GENERAL PURPOSE STANDING COMMITTEE No. 2

Monday 13 October 2008

Examination of proposed expenditure for the portfolio areas

HEALTH, CENTRAL COAST

The Committee met at 9.15 a.m.

MEMBERS

The Hon. R. M. Parker (Chair)

The Hon. G. J. Donnelly	The Hon. M. J. Pavey
Dr J. Kaye	The Hon. C. M. Robertson
Reverend the Hon. G. K. M. Moyes	The Hon. M. Veitch

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PRESENT

The Hon. J. J. Della Bosca, *Minister for Health, Minister for the Central Coast, and Vice-President of the Executive Council*

Department of Health
Professor D. Picone, *Director General*
Dr R. Matthews, *Deputy Director General, Strategic Development*
Professor J. Bishop, *Deputy Director General, Population Health and Chief Health Officer*
Mr K. Barker, *Chief Financial Officer*

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CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000

DEBRA MARGARET PICONE, Director General, New South Wales Health, and

KENNETH REGINAL BARKER, Chief Financial Officer, New South Wales Health, and

JAMES BISHOP, Deputy Director General, Chief Health Officer, New South Wales Health, sworn and examined:

RICHARD JOHN MATTHEWS, Deputy Director General, New South Wales Health, affirmed and examined:

CHAIR: I welcome everybody to the first budget estimates hearing for General Purpose Standing Committee No. 2 and declare the hearing open. The Committee will examine the 2008-09 budget. I welcome the public to the hearing and Minister Della Bosca as well as accompanying officials. The Committee will examine the proposed expenditure for the portfolios of Health and the Central Coast.

We have guidelines for broadcasting proceedings. Only Committee members and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of filming or photographs. In reporting the proceedings of this Committee, the media, always, must take responsibility for what they publish and the interpretation they choose to place on that. Guidelines for broadcasting are available at the door.

People are able to pass messages to Committee members or witnesses, but that should be done through the Committee staff or Legislative Council staff. People should also turn off their mobile phones, including those mobile phones that are near microphones and that otherwise could interfere with Hansard equipment.

The Committee has agreed to timing allocations for today's hearings, but the bulk of questioning will be related to the Health portfolio. The House has resolved that answers to questions on notice must be provided within 21 days, and that questions on notice should be tabled before the Committee within two days. The transcript of the hearing will be available on the web from tomorrow morning. While witnesses must be sworn or affirmed, the Minister's oath will extend to these proceedings.

Minister, you have held the Health portfolio position for over a month. I note that on 16 September you said you would have a discussion with the former Minister for Health about health issues. Have you had a formal briefing with the Reba?

The Hon. JOHN DELLA BOSCA: No, I have not.

CHAIR: You have not had the time in that month to discuss the health system in New South Wales with the former Minister for Health. Do you not think that is beyond the pale?

The Hon. JOHN DELLA BOSCA: No, not at all, Madam Chair. I have spent a fair bit of the time in the last few weeks discussing the Health portfolio and health matters with a range of senior clinicians, nurses and paramedics. I spent a fair bit of time discussing it with the officers present today and a wide range of people across the State. I have not had explicit or specific discussion with the former Minister because I did not think that one was necessarily required. In any respect, I have gone about the business of being the Minister.

CHAIR: Clearly you thought that the former Minister did not have anything to contribute, even though you said you would catch up with her?

The Hon. JOHN DELLA BOSCA: I think you are construing some words I might have said in a very specific way. They were quite general comments I made about previous Ministers. In regard to the specifics of the immediate previous Minister's availability to talk about things, I think I subsequently made—

CHAIR: Is it not normal, though, to meet with the former Minister in a handover from one portfolio to the other?

The Hon. JOHN DELLA BOSCA: I do not know. "Normal" is a statistical kind of—

The Hon. MELINDA PAVEY: "Normal" is not New South Wales, that is right. Your portfolio and Reba—

The Hon. JOHN DELLA BOSCA: "Normal" is a statistical evaluation.

The Hon. GREG DONNELLY: Point of order.

The Hon. JOHN DELLA BOSCA: New South Wales is excellent—well above normal.

The Hon. MELINDA PAVEY: The normal turnover is higher than average.

The Hon. GREG DONNELLY: If you want this to become a circus very early, we can all participate.

The Hon. MELINDA PAVEY: New South Wales has become one.

The Hon. GREG DONNELLY: No. We can all participate in the circus antics that the Opposition may wish to indulge in, but I think it is worthwhile to begin with due respect being paid to the Minister and allowing him to answer the question as presented to him.

CHAIR: All right. We will clarify that for the Minister. I thank the Hon. Greg Donnelly for drawing that to our notice. Minister, on 16 September you said, "I have had a couple of personal conversations with Reba, and I'll obviously be catching up with her to talk about Health and how she sees the landscape fairly shortly." The question is about whether you have had that meeting, whether you have allocated a bit of time. This is the Minister who said, on 2 September, that New South Wales hospitals are performing better than ever. I am interested to know whether you have met with her and whether you agree with that comment.

The Hon. JOHN DELLA BOSCA: I think I have already answered the question.

CHAIR: Do you agree with that comment?

The Hon. JOHN DELLA BOSCA: I have already answered the question.

CHAIR: New South Wales hospitals—

The Hon. JOHN DELLA BOSCA: You did not ask me that question.

CHAIR: Well, I am asking you that now.

The Hon. JOHN DELLA BOSCA: Would you ask it then, please?

CHAIR: Her comment was that New South Wales hospitals are performing better than ever. Do you agree with that comment?

The Hon. JOHN DELLA BOSCA: New South Wales hospitals are performing very well. My ownership of the previous Minister's comments one way or the other, frankly, is irrelevant to this Committee's deliberations. You can choose to continue to ask me about the previous Minister if you like. If you really want to call her, you can call her as a private citizen. She can then elect to come or not to come. But if you want me to answer questions about my portfolio and what I have been doing for the past 21 days, I am happy to do that.

CHAIR: Performing very well then, how do you stand by the facts that there are 1,860 fewer beds than in 1995, that 58,173 people are waiting for elective surgery—an increase of 3 per cent—when the Labor government was elected on a promise of halving waiting lists, and that in 2008, 23 per cent of patients were not treated within the required emergency department benchmarks? How can you say that New South Wales hospitals are performing well?

The Hon. JOHN DELLA BOSCA: There are a couple of things implied in your question. The first is that it is true that total bed numbers declined for many of our hospitals during the 1990s. That is a trend consistent across the country and, indeed, around the world. Health technology has created safer and shorter procedures in many areas of health care. There are a few obvious examples, if the Committee would like to hear about them. For example, hernia and varicose vein procedures used to require more than a week of recovery in hospital and that was so until a comparatively short time ago. They are now mainly undertaken as day-only procedures, and many other procedures are now day-only procedures. We now have 23-hour wards just like the

specialised 23-hour ward at Royal North Shore Hospital which performs day-only procedures. These include surgeries that would have taken sometimes even protracted stays in hospital—at least stays of up to a week in hospital—such as appendicectomies, various sinus surgeries, breast biopsies and so on. Ten years ago patients were required to stay in hospital for up to five days. The end result now is that with shorter stays in hospitals and a higher turnover of beds we can serve a larger number of persons—

CHAIR: But with more than 24 per cent of people waiting more than eight hours for a bed in an emergency department, you would have to agree that there is a lot more to be done and certainly "doing very well" is not a description most people in New South Wales would agree with. In terms of emergency departments, you have talked about meeting with other groups. Have you met with, for example, the College of Emergency Medicine?

The Hon. JOHN DELLA BOSCA: I have met quite a few emergency doctors in a couple of visits that I have conducted at hospitals, and I have had the opportunity to talk with people on the front line in emergency departments in a couple of different hospitals.

CHAIR: But in your first month you have not met with the former health Minister. You said you have met some doctors. Would you not be meeting with key stakeholder groups that represent these people?

The Hon. JOHN DELLA BOSCA: I would have thought the key stakeholders in emergency medicine were the people actually working in emergency departments, and I have been meeting with quite a few of them. The surgery emergency department activity in public hospitals experienced in the past two years has continued throughout most of the financial year and is part of the explanation for the statistics in the question you asked me. That is reflected in the 2008 performance data, with more than 159,624 emergency department attendances recorded, which is about a 4.5 per cent increase on last year. Emergency department admissions have increased by about 2.9 per cent. Despite this, our elective surgery performance continues to be sustained, and New South Wales is effectively meeting all the national benchmarks set for elective surgery.

In June 2008 just 40 surgical patients had been waiting longer than 12 months for their non-urgent surgery. In January 2005 more than 10,000 patients were in that category, which may have been one of the things the previous Minister alluded to in her remarks. For patients awaiting urgent surgery, I advise that as at June this year only 30 patients were above the benchmark. In a system the scale of ours that is a remarkable achievement. In January 2005 more than 5,000 patients were in that category. An increased demand for health services is also reflected in the State's ambulance workload.

CHAIR: I will talk about ambulance services later as we certainly have plenty of questions. You said you thought it was important to meet with doctors. How do you justify your time allocation of 40 minutes to meet with the press and 10 minutes with doctors recently at Wyong Hospital? What about Dr Battersby who has resigned from his position and returned to the emergency department floor because he was furious with your lack of attention to their issues in terms of emergency doctor services?

The Hon. JOHN DELLA BOSCA: If you want to go to Dr Battersby's state of mind I suggest you call him to the committee. On 10 September 2008 I paid early visits to the hospital system at Wyong and Gosford hospitals. As you are probably aware from the basic close study you seem to be making of my diary and calendar, that was my second or third day in the job. Regrettably there was a mix-up with my itinerary at Wyong. I hasten to add I did not spend only 10 minutes with nursing and medical staff. I probably spent a total that day of about 2½ to 3 hours with nursing medical staff at the two hospitals and about an hour or so at Wyong. My visit with the doctors was interrupted by the media that was running up against a deadline. I attended what was planned to be a very short discussion with some media representatives, which took longer than I expected. I apologised at the time to the staff involved, including Dr Battersby. I think most people would accept, including the staff, I thought that was then the end of the matter.

Obviously, the most important thing is to set the record straight in terms of your assertion that this represents some view that I spent a disproportionate amount of time with the media. I have two jobs as a Minister, and I am quite prepared to accept them. Of course one of the things that we have to do is maintain confidence in the Health system and the media is one of the ways in which we have to do that. I think Madam Chair would accept that as a member of the Parliament. Made Chair frequently conducts and seeks to get her message across to the public through the media, and it is no different for a Minister. Unfortunately, on that particular day there was a mix up in my itinerary. As I said, I ended up spending quite a lot of time discussing

clinical matters with the nurses and doctors at both Wyong and Gosford hospitals—certainly a lot longer than 10 minutes, as I said at Wyong, probably approximately 1 hour and 20 minutes all up.

CHAIR: As a result you have an emergency doctor working 24 hours—working his butt off, as he says. He has resigned from the staff council. I gather from your answers you have not met with the College of Emergency Medicine? You have not met the Emergency Care Task Force? And you have not met the Surgical Services Task Force?

The Hon. GREG DONNELLY: Point of order: The implication in the first part of your question was that the Minister was the cause of the resignation of that particular person.

CHAIR: That is certainly Dr Battersby's quotes in the paper.

The Hon. GREG DONNELLY: That may be his opinion.

CHAIR: The Minister is able to answer the question.

The Hon. GREG DONNELLY: No, you are asking a series of loaded questions and loaded points. You are very emotional this morning for some reason—I am not sure why.

CHAIR: Health in New South Wales is vitally important.

The Hon. GREG DONNELLY: This might be a rather difficult hearing.

CHAIR: If you have a point of order, please make it and we will move onto the next question.

The Hon. GREG DONNELLY: The point of order is that the Minister should be allowed to answer questions asked of him.

CHAIR: We have asked him questions.

The Hon. GREG DONNELLY: Let me finish—they do not meet to be sarcastic, colourful or loaded. I suggest you put a question to the Minister and allow him or the witnesses to answer it.

CHAIR: We have asked the question once already. The question has been asked a second time. The Hon. Greg Donnelly can ask his nice questions when he has time.

The Hon. GREG DONNELLY: : Point of order: I do not know what you mean by "nice" questions.

CHAIR: We have addressed the point of order. Will the Minister answer the question?

The Hon. JOHN DELLA BOSCA: It is not up to me, it is your business, but I do not think you have addressed the point of order. The line of questioning you seem to be pursuing is "Have I ticked a bunch of institutional boxes?" It is up to you if you think that is important but I do not think it is. It is much more important to get around to the hospitals and meet the clinicians who are actually doing the job, which I have been doing. I have met with lots of emergency doctors, not only the one to whom you have referred at Wyong. For example, a few days ago I met with Dr Gordian Fulde, one of the more eminent emergency doctors, who is the head of St Vincents Emergency Department. I met with quite a few emergency doctors at Nepean. I met with emergency doctors at a range of hospitals including Sutherland and St George. Later this week I will be meeting with doctors in Orange and Bathurst, including some emergency physicians.

The Hon. MELINDA PAVEY: Have you been to country New South Wales?

The Hon. JOHN DELLA BOSCA: While I do not suggest I am covering every single base and have met every single emergency doctor or other kind of doctor across the State I think I am engaging with a fair representation of them. In terms of specific institutions, I actually meet largely with doctors while they are working. For example, I met with Dr Pat Creegan, chairman of the surgical task force, during a break in his surgery at Nepean and a range of other senior and eminent clinicians I have been meeting with in similar situations while they are actually at the hospital doing their job. I think that is a useful thing to do and they think it is useful, and I will keep doing it.

The Hon. MELINDA PAVEY: How many employees are on the displaced payroll within the Department of Health? I have figures that suggest 260 in May.

The Hon. JOHN DELLA BOSCA: If you have got the figures, why did you ask the question?

The Hon. MELINDA PAVEY: Just to see if the Minister knew.

The Hon. JOHN DELLA BOSCA: Is it a guessing competition?

The Hon. MELINDA PAVEY: It is an indication of your lack of knowledge of the health department and the portfolio, which is a great concern, I would think.

The Hon. GREG DONNELLY: Point of order: The purpose of the Budget Estimates hearing is to provide an opportunity for witnesses to ask questions of the Minister, and officers of the department. It is not an opportunity for honourable members of the Opposition to engage in sarcastic comments. If the Opposition wants to continue with sarcastic comments I will continue to interrupt. It is a matter for it. I will keep interrupting the time of the Opposition until its members get it through their head they need to ask questions politely and properly. If they do not do that I will keep interrupting.

CHAIR: I think the Hon. Greg Donnelly has interrupted plenty of times.

The Hon. GREG DONNELLY: I will keep interrupting until the Opposition asks questions properly and not be sarcastic.

CHAIR: The Minister was quite happy to engage in conversation on those questions and perhaps he has some answers while the Hon. Greg Donnelly has been wasting time.

The Hon. GREG DONNELLY: It is not a waste of time but if the questions are not asked properly, without sarcasm, I will keep interrupting.

The Hon. MELINDA PAVEY: Greg Donnelly from the right Wing, thank you very much. The 260 was given to the shadow Minister for Health, , Jillian Skinner, from a freedom of information application.

The Hon. JOHN DELLA BOSCA: When?

The Hon. MELINDA PAVEY: May 2008.

The Hon. JOHN DELLA BOSCA: What date in 2008?

The Hon. MELINDA PAVEY: The letter was responded to the shadow Minister. Actually Ian Wilcox sent the letter on 2 September 2008 and the number of displaced staff was 260 as at 12 May 2008. Minister, you said in an interview with Ray Price that you do not like the idea that people are getting paid to do nothing much at all. What has the Minister done about that matter since that interview on 10 September?

The Hon. JOHN DELLA BOSCA: I think the Hon. Melinda Pavey needs education about what happens with excess employees, for a start. Secondly, she does not listen to answers to questions in the Parliament. I have been saying the same thing on many occasions, even when I was Minister assisting the Premier on public sector affairs. On 7 October 2008 there were 316 excess employees essentially registered for re-deployment within the public sector workforce. These figures reflect the policy of mandatory registration for all excess employees introduced in May 2008.

The Hon. MELINDA PAVEY: Where were the 316?

The Hon. JOHN DELLA BOSCA: It is important to remember whether the figure is 260 or 316 you are talking about roughly—I know you want specific numbers—100,000 in round numbers, a very tiny proportion of the overall Health workforce. Secondly, people who are displaced are, generally speaking—and I could say almost on all occasions, but I don't like to be too dogmatic about these things—all but never paid to do nothing. They are usually able to be deployed by their supervisor or management to do useful work in the public sector and I am yet to come across an occasion when someone is in a position where they are doing nothing. The

exception to that is bodies that have been wound up, and so on, like well-known instances in some of the public trading enterprises of so-called departure lounges, which I think are all pretty well closed, so in the Health Department I would be amazed if, whatever the number is at this particular point in time, they are not being usefully employed in public health or in functions within the relevant area health service, so that they are not doing nothing.

The Hon. MELINDA PAVEY: What is the average wage of the 260 that were displaced as at 12 May 2008?

The Hon. JOHN DELLA BOSCA: I would have to do some very quick mental arithmetic on that and I would also have to know exactly what sort of classifications they were.

The Hon. MELINDA PAVEY: In the range of $80,000?

The Hon. JOHN DELLA BOSCA: Well, you seem to have all the answers, why don't you answer it?

The Hon. MELINDA PAVEY: Would it be in the range of $80,000? It was a question to you.

The Hon. JOHN DELLA BOSCA: I would not know, but I could easily find out the figure if you want to put it on notice.

The Hon. MELINDA PAVEY: You did say to Ray Price—sorry, Steve Price.

The Hon. JOHN DELLA BOSCA: Ray Price? I saw him the other week just outside the Parliament.

The Hon. MELINDA PAVEY: Were you riding your bike?

The Hon. JOHN DELLA BOSCA: No. He was coming from a Parramatta Legends function.

The Hon. MELINDA PAVEY: You do not like the idea of people being paid to do nothing much at all. You obviously have not had a briefing from the Director General about this issue since that interview?

The Hon. JOHN DELLA BOSCA: The number of persons currently unattached in the Health Department has not been an urgent issue that I have asked the Director General for a briefing about, but if you want her to prepare a response to your question I am sure she will urgently attend to it.

The Hon. MELINDA PAVEY: It is quite disturbing because the trend has gone from 145 at the end of September 2005 up to 260—and in fact an increase of 51 within three or four months. At 31 January 2008 it was 209 and at 12 May 2008 it was 260, so there is a bit of a crisis there, is there not?

The Hon. JOHN DELLA BOSCA: I hardly think it is a crisis. As I pointed out, in terms of proportionality, this is a very small number of people.

The Hon. MELINDA PAVEY: Costing around $80,000 each.

Dr MATTHEWS: I think it is far from a crisis. You have to remember that since 2005 we have reduced so-called administrative positions by about 1,200, so those folk are displaced from their normal positions, but that is not to assume that they do not have positions. Their normal positions have been deleted and they are placed against other vacant positions and continue to do useful work. It is a fallacy to suggest that because you are displaced you are not in a job; it just means you are not in your own original job.

The Hon. MELINDA PAVEY: But you are surplus to requirements, are you not?

Professor PICONE: No, out of a work force of, as the Minister said, around 100 full-time equivalents, which is higher in a headcount sense—I will give one example recently. We are moving to a State build on the payroll system. In the past we have had payrolls either in individual hospitals or area health services and now we are moving to a state-wide payroll system, so some of the payroll clerks, for argument's sake, may be displaced in that process because they might not be able to work at the new location. If I am a person who has lived in Tamworth, I am not going to go to Sydney where the new payroll system is operating from, so we then give the staff member a range of options of other opportunities that are around and put them into a position. In

terms of our overall workforce I think that that is quite a good result given some of the transformations that we are making to back-of-house operations and shared corporate services. As you know, we have been quite determined to be administratively effective with back-of-house operations in an agency as big as ours, remembering that we are as big as Woolworths and Coles and bigger than the Australian army, and our view has been that we should make it as efficient as possible and put those funds that are released in to front-line services.

