

Mr Stephen Frappell
Director, Budget Estimates
Legislative Council
General Purpose Standing Committee No. 2
Parliament House
Macquarie Street
SYDNEY NSW 2000

P06/297

Dear Mr Frappell

Budget Estimates Committee Hearing 14 March 2006 – Transcript and questions taken on notice

I refer to your correspondence to the Hon John Hatzistergos MLC, Minister for Health, requesting a review of the proof transcript and answers to questions taken on notice.

The officers who attended the hearing have reviewed the transcript and a copy is enclosed with the relevant alterations made in the margin. Please see Table 1 attached for a list of alterations required to correct the Hansard record.

In addition, errors of fact that were inadvertently provided at the hearing have been identified and I wish to notify the Committee of these corrections. Table 2 provides a list of these corrections.

A response to all questions taken on notice is also enclosed.

Should you require further information, please contact Mr Matt Monahan, Manager, Parliament and Cabinet Unit, on (02) 9391 9328.

I trust this information is of assistance.

Yours sincerely

Robyn Kruk
Director-General

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health’s appearance before the General Purpose Standing Committee No. 2, the Hon Melinda Pavey MLC asked a question, on page 16 of Hansard, which was taken on notice regarding concerns raised by Dr Michael Holland. The following is provided in response:

The Greater Southern Area Health Service (GSAHS) experienced transitional difficulties during the implementation of the new financial management system, Oracle. These difficulties were limited to a short period of time and impacted on the payment of creditors as well as some doctors, including Dr Holland, and VMOs across the Area. All the doctors’ concerned were contacted by the Area Health Service about this transition process at the time.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Melinda Pavey MLC asked a question, on page 17 of Hansard, which was taken on notice regarding payments to the Murrumbidgee Division of General Practice. The following is provided in response:

The Greater Southern Area Health Service has sought clarification from the Chief Executive Officer of the Murrumbidgee Division of General Practice, and has been informed that an invoice for \$30,250 (including GST of \$2,750.00) was sent to the Area Health Service on 10 March 2006, four days before the Budget Estimates Hearing.

The Chief Executive Officer of the Murrumbidgee Division of General Practice did not indicate that there were any invoices for payments dating back further than this, which is well short of 45 or 90 days.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Sylvia Hale MLC asked a question, on page 23 of Hansard, which was taken on notice regarding what has been done to compel the Roads and Traffic Authority (RTA) to display warning signs for the M5 East Tunnel air quality. The following is provided in response:

NSW Health does not have a statutory power to compel the placement of warning signs.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Sylvia Hale MLC asked a question, on page 23 of Hansard, which was taken on notice regarding pollution audits of the M5 East Tunnel and breach of safety standards by the Roads and Traffic Authority (RTA). The following is provided in response:

Regulating the conditions of consent in relation to monitoring is the responsibility of the Department of Planning.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Sylvia Hale MLC asked a question, on page 23 of Hansard, which was taken on notice regarding the audit report into air quality in the M5 East Tunnel and what the NSW Department of Health is proposing to do. The following is provided in response:

Regulating the conditions of consent in relation to monitoring is the responsibility of the Department of Planning. NSW Health will continue to provide ongoing health advice to inform the process as requested.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Sylvia Hale MLC asked a question, on page 24 of Hansard, which was taken on notice regarding the number of community-based mental health services in NSW which were closed in 2004/05. The following is provided in response:

I am advised that for the financial year 2004-05, one (1) community-based mental health service rehabilitation and support service ceased operation. Further activities were provided as a substitute by community mental health staff. For the same period, eight (8) community-based mental health services commenced operation, resulting in a net gain of seven (7) for the financial year.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Sylvia Hale MLC asked a question, on page 25 of Hansard, which was taken on notice regarding vacant dental health positions. The following is provided in response:

The table below shows the number and proportion of vacancies in the metropolitan and rural Area Health Services (that is, excluding Justice Health and the Children's Hospital), as at June 2005.

		Rural	Met	Both	Rural	Met	Both
		NUMBER			PERCENT		
General Practice	Staff	19	27.7	46.7	29.4%	15.6%	19.3%
Specialist Practice	Staff	0	5.8	5.8	0.0%	22.2%	21.2%
	Visiting	0.05	0	0.05	5.5%	0.0%	3.3%
Dental Therapists		6.2	9.8	16	8.4%	11.3%	10.0%
Dental Prosthetists		0.5	0	0.5	10.9%	0.0%	4.6%
Dental Technicians		0	6	6	0.0%	9.7%	9.7%
Dental Assistants		6.4	20	26.4	3.9%	4.7%	4.5%
Nurses - all types		0	2	2	0.0%	7.6%	7.6%
Manager		0	0.8	0.8	0.0%	2.2%	1.6%
Clerical		1	2.4	3.4	2.4%	2.2%	2.2%

A report published by the Australian Institute of Health and Welfare in 2003 on the Australian dental workforce argued that the number of dental graduates of Australian dental schools would need to increase by 120 each year to develop a sustainable self-sufficient workforce. The Commonwealth Government provided funding for an additional 78 HECS places a year across Australia, in 2005 - 42 positions less than required to maintain the workforce at a self-sufficient level.

