

MINISTER FOR HEALTH & MEDICAL RESEARCH

**BUDGET ESTIMATES - QUESTION ANSWERED**

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Walter Secord MLC asked a question on page 24 of the Transcript, which was taken on notice, concerning Telehealth.

**The Hon. WALT SECORD:** Dr Foley, how many other New South Wales hospitals are currently under consideration for similar video links replacing doctors in emergency departments?

**Dr FOLEY:** I cannot give you an answer about that off the top of my head. I would have to ask different districts as to what is in their thinking at the moment about opportunities. It is a very common part of service delivery models, particularly for rural areas. We can give you examples of where it is already in place. It is a core part of mental health networks, for example. When I was in my first week in the role visiting Gilgandra's Multi Purpose Health Service, for example, Telehealth is available within that facility, connecting it back to Dubbo base for being able to review mental health patients. It is not the sort of brave new world; it is a very important tool. The thing about it is that it enables the connectivity of a health system—we have a very good health system and we operate as a system—to be able to connect patients up to the sort of sub-speciality care, advice, diagnosis and so on that otherwise cannot be available in those smaller centres. How you best deploy it and get the best from it is very much a matter for local health services when looking at how to design and to implement it. I am happy to seek information and bring it back to you as a question on notice in terms of where districts might be considering further implementation.

**ANSWER:**

I am advised:

The use of telehealth video capacity in Hospital Emergency Departments is being implemented in NSW to augment existing service models and provide an audiovisual link between smaller rural and regional hospitals to assist clinical decision making. The use of telehealth may facilitate decisions to transfer patients that may require a higher level of service than provided at the rural location, or it may also assist in enabling a patient to be cared for locally. The use of telehealth is not related to the level of medical coverage in Emergency Departments.

There are over 600 telehealth points across NSW, with over 70 cameras installed in Emergency Departments to support patient care.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Greg Donnelly MLC asked a question on page 28-29 of the Transcript, which was taken on notice, concerning voluntary redundancies being offered to non frontline nurses.

**The Hon. GREG DONNELLY:** In regard to the non-front-line nurses, we heard from a witness earlier who went through two or three examples of a non-front-line nurse. Have any voluntary redundancies been offered to any non-front-line nurses to this point?

**Mrs JILLIAN SKINNER:** I actually did indicate that. I understand there had been some in the Hunter-New England, but I do not know whether any have actually been taken up.

**Ms CRAWSHAW:** Which period of time are you referring to?

**The Hon. GREG DONNELLY:** I am talking as of today's date have there been across all the districts and locations any voluntary redundancies of non-front-line nurses?

**Ms CRAWSHAW:** Non-front line?

**The Hon. GREG DONNELLY:** Correct, yes.

**Ms CRAWSHAW:** Hunter-New England, we believe, has offered some voluntary redundancies.

**The Hon. GREG DONNELLY:** To non-front-line nurses?

**Ms CRAWSHAW:** There is a discussion going on with the non-front-line nurses.

**Dr JOHN KAYE:** Did you say offered voluntary redundancies?

**Ms CRAWSHAW:** Yes.

**The Hon. GREG DONNELLY:** How many?

**Ms CRAWSHAW:** I cannot give you the exact figure at the moment.

**The Hon. GREG DONNELLY:** So there is one local health district where there has been an offer of redundancies to non-front-line nurses?

**Ms CRAWSHAW:** There has been a discussion. I am just looking at the overall number for 2012-13. The first two months, 40 staff, 36 in the health service. I cannot give you a breakdown of what classifications they were.

**The Hon. GREG DONNELLY:** Could you take that on notice, please?

**Ms CRAWSHAW:** I can indeed.

**The Hon. GREG DONNELLY:** I am looking for by local health district the number of voluntary redundancies of non-front-line nurses as of today's date. I pass a copy of this document to the Minister. This is a document that has become available.

**Mrs JILLIAN SKINNER:** Well, it is on the internet, so it is not very hard to find it.

#### ANSWER:

I am advised:

From 1 July to 30 September 2012 inclusive, one Nurse Educator in a non-front line position in the Northern Sydney Local Health District, accepted an offer of voluntary redundancy.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Paul Green MLC asked a question on page 31-32 of the Transcript, which was taken on notice, concerning Mullumbimby Hospital.