The Hon. MELINDA PAVEY: I have more questions, but my time has expired.

Dr JOHN KAYE: Minister, are you aware of the work of Professor Jeff Richardson from Monash University?

The Hon. JOHN DELLA BOSCA: No.

Dr JOHN KAYE: I will enlighten you. He suggests that at least 200 people die each year as a result of avoidable mistakes in the current health system.

The Hon. JOHN DELLA BOSCA: Is that nationally or in New South Wales?

Dr JOHN KAYE: I believe these are national figures.

The Hon. JOHN DELLA BOSCA: What is our share?

Dr JOHN KAYE: It does not matter if this is national or State because it is proportionate, and 10 per cent of people admitted to hospital suffer harm directly and 40 per cent of people are at risk of adverse events within the health system when they are admitted to hospital. Are you concerned by those figures and have you established a regime to reduce avoidable mistakes in the healthcare system in New South Wales?

The Hon. JOHN DELLA BOSCA: I am always fascinated, Dr Kaye, by the learned nature of your research.

Dr JOHN KAYE: Could I suggest that you not do that because the Hon. Greg Donnelly will interrupt if you try to use sarcasm.

The Hon. JOHN DELLA BOSCA: Dr Kaye, I was not being sarcastic—you are far too sensitive. I was being genuine. I am not channelling Michael Costa; I am just being me. I am grateful for you pointing out that research to me, and that is a genuine response on my part, but I did want to make the point that—and this is not being sarcastic, but it is a serious issue—it does make a difference whether those figures are desegregated by State, and you may well have access to desegregated figures. There is clearly a general assumption that national figures apply proportionately to New South Wales, and they may well not. If we have a lower proportion then that would be a further endorsement of our excellent health system. If we have a higher proportion then there is something we need to be worried about.

Dr JOHN KAYE: What are the figures for New South Wales?

The Hon. JOHN DELLA BOSCA: In terms of the response to the measures taken in relation to clinical procedure, I think that the best thing is if Professor Picone answers the second part of your question.

Professor PICONE: I also call on my learned colleagues, Professor Jim Bishop and Dr Matthews, to assist. It has been known since the seminal study by an Australian doctor on avoidable deaths in hospitals was published. This was a publication by Dr Ross Wilson of the Royal North Shore Hospital where avoidable deaths in our hospitals were analysed. Since that time we have moved to both report on those data and clearly also to let the patient know through our open disclosure policy and also to improve any systems that may lead to what we call an avoidable death in a hospital. From our point of view, the institution that is the guiding light for that in this State is the Clinical Excellence Commission, whose chief executive officer is Professor Cliff Hughes, but I can take you through the process from 2003 because I think the question you are asking is extremely important.

The author that you are quoting is a very eminent man and publishes on a range of issues, mainly as a health economist, so it is interesting that he has moved into this area, but in any event in 2003 New South Wales commenced public reporting of serious incidents on an annual basis for three years. In 2006, in response to the

General Purpose Standing Committee No. 2 on complaints handling—and I know that Reverend the Hon. Dr Gordon Moyes who was very instrumental in our policy development at the time would be aware of these issues—the New South Wales Department of Health commenced publishing the public incident reports on a biannual basis. If you go to our website you will see that twice a year we publish a report that is independent of the Department of Health. It is published by the Clinical Excellence Commission and it lists all the errors that we have made by the most severe category, which is a serious reportable incident No. 1, which leads to a very serious adverse outcome, including death, right through to less serious outcomes from the patient and family's point of view.

I am advised that the total number of incidents reported on our Incident Information Management reporting system [IIMS] in 2007-08 was 161,564. This figure represents the total number of notifications, so it does not go to a preventable death. That is the total number of incidents that we will report and it includes clinical matters such as a patient complaint and incidents involving staff, visitors, contractors or property.

Dr JOHN KAYE: With respect, I am really after the figures for the number of people who die each week as a result of avoidable mistakes. I am not talking about preventable deaths but avoidable mistakes being separate. Do you have those figures for New South Wales?

Professor PICONE: Sorry, could you just—

Dr JOHN KAYE: The number of people who die each week as a result of avoidable mistakes in the current health system.

Professor PICONE: It is the same classification. It is called a preventable death.

Dr JOHN KAYE: You have not given me the numbers.

Professor PICONE: Could I take those numbers on notice?

Dr JOHN KAYE: Sure. Minister do you have a target for those figures?

The Hon. JOHN DELLA BOSCA: That would be zero.

Dr JOHN KAYE: So you have a target of zero?

The Hon. JOHN DELLA BOSCA: Well, it would be zero logically, would it not? Logically the clinical standards and the objective in the public interest would be to achieve zero. That is the target. You asked me if we had a target; that is the target.

Dr JOHN KAYE: The target is zero?

The Hon. JOHN DELLA BOSCA: Of course it is, logically.

The Hon. MELINDA PAVEY: Professor Picone, there is a figure within the health bureaucracy somewhere that actually has the number of preventable deaths in New South Wales.

Professor PICONE: Yes, there is. It is published twice a year on the Web. To give you an example, with regard to a patient having a fall in a hospital that may lead to complications and to death the target that is set is zero and we measure each of the institutions against zero.

The Hon. MELINDA PAVEY: Does that also include golden staph infections?

Professor PICONE: No, this is just a preventable death in relation to a fall. I might ask Professor Bishop if he would like to comment on that. There is a whole range of infections, as you say, including methicillin resistant staphylococcus, but there are also vancomycin resistant enterococci [VRE] and other quite serious hospital-acquired infections, which may lead to a patient death.

Professor BISHOP: What we are looking at with some of these things such as resistant organisms is to put in place things such as the hand-washing program from the Clinical Excellence Commission [CEC]. The CEC will take notice of how many infections like that there are.

The Hon. MELINDA PAVEY: How do they take notice of that? Do you have data for each hospital?

Professor BISHOP: There will be data with respect to how many MRSI, which the CEC will publish. I think the important thing about that is that often they may come in with those infections or they may be acquired within a hospital setting. The root cause and the spread of it is the issue within a hospital. The CEC has undertaken a large program of hand washing, which has been very successful in getting a high level of containment of those sorts of infections. That is a program that has recently been published by the CEC.

Dr JOHN KAYE: Professor Bishop, do you support the Minister's statement that the target is zero?

Professor BISHOP: Yes. I think it is important behind that to understand how much is preventable. If you have a very elderly population in a hospital some of those people will be disorientated. It is then a question of understanding the root cause of accidents that might happen in that population and then putting things in place. We would like to be able to talk to you about not only how many there are and what the trend is, and that is published data, and we would like to see the trend going down to zero.

Dr JOHN KAYE: Minister, if the target is zero that means you descend to the point where you achieve a zero preventable accident rate in hospitals. That is what—

The Hon. JOHN DELLA BOSCA: You asked me what the target was.

Dr JOHN KAYE: I just want to know what you mean by target. You said zero. Does that mean you will spend to the point where there will be zero preventable accidents in hospitals?

The Hon. JOHN DELLA BOSCA: Let me refer you to Dr Matthews first and then we will come back to it.

Dr MATTHEWS: I have to say that for many years before I was a bureaucrat I was a doctor treating patients in the community and in hospitals and on many occasions I made mistakes. When you have a health system that treats thousands of people every day in very complex settings, with multi-system disease, human beings will make mistakes. The emphasis of our incident management system is to make system improvement. Where an incident that may be an avoidable death gets a severity assessment code of No. 1, a mandatory root cause analysis is done by independent clinicians to search for system errors in order to make system improvements. Anybody who believes that ultimately in a complex setting such as this you can become totally mistake free is being fanciful. So yes, our target is zero, but realistically no health system anywhere in the world will achieve that.

Dr JOHN KAYE: So what is your realistic target?

The Hon. JOHN DELLA BOSCA: You do not qualify targets by what is realistic. You have a target. I think Dr Matthews has answered the question.

Dr JOHN KAYE: Thank you. That is a good quote to end on. We will use that one.

The Hon. JOHN DELLA BOSCA: There is no distinction.

Reverend the Hon. Dr GORDON MOYES: The 2007-08 budget saw an increase of 5 per cent. Mr Barker, as the Chief Financial Officer, in the light of the new mini-budget forecast what is the percentage increase for this current year and for the following year?

Mr BARKER: No, the 2008-09 budget has got a 5 per cent increase.

Reverend the Hon. Dr GORDON MOYES: Is that as a result of last week's and the weekend's mini-budget?

Mr BARKER: No, this is the budget that was handed down in the Parliament on 3 June and the expenses budget for New South Wales—

Reverend the Hon. Dr GORDON MOYES: So those figures are totally out of date now?

Mr BARKER: Well, no, the mini-budget process—

Reverend the Hon. Dr GORDON MOYES: Have you been notified of any changes?

Mr BARKER: Not at this point in time.

Reverend the Hon. Dr GORDON MOYES: Minister, have you been notified of changes from the Treasurer or Treasury?

The Hon. JOHN DELLA BOSCA: No, Reverend Moyes, the mini-budget comes down when it comes down.

Reverend the Hon. Dr GORDON MOYES: But were you not in discussions with the Treasurer about your budget in the last few days?

The Hon. JOHN DELLA BOSCA: As I said, the budget comes down when the budget comes down and any mini-statement in relation to budgets comes down when it is brought down by the Treasurer in the Parliament. Obviously until then those matters are being actively discussed but people do not get information or directions from those discussions.

Reverend the Hon. Dr GORDON MOYES: In the light of the proposed budget cuts that have been announced for the finances of New South Wales, do you propose to reduce staff or front-line services?

The Hon. JOHN DELLA BOSCA: You are one step ahead of me, Reverend Moyes. What expenditure cuts are you referring to?

Reverend the Hon. Dr GORDON MOYES: I am referring to the mini-budget that is anticipated to be coming down and the cuts that are going to be involved as announced by Mr Rees as Premier.

The Hon. JOHN DELLA BOSCA: It is anticipated, and as I said to you, a mini-budget comes down when it comes down, the same as the annual budget and statement of financial intentions.

Reverend the Hon. Dr GORDON MOYES: But a Minister will have a plan B when things alter, so what is your plan B for reducing staff or front-line services?

The Hon. JOHN DELLA BOSCA: I have no other way of answering the question. I am not seeking to be difficult or obtuse. I can only answer your question if you are framing it in terms of a budget intention by the Government to say that the budget comes down when it is brought down, and if the Government makes an amendment to its fiscal position and puts in place another budget or so-called mini-budget, that will come down when it comes down. I cannot be drawn into speculation about my agency's or portfolio's response to the mini-budget or concede anything other than the fact that there are well-publicised intentions by the Government to have a mini-budget.

Reverend the Hon. Dr GORDON MOYES: I will ask you, Minister, immediately after the mini-budget arrives.

The Hon. JOHN DELLA BOSCA: I will happily answer.

Reverend the Hon. Dr GORDON MOYES: Can I ask Dr Matthews about indigenous affairs renal care? There has been quite an amount of criticism, particularly in remote areas of the State. What has been the progress to date toward solving these issues?

Dr MATTHEWS: You are quite correct about the nature of the problem. Generally because of a high incidence of diabetes Type 2, indigenous people are particularly prone to alteration in renal function and ultimately significant levels of renal deterioration. We have established an indigenous renovascular screening program both in the community and, interestingly, within the prison system where, unfortunately, indigenous people are significantly overrepresented. That program aims to take a culturally appropriate message to Aboriginal people.

Reverend the Hon. Dr GORDON MOYES: I understand that, Dr Matthews. My question was: What is the rate of progress?

Dr MATTHEWS: Do you mean what is the—

Reverend the Hon. Dr GORDON MOYES: What has happened in the past year?

Dr MATTHEWS: Referring to the prevalence of renal disease—

Reverend the Hon. Dr GORDON MOYES: No, I am asking about the treatment of the disease.

Dr MATTHEWS: A number of people are treated. I would have to take that question on notice, as I do not have that information in my memory bank.

Reverend the Hon. Dr GORDON MOYES: Would you update me on questions that I have asked in the past about the redevelopment of Narrabri hospital?

Dr MATTHEWS: Narrabri hospital redevelopment is in an advanced state of planning. The scope of the redevelopment has been determined and it is to go to the budget subcommittee for consideration.

Reverend the Hon. Dr GORDON MOYES: Can you update me on the Cancer Care Centre at Lismore?

Dr MATTHEWS: I will ask Professor Bishop to do that, although, as it happens, I have a note in my pocket.

Reverend the Hon. Dr GORDON MOYES: You are well prepared, Dr Matthews.

Dr MATTHEWS: The cancer centre is on the site of the old Richmond Clinic building, which was the mental health building. As you know, that has been completely rebuilt with the addition of adult mental health beds as well as the opening of a child and adolescent unit, about which I am particularly pleased. The earthmoving contractor has commenced to level the site in preparation for the successful builder to commence work. Building tenders closed on 18 September 2008 and the successful tenderer for the development of the integrated Cancer Care Centre will be announced shortly. The site is level and we are ready to commence.

Reverend the Hon. Dr GORDON MOYES: Thank you, Dr Matthews. I am satisfied with that answer. Professor Bishop, do you wish to add to that?

Professor BISHOP: I want to refer to the Aboriginal side of things. The problem relates to the 17-year Aboriginal life expectancy gap. A lot of the illnesses about which we are talking, such as renal and some of the chronic diseases, come about from the root causes of a cluster of life factors, for example, smoking, injury, and all the rest of it.

Reverend the Hon. Dr GORDON MOYES: I understand that. We know about the problems as they have been around for years. My question was: What progress has been made in the past year?

Professor BISHOP: The Chronic Care Program, which brings together some of these issues, has an annual allocation of about $3.4 million. The Wollondilly project, one of the projects that is making progress, is set to create a model that will be able to be used for statewide dissemination. A lot of that to is to do with the coordination of care and keeping people out of hospital. I think that will impact on renal disease and on a number of other diseases that beset this population.

Professor PICONE: I think you were asking about treatment services by way of dialysis.

Reverend the Hon. Dr GORDON MOYES: Yes.

Professor PICONE: I think you were also asking about treatment services for measuring the deteriorating glomerular filtration rate [GFR].

Reverend the Hon. Dr GORDON MOYES: Yes, in particular in remote areas, as that is where there was great criticism.

Professor PICONE: That is right. We will supply you with an answer to that. There has been some progress but not to the extent that we would want. We will send you that information.

Reverend the Hon. Dr GORDON MOYES: Thank you. Professor Picone, I had a look at the figures for the resource redistribution formula, which have not been altered for the past 12 years. Does that mean that our population—

Professor PICONE: Dr Matthews is about to—

Reverend the Hon. Dr GORDON MOYES: I think he is about to have a stroke.

Professor PICONE: The resource distribution formula is a formula of great beauty as it has redistributed services from historically well-resourced eastern parts of the seaboard.

Reverend the Hon. Dr GORDON MOYES: But, as I said, it has not altered in 12 years. Does that mean that New South Wales has not altered in the past 12 years?

Professor PICONE: No, it has. The longer I take to answer this question the more worked up Dr Matthews becomes, which is always a pleasure for me. It has been updated, and it is updated on a regular basis. I will now ask Dr Matthews to explain what has happened.

The Hon. MELINDA PAVEY: From where can we get that information, Professor Picone? That would be helpful.

Professor PICONE: Okay, that is a good point.

Reverend the Hon. Dr GORDON MOYES: Dr Matthews, I recognise that there are minor adjustments of minus 0.1 per cent, or plus 0.2 per cent, but the world has changed a lot more than that in 12 years.

Dr MATTHEWS: That is true; the world has certainly changed. The most significant way in which the world changes is through its demographics. Sadly, the population is getting older and, to some extent, the population is voting with its feet and moving to the coast.

The Hon. MELINDA PAVEY: To the North Coast, which is undervalued and underfunded by $54 million, according to the last resource distribution formula statistics.

Dr MATTHEWS: We rely on the Australian census and the New South Wales Department of Planning does the small area projections. Twenty years ago, when area health services were first formed, some were as far as 20 per cent from their population share. Over that period, including the past 12 years, we have slowly and steadily got closer and closer to target share, and our target there is within 2 per cent. Almost all the areas are now within that band. We have refined the formula, which involves a little more than the occasional tweaking. We have a committee of very serious boffins who continually test the assumptions behind the formula. It is predominantly population-based, but it is adjusted for the age of the population, for aboriginality, and for a number of other factors. The Greater Western Area Health Service gets an additional amount because of the obvious geographic problems and the cost of travel, and there is an adjustment for teaching and research. I gently suggest that we have made significant changes in the past 12 years.

Professor PICONE: The past 12 months.

Dr JOHN KAYE: Changing what?

CHAIR: In the interests of time, I know that Government members are busting to ask questions.

Reverend the Hon. Dr GORDON MOYES: Could Dr Matthews supply an answer to that question on notice?

CHAIR: Could the boffins provide more information?

The Hon. JOHN DELLA BOSCA: In answer to an earlier question asked by the Hon. Melinda Pavey, the resource distribution formula weighted average for area health services is to be found on page 60 of the annual report. The resulting target, which is very informative, illustrates the point that Dr Matthews is making.

The Hon. MELINDA PAVEY: But we are still underfunded in some of the areas where there is a growing ageing population.

The Hon. JOHN DELLA BOSCA: So you assert, but that is not what is reflected in the annual report.

The Hon. MELINDA PAVEY: According to 2005 data we are underfunded.

Reverend the Hon. Dr GORDON MOYES: Dr Matthews, would you look specifically at the Sydney south-western area—an area of massive development and growth? I note that there has been no significant change this millennia—not even tweaking.

Dr MATTHEWS: I will do that.

CHAIR: Could you take that question on notice? We now have some nice questions from Government members.

The Hon. GREG DONNELLY: Some penetrating questions.

Dr JOHN KAYE: Without sarcasm!

The Hon. GREG DONNELLY: Indeed, without sarcasm. My question is directed to the Minister. What is the New South Wales Government doing to address the issue of workplace shortages in the health area?

The Hon. JOHN DELLA BOSCA: Workforce shortage is one of the biggest challenges in the health system.

CHAIR: We are all ears.

The Hon. JOHN DELLA BOSCA: I thought we were not going to be sarcastic.

Reverend the Hon. Dr GORDON MOYES: You are back on familiar ground.

The Hon. JOHN DELLA BOSCA: It is a feature of health systems right around the world and, of course, it is made more difficult and complex by an ageing and growing population, which triggers increases in demand and a general increase in people's expectations about health care. Attracting qualified staff is a challenge familiar to almost every profession, but it is particularly difficult in the health profession and it makes recruitment a big challenge. We need to find enough people with the right skills to deliver complex, high-level medical care right across the State. Workforce issues increasingly require simple answers to questions about the delivery of health services that families expect and deserve

For example, why is there no maternity ward in a particular town or suburb? Is it because of funding? No; more commonly it is because there are not sufficient nurses and midwives in that town to operate a maternity ward. Why are there not extra beds open in hospital B? Often that is because we are still recruiting staff to run those beds. Our health workforce shortage is not caused by underfunding; often we have the fully-funded clinical positions, but they remain vacant despite our best efforts to recruit people into these roles.

The New South Wales Government is committed to doing everything it can to address these difficult challenges. Despite these challenges we have significantly increased the number of doctors, nurses and allied health professionals across the New South Wales system. For example, we increased the number of doctors by almost 29 per cent, the number of nurses by approximately 19 per cent, and the number of allied health professionals by about 18 per cent. This year New South Wales welcomed more than 1,618 new registered nurses into the public health system and 663 new medical interns. These increases are a direct result of the Government's recruitment policies. Additionally, late last year we announced a package of additional funding to ease the pressure on our emergency departments, which includes also funding for 35 additional emergency

physicians. As at October 2008 the net increase in specialists appointed to physicians in New South Wales emergency departments since the recruitment campaign began is, of course, 39.

