

Waitlists

How many people are on the NSW elective surgery waiting list for cataract surgery?

The Hon. WALT SECORD: How many people are on New South Wales' elective surgery waiting lists for cataract surgery?

The Hon. WALT SECORD: Then can you direct it to one of your civil servants?

Mrs JILLIAN SKINNER: I cannot give you that exact detail for that procedure.

The Hon. WALT SECORD: Then can you direct it to one of your civil servants?

Mrs JILLIAN SKINNER: We will take it on notice.

The Hon. WALT SECORD: You do not have it?

Mrs JILLIAN SKINNER: No, not with me. I can take it on notice.

This information is included in the BHI Hospital Quarterly which was publicly released on 2 September 2015.

Detailed information on cataract surgery and other common elective surgical procedures is also published on the BHI public website at:

http://www.bhi.nsw.gov.au/healthcare_observer/elective_surgery

BHI

Can the April - June BHI quarterly figures (being released on 2 September) be provided to the panel prior to their public release?

The Hon. WALT SECORD: Let me elaborate, expand. I wrote to the Bureau of Health Information asking if every quarter the data on elective surgery lists are released in New South Wales. I asked if I could receive that information, independent data, when the media and the Minister receive it. You wrote back to me and said no. I wrote to the person in charge of the Bureau of Health Information and he referred me to you. He said it is Mrs Skinner's decision.

Mrs JILLIAN SKINNER: Correct.

The Hon. WALT SECORD: The customary procedure, they advised me, is they give it to you 48 hours before the public release. Tomorrow is the next quarterly period, so you or your staff have that data. The media already have it and you said you do not have the data on elective surgery waiting list times. I would like you to ask the civil servants on either side of you if, in fact, they have it or if the people behind you have it. The media already have it and I am probably the only person in Sydney who does not have this information.

Mrs JILLIAN SKINNER: You are not, actually; I do not have it.

The Hon. WALT SECORD: If you are going to use semantics, does your office have it? Do your media advisers have it?

Mrs JILLIAN SKINNER: The Bureau of Health Information report comes out quarterly.

The H

Mrs JILLIAN SKINNER: I do not know when it is coming out.

The Hon. WALT SECORD: I would like to draw the Committee's attention to the timetable, 2 September—

The Hon. NATASHA MACLAREN-JONES: Point of order: Could that be circulated?

The Hon. WALT SECORD: Absolutely, with pleasure. In fact it says, "2 September the data for April to June 2015 provides regular information to help build the evolving picture of hospital performance and patient—

The Hon. NATASHA MACLAREN-JONES: Point of order: If you are asking the Minister a question, she has a right to see the document, as does the Committee, before—

The Hon. WALT SECORD: I ask an attendant—

CHAIR: Order! I ask that copies be made and—

The Hon. WALT SECORD: I ask the Minister again—

CHAIR: Order! Mr Secord, when you are requesting an answer it would be appreciated if you would allow the Minister to answer rather than interrupting her continuously. Let us pause for a moment because the Minister is waiting for the document. We are all waiting for the document.

Mrs JILLIAN SKINNER: I will wait until I see it to give a definitive answer, but I can tell you that there is a timetable for reports, but especially for those of a quarterly nature. I do not think that is down to the final date.

The Hon. WALT SECORD: Yes, it is.

Mrs JILLIAN SKINNER: That is the period for which they are reporting. All the Bureau of Health Information reports are published on the website. Yes, the media are given it the day ahead so that they can prepare their reports for the next day on an embargoed basis. My office receives it at that time, but I have not received it to this date.

The Hon. WALT SECORD: I would like to ask a question on that basis.

CHAIR: Order! Mr Secord, I do not want to keep asking you not to be rude.

Mrs JILLIAN SKINNER: The practice in relation to Bureau of Health Information reports started when Labor was in office, but we have upped the ante and we are now publishing everything on the website. That was never the case previously, so it is an improvement. There is much greater transparency and accountability, and it is interactive.

