MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Dr Gordon Moyes asked a question on page 5-6 of the Hansard, which was taken on notice, concerning dialysis services at Wyong.

Reverend the Hon. Dr GORDON MOYES: But does it have dialysis?

Dr SMYTH: I will take that question on notice; I am personally not aware of that. With the additional beds that have been opening at Gosford and Wyong as part of the COAG health reforms, the work that the area and the hospital management have done in terms of improving patient care, the work they have done with the Ambulance Service—we are not out of the woods yet, but the performance of Wyong and Gosford is much better than it was and I congratulate—

The Hon. MARIE FICARRA: Are you happy with 60 per cent? Is that the best we can do?

Dr SMYTH: No. I am sure we can get that up to the target. And particularly on the more urgent categories of triage 1 and 2, they meet that target every time.

The Hon. MARIE FICARRA: You realise you are actually going back in that Central Coast area? We would like to know, on behalf of constituents in the Central Coast area, an area with a growing population as you say, what you have planned to lift the performance for patients presenting with life-threatening conditions. I am not talking about colds and coughs but about life-threatening conditions.

Dr SMYTH: Patients presenting with life-threatening conditions are triage 1 and triage 2, and they are treated within the benchmark time. I have no concern in relation to life-threatening patients. Triage 3 is potentially life-threatening, and the performance of the Central Coast emergency departments is improving. It has not got to where I would like it to be, but it will. Just to give you another couple of examples, at Wyong Hospital we are also going to trial an emergency care centre. An emergency care centre is to stream patients who have not the most urgent conditions—minor injuries and other conditions that do not need the full service of an emergency department. We are going to trial that. We have been discussing that with Kate Porges, the director of the emergency department, and Matt Hanrahan and the staff there. We are also looking at creating a further treatment zone for children, with their parents, for children with more minor conditions so that they do not need to wait around and they are treated faster. I think Wyong is one of our better emergency departments.

Reverend the Hon. Dr GORDON MOYES: I appreciate all the good things that Wyong has and does, but I did ask whether you have dialysis.

Ms CARMEL TEBBUTT: I think we will need to take that on notice. You are wanting to know if there is dialysis at Wyong or Gosford. I will just check—

Reverend the Hon. Dr GORDON MOYES: No, not Gosford; Gosford has dialysis services. But they are not at Wyong, which is a big, growing area with a population expansion.

Ms CARMEL TEBBUTT: There is no doubt that the demand for access to renal dialysis services is huge right across New South Wales. While we will take that question on notice and come back to you with regard to Wyong, the reality is that we have made huge investment in renal dialysis right across the State and provided far greater access than what has been the case in the past. But I can tell that you want to move on to another question, so I will not go on.

Ms PICONE: May I add to that, and also Dr Matthews might want to make a comment on this. We have systematically been opening, as you know, additional dialysis units, both for acute and more chronic patients, and also investing in more home dialysis. The ideal form of dialysis is for people to have it in their home, but increasingly we are getting patients who are older and find it more difficult. Also, from their carers' point of view it is a very big ask to have an elderly carer also involved in home dialysis. I might ask Dr Matthews whether, in our planning with regard to bringing additional dialysis machines online, it is scheduled for Wyong at this stage.

ANSWER:

Central Coast Health Service is responsible for the provision of public renal medicine services, including dialysis, to the population of the Central Coast. This Renal Service is an integrated one which provides ambulatory services in three dialysis centres and inpatient care by specialist staff, when needed.

There are two satellite dialysis units; one 10 chair unit on the Gosford Hospital campus in the southern end of the Health sector, and one 10 chair unit at Lakehaven near Wyong in the north. A third 10 chair unit at Gosford Hospital provides dialysis for acutely unwell patients. This Centre is also the base for the training of patients in home dialysis. Training and home support is provided in conjunction with the statewide service provider, Sydney Dialysis Centre.

The NSW Department of Health has steadily increased the dialysis treatment capacity on the Central Coast from 20 chairs in 2006 to 30 chairs today. An additional medical registrar was funded for the Service in 2009. An additional home support nurse position has been funded in this financial year.