**The Hon. PAUL GREEN:** Returning to the subject of Mullumbimby hospital, how many patients on average for the year would the doctor or doctors have seen?

**Mrs JILLIAN SKINNER:** I would have to ask Dr Hammett.

**The Hon. PAUL GREEN:** I will also put these questions on record. What is the costing or budget to run that doctor or those doctors per year?

**Mrs JILLIAN SKINNER:** I would have to take that on notice as well.

**The Hon. PAUL GREEN:** How many locums over a period of a year are used at Mullumbimby hospital to cover that one position?

**Mrs JILLIAN SKINNER:** I would have to take that on notice as well.

**The Hon. PAUL GREEN:** Further to that, I believe it is a bit of a team with the registered nurse?

**Mrs JILLIAN SKINNER:** Yes.

**The Hon. PAUL GREEN:** I would be interested in the statistics of the registered nurse position complementary to the doctor manning the accident and emergency department. What is the costing of using telehealth; what are the potential savings? You quoted earlier that the average is serving 1.5 patients overnight.

**Mrs JILLIAN SKINNER:** Yes.

**The Hon. PAUL GREEN:** Are you suggesting there would be nights where there would be nil patients?

**Mrs JILLIAN SKINNER:** Correct.

**The Hon. PAUL GREEN:** And the doctor would be hired?

**Mrs JILLIAN SKINNER:** Correct.

**Dr JOHN KAYE:** Hired or on call?

**Mrs JILLIAN SKINNER:** On call.

**The Hon. PAUL GREEN:** Would he be on call or would he be in the accident and emergency section?

**Mrs JILLIAN SKINNER:** He would be on call.

**The Hon. PAUL GREEN:** He would still be receiving a fee?

**Mrs JILLIAN SKINNER:** An on-call payment, yes, and if the doctor is on leave or whatever you would hire a locum.

**The Hon. PAUL GREEN:** I am aware of the locum issue because we know in regional and rural New South Wales they live for some great locums to come out and give them a break.

**Mrs JILLIAN SKINNER:** Yes, and there will always be a need for locums. It is how you use them.

**The Hon. PAUL GREEN:** I would be interested in the payment for locums.

**Mrs JILLIAN SKINNER:** They are good questions, so I am very happy to take this on board.

#### ANSWER:

I am advised:

*How many patients on average for the year would the doctor or doctors have seen?*

- For the financial year 2011-2012 there were 7,426 presentations to the Mullumbimby Emergency Department.

*What is the costing or budget to run that doctor or those doctors per year?*

- The cost of medical practitioners for the Mullumbimby Hospital Emergency Department for 2011-2012 was \$1,288,805.

*How many locums over a period of a year are used at Mullumbimby hospital to cover that one position?*

- Approximately 30% of shifts were covered by locum doctors and 70% of shifts were covered by local doctors.

*I would be interested in the statistics of the registered nurse position complementary to the doctor manning the accident and emergency department. What is the costing of using telehealth; what are the potential savings? You quoted earlier that the average is serving 1.5 patients overnight.*

- There is one nurse and one doctor rostered for every shift. It is anticipated that telehealth would not create additional costs as it would operate using existing resources. The level of savings that would be made from using telehealth without a Medical Officer at Mullumbimby Hospital from 11.00 pm – 7.00 am is dependent on a number of variables and cannot be precisely calculated until the outcome of a trial of such an arrangement is conducted.

*I would be interested in the payment for locums.*

- Locums are contracted at the rate of \$145 per hour.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Helen Westwood MLC asked a question on page 45 of the Transcript, which was taken on notice, concerning sobering-up centres.

**The Hon. HELEN WESTWOOD:** Could you tell the Committee what research has begun in the sobering-up centres that have been announced?

**Dr CHANT:** Sobering-up centres are a drug and alcohol initiative. That falls within the portfolio of David McGrath's area in the Division of Drug and Alcohol in the Ministry so I am not particularly aware of it, but I would be happy to take it on notice and get that information from him. It may also be an opportunity to raise that question in Minister Humphries' estimates, but I will take it on notice.