The Hon. WALT SECORD: Madam Chair—

CHAIR: Do you have another question?

The Hon. WALT SECORD: This is a question based on the statement the Minister has just made. Minister, do your bureaucrats have that information at the moment that will give us the full data on the number of people in New South Wales waiting for tonsillectomies, hip replacements, knee replacements and all surgery in the elective surgery categories?

Mrs JILLIAN SKINNER: I will ask Dr Bolevich to answer that.

Dr BOLEVICH: The Bureau of Health Information publishes quarterly some of the figures you are talking about. The last quarterly period it reported on is January to March this year, so that information is already out in the public domain.

The Hon. WALT SECORD: I am asking about material for tomorrow, 2 September, the data for the period from April to June—

Mrs JILLIAN SKINNER: It is a target release date.

The Hon. WALT SECORD: I am sorry, but we called them 45 minutes ago to ask them if it will be released publicly to the community tomorrow and they said it is already with the Minister's office.

Mrs JILLIAN SKINNER: I do not have it.

The Hon. WALT SECORD: There is plenty of time this afternoon. I would like that material this afternoon.

Mrs JILLIAN SKINNER: I will take that question on notice and provide the information when I can get my hands on it. I do not know whether it has details about all of those procedures.

Mr DOWRICK: They provide a breakdown of specialities.

The Hon. WALT SECORD: What do they provide?

Mr DOWRICK: About a dozen common procedures.

The Hon. WALT SECORD: It provides response times in emergency departments and elective surgery details for 220 hospitals across the State.

Mrs JILLIAN SKINNER: That is correct.

The Hon. WALT SECORD: It is a little bit of information that the community would like.

Mrs JILLIAN SKINNER: The community has it. We wanted to be far more transparent and accountable. Anyone can access it.

The Hon. WALT SECORD: No, your office has it today and you are denying that you have it.

Mrs JILLIAN SKINNER: I do not have it.

The Hon. WALT SECORD: I see, Mrs Skinner—

The Hon. SARAH MITCHELL: Minister Skinner. The Hon. Walt Secord is putting words in the Minister's mouth. She has already taken the question on notice because she does not have the information.

The Hon. WALT SECORD: I am not satisfied with that. I will continue—

The Hon. SARAH MITCHELL: Just because you do not like the answer does not mean that it is not correct.

Mrs JILLIAN SKINNER: I do not have it.

The Hon. WALT SECORD: Your office has it. The Bureau of Health Information told us today that it is with your office.

Mrs JILLIAN SKINNER: I will take the question on notice and provide it when we can get it.

The Hon. WALT SECORD: It will tell us the state of play of elective surgery in every hospital in New South Wales.

Mrs JILLIAN SKINNER: But not broken down by procedures.

The Hon. WALT SECORD: Yes, it is.

Mrs JILLIAN SKINNER: I think there is a grouping of procedures, but not every procedure.

The BHI Hospital Quarterly was publicly released on 2 September 2015. Detailed information on elective surgery is also published on the BHI public website at http://www.bhi.nsw.gov.au/healthcare_observer/elective_surgery.

Drinking water - Wilcannia

Should the Government invest in water infrastructure that provides the people of Wilcannia with a clean water supply?

Mr JEREMY BUCKINGHAM: The people of Wilcannia have told me that one thing that is exacerbating their health issues is the fact that they do not have access to clean drinking water. The bore water that they routinely have to drink is unfit, according to Australian Drinking Water Guidelines, to give to stock. Do you think that is something the Government should address by investing in water infrastructure that provides them with a clean water supply?

Dr CHANT: Clearly, I will look into that issue immediately. It has not been raised with me. I am aware of the issues facing Broken Hill in relation to the salinity problems and the work that is being done by Department of Primary Industries [DPI] Water in terms of addressing that. I do understand that there are many challenges facing rural water supplies and that they are being progressed by other agencies in government, but I have a responsibility. I would be very concerned if people do not have access to adequate drinking water and if there were any concerns with it being expressed as a potable supply and it not meeting the Australian Drinking Water Guidelines. So I will investigate that and get back to you urgently.

