

*2 September 2003*

*(General Purpose Standing Committee No. 2)*

***Portfolio***

*Health*

**QUESTIONS TAKEN ON NOTICE DURING HEARING**

**1. Ms Parker asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p1-2)*

- (a) How much was set aside for the funding of the State-wide infants hearing program in 2003-2004?
- (b) What is the estimate of the number of newborn babies that can be tested with this allocation?
- (c) Can you advise how much was spent on the program in 2002-2003?
- (d) How many newborns were tested during the program's first seven months, i.e. from December 2002 to June 2003?
- (e) What does this represent as a percentage of total of newborn births in New South Wales for the same period?

**Answer:**

- (a) \$8 million has been allocated to cover a comprehensive hearing program, which includes universal newborn hearing screening and enhancements to the cochlear implant program for children and adults.
- (b) Approximately 86,000 babies are born each year in NSW. The allocation of funds aims to achieve full coverage of babies born in NSW.
- (c) The statewide infants hearing screening program commenced in December 2002. A total of \$4.69 million was spent in 2002/03, including set up costs for the screening program and funding enhancements for cochlear implants.
- (d) Approximately 36,000.
- (e) Approximately 73%. This is a good result when judged against the international experience of establishing new screening programs.

**2. Mrs Forsythe asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p2)*

- (a) Will the allocation allow for 100 percent coverage provision of the testing for newborn babies?
- (b) If so, how many infants have been tested?
- (c) Is the take-up rate as high in rural and regional communities as in the metropolitan areas, and can you give us a breakdown on the figures by area?

**Answer:**

- (a) Yes.
- (b) Approximately 51,000 infants have been tested up to the end of August 2003.
- (c) In the first 9 months of the program 72% of newborn babies have had their hearing screened in rural areas and 81% of newborns have had their hearing screened in metropolitan areas.

**3. Ms Parker asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p2-4)*

- (1)
  - (a) Does the department monitor the number of suicides in a year by clients of its mental health services?
  - (b) If so, are these figures published internally or publicly at all?
  - (c) If not, could you please provide us with the information as to why that is not the case?
  - (d) Has the rate of suicides amongst this group of clients more than doubled since 1995?
  - (e) Has the rate of suicide among men, now aged 34 to 54 years of age, risen quite dramatically?
- (2)
  - (a) When is the NSW Mental Health Sentinel Events Review Committee due to report?
  - (b)
    - (i) Will the report be publicly available and will copies be made available to interested health professional, eg. the National Association of Practising Psychiatrists, after its finalisation?
    - (ii) If so, can you please provide the committee members with a copy of the report?

**Answer:**

- (1)
  - (a)-(d) Suicide may only be assigned as a cause of death by the Coroner. The only suicide death data that is reported by NSW Health is the Australian Bureau of Statistics data. Monitoring of suicide deaths of Mental Health Service clients cannot be done from the ABS data, as it does not contain information as to whether or not each person was in the care of a Mental Health Service, or had a history of contact with a Mental Health Service.
  - (e) ABS mortality data show that, in NSW, death rates for suicide among men aged 35-54 years are generally at or below the Australian rates and have remained stable over the years 1990 - 2000.
- (2) (a)-(b) The NSW Mental Health Sentinel Events Review Committee is due to report to me in January 2004 at which point a decision will be made as to the public availability of the Committee's Report.

**4. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p.6-7)*

- (1)
  - (a) Does the new psych unit at Coffs Harbour Base Hospital have the second highest turnover of patients in the State?
  - (b) Did the department spent \$188,000 re furbishing the unit to comply with the mental health regulations after the hospital opened?
  - (c) Was one of the two self-harm reduction units at the hospital closed?
  - (d)
    - (i) Has the load at Coffs Harbour Base Hospital increased since the Tamworth psych unit was burnt down?
    - (ii) If so, is this due to patients being transferred from Tamworth to Coffs Harbour?
- (2)
  - (a) Is there an adult psychiatric unit at Coffs Harbour Base Hospital?
  - (b) Is there a security guard associated with that hospital in Coffs Harbour or assigned to it?
  - (c)
    - (i) Did a patient try to commit suicide, by tearing up sheets and making a rope after the hospital decided it would not get untearable sheets.
    - (ii) If so, will more money now be spent on sheets that do not tear in the seclusion rooms?

