NSW HEALTH
DEPARTMENT
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Q04/396

The Hon Patricia Forsythe MLC
Committee Chair
General Purpose Standing Committee No. 2
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mrs Forsythe,

I refer to your request for additional information to answers provided to questions taken on notice at the supplementary Budget Estimates hearing in December last year.

In regard to the question on notice taken concerning the number of Client Death Report Forms Submitted to the Centre for Mental Health in each month of 2003/04.

The Centre for Mental Health have advised that as at January 2005, the mental health Clients Death Surveillance System indicated that The Centre for Mental Health have advised that there was 320 forms submitted during 2003/04.The total number of forms submitted is subject to change due to the late reporting of a small number of incidents.

Client Deaths reported include deaths as a result of accident, homicide, natural causes and suicide. The breakdown of Client Death Report Forms received by the Centre for Mental Health per month is presented below.

2003						2004					
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
31	36	30	25	17	19	34	24	28	30	17	19

Yours Sincerely,

Robyn Kruk
Director General

-4 MAR 2005

73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 9391 9000 Facsimile (02) 9391 9101
E-mail nswhealth@doh.health.nsw.gov.au

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Q04/397

Dear Mrs Forsythe,

I refer to your request for additional information to answers provided to questions taken on notice at the supplementary Budget Estimates hearing in December last year.

The Hon. Dr. Arthur Chesterfield-Evans asked a question in regard to the question on notice in concerning graduates in psychiatry. The question taken on notice by Dr. Beverley Raphael read specifically:

> "Is there not a shortage of opportunity for them (psychiatry students) to do their viva and graduate? Is it correct that they cannot do their final exam because there is a shortage of viva opportunities?"

As stated in the Department's initial response, the Royal Australian and New Zealand College of Psychiatrists increased the number of clinical exam places for the 2004 Sydney Clinical Examinations. In 2005, the College will again maintain a higher than normal number of places in an ongoing program to reduce the backlog of eligible candidates and progress to a point where candidates can sit the Clinical Examinations when they are eligible.

This was in response to a review of Clinical Examinations in 2004, which resulted in a more complex series of clinical exams. In addition, changes to College by-laws increased the number of trainees eligible to sit the Clinical Examinations.

The Department would be happy to provide the Hon. Dr. Chesterfield-Evans with further details in regard the training of clinical psychologists and opportunities for their employment in the NSW Health System or to arrange for the Hon. Dr. Chesterfield-Evans to meet with the Deputy Director-General, Strategic Development if he has any further concerns or requires any additional clarification.

Yours Sincerely,

Robyn Kruk
Director General

– 4 MAR 2005

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Q04/398

SOCIAL ISSUES COMMITTEE
8 MAR 2005
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Dear Mrs Forsythe,

I refer to your request for additional information to answers provided to questions taken on notice at the supplementary Budget Estimates hearing in December last year.

The Hon. Dr. Arthur Chesterfield-Evans MLC asked a question in regard to the question on notice concerning clinical psychologists. The question taken on notice was understood to relate to the methods by which clinical psychologists are counted in the Department. This was clarified by Ms Robyn Kruk at the hearing, as appearing on page 9 of the estimates transcript.

As stated in the Department's initial response, NSW Health acknowledges that clinical psychology contributes important knowledge and skills that complement mental health service development and is examining approaches to increasing the number of psychologists working in mental health.

The Department would be happy to provide the Hon. Dr Chesterfield-Evans with further details regarding the manner in which clinical psychologists are classified and how they operate within the Department or to arrange for the Hon. Dr Chesterfield-Evans to meet with the Deputy-Director General, Strategic Development if he has any further concerns or requires any additional clarification.

Yours Sincerely,

Robyn Kruk
Director General

– 4 MAR 2005

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Q04/399

The Hon Patricia Forsythe MLC
Committee Chair
General Purpose Standing Committee No. 2
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mrs Forsythe

I refer to your request for additional information to answers provided to questions taken on notice at the supplementary Budget Estimates hearing in December last year.

Dr Beverley Raphael took a question on notice from Reverend the Hon Dr Gordon Moyes concerning *"how many adolescents and children were in adult psychiatric beds during the past year".*

I can advise 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.

The Centre for Mental Health has advised that as at 13 January 2005, data from the admitted patient collection of 2003/04 indicated that there were 546 separations of young people aged 0-17 from NSW hospitals where the episode of care included at least one overnight bed-day in an adult psychiatric unit. These separations resulted in 5,325 bed days in total.