Monitoring this year shows that the drinking water meets health-related guidelines. *E. coli* has not been detected in the water this year. Wilcannia's water is supplied from the Darling River and from a bore.

Drinking water is treated by flocculation, clarification and filtration and disinfected with chlorine. NSW Health and DPI water have been providing considerable support to the Central Darling Shire, which manages Wilcannia's water supply, to help them implement their drinking water management system.

Ambulance workforce

Provide a breakdown of the 273 additional FTE provided to the NSW Ambulance

Mrs JILLIAN SKINNER: We have in fact employed 270 full-time equivalent paramedics more since I have been the Minister.

The Hon. WALT SECORD: I want to stop you right there.

Mrs JILLIAN SKINNER: Yes, I knew you would.

The Hon. WALT SECORD: The 270 paramedics—I would like a commitment from you today. I would like a full list of the geographical locations and the dates those 270 paramedics were put on. Could I receive that? Could I receive that on notice?

Mrs JILLIAN SKINNER: I will ask Karen Crawshaw to provide some further information on that but I will let you—

The Hon. WALT SECORD: No. I would actually like proof that those—

The Hon. SARAH MITCHELL: Point of order: The Minister is trying to answer the question. You should let her finish.

Mrs JILLIAN SKINNER: Yes, let me.

The Hon. WALT SECORD: I am just making sure the Minister understands—

The Hon. SARAH MITCHELL: I am sure she understands. Of that, I have no doubt.

The Hon. BEN FRANKLIN: She is a very intelligent lady. I am sure she understands.

Mrs JILLIAN SKINNER: I get it. I get it, Walt.

The Hon. WALT SECORD: Okay.

Mrs JILLIAN SKINNER: Let me first of all say, before I ask Karen Crawshaw to respond more fully, that it is a 272.7—I call that 273—full-time equivalent increase in paramedics. Of that number, 104 were employed to accommodate the new award rosters that were negotiated by the former Labor Government, which we have implemented. This is a roster where they have four days on—these are 12-hour days—and then five days off. We have to employ extra paramedics, of course, to ensure that those teams are able to get back out on the road. I am very happy to pass to Karen Crawshaw to give you more details.

Ms CRAWSHAW: In terms of—

The Hon. WALT SECORD: The 273?

Ms CRAWSHAW: —the 273, the 272.7.

The Hon. WALT SECORD: What was that?

Mrs JILLIAN SKINNER: Two hundred and seventy-two point seven, to be precise.

The Hon. WALT SECORD: I want more answers from her.

Ms CRAWSHAW: In terms of the additional 273—and I will round it up—

The Hon. WALT SECORD: Yes.

Ms CRAWSHAW: —my understanding is that comes from payroll data that is supplied by the Ambulance Service. To go into an exercise of trying to go to each geographical part of the State and identify precisely how much in each part of this State would be a very, very—I would have thought—resource-intensive exercise, given this is information that comes off the payroll.

The Hon. WALT SECORD: Okay. These 273, do they exist? Are they walking on the street? Are they in addition?

Ms CRAWSHAW: According to the Ambulance Service, there are 273 more full-time equivalent [FTE] being paid now—today—than there were four years ago. That is the advice from the Ambulance Service.

The Hon. WALT SECORD: Okay. I would like that breakdown.

Ms CRAWSHAW: I think it will be a very difficult breakdown to provide in terms of—

The Hon. WALT SECORD: I think you will be able to do it.

Ms CRAWSHAW: I do not. I am not going to undertake—

The Hon. WALT SECORD: Do it to the best of your ability.

Ms CRAWSHAW: I will have to take it on notice and see if it can be done.