**Answer:**

- (1) (a) No.
  - (b) No.
  - (c) There are no “self-harm reduction units” in the Unit.
  - (d) (i) and (ii) The Tamworth Psychiatric Unit did not burn down. It received some fire damage that required repair. Four patients were transferred to the Coffs Harbour Unit to receive care. Access to the Unit for local consumers was unaffected.
- (2) (a) The Unit provides appropriate care to all age groups.
  - (b) Coffs Harbour Hospital has two FTE security guard positions providing security coverage 24 hours per day, seven days per week.
  - (c) (i) and (ii) A patient did attempt suicide by tearing up sheets but this incident was not linked to any decision by the Mental Health Service not to purchase non-tearable sheets.

**5. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p9)*

In relation to the history of the Share the Air campaign, did the department recommend that the Share the Air campaign actually happen or did that campaign stop between the department and somewhere else?

**Answer:**

The Department of Health was a participant in an Industry Working Group which agreed in late 2002 to a phased approach to introducing non-smoking areas in licensed premises. The Working Group implemented a communication strategy, *Share the Air*, to inform proprietors and patrons of hospitality venues of the new requirements.

**6. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p9-10)*

- (a) Is the Minister aware of the case in Wollongong where after elective surgery a man of 80 spent over a year in intensive care?
- (b) Professor Malcolm Fisher has suggested that he precluded people with poor predicted outcomes from being treated in intensive care units, as the beds aren't expended on people who have predicted poor outcomes. Has any work been done on that, to exclude people with poor outcomes from entering intensive care?

**Answer:**

- (a) I am advised by the Acting Director of Medical Services for the Northern Illawarra Hospitals Group, Illawarra Area Health Service, that no such case exists.
- (b) A great deal of work has been undertaken on this subject, both nationally and internationally. Ultimately, the admission of a patient to intensive care should be based on the clinical decision of the intensive care specialist.

**7. Revd Dr Moyes asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p10-11)*

- (a) In the light of some criticisms of New South Wales Health support for eating disorders programs, what are your intentions over the next four years?
- (b) How much are NGOs going to be supported in the eating disorders program? Can you please provide details and the break up of those.

**Answer:**

(a) and (b)

NSW Health has an NSW Eating Disorder Service Plan to provide a coherent service framework coordinated through Area Mental Health Services. The Plan identifies the need to support a range of interventions including promotion of healthy body image and healthy eating, prevention strategies with high risk groups, early identification and developmentally appropriate intervention.

The Plan identifies the need for links to local treatment supports, with access to specialist tertiary treatment options for the most severely affected. To enhance services and implement the Plan, an Eating Disorders Service Development Group and a Network and Resources Centre are currently being established.

NGOs are significant partners in the development and implementation of the eating Disorders service Plan. A tendering process is being developed to establish and run the Eating Disorders Network and Resource Centre.

**8. Ms Parker asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p12-13)*

- (a) In relation to capital works expenditure, can you explain why 33 of 69 capital works programs were underspent last year amounting to \$74.63 million, particularly given that a 200 bed hospital costs about \$80 million to build?
- (b) Can you explain why 18 capital works programs have had their completion dates extended, adding up to 26 years' worth of delays?
- (c) Why has the Energy Smart Building Program, which amounts to a \$7.1 million expenditure and was supposed to be complete in 2007, disappeared from this year's budget papers?

**Answer:**

(a) and (b)

NSW Health has a large infrastructure investment program with over 61 major projects in progress at any one time. All projects are procured according to a staged process of feasibility study, project definition, documentation, tender and construction. Some projects require change through these steps to allow for changing service requirements and some require extra time to resolve clinical or local planning requirements, which have to be incorporated.

Health manages its forward program within a set asset acquisition allocation. When projects require extra time to resolve particular issues, other projects are advanced to ensure full expenditure. In 2002-03 the actual expenditure was within 4% of the allocation.