73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
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E-mail nswhealth@doh.health.nsw.gov.au

The breakdown of children and adolescents admitted to adult psychiatric units during the 2003/04 financial year is as follows:

Age Group	2003/04 Separations
Babies (aged<1 year)	3
Children (aged 1 – 5)	0
Children (aged 6–11)	0
Adolescents (aged 12-17)	543
TOTAL	546

To clarify statistics regarding the number of 17 year olds in adult psychiatric units, I am advised that in 2003/04, 52% of separations and 64% of total bed days were patients aged 17.

As stated in the first response, 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.

Please note that the original answer to this question stated that there were 5 separations aged 0-11. This figure referred to the period 2002/03 to 2003/04. Of these admissions the 3 babies that were admitted in the 2003/04 were admitted as a result of admission of their mother. One baby was admitted in the 2002/03 year and was also admitted as a result of the admission of their mother. The remaining separation for 2002/03 in the 0-11 age group was an 11-year-old child, who I am advised was provided with appropriate care for a patient of that age.

Yours sincerely

Robyn Kruk
Director General

– 4 MAR 2005

NSW HEALTH
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Q04/403

The Hon Patricia Forsythe MLC
Committee Chair
General Purpose Standing Committee No. 2
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mrs Forsythe,

I refer to your request for additional information to answers provided to questions taken on notice at the supplementary Budget Estimates hearing in December last year.

In regard to the question on notice concerning the number of Chief Executives that have met their target of zero long wait patients during the past two years.

To address the number of long wait patients on the waiting list, in 2004/05 Area Health Services are devoting $35 million to improve access to surgery for those people who have been waiting long periods to undergo their procedure. Area Health Services are currently developing plans to improve the scheduling of elective surgery patients.

Area Health Services are actively managing their booked patients, by basing access to booked services on clinical urgency and fairness in queuing. Factors affecting particular individuals are also taken into account.

For long wait patients, alternatives are offered to the long waiting times associated with treatment by a small number of doctors and their clinical needs are reviewed.

It is important to note that some patients elect to wait for longer periods in order to have their procedure undertaken by their surgeon of choice. Patients classified as requiring urgent or immediate procedures are prioritised accordingly.

All patients on the surgery waiting are contacted on a regular basis to determine whether the procedure is still required and advised to contact their general practitioner should their condition deteriorate.

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Zero long wait patients is a target that is set for each Area Health Service. Areas are monitored on a monthly basis by the Department. During the two year period up to November 2004, four Area Health Services reported zero long wait patients, including one Area that met the target on five separate occasions and another that met the target on two separate occasions.

In addition to information on long wait patients published on the internet, the Department also publishes long wait patient statistics each year in its Annual Report. The number of ready for care medical and surgical patients waiting more than 12 months as at 30 June for the past five years is available within the 2003/04 Department of Health Annual Report at page 31.

The Department acknowledges that performance against long wait targets requires improvement and is working with Area Health Services to implement a range of new initiatives to address long waits. One component of this is the allocation of the additional resources as referred to earlier in my response.

Yours sincerely

Robyn Kruk
Director-General
4/3/2005

NSW HEALTH
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Q04/408

The Hon Patricia Forsythe MLC
Committee Chair
General Purpose Standing Committee No. 2
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mrs Forsythe

I refer to your request for additional information in regard to your question on notice concerning the earliest listing date for a patient currently on the surgery waiting list.

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 revision of a breast reconstruction procedure, since September 1997.

All patients on the surgery waiting list are contacted on a regular basis to determine whether the procedure is still required and advised to contact their general practitioner should their condition deteriorate.

I am advised that the treating clinician for this patient, a plastic surgeon, has an extensive wait list for the type of surgery required. I am advised that the patient has not initiated contact with either the treating Hospital or the Department. However, the patient has been regularly contacted by the treating Hospital to determine whether they wish to remain on the waiting list for this particular surgeon.

The Hospital has contacted the patient on at least two occasions this year. The first contact in January was to determine if the patient wished to remain on the waiting list for her current surgeon. Further contact was made in February when the hospital wrote to the patient and offered a reassessment of the patient's condition with another surgeon with a shorter waiting time for the surgery required. The hospital is awaiting the patient's reply.

It is important to note that some patients elect to wait for longer periods in order to have their procedure undertaken by their surgeon of choice. Patients classified as requiring urgent or immediate procedures are prioritised accordingly.

It must be stressed that the majority of patients are admitted for their procedure within clinically appropriate timeframes.

The average waiting time for booked surgical patients admitted in December 2004 was 2.3 months (10 weeks) - a decrease on November 2004 and on June 2004, when the average time was just under 12 weeks.

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Locked Mail Bag 961 North Sydney NSW 2059
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For booked medical patients admitted during December 2004 the average waiting time was 1 month (4 weeks) - a decrease on the previous month.

Yours Sincerely

Robyn Kruk
Director General

4 MAR 2005