- Since 2011, an additional 272.7 FTE paramedic staff (not including Control Centre Officers or Patient Transport Officers) have been employed under the Operational Ambulance Officers (State) Award and Operational Ambulance Managers (State) Award.

Drinking water - Wilcannia

What technical equipment is required for a reverse osmosis plant?

Mr JEREMY BUCKINGHAM: In a moment. To follow on from that one, you said in a previous answer that a discrete water supply would be provided to Broken Hill hospital.

Dr CHANT: What I indicated—

Mr JEREMY BUCKINGHAM: How is that to occur?

Dr CHANT: Basically, because of some of the specifications of the technical equipment, it needs to meet certain parameters of chemical characteristics, not related to health characteristics but related to the chemical composition. The hospital is also putting in a reverse osmosis plant and there will be some additional refining for the purposes of the particular specialist equipment at the hospital. That is in addition to the solution put in for the entire town.

Mr JEREMY BUCKINGHAM: Can you take on notice the question about what that equipment is that needs the extra level of reverse osmosis treatment?

Dr CHANT: It is about the chemical characteristics of the water.

Mr JEREMY BUCKINGHAM: But for the particular machinery, will you take that on notice?

Dr CHANT: Yes, I will take that on notice and request advice from Broken Hill hospital.

The equipment within the Broken Hill Hospital for which reverse osmosis is required includes:

- Air-conditioning towers and heat exchange units that require heated and cooled water for their operation, and control the temperature within the Hospital;
- Sterilisers and cleaning systems in the Hospital's operating theatres;
- Boilers which produce steam to support the operations of the kitchens, laundry and operating theatres;
- Renal Dialysis systems;
- Ovens and dishwashing plant in the Hospital's kitchens; and
- Commercial washing machines and the ironer in the hospital Laundry.

Absence of the reverse osmosis unit would result in significant additional costs to regularly clean or replace systems affected by increased corrosion or build-up of plaque in pipes and equipment.

Coal Dust

Did NSW Health provide any information or input to the Environmental Protection Authority's inter-agency report "Environmental Compliance and Performance Report: Management of Dust from Coalmines".

Mr JEREMY BUCKINGHAM: I appreciate that. Did NSW Health provide any information or input to the Environmental Protection Authority's inter-agency report "Environmental Compliance and Performance Report: Management of Dust from Coalmines". You might want to take that on notice. Secondly, do you think it is healthy to live next to a coalmine? I would like the Minister to answer the question. Do you think it is healthy to live next to a coalmine?

NSW Health takes the community's concerns about the potential health effects related to mining and industry seriously and supports all reasonable actions that reduce exposure.

NSW Health works closely with the EPA and other regulatory agencies to ensure that protection of health is the central aim of air quality management.

Tomaree Hospital – X Ray

What is being done to provide x-ray, pathology or ultrasound facilities at Tomaree Hospital?

The Hon. COURTNEY HOUSSOS: Minister, if I can now move to Tomaree Hospital, are you aware that Tomaree Hospital has no x-ray, pathology or ultrasound facilities?

Mrs JILLIAN SKINNER: Tomaree Hospital is a very interesting one. I have been there a number of times because I spend all my Easters up in that part of the world. At one time it had a real struggle attracting doctors to work in its emergency department. Credit goes to the former Government, which set up a GP practice right at the door to the hospital and it now has GP proceduralists who provide care for those patients. One time I was up there, they had had a tragic incident with a child who died because there was not a vital piece of equipment—

The Hon. COURTNEY HOUSSOS: In 2013?

Mrs JILLIAN SKINNER: Yes. As a consequence of my visit we made sure that equipment was provided. I expect that is what you are talking about.

The Hon. COURTNEY HOUSSOS: Are there any other hospitals in New South Wales without x-ray, pathology or ultrasound facilities?

