

**General Purpose Standing Committee No 2 - Budget Estimates 2010-2011  
Questions on Notice**

**Questions relating to the portfolios of Health**

**13 September 2010, 9:15 am – 1:00 pm**

**Questions from Ms Ficarra**

**Multidisciplinary teams**

1. On page 5-46 of the budget papers, it is stated that there has been a 12% increase in the number of multidisciplinary teams in NSW. How many teams does this comprise in absolute terms? How is a multidisciplinary team defined? What is the target?

In 2008, there were 160 Multidisciplinary Teams (MDTs) in NSW. This was a 12% increase from the 143 MDTs identified in 2006.

In this context a Multidisciplinary Team refers to a regular meeting of health professionals, including medical practitioners, nurses and allied health staff, with expertise in the diagnosis and management of cancer. The purpose of the meeting is to develop a multidisciplinary treatment plan for patients with cancer.

Cancer Institute NSW does not have a target for the number of MDTs in NSW.

**Partnering with the private sector**

2. On page 5-48 of the budget papers, it is stated that a key initiative of the CI is "increased partnering with the private sector to leverage their skills, report their outcomes and use their capacity to reduce health costs". What does this mean and how much does it cost in 2010-2011?

**- Funding to support Private Hospitals MDTs:**

In 2010/11, the Cancer Institute NSW provided \$120,000 to 2 private hospitals (the Sydney Adventist Hospital and the Mater North Sydney) to support multidisciplinary team meetings. The aim is to improve care for those patients seen within the private sector, and those that are serviced by both sectors.

**- Partnered with 4 Private Sites to Undertake a Cancer Patient Satisfaction Survey:**

A key goal of the Cancer Institute NSW is to address the quality of life of cancer patients. Under the *NSW Cancer Plan 2007-2010*, the Cancer Institute NSW initiated a three-year statewide cancer patient satisfaction survey. As part of that activity, the Cancer Institute NSW partnered with four private health care facilities to survey cancer outpatients about their experiences with cancer care.

Across the three years 1,140 patients from private facilities completed the survey (response rate of almost 64%). Overall, the experience of patients who were treated in a private facility was very similar to those experiences that patients had in the public sector.

**- Health Services Innovation (HSI) Grant Program (2007-2009):**

One of the main aims of the Health Service Innovation Grant program (HSI) program was to harness innovative ideas across all cancer service providers. The following table includes the HSI projects funded in the private sector. The total funding amounted to \$157,358.

Organisation/Site	Innovation Project Title	Funding \$
Sydney Adventist Hospital	Breast Care Nurse	80,000
Riverina Cancer Care Centre	Development, implementation and coordination of a web based electronic shared diary for rural cancer patients	77,358

**- CanNET:**

The CanNET program is a partnered initiative between the Commonwealth and the States and Territories to enhance the effectiveness of managed clinical networks across Australia.

As part of the NSW CanNET project, Primary Care Referral Guides are also being developed for seven tumour types to support General Practitioner referral practices linking to relevant public and private multidisciplinary teams.

**- Clinical Trials Program:**

The aim of the NSW Cancer Clinical Trials Program is to accelerate the uptake of promising new clinical approaches into practice by providing the evidence of efficacy and thus improving cancer results through research and 7 Full Time Equivalent (FTE) are placed in private health care facilities; this equates to \$530,800 for 2010/11.

**- BreastScreen NSW:**

Examples of public-private partnerships include retail based screening centres, sub-contracting of screening services to the private sector and private assessment services provision.

A number of Screening and Assessment Services across the State utilise the private sector for the provision of screening at locations including Bega, Bowral, Dee Why, Erina, Griffith, Hornsby, Lindfield, Wahroonga, Moruya and Nowra.

The opening of four Myer based BreastScreen NSW/BCI Sunflower clinics in 2009 has increased access to BreastScreen services for women in the Sydney West area.

The BreastScreen NSW/BCI Sunflower clinics operate seven days a week, including Thursday evenings. BreastScreen NSW's long standing Rose Clinic operated in partnership with David Jones city store is another example.

**CI assets**

3. With reference to page 5-48 of the budget papers, the CI has \$1,540,000 listed as intangibles under non-current assets. Please provide further information on the nature of these intangibles and the determination of their value.

The intangibles of \$1,540,000 represents the following:

Intangible Assets	Software	Research management application development	Web analysis tool development	Total
	\$'000	\$'000	\$'000	\$'000
<b><i>Cost (gross carrying amount)</i></b>				
Opening Balance for 2010/11	100	725	326	1,151
Budgeted Additions for 2010/11	9	400	195	604
<b>Budgeted Closing Balance</b>	<b>109</b>	<b>1,125</b>	<b>521</b>	<b>1,755</b>
<b><i>Accumulated amortisation and impairment</i></b>				
Opening Balance for 2010/11	-51	0	0	-51
Budgeted Additions for 2010/11	-16	-94	-54	-164
<b>Budgeted Closing Balance</b>	<b>-67</b>	<b>-94</b>	<b>-54</b>	<b>-215</b>
<b>Net Book Value</b>	<b>42</b>	<b>1,031</b>	<b>467</b>	<b>1,540</b>

The Net Book Value of \$1,540,000 represents various software systems that have been valued at cost and amortised to the Expenses on an annual basis.

Of the \$1,540,000, there is a minor proportion of \$42,000 that relates to various software systems that are used throughout the Cancer Institute NSW for daily operational activities and also for specialised activities such as analysing cancer Information.

A further estimate of \$1,031,000 relates to Research Management Application development. This software, InfoEd, is an integrated research management tool to enable CINSW to administer its competitive grants program, enabling the efficient recording, tracking and management of grant proposals.

An estimated \$467,000 relates to the Web analysis tool development, which will provide an interactive data cube accessible via the Cancer Institute NSW website.

Budget increases due to increased administrators

4. The recurrent Health Expense budget for 2004-5 was \$9 974 000 and in 2010-2011 is estimated at \$15 471 000. How much of this increase is due to increased numbers of administrators?

None of the increase in budget is due to increased administrators.

The number of corporate services staff employed as at June 2005 was 5,038 Full Time Equivalent (FTE) and this number has reduced by 14.5% or 738 FTE as at June 2010. In contrast, the health workforce experienced an increase in medical staff by 31.9%, nursing increased by 10.2% and allied health staff increased by 15.9% over the same period.<sup>1</sup>

#### Health Efficiency Improvement Taskforce

5. As NSW Health is subject to ongoing review by the Health Efficiency Improvement Taskforce (HEIT), what has this Taskforce reported during 2010 as advice and recommendations? What has it recommended for productivity and efficiency strategies for clinical services? For regulation? For funding? For shared services? For workforce management? (as listed on page 4-14). As HEIT reports are material to the Budget Estimates, they need to be provided to GPSC2.

The Health Efficiency Improvement Taskforce (HEIT) is under the oversight of, and reports to, the Expenditure Review Committee of Cabinet. Its role is to assist in the identification and implementation of strategies to make sure the health system operates efficiently and to ensure value for money is being delivered.

#### Expenditure Reviews

6. On page 4-14 of the budget papers, it is stated that expenditure reviews will have been conducted across agencies accounting for 95% of general government expenditure by December 2010. Please provide copies of the reviews.

See answer to question 5.

#### Additional appropriation from gaming taxes

7. Explanatory note shows an additional appropriation of \$264 000 000 to the Minister of Health, with this being part of the revenue raised from gaming machine taxes. What is this money to be spent on? Why is the NSW Government so dependent on gaming machine taxes to run health services?

The Government funds health services from consolidated revenue. Health funding is not dependent on gaming machine taxes.

The additional appropriation of \$264 million has been provided to the Minister for Health for recurrent services and will be spent by Health Services on providing frontline clinical services.

The Premier and the Treasurer determine the source of extra funding that goes towards providing better health services for the people of New South Wales.

#### Sexual Assault Clinics

8. What is the full cost of providing NSW sexual assault clinics? How many staff? How many clients? Have the clinics been evaluated? Where are they based?

There are 55 NSW Health Sexual Assault Services which are delivered by Area Health Services (site specific and outreach locations) and provide crisis and ongoing counselling, medical and forensic services, and support including court support to adult and child victims of sexual assault and non-offending family members. Staff in these services participate in a range of training, prevention and community education activities concerning sexual assault. Area Health Services provide Sexual Assault Services as part of their core funding from the Department of Health.

There are 193.7 Full Time Equivalent (FTE) positions within sexual assault services. Of these 141.1 FTE are counselling positions.

Statewide, 2,918 main clients were provided with services in the 2009/2010 Financial Year. Sexual Assault Services also provide support to non-offending family members, however the data provided relates only to main client.

NSW Health has engaged independent consultants, ARTD to examine and evaluate NSW Health child protection and sexual assault counselling services and map NSW Health delivered and funded counselling responses to domestic and family violence.

This review is an action in three NSW Government Plans -*The Interagency Plan To Tackle Child Sexual Assault in Aboriginal Communities 2006-2011*; *Keep Them Safe A Shared Approach to Child Wellbeing 2009-2014* and; *Stop the Violence End the Silence NSW Domestic and Family Violence Plan 2010-2015*.

The 55 Sexual Assault Services provide services, including outreach to the following locations: Armidale, Albury, Bankstown, Bathurst, Bega, Bellingen, Blacktown, Boggabilla, Bourke, Bowral, Broken Hill, Campbelltown, Camperdown, Cooma, Coonabarabran, Coonamble, Cowra, Deniliquin, Dubbo, Fairfield, Forbes, Glenn Innes, Gosford, Goulburn, Griffith, Gunnedah, Hoxton Park, Ingleburn, Inverell, Jannali, Kempsey, Lightning Ridge, Lismore, Lithgow, Liverpool, Macksville, Maitland, Moree, Moruya, Mt Druitt, Mudgee, Muswellbrook, Narellan, Narrabri, Nowra, Nth Parramatta, Orange, Parkes, Penrith, Port Macquarie, Queanbeyan, Randwick, Rosemeadow, St George, St Leonards, Tamworth, Taree, Tweed Heads, Wagga Wagga, Wallsend, Westmead, Wollondilly, Wollongong, Yass, Young.

#### Regional Sexual Assault Clinics

9. Why is there no forensic sexual assault unit at Dubbo? Where do sexual assault victims go instead? Is there an estimated demand for sexual assault forensic and counselling services in the Dubbo region? Tamworth region? Port Macquarie region?

