

MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 7 November 2006, during my appearance before the General Purpose Standing Committee No. 2, the Hon Duncan Gay MLC asked a question, on page 5 of Hansard, which was taken on notice and concerned the provision of medical services at Lightning Ridge:

HANSARD EXTRACT PAGE 5

The Hon. DUNCAN GAY: It is my understanding that two local GPs have already applied for the position. Can you tell us what may be holding up the appointment of one of those GPs? Why has a contract not been offered?

Ms KRUK: It is a tender process. My understanding in relation to it—should there be further information—is that the decision was actually to go to a tender process. Obviously, if two GPs have expressed an interest they will no doubt be part of that tender process. I am not aware of the terms upon which they have offered their services. I think the important thing is that Dr Blizzard has made a very strong commitment to having ongoing services there, has a locum in place and wants to get the best deal for her health services as possible. I do not know the terms and conditions under which the GPs you mentioned have offered their services.

The Hon. DUNCAN GAY: Can you come back to us with an answer?

Ms KRUK: If there is something additional on that, we will do so. But I think the issue is that the decision to go to a tender is very acceptable and sensible practice.

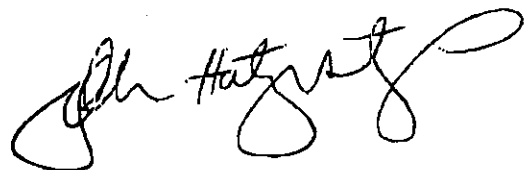
The Hon. DUNCAN GAY: And a timetable?

Ms KRUK: If that is available, yes.

ANSWER

I am advised that under the *Health Services Act, 1997*, the Area Health Service must advertise for services. In addition the Area Health Service is bound under legislative agreements and industrial relations to remunerate professionals according to recognised awards, such as those set down by the Rural Doctors Association Settlement Package.

The tender for the Visiting Medical Officer Services to Lightning Ridge Health Services has recently been advertised and interested parties will be able to tender to provide these services.



ANSWER

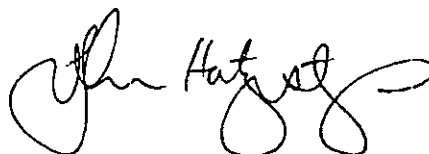
I am advised that according to the Midwives Data Collection for 2004, there were 101 units in NSW with a role level of 1 to 6.

Role delineation is a process, which allows determination of the level of support services, staff profile, and other requirements necessary to provide clinical services in an appropriate manner. The Guide to Role Delineation for Health Services provides a mechanism which Area Health Services can use when describing health services and planning service developments.

The Guide to Role Delineation of Health Services is a guide and, as such, is not prescriptive about staff numbers. Some services may be provided on a network basis rather than a facility basis.

Obstetric services are funded, along with other services, from Area Health Service budgets. The cost of operating a unit varies according to factors such as the service delivery model and the number of births per year. It is not possible to provide a generic costing for an obstetric unit.

In regards to the Honourable Member's question regarding the closure of obstetric units since 1995 obstetrics models of care have changed considerably over this period to ensure safety and efficiency. The public health system looks after 55,000 births per annum across a range of models of care which include GP obstetricians, midwifery managed models supported by obstetricians, stand-alone midwifery managed models and homebirths.



MINISTER FOR HEALTH**BUDGET ESTIMATES HEARING – QUESTION ANSWERED**

On 7 November 2006, before the General Purpose Standing Committee No. 2, the Hon Duncan Gay MLC asked a question, on pages 5 and 6 Hansard, which was taken on notice and concerned genital mutilations:

HANSARD EXTRACT – PAGES 5 and 6

The Hon. DUNCAN GAY: Thank you. How many genital mutilations have been treated in New South Wales hospitals and notified to NSW Police?

Dr MATTHEWS: I cannot answer the question of how many. I am not certain. They may in fact be coded under different diagnostic groups depending on the type of injury inflicted. But I think we would have to take the question of how many on notice and come back to you with what we can provide.