With around 85% of dentists in New South Wales in the private sector, there is not a ready supply of Australian trained dentists to meet the demands for public sector services.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Christine Robertson MLC asked a question, on page 28 of Hansard, which was taken on notice regarding the removal of equipment from some hospitals in the Greater Southern Area Health Service. The following is provided in response:

Both Tocumwal and Finley health services have a role delineation that reflects the services available at both sites. Role delineation processes have been a requirement of NSW Health since the introduction of '*Guide to Delineation of the Roles of Area Health Services and Hospitals*' in 1986 and all facilities within GSAHS have experienced periodic review since this time.

The removal of equipment occurred in the 1990s. Its removal was in accordance with an extensive role delineation process. The extent of consultation at that time is not able to be determined due to the lapse of time.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Patricia Forsythe MLC asked a question, on page 30 of Hansard, which was taken on notice regarding the release of information relating to the accounts of the Northern Sydney and Central Coast Area Health Service. The following is provided in response:

The information relating to the Freedom of Information request was mailed to the parliamentary office of Ms Jillian Skinner MP, Member for North Shore, on 14 March 2006. The information was also faxed to Ms Skinner's office on 15 March 2006 as requested.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Melinda Pavey MLC asked a question, on page 32 of Hansard, which was taken on notice regarding the reduction of waiting lists in the South Eastern Sydney and Illawarra Area Health Service. The following is provided in response:

Over the last 12 months, the South Eastern Sydney and Illawarra Area Health Service has reduced the number of patients waiting greater than 12 months by 61.4%. There were 953 patients on the list at the end of February 2006 compared to 2,471 patients in February 2005.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Arthur Chesterfield Evans MLC asked a question, on page 35 of Hansard, which was taken on notice regarding access block figures in the South Eastern Sydney and Illawarra Area Health Service. The following is provided in response:

Whilst emergency department attendances have increased by 9% and admissions via the emergency department have increased by 12% in the last 12 months, access block across the South Eastern Sydney and Illawarra Area Health Service has decreased by 16%.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Sylvia Hale MLC asked a question, on page 36 of Hansard, which was taken on notice regarding the role the Department of Health plays in the testing and issuing of health warnings about poisonous substances, and if the Department was involved in the testing of green [sic] life from Sydney Harbour. The following is provided in response:

The Department generally plays an advisory role in health matters concerning environmental chemicals. The Department's statutory role in the testing and issuing of health warnings about poisonous substances is restricted to water supplies. The Department was not involved with actual testing of marine life.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Sylvia Hale MLC asked a question, on page 36 of Hansard, which was taken on notice regarding if any protocols were put in place to ensure that the monitoring, inspection, and reporting of toxicity levels are carried out in a more efficient manner. The following is provided in response:

This is a matter for those Departments that have legislative or regulatory roles in relation to these matters.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Dr Arthur Chesterfield-Evans MLC asked a question, on page 37 of the Hansard, which was taken on notice regarding the coordination between the air ambulance service and flying doctor service. The following is provided in response:

Public aeromedical transport services in NSW are provided by the Royal Flying Doctor Service (RFDS) and the Ambulance Service of NSW.

The RFDS South East Section located in Broken Hill provides traditional RFDS services to communities west of the Darling River. The Ambulance Service's Aeromedical and Medical Retrieval Services provide aeromedical services to the rest of NSW.

The RFDS Broken Hill Service provides outreach clinics, pre-hospital response and inter-hospital transfer. The Ambulance Service's Aeromedical and Medical Retrieval Services provide fixed wing, helicopter, medical retrieval, critical care bed finding, and clinical advice services.

With respect to the Ambulance Service's fixed wing operations, four fixed wing aircraft based in Sydney are provided under commercial aviation contract. The RFDS South East Section is the current contractor and the clinical crew are provided by the Ambulance Service and NSW Health. One fixed wing aircraft in Dubbo is provided under a non-government organisation Funding and Performance Agreement by the RFDS South East Section which also provides the flight nurse crew.