There is a 24 hour counselling and forensic/medical service in Dubbo consisting of a Medical Officer, Sexual Assault Nurse Examiner (SANE) and accompanying Counselling team.

Should the forensic/medical service not be available the victim is transported by either Police or family to the nearest appropriate 24 hour sexual assault forensic/medical and Counselling service. For information, there have been no instances of this occurring in the past 12 months.

The Tamworth Sexual Assault Service provides a 5 day per week counselling service (3 FTE - including an Aboriginal Sexual Assault Counsellor - funded under ACSAT) and a 24 hour Crisis Sexual Assault Service (with paid on-call Sexual Assault Counsellors). The Crisis Sexual Assault Service provides counselling, medical and forensic responses to victims of sexual assault where the assault has occurred in the past seven days.

The Port Macquarie Sexual Assault Service provides a service during business hours with 2 FTE counselling staff which includes crisis and ongoing counselling,

and support, including court support, to adult and child victims of sexual assault and their non-offending family members as well as sexual assault community education and prevention, professional training and consultation, and advocacy work in the local community. The Port Macquarie Sexual Assault Service also provides a 24 hour Crisis Sexual Assault Service (which is staffed by paid on-call sexual assault counsellors and doctors trained in responding to sexual assault). The Crisis Sexual Assault Service provides counselling, medical and forensic responses to victims of sexual assault where the assault has occurred in the past seven days.

#### Hospital infections

10. Separated by hospital for all NSW hospitals, what was the Methicillin-resistant Staphylococcus aureus (MRSA) infection rate as at 30 June 2008; 30 June 2009; 30 June 2010?

The latest available data on Staphylococcus Aureus Blood Stream Infection which includes both Methicillin Resistant (MRSA) and Methicillin Sensitive (MSSA) Staphylococcus Aureus by health facility are included in the 'Your Health Service' website at <http://www.health.nsw.gov.au/hospitals/search.asp>

In addition data for Staphylococcus Aureus Blood Stream Infection (SABSI) by quarter for 2008 and 2009 as well as data on MRSA are available on [http://www.health.nsw.gov.au/resources/quality/hai/FINAL\\_Report\\_Jan\\_Dec\\_2009\\_pdf.asp](http://www.health.nsw.gov.au/resources/quality/hai/FINAL_Report_Jan_Dec_2009_pdf.asp) ).

Annual data up to June 2010 are currently being validated.

#### Budget responsibility

11. Who is responsible for the overall administration of the departmental budget?  
12. What are their qualifications and background?

The Chief Financial Officer for NSW Health is responsible. The incumbent holds a Bachelor of Business and is a Certified Practising Accountant. The incumbent has over 33 years of experience working within the NSW Public Service.

#### Access Block

13. At Westmead Hospital in the first three weeks of August, only 50% of patients found a bed in 8 hours compared to 57% which is published as the latest NSW Health data on your new website, and for the same three weeks at Nepean Hospital only 58% are admitted within 8 hours compared to 63% on your new website – is this being open and transparent with the clinicians and patients of Western Sydney?

The Emergency Admissions Performance figures of 57% for Westmead and 63% for Nepean that are referred to in the question relate to the month of June 2010 as clearly indicated on the report available from the NSW Health web site.

#### Federal Health Agreement

14. Do you agree that the Federal Health Agreement is "the single largest reform of the health and hospital system since the introduction of Medicare"?

The reforms are historic and guarantee NSW significant additional funding for health services.

**GST & Federal Health Agreement**

15. As per the Commonwealth Government's 2011-12 Budget Papers, why is NSW giving up 30% of GST when South Australia is giving up 26%, Victoria is giving up 24%, Tasmania is giving up 20% and Western Australia is giving up 0%?

The Commonwealth Government's 2011-12 Budget Papers are yet to be released.

However the 2010-11 Budget Papers note (Budget Paper 3, footnote to Table 2.2) that the estimates of GST dedicated to health care in each State are indicative only, with the final amount to be determined annually in consultation with individual States based on actual expenditure. From 2014-15, the amount of GST dedicated to health care in each State will be fixed, based on 2013-14 costs, and indexed at the rate of overall GST growth.

Western Australia has not signed the National Health and Hospitals Network Agreement. As a result, the GST dedicated to health care for Western Australia is zero.

**Productivity Commission & Federal Health Agreement**

16. Given the Productivity Commission found that public hospitals were 10-20% inefficient, and with the new funding mechanism (e.g. Commonwealth funding 60% of the efficient cost) requiring NSW to pick up the inefficient portion what financial modelling have you done to calculate future estimated costs and when will you release the information, given your new open and transparent reporting?

As indicated in the National Health and Hospitals Network Agreement (Appendix 2), from 1 July 2011, the Commonwealth will increase its funding contribution to 60 per cent of actual recurrent expenditure on public hospital services, research and training, and capital. From 1 July 2012, the Commonwealth will shift its funding to payment on an ABF basis against state-specific prices for admitted acute patient services, and against proxy-based state-specific prices for emergency department, outpatient, sub-acute and non-acute services. Over 2012-13, the Independent Hospital Pricing Authority (to be established by the Commonwealth under proposed new legislation) will develop advice for COAG on the process of transition to the national efficient price.

In the context of the above timetable, all jurisdictions are currently giving priority attention to determining, in a nationally consistent way, the current costs of delivering public hospital services, to calibrate the financial transfers required for the Commonwealth to meet 60 per cent of recurrent expenditure on public hospitals.

**Bed occupancy**

17. What is the statewide bed occupancy rate for 2009/10?  
18. Are cots, bassinets, dental chairs and other "virtual beds" still included as "available beds" in this calculation?

The state-wide acute bed occupancy rate for the 2009/10 financial year was 87.9%.

(Note: The calculation of bed occupancy rates includes facilities in peer groups A1a to C2 and only overnight patients and overnight available bed capacity, therefore excludes small hospitals and multipurpose services).

In accordance with nationally agreed definitions the bed types for cots, bassinets and treatment chairs are included in the calculation of average available beds. The following bed types are excluded from this calculation: emergency departments, delivery suites, operating theatres, recovery wards, residential aged care, community residential and respite activity.

**Bed occupancy above 85%**

19. Which hospitals in NSW in the year ending 30 June 2010 recorded an average bed occupancy greater than 85%? What was the average for each of these hospitals?

The table below shows the facilities/hospitals in NSW which have an overnight bed occupancy rate for the year ending 30 June 2010 greater than 85% and the average overnight bed occupancy rate for each of these hospitals. The calculation of bed occupancy rates includes facilities in peer groups A1a to C2 and only overnight patients and overnight available bed capacity.

Facility Name	Overnight Bed Occupancy Rate (%)
St. Vincent's Hospital, Darlinghurst	99
Macksville District Hospital	98
Sutherland Hospital	95
Prince of Wales Hospital	95
The Tweed Hospital	94
Bulli District Hospital	92
Liverpool Hospital	92
Ryde Hospital	91
Royal Prince Alfred Hospital	90
Blacktown Hospital	90
Westmead Hospital (all units)	89
St. George Hospital	89
Wollongong Hospital	88
Bankstown / Lidcombe Hospital	88
John Hunter Hospital	87
Newcastle Mater Misericordiae Hospital	87
Campbelltown Hospital	87
Royal North Shore Hospital	87

\* Occupancy rates for the hospitals based in the North Coast Area Health Service need to be used with caution due to data quality issues which are being reviewed.



Day stay units and other short stay units (eg dialysis units and chemotherapy units) are not included as these units are intended to treat more than 1 patient each day and hence will always have an occupancy rate statistically that is greater than 100%.

**Consultants**

20. How much have you budgeted for external consultancy support for the implementation of Local Health Networks?

NSW Health will seek expert advice and input as required so that it is properly prepared for the transition and structural change necessary to implement the Local Health Networks by 1 January 2011. Any decision made by the Department of Health to obtain external consultancy support will be well considered, prudently made and will ensure value for money. As a first step external advice has been sought to develop a transition plan at a cost of \$159,182 (excl GST).

**Take the Lead**

21. What is the total budgeted cost for the take the lead program when it was first announced?  
22. What is the total cost of the program as at 30 June 2010?  
23. Broken down by year, how much has been budgeted for the next 4 financial years?

Approximately \$1.788 million has been spent as at June 2010. The recurrent budget for Take the Lead for the next four years is \$2.16 million with an annualised budget of \$540,000.

**Between the Flags**

24. What is the total budgeted cost for the Between the Flags program when it was first announced?  
25. What is the total cost of the program as at 30 June 2010?  
26. Broken down by year, how much has been budgeted for the next 4 financial years?

The Between the Flags Program is a core part of patient safety for all hospitals and as such it has been implemented by health services utilising their operating budgets.

In addition to significant health service investment, the BTF Program has been supported centrally with \$3.4 million provided in the 2009/10 financial year. The funding supported training and education.

As part of core business, health services will continue to educate their staff in mandatory training areas including recognition and response to patients who are deteriorating.

In addition a further \$1.2 million has been provided in 2010/11 for face to face practical training.

**After Hours GP Care**

27. How many of the after hours GP care clinics promised by NSW Labor at the 2007 state election have been opened?

Clinics have been opened at the following 3 hospitals: Canterbury, Mona Vale (Northern Beaches) and Ryde. The Ryde clinic operated for 2 years before closing in September 2009 owing to the withdrawal of the private-for-profit provider.

With respect to the other locations, a publicly-advertised Expression of Interest process did not attract sufficient responses to proceed.

28. Are there new clinics at Blue Mountains, Blacktown, Broken Hill, Dubbo, Taree and Shoalhaven? If not, why not?

Blue Mountains: No after hours GP clinic was opened because in late 2007, the Commonwealth committed funding of \$5 million for a GP Super Clinic in the Blue Mountains

Blacktown: An After Hours Clinic has been operating near Blacktown Hospital since March 2007. It was funded for 2 years by NSW Health, but no longer receives NSW Government funding because it is self sustaining

Broken Hill: An After Hours Clinic was established at Broken Hill Base Hospital in January 2008. It was closed in June 2010 due to lack of interest from local GPs. The NSW Department of Health is currently working with Greater Western Area Health Service on viable alternatives to replace this service.