**The Hon. HELEN WESTWOOD:** Could you provide the Committee with some estimates about levels of staffing and training that will be required. I assume there are safety issues that have been researched?

**Dr CHANT:** This particularly relates to the Kings Cross initiatives?

**The Hon. HELEN WESTWOOD:** Yes, for the sobering-up centres in particular. I know it was announced by the Premier, but clearly the sobering-up centres have to be related to health, and drugs and alcohol.

**Dr CHANT:** Yes, certainly there are a number of issues associated with sobering-up centres that would need to be risk managed, so I will provide advice in relation to those matters.

#### ANSWER:

I am advised:

This question should be referred to the Premier and the Minister for Police and Emergency Services as Sobering Up Centres fall within their portfolio areas.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Paul Green MLC asked a question on page 49 of the Transcript, which was taken on notice, concerning stem cell research.

**The Hon. PAUL GREEN:** Research results from adult stem cells have been consistently promising for the treatment of a number of debilitating diseases. How much money has been allocated to stem cell research in general?

**Dr CHANT:** I will have to take this question on notice. It is actually quite a hard question to answer because there are a number of medical research institutes, such as the Garvan, where a proportion of their research would be utilising stem cells—as there would be in the university sector and as there would be potentially some translational research conducted in our research hubs in the public health system. I think it is hard to answer that question but we will have a go at it, if that is okay with you?

**The Hon. PAUL GREEN:** Yes, but as part of that, how much has been specifically allocated to adult stem cell research?

**Dr CHANT:** As I said, as to adult stem cells, our funding would be indirect in terms of our support for the Medical Research Support Program. We provide funding for the stem cell research network and, as I mentioned in my previous response, we are looking at how to get greater connectivity between our research networks and our clinical networks through the Agency for Clinical Innovation [ACI]. But there is some funding that came from the spinal cord fund, so I would have to go back and look at what that specifically went towards. There were some initiatives that went to research fellowships and I have to see what their specific area of research was to answer that question.

#### ANSWER:

I am advised:

There are currently no stem cell research programs that are funded by the NSW Government in 2012-2013.

There are 25 groups in NSW that conduct research using stem cells. Of these, the following receive funding through the Medical Research Support Program funding mechanism for indirect costs of research, not specific medical research projects or programs.

- ANZAC Research Institute
- Centenary Institute
- Children's Medical Research Institute
- Garvan Institute for Medical Research
- Hunter Medical Research Institute
- NeuRA
- Victor Chang Cardiac Research Institute
- Westmead Millennium Institute
- Kolling Institute
- Institute of Virology

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Paul Green MLC asked a question on page 49-50 of the Transcript, which was taken on notice, concerning cancer outcomes data.

**The Hon. PAUL GREEN:** The Government is building many cancer care networks, but are there plans to fund them in a micro-research capacity?

**Dr CHANT:** I would have to ask specifically David Currow, the Chief Cancer Officer, but there is a lot of support for cancer registries and cancer outcomes data. We are using Data Linkage to look at outcomes. We are reporting on performance and compliance with best practice clinical care. Using those initiatives, David has been able to highlight a number of key points around where to get the best outcomes for particular types of cancer. He is particularly concerned about lung cancer and the fact that we are not seeing people present for treatment for lung cancer. We are really concerned about screening rates for cervical cancer and breast cancer, particularly in those socio-economic and hard-to-reach communities. We need to address that. The Cancer Institute has set up a lot of support with its registries to look at the data and raise those questions and prompt us to think about how best to improve cancer and health outcomes.

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**Dr CHANT:** I suppose this follows on my earlier comments that in 2012-13 local health districts will administer \$3.32 million provided for clinical cancer registry program managers and cancer information managers from the Cancer Institute as well as \$3.6 million allocated through the clinical trials staff grants to local health districts. It gives you a flavour of the support the Cancer Institute provides to enhance our knowledge base. I believe that report about the performance is publicly available. We would be happy to make that available as well in the differences in outcome for pancreatic and oesophageal cancers.