All clinical and operational coordination of the Sydney and Dubbo fixed wing aircraft is provided by the Ambulance Service's Aeromedical Operations Centre. The relationship between the Ambulance Service and the RFDS South East Section is governed by a commercial contract for Sydney and a non-government organisation Funding and Performance Agreement for Dubbo.

All clinical and operational coordination of service provision from the Broken Hill service is provided by the RFDS South East Section. On a few occasions each year, the Ambulance Service's Aeromedical Operations Centre may request the assistance of the Broken Hill service to conduct the inter-hospital transfer of patients from hospitals east of the Darling River.

BUDGET ESTIMATES HEARING – QUESTION ANSWERED

On 14 March 2006, during the NSW Health’s appearance before the General Purpose Standing Committee No. 2, the Hon Christine Robertson MLC asked a question, on page 39 of the Hansard, which was taken on notice regarding the bed ratios per 100,000 in NSW and other States. The following is provided in response:

The latest available comparative information from the Australian Institute of Health and Welfare publication “Australian Hospital Statistics” is for the 2003/04 year.

This shows the average number of beds immediately available for admitted patients or residents within public hospitals within each State during 2003/04 per 100,000 resident population within each State. Figures are as follows:

State	Available Beds Per 100,000 Resident Population
New South Wales	290
Victoria	240
Queensland	260
Western Australia	250
South Australia	320
Tasmania	240
ACT	210
Northern Territory	290

BUDGET ESTIMATES HEARING – QUESTIONS ANSWERED

On 14 March 2006, following NSW Health's appearance before the General Purpose Standing Committee No. 2, the Hon Sylvia Hale MLC placed (26) additional questions on notice regarding the M5 East Tunnel. The following is provided in response:

- 1. Has NSW Health exhausted the 'normal process of seeking to persuade the RTA' to take appropriate action to minimise potential health risks for users of the M5 East tunnel?**

I am advised that negotiations are ongoing.

- 2. How successful have these attempts at persuasion been?**

An example of an outcome of discussions between NSW Health and the RTA is that the RTA has produced and distributed brochures about tunnel safety including information concerning health and air quality provided by NSW Health.

- 3. What is the next step for NSW Health in terms of persuading the RTA?**

I am advised that negotiations are ongoing.

- 4. Is the department aware of the audit report into air quality conditions of the M5 East tunnel, just released, that showed many of the key conditions were unclear and difficult to enforce and that the RTA's pollution monitoring equipment was not properly maintained and the pollution readings inside and outside the tunnel were not reliable? What action does NSW Health propose to take as a result of this?**

Regulating the conditions of consent in relation to monitoring is the responsibility of the Department of Planning. NSW Health will continue to provide ongoing health advice to inform the process as requested.

- 5. On Thursday February 10, 2005, Mr Paul Forward denied any ill effects on health resulting from exposure to particulate matter in the M5 East. What can/does NSW Health propose to do to correct the claims of the RTA and Department of Infrastructure that there are no health risks with the M5 East?**

NSW Health seeks to raise public awareness about the ways to reduce the potential for adverse effects from air pollution in road tunnels, particularly for sensitive people. This has been done by mechanisms including collaborating with the NSW Asthma Foundation and working with the RTA to provide health advice in brochures for motorway tunnel users.

6. At the September 2005 hearings, the Minister said that the study into effects on residents around the M5 East stack would be re-analysed by the end of 2005. This study has still not been released. Why not?

The process of reanalysis of the data has taken longer than expected, partly due to the additional time required for liaison with a community appointed expert in air modelling.

7. Has this study been revised to take into account the significantly increased traffic volumes since 2003 when the study was first commenced?

The revised modelling done by CSIRO has incorporated the actual traffic volumes recorded over the study period.

8. What does NSW Health propose to do as a result of this study?

The results will be publicly released following completion of the analysis.

9. Is NSW Health aware that the RTA is proposing to emit unfiltered fumes from the tunnel portals on a regular basis? Does NSW Health have any concerns about this, and if so what?

NSW Health has not formally been approached regarding any plan for portal emissions.

10. Has NSW Health had any input into this proposal? Was input sought from the RTA?

NSW Health has not formally been approached regarding any plan for portal emissions.

11. Given that the situation continues to deteriorate, what will it take for NSW Health to use its legal powers and instruct the RTA to protect drivers using the tunnels?

The in-tunnel air quality maintains compliance with World Health Organisation carbon monoxide guideline values.

12. When setting the standards for acceptable exposure to pollution in road tunnels, does NSW Health base calculations on short term or long term exposure?