Dubbo: An After Hours Clinic has been operating at Dubbo Base Hospital since 10 November 2007

Taree: No clinic in operation due to lack of interest from local GPs and the Division of General Practice

Shoalhaven: An After Hours Clinic has been operating at Shoalhaven Hospital since 11 August 2007

29. What is the average age of ambulance officers working in Wollongong?

The average age of paramedics working in the Wollongong area is around 40 years.

30. Will the NSW Government contribute funding towards the planned medical precinct at the University of Wollongong? If so, how much funding and over what period of time?

The NSW Government has committed \$83 million for a public *Integrated Elective Surgical Centre* at the Wollongong Hospital in the 2010 budget. The University of Wollongong's proposal for a *Health and Medical Precinct* is based on the University securing a Federal Government contribution of \$190 million to the project and the State Government's committed \$83 million for the *Public Integrated Elective Surgical Centre* becoming part of the total development.

NSW Health support of the University proposal is subject to it being sited on the Wollongong Hospital campus and the timeframe for completion of the project not compromising this Government's commitment to a 2014/15 delivery of services covered by the *Integrated Elective Surgical Centre*.

31. How many patients in the South Eastern Sydney Illawarra Area Health Service have contracted Hepatitis C from the Area Health Service's medical facilities, broken down on an annual basis, from 2003-04 to present?

South Eastern Sydney and Illawarra Area Health Service's Public Health Unit reports that since 2003 until present there has been one newly acquired case of Hepatitis C where the exposure investigation has identified a South Eastern Sydney and Illawarra Area Health Service's facility as the most likely place where the case acquired their infection.

32. Has NSW Health made a submission to the Department of Planning in relation to the private hospital major project proposal at 360 Crown Street, Wollongong? If so, does NSW Health support the proposal?

A company owned by two local clinicians has submitted an application to the Department of Planning for Wollongong Private Hospital, to be located on Crown Street in close proximity to Wollongong Hospital.

The development will be a new medical and health facility consisting of 154 inpatient beds (including Intensive Care Unit / High Dependency Unit), operating theatre suite, maternity services, General Practice and consulting rooms, radiology and pathology services and diagnostic / outpatient areas.

NSW Department of Planning have asked South Eastern Sydney and Illawarra Area Health Service (SESIAHS) to comment on the proposal.

Following the review of the proposed detailed service profile, SESIAHS generally has no objection to the proposal.

33. What extra capacity is being planned at Blacktown and Hawkesbury Hospitals to cater for the increased population in the north-west growth centre?

The Sydney West Area Health Service has projected growth in hospital admissions for the period 2009 to 2022. These are based on standard NSW Health planning tools and population projections.

It is estimated that growth in demand will be met by services at Blacktown/ Mount Druitt, Westmead Hospital and Hawkesbury Hospital.

Current planning for Hospitals in Sydney West Area Health Service includes major focuses on growth at Blacktown/Mount Druitt and Westmead hospitals to provide care for the growth in these communities.

It is considered that Hawkesbury Hospital has capacity to deal with the relatively small requirements for growth. In addition, enhancement of capacity at Nepean Hospital is already underway. This is driven by projected growth in Penrith and the lower Blue Mountains in particular, but will also contribute to meeting demand for hospital care from the Hawkesbury Local Government Area.

34. How many additional beds, nurses and doctors will be delivered at Nepean Hospital in 2010-11?

Nepean Hospital received enhancement money in the 2010/2011 financial year which has allowed the hospital to enhance the following services within the Penrith Local Government Area.

The Emergency Department Medical Assessment Unit will open 6 beds and provide an inpatient service that will assist in the movement of patients from the Emergency department.

20 acute inpatient medical and surgical beds will be opened across Nepean Hospital with additional nursing and medical staff.

6 additional inpatient sub acute beds will be opened across Nepean Hospital with additional nursing staff.

A Mobile Rehabilitation Team will be established that will provide both inpatient and outpatient services with additional nursing and medical staff.

A Virtual Aged Care Outreach service will be provided in the community for rehabilitation services with additional medical staff.

The Post Acute Community Service will be expanded within the community with additional nursing and medical staff.

35. When will the NSW Government honour its 2006 promise of delivering 12-15 mental health beds for Shoalhaven District Hospital?

The Shoalhaven is identified in the South Eastern Sydney and Illawarra Area Health Service Clinical Services Strategic Plan as a priority site for the development of an additional acute inpatient facility. This Clinical Services Plan is an Area Health Service planning document. Area Health Services' capital works proposals are considered against other State-wide priorities for inclusion on the NSW Health Capital Works Program.

In relation to Shoalhaven District Hospital's carpark:

36. Has NSW Health or South Eastern Sydney Illawarra Area Health Service received any requests to increase car parking capacity at Shoalhaven District Hospital?

Car parking has been brought to the attention of NSW Health and the Area Health Service by the community as an issue at Shoalhaven District Memorial Hospital since the major redevelopment of the Hospital in 2003. The Development Application for the redevelopment at the time was approved by the City Council with the current level of parking.

37. How many additional car spaces are needed at Shoalhaven District Hospital?

In February 2009 the installation of some easements, agreed to by Shoalhaven City Council, increased parking at the hospital. The current number of parking spaces is consistent with the Development Application approved in 2003.

38. Does NSW Health or South Eastern Sydney Illawarra Area Health Service have any plans to increase car parking at Shoalhaven District Hospital? If so, how many additional car spaces will be delivered, when and at what total cost?

In April 2010 the Federal and NSW Governments announced an investment of \$33.8 million to establish a new, purpose-built regional cancer centre at Shoalhaven District Memorial Hospital. This new development will include additional parking that will be accessible to all patients of Shoalhaven District Memorial Hospital. The development, including grounds and parking, are currently in the planning stage.

39. Why did the NSW Government fail to take up Shoalhaven City Council's offer to seal much needed extra car-parking spaces at Shoalhaven District Hospital?

Local management have explored a number of options to increase the Hospital's car parking capacity. Three options were provided by Shoalhaven City Council (SCC) to increase parking at Shoalhaven District Memorial Hospital with an expectation that the Area Health Service fund the work required to complete the projects at a total cost of approximately \$440,000.

A proposal was put to SCC by the Area Health Service that the cost of the projects be shared equally between the two organisations. This proposal was rejected by SCC with a counter offer that they would provide the funding required for the projects as a loan to the Area Health Service to be paid back at the prevailing rate of interest. This offer was not supported by the Area Health Service on the basis that funding should be prioritised toward providing clinical services in the Shoalhaven.

40. Does the Government consider it acceptable for Doctors, Nurses, staff and patients to walk long distances in order to find adequate car parking?

Car parking at hospitals is a necessary service for patients, their families and friends and for hospital staff. Options to increase parking at Shoalhaven District Memorial Hospital in the short term would cost up to \$440,000. This option remains on the Hospital's capital works program, however, it needs to be considered in line with other priorities, particularly those for clinical services. For example, this same amount would fund 125 cataract operations or 25 knee replacements. Car parking availability will be enhanced at Shoalhaven District Memorial Hospital as part of the new purpose built Cancer Care Centre at Shoalhaven District Memorial Hospital announced in April 2010.

In relation to the Yaralla Estate in Concord:

41. Has NSW Health received a management plan from the Member for Drummoyne for the Yaralla Estate?

No

42. Has the Department produced, or is it in the process of producing a management plan for the Yaralla Estate?

An updated management plan for the estate will be undertaken as part of the design elements for the refurbishment of the main house.

43. When can the community expect a management plan for the Yaralla Estate to be put on public exhibition?

It is not normal practice to put management plans on exhibition, however the process of planning invites community comment.

44. How does the Government plan to address the growing waiting list for orthopaedic services at Concord Hospital – which stood at a record 682 in March 2010, up from 506 in March 2009 and 494 in March 2008?

It is anticipated that Concord Hospital will continue to be able to meet the elective surgery waiting time KPIs for orthopaedics services.

In relation to Sutherland Hospital Emergency Department:

45. Can you please detail the number of FTE doctors and nurses for each year from 2003-04 to 2010-11 working in Sutherland Hospital's Emergency Department?

Sutherland Hospital's Emergency Department FTE staff:

2003 – 04	Medical Officers	= 25.2
	Nurses	= 39.5
2004 – 05	Medical Officers	= 25.53
	Nurses	= 46.52
2005 – 06	Medical Officers	= 24.5
	Nurses	= 46.3
2006 – 07	Medical Officers	= 26.7
	Nurses	= 45.7
2007 – 08	Medical Officers	= Not available
	Nurses	= Not available
2008 – 09	Medical Officers	= 39.5
	Nurses	= 48.1
2009 – 10	Medical Officers	= 44.1
	Nurses	= 53.5

*The data for 2007-08 is held in a separate system and is not available*

46. Can you please detail the number of beds available as at 30 June for each year from 2003 to 2010 in Sutherland Hospital's Emergency Department?

This information is available in the *NSW Health Services Comparison Data Book* (the Yellow Book) which can be found on NSW Health's website at [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

47. What was the budget for Sutherland Hospital's Emergency Department, broken down on an annual basis from 2003-04 to 2010-11?

Sutherland Hospital's Emergency Department annual budget:

2003-04	= not available
2004-05	= not available
2005-06	= not available
2006-07	= not available
2007-08	= not available
2008-09	= \$14,495,347
2009-10	= \$14,203,425
2010 -11	= \$18,651,304

*The data from 2003 – 2007 is not held in the Area Health Service's financial reporting system (3 year history only) and is not available*

### Questions from Ms Gardiner

#### Triage Benchmarks – Hospital Performance Figures

48. In light of the April-June 2010 statistics released by the NSW Bureau of Health Information showing that the regional hospitals' (triage) category 3 performance was the worst in the state, what specific measures are in place, or will be put in place, to improve the performance at each of the non-metropolitan District and Base Hospitals which failed to meet the triage benchmark? Please list by hospital.

The latest performance report for the June quarter 2010 shows that 73 per cent of Triage 3 category patients in New South Wales were seen within the benchmark timeframe, only 2 per cent below the benchmark target of 75 per cent.

Despite the rising demand, NSW remains the nation's best performer in terms of nationally agreed emergency department triage benchmarks.

Patients are more likely to be seen in a clinically appropriate time in a NSW Emergency Department, than anywhere else in the country.

