Health
Monday 13 September 2010
Additional Questions on Notice
Answers to be lodged by: Tuesday 12 October 2010

Questions from Ms Parker

Beds

1. Is a midnight bed census taken in each major hospital to determine how many beds are available to admit patients? Please provide that information for each of the 85 hospitals listed in your Emergency Performance data on the NSW Health website.

Bed availability in public hospitals in NSW is not determined by a manual "midnight census", rather bed counts and availability is managed on an ongoing basis by use of computerised Patient Administration Systems (PAS) used by each respective hospital. All 85 hospitals listed on the NSW Health website use their PAS to monitor bed availability.

2. For each hospital type - Teaching, Children Specialty, Other Specialty, Major Metropolitan, Rural Base, Rural District, Other Rural, Community Acute and Multi-purpose Services – please advise the average daily cost of:
a) an overnight acute care bed,
b) a sub-acute bed; and
c) a non-acute care bed

Acute bed:

Hospital peer group	Average cost per occupied bed day
Principal referral	$1,311
Specialist paediatric	$1,913
Other tertiary referral (ungrouped)	$1,189
Major metropolitan	$1,170
Major non-metropolitan	$1,346
District group 1	$1,233
District group 2	$1,026

Subacute bed:
The average per diem cost for a designated subacute bed is $741.

Non-acute bed:
This cost is not routinely calculated and is therefore unavailable.

Staffing cuts
3. The revised budget result for 2009-10 is $100 million less than the original budget, how much of these savings were due to staff reductions or redundancies?
a) How much of the savings are for nurses?
b) How much of the savings are for doctors?
c) How much of the savings are for allied health staff?
d) How much of the savings are for administrative staff?

The revised budget result for 2009-10 is not a result of staff reductions or redundancies.

Ambulance retrievals
4. How many non-emergency patient transport journeys did emergency vehicles conduct in the years ending 30 June 2008, 30 June 2009 and 30 June 2010? Separated for each NSW Ambulance station for the years ending 30 June 2009 and 30 June 2010:

The number of non-emergency road transports conducted by emergency vehicle was 159,720 in 2007/08, 164,612 in 2008/09 and 169, 521 in 2009/10. These figures relate to transports rather than transported patients. In the majority of cases, there is one patient per transport.
The Ambulance Service currently has 226 Ambulance Stations, and it would be a diversion of public resources to report on the individual emergency and non-emergency transports, staffing, and vehicles for each ambulance station.

5. How many emergency patient transports were conducted?

The Ambulance Service of New South Wales transports patients by both road and air. The number of emergency patient transports by road was 506,325 in 2008/09 and 506,049 in 2009/10.
In addition to road transports, the number of patient transports by air was 10,145 in 2008/09 and 9,814 in 2009/10. These transports include both emergency and non-emergency patients.

6. How many non-emergency patient transports were conducted?

The number of non-emergency patient transports was 247,940 in 2008/09 and 253,870 in 2009/10.

7. What was the full-time equivalent staffing establishment? How many emergency vehicles were managed?

As at 30 June 2009, the full time equivalent staffing establishment was 4,013.45.
As at 30 June 2010, the full time equivalent staffing establishment was 4,125.09.

8. How many non-emergency vehicles were managed?

As at 30 June 2009, the Ambulance Service had 68 non emergency vehicles.
As at 30 June 2010, the Ambulance Service had 70 non-emergency vehicles.

Sale of Queen Victoria Memorial Home
Prior to your announcing in Parliament on September 8th that the Queen Victoria Memorial Home was to be sold to the Moran Group;
9. How many consultation meetings were held with the strong community group which has been a strong advocate of the facility for years?

Two consultation meetings were held with the Queen Victoria Memorial Home Support Group.

10. How many consultation meetings were held with staff about the changes and on what dates

Seven consultation meetings were held with staff regarding the State Nursing Home Transfer Project prior to the announcement of the tender results. These meetings occurred on the following dates:

- 6 March 2009
- 23 April 2009
- 22 July 2009
- 15 September 2009
- 30 November 2009
- 28 April 2010
- 27 July 2010

11. When were staff advised of Moran Group taking over

Queen Victoria Memorial Home staff were advised of the NSW Government's decision to transfer this state nursing home to Moran Australia (Residential Aged Care Pty Ltd) on 8 September 2010. Staff were advised that the transfer would occur subject to the approval of the Commonwealth Department of Health and Ageing. An information session was held on 14 September 2010.