**The Hon. PAUL GREEN:** It would be worthwhile, thank you.

#### ANSWER:

I am advised:

Data on cancer surgical procedures, prepared by the Cancer Institute, is published in Chapter 13 in the Clinical Excellence Commission's fourth edition of *The Chartbook on Safety and Quality in Healthcare in NSW 2010*, released in July 2012. The data are available on the CEC's website: [http://www.cec.health.nsw.gov.au/\\_documents/publications/cec-publications/cec-chartbook-2010.pdf](http://www.cec.health.nsw.gov.au/_documents/publications/cec-publications/cec-chartbook-2010.pdf)

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Walter Secord MLC asked a question on page 22 of the Transcript, which was taken on notice, concerning a 44 year old man who visited Mullumbimby Hospital on 1 July 2012.

**The Hon. WALT SECORD:** Minister Skinner, you seem to be locking in eHealth video links replacing doctors. Are you aware of a case in early July involving a 44 year-old-man who visited Mullumbimby Hospital in the middle of the night of 1 July but was told there was no overnight doctor. He returned home and decided to wait until 7.00 a.m. However, in that time his condition sharply deteriorated and the next day his family found him at his home confused and delirious. They called the ambulance. By that point his care was beyond Mullumbimby Hospital and he had to be transferred to Brisbane Hospital. He was found to have a viral infection which was life threatening. There was no overnight doctor in the emergency department at Mullumbimby Hospital. Do you still stand by your decision to replace the overnight emergency doctor in Mullumbimby emergency department with a video camera?

**Mrs JILLIAN SKINNER:** I do stand by my support for connecting critical care, absolutely, without doubt especially where there is such difficulty in recruiting doctors to these country hospitals. I do not know the individual case that you are talking about, but I am happy to take it on notice.

#### ANSWER:

I am advised:

A 45 year old male patient presented to Mullumbimby Hospital on 1 July 2012 at 5.30am.

The patient was seen by the registered nurse and triaged as Triage 5. The nurse considered that the condition of the patient, at that time, did not warrant calling a medical officer and advised the patient that he could wait until 7.00am to be seen by the medical officer. There was a medical officer rostered on-call sleeping on the premises at the time.

The patient decided not to wait.



## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Walter Secord MLC asked a question on page 24 of the Transcript, which was taken on notice, concerning the total budget for Mullumbimby Hospital.

**The Hon. WALT SECORD:** I have three quick questions that you will probably want to take on notice. What is the total budget for the North Coast Area Health Service? What is the total budget for Mullumbimby hospital? In real terms is that an increase or decrease in the 2010-11 budget?

**Dr FOLEY:** If you will bear with me I will check the numbers because I cannot give it off the top of my head, but I can give you the district budget. I will have to take the Mullumbimby one on notice because it is a matter for the district to determine that and I will confirm that detail. In terms of the overall budget for northern New South Wales, which is the relevant district, for 2012-13 it is \$611,722,000—that is a 4.7 per cent increase in funding.

#### ANSWER:

I am advised:

In 2011/12 Mullumbimby Hospital's budget was \$5.97 million. This represents an increase of 3.6%, when compared to 2010/11.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Paul Green MLC asked a question on page 34 of the Transcript, which was taken on notice, concerning the use of hotels or motels around hospitals to alleviate daily bed costs.

**The Hon. PAUL GREEN:** You have all the processes but you cannot move the needle if you do not have a doctor who is helpful. Basically it breaks the whole system. You talked about out-of-hospital care and Hospital in the Home, which I think is the way to go because you do not have to supply the infrastructure. Is the Government looking to use hotels or motels around hospitals to alleviate some of the cost of daily bed use? For instance, what is the average cost of a hospital bed?

**Dr FOLEY:** The average acute bed cost in New South Wales this year is \$4,741. Is that right, Dr Hammett?

**Dr HAMMETT:** It is \$4,472. That is the State's average.

**Dr FOLEY:** For a weighted patient case.

**The Hon. PAUL GREEN:** Is that the daily cost?

**Dr FOLEY:** No, that is for an episode of care.

**The Hon. PAUL GREEN:** What would it cost to have patients in casualty all day on a bed waiting for their blood results because they are not sure whether they have a cardiac condition or the enzymes are not pumping around when you could put them in a hotel for a few hours or overnight?