In the 12 months from July 2009 to June of this year, 73.4 per cent of Emergency Department patients were discharged from the Emergency Department and had their treatment completed within 4 hours or less.

Over the past 5 years NSW has undertaken a comprehensive program to support our Emergency Departments. This program has included:

- increasing the number of Emergency specialists;
- adding over 2,828 additional acute and non acute beds across NSW;
- opening 29 Medical Assessment Units to fast track patients from our Emergency Departments who require admission for care under our general medicine and acute geriatric teams
- increasing the number of ICU beds and further strengthening our acute retrieval services;
- major upgrades and expansion of many Emergency Departments throughout the state; and

- implementation of "Whole of Hospital" bed management systems, to ensure that Emergency patients needing admission get the priority and inpatient services they require.

For the 2010/2011 financial year, Emergency services funding has been increased to \$1.69 billion dollars, which will allow 80,000 more patients to be cared for in NSW Hospital Emergency Departments.

The additional \$1.2 billion dollars the NSW Government secured at the April COAG negotiations will flow directly into the NSW health and hospital system over the next four years. These additional funds started flowing into the NSW Health system from July 1 of this year.

This additional money is providing more hospital beds, and will improve timely access to emergency department care, shorter waits for elective surgery and additional sub acute beds for patients needing these services.

The COAG agreement will result in patients being treated quicker at Emergency Departments, with the "phased in' introduction of the Four Hour National Access Target for Emergency Department Care for those patients considered clinically appropriate, which is expected to commence in January 2011 for Triage Category 1 patients, with full implementation expected by the 1<sup>st</sup> of January 2015.

#### Radiotherapy Services

In the NSW Health publication *Radiotherapy Services In NSW Strategic Plan to 2016* page 13, it is stated: "... (After) a 'settling in' period, the Lismore and Orange centres will account for over half the radiotherapy treatments delivered to their catchment populations".

49. At what Radiation Oncology Treatment Centres is it assumed that the remaining patients in those two catchment areas will receive cancer treatment?

The planning assumption recognises that a number of specialist services (for example, radiotherapy treatment of children) and / or complex treatments (for example, complex head and neck cancers, stereotactic radiosurgery, Total Body Irradiation) patients would be referred to the appropriate specialist tertiary centre for treatment. People may also choose treatment in the private sector, or in other centres because of family or other support considerations.

It is also recognised that patient who reside in close proximity to state borders may receive their radiotherapy treatment at Queensland Radiation Oncology Treatment Centres.

50. Is there any timetable for a second linear accelerator to become operational at Orange Base Hospital? If so, what is that timetable?

The timing of additional capacity is informed by service demand and workload. A second linear accelerator will be in place at Orange Base Hospital by 2016, however depending on demand, it may be sooner. Referrals and workload will be monitored through the data collected as part of the Radiotherapy Management Information



System. The facility has been built to readily accommodate a second linear accelerator.

51. In the June 2009 Audit Office report Tackling Cancer with Radiotherapy the NSW Auditor General recommends developing centralised booking systems by December 2009 for all radiotherapy treatment centres within a service network.

No question posed here.

52. Has this recommendation been implemented? If not, why not?

Area Health Services were requested to ensure that arrangements were formalised between cancer networks and to develop centralised booking systems for all radiotherapy treatment centres within a service network. Most Area Health Services have advised that their Radiation Oncology Treatment Centres have implemented, or are in the final stages, of implementing centralised booking systems.

53. If this recommendation has not been implemented are there any future plans to do so?

This may need to be reconsidered once the Local Health Networks are established.

54. Does NSW Health or any of the 8 Area Health Services have up to date waiting list data for Radiation Oncology Treatment Centres?

Each public Radiation Oncology Treatment Centre collects, monitors and updates their own wait times data as part of their clinical management processes, to assist clinicians in the management of patient treatments. The wait times data assists clinicians in identifying ROTCs that may provide alternate wait times for patient referral. The system is predominantly to improve data for treating clinicians and to improve patient access and care.

55. If waiting list data for Radiation Oncology Treatment Centres is available, please provide for the committee for each of the following:

ROTCs provided radiotherapy wait list data for 1 April 2010 to 31 August 2010. For this period, the data provided was total number of courses and total wait times for (i) emergency cases, and (ii) all cases (including emergency).

a) Illawarra Cancer Care Centre, Wollongong Hospital, Wollongong

Emergency case - Average wait times: 1.5 days  
All Cases – Average wait times: 12 days

b) Nepean Cancer Care Centre, Penrith

Emergency case - Average wait times: <1 day  
All Cases – Average wait times: 16.5 days

c) Calvary Mater Newcastle, Department of Radiation Oncology, Newcastle

Emergency case - Average wait times: <1 day  
All Cases – Average wait times: 20 days

d) Prince of Wales, Institute of Oncology, Randwick

Emergency case - Average wait times: < 1 day  
All Cases – Average wait times: 14 days

e) Northern Sydney Cancer Centre, Royal North Shore Hospital, St Leonards

Emergency case - Average wait times: 1.1 days  
All Cases – Average wait times: 20 days

f) Royal Prince Alfred Hospital, Camperdown

Emergency case - Average wait times: 1 day  
All Cases – Average wait times: 15 days

g) South Western Sydney Cancer Service, Liverpool and Macarthur

Liverpool

Emergency case - Average wait times: 0.5 days  
All Cases – Average wait times: 15.7 days

Macarthur

Emergency case - Average wait times: < 1 day  
All Cases – Average wait times: 13 days

h) St George Cancer Care Centre, St George Hospital, Kogarah

Emergency case - Average wait times: <1 day  
All Cases – Average wait times: 21 days

i) St Vincent's Radiation Oncology, St Vincent's Hospital, Darlinghurst

Emergency case - Average wait times: 1.1 days  
All Cases – Average wait times: 10.3 days

j) Westmead Hospital, Department of Radiation Oncology, Westmead

Emergency case - Average wait times: < 1 day  
All Cases – Average wait times: 22 days

k) North Coast Cancer Institute, Port Macquarie and Coffs Harbour

Port Macquarie

Emergency case - Average wait times: 1.3 days  
All Cases – Average wait times: 37 days

Coffs Harbour

Emergency case - Average wait times: 4.6 days

All Cases – Average wait times: 50 days

56. How many patients had exceeded a period of 21 days while waiting for radiotherapy treatment as of 31 August 2010?

For all of the Centres listed at question 55, a total of 338 patients were recorded as exceeding a period of 21 days while waiting for radiotherapy treatment, as at 31 August 2010.

There are a number of non-clinical factors which may impact on waiting times, these include: individual patient preference; accommodation at a place removed from their home; and the availability of family and carer support.

In 2009 there were almost 13000 courses of treatment provided in NSW public hospitals.

The \$148 million allocation for Regional Cancer Centres in NSW will provide for significant improvement to patient waiting times for radiotherapy services.

57. What was the total amount of people waiting for radiotherapy therapy as of 31 August 2010?

For all of the Centres listed at question 55, a total of 861 patients were waiting for radiotherapy as at 31 August 2010.

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)  
58. What was the total expenditure incurred for IPTAAS claims in 2009/10 by patients from:

- a) Greater West Area Health Service
- b) Greater Southern Area Health Service
- c) North Coast Area Health Service
- d) Hunter New England Area Health Service

This information is not available at this point in time. Patients have up to six months following each instance or block of specialist treatment to lodge a claim. The total IPTAAS expenditure by each of the named AHSs on claims for travel / accommodation during the 2009/10 Financial Year will therefore not be available until February 2011, allowing time for all claims to be received and processed.

59. What was the total number of IPTAAS claims processed in 2009/10 by:

- a) Greater Western Area Health Service
- b) Greater Southern Area Health Service
- c) North Coast Area Health Service
- d) Hunter New England Area Health Service

I refer the Member to the response to Question 58.

60. What is the total amount collected by NSW Health through the \$40 personal contribution and administration charge for all qualifying IPTAAS claims for the following years:

- a) 2008/09
- b) 2009/10
- c) July 2010 to date

The \$40 personal contribution is a co-contribution which is deducted from payments for IPTAAS claims rather than collected by NSW Health. It is not an administration charge.

- a) This information is not available. During this period, the \$20 patient co-contribution for pensioners and / or health care card holders also applied. NSW aggregate data regarding the total amount deducted from patient claims in this period was collected, but the amount deducted through the \$40 personal contribution cannot be disaggregated from the total figure.
- b) I refer the Member to the response to Question 58.
- c) I refer the Member to the response to Question 58.

61. What is the budget estimate for Transport for Health program in 2010/11?

\$20 million. The budget for Transport for Health for 2010/11 is inclusive of IPTAAS and \$2.3 million recurrent funding that has been provided under Caring Together.

Gulgong Hospital

62. According to the GWAHS Risk Management Report on Gulgong Hospital produced as a result of a WorkCover inspection on 31/3/2010, there were a number of "serious breeches (sic) to the Legislation" at the hospital.

63. What was the date of the previous WorkCover inspection (prior to 31/3/2010) of the hospital, if any?

64. If there was a WorkCover inspection what improvement notices were issued as a result?

No previous inspections in past 5 years

65. What action was taken to remedy any shortcomings identified by WorkCover?

On 18 May 2010 WorkCover issued 7 Provisional Improvement Notices (PINs) for Gulgong Hospital as follows:

- Violence in the Workplace (3)
- Manual Handling (1)
- Emergency and Fire Procedures (1)
- Asbestos (1)
- Access & Egress (1)

The estimated cost of addressing all 7 PINs was approximately \$3.6 million.

In the interests of patient and staff safety, the Area Health Service recommended that the facility be vacated.

This recommendation was made within the context of approval being given to construct a new HealthOne facility on the site.

66. Please outline the events and chain of command in the GWAHS and NSW Health that led to the:
67. Decision to close Gulgong Hospital, and;
68. The announcement that the hospital was to close

The Area Health Service undertook consultation with staff, patients, families, the NSW Nurses Association, the Local Health Advisory Council and local government following receipt of the Workcover Report.

Upon receiving the Workcover Report, the Area Health Service had an obligation to act quickly in the interests of patients and staff.

**Risk Management Reports – Area Health Services**

69. Please provide Risk Management Reports (Occupational Health and Safety Security Assessments) prepared for any NSW public hospital or health facility in each area health service in 2009/10 together with any associated remedial action plans for those hospitals and health facilities.