(c)

A number of initial projects under the Energy Smart Building program were completed during 2002/03. The remaining projects and any subsequent projects are now being shown in the budget papers as stand alone projects.

**9. Ms Parker asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p.13-14)*

- (a) In relation to Grafton Base Hospital, are you aware of the report of the review of operation and funding of general nursing and allied health and support services within Grafton Base Hospital by Gleeson Health Care Consultants?
- (b) How was the consultant selected for the review?
- (c) Would you also provide us with the information about how much this report cost?

- (d) Are you aware of inconsistencies and false information contained in a draft report circulated to hospital staff?
- (e) Are you aware that in this report it claims that Grafton Base Hospital pays \$496 for an intra-ocular prosthesis when an ophthalmic surgeon has an invoice proving that the prosthesis costs \$180 plus GST?
- (f) Are you aware that the report also claims the cost of cataract surgery at Grafton Base Hospital is \$3,324, despite the cost of cataract surgery being \$1,414, in November 2002 by both Grafton Base Hospital's executive officer and director of finances?

**Answer:**

- (a) Yes.
- (b) I am advised that the consultant was selected in accordance with NSW Health *Purchasing and Supply Manual for Public Health Organisations, Guidelines for Procurement of Consultancy Services*.
- (c) \$19,088.
- (d)-(f) Following feedback, inconsistencies contained within the draft report were addressed prior to the release of the final report.

**10. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p.15)*

- (a) Has the Corrections Health done a report on the state of prisoners' health?
- (b) If so, when will the report be publicly released?

**Answer:**

- (a) Yes.
- (b) The publication is currently available to members of the public and will be available on the Corrections Health Service Internet site.

**11. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p16)*

- (a) Was funding withdrawn from a Hospital in the Home program in Coffs Harbour?
- (b) (i) Was the program went over budget \$800,000?  
(ii) If so, were nurses involved, having been on contract, let go as a result of this?
- (c) Were psychiatrists flown in from Sydney after the chief psychiatrist was lost?
- (d) Does the Government think it is satisfactory to have psychiatrists on call by phone from Sydney, considering the long distances that they are coming?

**Answer:**

- (a) No. The Hospital in the Home program was established with non recurrent funding to provide services to persons with serious mental illness up until the Inpatient Unit at Coffs Harbour Health Campus reached its full capacity (30 beds).
- (b) (i) and (ii) No. The Hospital in the Home program was included the 2002/2003 Area Mental Health Budget as an interim measure until the Inpatient Unit attained full operating capacity. Contract staff were employed while recruitment was underway.
- (c) For some years the Area has been flying VMO psychiatrists to Coffs Harbour to provide high quality mental health care to consumers. The chief psychiatrist to Coffs Harbour had been flying in to Coffs as part of this service and has accepted a promotion in another Area health Service. The position has already been filled by another VMO psychiatrist who has also been part of this fly in system.

- (d) Psychiatry is unlike other “procedural specialties”. It is not a requirement for the specialist to be there to administer treatment.

**12. Ms Parker asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p19)*

- (1) For each of your portfolio agencies in 2002-2003:
  - (a) How much was spent on media monitoring from Reame Australia Monitoring Services in 2002-2003?
  - (b) What is the estimated expenditure for 2003-2004?
  - (c) How much was spent on media monitoring other than from Reame Australia Monitoring Services?
  - (d) How much did your ministerial office spend on media monitoring in 2002-2003 other than from Reame?
  - (e) How many media or public relations advisers were employed?
  - (f) What is the total cost of this?
  - (g) What is the forecast for 2003-2004 for the number of media or public relations advisers to be employed and their total cost?
- (2) In 2002-2003:
  - (a) What is the total cost of your ministerial media adviser component?
  - (b) What is the forecast for 2003-2004 for the number of media or public relations advisers to be employed and their total cost?
- (3) For each of your portfolio agencies:
  - (a) How much money was spent on advertising in 2002-2003?
  - (b) How much did each campaign cost and which firms were involved, and then a monthly breakdown of advertising expenditure?