**Dr FOLEY:** We have a whole scale system—

**The Hon. PAUL GREEN:** Just roughly.

**Dr FOLEY:** If we take 0.6 of that—

**Dr HAMMETT:** I think we would need to take that question on notice.

**The Hon. PAUL GREEN:** My point is there could be a hotel down the road in regional and rural Australia, particularly where they are around hospitals, where the occupation rate is through the floor. You would be stimulating the local economy and fixing your problem. You would be fixing their problem by spending the dollars and probably getting better outcomes in health care because the patients are out of the clinical area and in a place where they would probably recover a little quicker because of their ambient environment.

#### ANSWER:

I am advised:

The Emergency Department is not routinely used to hold patients waiting for blood results. The patient would only be held in the Emergency Department if the result was critical for safe clinical decision making. The decision to hold a patient is made by the Senior Clinician, based on a risk assessment of the individual patient and their clinical condition at the time. The estimated cost would depend on the type of Emergency Department the patient was being treated in and the condition of the patient.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye MLC asked a question on page 35 of the Transcript, which was taken on notice, concerning the Home Ventilation Program.

**Dr JOHN KAYE:** I am talking about the ventilation program. Presumably these are people who have high-level spinal cord injuries. Those two people are in hospital at the moment. They cannot leave because there is no money for home ventilation. What happens if somebody else turns up in the hospital and that person needs ventilation?

**Mrs JILLIAN SKINNER:** Because two people are waiting for assistance to go home I do not think that means there is no capacity in hospital to treat them.

**Dr JOHN KAYE:** Let us go to those two individuals. About what is it costing?

**Mrs JILLIAN SKINNER:** It is very expensive.

**Dr JOHN KAYE:** Would it not be cheaper to have them ventilated at home?

**Mrs JILLIAN SKINNER:** It may well be. I cannot answer the specifics about why these people are waiting. It might be that they are not appropriate candidates for ventilation at home. I do not know; I have to take that question on notice.

**Dr JOHN KAYE:** Is not the issue that the budget is now fully expended? Is it purely a budgetary problem?

**Mrs JILLIAN SKINNER:** I am not so sure that that is the case, but I will take that question on notice.

**Dr JOHN KAYE:** My understanding is that it is a budgetary problem. Minister, you are implying that it is a clinical issue and that there are clinical reasons for holding them, but these two individuals are on a waiting list which means they have been cleared by their clinicians to leave the hospital. What they are waiting for is access to ventilation at home. They cannot go home without ventilation because they will not survive.

**Mrs JILLIAN SKINNER:** I will find out more detail.

**Dr JOHN KAYE:** Minister, in the hospital savings that you identified surely this would be an excellent place to begin, to put more money into EnableNSW and get these two poor individuals out of hospital where they are likely to survive longer.

**Mrs JILLIAN SKINNER:** It is always my desire to have these patients treated in a more appropriate place. That would be something in which I would be very interested. I will ask for advice. I have just had it pointed out to me that part of the problem is that in principle two newly injured ventilator dependent adults and one child currently in hospital have been accepted onto the program. However, the operating costs have increased as a result of the increase in the Federal award for community workers, so there is a budget issue there. I will find out more detail.

**Dr JOHN KAYE:** What I am interested in is the cost of holding them in hospital and the cost of treating them at home and why it is that you cannot just transfer money—it is all within the Department of Health—to get them out of hospital and get them home.

**Mrs JILLIAN SKINNER:** I will make inquiries because I agree with you.

**Dr JOHN KAYE:** Will you comment also on co-payments while we are on the issue of EnableNSW? There does not seem to be a lot of clarity about the issue of co-payments. I understand that some clients have been sent letters asking for \$100 worth of co-payments while others make no co-payments at all.

**Mrs JILLIAN SKINNER:** I will have to make inquiries about that. I cannot answer that off the top of my head.

**Dr JOHN KAYE:** Will you take that question on notice?

#### ANSWER:

I am advised:

The Adult Home Ventilation Program (AHVP) provides ventilators, and attendant care services to assist adults who are quadriplegic, clinically stable, and ventilator dependant for 24 hours a day. In conjunction with the Attendant Care Program, funded through Ageing Disability and Home Care, up to 28 hours of attendant care is provided per day. The program facilitates timely discharge of these adults from hospital. However, a change to the Federal Award for

community workers (which covers trained attendant carers), has increased operating costs resulting in the program's capacity to now treat 13 individuals (down from 15 previously).