The Manual *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities* requires, as a minimum, every health care facility in NSW to:

1. Undertake an annual internal security survey using the NSW Health Security Improvement Assessment Tool (comprehensive 4 page tool) and accompanying Security Improvement Plan, ensuring that at least one member of the survey team holds a security licence.
2. Address as a minimum, all elements identified as mandatory in the annual internal survey, for example, access control, key control, lighting, duress response arrangements, provision of security services, security in car parks and pharmacies.
3. Undertake an external security survey every five years, which may be conducted by appropriately qualified staff from another Health Service where there are significant difficulties in using external security experts to undertake the survey.

The Department of Health does not centrally collect health facility Risk Management Reports. To source and provide these reports from various Health facilities would involve a considerable diversion of resources from core business.

**Lismore Positron Emission Tomography (PET) Scanner**

70. What is the current start-up date for the PET scanner at Lismore Base Hospital?

The current target start-up date for the PET Scanner at Lismore Base Hospital is before 31 December 2011.

**Questions from Mr Khan**

Tamworth Hospital

71. Has the Service Procurement Plan for the redevelopment of Tamworth Hospital been completed and endorsed yet?

A combined Service Procurement Plan /Project Definition Plan has been completed. The Regional Cancer Centre (RCC) component of the SPP/PDP has been reviewed and recommended for endorsement.

72. Has the Project Development Plan for the redevelopment of Tamworth Hospital been completed and endorsed yet?

See answer to question 71.

73. When are works for the redevelopment of Tamworth Hospital scheduled to begin?

Construction will commence early 2011.

74. Is there a completion date planned for the redevelopment of the Tamworth Hospital?

The first stage of the redevelopment, being the Maternity Refurbishment and the Regional Cancer Centre, are estimated to be complete in 2012/13.

75. How much is it estimated the Tamworth Hospital redevelopment will cost?

Under a staged approach, a substantial acute hospital stage would cost in the order of \$200 million.

76. Has any money been allocated in this budget for the redevelopment of Tamworth Hospital?

The 2010/11 Budget included \$843,000 for the \$10.6 million Tamworth Maternity Refurbishment and \$3.711 million for the \$41.7 million Regional Cancer Centre.

77. If any money has been allocated, how much money was allocated for the redevelopment of Tamworth Hospital?

See response to Question 76 above.

78. When is the next Service Plan for the Tamworth Hospital to be released?

There is no requirement to do another Services Plan for Tamworth. The Tamworth Health Services Plan was endorsed in April 2009.

79. Is it still estimated that the Tamworth Hospital Stage 2 Maternity Refurbishment will be completed by June 2013?

Yes.

80. Is it still estimated that the Tamworth Hospital Stage 2 Maternity Refurbishment will cost \$10,552,000?

Yes.

81. How much of the cost for the development of the Tamworth Regional Cancer Centre has been provided by the State Government and how much has been contributed by the Federal Government?

\$10 million comprises the State contribution and \$31.7 million is the Federal contribution.

82. Is it still estimated that the Tamworth Regional Cancer Centre will be completed by June 2013?

Yes.

83. Is it still estimated that the Tamworth Regional Cancer Centre will cost \$41,691,000?

Yes.

84. Is the Government still committed to the redevelopment of the Tamworth Hospital?

Yes, in line with Statewide capital priorities.

85. How much money has been expended to date on the planning for the redevelopment of Tamworth Hospital?

Approximately \$2.5 million has been spent to date on the planning for the redevelopment, incorporating the initial planning for the Regional Cancer Centre and the Maternity Refurbishment project.

86. How much money has been expended and budgeted to be spent for the redevelopment of Tamworth Hospital?

See responses to Questions 76 and 85.

87. What was the process of reaching the decision to refurbish the Tamworth Hospital Stage 2 Maternity ward?

The redevelopment planning identified that Maternity was a priority and should be addressed in the short term.

88. Who was involved in the decision making to refurbish the Tamworth Hospital Stage 2 Maternity ward?

Stakeholders involved in the planning process identified the need to refurbish the Maternity ward.

Dalwood

89. What was the budget, broken-down into programs, for children with reading difficulties in 2008-09

Dalwood Assessment Centre does not provide programs for children with reading difficulties, it provides diagnostic assessments.

90. What was the budget, broken down into programs, for children with reading difficulties in 2009-10?

Dalwood Assessment Centre does not provide programs for children with reading difficulties, it provides diagnostic assessments.

91. What is the budget, broken down into programs, for children with reading difficulties in 2010-11?

Dalwood Assessment Centre does not provide programs for children with reading difficulties, it provides diagnostic assessments.

92. What is the budget, broken down into programs, for children with reading difficulties in 2011-12?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

93. What was the budget for the Dalwood Assessment Centre in 2008-09

Budget Allocated was \$508,108. Actual expenditure was \$546,935.

94. What was the budget for the Dalwood Assessment Centre in 2009-10

Budget Allocated was \$621,941. Actual expenditure was \$628,394.

95. What was the budget for the Palm Avenue School in 2008-09

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

96. What was the budget for the Palm Avenue School in 2009-10

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

97. What was the budget for Royal Far West in 2009-10



This is not a matter for the Health portfolio, it relates to a non-government organisation for which I do not have responsibility.

98. How much does the department estimate that it cost per-child for one-month's residential care associated with the program at Palm Avenue school in 2008-09?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

99. How much does the department estimate that it cost per-child for one-month's residential care associated with the program at Palm Avenue school in 2009-10?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

100. How many children across NSW were eligible for assistance by Palm Avenue School based solely on their geographic location in 2009-10?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

101. How many children attended assessment at Dalwood in 2008-09?

I am advised that each year, on average, approximately 100 students attended assessments at Dalwood.

102. How many children attended assessment at Dalwood/ Westmead in 2009-10

I am advised that each year, on average, approximately 100 students attended assessments at Dalwood.

The service transferred to Westmead on 16 August 2010.

103. How many children attended the residential intervention at Palm Avenue school in 2008-09?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

104. How many children attended the residential intervention at Palm Avenue school in 2009-10?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

105. How many children are estimated will attend assessment at the Westmead facility in 2010-11?

It is anticipated that up to 100 children will attend for diagnostic assessment.

106. How many children are estimated will attend assessment at the Westmead facility in 2011-12?

It is anticipated that up to 100 children will attend for diagnostic assessment.

107. How many children are estimated will attend residential intervention at Palm Avenue school/Royal far West in 2010-11?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

108. How many children are estimated will attend residential intervention at Palm Avenue school/Royal far West in 2011-12?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

109. How much has been budgeted in 2010-11 for the Centre for Effective Reading under the announced new structure for children with learning difficulties?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

110. How much has been budgeted in 2011-12 for the NSW Centre for Effective Reading under the announced new structure for children with learning difficulties?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

111. How much has been budgeted for Royal Far West under the announced new structure for children with learning difficulties in 2010-11?

This is not a matter for the Health portfolio, it relates to a non-government organisation for which I do not have responsibility.

112. How much has been budgeted for the proposed regional assessment and intervention services at Site 1, (proposed Wagga Wagga) in 2010-11?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

113. How much has been budgeted for the proposed regional assessment and intervention services at Site 2 (proposed Dubbo) in 2010-11?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

114. How much has been budgeted for the announced Child Development Unit, The Children's Hospital at Westmead in 2010-11?

The Children's Hospital at Westmead has had a Child Development Unit for 34 years. The Dalwood Assessment Centre transferred from Northern Sydney and Central Coast Area Health Service effective 16 August, 2010 and will be incorporated to the Child Development Unit at The Children's Hospital at Westmead. The Children's Hospital at Westmead received funding of \$310,000 for the transferred service in 2010/11 and \$350,000 in 2011/12.

115. How much has been budgeted for Royal Far West under the announced new structure for children with learning difficulties in 2011-12?

This is not a matter for the Health portfolio, it relates to a non-government organisation for which I do not have responsibility.

116. How much has been budgeted for the proposed regional assessment and intervention services at Site 1 (proposed Wagga Wagga) in 2011-12?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

117. How much has been budgeted for the proposed regional assessment and intervention services at Site 2 (proposed Dubbo) in 2011-12?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

118. How much has been budgeted for the announced Child Development Unit, The Children's Hospital at Westmead in 2011-12?

I refer the Member to the response provided to Question 114 above.

119. How much has been budgeted for the delivery of the universal level of service of the announced programme for children with reading difficulties?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

120. How much has been budgeted for the delivery of the targeted level of service of the announced programme for children with reading difficulties?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

121. How much has been budgeted for the delivery of the intensive level of service of the announced programme for children with reading difficulties?

Intensive diagnostic assessments of children with complex reading difficulties will be undertaken at the Child Development Unit, The Children's Hospital at Westmead. Refer to the answer to question 114 for details of the budget.

122. How much does the department estimate that it will cost per-child (including costs associated with parents) for one-week's residential care at Royal Far West?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

123. How many children across NSW will be eligible under the announced scheme for reading difficulties based solely on their geographic location in 2010-11?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

124. How many children across NSW will be eligible under the announced for reading difficulties based solely on their geographic location in 2011-12?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

125. Has the Department entered into any agreements for the sale of the site occupied by the Dalwood Centre?

No, the Department has not entered into any agreements for the sale of the site.

126. Has the Department entered into any negotiations for the sale of the site occupied by the Dalwood Centre?

No, the Department has not entered into any negotiations for the sale of the site.

127. Has the Department had the land valued of the site occupied by the Dalwood Centre?

The Department of Health has not had the land valued.

128. If the land has been valued, what was the valuation of the land?

A valuation by the Department of Lands on 1 July 2005 of 2.698 hectares was \$4,850,000.

A valuation by the Department of Lands on 1 July 2005 of 1.024 hectares was \$1,360,000.

129. How many staff were made redundant at the Dalwood centre with its closing?

A total of 8 staff, or 6.89 Full Time Equivalent chose to take redundancy.

130. Were there any reasons associated with the building that housed the Dalwood centre that was a factor in the move away from using the facility?

I am advised that there were occupational health and safety considerations in relation to the Dalwood Assessment Centre.

131. If there were any problems associated with the building has any estimate been put on the cost to bring the facility up to a standard where full services could resume?

No formal estimate has been made.

132. If an assessment was made on the cost to bring the facility up to a standard where services could resume, what was that estimate?

