arthur Chesterfield-Evans MLC asked a question, on page 10 of Hansard, which was taken on notice regarding the current status of the Australian Psychological Society Report "Towards a more efficient and effective Mental Health Service in NSW". The following is provided in response:

I am advised that the Department of Health is still reviewing the report in the context of the overall workforce development strategy.

No specific recommendations as to changes in Psychology staff numbers have been made at this time.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker asked a question, on page 18 of Hansard, which was taken on notice relating to Hunter Breast Screen. The following is provided in response:

I am advised by the Hunter New England Area Health Service that BreastScreen Hunter and Wyong Shire continues to provide free mammograms to women in the eligible and target population in the Area Health Service's catchment.

The Hunter New England Area Health Service and the State program is not aware of figures indicating that 20 per cent of Hunter women have been using private breast screening. A local private radiology practice does offer local women mammography at a cost, as is the case in many locations throughout NSW and Australia. However, this is not provided in accordance with the requirements of the organised BreastScreen program as there is no mandatory outcome performance reporting and no mandatory compliance with the National Accreditation Standards.

The target group for BreastScreen is determined by national guidelines.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker MLC asked a question, on page 20 of Hansard, which was taken on notice relating to staff reductions following the merger of Area Health Services. The following is provided in response:

I am advised by NSW Health's Director of Employee Relations that Area Health Services have identified in excess of 1000 positions for deletion, largely from management and administrative areas.

As at 9 September 2005 approximately 284 positions had been deleted from the following Area Health Services:

Hunter New England	42.11
South Eastern Sydney & Illawarra	54.83
Northern Sydney & Central Coast	46
Sydney West	33.4
North Coast	8
Sydney South West	71
Greater Southern	10
Greater Western	19

As previously stated by the Government, administrative savings achieved through major reforms will be redirected to front line clinical services. This means more doctors, nurses and other health professionals caring for patients.

MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker MLC asked a question, on page 20 of Hansard, which was taken on notice relating to the number and cost of redundancies arising from Area Health Service amalgamations. The following is provided in response:

I am advised by the NSW Department of Health that the cost of funding the redundancies that arise out of the amalgamation of Area Health Services from 17 to 8 is a one off cost. The redundancies are targeted at management and administrative positions and the payments that have been made to-date have largely been for senior managerial staff.

The amalgamations will lead to a reduction of over 1,000 management and administration positions from the Area Health Services. After funding the redundancies, there will be a net saving of approximately \$24M in 2005/06 and \$70M in annual savings from 2006/07. The Areas will be required to put these savings into the provision of frontline services.

The Department of Health will be monitoring the savings to ensure targets are met and the funds go toward providing better and more clinical services for local communities.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Arthur Chesterfield-Evans MLC asked a question, on page 29 of Hansard, which was taken on notice relating to the whether any studies of the cost-effectiveness of intensive care units were being carried out in terms of the quality of adjusted life years achieved. The following is provided in response:

NSW Health advises me that there are both local and international published studies available which examine the cost-effectiveness of intensive care and the quality of life of patients who have received that care.

In NSW a number of studies have been published over the past decade and work is currently being undertaken which examines the physical and psychosocial impacts of intensive care, patient outcomes, quality of life following intensive care and intensive care cost benefit analysis.

Two local studies, which are publicly available, have been undertaken at St George Hospital Intensive Care Unit and Liverpool Hospital Intensive Care Unit. Studies such as these have been used to benchmark NSW intensive care services against national and international literature.

The Intensive Care Taskforce uses literature such as these studies to provide expert clinical advice to the Department on the most appropriate delivery of intensive care services.

Quality of life outcomes and the cost benefit analysis of intensive care are key considerations in the ongoing planning, development and delivery of intensive care services in NSW. The continued evaluation of these factors ensures the most appropriate allocation of intensive care resources.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker MLC asked a question, on page 32 of Hansard, which was taken on notice relating to how many patients were added to the elective surgery waiting list per day between 2001/02 and 2004/05. The following is provided in response:

This Government is committed to improving waiting times for booked patients in NSW Hospitals. In line with this commitment, the Government aims to ensure that no patient should wait longer than 12 months for their surgery. Patients who are considered by their surgeon to require more urgent surgery, for example patients with cancer, should have their surgery within 30 days.

In 2004/05 Area Health Services devoted **an additional** \$35 million to improve access to surgery for those people who have been waiting long periods to undergo their procedure.

The 2004/05 NSW Annual Waiting List Performance statistics, released by the then Minister for Health on 24 July 2005, showed more booked surgery activity and steadily declining waiting lists in 2004/05, with increased surgical access for patients in all urgency categories.

In fact, a number of hospitals including Sydney Children's, Canterbury, Coffs Harbour and Dubbo have eliminated waiting lists for patients waiting 12 months or longer for booked surgery, in line with priorities established by the Surgical Services Taskforce.

In relation to the number of patients added to elective surgery waiting lists, I am advised that on average there were 653 patients added per day in 2004/05; 654 in 2003/04, 621 in 2002/03 and 618 in 2001/02.

As you would be aware, health services across Australia are dealing with an ever-increasing demand on services from an ageing population, and from the availability of new technologies and new procedures that were not widely available until recently.