**Answer:**

- (1) Please refer to response to Legislative Council Question on Notice 282.
- (2) Please refer to response to Legislative Council Question on Notice 283.
- (3) Please refer to response to Legislative Council Question on Notice 280.

**13. Ms Parker asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p20)*

The following questions relate to expenditure and legal fees. For each of your portfolio agencies in 2002-2003:

- (a) How much was spent on legal expenses?
- (b) What was the breakdown for these expenses and who provided these legal services?
- (c) How much did you spend on legal expenses and what was the breakdown of these expenses and who provided them?

**Answer:**

- (a)-(c) Please refer to response to Legislative Council Question on Notice 289.

**14. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p23)*

One of the recommendations [of the NSW Health study into the M5 tunnel] was that New South Wales Government agencies in the role of management of the road tunnel collaborate and investigate international advances and develop appropriate guidelines, and that pending these investigations to advise motorists in open vehicles and motor cycles to avoid the tunnels when transit times are prolonged and also to close car windows and switching vehicles' ventilation to recirculation to reduce exposures to a large amount [of polluted air].

- (a) Have any of these steps been taken to investigate tunnel transit times or to recommend drivers put up their windows and recirculate their airconditioning?
- (b) Has the RTA done anything with the NSW Health recommendations?

In relation to your answer on page 23 of the Hansard:

"In relation to the M5 east tunnel, that is a matter for the RTA. We did do a report that looked at levels in the tunnel and the levels were not above World Health Organisation recommendations. I also understand that our agency paid, I think, \$63,000 in April. A number of local residents alleged that they had some difficulties in relation to their health and we paid for some assessments to be done at the Prince of Wales Hospital, and again the results were negative. We have provided advice to the RTA in relation to the other tunnels that are currently proposed or under construction, the cross city tunnel and the Lane Cove tunnel."

- (c) Do you have feedback in terms of whether the RTA implements recommendations made by NSW Health in their reports?
- (d) Do you consider the combined effects of pollutants, because usually levels of pollution are measured in terms of pure pollutants rather than combinations of them?

**Answer:**

(a) – (c) The Chief Health Officer of NSW Health wrote to the relevant agencies, the Roads and Traffic Authority, the Environment Protection Authority and Department of Planning, recommending establishing a mechanism to implement the recommendations of the Report. Officers of the relevant agencies have subsequently met, and a number of actions were agreed upon.

(d) I am advised the NSW Department of Health is unaware of any scientific evidence upon which such estimates could be based.

**15. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p23)*

Regarding disability plans, what is the level of unmet demand by people with disabilities for PADP?

**Answer:**

In recognition of the growth in demand for PADP equipment, the NSW Government increased funding for this Program by 58% between 1999/2000 and 2002/03. In 2003/04 the annual budget has been increased by a further \$1 million to approximately \$17.9 million.

**16. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p23-24)*

- (a) What is the total level of the current funding of the community based mental health services?
- (b)
  - (i) What was it in 2002-2003?
  - (ii) What is it in 2003-2004?
- (c) What proportion of the money committed to community based mental health services will be spent on services delivered by NGOs? Please provide details of the breakdown.

- (d) What proportion of this has been allocated to youth health and drug and alcohol NGO services?

**Answer:**

- (a) – (d) Information relating to Non Government Organisation (NGO) Funding Grants is available in the NSW Health Annual Report.

**17. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p24-25)*

There is a concern about an increase in incomes of mental health services from patients fees and other hospital charges. The estimated budget in 2002-2003 was 27.4 million, but it was revised and came up to 52 million, and in 2003-2004 the income estimate was increased again to 53.6.

- (a) Can you explain where this extra money came from, the extra 22 million taken from the patient fees and other hospital charges?
- (b) Could you explain why the sum almost doubles that amount?
- (c) How much money is allocated in the budget for the early discharge program and how is the allocation of this money determined?

**Answer:**

- (a)-(b) The increase reported against this “Program” reflects the reporting of revenue that was previously captured in Program 2.2, Overnight Acute.
- (c) A separate allocation has not been made in the budget for an early discharge program.