See answer to question 131.

133. How much money was allocated to the meetings, investigation, assessment and report of the Expert Panel's report "Strengthening services to students with complex reading difficulties in rural and remote areas of NSW"?

This is not a matter for the Health portfolio. This question is best directed to the Minister for Education.

134. What, if any, is the viable over-night accommodation capacity of Dalwood Centre?

The Dalwood Centre has been transferred to the Child Development Unit, The Children's Hospital at Westmead

135. What is the current viable over-night accommodation capacity at Royal Far West?

This is not a matter for the Health portfolio, it relates to a non-government organisation for which I do not have responsibility.

Dubbo Hospital Master plan

136. In relation to the Dubbo Base Hospital Master plan;

a) Can you detail exactly what stage the master plan is up to?

NSW Health Infrastructure has engaged TSA Management as project managers for the Dubbo Health Service masterplan and stage 1 redevelopment project. A series of consultations with clinician and community stakeholders is currently taking place, the most recent of which were held on 22 September 2010. A value management study is scheduled for 6 October 2010 with relevant senior clinicians, management and

community stakeholders. A business case will be prepared to specify the preferred options for completing stage 1 and demonstrate the fit with the overall masterplan.

b) What components/information is usually included in this type of document?

The masterplan usually provides a schematic overview of the layout of the entire health campus and is informed by health service planning for the future needs of the region. The spatial and functional relationships between the hospital and its services and relevant adjoining entities, such as private hospital, university and TAFE buildings, are identified.

c) How important do you consider this document?

This is a very important and useful document which:

- provides an overview of the manner in which the entire campus is expected to function for patients, clinicians, support services and visitors;
- enables a single or staged development based on a defined concept of how the entire entity would function at some time in the future; and
- provides a rational reference point to accommodate changes in the models of care, technology or volumes of care for particular service/s.

d) For what reasons was there a delay in getting the document developed?

The decision to fund the development of a masterplan was made in the 2010/2011 state budget. Rapid progress has been made in the contract management and stakeholder consultation process since that time.

e) Do you agree it has prevented Dubbo from securing vital services like radiotherapy?

State-wide planning for radiotherapy services does not identify Dubbo as a priority at this time. The absence of a masterplan for Dubbo has not influenced the prioritisation of these services at Dubbo in any way. Radiotherapy services are being established in the new Orange Health Service and will begin operation in the first quarter of 2011.

f) When is the Master plan likely to be completed?

A masterplan concept will be prepared by December 2010 and be further refined through the first half of calendar year 2011. It will be completed before mid 2011.

g) Is it likely to improve Dubbo's chances of securing the health services it deserves?

It will provide a much needed overview of the range, scope and relationships between the services of the Hospital and other health services consistent with planning for the Health Service over the next 10-15 years.

Dubbo Hospital Funding

137. In relation to the \$232,000 announced in this year's Budget for the Dubbo Hospital;

a) Can you explain how this funding will be used?

This will be used to develop the masterplan and the preferred option for stage 1 redevelopment.

b) Do you agree this is only a very small figure in respect to what the total cost of the project will be?

The \$232,000 allocated in 2010/2011 is an appropriate amount for planning the refurbishment and upgrading of the Dubbo Base Hospital. The majority of the \$22.7 million allocated to the Stage 1 redevelopment will be spent in the delivery phase of this project, once planning is complete.

c) Are you 100% committed to redeveloping the Dubbo Hospital?

The NSW Government is committed to redeveloping the Dubbo Base Hospital.

d) In what ways?

The NSW Government has allocated \$22.7 million to the Stage 1 redevelopment. The masterplan for the hospital campus will identify further stages for the redevelopment, which will be prioritised and funded in the context of all major capital works requirements for the NSW health system.

e) Do you agree that the lack of a Masterplan has contributed to the delay in the redevelopment of the Dubbo Hospital?

No.

f) What is the annual salary of the top ten bureaucrats in Sydney?  
g) How does the funding you have announced compare to these salaries?

Remuneration for NSW Department of Health senior executive is published in the NSW Health Annual Report, which is publicly available. I refer the Member to the publicly available document.

h) What is your response to claims the \$232,000 announced for Dubbo Hospital is simply token funding?

I refer the Member to my response to Question 137(b) above.

#### Local Hospital Networks

138. In relation to the Federal Government's announcement of Local Health Networks (LHNs);

a) Can you explain the reasons for grouping Dubbo with other major Hospitals like Bathurst & Orange?

The criteria for creating the LHNs and their boundaries are based on the principles of the National Health and Hospitals Agreement and were also informed by the State-wide consultations.

The key criteria include:

- Maintenance of a population health approach
- Self sufficiency to deliver comprehensive clinical services
- Economies of scale to ensure administrative overheads are not excessive
- Capacity to maintain existing clinical networks
- Catering for future growth in LHNs which are part of a growth corridor or region

b) Who/what groups in the Dubbo region were consulted in relation to this decision?

The Minister of Health met with the Mayors of Bourke, Gilgandra and Warren Shire Councils on 17 August 2010 to discuss Local Health Networks.

Dr Richard Matthews (DDG Strategic Development) conducted the Listening Tour presentations at Orange Base hospital and Dubbo Base hospital on 1 and 2 July. Dr Richard Matthews also met with the Orana Regional Organisation of Councils (OROC) at Dubbo Base Hospital on 2 July. Other attendees included

- o Andrew Lewis, Mayor, Bourke Shire,
- o Doug Batten, Mayor, Gilgandra Shire,
- o Paul Mann, GM, Gilgandra Shire,
- o Rex Wilson, Mayor, Warren Shire,
- o Ray Donald, Mayor, Bogan Shire,
- o Jim Hampstead, Deputy mayor, Bogan Shire Council,
- o Belle Mangan, Greater Western Area Health Service.

c) What is your reaction to strong criticism from health bodies/professionals across the Dubbo electorate?

Boundaries have been determined according to a group of criteria that were developed through the state-wide consultation process.

Consultations have been extensive; feedback and submissions have been welcomed and considered.

There were also a number of submissions made in support of the proposed LHN. The Dubbo Plains Division of General Practice supports the proposed LHN on the basis that Bathurst, Orange and Dubbo hospitals needed close links for support and to assist in meeting workforce needs.

Key arguments submitted for retaining the inclusion of the Orana region are

- o there will be no reduction in services,
- o existing clinical networks and shared services will be maintained and enhanced,
- o an Orana standalone region would not have adequate clinical self sufficiency,



- recruitment and retention of clinicians in a smaller network than Central West would be difficult, and the larger configuration of services in the area will be attractive to clinicians and better for networking, training, recruitment and retention.

d) Is there an opportunity to have this decision overturned?

The boundaries may change over time following further negotiations with Queensland, Victoria, South Australia and the ACT Governments on potential cross border LHNs, significant population change, and or a significant reconfiguration of individual hospital services, and that future change is provided for under the Agreement.

According to the NHHN Agreement at Clause A7 (c), in establishing LHNs: the final number and boundaries of LHNs will be primarily a matter for States to resolve.

However:

- (i) as a transitional matter to establish the new system, the boundaries will be initially resolved bilaterally between First Ministers by 31 December 2010; and
- (i) beyond this date, States will continue to consult with the Commonwealth on LHN structures and boundaries, as changes are made.

e) Do you think Dubbo would be more suited to serving Western NSW instead of being grouped with Bathurst and Orange? Why, why not?

Dubbo will continue to be the major hospital servicing Dubbo and Orana regions.

f) Do you think patients in Dubbo will travel to Orange or bypass Orange for Sydney?

Existing patient flows are expected to continue

g) What is your response to criticism that Hospitals like Orange and Bathurst will benefit over Dubbo Hospital now that they're grouped together?

Orange, Bathurst and Dubbo Hospitals will continue to provide hospital services to their communities and each have an important role to play in the LHN.

Forbes Dialysis

139. In relation to the extension of the Forbes Dialysis Unit;

- a) Given you announced funding on 2nd February this year for the extension of the Forbes Dialysis unit, can you detail exactly how the funds will be used?

Funds will be used to enhance the Renal Dialysis Service with extension of the Unit from 4 chairs to 6 chairs. Currently the service provides Renal Dialysis to 8 patients, and the enhancements will allow 12 patients to receive that service in Forbes.

- b) Given when I met with the Acting General Manager of Rural Clinical Services in February this year I was told the extension was likely to occur in the next three months, then I was later told it was more likely to be October, then most recently I was told by the end of the year - can you provide details as to when the people of the Forbes district can expect this vital project to be operational?

Detailed planning and consultation has been undertaken with local staff and clinicians. The Greater Western Area Health Service also had to engage a consultant engineer to assess load bearing walls and feasibility to move these walls before plans could be submitted to a draftsman. These delays are all vital steps in ensuring appropriate consultation, and planning to clinical and building guidelines. It is also essential to ensure patient and staff safety within the unit.

A tender to undertake works to reconfigure space previously used for administrative purposes for the enhanced renal dialysis service was issued on 10 September 2010 and closed on 5 October 2010. The Area Health Service advises that services should be fully functional by early 2011.

- c) Do you think it's appropriate that several patients in the Forbes region are forced to travel hundreds over 700 kilometres each week to Orange to undergo vital dialysis treatment?

There are some patients travelling to receive their dialysis in Orange. However, Greater Western Area Health Service provides community transport for eligible patients. Additionally, patients are encouraged to and supported in applying for support through the Isolated Patient's Transport and Accommodation Assistance Scheme (IPTAAS).

- d) Do you agree there is a distinct disparity between health services offered in metropolitan and regional areas?

Health services in rural and regional NSW have expanded significantly – with renal and cancer services being key examples.

#### Parkes / Forbes Hospital Funding

140. In regards to the \$150,000 announced in June this year for planning works for the Parkes and Forbes Hospitals;

- a) What was the process of reaching the decision to commit this funding?
- b) Who was involved in the decision and what role did each party play?
- c) On what date was it decided to announce this funding?
- d) What was the funding figure left out of the Budget Papers?
- e) What is your response to claims this funding announcement was a knee-jerk reaction?
- f) What progress has been made on planning for these Hospitals?
- g) Due to the fact the planning works are not due to be completed until 3 months after the State election, do you agree the money was a token announcement designed to make the communities believe you are committed to this project?
- h) Are the planning works on track to be completed on time?