ANSWER

I am advised:

For information on the number of cases reported to NSW Police, the question is more appropriately a matter for the Minister for Police.



MINISTER FOR HEALTH**BUDGET ESTIMATES HEARING – QUESTION ANSWERED**

On 7 November 2006, before the General Purpose Standing Committee No. 2, the Hon Duncan Gay MLC asked a question, on page 6 Hansard, which was taken on notice and concerned the Isolated Patients Transport and Accommodation Assistance Scheme (IPTAAS) :

HANSARD EXTRACT -- PAGE 6

The Hon. DUNCAN GAY: I expected that you would. Turning to the Isolated Patients Travel and Accommodation Assistance Scheme [IPTAAS], what was the actual expenditure on IPTAAS in 2005-06? What is the estimated expenditure on IPTAAS for 2006-07?

Dr MATTHEWS: The total funding for the total transport for health programs, which is all non-emergency health-related transport, is \$15.9 million in 2006-07—an increase of \$2.6 million on last year's budget. In addition, the area health services spend an estimated additional \$10 million on other types of transport assistance. This combined funding provides about 60,000 passenger trips per year for patients across the State. On 17 March the Premier announced the integration of five separate health-related transport schemes into a single program under the revised Transport for Health policy. That change commenced on 1 July this year. The schemes being integrated under the new transport for health program are IPTAAS; Statewide Infants Screening and Hearing [SWISH] travel—which specifically supports babies who are required to attend for audiology for severe hearing loss identified by SWISH—the health-related transport program, which principally funds community transport organisations; the inter-facility transport schemes; and the former transport for health program. The types of assistance provided under the new transport for health program will include subsidies to assist eligible patients who need to travel long distances for specialist medical treatment not available locally.

The Hon. DUNCAN GAY: Dr Matthews, it was a discrete question about the actual expenditure and the estimated expenditure on IPTAAS. Are you able, even on notice, to extract those figures from the group travel figures?

Dr MATTHEWS: I will have to take the breakdown of the specific IPTAAS component on notice and let you know. But I need to advise that all those things have been amalgamated.

The Hon. DUNCAN GAY: I understand that the egg has been blended.

Dr MATTHEWS: Hopefully to make a better omelette.

Ms KRUK: Mr Gay, it is a serious matter. I was at Dubbo two weeks ago—

The Hon. DUNCAN GAY: I would not have asked the question if it was not a serious matter.

Ms KRUK: You come from the country; I come from the country. Transport is one of the most critical things. I was pleased to see in Far West that Dr Blizzard has actually combined transport co-ordination functions with the patient flow unit. The feedback I have had from a good number of practitioners in Far West is that that has made a huge difference to the co-ordination of transport across the area health service. It is not just assistance in terms of financial components—which we discussed at the last estimates committee—but also sensitivity in terms of the time of the bookings and support provided to the families after the discharge of the patient. I think all those components are important in patient transport.

The Hon. DUNCAN GAY: Are any staff allocated to an IPTAAS office at Broken Hill? If so, what is the staff EFT, number of staff, at that office?

Mr MCGREGOR: We will have to take that question on notice. We do not have the specifics of the breakdown of the distribution of administrative staff in relation to that at the moment. Bear in mind what Dr Matthews said: It is being integrated into a cohesive program.

The Hon. DUNCAN GAY: How many other staff are allocated to IPTAAS and where are they located?

Dr MATTHEWS: We will have to take that question on notice as well.

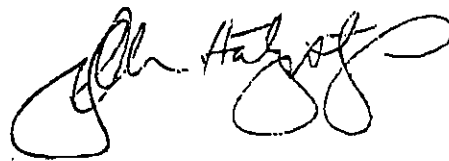
ANSWER

I am advised:

I refer to the answer provided in the Budget Estimates Hearings on 4 September 2006 with regard to funding for the Isolated Patients Transport and Accommodation Assistance Scheme (IPTAAS).