Wyong Hospital does not have an inpatient renal unit, however any person presenting to Wyong Hospital in need of specialist renal care has ready access to appropriate clinical expertise, and is transferred to Gosford Hospital if admission is needed.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Dr Gordon Moyes asked a question on page 7 of the Hansard, which was taken on notice, concerning how much has been spend on advertising.

Reverend the Hon. Dr GORDON MOYES: Mr Roach, I notice that the Treasurer announced that there would be a 26 per cent reduction in Government advertising over this past year. Last year the Government spent $90 million on advertising, and the latest figures I can get show that it has spent $101 million on advertising. It does not sound to me to be a 26 per cent reduction. What are your department's expenses for advertising and what has been the percentage change?

ANSWER:

In 2009-10, the NSW Department of Health spent $9.5 million on advertising costs (subject to annual external audit).

The Department's annual recurrent expense budget allocation for 2009-10 for advertising was reduced by $2.82 million to reflect the 25% reduction required by the Treasurer as part of the 2008 NSW Mini Budget.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, Dr John Kaye asked a question on pages 7-8 of the Hansard, which was taken on notice, concerning patients with spinal cord injuries accessing rehabilitation beds.

Dr JOHN KAYE: Minister, I want to start with the issue of patients with spinal cord injuries in hospitals. Would you accept that there is a substantial delay in getting patients, once they have been through the necessary hospital-based therapy, out of hospitals?

Ms CARMEL TEBBUTT: I might ask the deputy director general to respond in detail. But I would point out that one of the great benefits that have come out of the COAG agreement is extra investment in sub-acute beds, which will significantly help in terms of rehabilitation for spinal cord injury patients, along with other patients as well.

Dr MATTHEWS: As you would be aware, there are two adult and one children's acute spinal units—the adult ones at Royal North Shore and Prince of Wales hospitals, and the children's unit at the Children's Hospital at Westmead. Further rehabilitation is conducted in a number of places, including at Royal Ryde Rehabilitation Centre, where there are a number of specialist beds for that ongoing rehabilitation, as there are around the State. I would have to take on notice the exact question about delays on discharge from acute units.

Dr JOHN KAYE: You would be aware, would you not, of the community participation project that was run to look at ways in which NSW Health, the Department of Ageing, Disability and Home Care, the Department of Housing, and various other departments including the Department of Transport and the Department of Education and Training could work together in order to remove the bottlenecks that keep people recovering from spinal cord injuries in hospitals longer than they need to be there?

Dr MATTHEWS: I am aware of that work, yes.

Dr JOHN KAYE: And you are aware that the outcome of the recommendation that came out of that was that there should be better coordination of services, to reduce delays?

Dr MATTHEWS: Yes, and that is part of the plan we have for all of New South Wales produced by the Statewide Services Development Branch. We have a plan. We are expanding rehabilitation services. You would be aware that as a result of the sale of Graythwaite there are 64 additional rehabilitation beds currently being constructed at Ryde Hospital, and that will greatly enhance our capacity in that rehabilitation. Also, as a result of the Council of Australian Governments funding, as the Minister said, this year there will be an additional 107 beds for the various types of rehabilitation across the State, and in year four of the Council of Australian Governments' plan that will rise to 438.

Dr JOHN KAYE: That is lovely, but am I correct in saying that the community participation study was completed in 2007 and it is now 2010? Am I also correct in saying there has been no substantial decrease in the delays in getting people out of hospital in that period of time?

Dr MATTHEWS: As I say, I would have to check and take on notice what the actual times have been. I do not have them off the top of my head.

Dr JOHN KAYE: Could you get back to us with that?

ANSWER:

The Spinal Cord Injury Community Participation Project was commissioned by the Motor Accident Authority and understood to have been completed in 2007. However, further detail on this study and outcomes would need to be referred to the Authority. The existing data is not collected in a form that would reliably show any trends in the length of hospital stay for people who have suffered spinal cord injury. Data collection and analysis is ongoing.