- i) Who has been involved in this process?
- j) Can you provide reasons as to why the re-development of these two hospitals remains outstanding, despite your Government offering a commitment back in 2004 to redevelop the hospitals?
- k) Can you detail exactly what is meant by your statement that 'strategic planning will be undertaken to determine the most appropriate configuration of services at the two hospitals?'

The NSW Government remains committed to upgrading the health facilities that service Parkes and Forbes.

\$150,000 has been allocated in the 2010/11 NSW Budget to undertake strategic planning work to determine the most appropriate configuration of health services in the Lachlan Valley, including opportunities that may arise from the development of services at Dubbo Base Hospital and Orange Base Hospital.

This work will be undertaken by Health Infrastructure in consultation with the Greater Western Area Health Service, clinicians and the community. Tenders have recently been called for this work, it is expected that the strategic review will be completed by mid 2011.

The next stage of planning requires the preparation of a Service Procurement Plan and a Project Definition Plan.

There are requests for a very large number of projects across the State and each year difficult choices have to be made about which projects are able to progress within the available resources.

For this reason, it is not possible at this time to give a timeframe for the Lachlan Valley project.

Monaro

141. What funds have been expended in the Monaro electorate in health capital works in each year since 2007?

NSW Health does not allocate resources or provide services on the basis of State electorates. However, the Monaro electorate is part of the Greater Southern Area Health Service.

The NSW Government's investment in the Greater Southern Area Health Service has grown from \$537 million in 2007/08 to \$651 million in 2010/11.

142. What funds are planned to be expended on health capital works in the Monaro electorate in each of the next three years?

See response to Question 141.

143. What funds have been expended in each year since 2007 on the new breast screening centres Monaro?

A new mobile unit will be delivered on 29 September 2010. This mobile unit will travel throughout the Monaro area providing 'state of the art' digital mammography services for women in remote rural locations. Cost including equipment will be approximately \$1 million.

144. What funds are planned to be expended on upgrading equipment in Monaro in each of the next three years?

See response to Question 141.

145. During the course of 2009-10, how many patients were diverted from Queanbeyan Hospital to Canberra hospitals?

In 2009/10, there were 528 transfers from Queanbeyan Hospital's Emergency Department to ACT hospitals.

146. What were the reasons for each of these diversions?

Patients are diverted based on clinical need.

147. What are the financial arrangements between the NSW and ACT governments which cover cross-border transfers?

Under the National Health Care Agreement (NAHCA), NSW pays other States and Territories for treating NSW patients for admitted and non-admitted services in their State or Territory and vice versa.

NSW Health has entered into individual Cross border agreements with other States and Territories which cover the reimbursement of cross border patient costs. These agreements lay down the scope, term, prices, provisional payment methodology based on Case Weighted Separations (CWS), final payment settlements and processes when either party has grounds for disputes.

148. What funds have been transferred to the ACT Government in each of the past four years under this agreement?

	2006-07	2007-08	2008-09	2009-10
	\$M	\$M	\$M	\$M
Total amount paid by year:	68.0	66.8	66.8	86.8

149. What funds are estimated to be transferred in the next three years?

Preliminary payments for the ACT in 2010-11 are estimated at \$86 million.

150. What is the status of the Queanbeyan CT scanner?

In August 2009, an Expression of Interest was issued for the provision of CT scanning services at Queanbeyan Hospital. Unfortunately, no proposals were received.

The NSW Department of Health has since given approval for the calling of a Request for Proposal (RFP) which will enable the provision of CT scanning services at Queanbeyan Hospital to be incorporated into the overall scope of services in a regional medical imaging services contract.

The Greater Southern Area Health Service is currently preparing to publicly advertise this RFP.

151. What funds have been allocated to the CT scanner in each of the past four years?

See response to Question 150.

152. What is the status of the Breast Cancer Screening - Digital in Queanbeyan?

The breast screening service at Queanbeyan Hospital is provided by BreastScreen ACT (BSACT). BSACT screen women 2-3 days per week using a Full Field Digital mammography machine.

Assessment services for further investigations following a suspicious mammogram result are provided by BSACT, in Canberra.

153. What funds have been allocated to the facility in each of the past four years?

In 2009, a digital mammography machine was purchased at a cost of \$500,000. Upgrades to the air conditioning were also installed in the mammography room at a cost of \$8,000.

The breast screen funding for women in the South East of Greater Southern Area Health Service is allocated to ACT Health.

154. What was the total cost of the Queanbeyan Hospital redevelopment?

\$52.8 million

155. What funds were expended on this project in each of the past four years?

2006/07 - \$17,605,228

2007/08 - \$24,407,561

2008/09 - \$ 4,637,666

2009/10 - \$ 371,268

2010/11 - \$ Nil

(Source: CAPDoHRS program)

156. What funds are planned to be spent on capital enhancements to the Queanbeyan Hospital in each of the next three years?

Greater Southern Area Health Service has developed its Asset Strategic Plan. This will provide the basis for ongoing maintenance and replacement strategies for all facilities within the Area Health Service.

157. What facilities are in place in Queanbeyan for public treatment of patients requiring dental care?

The Queanbeyan Public Dental Clinic is open Monday to Friday, except for recognised public holidays.

158. What funds - capital and recurrent - were expended on these facilities in each of the past four years?

See response to Question 155 for capital expenditure.

Service related budget:

2006/07 - \$470,836

2007/08 - \$549,998

2008/09 - \$578,308

2009/10 - \$596,729

159. What is the Government's position on community requests for a nurse for the self-dialysis unit at Cooma Hospital?

The model of care at Cooma Hospital is at the level of 'self-care', which can be used by people who are medically stable to dialyse independently. It provides a safe and clean space with consistent and reliable water and power supplies and provides an alternative for people who could dialyse at home, but may not have the environment at home to do so.

The chosen model of care for renal services in any facility is reflective of the clinical needs of patients and the availability of safe and effective support services available within the facility as well as the availability and establishment of staff with specialist training and links to, or locally availability of, renal physicians.

The Greater Southern Area Health Service will continue to monitor demand for renal dialysis and will work closely with patients and their families to address concerns.

Port Macquarie

160. What funds have been expended in the Port Macquarie electorate in health capital works in each year since 2007?

NSW Health does not allocate resources or provide services on the basis of electorates. However in terms of Port Macquarie Base Hospital the following investments have enhanced service delivery:

\$1.3 million Interim Upgrade of Emergency Department - Completed December 2009

\$0.1 million Addition of dedicated Paediatrics Bay to Emergency Department - Completed January 2010

\$0.888 million Orthovoltage Unit - as extension of the North Coast Cancer Institute building - Completed September 2009

\$0.8 million Operating Theatre Equipment - Purchased June 2009

\$2.43 million Mental Health Unit (12 bed) - Completed September 2007

\$18.427 million North Coast Cancer Institute - Radiotherapy and Medical Oncology Unit - Completed June 2007

\$1.0 million Fixed Breast Screen Unit in the North Coast Cancer Institute building - Completed June 2007

\$0.6 million Upgrade of the Dental Clinic (Stages 1,2 & 3) - Completed October 2009

161. What funds are planned to be expended on health capital works in the Port Macquarie electorate in each of the next three years?

NSW Health does not allocate resources or provide services on the basis of electorates. However in terms of Port Macquarie Base Hospital:

- A new 12 bed Geriatric Assessment unit and Psychogeriatric Unit is planned for completion in 2010/11 at an approximate cost of \$0.8million.
- A second Linear Accelerator is to be installed in the North Coast Cancer Institute building at a cost of \$4.75 million.
- \$3.7 million is being provided under the COAG Health Reform Agreement for nine acute beds and one Intensive Care Unit bed.
- \$290,000 is also being provided under the Health Reforms for new equipment for the emergency department and operating theatres.
- The NSW Government has provided \$600,000 towards a Strategic Procurement Plan/Project Definition Plan to advance planning on the Fourth Pod Project. This planning work will assist NSW to make an application to the Health and Hospitals Fund for funding for the Fourth Pod, which has an estimated cost of \$75 million.

162. What funds have been expended in each year since 2007 on the new breast screening centres Port Macquarie?

2008 – approximately \$200,000

2009 – approximately \$194,000

163. What funds are planned to be expended on upgrading equipment in Port Macquarie in each of the next three years?

The following estimates are provided:

2010/11 - \$2.3 million

2011/12 - \$2.1 million

2012/13 - \$2.7 million

164. Has a Clinical Services Plan for the redevelopment of Port Macquarie Hospital been completed and endorsed yet?

A Clinical Service Plan for Port Macquarie Base Hospital was completed in 2006 and informed the Master Plan which identified the need for development of a Fourth Pod. A new Clinical Service Plan for Port Macquarie Base Hospital is currently being completed.

165. Has the Service Procurement Plan for the redevelopment of Port Macquarie Hospital been completed and endorsed yet?

Development of the Service Procurement Plan can commence once the Clinical Services Plan has been completed and endorsed by the Department of Health. Health Infrastructure has called tenders for consultants to undertake the planning for the Fourth Pod, in anticipation of the CSP being completed and endorsed.

166. Has the Project Development Plan for the redevelopment of Port Macquarie Hospital been completed and endorsed yet?

Development of the Project Definition Plan will commence once the Service Procurement Plan has been completed and endorsed by the Department of Health. The Capital Consultants appointed to undertake the Service Procurement Plan will also be appointed to develop and finalise the Project Definition Plan.

167. When are works for the redevelopment of Port Macquarie Hospital (Fourth Pod) scheduled to begin?

Works on the Fourth Pod project will be able to commence once the planning has been completed and the funding has been allocated.

168. Is there a completion date planned for the redevelopment of the Port Macquarie Hospital (Fourth Pod)?

The completion date will depend on the date of commencement.

169. How much is it estimated the Port Macquarie Hospital (Fourth Pod) redevelopment will cost?

The North Coast Area Health Service Asset Strategic Plan completed in 2009 estimated the capital cost of the Port Macquarie Base Hospital Fourth Pod at \$70 million. With escalation the current cost is estimated at \$75 million. However a more accurate cost will be determined when service planning and the initial concept design are complete.

170. Has any money been allocated in this budget for the redevelopment of the Port Macquarie Hospital (Fourth Pod)?



Funding has been made available to undertake the planning for the Fourth Pod.