**18. Mrs Forsythe asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p25)*

How much funding does the department or its agencies provide the victims of crime groups, which groups and how much is given annually?

**Answer:**

NSW Health administers the Victims Support Fund. The Fund provides funding to non-government agencies to provide services to victims of crime. Non-Government services receiving funds under this program in 2003/04 are:

- |  |           |
|--|-----------|
| • Dubbo Women’s Housing Program Inc          | \$96,064; |
| • Enough is Enough                           | \$94,584; |
| • Lifecare                                   | \$20,129; |
| • The Wayside Chapel/The Station             | \$58,941; |
| • Mission Australia                          | \$91,989; |
| • Nambucca/ Bellingen Family Support Service | \$55,582. |

These grants have been provided annually since 2000/01.

In addition, the following services are also funded to support victims of crime:

- Homicide Victims Support Group receive \$412,200 per annum;
- \$835,800 is provided in grants to non-government counselling services for victims of sexual assault, including NSW Rape Crisis Centre and Dympna House Incest Counselling Centre;
- \$9.1 million per annum is allocated to Specialist Sexual Assault Services based in hospitals and Community Health Centres;
- \$6.3 million per annum is allocated to Physical Abuse and Neglect of Children (PANOC) Services in each Area Health Service.

**19. Mrs Forsythe asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p25)*

In relation to the response times of hospitals, area health services, against the triage benchmarks.

- (a) Are the statistics by area health service or hospital against each benchmark publicly available for each hospital?
- (b) If not, would you provide them to the committee?
- (c) Does that break down to say which groups would receive funding?

**Answer:**

- (a) – (b) The NSW Health website contains data on the percentage of patients treated within the recommended benchmarks.
- (c) NSW Health collates and reports on triage data by Area.

**20. Mrs Forsythe asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p26-27)*

In relation to security at Royal North Shore Hospital.

- (a) In 2001 did the Royal North Shore Hospital enter into an agreement for at least five years with Honeywell to install and support a video access security control system?
- (b) Was Honeywell asked to provide a quote on an electronic security system for the new paediatric, obstetrics and emergency building at Royal North Shore?
- (c)
  - (i) Can you please provided details of the relationship with Honeywell. In particular, if Honeywell was asked to quote, what was the result of the provision of that quote?
  - (ii) Did it result in the hospital rejecting the quote and ending the existing relationship with Honeywell?
  - (iii) If so, was there a cost to the hospital in terminating the existing contractual arrangement with Honeywell and, if so, how much?
- (d) In relation to Royal North Shore, are you not able to provide any details about the current security system that is in place as a result of the contractual position with Honeywell?

**Answer:**

- a) I am advised by Dr Stephen Christley, CEO, Northern Sydney Area Health Service, that Honeywell was selected through a competitive tender process for the provision of a security access system for Royal North Shore Hospital (RNSH) Campus in 2001.
- b) Yes.
- c) (i) – (ii) I am advised that there was no existing relationship with Honeywell at that time with respect to the POEM project. Northern Sydney Area Health Service rejected the quotation.  
  
iii) N/A.
- d) Under its contract in 2001/02, Honeywell provided the system head end, some external cameras and other assorted items.

**21. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p28)*

- (a) When there is a problem in a unit such as a psych unit and it is discovered, is there action to fix it?
- (b) Is there good follow-up on problems within units?
- (c) What is the feedback loop?

**Answer:**

(a) – (b) Yes.

(c) The method of feedback would depend on the nature of the issue identified.

**22. Dr Chesterfield-Evans asked the Minister for Health, the Hon Morris Iemma MLC—**

*(Hansard: p.28)*

(a) Could you tell the Committee whether a male patient left the Coffs Harbour psychiatric via a courtyard adjacent to unit and then hanged himself?

(b) Was the Department aware of this?

(c) Has the gap been fixed?

**Answer:**

(a) – (c) A male patient committed suicide while on leave. The Mid North Coast Area Health Service is investigating the matter.