There are 1.5 full time equivalent staff employed at the Broken Hill IPTAAS office to work on Transport for Health. The other IPTAAS offices locations are available on the web site and employ 12.65 Full Time Equivalent staff.

Additional officers are also working on the broader Transport for Health program across all Area Health Services.

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MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 7 November 2006, during my appearance before the General Purpose Standing Committee No. 2, the Hon Duncan Gay MLC asked a question, on page 20 of Hansard, which was taken on notice and concerned the current valuation of the land occupied by St. Vincent's Hospital:

HANSARD EXTRACT – PAGE 20

The Hon. DUNCAN GAY: Is there a current valuation on the land occupied by St Vincent's Hospital?

Mr McGREGOR: Do you mean in terms of the total site?

The Hon. DUNCAN GAY: Yes.

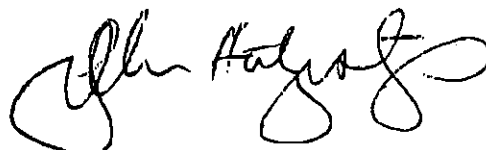
Mr McGREGOR: I am not aware of the existence of one, but we can make some inquiries.

Mr BARKER: Under Australian Accounting Standards they are controlled by the Australian Securities and Investments Commission. Therefore, if they are complying with Australian Accounting Standards, recognising that they are not a controlled entity of New South Wales Health, you would expect their financial statements to contain valuations. The answer would be yes. However, with regard to when they did it, you would have to ask them.

Ms KRUK: Whether they give it to us is another issue.

ANSWER

I am advised that St Vincent's Hospital is a schedule 3 Hospital (affiliated health organisations") and, as such, NSW Health is not privy to its detailed asset related financial information. The operations of the hospital are provided by a private company while the land is owned by the Hospital's Trustees.



Long Bay forensic facility

8. How much is it anticipated that the private sector will profit per annum from the contract for the provision of the facility?
9. What operational matters will the private consortium have responsibility for?
10. What operational matters will NSW Health have responsibility for?

Answers

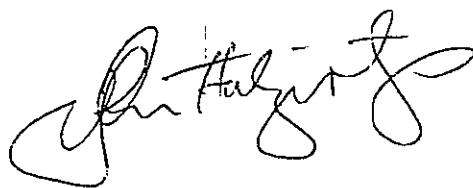
I am advised:

(8)

The private sector consortium has to construct the project on time and to the nominated specifications, deliver the ancillary services to achieve the performance measures, the Key Performance Indicators nominated in the contract, with abatements in the service fees if there are non performances, over the 25 years operating period of the contract, before the equity investors receive a return.

(9) and (10)

I refer the Honourable Member to my response to Question No. 0370.



Dental Health

14. Is the minister aware that dentists have been treating low-income patients for free because of their frustration at the under-funding of dental health services in Australia and NSW?
15. What is the Minister's comment on reports that Valerie Shorter, a 65-year-old pensioner from Uralla, in north-eastern New South Wales, being forced to pull one of her own teeth with pliers after unsuccessfully trying to make a dental appointment?

Answers

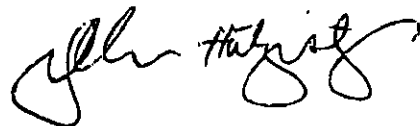
I am advised:

(14)

The NSW Government is generally supportive of initiatives that allow dental professionals to give back to their local communities and serve children or less advantaged members of the community who for various reasons may not seek access to either the private or public dental services.

(15)

The Hunter New England Area Health Service Oral Health Manager is investigating the circumstances of this case and has made numerous attempts to contact Mrs Shorter to ascertain whether she still requires access to oral health services and, if so, that appropriate treatment is arranged. Attempts to contact Mrs Shorter will continue.