Mrs JILLIAN SKINNER: Not every hospital would have x-ray, pathology and ultrasound. We have 220 to 230 hospitals in the State. Some of them are low acuity. Some of them do not even have inpatient care. Not each one would, but there would be different levels required in different hospitals. After that incident at Tomaree, I discussed it with the secretary and we made sure that there was a rollout of some of that mobile equipment that would prevent that kind of thing happening in future. I think it was something to do with blood.

The Hon. COURTNEY HOUSSOS: The information I have is that the key cause of the tragic situation in 2011 was specifically this lack of x-ray, pathology or ultrasound on site. That is my question: Are there steps to remedy those specific services at that site?

Mrs JILLIAN SKINNER: We did that immediately when we visited. I do not know whether it has all been resolved. Certainly we took it on board. I will get further information.

The Hon. COURTNEY HOUSSOS: It would be great if you could take that question on notice.

Hunter New England Local Health District is confident the community has access to an appropriate level of services at Tomaree Hospital. During business hours, Tomaree Hospital engages the services of a private imaging service at Nelson Bay. After-hours the hospital is appropriately supported by the network of referral hospitals. Some patients, depending on the urgency of their condition, are transported to Newcastle for care - primarily John Hunter Hospital and the Calvary Mater Newcastle.

Ultrasound imaging is performed in the Emergency Department by trained medical officers. Ultrasound is also used by critical care retrieval teams. A pathology collection service is available at Tomaree Hospital. In addition, Point of Care pathology testing technology is available to allow staff to perform a number of pathology tests on site. Point of Care testing allows staff to obtain faster pathology results, which leads to more timely treatment.

Ambulance - Fees

Following the 1 July increase in the maximum charge for an ambulance, How much did the State Government collect in the first month of operation?

The Hon. WALT SECORD: Minister, on 1 July you increased the maximum charge for an ambulance from \$5,715 to \$5,851. I will understand if you take this on notice. How much did the State Government collect in the first month of that operation?

Mrs JILLIAN SKINNER: I will have to take that on notice. As you know that has been part of an annual increase. It went up similarly when you were in government.

- Fees for NSW Ambulance services normally increase at the beginning of each financial year, i.e. 1 July.
- NSW Ambulance fees increased by 2.4% on 1 July 2015 reflecting the CPI.

Heatwaves

Is NSW Health doing any modelling into the impact of increased frequency, duration, extremity of heatwaves on the NSW population?

Please provide summary of research that looks at how hospitalisations have been affected by heatwave events.

Mr JEREMY BUCKINGHAM: Does NSW Health do modelling on the impact of heatwaves on health and their role in exacerbating a range of health—

Mrs JILLIAN SKINNER: We do.

Mr JEREMY BUCKINGHAM: I have not finished the question. The Committee might think it is funny, but the IPCC suggests that one of the leading cause of mass death we are likely to see in the next 100 years is from heatwaves. Is NSW Health doing any modelling into the impact of increased frequency, duration, extremity of heatwaves on the New South Wales population?

Dr CHANT: The answer is that we work in whole of government and the expertise for some of this modelling lies in the Bureau of Meteorology, and the Office of Environment and Heritage. We recognise that what you are alluding to is the impact of more frequent events. One concern is that you see more frequent clustering of heat events, and the duration of a heat event, as well as a cold event, can cause significant impacts. My director of environmental health and one of his colleagues Ben Scalley has just published a paper on the effect of cold or heat. He did it while he was in Western Australia so I cannot take much credit for it from New South Wales. We have looked at the evidence associated with both heatwave and cold events. Both spectrums are very important.

Mr JEREMY BUCKINGHAM: But not here in New South Wales. You are relying on a Western Australian—

Dr CHANT: No. The modelling has been done by the Office of Environment and Heritage, which has done extensive work on behalf of whole of government about looking at the impacts of potentially an increase in sea level, which areas are likely to get hotter and which areas are likely to get colder. The particular domain that we are concerned about is the impact on particularly south-west Sydney. We have increased the resources on our website and worked with GPs and the community around particularly south-western Sydney and Western Sydney. We have a program called Beat the Heat. You probably hear sometimes the Australian Medical Association get up and propagate that. That has a series of resources because one thing we can do from Health is tell people how to mitigate the effects of health in alerts. But it is basically common sense. The elderly and the young are the most susceptible to heat events.