171. If any money has been allocated, how much money was allocated for the redevelopment of the Port Macquarie Hospital (Fourth Pod)?

To ensure that planning continues to prepare Port Macquarie Base Hospital to meet the future needs of the community's growing and ageing population, \$600,000 is being allocated to produce a combined Strategic Procurement Plan/Project Definition Plan to advance planning on the Fourth Pod Project.

172. When is the next Service Plan for the Port Macquarie Hospital to be released?

The North Coast Area Health Service plans to complete the new Service Plan for Port Macquarie the first week in October 2010. The Service Plan will then be submitted to NSW Health for review and endorsement.

173. How much money has been expended to date on the planning for the redevelopment of Port Macquarie Hospital (Fourth Pod)?

Approximately \$70,000 has been spent on Master Planning for the entire Port Macquarie Base Hospital site (which includes the Fourth Pod). This does not include the cost of current service planning.

Bathurst Hospital

174. In relation to the Bathurst Hospital:

a) What building works have been carried out on the Chifley methadone clinic at Bathurst Hospital since the redevelopment of the hospital was completed?

Building works are currently in progress at Chifley Clinic and commenced in early August 2010. The project is refurbishing a patient clinic room, creating more space for use by the clinical team and increasing the amount of storage space for medications and other equipment.

b) Why were these remedial building works required?

These building works are required due to the space limitations in the existing unit.

c) What reports had staff at the Chifley methadone clinic made of safety deficiencies in the design of the clinic?

In early 2008 when the unit first opened, some safety deficiencies were reported to management. These were rectified promptly. Management have not been made aware of any other deficiencies that related to design safety.

d) What reports had staff at the Chifley methadone clinic made of water leakage into the clinic?

Staff reported that during storms, water sometimes leaked under the front door of the unit leaving a potential slip hazard. Awnings were installed in June 2010 and the installation of these covers has mitigated the risk of water leaking under the doors.

e) What was the cost of these works, or will be the estimated cost of these works on completion?

Works are still underway. It is expected that the total cost for the works will be approximately \$200,000.

f) What consultations were conducted with staff of the Chifley methadone clinic regarding the design of the clinic as part of the Bathurst Hospital redevelopment prior to these building works taking place?

Consultation occurred with the former Nurse Unit Manager of the Chifley Clinic in relation to the design of the unit. Prior to the current project commencing there was an extensive user group process and consultation occurred with the management and clinical staff of the Chifley Clinic.

g) When were/will these works be completed?

It is estimated that these works will be completed in November 2010.

175. What is the currently implemented protocol for providing orientation programs/workplace training for overseas trained doctors working in NSW?

Overseas trained doctors working in the public health system are supported by local orientation programs provided by Area Health Services and in 2009/10 all rural area health services received additional funding to support international graduates to integrate more easily into the NSW healthcare system.

a) What of this training is offered locally to overseas trained doctors working in the Bathurst Electorate?

Greater Western Area Health Service (which incorporates the Bathurst Electorate) was allocated additional funding to support orientation of international medical, nursing and allied health graduates. Greater Western Area Health Service is developing a number of resources to support these staff, including pre-employment information, an induction program, orientation workshop and ongoing support sessions with mentors and on site clinical supervision.

176. How many beds are currently open to patients at Bathurst Hospital in light of Premier Kristina Keneally's announcement of funding for an additional five beds at the hospital?

130

a) What moves have been undertaken by GWAHS to recruit additional frontline nursing staff to service patients in these additional beds?

Vacant positions are being advertised and recruited.

b) How many beds were open to patients at Bathurst Hospital prior to the redevelopment of the hospital?

113

177. What plans to accommodate palliative care facilities were included in the original redevelopment plans for the Bathurst Hospital?

There were 2 beds located in the Medical Ward that were identified for palliative care. As the number of single rooms in this ward has increased from 2 to 11, Bathurst Health Service has been able to accommodate more palliative care patients in single rooms than before. Bathurst Health Service is currently purchasing furniture to furnish two rooms to make it more comfortable for relatives who stay.

a) What palliative care facilities are currently included in the Bathurst Hospital?

See answer 177. There is also a Clinical Nurse Specialist Palliative Care who supports patients within the facility as well as in the community. There is a Clinical Nurse Consultant Palliative Care who provides support and clinical direction to the Nurses within the south eastern sector of Greater Western Area Health Service.

b) How many dedicated palliative care nurses are currently working at the Bathurst Hospital?

See answer 177 and 177 (a).

178. What expense was incurred by GWAHS over the 2009/2010 financial year in employing locums at Bathurst Hospital, including associated travel and living expenses costs?

The 2009/10 costs for Agency Medical was \$5.293M

a) What type of medical professionals were employed by GWAHS at Bathurst Hospital, and what services did they provide?

Medical Locums were employed in the following positions at Bathurst Health Service during the 2009/2010 financial year:

- Internal Medicine Specialists
- Anaesthetic Consultants
- Paediatric Consultants
- Obstetric & Gynaecology Consultants & Registrars
- Emergency Medicine Consultants
- Junior doctors were engaged to fill ongoing vacancies and provide leave relief for Bathurst doctors.

Services were provided in their respective specialties. This includes provision of after hours cover. In addition, locum General Surgery Consultants were engaged to provide leave relief cover to Bathurst General Surgeons, and a locum Medical Administrator was engaged to provide Director Clinical Services functions.

b) What would be the cost to GWAHS of employing these professionals locally to provide these services?

The costs to Greater Western Area Health Service if it could find suitable staff to fill vacancies and replace these locum services is estimated at approximately \$2.3 million per annum.

c) What efforts has GWAHS made over the past year by way of recruitment to see such medical professional employed locally?

Recruitment efforts by Greater Western Area health Service in the past twelve months include:

- utilisation of the Panel of Overseas Recruitment Agencies;
- retention of a specialist health recruitment agency for recruitment of Medical Administration;
- Obstetric & Gynaecology and Anaesthetics consultants;
- frequent advertising in HealthJobs and on SEEK, with regular changing and refreshing of the advertisement;
- advertising in print media and advertising via Medical College recruitment websites; and
- journals and other College based advertising.

In addition, Bathurst clinicians have used personal networks and professional meetings as an opportunity to speak to colleagues who may be interested in positions at Bathurst Health Service.

179. What is the current nurse to patient ratio at Bathurst Hospital?

a) Under State Government guidelines, what is the recommended nurse to patient ratio within hospitals?

There is no specific nurse to patient ratio guideline. All wards and clinical units are staffed according to the reasonable workloads clause of the current NSW Nurses State Award.

Kurri Kurri Hospital

180. In regards to Kurri Kurri Hospital:

- a) Are there any plans to close the Emergency Department?
- b) Has there been any withdrawal of services available at Kurri Kurri Hospital since 2007?
- c) Has the Hunter New England Area Health Service drafted any plans for the closure of the Emergency Department?
- d) What assurance can NSW Health give the community that Kurri Kurri Hospital Emergency Department will remain open?

a) No

- b) No
- c) Hunter New England Area Health Service has not drafted any plans for the closure of the Kurri Kurri Emergency Department
- d) Hunter New England Area Health Service is committed to the provision of emergency care to the residents of Kurri Kurri and is always looking to improve the provision of these services.

The State Government has reiterated the importance of rural and regional health services, and, under the National Health Reforms, the Commonwealth has agreed to provide block funding for smaller hospitals thereby recognising community service obligations.

At the local level, there will continue to be a focus on models of care such as chronic disease management, urgent care, primary care and hospital in the home. In hospitals such as Kurri Kurri, there is a need to work with clinicians and the community to ensure models of care are developed which meet patient needs.

**Orange Health Services**

181. In regards the Rescue Helicopter service based in Orange:

- a) What is the estimated cost of a 24-hour rescue helicopter service at the Central West base in Orange?

A review in 2009 of the need to extend the Orange emergency medical service helicopter to a 24-hour service found that the estimated cost would be around \$1.9 million in current dollars.

- b) Has the Government investigated the cost of providing an on-call service in an effort to reduce the cost of a full 24-hour service?

The review recommended that the cost and operational implications of an after hour on-call arrangement be explored through usual contract management processes as an additional resource at times of high network workload. It is estimated that the cost would be approximately \$700,000, but the ability to introduce an on-call roster is dependent on the availability of aircrewman and suitable doctors, which are not available at this time.

182. In regards the Orange Base Hospital

- a) What are the Government's current plans for the disposal of the present Orange Base Hospital site, including any other ancillary buildings within the precinct, such as breast screen and the nurse's quarters?

NSW Health has identified that the redevelopment of the Bathurst Orange and Bloomfield Hospitals project will mean that certain properties owned by NSW Health in the region will become surplus to requirements, and will be divested. The proceeds from the sale of these properties will be used to partially fund the new Health projects in the Area Health Service. The present Orange Base Hospital site, including ancillary buildings within the precinct, will be divested in this financial year once the new Hospital project is completed and operational.

The sale of these buildings and properties will be through a public auction, or an expression of interest process, that will ensure probity and market competition is

achieved. NSW Health has already appointed sales and marketing consultants for the properties.

183. In regards the Gulgong Health Services

a) What is the expected cost of the renovations to the building in the Gulgong Central Business District that will be utilised for emergency services until the planned HealthOne is completed?

Total Renovation costs \$69,000

b) What is the weekly/monthly rental for these new premises?

\$78,000 per annum

Answers to Questions on Notice

184. Please indicate the name & position of all members of the Department involved in answering the Questions On Notice for the Health Budget Estimates session this year?

Many staff within the Department of Health have input both direct and indirect to the provision of information, data and material used to inform responses to Questions on Notice.

185. Was there any communication, written or verbal, between the Department and the Minister's office regarding the answering this year's Questions on Notice?

Yes.

a) If so, what was the name & position of the persons in the Minister's office involved?

The Chief of Staff and Deputy Chief of Staff, Office of the Minister for Health.

b) What was their input / advice?

The Chief of Staff forwarded to the Department of Health information received in the Ministers office relating to questions taken on notice and supplementary questions placed on notice for the information and any necessary action by the Department of Health.

186. Was there any communication, written or verbal, between the Department and the Premier's office regarding the answering this year's Questions on Notice?

No

a) If so, what was the name & position of the persons in the Premier's office involved?

Not applicable – see 186 above

b) What was their input / advice?

Not applicable – see 186 above