Questions from Mr Gay

Forster-Tuncurry public hospital services

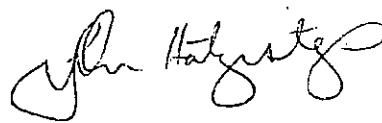
16. What public hospital services are provided at Cape Hawke Community Hospital?
17. Is there any provision in the Budget Papers to expand such services?

Answers

I am advised:

(16) and (17)

I refer the Honourable Member to the Cape Hawke Community Hospital web site and the 2006/07 Budget Papers.



Tamworth Hospital

18. Please detail any estimated expenditure on the redevelopment, upgrade or replacement of Tamworth Hospital provided for in the Budget Papers.
19. Have any funds already been expended towards the redevelopment, upgrade or replacement of Tamworth Hospital?
20. If any funds have been provided in the 2006-07 Budget, how much, if any, of those funds have been expended? On what have such funds have been expended?
21. Has the NSW Government made any financial provision to assist with, or associated with, the training of medical students at Tamworth and Armidale?
22. If so, what financial provision has been made? When will such funds be made available? To what undertakings will such funds be allocated?

Answers

I am advised:

(18) – (20) inclusive

I refer the Honourable Member to the Budget Papers and the public statements on the matter.

(21) and (22)

The NSW Government will continue to support clinical placements for all publicly funded medical and nursing students at existing levels of resourcing. This will apply to the training of medical students at Tamworth and Armidale.

The system of undergraduate education relies on shared teaching arrangements during clinical placement. NSW Health contributes significantly by supporting clinical staff to carry out teaching and supervision of students.

Further NSW Health guarantees placement of intern doctors on completion of their degree for their required year of supervised training in order to be eligible for registration.

NSW Health is committed to supporting development of capital infrastructure on its hospital sites, consistent with the service development requirements of the health system. This will include service developments at Armidale and Tamworth Hospitals, as well as other hospitals within the Hunter New England Area.

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Resource Distribution Formula

23. By how much did funding for each Area Health Service vary from the Resource Distribution Formula in 2005-06?
24. What is the estimated variation for each Area Health Service in 2006-07?

Answers

I am advised:

(23) and (24)

Each year the Department of Health reports on the performance indicator Resource Distribution Formula and the weighted average distance from RDF target for Area Health Services in its Annual Report.

I am advised that the RDF target for 8 NSW Area Health Services chart will appear in the 2005/06 Annual Report. The weighted average distance from target for 2006/07 is expected to be published in approximately 12 months time.



Health Advisory Councils

26. For 2005-06, what was the expenditure on the conduct of Health Advisory Councils?
Please provide the figures for each Advisory Council in each Area Health Service?
27. What is the estimated budget for each of the Health Advisory Councils as above for 2006-07?

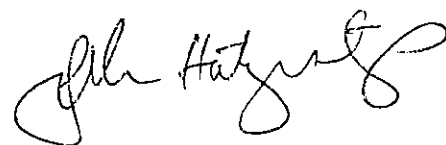
Answers

I am advised:

(26) and (27)

Funding allocation and budget itemisation/reporting varies between each Area Health Service and the Department of Health does not centrally collect or report on the budget and expenditure of Area Health Advisory Councils on a routine basis.

To provide the level of detail sought is considered an unjustifiable diversion of resources.



Gaming Machine Revenue to Health

28. The Government undertook that 'All the increased revenue which will be \$46m (in 04-05) this year, will go to the health system' from increased gaming machine tax. (Egan, LC, 31/08/04). How much of any such revenue was allocated to the health system in 04-05 and 05-06 and is estimated to be so allocated in 06-07?
29. How was any such funding allocation expended by NSW Health in each of those years. How is any 06-07 allocation to be expended?

Answers

I am advised:

The 2006/07 Health budget of \$11.688 Billion is \$828 million more than last year - an increase of 7.6%. Details on how this money will be expended are outlined in the NSW Health Media Release of 6 June 2006, available on the NSW Health website: www.health.nsw.gov.au.