NSW Health has looked to further enhance a quality comprehensive service for the management of people with spinal cord injury. The provision of services for people with spinal cord injury incorporates the following components: Acute management; Inpatient rehabilitation; Community reintegration; and on-going care and support.

To further assist spinal patients to transition to the most appropriate level of care, the following enhancements have been made to spinal services in NSW; 4 Sub Acute Beds (funded 2009/10), 2 additional Acute Beds (funded 2010/11), and the establishment of the NSW Spinal Outreach Service (funded and Rural Spinal Cord Injury Service (funded 2007/08).

These enhancements will allow for people to be discharged from acute to subacute services to aid their transition back to their communities, where their management by local clinicians will be supported by Outreach Teams.

In addition, there are 64 additional rehabilitation beds currently being constructed at Ryde Hospital, and that will greatly enhance rehabilitation capacity. As a result of the Council of Australian Governments funding, this year there will be an additional 107 beds for the various types of rehabilitation across the State, and in year four of the Council of Australian Governments' plan that will rise to 438.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Gordon Moyes asked a question on page 8 of the Hansard, which was taken on notice, concerning the Enable NSW database.

I also understand there is a database required to be completed to make this program work more successfully, and that there have been delays in completing that database. Is that correct?

Ms CARMEL TEBBUTT: I might again ask the deputy director general to respond in detail, but I can point out that the Program of Appliances for Disabled People [PADP] is a really important program. It provides assistance to people who are often very vulnerable and we have enhanced the budget in 2010-11 for the Program of Appliances for Disabled People; so the budget is $35.3 million dollars. This includes a $4 million recurrent enhancement, and that comes on top of a $5 million recurrent enhancement in July 2009. So we are investing extra funding in the Program of Appliances for Disabled People.

Dr JOHN KAYE: We are aware of that.

Ms CARMEL TEBBUTT: I think that is important.

Dr JOHN KAYE: We are aware of that and we are on record as congratulating that. This Committee conducted the inquiry, of which I am a member.

Ms CARMEL TEBBUTT: That is one of the reasons why I am pointing out to you this extra enhancement.

Dr JOHN KAYE: But the issue here is a specific problem with the database that allows easy tracking and management of the equipment for loan. We understand that database has not yet been set up, and it was supposed to have been set up some time ago?

ANSWER:

Health Support Services (HSS) has identified a cost-effective IT option which meets EnableNSW's functional requirements but shares the cost across a number of NSW Government services.

Phase 1 of the new information system was implemented in September 2010. Phase 2 which supports web based applications will be implemented in December 2010. Phase 3, which is the final phase and provides an interface with the Oracle financial system, will be implemented in March 2011.

In the intervening period, EnableNSW has been using several interim IT systems which have successfully supported the transition of 55% of services to date. It is expected that the new system will deliver efficiencies and enhanced communication with consumers and prescribers.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, Dr John Kaye asked a question on page 9 of the Hansard, which was taken on notice, concerning registered nurses for people on the ventilator-dependent tetrapledia program.

Dr JOHN KAYE: I take you to another related issue, that being the issue of the ventilator-dependent tetraplegia program, which in the past provided nursing care as part of the care package for people who left hospital and were ventilator dependent. We understand that the provision of registered nurses from the care package has been removed; there will no longer be registered nurses as part of that care package. Is that correct?

Ms CARMEL TEBBUTT: I will ask the director general to respond to that.
Dr MATTHEWS: No, I do not think that is correct. What happens when those folk leave hospital is that a very careful care plan is put into place that provides the type of care that they need—generally packages between $500,000 and $1 million per year to enable those people to live at home. The package provides the care for each individual that they need, which may or may not be registered nursing care depending on: (a) their needs, and (b) the resources of the family that are also caring for them.

Dr JOHN KAYE: Is it not true that originally registered nurses were always part of that care package and that now, in some cases, the work that was being done by registered nurses is being transferred to spouses, parents or next of kin?

Dr MATTHEWS: As I said, each individual patient receives the level of care they need.

Dr JOHN KAYE: I understand that but I want to take you back to what it was like previously. Is it true that every care package contained a registered nurse?