This Government recognises that recruitment is difficult and is made all the more hard by the fact that the medical, nursing and allied health professions are increasing their existence in the global market. That is why we have created the Rural Preferential Program, a new initiative that enables doctors who have an interest in rural practice to undertake more of their postgraduate training in a rural facility. That program was introduced in 2007 by New South Wales Health through the New South Wales Institute of Medical Education and Training [IMET]. The program started with 15 newly graduated doctors placed in four rural facilities, which increased to 35 doctors across 10 facilities in 2008. So far the uptake for 2009 is 52 doctors across 9 facilities—an increase, of course, of 50 per cent.

The program enables doctors to complete more of their pre-vocational training in a rural home hospital setting, including all five terms at some hospitals. Hospitals participating in 2009 are Dubbo, Port Macquarie, Lismore, Wagga Wagga, Tamworth, Coffs Harbour, Orange, Tweed Heads and Maitland. To further increase our supply of health professionals, New South Wales was successful in lobbying for an additional 110 places to commence in 2007 as well as 80 new places for the rural medical program being established by the New England and Newcastle universities to commence in 2008. There is little point in encouraging students to consider studying medicine if there are not enough clinical training places or postgraduate training positions for them. That is why we invested an extra $49 million over the past three years on postgraduate medical training.

This funding has built networks linking metropolitan, outer metropolitan, and rural and regional hospitals, and has improved access to training for more than 1,030 trainee specialist positions in psychiatry, surgery and medicine. Further, 179 full-time, part-time and flexible positions for general practitioners have been filled in rural New South Wales to provide skills training in emergency, obstetrics, anaesthetics, surgery and mental health. The Government will invest also a minimum of $66 million on postgraduate medical education and training over the next 4 years with a further $5.4 million over 4 years to better support and strengthen the emergency workforce. Another important factor in our recruitment and retention policies is the fact that we have some of the highest salaries in the country for health professionals. New South Wales nurses and midwives in the public health system are amongst the highest paid in Australia, if not the highest, but we are doing more. In addition to these strategies, we will be looking at the role TAFE and our high schools can play to encourage people into the health professions.

I have had discussions already with my Federal counterpart, the Minister for Health, Nicola Roxon, about what can be done federally. I believe more can be done to develop career paths such as clinical nurse educators, nurse practitioners and other senior roles for nurses. The New South Wales Government already has made big improvements for pay and conditions for nurses; we need to make sure that we also are recruiting staff and that we retain them. The Rees Government takes the workforce issue very seriously and will continue to work with the Rudd Government to build a strong and self-sufficient national health workforce.

The Hon. MICHAEL VEITCH: My question relates to drug and alcohol initiatives. Could you outline some of the initiatives the Government is taking to respond to the health impacts of drugs and alcohol in the community?

The Hon. MELINDA PAVEY: Are you going to back the Commissioner of Police?

The Hon. JOHN DELLA BOSCA: Have you been listening to the radio?

The Hon. MELINDA PAVEY: No, I have been preparing for this.

The Hon. JOHN DELLA BOSCA: It was an important part of your preparation. Since the 1999 Drug Summit New South Wales has set a clear direction in drug policy and led the way for other jurisdictions. Even the Howard Government adopted our general approach to recognise the complexity of drug abuse and tackle the problem at all levels through health and law enforcement as a government and a community. New South Wales has directed more than $675 million for dedicated drug budgets since the Summit. We have an evidence-based focus on four areas that is achieving significant results: prevention, education, treatment and law enforcement.

The 2007 Household Survey shows that there has been a general trend of decreasing illicit drug use in New South Wales since the Drug Summit. Between 1998 and 2007 recent use of any illicit drug dropped from just under 20 per cent to just over 12 per cent; cannabis use halved during the same period. The third drug

budget continues the programs that have shown to be effective. These include a cost-effective Pharmacotherapy Program with greater safeguards, including measures to protect children; quality controls; places for over 16,000 users—a 30 per cent increase since 1999; the continuation of non-government residential rehabilitation beds; our network of 80 Community Drug Action Teams; specialist drug counselling in schools; an expanded drug-crime research program by the Bureau of Crime Statistics and Research; the ongoing operation of the Police Chemical Drugs Intelligence Unit; and the continuation of health services in adult and juvenile correctional centres.

We are also expanding and improving treatment responses. Five new clinics for dependent cannabis users have been opened in Western Sydney, the Central Coast, Orange, Southern Sydney and the North Coast and have helped over 1,000 people. A further clinic is due to commence in the New England-Hunter region in late 2008-09. Two specialist treatment centres for users of drugs like "ice"—psychostimulants—now operate in Sydney and Newcastle. Drug and alcohol consultation liaison services also have been funded in three area health services to ensure that hospitals have access to specialist staff to provide timely advice on the management of patients with mental health, drug and alcohol problems.

It is clear that our whole-of-government approach to the complex issue of drug abuse is working and achieving important results. But more needs to be done, particularly in the area of alcohol abuse. The experience in our hospital emergency departments suggests it is time to consider new ways to respond to the issue of so-called binge drinking. Alcohol advertising, of course, is persuasive; people know my view that some of the most persuasive advertising is about alcohol. Advertising, of course, is not the cause of binge drinking, but it does not help, particularly when we are talking about the behaviour of young people and the adoption of certain alcohol-related cultures.

Alcohol-related health problems are driven in part by those cultures. We need to have the debate about limiting advertising as part of the way of influencing drinking culture more positively in New South Wales. Alcohol causes an estimated 40,000 hospitalisations in New South Wales every year and is rising. If that were due to an illicit drug, we would be saying now that there was a dreadful drug crisis. Young women in particular are presenting in much higher numbers than ever before. In the past eight years alcohol-related presentations to emergency departments increased by about 59 per cent. We need a strong regulatory regime for alcohol advertising because, clearly, self-regulation is not working.

One very recent initiative that we are keen to evaluate is the $1.5 million trial of specialist nurses in four hospitals in the Sydney South West Area Health Service at Campbelltown, Liverpool, Royal Prince Alfred and Concord, one in the Hunter-new England Area Health Service—John Hunter Hospital—and one at the Children's Hospital Westmead to deal with emergency department patients who are suffering behavioural disturbances as a result of drug or alcohol use. This will alleviate the pressure of emergency department staff, who experience an increase in alcohol- and drug-affected patients which, of course, drives occupational health and safety issues for them. Those hospitals have been chosen because they have access to psychiatric emergency care centres and in-patient detoxification units.

We have put in place also a telephone and Internet alcohol program aimed at people who think they may have a problem with alcohol and wish to take control of their drinking habits as part of the Rethink Your Drink campaign.

Reverend the Hon. Dr GORDON MOYES: If you can announce it, you are okay.

The Hon. JOHN DELLA BOSCA: The program was developed by the Australian Centre for Addiction Research, Sydney West Area Health Service and the University of Sydney. Recent clinical trials of the program found participants were able to reduce their alcohol consumption by more than 50 per cent. So there are some good things happening in our Health facilities in relation to drug and alcohol, but we cannot ignore the fact that one part of a community is unfettered and is urging young people to buy more of the product and use it in unsafe, risky and potentially very unhealthy ways while our emergency departments mop up afterwards. I might say in relation to comments made earlier by the Hon. Melinda Pavey about the Commissioner of Police that our police force and of course paramedics deal with these matters at the front line. Alcohol abuse is not doing our young people any good. Over time it will have serious effects on their health.

Professor PICONE: I might also add a response to comments made earlier by the Hon. Melinda Pavey. The Commissioner of Police and I have met and have discussed this issue of alcohol. My view is that we also need to restrict trading hours. New South Wales Health has been very active where we have been able to

assist with our public health drug and alcohol positions in giving evidence in cases where there are questions of continuing licensing. While at times I have been accused of being a teetotaller, this has nothing to do with being a teetotaller. This simply means that we need to look at our streets in all parts of Sydney and the large regional centres to see that we really know how to tackle this issue. It is not simply licensing. Advertising is very important and self-responsibility is important. The Commissioner of Police and I are quite determined to press on with some changes to public policy in this regard.

The Hon. MELINDA PAVEY: For how long have you been fighting for these changes, Professor Picone?

Professor PICONE: The Commissioner of Police became the commissioner at the same time I became the director-general. It was one of our earlier discussions. I will ask Dr Matthews to talk about how we have assisted the State Minister and the national ministerial council that deals with these issues.

The Hon. MELINDA PAVEY: Is it out of frustration that the bureaucracy and the commissioner are working to drive policy in New South Wales?

Professor PICONE: No, not at all. I have not yet met anyone during discussions I have had, including at ministerial level, who is not keen to tackle this now, particularly the issue of binge drinking.

The Hon. MELINDA PAVEY: Obviously Minister Della Bosca is backing you on this?

The Hon. JOHN DELLA BOSCA: I was going to say that not only am I backing Professor Picone on this, but if you had been listening to the radio this morning you would have heard that I am doing my best to back in the Commissioner of Police's overnight comments about this very matter because not only does it have very serious issues of an alcohol-related balance but—

The Hon. MELINDA PAVEY: It has taken a long time to get anywhere on this, Minister, has it not, given that you convened the Drug and Alcohol Summits some five years ago?

The Hon. CHRISTINE ROBERTSON: It is my turn to ask questions now.

The Hon. JOHN DELLA BOSCA: Can I come back to that when your questions start, Melinda?

Professor PICONE: If we can come back to this issue of alcohol and binge drinking, it is not just the social and law and order affect but the effect on the individual who is engaging in the binge drinking that is also important, as is also what is happening in our emergency departments, not just simply on the streets. In my view this is one of the significant public health issues that we as a society face, not just in New South Wales but nationally and internationally. Dr Matthews' area was as a drug and alcohol doctor before he came into his current position. He may want to make some comments on it.

Dr MATTHEWS: Yes. I am not sure whether it is hardening of the arteries, but if you had told me when I was in my twenties that I was going to say what I am about to say, I probably would have been horrified. But there is no doubt in my mind, and I think in the mind of everyone in this room, that we have a significant problem. Interestingly our epidemiology colleagues in the Hunter have done a study of the effects of the reduction in licensing hours. There was certainly a linear progression in both the assaults presenting in emergency departments and the intoxication diagnostic related groups for seven years. It took a downturn when the licensing hours were reduced whereas in reference hospitals it continued upward.

I think that sort of evidence combined with the evidence put forward by our colleague Dr Weatherburn suggests that we have two take a very serious look at this. It is our job to gather the facts, put policy together and give advice to government. I think the community is at the point where it is ready to consider some very significant changes as well. It is being pushed at a national level, as Professor Picone said. We, like all States, are represented on the ministerial drug advisory council, which has both Health and Police Ministers and reports directly to the Council of Australian Governments [COAG]. There is a nationwide alcohol strategy that deals with the full range of issues, from advertising through to treatment services and considerations around licensing hours, and that is going out to the national level. I support what both the Minister and the professor have said.

Professor PICONE: Not wishing to labour the point because this is an area about which I feel so strongly, I just wonder if Professor Bishop could make a comment about the actual effect of alcohol on organs and the body of an individual, particularly a younger person, which can result from fairly routine binge drinking.

Professor BISHOP: I will not go into a great deal of detail, but obviously it will be devastating for the individual. I think we can see that in the Aboriginal community where a lot of the early risk and the early disease we see is related to the inappropriate use of alcohol. That harm reduction area is terribly important. Also we recently published information, "Don't Shoot the Messenger", which also puts alcohol as one of the carcinogens of our society. Large amounts of drinking above standard levels of one or two standard drinks a day will increase the cancer risk, for example, about 14 per cent. That is the increase in risk per standard drink on average for a woman for breast cancer.

These things are important, but we could go into that in a lot more detail. I would like to mention one of the harm minimisation issues around drugs, and that is to do with the needle and syringe program. That is a controversial area, but nevertheless I think we have rates of infection among IV drug users of about 2 per cent, and that is much, much less than some European countries and certainly in other parts of the world where it sits at around 30 per cent. We have some harm minimisation programs in place which are really important for people who are affected in this way by drugs or alcohol, and I think we have to have those programs that look at prevention and harm minimisation. Obviously public education is the key to getting people really involved with what the issues are.

For the community as a whole, I think the risk drinking area is quite confined. The general population surveys say that for the average population the amount of risk drinking is going down. But we have this tremendous problem, as we have discussed, around younger people who are risk drinking and are binge drinking, which is a slightly different issue than for the population as a whole. I think education does work. I think the prevention side of things, with education, will be key to getting some of this, as well as the purchasing issues and other things that are mentioned.

The Hon. JOHN DELLA BOSCA: I would like to mention something too. Perhaps after I do so there might be things that Professor Picone or Professor Bishop might want to say, or you might want to supplement your question. The other couple of observations I would make are that I have had some considerable involvement in this question since the Drug Summit, and in some ways, although it had some useful achievements, the somewhat less successful Alcohol Summit. One of the reasons why it was so successful was the well-rehearsed and intuitively obvious argument, which is that alcohol is an acceptable drug whereas, of course, smoking or the use of tobacco have become the unacceptable drug, and that impacts on culture.

The issue of it being a legal product then leads to issues around its promotion—marketing, advertising and point of sale issues. I think that almost all the members around the table were in the Parliament and in the parliamentary Chamber during some of the debates at the Alcohol Summit and so are familiar with that aspect of the issue. I just want to make one small point. Obviously, it is not the critical point, but we are and should be conscious of the fact that preventable public health issues create costs that create knock-on costs in our hospitals. One of the statistics to which Commissioner Scipione was referring was the overnight ambulance call-outs in just the central business district [CBD]. There were 17 calls to serious violent assaults in one night, just in the CBD. That gives members a consequence of scale. That is 17 times two paramedics held up and perhaps placed in potentially dangerous situations, and that number of emergency department staff back in the hospitals have had to receive those patients who may well have been, in some cases, quite seriously injured.

Professor PICONE: And people far more imminent than us have already provided public information about the impact of drunk and disorderly people and drug-affected people in our emergency departments. If anyone wants to see it for themselves, on a Friday or a Saturday night—

Reverend the Hon. Dr GORDON MOYES: Have done so.

Professor PICONE: —I encourage all of you, 500 metres the road from one of the grandest hospitals in this country, St Vincent's, to see young people lying on the pavement, young people vomiting on the pavement, other people bashing each other, walking drunk in front of cars—that is happening every night.

CHAIR: I agree, and we could talk about this at length but I think we should probably draw ourselves back to the health budget and ask more questions.

[*Short adjournment*]

CHAIR: Earlier we were talking about displaced staff. I want to draw you back to clarify something. I notice that the Hunter-New England Area Health Service had an increase of something like 50 displaced staff between 31 January and 12 May this year. Can you tell us where they have been moved from, what they are doing now, what was the cost to the budget of Hunter-New England health, and what you are doing about it?

The Hon. JOHN DELLA BOSCA: I might ask Mr Barker to provide some information, but we may as well take most of that on notice.

Mr BARKER: I think we will have to take all of the factual information on notice. Part of our shared services initiative is that there is a consolidation, as I think Professor Picone said, of various transactional activities, and as a result there will be staff due to become displaced in that process. Another thing that has happened up there is that they have gone to a public-private partnership [PPP] at the Mater hospital, and that also could have identified a number of staff who have become displaced as a result of going from provision of internal services to outsourcing things like maintenance and security if they are involved in that PPP. Normally when a PPP comes in the PPP operator either chooses to have its own managerial staff, which means that our managerial staff are no longer needed, or it may have a requirement that it needs fewer directed staff in terms of the work that is required of them because it has a different routine on how it provides those services.

CHAIR: Just in terms of moving staff around, I note that the former Woolworths boss, Roger Corbett, who heads the Westmead Children's Hospital Advisory Board, has commented about the hospital being underfunded by $35 million this year, and said that senior clinicians were considering closing down the operating section of the hospital because they were so understaffed. Given that Westmead is projecting that $35 million blow-out, that sources have indicated that Sydney West Area Health Service is currently more than $30 million over budget for this financial year, and that North Shore Hospital started this year with a $40 million blow-out, will you rule out further front-line cuts to staff as a way of meeting your budget?

The Hon. JOHN DELLA BOSCA: I will take the first part of the question and Professor Picone might be able to elaborate on that for you. As for the first observation about Mr Corbett, I think we need to be a little careful about our language. We have gone from him making an observation about the level of funding required for the continued operation of the hospital as it is and some commentary about the cynical services that was interpreted by the media. I have had the opportunity to have a few discussions over the telephone, and I will be having one in person with Mr Corbett fairly shortly about some of these matters. Certainly, his comments in those contexts have been somewhat less dramatic than the way they have been reported subsequently. Escalating the conversation to discussions about a blow-out of $35 million is getting into the realm of political speculation rather than a real claim about the budget needs of Westmead Children's Hospital. If it is acceptable to the Committee, I will ask Professor Picone to elaborate a little further on the rest of your question.

Professor PICONE: You raised the Greater Western Area Health Service and the Sydney—

CHAIR: Apparently it is $30 million over budget for this financial year, and Royal North Shore Hospital is facing a $40 million blow-out.

The Hon. JOHN DELLA BOSCA: The other point I was going to make is that you also mixed two points. You were talking about Mr Corbett's comments that more money was required and budget—

CHAIR: The questions are about whether you will meet the budget. How will you manage these budgets and meet blows budgets?

The Hon. JOHN DELLA BOSCA: But you prefaced the question by a claim for a budget, effectively—

CHAIR: Will you get rid of more front-line staff? That is the question. That is the bottom line.

The Hon. JOHN DELLA BOSCA: Sorry, can you rephrase the question?

CHAIR: Will you get rid of more front-line staff in order to meet those budgets when you have significant underfunding, according to Roger Corbett, and you have budget blow-outs?

The Hon. JOHN DELLA BOSCA: But he has made a different observation altogether to your assertion that there are budget blow-outs. He is not talking about a budget; he is making a further claim for a greater allocation. I think there is an important logical distinction between that and asking about budgets that have overrun. I think Professor Picone can answer about the budget overruns, and I think the only answer we can give to Mr Corbett's assertions is the one I have already given.

Professor PICONE: In relation to Westmead Children's Hospital, I support the Minister's comment. I think we need to work with the children's hospital, like all of our facilities, to ensure that the maximum money is directed to front-line services rather than to administrative and back-of-house services. We are certainly looking at that in relation to the children's hospital. As to your question about Greater Western, as you would be aware from the budget papers, the health budget this year was increased again by $632 million—that is 5 per cent over last year's budget. There is absolutely no question at all, though, that the health budget is and always will be under pressure, and it is under pressure from increased demand and demand for health services. We experience that most in, for example, our emergency departments and also through our overnight admissions. We constantly look at ways to provide health services more effectively to people.

You might be aware of the recent Auditor General's report, for argument's sake, in relation to out-of-home care for chronic disease. My view on the budget pressures generally is that we need to develop a new, systematic way of caring for the needs of people with severe chronic disease. They are likely to be the people who will need our health services the most and as the population ages, particularly over the next decade, will continue to put pressure on the system. In relation to Greater Western Area Health Service, I expect that all of our area health services operate within the tolerance of the budget they are given. Given that the budget was increased, I also expect that that will occur. There has been an increase in staff in the Greater Western, particularly in mental health services, and Dr Matthews may wish to speak to that. I am meeting regularly with the management team in Greater Western to review its budget position and how it is dealing with that in an operational sense.

CHAIR: So you can then rule out further cuts to front-line staff?

The Hon. CHRISTINE ROBERTSON: Why do you keep saying "further cuts"?

Dr MATTHEWS: I will pick up on the further cuts. In fact, since the amalgamations in 2005 we can demonstrate, and will provide the figures, that not only are there more front-line staff in the categories of doctors, nurses and other allied health; there are in fact more front-line staff per 100,000 population than there were in 2005. So I simply refute that there have been cuts in front-line staff. They have actually increased.

CHAIR: So we are talking about front-line staff. It is a fact that 70 front-line staff, for example, including nurses, have been cut from the Royal Hospital for Women at Randwick. We have heard stories about casual nurses in the Blue Mountains hospital not being given positions. If you are talking about providing additional front-line staff, there have been some significant cuts to front-line staff.