12. What measures are in place to protect staff positions

There is a wide range of national standards that apply to nursing home care, which are regulated and monitored by the Commonwealth Government. The staff numbers must be at an appropriate level to deliver aged care services that meet these national standards.
There are employment protections for permanent staff who wish to transfer their employment to the new aged care provider. Staff who transfer to the new provider will retain all their employment entitlements, including superannuation.

Cultural change
On page 5-11 of the budget papers, the Budget allocates $3.5 million additional for instilling cultural change throughout the NSW Health system to ensure patients remain at the centre of the health care delivery system.
13. How is this money being expended?
14. What is the primary outcome measure of cultural change?
15. How, when and by whom will it be reported?

The Caring Culture program is a core focus for *Caring Together* under the theme of Strengthening Local Decision Making. The program is a statewide culture change and improvement program to embed Just Culture principles in the workplace to:

- Foster a culture in which all are treated with respect and dignity;
- Promote better relationships between clinicians and management;
- Strengthen respect between members of the health team;

- Promote a positive culture with no tolerance for bullying or harassment;
- Include training and support for staff; and
- Be backed up by improved procedures for complaints management.

Funding allocated to Health Services in 2010/11 for Culture Change is being applied to review, revise and update relevant business processes and practices, and implement new targeted programs and projects for culture change, including:

- Revision and updating of workplace related policies, and their dissemination and training of staff
- Updating staff induction programs; and continuing education and training of existing staff.
- Updating performance management systems and processes to ensure Just Culture principles are incorporated, and training provided.
- Provision of courses for staff awareness raising, communication strategies, learning and development, including face to face and e-learning programs on workplace culture, culture change, grievance handling, bullying and harassment, performance management. There has been a high participation rate across all Health Services in the number of programs held and staff attendance.
- Improved processes for monitoring, recording, and management and resolution of grievances, and bullying and harassment.
- Workplace climate and culture surveys.
- Recruitment and/or skills development of staff with specialist skills in culture change, and workplace culture

The outcomes of these strategies will be measured by:

- Monitoring attendance at training programs, and feedback from evaluations
- Monitoring grievance, and bullying and harassment registers;
- Performance management
- Review of existing policies and procedures
- Feedback to staff;
- Reporting in Annual Report;

It should also be noted that the Essentials of Care and Take the Lead programs are further initiatives being undertaken by Health Services to drive culture change.

Breast Cancer Screening
On page 5-19 of the budget papers, target participation rates in breast cancer screening and cervical cancer screening are 54.1% and 61.0% respectively.
16. How does this target compare with the target and achieved rates in other jurisdictions?

The latest available participation rates by jurisdictions for breast cancer screening are found in the BreastScreen Australia Monitoring Report 2006-2007 and 2007-2008, published by the Australian Institute of Health and Welfare in August 2010.

The latest available participation rates by jurisdictions for cervical screening are found in the Cervical Screening in Australia 2007 -2008 Data Report published by the Australian Institute of Health and Welfare in May 2010.

17. How many extra women will be screened through Breastscreen as a result of the additional funding stated on page 5-14?

The additional funding for BreastScreen NSW includes:

(i) $2.1m for maintaining digital equipment and for developing and implementing the BreastScreen NSW Information System.

(ii) $0.9m for providing after hours appointments to BreastScreen NSW clients. It is estimated that around 11,086 after hours screens will be performed in 2010/11.

18. What would the target have been without the additional funding?

BreastScreen NSW targets for 2010/11 were set on the basis that $0.9m would be available for after hours screens. If this funding was not available, target screens would be reduced by 11,086, which may result in a reduction of up to 2% in the target participation rate.

19. What is the target mammographic screening rate that is specified in the performance contract of the CEO of the Cancer Institute?

The CEO's performance contract does not specify a target mammographic screening rate.