Dr MATTHEWS: I honestly cannot tell you whether every care package ever provided had registered nursing. I am very careful about the word "every". So I cannot guarantee that.

Dr JOHN KAYE: Let me try another way. Has there been a change in the way that registered nurses are provided as part of the care package?

Dr MATTHEWS: As I have said, each patient is carefully assessed and receives the level of care that they require.

Dr JOHN KAYE: So you are telling me there has been no policy change in respect of the provision of registered nurses for people on the ventilator-dependent tetraplegia program?

Ms CARMEL TEBBUTT: Look—

Dr JOHN KAYE: This question is directed to Dr Matthews if you do not mind, Minister?

Ms CARMEL TEBBUTT: No, I will actually just clarify—

Dr JOHN KAYE: You do mind?

Ms CARMEL TEBBUTT: Well, I want to just clarify it for you. The deputy director general has made it clear that he cannot provide the information about whether every package previously did involve a registered nurse.

Dr JOHN KAYE: I took that on board. I just want to know whether there has been a policy change in respect of the provision of registered nurses.

ANSWER:

The Adult Home Ventilation Program (AHVP) provides community care to people who are ventilator dependant, tetraplegic and are medically stable.

During 2009 an expert NSW Health reference group endorsed a model of care for the AHVP. The NSW Health reference group included Area Health Service managers, Senior respiratory, spinal and rehabilitation clinicians and representatives from the Department of Human Services, Ageing Disability and Home Care (ADHC).

The model provides up to 28 hours of direct care a day from specially trained personal care attendant (PCAs). This is one extra hour of care a day from the previous arrangements. The 28 hours include four hours when two carers are present to assist with the transfers, showering, dressing and toileting.

Registered Nurses (RN) have not been withdrawn from the care team however nurses with these qualifications are not required for the provision of the routine day to day care of the medically stable consumers. RNs coordinate the consumer's care, supervise and train the care team and perform higher level care tasks such as changing tracheostomy tubes and catheters. RNs provide on average about 2 hours of direct care a month as well as 24 hour access to support and advice.

All clients on the program have a care coordinator based in their Area Health Service. This person is responsible for liaising with the registered nurse and organising regular clinical reviews for the client. It is the responsibility of the client's specialist treating team to review the care plan on an annual basis and confirm that the client can continue to be managed safely in the community with AHVP model of care.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, Dr John Kaye asked a question on page 9 of the Hansard, which was taken on notice, concerning paediatric aids.

Dr JOHN KAYE: Minister, what action has been taken to reduce the waiting times for paediatric aids and equipment, including communication devices—given that my colleague Ian Cohen brought this issue, with supportive freedom of information data, direct to your attention some months ago?

ANSWER:

Children represent 17% of EnableNSW consumers while their equipment represents 23% of overall expenditure reflecting the higher cost of paediatric equipment and the need for more frequent replacement.

Waiting times for the provision of children's equipment are being addressed through recurrent funding enhancements; major reforms to the Program of Appliances for Disabled People (PADP); and specific initiatives focussed on requirements of children.

The consolidation of PADP lodgement centres is ensuring that administrative program costs are reduced, and more urgently needed equipment is consistently and fairly prioritised for earlier funding.

EnableNSW has established a children's equipment pool so that equipment for very young children, such as strollers, wheelchairs, specialised seating, walking frames, showering and bathing equipment, can be supplied immediately, and with virtually no waiting time. Equipment was obtained for this pool through a bulk purchase which achieved cost savings of 20% for the items purchased.

On average, less than 50 requests are received each year for communication devices. Communication devices are prioritised in the second highest category, after equipment needed to sustain a person's life or maintain their safety, and in most cases these have been supplied within 3 months. Previously, communication devices were usually given a lower priority and children often waited for more than twelve months for equipment.

Waiting times for equipment have reduced as lodgement centres have transitioned to EnableNSW with the most urgently needed equipment supplied within 8-12 weeks compared with 6 months under the previous system.

EnableNSW is supporting prescribers of children's equipment through the provision of advice and support by expert clinicians and the development of prescription and provision guides in consultation with expert clinicians. An EnableNSW speech pathologist assists clinicians prescribing communication devices and a prescription and provision guide for communication devices provides further support.