Professor PICONE: With the greatest respect to you, in fact there has not been a cut in front-line staff.

The Hon. MELINDA PAVEY: So the Royal Hospital for Women has not been told to axe 70 staff in order to meet its budget?

Professor PICONE: I will come to that in a second, because I will touch on what I think is an important point you are raising. There has not been a cut to frontline staff in New South Wales Health in the last budget. I think the number of staff in New South Wales Health increased approximately 2,900 in that financial year. In relation to the Royal Hospital for Women—and I will take it on notice to give you the actual details—

my understanding is that there are nurses who are on a casual pool and the hospital rightly moved to offer those nurses permanent work rather than casual work. As you know this is something that we come under some pressure, and I do not think it is unfair, particularly from the Nurses Association and others. You will at different times during the year see a consolidation of nurses who are working in a casual pool, so that might be an eight-hour or two eight-hour shifts a week into a permanent position.

But in relation to nursing workloads we do have an industrial instrument, which is the nursing workload calculation tool. It is very precise about the number of nurses we have for different types of wards with different types of workloads. There are processes at the local level for the local Nurses Association representatives and the nursing staff to work those issues through should there be a disagreement about what

should the morning, afternoon, night duty staff be for this ward, and if there is a dispute at the local level with the local management then that is dealt with in an industrial process. So, for example, at the moment there is a disagreement I understand going on between the Nurses Association branch at Bathurst Hospital and their local management about how those reasonable workload numbers should be applied. That will go through its proper process of consultation, discussion and then a resolution. The award allows for that. So I hope I have answered your question: I am not aware of a cut in nursing numbers at the Royal Hospital for Women. I am aware that Professor Walters in charge of that hospital has moved to offer casual nurses in the casual pool permanent positions.

The Hon. MELINDA PAVEY: What was the blow-out in NSW Health recurrent expenditure in 2007-08?

The Hon. JOHN DELLA BOSCA: I think you know that number. Are you referring to the speculation by the former Treasurer?

The Hon. MELINDA PAVEY: I am asking the Minister to tell me what is the 2007-08 recurrent budget over-blow?

The Hon. JOHN DELLA BOSCA: There has been a lot of talk about last year's Health budget as a result of my former colleague's disclosures and discussions. Some of our area health services did not come in on budget, something to which Professor Picone referred.

The Hon. MELINDA PAVEY: Is it $200 million or $300 million?

The Hon. JOHN DELLA BOSCA: It is important that our investment in health care, and delivery of health services, is considered in the context of pressures on our Health system. We do have an ageing population that is obviously, as I have said, previously an international trend. Despite these challenges we remain focussed on delivering high quality health care, ensuring good patient care, and getting the best value for taxpayer dollars. I am not sure exactly what you are asking me to confirm the former Treasurer's assertion or—

The Hon. MELINDA PAVEY: I am asking what was the 2007-08 recurrent budget overblown figure?

The Hon. JOHN DELLA BOSCA: The reason I am a little bit confused is because it is a matter of public record, but it is $300 million.

The Hon. MELINDA PAVEY: It is $200 million for 2007-08 Health recovery blow-out, according to 2008-09 Budget Paper No. 3, volume 2. I think it is relevant to understand that the Minister for Health is not aware of last year's recurrent Health budget blow-out. You do not know a lot about the Health department in New South Wales. What is the $300 million figure to which Michael Costa referred?

The Hon. JOHN DELLA BOSCA: Mr Barker can answer your question.

The Hon. MELINDA PAVEY: Has the Minister had a briefing on this matter?

The Hon. JOHN DELLA BOSCA: Yes I have, but Mr Barker will answer the question.

Mr BARKER: If you provide the budget paper to which you are referring I will tell you about the $200 million and then I will tell you about the actual number, which will be different.

The Hon. MELINDA PAVEY: I would actually like the Minister to answer the question.

The Hon. JOHN DELLA BOSCA: I have asked Mr Barker to answer it.

Mr BARKER: I will assume you are looking abut Budget Paper No. 3, volume 2, page 12-32, which details our operating statement where we compare budget and revised. A number of different numbers appear on that page. Expenses are $200 million over, revenue is about $140 million favourable and other gains or losses are about $8 million worse, which means on a net cost of services basis, which is how Treasury assesses our performance, that number is reporting about $70 million unfavourable. So I assume the number you are talking about is on expenses now. Within Health if we generate more revenue we can keep that revenue. These numbers were done around the end of March because as the budget is brought down on 3 June, that is before our final

statement is prepared, so these are revised numbers, they are not actual numbers. Between when they are done and submitted to Treasury, they have to be printed et cetera, so these are our revised figures and our actual numbers are now subject to audit. In talking to my staff and the Audit Office I believe that process will be completed around 31 October. The first thing is the numbers you are looking at are an estimate, which it goes under the revised column—

The Hon. MELINDA PAVEY: So in June when this year's budget was handed down it was an overspend in recurrent expenditure of around $200 million?

Mr BARKER: In the expenses component that is right. So that was what we thought the position would be when we were back in about February, March when these numbers are done. That is why it is sort of not an actual number because you do not know the actual number until you get through your audit process.

The Hon. MELINDA PAVEY: From where does the extra $100 million come? The figure to which the former Treasurer Costa referred, the $300 million, was that for this year up to the point when he resigned or was it for the 2007-08 financial year?

Mr BARKER: No, his $300 million related to 2007-08 and the $300 million is what Treasury is of the view that Health has exceeded its allowable tolerance by, after they have allowed us to have a certain number of adjustments to go through.

Dr JOHN KAYE: Which year?

Mr BARKER: The year 2007-08 that finished about 3½ months ago. So his $300 million was around 2007-08. There are effectively two components to that. The first component is what I deem to be technical. We do our accounts on an accrual accounting basis and the technical issues are around the following matters. Depreciation—we have an asset base prior to depreciation of about $16 billion so when we do our budget each year we estimate roughly what the figure will be for depreciation, using Australian accounting standards. As we get closer to the year there will be acquisitions, disposals and that number will vary slightly. So there was a variation on depreciation. There was a variation on employer superannuation. As the Minister said earlier, we have got 100,000 people. In the estimate process we have to try to get as close as possible to the number for employer's superannuation. Remember, we have a mixture of staff. Some are under the old State defined benefit schemes and others are on accumulation schemes. We have to work out as good as we possibly can—

The Hon. MELINDA PAVEY: Why in 2007-08—

Mr BARKER: I am answering your question. There are about 150 million of these technical issues in the $300 million he referred to. So there is another one about leave. At the end of each year we have to book through our operating statement an amount of money to ensure our leave provisions in the balance sheet reflect what the accrual is at the 30 June. So there are about $77 million in leave. Last year we had a leap year. In a leap year we have to work 366 days. However, Treasury only gives us a flat-line 365-day budget so when you are under 24-hour, seven day of business you are going to have an extra day's cost.

The Hon. MELINDA PAVEY: I appreciate that the leap year had an impact, but in 2½ months why did the budget blow out by 50 per cent?

The Hon. JOHN DELLA BOSCA: But it did not. He is explaining that.

The Hon. MELINDA PAVEY: The Minister said in June it would be $200 million.

The Hon. JOHN DELLA BOSCA: No, Costa said it.

Mr BARKER: No we said in February—

The Hon. MELINDA PAVEY: In June when the budget papers were printed they said that Health would over-spend by $200 million. Why in 2½ months did it blow out by an extra $100 million?

Mr BARKER: You have got to go back—those numbers were not done in June they were done in around February on the best advice we have. They get fed into Treasury for inclusion in the budget papers. You do your best estimate at the time for inclusion in the revised column of the budget papers. The actual numbers

come out when the annual report is tabled by the Minister in the Parliament. So there is roughly a six to eight, seven months delay between knowing what we think it is going to be and what the actual result is. However, we do advise Treasury on a monthly basis how we think we are tracking.

The Hon. MELINDA PAVEY: Cabinet is also advised on a monthly basis?

Mr BARKER: You would have to ask the Treasury; we at Health do not know what the Treasury does with our advice.

The Hon. MELINDA PAVEY: Treasury officials told us.

Mr BARKER: We will accept that as a statement, so that is what they do. There is a variation and half of it is due to technical issues in terms of the former treasurer's $300 million and, as I said, there is a number of them, and often they become more noticeable to us at year end because they are entries that you do in June rather than throughout the year, but there is also about $150 million, which is in some health services favourability, which we are now working with them to get on top of to address in terms of 2008-09.

The Hon. MELINDA PAVEY: Minister, have you been able to work out how much the fourth pod at Port Macquarie Base Hospital would cost to construct, following up on my question to you two weeks ago in the upper House?

The Hon. JOHN DELLA BOSCA: I do not think I have that information with me, but I will give it to you as quickly as I can, as I would have otherwise.

The Hon. MELINDA PAVEY: But sometimes you give an answer in a day; you have really been stalling on this one. I wonder why? You have not got a Labor candidate in Port Macquarie to assist.

The Hon. GREG DONNELLY: How gratuitous.

The Hon. MELINDA PAVEY: So is the way they are treating the Labor people.

Dr JOHN KAYE: Minister, some time in September you likened junk food advertising to tobacco advertising. You put them on the same par.

The Hon. JOHN DELLA BOSCA: I thought you would like that.

Dr JOHN KAYE: I did, and I congratulate you on recognising how important it is that we regulate junk food advertising in the same way that we have regulated tobacco advertising. Given that Anna Bligh is moving toward a State ban on television advertising of junk food during children's peak viewing time, is there going to be any action in New South Wales? Are you planning any action in New South Wales? Are you talking to the Premier about this?

The Hon. JOHN DELLA BOSCA: Obviously I have talked to a range of my Cabinet colleagues about this and let me say I think there are a number of significant public health challenges. Professor Bishop is here and this is actually something that he has bureaucratic officer level responsibility for and he may care to elaborate on some of these issues. As I have said before—I think you have heard me say it a number of times, Dr Kaye—advertising is strongly linked to culture and advertising around marketing and similar principles obviously is around sale volume, and where the product is unhealthy or potentially unhealthy in the case of excess use of it then volume is clearly something that we would aim to regulate.

My personal view is that coming back from a complete ban on advertising of unhealthy foods—I could use the emotive term "junk food", but I think we might mean slightly different things by "junk food". It might be quite difficult to write a regulation around junk food. I would be most interested to follow the Queensland debate. We have generally taken the view that we are part of the Federation and the Commonwealth has regulatory control of broadcasting and related matters. I do not want to cavil with the decision of the Queensland Premier to go a separate way, but I think our general attitude would be to continue to work for a policy stance within the Ministerial Council and appropriate forums nationally.

I have had some discussions with the Federal Minister about this, fairly brief discussions in only a general sense, and she reminded me of the obvious, that she is not the only Federal Minister with responsibility

in this area, it is also a matter for the Minister for Communications, and he obviously has a strong portfolio interest in any regulatory issues around media. Obviously we are a fair way from national consensus about the best way to go on this, certainly nowhere near the consensus that was reached over a long hard slog of probably 20 years on tobacco advertising. I think we are a long way from consensus.

I have a view, I think Professor Bishop could give a more formal policy view of the department's intention and attitude, but my view is very strongly that advertising does drive culture and that we should seek to regulate advertising when it has adverse outcomes for individuals and particular groups. I am not aware of Anna Bligh announcing that the Queensland Government is proceeding on this. They have released a paper for discussion and they are considering their actions on the matter. I am not aware of her announcing an intention.

Dr JOHN KAYE: I will provide you with a verbatim statement of Anna Bligh saying she is going ahead with a television ban in Queensland.

The Hon. JOHN DELLA BOSCA: It will be interesting to see how she intends to do that.

Dr JOHN KAYE: Professor Bishop, did you want to make a brief comment?

Professor BISHOP: Yes, I would make a couple of brief comments. One is that we really have a problem with obesity, which is going up by 1 per cent per annum for adults and almost that for children. About 50 percent of the population have an obesity or overweight problem, so I think it is a huge problem, but if we have learned anything at all from tobacco we realise that it is not a single response, and in fact it is not even a health response, it is a whole of government agency response if we look at that. But I think, in terms of what we are trying to do, we are trying to use some of the evidence from tobacco because there is not enough evidence around obesity and nutrition, and what we are doing there is obviously looking at social marketing as one thing and the Health Department has come out with some programs there, but we are also looking at other issues around education and at how other agencies can work together with Health. So that is the broad strategy and the Federal Government has the key role here in the better health initiative.

Dr JOHN KAYE: Would you accept that there is mounting evidence of, first, a high rate of exposure—and I accept that the term "junk food" is emotive, but it is fairly clear what we are talking about—during children's peak viewing time on television; secondly, there is a connection between advertising and consumption; and, thirdly, there is a connection between childhood obesity and adult obesity, and hence adult diseases?

Professor BISHOP: Yes, I think so, but the best evidence is some of the soft drink versus water approaches—there is good evidence around that. Some other evidence I have put down as lighter evidence compared to the tobacco area. What the Government has done is started with water versus juice and soft drink program, which you may have seen, and we are going to extend that. Where the evidence gets stronger that the intervention actually works, we will do more and more in this area, and I think you have touched the important points.

The Hon. JOHN DELLA BOSCA: I have a more elaborate answer I can give you, but do you want to move on to other things now?

Dr JOHN KAYE: I do. I would like to talk more about this, I think it is a very important area, but I have two other areas I want to deal with.

The Hon. JOHN DELLA BOSCA: We might have an opportunity to talk about it later.

The Hon. MELINDA PAVEY: Unless Labor wants to give up their time?

Dr JOHN KAYE: The second area I want to talk about briefly is the Program of Appliances for Disabled People [PADP], which I understand is a Health department program.

The Hon. CHRISTINE ROBERTSON: Do we not have an inquiry?

CHAIR: Yes, but questions can be asked.

The Hon. MICHAEL VEITCH: Very carefully.

Dr JOHN KAYE: Can the Minister confirm that there will be no increases in the PADP budget until full efficiency savings have been measured, which I understand is not expected to be until 2011? That is to say, is it true that the budget is frozen until 2011?

The Hon. JOHN DELLA BOSCA: The Program of Appliances for Disabled People, or PADP as commonly referred to, is around disability products. It is administered by the Department of Health but is used by Department of Health clients and patients, and clients of the Department of Community Services. Demand for the program is high. It provides essential equipment to people. Obviously this is quite an emotive area. Young people require a high level of support for their disabilities and their equipment needs to be updated on a very regular basis. I actually did a lot of work in this area when I was disability services Minister and some of it was quite successful. The New South Wales Government is in a joint initiative with the Commonwealth in allocating $11 million to clear the waiting list for equipment this year and we are seeking to improve the efficiency of the program by implementing recommendations from the independent review conducted by PricewaterhouseCoopers, which I think members of the Committee would be aware of.

Dr JOHN KAYE: Is it not true that the $11 million bailout of the Commonwealth is actually being spent on other health programs, such as the Home Oxygen Service?

Dr MATTHEWS: No, not quite. I did give evidence before a Committee in this room and happened to do so again. What happened was that, as you know, there is a budget of about $25.6 million. The former Minister for Health and the Commonwealth Minister for Health collectively—about fifty-fifty—put in $11 million, which was equal to the size of the waiting list at that time.

Dr JOHN KAYE: That is above and beyond the $25.6 million?

Dr MATTHEWS: The annual recurrent budget is $25.6 million. There is a waiting list.

Dr JOHN KAYE: But the $11 million from the State and Commonwealth is in addition?

Dr MATTHEWS: That is correct, and what I said to the inquiry was that the move to enable New South Wales the establishment of a single lodgement centre and other efficiencies is aiming to increase the proportion of the recurrent budget, which is actually spent on appliances. The need for further budget will be reviewed on an annual basis within the other priorities facing the Department of Health in the usual way. If you look back, history suggests that that has been additional supplementation to the budget both in an increase in recurrent and repetitive one-offs to clear the waiting list for quite some time. It is not true that there is any sort of statement that it will not be increased until the efficiencies are in place. It will be reviewed annually against all the priorities of Health.

The Hon. JOHN DELLA BOSCA: What document are you reading from about efficiency dividends and PADP, Dr Kaye? You are surprisingly well informed.

Dr JOHN KAYE: We will ask the questions here, Minister. I will ask another question in relation to your responsibility for the Pharmacy Board of New South Wales. No doubt you would be aware of a number of media reports recently of pharmacies around New South Wales, particularly in rural and regional areas, which will not stock condoms or other forms of contraceptive devices. Given your responsibility, are you concerned that young people in particular in some rural and regional areas are not getting access to contraceptive devices and will you take steps to address this?

The Hon. JOHN DELLA BOSCA: I am not nearly as well informed as I would have hoped on these matters, so I will ask Dr Matthews.

Dr JOHN KAYE: Perhaps the Minister has not been buying condoms in country New South Wales. I can name some towns, such as Thurgoona—

CHAIR: Where is that?

Dr JOHN KAYE: —near Albury. You should know that. I would have sworn you would know that. The chemist in Merriwa will not stock contraceptive devices and there are a number of towns in the Upper Hunter.

The Hon. JOHN DELLA BOSCA: You are very well informed about this.

Dr JOHN KAYE: You may seek to make light of this but it is a serious issue.

The Hon. JOHN DELLA BOSCA: I am not making light of it, I am just commenting on the fact that you are very well informed about it. Dr Matthews may be able to give you an answer to the question.

Dr MATTHEWS: I am not familiar with those individual pharmacies. I certainly am aware there are some individuals who for reasons of faith etc have a view of condoms that is different from that of Health. Fortunately pharmacies are not the only places you can get condoms. We have a distribution program. Where I worked at St Vincent's if you came in to get drug and alcohol services there was a large bowl of condoms on the bench and you could help yourself. Public health outlets around New South Wales distribute condoms free of charge.

Reverend the Hon. Dr GORDON MOYES: They are not as good as jelly beans!

Dr JOHN KAYE: My time is up. That is a matter we should take up in questions on notice because it is a serious issue.

The Hon. JOHN DELLA BOSCA: What is the question?

Dr JOHN KAYE: My question to you, which you do not have time to answer now, is what you are going to do about it. In towns where there is only one pharmaceutical outlet are you going to do something, such as examine the regulations, to ensure the full range of contraceptive devices is available? I do not want to take the Reverend Moyes' time, so I will put it on notice.

The Hon. JOHN DELLA BOSCA: I will take it on notice.

Reverend the Hon. Dr GORDON MOYES: I want to ask a question concerning the past year, which has been a fairly disastrous year in the press for the Department of Health.

Could you find out the number of full-time staff in public relations and media for the past year and also for each of the previous five years so that we can notice any trends? Are you continuing to employ the same number of staff in media and public relations?

The Hon. JOHN DELLA BOSCA: Are you speaking of the Department of Health or area services—

Reverend the Hon. Dr GORDON MOYES: The Department of Health.

The Hon. JOHN DELLA BOSCA: The whole department including area health services?

Reverend the Hon. Dr GORDON MOYES: Yes.

The Hon. JOHN DELLA BOSCA: I have to take that on notice.

Professor PICONE: As we prepare the answer for you we will have to separate out—your opinion would be appreciated—those people employed by hospitals for fundraising activities—

Reverend the Hon. Dr GORDON MOYES: No, do not include those. I mean people who are involved in press spin.

The Hon. JOHN DELLA BOSCA: That is an emotive kind of term, spin.

Reverend the Hon. Dr GORDON MOYES: We know what we mean by it.

The Hon. JOHN DELLA BOSCA: I do not think anybody in the hospital system would be involved in spin.

The Hon. MELINDA PAVEY: Nathan wants to get rid of spin.

Dr JOHN KAYE: He is a fast bowler, not a spin bowler.

Reverend the Hon. Dr GORDON MOYES: Minister, I give that to you on notice. Does the department have any evidence about obesity in children being partially caused by bad parenting? Do you have any programs to cope with bad parenting in relationship with the Department of Community Services?