I can advise that since July 2004 there has been a cumulative increase of \$115 million for booked surgery and this Government will continue the steady and positive progress already implemented across health facilities improving the waiting times for booked patients.

MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker MLC asked a question, on page 33 of Hansard, which was taken on notice concerning the earliest listing date for a patient currently on the surgery waiting list. The following is provided in response:

Due to issues of patient confidentiality, I cannot provide specific details of the case, however, I am advised that the patient with the earliest listing date has been on the waiting list for a total knee replacement since 23 November 1998.

I am advised that since being placed on the waiting list the patient has been contacted on a regular basis (every 3 to 6 months) to determine if surgery is still required. Surgical alternatives have been offered to the patient, however, the patient has indicated a preference to remain on the waiting list.

The patient however has also elected to defer surgery on 5 separate occasions because of personal reasons. The most recent request for deferral of surgery by this patient was on 4 October 2005, when the patient asked the hospital to defer surgery for a further six months.

The hospital concerned respects the patient's decision to defer the procedure and will again contact the patient towards the end of this most recent deferral to assess the patient's preparedness to proceed with the surgery.

MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Dr Arthur Chesterfield-Evans asked a question, on page 34 of Hansard, which was taken on notice relating to why there was no exposure measurement in the Department of Health's M5 East investigation. The following is provided in response:

I am advised that the Department of Health's M5 East investigation did include exposure assessment.

Exposure to the M5 East stack emissions was assessed by modelling pollutant emissions from the stack and allocating the calculated pollutant concentrations to households using Geographic Information Systems. The modelling of emissions was undertaken by the CSIRO's Atmospheric Research section using the most sophisticated computer pollution modelling tool in Australia.

For this investigation modelled exposure estimates were preferable to actual monitored exposure. Exposure to pollutants emitted by the stack is known to be very small in comparison to total exposure, which has a major contribution from regional pollutants, predominantly from surface roads and industry. Furthermore, exposure to the pollutants emitted from the stack would be indistinguishable from those background pollutant exposures using available monitoring techniques. Modelling, however, enables one to directly estimate the level and distribution of emissions from the stack.

I am advised that modelled exposure to pollutants has been used in preference to monitored exposure in a number of studies undertaken overseas. I would refer Dr Chesterfield-Evans to work from Sweden and The Netherlands as other good examples of the use of this methodology.

MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Robyn Parker MLC asked a question which was taken on notice regarding the number of adolescent patients in adult psychiatric units in 2004/05 and the corresponding number of bed days. The following is provided in response:

I am advised that young people may be admitted to an adult psychiatric unit for a number of reasons, for example they may be at immediate risk of self harm or harm to others or they may not be able to be clinically managed in a safe community setting. Admissions to psychiatric units are based on a clinical assessment of patient need and the involuntary admission requirements prescribed in the Mental Health Act.

In all circumstances, the particular needs of young people in adult wards are assessed and access to child and adolescent mental health staff provided. In addition, the levels of observation of young people in adult mental health facilities can range from one-to-one nursing, in direct line of sight, through to observations on an hourly basis.

I am advised that data from the admitted patient collection in 2004/2005 indicated that there were 534 separations of young people aged between 12 and 17 from NSW hospitals where the episode of care included at least one overnight bed-day in an adult psychiatric unit. These accounted for 6,209 bed days. These figures include separations from "swing beds".

It is important to note that the number of separations reported excludes Redbank House at Westmead Hospital and Gnakulun at Campbelltown Hospital, as it is not possible to separate their adolescent/child data from the adult statistics.

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BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 20 September 2005, during my appearance before the General Purpose Standing Committee No. 2, the Hon Patricia Forsythe MLC asked a question, on page 17 of Hansard, which was taken on notice relating to the average wait for a breast screen in NSW. The following is provided in response:

The Cancer Institute of NSW has provided the following advice in relation to several matters raised by the Honourable Member.

It is important to note that screening services are for well women whose only risk factor for future illness is age. The timing to provide a service therefore is different to a "waiting time" for an acute service required urgently for an illness. Women who notice a breast lump or some other breast symptom should immediately see their doctor, not go to a screening service.

All women aged 50-69 years have access to appointments for free breast screening in NSW. This is the age group that should be specifically recruited according to national screening guidelines.

Women aged 40-49 or over 70 years of age are able to obtain a free breast screening mammogram through BreastScreen. However, based on the above national guidelines, women in the target age group will be given preference for appointments.

I am advised the waiting time for free breast screening varies from days to weeks depending on the availability of screening slots which is in turn dependant on demand; the schedule of a mobile van or relocatable service that would come to a region or area intermittently and availability of expert radiologists and radiographers.

In relation to the Honourable Member's question concerning digital technology mentioned on the Channel 9 television program, currently BreastScreen NSW is rolling out 5 digital units, including one in Tamworth and another in Orange. NSW is leading other States in introducing this new technology.

In relation to the Honourable Members question concerning the performance of breast tissue biopsy, the Cancer Institute of NSW has advised that biopsies are carried out in women recalled for assessment if an abnormality is found on screening mammography. In accordance with national guidelines, BreastScreen NSW has a policy that this must be done within 8 weeks of the screening mammography.