It is expected that further efficiencies will be achieved once a new IT system is fully implemented. This is scheduled for completion by March 2011.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra asked a question on page 17 of the Hansard, which was taken on notice, concerning Ross and Elvey Quick of Forbes.

The Hon. MARIE FICARRA: Thank you, Professor Picone. Can we just move back to the issue of dialysis, and it is important to look at the Forbes area. In September last year Ross and Elivy Quick were told by health managers in the Greater Western Area Health Service, in the presence of the shadow health Minister the Hon. Duncan Gay and others, that they did not have to drive 700 kilometres a week for dialysis treatment in Orange as Forbes hospital would be expanded within three months. However, they are still driving 700 kilometres, and given they were told no extra nurses would be required, the chairs would be leased and the capital works required were relatively minor, why is this elderly couple having to be put through such a traumatic, long and tiring drive three times a week?

ANSWER:

Earlier this year, the NSW Government provided a funding enhancement of $360,000 to expand renal dialysis services at Forbes Hospital.

I am advised there are currently four chairs in operation at Forbes Hospital, which will increase to six as a result of this funding enhancement.

Significant building works need to be undertaken in order for the service to be expanded.

A tender for these works was issued on 10 September 2010 and closed on 5 October 2010.

The slight delay in finalising the tender for these works was due to the detailed planning and consultation that has been required to reconfigure the existing space at the hospital and ensure the best clinical outcomes for patients.

It is intended that the expanded renal dialysis services at Forbes Hospital will be fully operational in early 2011.

In relation to the Quirks, I am advised that Mr and Mrs Quirk receive assistance through the Isolated Patients Travel and Accommodation Scheme (IPTAAS) for two of their weekly trips to Orange and on the third trip they are able to access community transport provided by the Greater West Area Health Service.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra asked a question on page 17 of the Hansard, which was taken on notice, concerning nurse redundancies.

The Hon. MARIE FICARRA: Turning to the issue of staffing cuts, how many nurse redundancies were there in the year 2009-10?

ANSWER:

I am advised that this information is not held by the Department of Health.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra asked a question on page 17 of the Hansard, which was taken on notice, concerning savings identified in the Browbank and Sidhu Report.

The Hon. MARIE FICARRA: The New South Wales Health Department's special task force report for the Sydney West Area Health Service identifies 291 full-time equivalent staffing position savings worth a total of $22 million-plus. My question is how much of the savings were realised in the budget result in 2009-10—and I realise you might have to get back to us on to specific answers—and how much will be realised in 2010-11? So, specifically coming back with those staffing figures—

ANSWER:

A range of strategies have been implemented to improve budget performance at Sydney West Area Health Service. The Special Taskforce Review was not a prescriptive approach but rather one source of input into these strategies.

Throughout 2009/10, the key budget performance strategies implemented by Sydney West Area Health Service were efficient staffing levels, staffing on-cost controls, procurement efficiencies and improved revenue performance.

All Area Health Services are expected to meet their budget. In 2009/10, NSW Health met Budget targets.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, Dr John Kaye asked a question on pages 19 to 20 of the Hansard, which was taken on notice, concerning the Wallsend and Murramburrah-harden nursing homes.

Dr JOHN KAYE: But some of those nursing homes—and I am pleased that this has happened—were not put out to the market. The two in particular, Wallsend and Murrumburrah-Harden nursing homes, were not put out to the market because the community said they did not want them privatised. If the community in Penrith or Picton and their local members had fought as hard as the community and local members did in the case of the other two I have referred to, would those two—Governor Phillip Nursing Home and Queen Victoria Memorial Home—be taken off the list as well?

Ms CARMEL TEBBUTT: There is no doubt that the view of the local community and the council is obviously critical to this whole process. Aged care facilities are something that do need to have strong community support, so that is a factor right across the board. Having said that, however, what has driven the decision-making with regard to the nursing homes that have transferred and the nursing homes that have not transferred is a range of different factors. With regard to Wallsend and Murrumburrah-Harden, they were decisions that were announced at the end of last year; they did not make it through the next phase of the tender process.