The Hon. JOHN DELLA BOSCA: I am not being deliberately obtuse but could you elaborate on what you mean by bad parenting in this context?

Reverend the Hon. Dr GORDON MOYES: Certainly. It is well known within areas of childhood obesity that meals provided by parents are inappropriate.

The Hon. JOHN DELLA BOSCA: Okay, poor nutritional knowledge by families.

Reverend the Hon. Dr GORDON MOYES: Are there any programs between your department and DOCS?

The Hon. JOHN DELLA BOSCA: There are a wide range of whole-of-government programs in which the Department of Health is a key participant. Some of those are administered through public schools and some are administered—

The Hon. MELINDA PAVEY: Schools get to the kids, though, do they not? What about the parents?

Professor PICONE: There actually is an excellent program—

The Hon. JOHN DELLA BOSCA: Professor Bishop can give you a full answer to the parenting in particular.

Professor BISHOP: I think it is an important issue. A lot of the emphasis of the Federal Government for some time has been the idea of children with obesity—I mentioned before it is going up by almost one per cent per annum, which is horrifying. About 25 percent of all children in New South Wales and Australia are either obese or overweight. That is a much higher level than traditional levels. An evidence-based program has been developed through NSW Health called the Parenting Program, which obviously looked specifically at how to identify those behaviours that have become part of the family arrangements.

Reverend the Hon. Dr GORDON MOYES: That is precisely what I wanted to know.

Professor BISHOP: That program was initially piloted and now is being rolled out further. It is worth over $1 million this year and we are getting evidence as to what impact it is having. It seems to be successful. As all of these programs start we need to get more evidence together. We are hopeful the evidence will be as satisfactory as it was in the early part of that program. I would be keen to see it develop further if the evidence holds up on that particular program. What we have found in some of the other areas—tobacco is a good example—where you have a public health program directed even towards adults is that you will find similar responses in children and vice versa. We think this will be a program for all ages once we understand what the educational levers are and the interventions that work well. I think this program has the opportunity to do that.

Reverend the Hon. Dr GORDON MOYES: Thank you.

Dr MATTHEWS: I can give you some additional programs, Reverend Moyes. Firstly, we have Safe Start, which is aimed at universal screening for depression in new mothers using the Edinburgh scale. It is not just for depression; there are additional questions about behaviours of a partner, which might include drinking or taking drugs. We have a program of universal home visiting so that when mothers go home with their baby they are visited by a nurse to assess that all the things that ought to be in place are in place. Where there are problems we engage the Joint Investigation and Review Team [JIRT] with the Department of Community Services and police. We have the Aboriginal maternal and infant health strategy particularly to support Aboriginal women, and that has a link with the department of Community Services' Brighter Futures Program. We have had a trial at a place called Miller of sustained home visiting for people who are assessed as having problems. That program has now followed those mothers and children for two years and has got particularly good outcomes. This year in the budget there was an additional $2 million to expand the program to other areas. There are a number of programs in place and they are being expanded.

Reverend the Hon. Dr GORDON MOYES: May I say congratulations to you, Dr Matthews, and Professor Richards on your very obviously successful results in the senior executive weight loss program in your department?

Professor PICONE: He is referring to me, of course. Thank you.

Reverend the Hon. Dr GORDON MOYES: Dr Matthews, you might be the appropriate person to answer my next question as you just made reference to home visitations for indigenous women. I follow up now with a question that I asked a few years ago concerning primary health care for indigenous women. As you are well aware there are a number of important indicators concerning stillbirths, antenatal visits to the home, low birth weight in babies, post-natal home visits, avoidable hospital admissions on the eight conditions identified under the State Plan, mental health admissions, and so on. My concern is this: Why has there been no observable improvement in any of these categories among indigenous women over the past five years in spite of continuous increased budget allocations?

Dr MATTHEWS: I would like to give you a copy of the evaluation of the Aboriginal maternal mental health strategy which shows that in that cohort of women, which is currently 46 per cent, there is a reduction in maternal smoking, an increase in the percentage of women who have an antenatal visit before 20 weeks, an increase in birth weight, and an increase in gestational age—absolutely solid evidence of good performance.

Reverend the Hon. Dr GORDON MOYES: Good.

Dr MATTHEWS: We now have the money to roll that out to 100 per cent of women.

Reverend the Hon. Dr GORDON MOYES: This is very recent. After looking at last year's annual report it is my understanding that there is no significant increase in any of those categories over the past five years.

Dr MATTHEWS: The program, which commenced in 2000 in a limited way, has been slowly rolled out. The valuation, which shows those things, is now about 12 months old. The evidence that it is making a difference is new.

Reverend the Hon. Dr GORDON MOYES: I would appreciate seeing that, Dr Matthews.

Dr MATTHEWS: We will give you a copy of that.

Professor BISHOP: We have some evidence of the maternal infant health strategy working, in the sense that in 1993 there were about 20 perinatal deaths per 100,000 births amongst Aboriginal people, which is about 2 per cent, with the non-Aboriginal population being around eight per 100,000, which is 0.8 per cent. In the most recent information that figure is down to 1.3 per cent, so it has come down by a significant amount. That has been an acceleration in recent years since this program started. We would like to see what the most recent information is, but there is evidence of movement there. If you are trying to fill the gap in Aboriginal life expectancy I am more confident about the maternal and infant side of things than I am about generational changes such as smoking and other things. We have seen a reduction but the health affects of smoking are long lived. Therefore, we will see some real changes.

Reverend the Hon. Dr GORDON MOYES: We rejoice in that. I look forward to getting up-to-date figures.

The Hon. GREG DONNELLY: Minister, can you outline some of the initiatives that are being taken to cope with pressures during high demand times, for example, during the winter period?

The Hon. JOHN DELLA BOSCA: Traditionally, winter is the busiest time of the year for the hospital system. Demand patterns from recent years tell us that admissions to hospitals typically increased by 6 per cent between July and September and the average length of stay in hospital rises by an average of 2 per cent during these months. Referring to raw numbers, last year that translated to an extra 1,000 children visiting New South Wales hospitals each week compared to the summer period, and an extra 500 adults a week presenting to an emergency department. The main drivers of demand in the winter period come from older patients with respiratory illnesses and from patients suffering from influenza.

The good news is that our hospitals have an excellent track record of gearing up to deal with increased winter demand. This was highlighted recently by the report of the Australian Institute of Health and Welfare entitled "Australian Hospital Statistics 2006-06". Most significantly, the report stated that emergency department waiting times in New South Wales are the best in the country. The institute found that, once again, New South Wales achieved four of the five national emergency department triage benchmarks—a feat that no other State in the country came close to achieving. When all State and Territory data was collated on a national basis only one benchmark target was achieved, and that was in the lower urgency triage category 5. I am still coming to grips with the fact that triage has five categories.

This is a strong independent evaluation of how well our system performs in the face of strong demand, and its is an achievement in which our medical and nursing staff can take great pride. In July this year the winter health strategy, which was launched at Royal Prince Alfred Hospital, was aimed at better managing the needs of the extra 20,000 patients expected in our hospitals during the 2008 winter period. It also encouraged and assisted people to stay healthier and to remain out of hospital, and it further supported our medical staff during a busy time.

The Hon. MICHAEL VEITCH: I refer to the new phone service in emergency departments and ask what stage has that reached? I believe that a service is being established.

The Hon. JOHN DELLA BOSCA: Last year 2.3 million people went to an emergency department in New South Wales—an 8 per cent increase on figures for the previous year. Our emergency departments are now the best performing in the country but we all need to remember that the primary role of our emergency staff is to treat people with the most serious or life-threatening illnesses. There is no denying that the demand for emergency department services continues to grow.

In order to alleviate the demand for emergency department services, New South Wales has contributed $29 million over four years to help deliver on an agreement reached at the Council of Australian Governments to establish a national call centre network. The Commonwealth is contributing up to $96 million nationally to the cost of the healthdirect network. It will assist to ease the pressures on our busy emergency departments and front-line staff, enabling them to focus on treating seriously ill patients who are presenting to our hospitals.

Dr JOHN KAYE: What is the benefit of a national system?

The Hon. JOHN DELLA BOSCA: Healthdirect is a good example of the Commonwealth and the New South Wales governments coming together to provide improved health services to the community. The service, which operates 24-hours a day, will be staffed by experienced registered nurses who can give advice and provide information on where people can best access relevant health services. The nurses use computer-based decision support software to assist them in triaging and advising callers on what action should be taken in relation to their health requirements and needs. For example, the advice could be to contact their doctor in the next four hours, or to follow self-care instructions provided by the registered nurse.

It is important to make it clear that healthdirect will not be an emergency call service and, therefore, people with a serious emergency should still contact triple-0. Suffice to say that experienced registered nurses at healthdirect can also activate an emergency response with the NSW Ambulance Service, if the need arises. Healthdirect commenced operating in New South Wales on 26 August this year and a three-stage approach is underway for the rollout. This will enable the service to adequately expand and anticipate expected growth in demand. The progressive rollout will also help to ensure a smooth transition and maintain high-quality advice from the nurses on the healthdirect line.

Initially, all calls to public hospitals and emergency departments from people seeking information and triage advice are being transferred to the healthdirect network. Currently, the healthdirect network is dealing with approximately 500 calls a day from New South Wales. The second stage, which will commence this month in the Greater Southern Area Health Service, will target the general public in rural area health services, with Hunter New England to come on line by April next year. Finally, stage three will see the general public in the four metropolitan area health services advised of the service during May and June 2009.

A detailed communications strategy has been developed to ensure that New South Wales stakeholders, such as area health service chief executives and their staff, health care advisory councils and health priority task forces, general practitioners and human service agencies receive timely advice about the network and its

implementation. All householders and general practitioners will be notified about the healthdirect initiative via this mail out. The healthdirect number is 1800 022 222. Calls to healthdirect on landlines will be free; however, mobile phone charges may apply. A website featuring key health information will also be established to complement the services provided by healthdirect.

When fully operational, healthdirect is expected to receive more than 650,000 calls a year from New South Wales residents and up to two million calls a year nationally. Healthdirect will provide the people of New South Wales with improved access and an alternative means of seeking medical advice. It is about getting timely and professional advice and information on how to access appropriate care closer to where people live and as quickly as possible. The network is aiming to achieve national coverage by July 2011 and, once fully operational, will provide all Australians with high-quality information and advice.

Dr MATTHEWS: This is really an important initiative. It does a number of things. First, it will give all Australian citizens a single number they can ring to get advice, and that is really important. Second, the registered nurses who man the phone will be aided by computer algorithms that assist them in decision making about referral. There is a service directory that is adapted for wherever the person is ringing from that describes the available local services.

Dr JOHN KAYE: The service centre recognises from what phone zone, as it were, the call comes?

Dr MATTHEWS: Absolutely, that is right, and the local service directory then can be accessed. The other important thing it does is improve efficiency in emergency departments [ED]. Many people, when they require advice, particularly after hours, ring their local hospital and ask to be put through to the ED where they get advice, but often from a clinician who is on the run busy with patients who are unwell and does not really have time to sit down and consider, whereas the nurses on the phone will. So, in phase one we diverted metropolitan emergency departments and then the rural ones, and this actually takes several hundred phone calls a week that have to be attended to out of the emergency departments. If the nurse feels that the patient needs to go to an emergency department, they can still be put through and further advice can be got. Specialist telephone lines such as the poisons information line will still be able to be accessed either directly or through referral of this line. So, all the citizens will have to remember is one number. If you want to get to the poisons number, you can ring this number and they will put you straight through. The same will be the case for other very specialised lines such as Rape Crisis et cetera. So, it is an extremely important initiative that is being funded jointly by the Australian Government and the jurisdictions. In our view it will also help us greatly with our efficiency.

The Hon. CHRISTINE ROBERTSON: Minister, would you give the Committee some information and an update on the latest health performance data—one of my special obsessions?

The Hon. JOHN DELLA BOSCA: The latest data is very good and it gives us reason to be proud of the New South Wales public health system, particularly the personnel who work in it.

The Hon. MELINDA PAVEY: Do you want to publish that speech?

The Hon. JOHN DELLA BOSCA: It is not a speech at all. It is an answer to a question. The surge in emergency departments activity in public hospitals experienced in the past two years has continued throughout the most recent financial year. This is reflected in the June 2008 performance data with over 159,624 emergency department attendances recorded—a 4.5 per cent increase on last year. Emergency department admissions also have increased by 2.9 per cent. Despite this constant and growing demand for health services, our elective surgery performance continues to be sustained and New South Wales is effectively meeting the national benchmarks set for elective surgery. No other public health system in Australia has this level of performance in its surgery program. In January 2005 there were more than 10,000 patients in this category. In June 2008 there were just 40 surgical patients who had been waiting longer than 12 months for their non-urgent surgery. For patients awaiting urgent surgery I can advise that as at June this year only 30 patients were above the benchmark. In January 2005 there were over 5,000 patients in this category.

The increased demand for health services is reflected also in the State's ambulance workload with a 6.1 per cent increase in ambulance transports statewide compared with the same time last year, and a 5.9 per cent increase in evidence responses compared to the previous year. In June our emergency departments once again achieved four out of the five national triage benchmarks. This tremendous performance once again reflects that emergency department waiting times in New South Wales hospitals are the best in the country, as highlighted in the recent Australian Institute of Health and Welfare Report on Australian hospital statistics. In fact, patients

attending an emergency department in this State are more likely to be seen on time with access to emergency care in New South Wales 7 per cent above the national average. These improvements are the results of careful planning and the setting of clear targets in our State Plan, together with the allocation of funding and support for these services—most importantly, through support being given to clinicians and nurses through the Clinical Services Reform Program and Surgical Services Taskforce.

The Government has invested in excess of 2,000 new permanent beds and bed equivalents in the public hospital system since 2005 to ensure more ready access and availability to health services for the people of New South Wales. This year the Government announced an additional 72 beds to expand medical assessment units across New South Wales, an additional 160 community-based residential or aged care places, and an additional 52 acute hospital beds, as well as 4 intensive care beds. This Government will continue to invest heavily in health service delivery, continue to actively support our doctors and nurses, and continue to improve access to health services for the people of New South Wales. In acknowledging the doctors, nurses and support staff who operate our public health system 24 hours a day, 7 days a week, 365 days a year, full credit must go to the commitment and dedication displayed by our staff. I congratulate them on achieving these excellent results in spite of the ever-increasing demand for health services.

The Hon. GREG DONNELLY: My question relates to the issue of patient feedback in New South Wales hospitals. Can you provide an explanation of the feedback patients provide in reporting their experiences in New South Wales hospitals?

The Hon. JOHN DELLA BOSCA: The New South Wales public hospital system continues to meet the challenges and demands placed on it by the community for whom it cares. This is reflected in the published results of the annual statewide patient survey. New South Wales Health contracted an annual statewide patient survey in 2007 and 2008, with a further patient survey to be conducted, of course, in 2009. Each year a sample of patients treated in our hospitals and community health settings during February is surveyed. A sample of 216,000 patients was posted survey questionnaires. The following categories of patients are surveyed: overnight inpatients, day-only inpatients, paediatric inpatients, adult rehabilitation inpatients, non-admitted emergency patients, outpatients, community health patients, and cancer inpatients and outpatients.

The New South Wales Health Patient Survey is a tool for collecting valuable information from users of our public health care system. The survey helps the department to identify the most important areas for improvement, and reveals what is working well within our system. The survey seeks feedback from patients and carers about their experiences from public health services across the State, including a range of hospital services, emergency care services, outpatients services and community health services. The survey questionnaire is based on the internationally respected Picker Institute's research into patient-centred care. In 2007 216,000 surveys were posted to patients who had received health care from our system during February. Participation in the survey is voluntary; 75,000 patients responded, which is a good response to a survey of this kind.

In 2007 the vast majority of patients, 88.1 per cent, rated their care as good, very good or excellent; a further 62.5 per cent of patients indicated that they would definitely recommend the health service to friends or family. New South Wales Health performed moderately well on the dimensions of care involving respect for patient preferences and how health care services were coordinated. Other key findings from the 2007 survey were as follows: 81 per cent of respondents said they found the availability of nurses good, very good or excellent; 73 per cent of respondents said they always have confidence and trust in our nurses; 72 per cent of respondents said they found the availability of doctors good, very good or excellent; community health patients were most likely to recommend that service to family and friends; and non-admitted emergency patients are least likely to recommend the service to family and friends.

As I mentioned previously, the survey helps the New South Wales Department of Health identify the most important areas for improvement. The 2007 survey results have identified the areas where New South Wales Health needs to improve performance on the following dimensions of care. These include emotional support and involvement of family and friends. Specifically, New South Wales Health's biggest opportunities for improvement in care include health care professionals discussing anxieties and fears with their patients; patients having confidence and trust in health care professionals; ease of patients finding someone to talk to about their concerns; doctors and nurses answering patients' questions in a manner that can be understood clearly and concisely; patients receiving enough information about their condition and treatment plans and options; test results being explained clearly and concisely; patients having enough say about and being involved in their care and treatment decisions; patients being given information about their rights and responsibilities; and staff doing everything possible to control pain.

CHAIR: What about the timeliness of receiving treatment? Do they comment on that?

The Hon. JOHN DELLA BOSCA: It is clear from the results that there is a need to enhance communication skills between health professionals and patients and their carers. The survey results are being actively used to improve health care services for the people of New South Wales. Each area health service has produced an action plan indicating how the most important issues raised by patients are being addressed. The New South Wales Health State Report for the 2007 Patient Survey—

CHAIR: Does that include the timeliness of patient treatment?

The Hon. JOHN DELLA BOSCA: Well, I think I have already answered that as a separate question on a couple of occasions.

CHAIR: So you will happily publish those results?

The Hon. JOHN DELLA BOSCA: I actually have already answered them in response to a number of questions from other members about the timeliness of treatments, including one question from you.

CHAIR: No. This is in relation to the surveys. You are happy to publish the results?

The Hon. JOHN DELLA BOSCA: The results of the most recent 2008 survey are to be provided in the near future. I understand that 79,000 patients responded the most recent 2008 survey. The survey provides an extremely valuable tool for measuring how the system is performing as well as for highlighting where improvements can be made. I look forward to receiving the results of the 2008 survey.

The Hon. CHRISTINE ROBERTSON: These results indicate that not everyone in New South Wales is saying that the health system is not working. Individuals who are using it are telling us that they want some changes, but it is working for them. Is that right?

The Hon. JOHN DELLA BOSCA: I think that is basically a pretty fair summary of the results.

The Hon. CHRISTINE ROBERTSON: Is that what you have heard?

The Hon. JOHN DELLA BOSCA: Professor Bishop might be able to elaborate on that.

Professor BISHOP: I would just make one comment on that.

The Hon. CHRISTINE ROBERTSON: Could members opposite listen.

Dr JOHN KAYE: Oh, we are.

Professor BISHOP: The Cancer Institute expanded the survey for cancer patients and added a larger number of ambulatory care patients because that is how cancer services are delivered. The results showed that for inpatients, over 90 per cent had either good, very good or excellent satisfaction levels and that outpatients had around 97 per cent. That opportunity, with looking at what ambulatory care gave us, was a benchmarking of the results against Canada because Canada and our own system have many similarities. It turns out that where we were doing well, the Canadians were doing well. This relates to dignity and respect, those sorts of issues, but for coordination and care, we did better than the Canadians.

Where I think all of these systems can do better is emotional support at the time of diagnosis and treatment. That is clearly the case in Canada and clearly the case here. Although the results are not bad, there is certainly room for improvement compared to the overall satisfaction levels. As a result of that sort of information, the good thing is that you can do quite specific things. There is a statewide forum occurring next week that will look at all of the key stakeholders who consider emotional support for patients and who look to see how you can get a higher level of understanding of what people require at the time of diagnosis of cancer.

The overall results were repeated in 2008. With doing this on a very regular basis you can see if you are actually getting traction on things that matter to individual patients. The overall results for cancer, at least where they were mainly referred to, in many ways are quite outstanding.