Rural Medical School - University of New England

30. In connection with the new rural medical school at the University of New England:
- a) In 2006-07, what is the state Government contribution to Tamworth hospital to enhance its role as a teaching hospital? Please provide details for recurrent and capital funding.
 - b) In 2006-07, what is the state Government contribution to Armidale hospital to enable it to be a teaching hospital in connection with the new rural medical school? Please provide details for recurrent and capital funding.

Answers

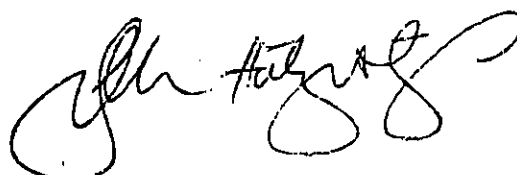
I am advised:

30. (a and b combined response)

Tertiary education is a Commonwealth responsibility. In line with these responsibilities, the Universities of New England and Newcastle sought funding from the Commonwealth to establish the Rural Medical School.

NSW Health is committed to supporting development of capital infrastructure on its hospital sites, consistent with the service development requirements of the health system. This will include service developments at Armidale and Tamworth Hospitals, as well as other public hospitals in the Hunter New England Area.

In undertaking such developments, NSW Health is committed to incorporating the requirements to support clinical teaching for the medical programs that would be provided by the Universities of New England and Newcastle. NSW Health will also, in planning on such sites, make available space for the Universities to build facilities required by them to deliver the medical training to students for which they are responsible.



Australian Healthcare Agreements

31. Will the NSW Government press for the quarantining of a proportion of funding for rural and regional hospitals to be included in negotiations with the Federal Government leading to the finalisation of the next Australian Healthcare agreement with New South Wales?

Answers

I am advised:

31. The NSW Government contributes two-thirds of the NSW health budget compared to the Australian Government's one-third contribution. Funding provided by the Australian Government through the current Australian Health Care Agreement is for public hospitals.

NSW Health uses its Resource Distribution Formula (RDF) to distribute funding equitably to NSW Area Health Services. The RDF aims to enable Area Health Services to provide rural and regional communities with comparable levels of access to quality health services as metropolitan communities.

The next Australian Health Care Agreement is due to commence in July 2008. Negotiations between the NSW Government and the Australian Government relating to the new Agreement will have regard to the importance of ensuring access to quality health services for people living in rural and regional areas.



Dental waiting lists

32. What is the current waiting list by area health service for public dental health services?

Answers

I am advised:

A number of similar questions were placed on the notice paper following the first Health portfolio Budget Estimates Hearing held on 4th September 2006. I refer the Honourable Member to the response provided to one of those questions, that is Question 563.

(John Hatzistergos)
Minister for Health

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Rural and remote health services

33. What options is the New South Wales Government proposing to improve service delivery in rural and remote areas to meet obligations under the 2006 COAG meeting?
34. In relation to the 2006 COAG discussions, how many high quality clinical placements and intern training for commonwealth funded medical students will be provided by the NSW Government?
35. How will the NSW Government provide significant on the job and postgraduate training for health professionals as envisaged by the 2006 COAG meeting?

Answers

I am advised:

33. The Rural Health Standing Committee, of which NSW is a member, is proposing a number of options for consideration.
34. NSW has guaranteed that it will continue to support clinical placements for all publicly funded medical & nursing students at existing levels of resourcing. The medical student intake in NSW has been increased by 110 places in 2007.
35. The Health Policy Priorities Principal Committee (HPPPC), on behalf of Australian Health Ministers' Conference (AHMAC), has been given responsibility for progressing the options for possible expansion of education and training programs as part of the COAG decision to improve service delivery in rural and remote areas. The Health Workforce Principal Committee (HWPC) is developing options to meet the workforce requirement and will report to AHMAC regarding expansion of education and training programs.