Dr JOHN KAYE: Because the community was well enough organised to stop it happening?

Ms CARMEL TEBBUTT: No, that is not the case. My recollection is that with regard to both of those, I do not think there was strong enough interest from the non-government or private sector to take them on. You need to remember that when we went into this process the Government made it very clear that we wanted to ensure that the delivery of services remained as good as or better than what was the case under State Government operation. It may be that in some circumstances—and I think of some of the regional nursing homes, for example—the private or non-government sector might be able to take them on. But they would not necessarily be able to run them and to provide the same level of service that we were providing for the subsidy that the Federal Government provides. In those circumstances, it would not be appropriate obviously to transfer the nursing homes.

Dr JOHN KAYE: Was that the case in Wallsend and Murrumburrah-Harden?

Ms CARMEL TEBBUTT: I do not have a lot of detail on Wallsend and Murrumburrah-Harden because they occurred at the end of last year. My recollection is that there was a two-phase process and that they did not get through the first phase and that is why we were able to announce that decision at the end of last year. But I am happy to come back to you with a bit more detail about exactly what the issues were there. I cannot remember if it was that there were no non-government or private sector providers interested, or if there were some interested but they were not able to deliver the services at the standard that we deem necessary. But we can come back to you on that.

ANSWER:

The NSW Government decided not to transfer Wallsend Aged Care Facility and Murrumburrah-Harden District Nursing Home to a non-government provider because the detailed proposals received for each of these facilities did not meet all of the evaluation criteria set out in the tender process. This was announced on 21 December 2009.

Throughout the State Nursing Home Transfer Project, it has been clearly communicated that any proposal from an aged care provider would only be accepted if proponents proved that they could deliver quality care for residents and positive outcomes for the health system. In the cases of Wallsend and Murrumburrah-Harden, proposals received from non-government proponents were not able to satisfactorily address all the evaluation criteria.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon R.M Parker asked a question on pages 29 of the Hansard, which was taken on notice, concerning Shellharbour Emergency Department.

Ms CARMEL TEBBUTT: We have announced quite a number of new beds right across New South Wales as a result of the Council of Australian Governments agreement. I am happy to share those with the Committee because I think the Committee would be interested in that. There are at least 12 beds for the Prince of Wales Hospital; 20 beds for Campbelltown Hospital; 21 beds for Wollongong Hospital; 26 beds for Nepean Hospital; 27 beds for the Sydney Children's Hospital network; 17 beds for Sutherland hospital—we spoke about those earlier; 22 beds for the Royal North Shore Hospital; 12 beds for Maitland—I think I have already spoken about that; 16 beds for the John Hunter Hospital; 19 beds for St George; 10 beds for Mt Druitt; 16 beds for—

The Hon. MARIE FICARRA: Can we have that tabled, Minister, rather than take up time just reading out the list.

CHAIR: We are happy to have that tabled.

Ms CARMEL TEBBUTT: I am happy to provide that information.

CHAIR: I want to ask you about Shellharbour Hospital. We were talking earlier about some of the potential life-threatened patients and treatment times. At Shellharbour it is taking much longer for those patients to be seen. Is that because of a critical shortage of doctors? We see that on occasions there is only a junior medical officer with limited experience being left there. Given that Shellharbour Hospital is a very busy hospital, it has more than 150 beds, do you think that is a safe and appropriate situation?

Ms PICONE: With the triage 3 performance data and then the staffing levels, it has been travelling okay—76.3, August 9; 75.2, August 16; 82.5, August 23; and 75.7 August 30. I would have to take on notice the actual staffing arrangements on each shift, particularly the medical staffing arrangements. Having worked in that area I know what it is but I want to make certain I give you the correct figures.

CHAIR: That is fine. I am also informed that that hospital is having a review by the Institute of Medical Education and Training, which might see further downgrading of accreditation for junior medical staff. Given there is a loss of accreditation of physician training in 2007 and a loss in the past 12 months, I wonder why you are not taking some action to alleviate that chronic problem there.