Professor PICONE: I will come back to that because this is the largest single survey of this size ever undertaken in this country. Just to go back to its size: 216,000 people who used our services were surveyed after they had left the hospital or the community health centre or wherever they were—so it was after the event—and 75,000 people currently responded. That is the size of it. This is not an insignificant survey. We then compared them to how we travelled. As you know the Picker Institute is a world-famous institute for measuring quality and safety in health care. We used them, so it was an outside company that undertook the work. We then compared ourselves to public sector hospitals in Canada and to a few in the United Kingdom. We certainly did not compare ourselves to private sector hospitals in the United States, for argument's sake.

The fact that 88.1 per cent rated their care as good, very good or excellent is very significant. Coming back to the Chair's question about timeliness for treatment, the Minister explained some of the areas where we know we can improve. I can recall that being raised is an issue with the patients. This is published. What I will do is go back to the specific questions and have a look. It is very interesting. Often those things are common sense. Eighty-one per cent of those who responded said they found the availability of nurses good, very good or excellent; 73 per cent said they always have confidence and trust of the nursing staff; 72 per cent said they found the availability of doctors good or excellent. So this is the whole access argument plus the broader one. There are some areas where we know we have issues. I think that is well known. One of them is having more time to discuss anxieties and fears with the patients. We are not doing that as much as we used to. I put forward that I think that has got to do with busyness.

CHAIR: Or a lack of numbers of front-line doctors and nurses so that they are rushed off their feet.

The Hon. CHRISTINE ROBERTSON: Or that could be acuity.

Professor PICONE: There could be some cases of that, but I do not think it is across the system, and it was not so low as to indicate that it was right across the board. One of the issues that is coming up for us is the ease of finding someone to talk to. This area of communication, as you would know as well as most, is an issue for all of us. Communication now is increasingly difficult. It is not just a health issue; it is right across all the human service agencies.

(Re the Picker Institute, mentioned above)

CHAIR: That is a very valid issue and it is another topic we could talk about for a long time. In relation to that survey, you said you had an outside firm doing that. What was the cost of doing that survey?

Professor PICONE: I will have to take that on notice. I cannot recall the exact amount.

CHAIR: You mentioned the group that undertook that survey, did you not?

Professor PICONE: The Picker Institute. They are an international body, as some of you would know.

CHAIR: Minister, given that you have mentioned the Ambulance Service and some of the stresses on the Ambulance Service in some of your answers, I just wonder about the Ambulance Rescue Service. It has been a hot potato recently. On the morning of 19 September you said that the New South Wales Ambulance Service was a rescue service and you described its move and fire services providing that as "an egg already scrambled". Later on in the day you back-pedalled on that. The unions might have called you about it. I wonder have you been successful in unscrambling that, or is the New South Wales Ambulance Rescue Service now permanently axed?

The Hon. JOHN DELLA BOSCA: You know that it is a symptom of a serious personality disorder not to be able to understand analogies, Madam Chair, so I will not take the point any further other than to say that I was making an analogy.

CHAIR: Now who is being sarcastic?

The Hon. JOHN DELLA BOSCA: I am sorry. You are the Chair. You can call me to order, if you want to.

CHAIR: I think the Ambulance Rescue Service staff are really keen to know the answer.

The Hon. JOHN DELLA BOSCA: Okay. The issue, I suppose, is to confirm my comments made on 19 September. I have publicly used that form of words by way of an analogy with rescue personnel and their union because it is not a bad analogy. It explains the situation within which the Department of Health and I are placed. Once the previous Minister abdicated from ambulance rescue and the rescue board made its decision to accept that and then to put in place measures to protect and incorporate the previous rescue tasks provided by ambulance rescue into the overall State Rescue Plan—that is, it would be conducted by various volunteering agencies, specifically the Fire Brigades—that is something that is a whole of government decision, and it has effectively now been made.

Obviously the ambulance rescue trucks in the case of ambulance stations where paramedics have been withdrawn from ambulance rescue remain on those properties. That is a point the department agreed to in the Industrial Commission of New South Wales as part of a fair resolution of the issues around ambulance rescue and a number of other concerns that paramedic staff have. It was a decision that was endorsed originally by the Department of Premier and Cabinet. It is also important to note that ambulance rescue will still be part of the overall State rescue task outside the Sydney metropolitan area and outside the Newcastle-Hunter region. The ambulance rescue has specific—

CHAIR: So you are going to maintain those, are you?

The Hon. JOHN DELLA BOSCA: That has always been part of the plan. I hasten to add again—

CHAIR: So you are not going to make any changes to that?

The Hon. JOHN DELLA BOSCA: —that the scrambled egg was part of the original rescue board decision. It has been a matter of some serious discussion between me, the department, paramedic staff and the union. Clearly there are a lot of people in the paramedic and ambulance work force who believe that ambulance rescue still has a role to play that is not easily substituted for by other services. That is not my understanding; that is the advice that my ministerial colleague has. I am not the Minister responsible for rescue.

CHAIR: You are certainly responsible for the ambulance rescue service though.

The Hon. JOHN DELLA BOSCA: No. The whole point of my analogy is that the ambulance rescue withdrew from metropolitan rescue and that is now being taken over by a rescue board and they have mandated fire brigades and related services to perform those. Ambulance officers will continue to attend rescues. They are part of the overall rescue task. They will be paramedics; their special skills relate to that, and they have a number of supplementary skills. They will continue the so-called Special Casualty Access Teams [SCAT], which basically means that paramedics are trained to scale down cliffs to do so-called vertical rescues, attend an injured person who is trapped in bushland or an isolated setting and give emergency treatment as part of the rescue.

All those functions and tasks will still be performed by New South Wales ambulance paramedics. What is at issue here is the specifics around ambulance rescue, ambulance rescue trucks and the deployment of ambulance paramedics in those trucks to a wide range of rescue tasks but mainly around one issue that is increasing around traffic accidents. Police rescue and fire brigade rescue units are also obviously in attendance often times.

CHAIR: Do you support the decision that was made by the previous Minister?

The Hon. JOHN DELLA BOSCA: When I support the decision, it is a Government decision. That is what I have said.

CHAIR: So you will not change it—you will not make changes.

The Hon. JOHN DELLA BOSCA: No. I have given specific undertakings or the department has given specific undertakings, on behalf of the Government, in the Industrial Relations Commission that we will continue to discuss these matters but it is no longer simply a matter of my mandate as Minister for Health, and Minister responsible for the ambulance and paramedic service. It is now also a matter for consideration for the rescue Minister, who in this case is the Hon. Tony Kelly.

CHAIR: In relation to your dual portfolios of the Central Coast and Health, can you tell us when you expect Gosford Hospital to receive a public radiology service?

The Hon. JOHN DELLA BOSCA: It is a radiotherapy service. Dr Matthews might open the batting there.

Dr MATTHEWS: As you would be aware, there is a statewide plan for the roll-out of radiotherapy services. In recent times they have expanded to the North Coast, and soon they will be going into Orange. Two parts of regional New South Wales are serviced by private radiotherapy, the Central Coast and Wagga Wagga, and a number of parts of the State—for instance, the South Coast—have neither public nor private. In terms of the planning process, we need to balance those who have no service against those who have access to a private service but no public service. There is a 10-year plan, as part of the capital works program, to address all those needs.

CHAIR: So on that priority listing in the 10-year plan, how far up the priority list is Gosford Hospital and when will it reach the top?

Dr MATTHEWS: I cannot answer that question at the moment. It depends on decisions of the budget subcommittee of Cabinet and on decisions in relation to the mini-budget. I can only comment on those programs which are approved by government; then I can give you a definite timing. But until they are approved, I cannot say when they will be done.

CHAIR: So it is not on any sort of priority list.

Dr MATTHEWS: At this stage it has not been approved by the budget subcommittee of Cabinet.

CHAIR: In terms of the Central Coast region, and given that the Central Coast has an increasingly ageing population, can you tell us why the medical officer at the rehabilitation unit at Woy Woy Hospital, Dr Chung, was not consulted about the closure of the unit?

The Hon. JOHN DELLA BOSCA: Before we move on to Woy Woy—I will come back to that—I want to make the point, supplementary to Dr Matthews' answer, that I personally know that public radiotherapy facilities on the Central Coast remain a key issue for patients and their families. My colleague Marie Andrews and other colleagues on the Central Coast—

The Hon. MELINDA PAVEY: Your friend.

The Hon. JOHN DELLA BOSCA: Correct. No doubt there is a very strong case for a public radiotherapy service to be established on the Central Coast. Obviously I will be working on my own behalf—

CHAIR: —to push it up the priority list.

The Hon. JOHN DELLA BOSCA: That is a fair summary; I suppose you could put it that crudely if you need to. I have already made public statements about Woy Woy. I have discussed with the Director General and with local management that I am concerned that there was not a lack of but perhaps inadequate consultation with some of the key interest groups and some elements of the workforce, or at least that the consultation with some elements of the workforce was a little rushed, and that has now been reversed. The situation has been made up for. There is quite an elaborate consultation process taking place now with the local workforce. There is significant consultation taking place between the area health service and the various providers of aged care and other potential users of the rehabilitation facility.

The clinical arguments made out for the change, in my view, to the best of my advice, are unassailable. I think it will lead to enhancement of both facilities that are left at Woy Woy, the transitional care program and so on. It will also mean a big enhancement of rehabilitation facilities on the Central Coast. As a result of those consultations, a series of measures have been put in place to accommodate the families and visitors to rehabilitation patients, who will obviously have more travelling to do. But as I said, that is a matter under consultation, and I think it is being satisfactorily worked through at the moment. I am satisfied that the original clinical decision is a good decision. However, I am concerned to ensure—and I have done my best to ensure this—that the staff have been appropriately consulted and that the community and other key stakeholders are adequately consulted about it before it is finalised and put in place.

CHAIR: So you have plans for more rehabilitation beds?

Professor PICONE: I will ask Dr Matthews to explain the extra 20 transitional care beds that have gone to Woy Woy, which as you know are for longer-term aged rehabilitation. Having said that, the Minister raised with me his concerns about our consultation with the community and the staff and asked me to work on that to improve it. And we certainly have; I have done that since he raised those issues with me. I will ask Dr Matthews to talk about the model of care.

CHAIR: Just quickly because I know we have a number of other questions.

The Hon. JOHN DELLA BOSCA: Woy Woy is very important.

CHAIR: In particular, do you have plans in terms of increasing the number of rehabilitation beds?

Dr MATTHEWS: What has been introduced into Woy Woy is transitional care, which is the care provided to people who have been in an acute hospital and are returning home. It is important not just to concentrate on facilities when you are looking at rehabilitation because the modern model of rehabilitation is, as much as possible, to provide it in the place in which people will live. For that reason, there are significant numbers of community transitional care places where people receive rehabilitation in their home. The Central Coast has received a significant increase in the number of so-called community case-managed packages [ComPacs], which are community-based home-based care. If you ask the consumers what they want the most, they actually want, where it is appropriate, to get that care provided in their home. We can give you the details on notice of the increase in numbers of what are called capital expenditure [Capex], ComPacs and community-based transitional care places, as well as what happens in facility-based transitional care. Professor Picone has reminded me that a bus has been arranged to take people from one place to the other.

The Hon. MELINDA PAVEY: Is anybody aware of the review of the First Responders Program—that is the program where there is cooperation between the State Emergency Service and the New South Wales Ambulance Service—and where that review is at?

Professor PICONE: I will take that question on notice.

The Hon. MELINDA PAVEY: I ask the question in relation to a public meeting I recently attended in Harrington where it was stated that an ambulance took 45 minutes instead of 15 minutes to come to the aid of someone suffering a heart attack. We all know that that golden hour is very important. Harrington is a North Coast town with an aged population. Ideally the community would like an ambulance station but it is also keen to get support for the first responder's program so that local people can be available to meet demand. Do you have a focus on trying to get first responder's programs up and running in smaller communities?

Professor PICONE: We do. I will take that question on notice to provide an answer about Harrington township.

The Hon. MELINDA PAVEY: Dr Mathews, in relation to the resource distribution formula, on our calculation the North Coast Area Health Service is under-funded by $54 million a year; the Greater Southern Area Health Service by $27 million a year; and the Hunter-New England Area Health Service by $9 million per year. That is arrived at by calculating the resource distribution in 2005 revision data from your department against the budget allocations to area health services of $9.78 billion, is that your understanding of the under-fund in those regions?

Dr MATTHEWS: If you make your calculations available to me I am happy to check them. Certainly by 2007-08 as against 2005, which you have quoted, North Coast as gone a lot closer to its target share.

The Hon. MELINDA PAVEY: It is running at the target share 7.6 per cent so on that basis it is around $54 million underfunded for a region with a higher than average aged population?

Dr MATTHEWS: I think you will find there has been a considerable change since 2004-05. I should also point out that the resource distribution formula only accounts for about 68 per cent to 70 per cent of total funding, the balance of the funding is on a program basis such as mental health. North Coast has had almost all of its facilities at The Tweed, Lismore, new units at Coffs Harbour and Taree which used to be in the mid North

Coast. There has been a significant boost in that part of the funding. I should also point out that in the top right hand corner of the State much of the urgent and tertiary services are actually provided in Brisbane so that if you have a significant car accident in that part of the State, or you become severely ill, you are likely to be air lifted to Brisbane. Under the cross-border arrangements the bill for that service goes directly to Mr Barker, and so the quantum of service received by a North Coast resident in Brisbane or other parts of Queensland also has to be taken into account. If you give me your calculations I would be happy to comment on them.

The Hon. MELINDA PAVEY: In relation to payments to other jurisdictions, are you able to work out how much you pay the Australian Capital Territory health system for kidney dialysis treatment? How many patients, in particular, say from the Monaro electorate are being serviced within the ACT? How much does that cost the New South Wales Health system?

Professor PICONE: Excellent question.

The Hon. MELINDA PAVEY: Thank you professor. I would love an answer.

Dr MATTHEWS: The answer is, yes, we are able to calculate. There has been a fairly significant enhancement of renal dialysis in Greater Southern in the past few years. We will give you the details of the new units and how many flows into the ACT have been reverted.

The Hon. MELINDA PAVEY: It is amazing what pressure can do, is it not?

The Hon. CHRISTINE ROBERTSON: Across the State.

Dr MATTHEWS: It is the case that the Australian Capital Territory, with a population of 300,000 people, has a level of health service which can only be described for the 300,000 as luxurious. As far as the citizens are concerned that boundary is absolutely meaningless. As far as the citizens are concerned that is a very large city in the middle of the area and for many patients, for instance those who live in Queanbeyan which is effectively a suburb of Canberra, it is entirely appropriate that they flow across the border.

The Hon. MELINDA PAVEY: It is even a more expensive health system than New South Wales, is it not?

Dr MATTHEWS: You are absolutely correct because they took it over from the Australian Government that had levels of staffing which can only be described as luxurious, and they are 20 per cent over benchmark. But, fortunately, the arrangement we have means that we pay for our services at New South Wales average cost weight benchmark and not at their price, plus we do under the agreement pay a $200 capital amount for each service, which is a contribution to the capital within the ACT. Fortunately we do not pay its prices.

Professor PICONE: In an ideal world—this is one of my pet hobbyhorses—you would not have two separate Health services which are almost completely irrelevant to the people that live there. That would be an ideal big teaching hospital for New South Wales and our area health service would work quite well in it. Over the many years there have been discussions and reports given that we should try to merge those two Health systems. It is always vigorously opposed by the ACT, mainly because we are, as you rightly point out, quite a source of revenue to them because the good person that lives in Queanbeyan does not see the invisible boundary and trots there for treatment. Ideally if people looked at it through the eyes of the people who live in that area we would have one single health service. There surely has to be a way that we can do this but we have never been able to convince, in all the years I have been involved, the ACT Government to do that. It seems to have an issue about doing much with New South Wales.

The Hon. MELINDA PAVEY: Power.

Dr MATTHEWS: You could return it to being a sheep station—put the administrative capital in Melbourne and the financial capital in Sydney and forget the whole sad, sorry story.

The Hon. CHRISTINE ROBERTSON: That is not accountable for policy.

Dr JOHN KAYE: I might get the Minister's response to that.

The Hon. JOHN DELLA BOSCA: I can say that Peter Walsh, who wrote a book called *Confessions of a Failed Finance Minister*—I understand Michael Costa is pursuing a similar kind of book—

Dr JOHN KAYE: The failure or the book?

The Hon. JOHN DELLA BOSCA: No, the book. Apparently he is using the same title. He used to assert very vigorously when he was finance Minister in the Commonwealth that Canberra should consist, or the ACT should consist of the parliamentary triangle and the rest of it should be ceded to New South Wales, as it would be a lot cheaper and more efficient. I can only say that Peter Walsh was a very clever fellow although I did not agree with everything he always said.

The Hon. MELINDA PAVEY: It was Ros Kelly's idea, was it not? Labor's idea to create self-government in the ACT.

The Hon. JOHN DELLA BOSCA: No, it was your people that did it.

Dr JOHN KAYE: Minister, you are about to go to your first Ministerial Food Regulatory Council at the end of this month. As a health Minister surely an issue will be how can you reduce the costs of obesity in New South Wales and other food-related health impacts in New South Wales. Will you put on to the agenda the issue of front of package traffic light labelling of fat, saturated fat, sugar and salt? If that issues comes on the agenda, how will you respond to it?

Professor PICONE: Is it the Health Ministerial Council?

Dr JOHN KAYE: No, the Minister is not aware what he is doing. As the health Minister of New South Wales—I am trying to enlighten you—

The Hon. JOHN DELLA BOSCA: No, I think we can enlighten you.

Dr JOHN KAYE: Is it not true that Minister Della Bosca is one of two representatives of New South Wales on the Food Ministerial Regulatory Council that meets on 24 and 25 October?

Professor BISHOP: Yes.

The Hon. JOHN DELLA BOSCA: I will come back to it after Professor Bishop answers the question.

Professor BISHOP: The issue of traffic light labelling on food products, which I think is the essence of your question, is an important one. As you know, there has been a study done by the Cancer Council of New South Wales on this issue—and it has been published in the last couple of weeks—about the acceptability of a traffic light system for people to understand what is in a food product. Obviously from a health perspective we have been very concerned about the salt content of processed food and the sugar content of juices and their effect on the obesity problem that we have talked about here before. One of the problems with this, as I have mentioned, is that the research about whether something like that would actually elicit change has not been done. So New South Wales Health has developed a program to fund this particular area of research through the obesity research centre, the centre for physical activity, nutrition and obesity, at the University of Sydney, which we now fund through part of our obesity program with about $4 million over five years.

One thing is to find acceptability. We know that the public accept that and therefore that might be a very important first step. We do not know whether that is going to have any impact yet on their food choices. It may and one intuitively would think it would, so I am in agreement with you, but what we are trying to do is to create a fairly solid level of evidence about how we best intervene to have that effect, so New South Wales Health—the centre for health advancement—has reviewed the document from the Cancer Council and thought it was very helpful. We do not have enough evidence yet about how best to proceed, and we are trying to generate that evidence through various bits of research, so intuitively I would agree with you, but that is not evidence.

Dr JOHN KAYE: Would you agree with the proposition that the nutritional information panel is inaccessible and difficult to decipher for the vast majority of consumers, so basically when consumers buy packaged goods and drinks they are doing so in the absence of any standardised information that is accessible to them?

Professor BISHOP: As you know, a lot of these packaging issues are really Federal jurisdictional issues, so we would want to also make sure that the Federal Government is coming with us.

Dr JOHN KAYE: With due respect, I do not know that. My understanding is that they are the providence of FSANZ, the food standards authority of Australia and New Zealand, and therefore would be as much in the hands of Minister Della Bosca as they would be the Federal Government. They actually exist outside the reach of the Parliament.

Professor BISHOP: I guess I am getting to the point that there needs to be a national and in fact international approach to this. I do not disagree with what you said about the size of the item, but on the other hand we do not get how changing that will change behaviour. We expect it will, but we would like to see some work done on that.