There are two individuals waiting for funding through this program:

- One consumer is currently funded for 10.5 hours per day under the AHVP and is living at home. As their clinical condition requires 24 hour ventilation, the additional hours are funded by the Local Health District until such time as the additional funding required for this consumer becomes available within the AHVP.
- The second consumer is currently being cared for in hospital, however, their care will be transferred to the consumer's home with 24 hour ventilation funded by the Local Health District, until such time as the required funding becomes available within the AHVP.

In relation to EnableNSW and the co-payment system, I refer the Member to my response to his Supplementary Question (No. 13).

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Helen Westwood MLC asked a question on page 45 of the Transcript, which was taken on notice, concerning research undertaken by Clinical Nurse Consultants.

**The Hon. HELEN WESTWOOD:** Earlier we spoke about clinical nurse consultants and the research they do. Could you identify some of the research projects they are currently undertaking?

**Dr CHANT:** There would be many clinical nurse consultants throughout our system. I could take it on notice to give you a suite of it. I can provide some examples that I am familiar with in my own portfolio, but it would be a very biased area.

**The Hon. HELEN WESTWOOD:** I would be particularly interested in those areas that lead to evidence-based nursing, and to clinical excellence and leadership in nursing within our public hospitals.

**Dr CHANT:** To not take up time it is probably best if I take that on notice to get you an appropriate list that reflects that area.

#### ANSWER:

I am advised:

The Ministry does not have a central collection of research projects undertaken in the health system which lead to evidence-based nursing practice, clinical excellence and leadership in nursing.

**The Hon. HELEN WESTWOOD:** Could you advise the Committee of whether or not those positions will actually be quarantined from the cuts?

**Dr CHANT:** I am happy to that on notice in preparing the response.

**The Hon. GREG DONNELLY:** With respect to medical research, the new Government, after coming to office, restructured the Office of Health and Medical Research; it is now the Office of Medical Research.

**Mrs JILLIAN SKINNER:** Office of Health and Medical Research.

#### ANSWER:

Any decisions by Local Health Districts to offer redundancies, as part of achieving employee savings, will not apply to frontline nursing staff whose role is to provide direct patient care.

For some categories of nurse, such as Clinical Nurse Consultant, the categorisation will depend on the role undertaken. If the role is not providing direct patient care such as data managing, research, clinical trials etc., it would not be regarded as front line.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Greg Donnelly MLC asked a question on page 46 of the Transcript, which was taken on notice, concerning medical research expenditure.

**The Hon. GREG DONNELLY:** With respect to medical research, the new Government, after coming to office, restructured the Office of Health and Medical Research; it is now the Office of Medical Research.

**Mrs JILLIAN SKINNER:** Office of Health and Medical Research.

**The Hon. GREG DONNELLY:** I apologise. What was the total expenditure of the office for 2011-12? Do you have that?

**Mrs JILLIAN SKINNER:** I should have that figure. Do you have the details, Dr Roach?

**Dr ROACH:** The 2011-12 budget was \$32 million, which included a \$5 million election commitment that was for the budget for Medical Research and Science.

**Dr CHANT:** Just to clarify the question, because John has actually answered the question in relation to the Medical Research Support Program.

**Mrs JILLIAN SKINNER:** Which is run by the medical office.

**Dr CHANT:** So there are a number of various programs as well as the core funding for the office, so we would be able to prepare you a total budget that covered the Medical Research Support Program funding for some of the clinical research networks.

**The Hon. GREG DONNELLY:** Okay, and provide me with an aggregate number.

**Dr CHANT:** And the actual funding for the office, so there are a number of different discrete programs.

**The Hon. GREG DONNELLY:** If you could do that, thank you. For the financial year 2012-13 do we have a total budget for the office?

**Dr CHANT:** We do have that, but again it is important to look at perhaps we can provide the response for 2011-12 and 2012-13. A number of the projects are underway so our expenditure of those in the financial year will be clear at this stage.

**The Hon. GREG DONNELLY:** If you could take that on notice. In terms of the number of full-time equivalent staff employed in the office, do we have those numbers for the financial year 2011-12 and 2012-13?