Ms PICONE: I will have to take that on notice. I am not aware. Perhaps Dr Chant might be able to help?

Dr CHANT: There are certainly workforce challenges there and obviously in a place like Shellharbour we need the appropriate supervision in order to have the accreditation for specialist training and for intern accreditation.

CHAIR: If you are taking that on notice can you also tell us why the results of the external review have not been acted upon and what you can say about that please?

ANSWER:

Representatives from the *Clinical Education and Training Institute* are scheduled to visit Shellharbour Hospital in October 2010 regarding the reinstatement of intern accreditation.

The Area Health Service has worked towards ensuring that full accreditation is regained for the interns (PGY1s) including:

- Improving supervision by increasing the Registrar coverage to a total of five Medical Registrars
- Increasing the Registered Medical Officer cover to five (one additional) RMOs.

- Monitoring workloads to ensure that teams have more equitable workloads.
- Increasing the services to the hospital
- Increasing the afterhours cover by team registrars on weekends so that they have detailed patient management plans developed earlier in the patient episode.
- Appointing two additional Physicians to bring the number of Shellharbour Hospital Physicians to nine by December 2010.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon R.M Parker asked a question on page 30 to 31 of the Hansard, which was taken on notice, concerning growth in Hunter New England Area Health Service.

CHAIR: That is fine. I know the chief executive of Hunter New England Health made some comments about identification of the new hospital in the Hunter region sometime ago. Can you tell us, given that that is a growing area, what progress has been made? Have you identified a site? What are your plans for the new hospital in the Hunter region?

Ms CARMEL TEBBUTT: I am not aware of what comments you are referring to. Do you have the comments?

CHAIR: Nigel Lyons commented on the identification of a possible new site for a regional hospital in the Hunter region. Perhaps you could take that on notice?

Ms CARMEL TEBBUTT: Yes, we will take that on notice.

...

Ms PICONE: Could I come back to your excellent question about Dr Nigel Lyons making an **unadulterated grab for a new hospital? There has been a whole-of-government planning process, particularly for** the lower Hunter, where the population growth will be, and we contributed with a vision planning statement for where a new hospital might be located in the next 15 to 20 years.

CHAIR: Are you going to provide that vision statement?

ANSWER:

The Lower Hunter Regional Strategy forecasts significant population growth in the Lower Hunter area. By 2031 the population of the Lower Hunter is projected to grow by around 60 per cent to over 230,000.

The Hunter New England Area Health Service Health Asset Strategic Plan 2011-2021 has identified the need to purchase a greenfield site for a future Lower Hunter Hospital.

Planning regarding the optimal location or the size of a site required for a hospital has not as yet been completed.

Any future progress will require further approval and funding.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, Dr John Kaye asked a question on page 33 of the Hansard, which was taken on notice, concerning Gulgong Hospital.

Dr JOHN KAYE: Professor Picone, when were you first aware of a plan to close Gulgong Hospital?

ANSWER:

I am advised:

On the 20th May 2010, Mr Danny O'Connor Chief Executive of Greater Western Area Health Service advised the Department of Health of the WorkCover Provisional Improvement Notices and the Health Service's proposal to vacate Gulgong Hospital.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, Dr John Kaye asked a question on pages 34 of the Hansard, which was taken on notice, regarding indigenous children in NSW with scabies.

Dr JOHN KAYE: I am sure you are aware of Professor Carapetis's work for the Cooperative Research Centre for Aboriginal Health at the Menzies School of Health Research with respect to skin infections in Aboriginal children. He identified that 75 per cent of Aboriginal children in the Northern Territory have scabies. His team also identified the long-term health consequences of scabies—via scabies to a streptococcus infection to what is called post-streptococcal disease with specific implications for long-term renal disease and long-term heart disease via rheumatic fever. I am sure you know more about that than I do. In New South Wales do we have an understanding of the number of Aboriginal children who are similarly affected? Is it as high as 75 per cent of Aboriginal children in New South Wales who have scabies? What are we doing to reduce this appalling episode?