Dr JOHN KAYE: The United Kingdom food standards authority was sufficiently impressed by the evidence that they had that they are moving toward—and have been frustrated by the food industry in moving toward—traffic light labelling. Is that not so?

Professor BISHOP: I guess we are all moving toward; it is a question of how quickly Australia and New Zealand will go.

The Hon. JOHN DELLA BOSCA: Just to clarify, nominally I am a member of the Food Council, but the Hon. Ian Macdonald, who is the food Minister of course in his role as Minister for Primary Industries, I think normally carries delegation from the health Minister.

Dr JOHN KAYE: No, we have two representatives.

The Hon. JOHN DELLA BOSCA: I know, but I think that he will be delegated to handle it on my behalf and the chief health officer will attend the matter and advise him. That is my understanding. I suppose I could go—it sounds like a good gig—but just to clarify your point, you put a question to me and I have answered it now I think—

Dr JOHN KAYE: If I may clarify that, at this point in time it is not your intention to attend?

The Hon. JOHN DELLA BOSCA: No, it is not. It is not anything other than I think it is suitable and able to be handled by the Minister for Primary Industries with the appropriate delegated advice from health agencies.

Dr JOHN KAYE: Would you not accept that there are substantial health impacts from what we do?

The Hon. JOHN DELLA BOSCA: Of course, yes.

Dr JOHN KAYE: But you do not feel the need to be there?

The Hon. JOHN DELLA BOSCA: I feel the need to delegate to a very effective representative of the New South Wales Government, and in this case that is the Hon. Ian Macdonald, and he will be adequately resourced and supported by senior officials of the Department of Health.

Dr JOHN KAYE: Are you not concerned that by only have the agriculture Minister there, the voice of the food industry will be heard, whereas the voice of health concerns will not be heard at a ministerial level?

The Hon. JOHN DELLA BOSCA: If that were to become a concern of mine, I will advise you and I will take appropriate action, but at this stage I am quite satisfied that it is appropriate.

Dr JOHN KAYE: So you are satisfied at this stage—

The Hon. JOHN DELLA BOSCA: I would have given you a different answer if I were not.

Dr JOHN KAYE: You are satisfied that not having a health Minister there is not a concern?

The Hon. JOHN DELLA BOSCA: No, that is not what I said. What I said was that I am satisfied that I will be giving my delegation to attend that meeting to the Hon. Ian Macdonald, who has I think attended a number of those councils previously representing the New South Wales Government and adequately argued those cases. I am not aware of any difference of opinion along those lines and obviously I will have the opportunity to discuss that with him at an appropriate point in time and he will be resourced and aided by senior officials of the Department of Health of New South Wales where specific health knowledge is required, but I think it is important to pick up one point that Professor Bishop made, which is that if you are going to participate—whether it is the Hon. Ian Macdonald, myself or any other Minister—in a national forum, you do need evidence and evidence has guided our good policy where New South Wales has I think led the way and changed important policy perspectives I think very much for the better. One example of my personal involvement in drug policy where our approach significantly—

Dr JOHN KAYE: With respect, this is getting a long way away from the question.

The Hon. JOHN DELLA BOSCA: No, we are not a long way away from the question, it was quite specific. You asked me about my participation in a national forum.

Dr JOHN KAYE: I asked about food and you are talking about drugs.

The Hon. JOHN DELLA BOSCA: No, but you are talking about national forums and I am simply using an analogy that if you want to change policy in a forum where there are other interest groups and governments making decisions, the best way to get them to agree with the position that you put is to provide the evidence that the position you are putting will actually work, which goes to Professor Bishop's point about accumulating tractable evidence about the effectiveness of so-called traffic light advertising. I am aware that that sort of regulatory approach exists in a couple of other jurisdictions—in the United States—and obviously my personal attitude to it is like Professor Bishop's, inclined to intuitively agree with your apparent interpretation, but as I said you can only win the argument at national forums with the evidence and that is what we need to get.

Dr JOHN KAYE: In the short remaining time I have, can I ask you about the problems in the redevelopment of Orange and Bathurst base hospitals where Capital Insight I understand was the company responsible. Have the issues at Orange and Bathurst base hospitals been rectified and why is it that Capital Insight was also given the contract to oversee the design and delivery of the redevelopment of Wagga Wagga Base Hospital?

The Hon. JOHN DELLA BOSCA: There are two or three questions there. Dealing with Orange first, the new Orange hospital will play a key role as a new referral hospital in the Central West and it will have additional services not previously provided locally, such as radiotherapy. Earlier this year the former Minister for Health instructed the Health Infrastructure Board to review the plans for Orange Base Hospital against future population projections in the Central West and against relevant health facility guidelines. The review was overseen by the Orange clinical reference group and my advice is that the clinicians have been very pleased with the consultation process, so the design work is now in its final stages and an announcement can be expected as to the final details of the revised plans in the very near future.

Dr JOHN KAYE: With respect to Wagga Wagga?

The Hon. JOHN DELLA BOSCA: No, with regard to Orange. The Government has updated or rebuilt almost every major hospital emergency department in New South Wales and done so very successfully.

Reverend the Hon. Dr GORDON MOYES: I visited the Penrith Ambulance Service and noted the training of specialist paramedics, which I believe are now called acute paramedics, although I stand to be corrected on that. They are trained to initiate treatment, reducing hospital admissions through emergency departments. Is it possible to quantify the effectiveness of these acute paramedics and also impact on presentations to emergency departments?

Professor PICONE: It is possible. There has been a study and an evaluation undertaken.

Reverend the Hon. Dr GORDON MOYES: It has not been published, to my knowledge?

Professor PICONE: No. It is very favourable; patients and paramedics like it. Might I take that on notice and send it to the Committee?

CHAIR: Yes.

Reverend the Hon. Dr GORDON MOYES: Professor, will you be recommending to the Minister the outsourcing of the hospital linen service?

Professor PICONE: In terms of it being completely privatised?

Reverend the Hon. Dr GORDON MOYES: Yes.

Professor PICONE: Just to go through the phases of it, as you know we always used to do our linen locally in our hospitals. We moved to regionalised—

Reverend the Hon. Dr GORDON MOYES: Centralised.

Professor PICONE: —centralised. We now are in the middle of replacing some capital equipment and we are running a very big linen outfit. I would not be in a position to make any recommendation of that type until I looked at whether there was a business case, for argument's sake, to sell the linen service as an ongoing concern but I do not have that formulated in my mind at this stage.

Reverend the Hon. Dr GORDON MOYES: Is that on your schedule?

Professor PICONE: I will be looking at it.

Reverend the Hon. Dr GORDON MOYES: Minister, you will remember that one of New South Wales Labor's promises prior to the 2007 election was to establish after-hours GP clinics attached to various central hospitals and area services and hospitals whose range of services have been reduced or removed, such as at Canterbury and Mona Vale. Which clinics have been opened to date and which ones are planned to be opened?

The Hon. JOHN DELLA BOSCA: I am familiar with the promise, obviously. The establishment of the clinics was aimed at improving community access to general practice, particularly after hours. The clinics are to provide patients who do not require emergency medical treatment with a choice of attending either an emergency department or an after-hours GP clinic. It has been anticipated that the establishment of the clinics will help ease pressures on emergency departments and give people more appropriate forms of care.

Reverend the Hon. Dr GORDON MOYES: My question was: What clinics have been opened to date and which ones are planned to be opened?

The Hon. JOHN DELLA BOSCA: Clinics at Liverpool, Albury and Nepean hospitals were opened in 2006 and have continued to receive funding and support. In 2007-08 clinics were opened at Shoalhaven, Ryde, Dubbo, Blacktown and Broken Hill hospitals and the clinic at Campbelltown Hospital was opened in 1999 with Commonwealth support. The New South Wales Government has been providing funds to support the clinic since the Commonwealth Government funded it. An expression of interest was released on Friday 15 June for grants to support the establishment of clinics in the following locations: Wollongong, Randwick, Westmead, Mount Druitt, Auburn, Fairfield, Canterbury, two on the Central Coast, Sydney's Northern Beaches, Camden and Concord. Following the expression of interest clinics have been established at Mona Vale, Canterbury and Prince of Wales hospitals. The department continues to ensure the balance of locations have after-hours general practice services. You referred to the New South Wales Government's pre-election commitments. There is also a separate very closely related set of Commonwealth commitments to so-called super clinics. As I said, there is a case for close coordination of the introduction of those clinics with the introduction of the program around GP clinics.

Dr JOHN KAYE: Minister, can we talk about funding for dental care? It is highly welcome that the new Federal Government has given $100 million over four years for dental care in New South Wales. However, the New South Wales State Government in Michael Costa's first budget in 2006-07 promised an additional $40 million over a four-year period for public dentistry. None of the $40 million increase appeared in the 2007-08 budget or the 2008-09 budget papers.

Is it the Government's intention to walk away from the need for increased funding on public dental care and hand the burden of increasing that to the Commonwealth Government or will we see these funds later in the four-year budget period?

The Hon. JOHN DELLA BOSCA: I will let Mr Barker go through some of the budgeting issues. Again there is a bit of a logical problem with the basis of your question. The Commonwealth dental program, which was cut out by the previous Howard Government, led to a substitution or catch-up role being played by the New South Wales Department of Health to try to make up for the withdrawal from the field by the previous Commonwealth Government. One of the things that it is important to bear in mind is that both the original New South Wales dental health program and the current one have much more generous eligibility criteria than those in any other State and—the director-general will elaborate on this if required—the Commonwealth's framework itself. That is an important point. Professor Picone and Mr Barker might take over the balance of the answer.

Mr BARKER: I will talk about the dollars so that that is clear. The $40 million was a four-year program. It started with $4 million in 2006-07, became $8 million in 2007-08, is up to $12 million this year and goes to $16 million next year. If you add those three numbers together that is the $40 million. The $16 million is annualised so that money continues after next year. Including this year's $3 million, our advice is the oral health budget at a State level this year is about $152 million, compared with about $122.5 million in 2005-06. That program has gone up by about $30 million over that period of time. From what I am reading here, none of that money includes the Commonwealth program, which is separate from this altogether. That money is out there and has been allocated.

The Hon. JOHN DELLA BOSCA: The simple answer is no, we are not withdrawing from the program.

Dr JOHN KAYE: So you are saying the Commonwealth program is separate and has different eligibility requirements.

The Hon. JOHN DELLA BOSCA: Dr Matthews can elaborate on that.

Dr MATTHEWS: The Commonwealth's base is a little bit confused. As the Minister alluded to, a program was discontinued under Mr Howard. Subsequently a dental program was introduced for people with chronic disease, and that has been rolled out fairly extensively. There were some election commitments by the Rudd Government in relation to expanded oral health care, but at this point with the exception of the teen dental program they have been blocked in the Senate. We are awaiting events in that place to see what happens with that Commonwealth program. In terms of their eligibility, our program is administered through the public dental service to dental hospitals and clinics around the State. The chronic care program was by referral from general practitioner. The new programs, if they are unblocked in the Senate, will be joint programs and there are varying eligibility arrangements. It is a little bit of a labyrinth but we will sort out way through it and a lot more people will be treated.

Professor PICONE: The Commonwealth Government has allocated two Commonwealth-funded programs. One is the $290 million three-year program for the Commonwealth health program and there is another $490.7 million over five years for the Medicare teen dental program. We are waiting for the outcome of that. We are all looking forward to the money coming. We have already looked at areas in which we will be applying it. For example, we would like to allocate some of the Commonwealth funding to provide additional dental chairs in the high need areas and to develop statewide programs designed to improve the responsiveness of oral health services to indigenous communities and people with chronic and special care needs. I do not know if Professor Bishop has any views. We have to wait to hear what will happen to the money.

Professor BISHOP: There are a couple of things. That money will be used for staff retention, remembering that only about 15 percent of the dental care is delivered in the public sector. The problem for the public sector is to get good quality ongoing staff. Fluoridation and children's oral health are obvious features of that. As Professor Picone said, the Aboriginal health program is one that I am particularly keen on. That $490 million teen dental program is in place. In New South Wales the share of the other Commonwealth program is about $91 million, so it is important to establish that in the State once the Senate sorts it out.

CHAIR: When you take that question on notice could you give us the current waiting lists for public dental health?

The Hon. JOHN DELLA BOSCA: The numbers?

CHAIR: Could you break down the figures and also give us the number of children?

Professor PICONE: Yes.

CHAIR: The current waiting list that is publicly available is about 15 months old. We are interested in the up-to-date figures.

Professor PICONE: Yes.

The Hon. MELINDA PAVEY: And regions.

The Hon. JOHN DELLA BOSCA: Could you repeat your request?

CHAIR: Could you break down the data into regional areas and, in particular, give us the number of children?

The Hon. JOHN DELLA BOSCA: Do you mean by area health service?

CHAIR: Yes.

The Hon. GREG DONNELLY: What is the health sector doing to minimise its environmental impact and respond to climate change?

Dr JOHN KAYE: I am pleased to hear that the member believes in climate change. That is a step forward.

The Hon. JOHN DELLA BOSCA: What is so strange about that? New South Wales operates over 400 sites across the State ranging from large-scale hospitals to smaller community health centres. Only the Department of Education and Training is required to operate more buildings in order to fulfil its mandate. One major difference from Education is that most of our health facilities run 24-hours a day, seven days a week. As one can imagine, that requires a substantial amount of electricity. To put this into context, we need to consider how reliant modern health care is upon electricity, whether to power diagnostic machinery, operating theatres and air-conditioning. Even intravenous drips require electricity. In fact, the NSW Health sector is the largest government consumer of building-based energy and water, with an expenditure of over $78 million a year on utilities.

Reducing Health's energy consumption is good for the environment but, importantly, it represents an opportunity for Health to make significant financial savings. In line with whole-of-government commitments, a NSW Health sustainability strategy has been developed to ensure that the health sector reduces its emissions to year 2000 levels by 2020, and reduces potable water consumption by 15 per cent by 2011. The sustainability strategy sets out a blueprint for action, including an accelerated program of projects to improve energy and water efficiency. Indeed, there are many ways, big and small, to cut down on our energy and water usage. These range from the construction of energy efficient buildings to the use of solar power, to the smarter management of lighting and heating.

Since the establishment of the New South Wales Government's energy management policy in 1999, NSW Health has undertaken water and energy efficiency projects totalling $30 million that have reduced emissions by an estimated 45,000 tonnes per annum. Looking to the future, 57 hospitals across the State have been identified for participation in the accelerated activity program through a number of energy and water savings initiatives. Sydney West and the Sydney Children's hospitals currently are carrying out feasibility studies to progress the installation of a gas-fired cogeneration plant capable of generating electricity and providing most of the heating on the whole Westmead campus.

Of course, new capital projects present a good opportunity for reducing energy consumption through energy-efficient design. For instance, the Royal North Shore Hospital redevelopment is being built to achieve a four green star rating, one of the first hospitals in Australia to meet this standard. Significant energy-efficient features to the design include: cogeneration capacity, the use of natural light, a building design that reduces power demand for cooling, and the installation of water tanks for the collection of rainwater. I have outlined a

handful of initiatives that are being undertaken in the New South Wales health sector, but much more can be achieved.

We know that our energy use can be expected to increase and, along with it, the cost of providing the energy to support the delivery of health services. For the sake of the environment and the bottom line, it is essential that every effort is taken to ensure that utility costs are closely managed and consumption is reduced where possible.

Professor PICONE: Let me add to that because this is an important area, given the size of our organisation. I acknowledge all the practical efforts that the staff have made, in particular, during the worst periods of the drought. Previously I do not think that cardiothoracic surgeons and other people were overly worried about water running down the drain when they were scrubbing at the sink. They have figured out ways to turn off the tap while they scrub and for the tap to turn back on in an effort to reduce water usage. If you have ever driven past a major hospital in Sydney at night you would be aware that all the lights were on. I am sure that you will notice now that not all the lights are on.

We have introduced motion lighting systems, obviously not in the wards and in-patient care areas, but in other parts of the hospitals. Many of our larger hospitals are bigger than university campuses; they are huge organisations. These motion lights ensure that the lights turns off. Staff are making great efforts to reduce energy consumption. There is competition in various hospitals to turn off the lights and to reduce the use of water. In addition, there are more technical approaches, in particular, what is happening at Royal North Shore Hospital. I place on the record that it is a credit to staff, who are being mindful of climate change issues, that they have taken on this challenge.

The Hon. MICHAEL VEITCH: Minister, can you update the committee about the latest initiatives in out-of-hospital care?

The Hon. JOHN DELLA BOSCA: Yes, I can. Obviously, out-of-hospital care is something that—

Dr JOHN KAYE: You just happen to have a note.

The Hon. JOHN DELLA BOSCA: The New South Wales Audit Office—

The Hon. MELINDA PAVEY: Good Ministers do not do that. Brave, bold Ministers who want to be asked a number of questions do not take up the time of members.

The Hon. JOHN DELLA BOSCA: I like to give my colleagues in the Government an equal opportunity to ask incisive and important questions.

The Hon. MELINDA PAVEY: Prepared Dorothy Dix questions.

The Hon. JOHN DELLA BOSCA: Climate change and out-of-hospital patient care are important issues. Community Acute-Post Acute Care [CAPAC], Rehabilitation for Chronic Disease and Healthier at Home are all part of a coordinated program by NSW Health. I am pleased to report that this area of health care has been recognised by an independent body as part of the way forward in providing quality health care for the residents of New South Wales. The Auditor-General found:

> International evidence shows that these programs provided good outcomes for patients, reduced the number of times they needed to go to hospital and the number of days they needed to stay there.

The Auditor-General went on to say:

> These programs help reduce the need for patients to attend emergency departments or occupy hospital beds. Treating suitable patients at home can thus save beds for seriously ill patients who can only be treated in hospital.

The Audit Office confirmed that treating patients in their home can deliver significant benefits for patients and the community. The audit of out-of-hospital care programs found that the pilot programs operate at about half the cost of providing health care in hospital, saving taxpayers $55 million per year and delivering outcomes as good as in-hospital care. These programs currently represent only about 3 per cent of in-patient admissions. We intend to increase capacity in this area carefully and with the patients' needs and interests as a primary factor.

The Auditor-General found that New South Wales is on the right track in developing a broader range of services that allow people to receive high-quality care in their home. Area health services have been congratulated for developing out-of-hospital programs that provide excellent clinical outcomes and at a lower cost. That is one of the ways of responding to the increases in demand. They are an extension to treatments that we have come to accept as being deliverable in the home, such as dialysis, chemotherapy and palliative care. Compared to conventional treatment, this approach can reduce the number of times that patients would have to attend hospital and reduce the length of time that they would otherwise have had to spend in hospital.

Nearly 45,000 patients a year currently are being treated out of hospital in four New South Wales programs investigated by the Auditor-General. Out-of-hospital care also reduces the need for patients to attend emergency departments, freeing those departments and their expert staff to respond to urgent emergency cases. New South Wales is closely examining the audit report and has already recommended further action and further research on initiatives, as recommended by the Auditor-General. We have commenced a tender process for further evaluation to ensure that we proceed with the patient at the centre of any changes. Indications are extremely positive and the Auditor General has confirmed that these programs are delivering practical benefits to individual patients and the community as a whole.

The Hon. CHRISTINE ROBERTSON: We have touched on some of the programs New South Wales is delivering in relation to improving Aboriginal health. I would be grateful if you could talk about the Aboriginal health initiatives and give us some further information on those issues?

The Hon. JOHN DELLA BOSCA: I thank the Hon. Christine Robertson for that very important question because Aboriginal health is a major challenge for us. While there have been steady improvements in the overall health of New South Wales residents, the well-rehearsed concern is that there remains a marked health gap for Aboriginal people despite ongoing efforts to address it. This year the Government will spend $63.8 million improving the health of Aboriginal people in New South Wales. These funds are intended to improve the health and wellbeing, and to reduce the risk of disability and premature death of Aboriginal people by improving access to health services generally and providing targeted health services where appropriate and necessary.