**Dr CHANT:** I can make those available. We have been recruiting. You may be aware that last year we did undertake the Wills review so during the Wills review there was a small number of staff, but there was also a number of contractors and other secondments; staff seconded from another section in the Ministry. There was also informing the Office of Medical Research a reconfiguration, so there were staff that covered ethics functions within another branch and they have been moved and joined, so it is perhaps easier if we outline new staff, existing staff, contractors and the existing staff now. We are also in the process of recruiting another five new permanent staff to the office.

#### ANSWER:

I am advised:

The 2011-12 budget for the Office for Health and Medical Research was \$1.6 million for salaries and wages and other operating costs. The program budget for medical research programs administered by the Office in 2011/12 was \$35.2 million.

The 2012-2013 budget for the Office for Health and Medical Research is \$2.1 million for salaries and other operating costs. The program budget for medical research programs administered by the Office in 2012/13 is \$42.6 million.

The 2011-2012 full time equivalent staff for the Office for Health and Medical Research was 6.6; in 2012-2013 it is 16.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Paul Green MLC asked a question on page 49 of the Transcript, which was taken on notice, concerning cancer research.

**The Hon. PAUL GREEN:** What is the Government contributing, or likely to contribute, over this term of government to cancer research?

**Mrs JILLIAN SKINNER:** Cancer research has been mostly the domain of the Cancer Institute. It is substantial. This year we announced \$30 million over four years for translational cancer research. These are various projects that usually are collaborations between different institutes, hospitals, universities and so on.

They are leading to the most amazing developments and go across a whole lot of institutes. I will get you the details of the full amounts and what they are for, but what has happened is that the Cancer Institute previously reported to a separate Minister. It has now come into the Health family, so to speak, and we are working much more collaboratively and reporting that as part of the research commitment as well.

**Ms CRAWSHAW:** I can say in relation to the stem cell research that whilst there is no specific funding, I would have to check in relation to the spinal cord and previous endeavours in noting that we have some rollover funds to apply in that area this financial year. There are 25 groups in New South Wales that conduct research using stem cells and eight of those receive funding through the Medical Research Support Program for the indirect cost of research. That is the Anzac Research Institute, the Centenary Institute, the Children's Medical Research Institute, the Garvan Institute, the Hunter Medical Research Institute, the Victor Chang Cardiac Research Institute and the Westmead Millennium Institute, and the NeuRA. I suppose that goes to the complexity of teasing it out, but we will have a go at answering that question.

#### ANSWER:

I am advised:

Through the Cancer Institute NSW, the NSW Government invested \$27.4 million in cancer research in 2011/12 and projects an investment in the same order of magnitude over the next three years.

## MINISTER FOR HEALTH & MEDICAL RESEARCH

### BUDGET ESTIMATES - QUESTION ANSWERED

On 8 October 2012, during NSW Health's appearance before the General Purpose Standing Committee No. 2, Dr John Kaye MLC asked a question on page 52 of the Transcript, which was taken on notice, concerning Lyme disease.

**Dr JOHN KAYE:** I refer to the vexed issue of Lyme disease. I understand that an expert panel was convened in your division, Dr Chant. The panel found that there was no conclusive evidence of locally acquired Lyme disease. You would be aware that that is a controversial finding. Who was on the panel? Was that decision unanimous? Is the department prepared to revisit that decision in light of the increasing evidence that locally contracted Lyme disease is a reality?

**Dr CHANT:** It is important to point out that we are always happy to reflect on new evidence. The panel's summary is on our website, but I will provide the information about the membership on notice. I am happy to consider any new evidence that emerges.

**Dr JOHN KAYE:** The website does not say who was on the panel.

**Dr CHANT:** I am happy to provide that information on notice.

**Dr JOHN KAYE:** Thank you.

**Dr CHANT:** There is no conclusive evidence of transmission of Lyme disease. The treatment is readily available and we have diagnostic capacity at Westmead Hospital. Conflicting views have been put about Lyme disease and we are happy to explore them. Jeremy McAnulty, the Director of Communicable Diseases, and I met with members of the Lyme disease group to talk through the issues and we agreed to take their concerns on board.

#### ANSWER:

I am advised:

I refer the Member to the Minister for Health's response to Question No. 2324 in the Legislative Council.