Potentially Avoidable deaths

20. On page 5-15 of the budget papers, it is shown that the NSW target for the rate of potentially avoidable deaths for people under the age of 75 of 150 per 100 000 population has already been met for non-Aboriginal persons (namely 142 actual in 2008/9; two forecasts for 2009-10 of 140 and 136 respectively and a 2010 -2011 forecast of 131. By contrast, the rate for Aboriginal persons is at least double the stated target (344 forecast for 2010-11). What programs are being offered in partnership with the AHMRC to meet this target?

Following is an overview of program activities that contribute to the prevention and reduction of avoidable deaths of Aboriginal people in NSW. It should be noted that the information is not exhaustive of all NSW Health activity but relates specifically to the leading causes of potentially avoidable deaths.

Commonwealth/State activity

The Council of Australian Governments agreed to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. This historic funding agreement will see $1.6 billion invested nationally into a range of Aboriginal health initiatives from 2009 to 2013 that will focus on:

- Tackling smoking
- Primary health care services that deliver
- Fixing the gap in the patient journey
- Healthy transition to adulthood
- Making Indigenous health everyone's business

The NSW Government will invest $180.38 million over this period in support of this National Partnership Agreement. Some of the programs underway include:

Tackling smoking

Smoking in pregnancy:
Development of a State-wide program aimed at building the evidence base of effective interventions to reduce smoking rates among pregnant Aboriginal women in NSW.

Breathe
Provision of funding to the Aboriginal Health and Medical Research Council of NSW to support training of Aboriginal Health Workers based in the Aboriginal Community Controlled Health Sector.

Smoke Check
The NSW *Smoke Check* project focuses on providing training workshops for Aboriginal health workers (AHWs) and other health professionals working with Aboriginal communities, in the delivery of evidence-based best practice brief smoking cessation intervention. The project aims to build the capacity and skills of the health workforce to implement smoking cessation programs.

Primary health care services
A range of programs are being developed and delivered under this priority area that include enhancement of existing services, building the capacity of the Aboriginal Community Controlled Health Sector and facilitating better coordination and integration of services. Focus areas include violence prevention, oral health and maternal and infant health.

This NPA also has links to the National Partnership Agreement on Indigenous Early Childhood Development. NSW has previously committed funds to expand efforts to halve the gap in mortality rates for Indigenous children under five within a decade. This includes funds for the Aboriginal Maternal and Infant Health Strategy that focuses on both the mother and the baby. It is designed to support women to make healthy lifestyle choices and prevent chronic diseases by keeping them healthy during pregnancy and engaging them in education.

Fixing the gap in the patient journey
A strong focus of the Closing the Gap in Indigenous health is the need to reduce the burden of chronic disease in Aboriginal communities through targeted prevention activities, fixing the gaps in primary health care settings and improving the patient journey. For example, Area Health Services are currently implementing the Severe Chronic Disease Management Program, which will enrol Aboriginal people who have had three unplanned admissions to hospital for a chronic disease in the past 12 months.

Funding in the vicinity of $24 million has been allocated for a range of best practice approaches for chronic disease management for Aboriginal people.

Healthy transition to adulthood

A range of programs are being developed and implemented under this priority. Focus areas include injury prevention; expansion of the Justice Health diversion program to work with Aboriginal young people, and supporting Aboriginal young people leaving custody for transition back into the community through the expansion of the Community Integration Team (CIT) program.

Making Indigenous health everyone's business
A range of programs are being developed and implemented under this priority that include enhancement to environmental health and support for research and evaluation activities. For example, the Aboriginal Environmental Health Officer Training Program is assisting in the development of an Aboriginal workforce with the leadership and skills to progress environmental health issues into the future. Since 1997, 10 trainees have graduated from the program and another five are currently undertaking the course.

Fall related injuries
21. In relation to page 5-21 of the budget papers, what is the target rate of hospitalisation from fall - related injury for people aged 65 years and over?

The State Health Plan (2007) includes the following target – to "Prevent further increases in hospitalisations for fall injuries among people aged 65 years of age and over".

The Report of the Chief Health officer states that in 2006/07 the rate of falls hospitalisations among NSW residents aged 65 years and older was 2761.3 per 100,000 (see www.health.nsw.gov.au/publichealth/chorep/inj/inj_falloldhos_full.asp#table).

Antenatal care – Aboriginal women
On page 5-17 of the budget papers, the NSW Government has settled for two different targets for antenatal care even though it must acknowledge that infant and maternal outcomes are highly dependent on access to antenatal care.
22. Why does the Budget paper settle for 87% of Aboriginal women attending antenatal care before 20 weeks gestation yet 94% for non-Aboriginal women?