NSW Health does not set standards for air pollution levels in motorway tunnels. The most appropriate exposure guidelines for tunnels relate to short-term exposure, as transit times are usually in the range of minutes.

13. Are there separate calculations for nearby residents and for vehicle passengers?

Health risk is assessed separately for community exposure and vehicle passengers.

14. The standards set for vehicle passengers - how many tunnel trips are used to set the acceptable standards, one tunnel trip per day, a return trip through the one tunnel, or multiple trips?

The in-tunnel exposure guideline is based on carbon monoxide exposure averaged over 15 minutes for the M5 tunnel and 15 and 30 minutes in the Cross City and Lane Cove Tunnels.

15. Are there any calculations done on drivers using multiple tunnels, such as say, the M5, the Eastern Distributor and Harbour Tunnel in the one journey, or are acceptable exposure standards set on the basis of drivers using only one tunnel?

Guideline values for in-tunnel exposure are based upon time periods of exposure and were referenced from the World Health Organisation 15 and 30-minute guideline values for carbon monoxide.

16. Does the Department of Health base estimates and calculations of health impacts, on exposure to a single pollutant, such as say nitrogen dioxide, or particulates, or the combined impacts of multiple pollutants? If only single, why? If multiple, which multiple pollutants?

There is some evidence that health impacts of concurrent exposure to multiple pollutants may be different to that when considering pollutants individually. Current air quality standards have not attempted to account for additive, antagonistic or synergistic effects between pollutants.

17. What was the outcome of the investigation of nitrogen dioxide levels in the tunnel? Has NSW Health recommended that the RTA regulate the levels of nitrogen dioxide in tunnels? If not why not? If yes, when?

NSW Health is awaiting the finalisation by the RTA of additional monitoring in the tunnels and any recommendations will be based on this information.

18. Does NSW Health calculate health impacts of exposure to air pollution in tunnels based on cumulative effects?

NSW Health currently references World Health Organisation guideline values which are set for specified time periods and advocates minimising exposure through closing windows and vents.

19. Isn't it a bit like cigarettes, there is no safe threshold, and if it's toxic for you in the long term, it is also harmful in the short term and vice versa?

The air pollution in tunnels is a mixture of petrol and diesel vehicle emissions. NSW Health advice is that exposure to these pollutants should be minimised to prevent both short and long term effects, and that exposure can be effectively reduced in most vehicles by closing windows and vents.

20. Has the RTA made any actual improvements to any tunnel as a result of NSW Health's recommendations?

This question should be directed to the Minister for Roads as this matter falls within his area of responsibility.

21. How much time would a vehicle passenger need to spend inside multiple Sydney tunnels in a typical working day, before their health was negatively impacted on?

Typical use of road tunnels without prolonged delays is unlikely to result in any adverse health effects, and any risk is further reduced by closing the vehicle windows and vents. For people with asthma who are unable to close their cabin while in a tunnel, they are advised to avoid using road tunnels when transits are likely to be prolonged (greater than around 30 minutes).

22. Has NSW Health communicated with the RTA about the risks of vehicle passengers spending cumulative time throughout the working week in Sydney's tunnels? If not why? If yes, what has the response from the RTA been?

The risks, as outlined in the response to question 21, have been communicated to the RTA. This information has been used in the RTA's Staying Safe in Tunnels brochure.

23. How do you think the conditions of approval for such projects could be improved to better protect public health? Do you think the approval and regulatory standards for road tunnel projects in NSW adequately reflect the latest science in terms of possible health risks?

Further research is needed to improve the understanding of the potential public health impacts of motorway tunnels. In the interim it is important that users are aware of simple precautions they can take such as closing windows and closing vents to minimise any potential health risk.

24. We heard last month from the CSIRO that the biggest health worry at the moment is particulate matter, and some of your own NSW Health studies have shown this, yet why it hasn't translated into stiffer regulations?

With regard to in-tunnel particulate matter, there is insufficient information at present to set robust standards for this pollutant. The approach adopted by NSW Health of

minimising exposure (through closing the vehicle cabin) is consistent with the World Health Organisation approach.

25. Would it be useful for NSW Health to have a more active regulatory role? Or a review role, after a tunnel opens?

These issues have been considered in the NSW Auditor General's report on managing air quality – April 2005.

26. We were told by the CSIRO at the recent Cross City Tunnel inquiry that both the M5 East and the Cross City Tunnel are vastly different from the ones proposed in the EIS. Would it be useful for NSW Health to do a kind of audit after the opening of tunnels to assess the implications of any changes from the initial proposal?

Auditing of motorway tunnels against the conditions of consent falls under the jurisdiction of the Department of Planning.