Question from Mr Gay:

36. Manilla multipurpose service

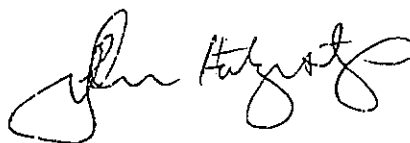
What is the current status of any plans for consultation in relation to the possible establishment of a multi-purpose service at Manilla, New South Wales?

Answers

I am advised:

(36)

I refer to the public statements on Integrated Primary Health and Community Care Services.

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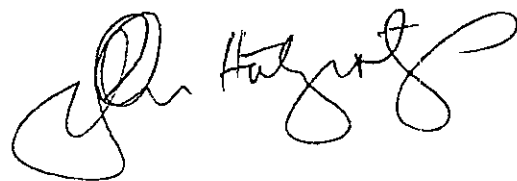
Clinical service plans

38. Please provide the clinical service plans, including draft plans, created since June 2005 for each Area Health Service, hospitals within those regions and the Children's Hospital at Westmead, in the possession, custody or control of the Minister for Health or NSW Health.

Answers

I am advised:

A similar Question (ie Question 575) was placed on the notice papers following the first Health portfolio Budget Estimates hearing held on the 4th September 2006. I refer the Honourable Member to the response provided to that question.

A handwritten signature in black ink, appearing to read "John Hatzigeorgidis". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

General Physician and general surgeons

42. How many trainee places are there in New South Wales for general physicians and for general surgeons?

Answers

I am advised:

Note: General physician (general medicine) and general surgery are advanced training programs. Physician and surgical training begins with a number of years of basic training. The figures quoted here refer to advanced training only.

There are 101 trainee places in NSW for general surgeons in 2006. General surgery is the largest of the specialist surgical training programs.

In 2005, NSW had 37% of the national total of general surgery trainees.

There were 9 general physician (general medicine) trainees in NSW in 2005, 34.7% of the national total in 2005.



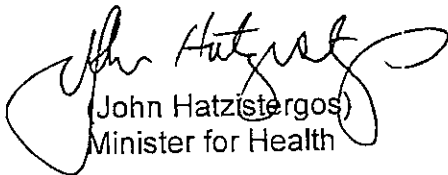
(John Hatzistergos)
Minister for Health

Rural nurses

43. What incentives are currently offered to nurses to work in rural areas, especially those with direct clinical care with extra responsibilities?

Answer

The Premier recently announced a rural incentives pilot. This is additional to a range of rural incentives provided for nurses by NSW Health via scholarships, subsidies and other allowances.



(John Hatzistergos)
Minister for Health

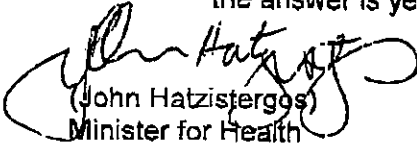
Midwifery-lead units

44. How many midwifery-led units are there in New South Wales and where are they located?
45. Are there any further midwifery-lead units planned for New South Wales in 2006-07, 2007-08?

Answers

I am advised:

44. This information is available in Area Health Service Annual reports.
45. I assume the question refers to midwifery managed models of care, if so the answer is yes.




(John Hatzistergos)
Minister for Health

Greater Western Area Health Service

46. Has the Greater Western Area Health Service brainwashed and conditioned South Dubbo residents in a bid to gain their approval for the proposal to relocate a drug and alcohol facility next door to the St. Lawrence Primary School?
47. Was a marketing research exercise a mask for a social impact study?
48. Was the research being carried out for the benefit of Greater Western Area Health Service?
49. Do you think it is appropriate for such a facility to be located near children and a primary school?

Answers

The wording of the question is inappropriate and I suggest the Honourable Member rephrase the question, should he still require a response to the issues raised.



(John Hatzistergos)
Minister for Health