The Aboriginal Maternal and Infant Health Service is a key part of the NSW Government's commitment to closing the gap in health outcomes between Aboriginal and non-Aboriginal families. Prior to the implementation of the Aboriginal Maternal and Infant Health Service (AMIHS), there was a much greater disparity between Aboriginal women and non-Aboriginal women – i.e. only 64% of Aboriginal women accessed antenatal care before 20 weeks gestation. This was considered due to a range of factors including a lack of access to local and culturally appropriate services.

The disparity however is getting smaller, as more accessible and culturally appropriate services are provided across NSW. For example, the Aboriginal Maternal and Infant Health Service (AMIHS) has a model of care in which a midwife working in partnership with an Aboriginal health worker working in the community, providing a high-quality antenatal and postnatal service that is culturally sensitive, woman centred, based on primary health care principles, and provided in partnership

with Aboriginal people. The AMIHS program has grown from 7 services in 2001 to 31.5 programs across NSW in 2010. The AMIHS program continues to work towards increasing access to antenatal care early in pregnancy.

23. Whose responsibility is it to ensure that 87% of Aboriginal women receive antenatal care before 20 weeks gestation?

It is the responsibility of Area Health Services to ensure that all Aboriginal women have access to antenatal care before 20 weeks gestation.

24. Has this been negotiated through the MOU with the AHMRC?

NSW Health has presented and provided written reports to the partnership on the Aboriginal Maternal and Infant Health Service (AMIHS).

Antenatal care charges
25. Do you believe it is appropriate that pregnant women being cared for in the public health system are being charged for antenatal care?

Antenatal classes may be provided by public maternity services in a variety of ways. This includes attendance at formal antenatal classes which are separate to the woman's antenatal care; or on a one to one basis, or through group antenatal care known as *CenteringPregnancy.* The decision regarding the model of antenatal education is made at Area Health Service level.
The new NSW Health policy *"Towards Normal Birth in NSW"* recommends that Area Health Services provide antenatal classes/groups free of charge for women who are potentially vulnerable due to recognised socioeconomic or lifestyle factors.

26. What do you intend doing to ensure women are not missing out on important antenatal care because they can't afford to attend classes?

Recent NSW Health investment in maternity services has included the enhancement or establishment of antenatal clinics in over 40 rural and regional locations across NSW.

This means that there is improved access to public antenatal care in rural and regional NSW. Women are offered midwifery and medical assessment, support and advice throughout their pregnancy.
The new NSW Health policy *"Towards Normal Birth in NSW"* recommends that Area Health Services provide antenatal classes/groups free of charge for women who are potentially vulnerable due to recognised socioeconomic or lifestyle factors.
Many services already provide free or reduced-cost antenatal classes for some women in their communities (such as culturally and linguistically diverse women, teenagers, women who hold Commonwealth Health Care Cards).
Women who are accessing the Aboriginal Maternal and Infant Health Service (AMIHS) can also access appropriate antenatal care with one on one education.
The NSW Health resource book, *Having a Baby,* has been developed for consumers of maternity services in NSW. It provides advice and information for women on maximising their health during pregnancy, and on caring for their newborn in the

early days after birth. It is available, free of charge, to all pregnant women on their booking-in visit to a NSW public hospital.
One of the main aims of the new policy framework for NSW public maternity services, *"Towards Normal Birth in NSW"*, is to provide all pregnant women with information about the benefits of normal birth, and the factors which promote normal birth.

Maternity Services
27. What are your plans for Mona Vale hospital maternity services? In the event that it becomes a midwife only maternity unit and a 'doctor free zone' as NSW Health press releases indicate, what happens in the event that labour is prolonged or medical intervention is deemed necessary?

Most women see a number of different health care providers (midwives, obstetricians, general practitioners) through their pregnancy and are attended by different care givers again in labour and during the post natal period.
Northern Sydney Central Coast Area Health Service proposes to establish a Midwifery Group Practice at Mona Vale Hospital for women with normal risk pregnancies.
A large body of evidence exists in support of the positive outcomes afforded women who utilise a continuity of midwifery model of care during pregnancy, labour, birth and the early post natal period. These benefits include less intervention in labour, greater decision making by the woman, better adaptation to parenting, lower incidence of post natal depression and increased breast feeding rates.
In the event of any emergencies occurring under this model of care at Mona Vale Hospital, these emergencies will be managed through protocols developed which will utilise the services of the Emergency Department and subsequent transfer to Manly Hospital.