For example, the Chronic Care Program for Aboriginal People provides clearer treatment pathways for people with chronic conditions such as diabetes, heart and kidney disease, and new skills and support tools to Aboriginal health workers to assist them in identifying health risk factors earlier and arranging earlier treatment. This program is seeking to improve the quality of care for Aboriginal people with chronic disease, reduce avoidable hospital admissions and provide more effective treatment for Aboriginal people with chronic disease. The New South Wales Aboriginal Maternal Infant Health Strategy provides culturally appropriate antenatal and postnatal care to improve the health and wellbeing of Aboriginal women and their babies during and after pregnancy.

Almost 60,000 Aboriginal children have had screening, a referral and follow-up over the past four years under the Otitis Media Screening Program. This program reduced the impacts of this recurring ear infection, which impacts on the health, language development, social interaction and educational attainment of many Aboriginal children. The Otitis Media Screening Program has dramatically increased the capacity of health services to coordinate and deliver screening services, increase the level of community awareness and reduce the impact of otitis media on Aboriginal children. There is growing evidence of the link between oral health and chronic disease such as diabetes and cardiovascular disease. The New South Wales Government is committed to improving the health of Aboriginal people and will provide $3.9 million this year to the Aboriginal Medical Service for oral health.

In addition, New South Wales Health will continue to implement oral health programs such as water fluoridation, health promotion campaigns and implementation of strategies to improve the oral health of Aboriginal people identified in the New South Wales Oral Health Strategic Directions document. Housing for Health is another example of a positive program to improve Aboriginal health. This program surveys and fixes urgent electrical, hygiene, facility, cooking, drainage and water supply problems in houses. The Housing for Health program will expand to seven new communities this financial year and repairs will be commenced on up to 160 houses.

The Hon. MELINDA PAVEY: Where are those communities?

The Hon. JOHN DELLA BOSCA: These are just a few examples of the ways we are seeking to improve the health of Aboriginal people in New South Wales. The New South Wales Government will continue to develop and deliver programs to close the gap in life expectancy and morbidity for Aboriginal people. I am very happy to provide further details to the Committee and the Hon. Melinda Pavey in response to her interjection.

The Hon. MELINDA PAVEY: Dr Matthews has the answer.

Dr MATTHEWS: Just a couple of things I wanted to comment on from the Minister's last two questions. The out-of-home care is something we are providing increasingly. If you go back 20 years, the care you got in your home generally would have been from your local doctor, but home visitation item numbers are going down and after-hours deputising services item numbers have remained constant for the past six years. So, it is increasingly a space that the State is moving into by necessity. It is also the case, we have to say, that the high rates of significant otitis media in Aboriginal kids is fundamentally a failure of primary care. We are unable to deliver primary care—when I say "we" I do not mean New South Wales Health; I mean this nation—to children living in isolated communities. Sadly, once you get past Dubbo your Medicare card does not buy you very much at all, even though it is a credit card without a credit limit. So, we have to find more effective ways of delivering primary care to Aboriginal children as a nation. The fact that increasingly the State is moving into community care and care in the home is one of the reasons we need fundamental reform of the health system as a whole.

In relation to the specific issue of where those communities are, the program was initially rolled out between the old Greater Western Area Health Service and the AMS Murri Maa. It involved an audit of individual homes, an assessment of the condition of those homes and then a program to improve the quality of the living conditions, which, if you like, go to the very heart of the social determinants of health. That has been rolled out more extensively. I cannot list every single one, but we can certainly give a complete list on notice.

Professor PICONE: With your permission, could I make a comment going back to the health care in the home audit by the Auditor General. It was Florence Nightingale who, in 1836, said that the eventual aim should be for the majority of health care to be provided in the home. She had quite a good reason for saying that back then: the mortality rate in a hospital was actually 85 per cent. But it seems to me that we have a system in this country where we measure the size or the effectiveness of our health care system by the number of beds we operate. Increasingly, over the years many procedures—I know the Minister touched on this earlier—when someone would have had a seven-day stay now can be done as a day-only or even as an outpatient. I think the next phase to change in health care giving the biggest demand area will be people with chronic disease. I do not mean just the chronic disease a number of us have got, you know, one condition; these are people with a severe chronic disease with multiple conditions who are extremely ill. Our job will be to try to maintain their health for as long as we can.

The majority of that care, in my view, is going to be provided in the home. The time has come to start getting people to think that way. I have to say, in all the years I was certainly nursing, I have never met a patient yet, other than those with Munchausen's or those with Munchausen by proxy syndrome, who ever wanted to be in a hospital. So, where we are going now with these out-of-hospital programs or health care in the home is extremely important and we are very proud with what we have achieved so far. But we are at the tip of the iceberg with it.

The Hon. GREG DONNELLY: Minister, I asked you earlier about what the health system does to cope with increased demand over winter, especially with respect to emergency departments. Can you give some specific examples of new strategies being used to help emergency departments manage these demands?

The Hon. JOHN DELLA BOSCA: The winter health strategy is supplemented by the addition of 124 acute beds to build capacity in our medical assessment units and winter flex capacity to the health system. At present there are 214 beds in 16 medical assessment units that have progressively opened in our busiest hospitals since February 2008. Medical assessment units are designed to deliver faster and better health care to older people in our community. We know that in recent years medical advancements and changes in lifestyle have led to better outcomes; in New South Wales there has been a 35 per cent reduction in cardiovascular disease, for example. In the same period there has been a 15 per cent cut in cancer death rates for men and a 10 per cent reduction in women. These are outstanding health outcomes and it means that people in New South Wales are living longer and healthier lives.

The change we are now tackling is to better care for an ageing population and specifically, as Professor Picone was just saying, for people with chronic illnesses such as renal and respiratory disease, arthritis and diabetes. We know that half of New South Wales public hospital beds are occupied by patients aged over 65 years. The number of people aged over 65 and older will grow by a third in the next 10 years. The number of people aged over 75 seeking hospital treatment is growing by 20 per cent each year. The average length of stay for patients aged over 75 is more than double the length of time that younger patient groups require.

This presents us with a real challenge. In New South Wales, the Government is responding with an initiative designed by health professionals. We deliver faster, safer and better care for elderly patients with chronic disease. Medical assessment units have been established to do this. The units are staffed with specialists in caring for older people, including specialist doctors and nurses, geriatricians, physiotherapist, social workers and occupational therapists. The purpose of the units is to provide early diagnosis and treatment for older people whose condition is assessed as non-critical by emergency department professionals.

I want to emphasise, as I did when I was releasing the Auditor-General's findings, that people with very serious life-threatening conditions will continue to be treated in emergency departments. Decisions will be made by the emergency triage team, which consists of doctors and nurses. Our interviews with older patients and modern research tell us that older patients find hospital stays to be a stressing and confusing time. A busy emergency department is not the most appropriate place for them to be treated. The aim of medical assessment units [MAUs] is to commence specialist treatment earlier, with a focus of returning patients to the comfort of their home environment earlier.

CHAIR: I will move from Health to Central Coast issues that I am sure you are aware of. I do not think you will need briefing on this. In relation to the F3, the State Government promised to have alternative arrangements for the F3 carriageway when one section is blocked, north or south bound, and there is no alternative. Since that announcement there have been two major accidents, one of which occurred last Thursday. Those alternative arrangements have not been put in place, so we have seen huge line-ups of traffic during the school holidays. What I want to know is whether you have made representations to the Minister. If so, what has been the nature of those representations relating to doing something about that?

The Hon. JOHN DELLA BOSCA: People make all sorts of contingency plans. On that day I had to travel from Blacktown to the Central Coast, and my contingency plan was to catch a train, which got me there right on time. Unfortunately, other people were delayed in the traffic on the F3.

The Hon. MELINDA PAVEY: You expect them to catch the train.

The Hon. JOHN DELLA BOSCA: I am sorry?

The Hon. MELINDA PAVEY: You are recommending that all Central Coast residents catch the train.

The Hon. JOHN DELLA BOSCA: I catch the train a lot myself, and I find it a very satisfactory way of moving around.

CHAIR: Last week was the school holidays. There were holidaymakers involved as well. I do not think they can make contingency plans, given your Government has made a commitment to alternatives.

The Hon. JOHN DELLA BOSCA: I think you are making a lot of assumptions.

CHAIR: I saw the NBN news.

The Hon. JOHN DELLA BOSCA: I am simply making a point about contingency plans. That was my personal contingency plan and many people would perceive that. The other contingency plan is one being put in place by the Government, to which you have alluded. It is possible to divert. Some work has been done on the F3 and the parallel components of the old Pacific Highway to allow people to use either the Pacific Highway diversion or the other part or the disused part of the expressway. I will obtain further and better particulars or further information and check this. But I understand that at some point during the delay you are asking about, those alternative arrangements were in fact put in place.

CHAIR: No.

The Hon. JOHN DELLA BOSCA: You have to of course remember that whenever a traffic accident occurs like the one that occurred, which apparently involved an explosion when a large truck or a prime-mover caught fire during the morning right at an interchange, that that obviously created delays. As I said, I did make arrangements to contact the Minister as soon as I heard about that delay to indicate to him that while I did not have specific information about the delay at the time, he might consider putting in place those arrangements or consider asking the Roads and Traffic Authority [RTA] to do that.

I can get further information for you about what was done; but, as I said, whatever was done, it would not obviously have made up for the fact that a very significant accident occurred. The best thing to do is reduce the accidents that occur.

CHAIR: Thank you. If you can come back to us with information, that would be great. In relation to the Kincumber area, are you aware that crime in Kincumber is so bad that the Broadwater Court Retirement Village organised the community forum this week seeking police assistance. In the light of this, are you making a decision to apply pressure to reverse the decision to sell the Kincumber police station?

The Hon. JOHN DELLA BOSCA: I am not aware of the public meeting to which you refer with the Broadwater Court Retirement Village. I will follow that up and respond appropriately.

I am advised that the Kincumber police station was declared surplus to requirements of the Brisbane Water Local Area Command. I have been further advised that the Kincumber police station does not allow for effective delivery of policing services.

The company now managing the whole of New South Wales Police property portfolio, United Group Services, has committed to disposing of the building. As at January 2008, the authorised strength of the Brisbane Water Local Area Command was 226 officers whereas the actual strength was 236. In other words, the command is 10 officers above its authorised strength. I can assure you that the decision to divest the State of the Kincumber police station will not diminish police response in the Kincumber area. The Kincumber area is patrolled and serviced by police from the Gosford police station. I might also mention that the Brisbane Water Local Area Command recently acquired a mobile police command vehicle, which is regularly deployed in the Kincumber area. As I said, I will come back to you about the specifics of the Breakwater Court meeting because I have no information or advice about it.

The Hon. MELINDA PAVEY: While we are on the topic of Kincumber, why is funding allocated from the budget to staff the Kincumber fire station when it does not yet exist? Do you know where planning approval for the station is up to? It seems to be a classic case of *Yes Minister*.

The Hon. JOHN DELLA BOSCA: I think you mean *Britannia Hospital* rather than *Yes Minister*, but it is neither. It is often the case that amounts of money are allocated for planning purposes. I have no way of knowing off the top of my head whether that is the case in relation to the Kincumber fire station. I will be very happy to get the information for you, but I suspect and suggest to you that there would be money allocated in the current budget for planning and perhaps acquisition of land, and so on.

The Hon. MELINDA PAVEY: As I understand it, it was funding allocated in the budget for staffing of the Kincumber fire station, which does not exist.

The Hon. JOHN DELLA BOSCA: Again, I can only say to you that I will seek the information and come back to you as soon as I can.

The Hon. MELINDA PAVEY: Do you know where the approval process is up to? It has been taken out of the hands of the Gosford City Council, as I understand it, or the council was bypassed. It is a Department of Planning issue.

The Hon. JOHN DELLA BOSCA: I will happily get that information and come back to the Committee about it.

The Hon. MELINDA PAVEY: How many staff will be assigned to it? Do you know that?

The Hon. JOHN DELLA BOSCA: I will happily get that information and come back to the Committee about it.

The Hon. MELINDA PAVEY: Will it be a 24-hour fire station?

The Hon. JOHN DELLA BOSCA: I will happily get that information and come back to the Committee about it.

The Hon. MELINDA PAVEY: That would be really good. The budget papers say that construction of the Kariong High School will start this year. How is that going?

The Hon. JOHN DELLA BOSCA: I am no longer the Minister for Education and Training.

The Hon. MELINDA PAVEY: But you are the Minister for the Central Coast.

The Hon. CHRISTINE ROBERTSON: We are not supposed to be examining responsibility for Education.

The Hon. JOHN DELLA BOSCA: The new high school at Kariong, which is on part of the Festival incorporation site, is of course a tribute to our commitment to the local community and this new facility. I think you will find that it remains an important project for the people of the Central Coast.

The Hon. MELINDA PAVEY: Yes, very.

The Hon. JOHN DELLA BOSCA: In my handover to the new Minister for Education and Training, Verity Firth, I advocated the importance of the new high school to the Central Coast community, and the Minister shares this commitment.

CHAIR: So have you had a handover meeting? I thought that was not something you did.

The Hon. JOHN DELLA BOSCA: I will continue to support the Kariong community to ensure that the new high school at Kariong is delivered.

The Hon. MELINDA PAVEY: So you did have a handover meeting with the Minister.

The Hon. JOHN DELLA BOSCA: Why does that surprise you?

CHAIR: You did not concede it was necessary to have a handover meeting with the former Minister for Health.

The Hon. JOHN DELLA BOSCA: You two!

The Hon. MELINDA PAVEY: Go on, say it!

The Hon. JOHN DELLA BOSCA: No.

The Hon. MELINDA PAVEY: In view of the Government's announcement that 33 retained fire stations would be partially closed if staffing levels dropped to below four, why is The Entrance fire station at risk?

The Hon. JOHN DELLA BOSCA: I am not sure that it is at risk, and I do not understand what you mean in your question by saying that it is "at risk". What I will do is get information provided to the Committee as soon as is possible.

Dr JOHN KAYE: Minister, the Tillegra Dam proposal on some days of the week seems to be designed for the Central Coast South and on other days of the week to be designed for the lower Hunter.

The Hon. JOHN DELLA BOSCA: That is the way it operates. This is a water grievance debate!

Dr JOHN KAYE: Minister, can you tell us—

The Hon. JOHN DELLA BOSCA: I do not think it is days; it is seasons.

Dr JOHN KAYE: I am sorry. I interrupted you.

The Hon. JOHN DELLA BOSCA: I do not know that it is days. I think it is seasons.

Dr JOHN KAYE: It is a seasonal planning process. There seems to be a variety of announcements about whether Central Coast residents and Gosford shire and Wyong shire residents will or will not pay for the Tillegra Dam or pay part of the costs of Tillegra Dam. Can you enlighten the Committee whether the intention of the Government is for Central Coast residents to pay for it, or whether it will be paid for by residents of the lower Hunter?

The Hon. JOHN DELLA BOSCA: As the member would realise, under the usual arrangements around these kinds of utility capital costs, these matters are complicated, so I will take the question on notice and provide the Committee with a detailed answer. However, the answer in general terms is one that clearly falls in the responsibility of the Minister for Water. I am happy to get that information from him quickly and get back to you.

Dr JOHN KAYE: Do you agree that Central Coast residents are quite alarmed by the concept of having to pay for what could be a very expensive project when the completion of the Mardi to Mangrove link has sorted out the water problems on the Central Coast for some years to come?

The Hon. JOHN DELLA BOSCA: I am surprised that Dr John Kaye is not more interested in much more sustainable solutions.

Dr JOHN KAYE: I am sorry—no, I am not sorry at all. You may continue.

The Hon. JOHN DELLA BOSCA: I almost got you.

Dr JOHN KAYE: I am pleased you said that; it is useful.

The Hon. JOHN DELLA BOSCA: In answer to your question, as you know, I live on the Central Coast, and the Central Coast community was much more worried about 12 or 18 months ago when it thought it might run out of water. I think the belt and braces solution envisaged around the building of a water grid is very much appreciated, generally speaking, by the Central Coast community. As I said, I will get to you the arrangements around capital costs and payment as soon as I can.

Dr JOHN KAYE: In the few remaining seconds I want to talk about the North Sydney-Central Coast Area Health Service [NSCCAHS]. Can you provide to the Committee the budget allocations and the actual funds expended by the NSCCAHS over the past five years?

The Hon. JOHN DELLA BOSCA: That is all published in the annual report.

Mr BARKER: That is in the annual financial statement.

Dr JOHN KAYE: Is it true that there have been reductions in the budget allocations to the NSCCAHS?

Mr BARKER: No, budgets have grown every year for every health service in New South Wales health for as long as I can remember.

Dr JOHN KAYE: Is it true that there have been constrictions on staff holidays and overtime?

The Hon. JOHN DELLA BOSCA: Can you repeat the question?

Dr JOHN KAYE: Is it true that in the NSCCAHS there have been constrictions on staff overtime and staff holidays?

The Hon. JOHN DELLA BOSCA: I will have to seek advice from the area health service about a detailed answer to that question.

Professor PICONE: We do not encourage overtime for obvious reasons. There need to be reasonable workloads, particularly for clinical staff, but, having said that, I would say for all the staff. I would never

encourage an overtime shift where it was possible to have a casual, a temporary or a full-time staff member. Their work is so difficult to have a junior medical officer. We have been through all of this over a number of years to reduce overtime as much as possible. We try to minimise the amount of overtime for nursing staff working in critical areas.

Dr JOHN KAYE: I appreciate that point. Is it true that this area health service has had a recruitment freeze in place?

Mr BARKER: I do not think so. I have seen it advertising.

Dr JOHN KAYE: Can you provide to the Committee the number of new staff who have been appointed to this particular area health service over the past five years?

Mr BARKER: Happily.

The Hon. JOHN DELLA BOSCA: It is public information. It is in the report.

Dr JOHN KAYE: Are you saying that there has been no recruitment freeze?

The Hon. JOHN DELLA BOSCA: No, Mr Barker did, but between the two of us we will get some advice about it. It does appear to be filling positions.

Dr JOHN KAYE: I have a question about roads on the Central Coast such as Pearl Beach Drive. Is it the situation that the council simply cannot afford to fix the road? Why is the road in such bad condition?

The Hon. JOHN DELLA BOSCA: Have you been driving there lately?

Dr JOHN KAYE: I have been riding my bike.

The Hon. JOHN DELLA BOSCA: You should declare an interest. I will get some information about Pearl Beach Drive if it is of particular importance to the Committee.

Dr JOHN KAYE: Is it true that there are a number of roads—

The Hon. JOHN DELLA BOSCA: It would be a local road, though, so it would be entirely a council responsibility in terms of funding.

Dr JOHN KAYE: What about the Somersby Road collapse? Has that always been a local road or was it originally—

The Hon. JOHN DELLA BOSCA: No. My understanding—and if you need further information I will get it—is that it was part of the old Pacific Highway. The State Government made the decision, for a variety of reasons, to close that road. It was a matter of some local controversy. An arrangement was entered into for Gosford council to take over control of the road. Some years ago—I do not have the exact year but I can get it for you—the road was opened by the council and operated as a council road.

Dr JOHN KAYE: What was the total cost of Mr Persson's inquiry? How much was he paid?

The Hon. JOHN DELLA BOSCA: Which inquiry is this?

Dr JOHN KAYE: The inquiry into the Somersby Road collapse.

The Hon. JOHN DELLA BOSCA: I will get that information for you.

Dr JOHN KAYE: Including how much he is being paid and the total cost of the inquiry.

The Hon. JOHN DELLA BOSCA: I said whatever the Committee asks for, I will get the information for you.

Dr JOHN KAYE: Thank you. I was just making that clear.

The Hon. MELINDA PAVEY: I want to clear up something with Dr Matthews in relation to the RDF formula. You said you wanted to see my calculations.

Dr MATTHEWS: I think your words were, "according to my calculations", and you looked at your papers, "we are $56 million short" so I would be interested in looking at your calculations.

The Hon. MELINDA PAVEY: I will give you mine. Will you give me yours?

Dr MATTHEWS: That sounds like an invitation I cannot possibly refuse.

(The witnesses withdrew)

The Committee proceeded to deliberate.