ANSWER:

Scabies is not notifiable in New South Wales.

The 75% figured quoted is from studies conducted in the Northern Territory. Overcrowding in the home is one of the risk factors contributing to the scabies rate in the Northern Territory. Aboriginal communities in New South Wales do not experience the same level of overcrowding.

In New South Wales, intervention programs are developed as the issue arises (e.g. "Mr Germ" and "Itchy and Scratchy booklet". NSW Health has also facilitated long term Aboriginal Environmental Health improvement programs to enable effective conduct of healthy living practices in the home. Programs such as the "Housing for Health" have demonstrated reductions in skin infection rates in Aboriginal communities by improving safety and health in the home. Residents who received the Housing for Health intervention had reduced hospital separations for infectious diseases (including skin infections) by 40% compared with households which did not receive the intervention. The improvement reduction in skin infections alone was 21%.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, Dr John Kaye asked a question on pages 34 to 35 of the Hansard, which was taken on notice, concerning Housing for Health.

Dr CHANT: I would have to take on notice the question on the percentage of scabies because generally that figure has been derived from a survey methodology that they have looked at. I would not want to mislead the group. I will certainly look at what surveys have been done. Certainly there have been reported outbreaks both in indigenous and non-indigenous communities of impetigo, which is again staph and strep, which can also then lead to glomerulonephritis, the renal disease that you were talking about. One of the initiatives we have put in place which is very important is a program called Housing for Health. This is a program where we ensure basically that housing has running water, a kitchen that functions, electricity that functions. We have released an evaluation—

Dr JOHN KAYE: And a laundry that functions?

Dr CHANT: Yes. It has all those elements. It is approved methodology. I would be pleased to show you an evaluation that has been done, which shows that it is an incredibly effective intervention. We are extending the trial of that program to some urban environments. Traditionally that has been rolled out more in regional communities. We are doing a smaller study with new money that we have received under the Aboriginal partnership agreement. That is one of the things we do. We also have a series of public health units that will work with local communities and general practitioners. They will be alerted if there are scabies outbreaks or impetigo in a school. We provide information on how to control and contain that. Obviously impetigo and scabies are often seen in general practice. Having good access to primary health care is important for managing those conditions, as well as linkages with the public health units to notify and respond, which requires a much more integrated response in the context of an outbreak. I am happy to give you some advice if I can find some literature on scabies.

Dr JOHN KAYE: I would appreciate that, Dr Chant.

ANSWER:

Since it began in 1997, the NSW Housing for Health program has upgraded more than 2200 houses and fixed nearly 52,000 items.

NSW Health undertook an evaluation of the Housing for Health Program in 2009/10. The evaluation showed that the population exposed to the Housing for Health program were 40% less likely to be hospitalised with infectious diseases compared to the rest of the rural NSW Aboriginal population.

More information is available at
http://www.health.nsw.gov.au/PublicHealth/environment/aboriginal/housing_health.asp#para_4

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra asked a question on page 39 of the Hansard, which was taken on notice, concerning the roof of the Royal North Shore Hospital Intensive Care Unit.

The Hon. MARIE FICARRA: We believe that this morning part of the roof of the Royal North Shore Hospital intensive care unit has fallen in. Have you been notified of that incident? How is patient safety being handled?

ANSWER:

The Director General of NSW Health responded to this issue towards the end of the Budget Estimates Hearing. I refer the Member to the transcript.

MINISTER FOR HEALTH

BUDGET ESTIMATES - QUESTION ANSWERED

On 13 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.2, the Hon Marie Ficarra asked a question on page 40 of the Hansard, which was taken on notice, concerning acute beds.

The Hon. MARIE FICARRA: To meet the predicted 9 per cent growth that we talked about previously, how many additional acute overnight beds does New South Wales Health plan to open in the next four years to meet the growth that is predicted? Does that amount include the new beds that were negotiated under the Federal health agreement?

ANSWER:

In 2010/11 combined State and COAG Federal funding has been allocated for 488 acute beds. Further expansion of acute bed capacity over the period 2011-2014 will be determined in the context of patterns of demand and global funding over that period.