Clinical trials
28. On page 5-30 of the budget papers, 300 clinical trials are forecast to be approved for conduct within the NSW public health system?
29. How are these trials identified and counted?

All human research conducted within the NSW public health system must undergo ethical review by a Human Research Ethics Committee. A research ethics database, mandated by the Department of Health, is used to track and manage applications for ethical review from submission through to approval. The database records the type of research project (e.g. clinical trial), as specified by the researcher in the application for ethical review. Each research project is counted once only, regardless of the number of sites at which the research will be conducted.

Variation from target
30. On page 5-17 of the budget papers, the average variation from target for all Area Health Services is <2%. What is the range of values of variation obtained for the eight area health services rather than the average?

In 2009/10, the values for the eight Area Health Services' individual weighted distance from target share ranged from 0% to 0.7%.

Clinical staff ratios
31. On page 5-18 of the budget papers, it is stated that clinical staff are 74% of the total workforce. This means that one in four staff is non-clinical. What are the plans for reducing the number of unproductive administrative jobs?

NSW Health is one of the largest employers in NSW with a workforce of more than 95,000.

The budget papers show 73% of the NSW Health total workforce is employed in a clinical capacity, which is forecast to increase to 74% in 2010-11.

A further 23% of staff are employed in roles that contribute directly to patient care. These include hospital staff providing food services, cleaning and security, maintenance and trades.

Corporate services staff employed at NSW Health represent 4% of the total health workforce. This is the lowest of any health system in Australia.

Medical Assessment Units
32. How much does it cost to run each of the 29 Medical Assessment Units?

Recurrent funding of over $87.6 million represents the cost of all Medical Assessment Units.

33. Are they cost-effective?

Yes .

34. How does the Government know?

There is ongoing monitoring of Medical Assessment Units.

Severe Chronic Disease Management Program
35. When will the cost-effectiveness of the Severe Chronic Disease Management Program be determined and how?

The Chronic Disease Management Office has released a request for tender to engage a suitable party to evaluate the Severe Chronic Disease Management Program. The objectives stipulated for the Tender are to undertake an evaluation of the impact and costs of the Severe Chronic Disease Management Program,

It is anticipated that the successful tenderer will be appointed in November 2010 and will be engaged in a number of data collection, monitoring and analysis processes through 2011 and into 2012.
Delivery of a final report of the evaluation is due by the end of 2012.

Agency for Clinical Innovation (CI) and Bureau of Health Information
36. What are the budget appropriations for the Agency for Clinical Innovation and the Bureau of Health Information?

The 2010-11 initial budget allocation for the Agency for Clinical Innovation is $6.62 million and Bureau of Health Information is $2.08 million.

37. Why have these not been established as independent statutory authorities like the HCCC?

The Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (Garling Inquiry) recommended that, as part of the establishment of the "four pillars", the Agency for Clinical Innovation (recommendation 67) and the Bureau of Health Information (recommendation 75) be established as board governed statutory health corporations pursuant to s41 of the Heath Services Act 1997. Accordingly, the Agency for Clinical Innovation and the Bureau of Health Information have been established as s41 board governed statutory heath corporations.

38. How much does it cost to support the Steering Committee comprising the Department of Premier and Cabinet, NSW Health and Treasury that reports to the Minister of Health and manages the implementation of the National Health & Hospitals Network Agreement and associated reforms in NSW?

There are no additional costs required to support this Steering Committee. The coordination and policy development work performed by this Committee is a part of core business for the Departments involved.

39. How often does this Steering Committee meet with front-line clinical staff to consult?

The Steering Committee has been established to drive implementation of the National Health and Hospitals Network Agreement, and associated reforms, in NSW. The role of the Steering Committee is to coordinate and lead development of NSW implementation plans to give effect to the national reforms.
Extensive front line consultation has been and will continue to be undertaken by the Director-General NSW Health and senior Health Executives.