Mr JEREMY BUCKINGHAM: I appreciate that.

Dr CHANT: We have a series of messages that we put out there.

Mr JEREMY BUCKINGHAM: But NSW Health is not conducting its own modelling on the impacts of extreme heat under a range of climate change scenarios.

Dr CHANT: For instance, the range of climate change scenarios has been set. We have done research on hospitalisation data where there have been many researches that are done in the New South Wales context but also the South Australians have done some work and Victoria.

Mr JEREMY BUCKINGHAM: Would you be prepared to table that research?

Dr CHANT: Yes, I would be happy to give you a summary of that. But it is looking at how hospitalisations have been impacted by events. We have been trying to learn whether it takes three days of a hot event before you start seeing that effect. Is it a delayed effect?

Mr JEREMY BUCKINGHAM: What is the effect that you start seeing?

Dr CHANT: Clearly, the more prolonged the effect we see, the more severe the impact, and I am happy to provide you with the reports that we have available.

Mr JEREMY BUCKINGHAM: Do you mean increased deaths and hospitalisations?

Dr CHANT: At both extremes, cold and heat, because particularly older people and young people do not have the physiological mechanisms to cope. For instance, if they are frail and elderly who have

heart disease, they die often of heart disease. So it is attributing the heatwave. It is a sophisticated piece of analysis, which imputes that the heatwave or the heat impact has led to bringing forward their death. But they are not registered as heatwave deaths. They are often registered as heart attacks. There is quite a sophisticated methodology to explore the contribution of heat events and also people's exposure to heat. Perception of heat is different in different parts of the State. As you are aware, people in more rural and regional areas get perplexed at Sydney when we have a heatwave when we are in the high 30s for a few days when you live in Broken Hill where it is very hot. So there is also a factor of what your norm is in terms of your experience with heat events as well.

NSW Health works with other government agencies, such as the Office of Environment and Heritage and the Bureau of Meteorology, in studying and responding to heat and cold events so as to minimise their health impact. NSW Health has contributed to studies that have detailed the health impact of heatwaves, two of which have been published in peer review journals.

1. Shaffer A, Muscatello D, Broome R, et al. Emergency department visits, ambulance calls, and mortality associated with an exceptional heat wave in Sydney, Australia, 2011: a time series analysis. *Environmental Health*. 2012; 11(3): 1-8.

This study describes the impact on emergency departments, ambulance calls and mortality of a heatwave event that occurred in Sydney in 2011. \

2. Wilson L, Morgan G, Hanigan I, Johnston F, Abu-Rayya H, Broome R, Gaskin C & Jalaludin B. The impact of heat on mortality and morbidity in the Greater Metropolitan Sydney Region: a case crossover analysis. *Environmental Health*. 2013; 12: 98.

This study examined the effect on health in more detail, including an analysis of impact by specific illnesses and duration of heatwave event.

A partnership between multiple NSW Government agencies, the ACT government and the University of NSW has resulted in the NSW and ACT Regional Climate Modelling Project. This project has resulted in an ensemble of robust regional climate projections for NSW that can be used to plan for the range of likely future changes in climate.

Dr Ben Scalley, Deputy Director of the Environmental Health Branch, has previously completed research related to heatwaves in Western Australia. He is continuing this research in NSW and is currently studying the impact and heat and cold in NSW. This work will characterise the health impact of varying severities of heat and cold weather across the state, rather than just in Sydney as per previous studies.

Blue Gum Lodge

How many people are on the waiting list for accommodation at Royal North Shore Hospital?

What is the average wait time for accommodation at Royal North Shore Hospital?

Mr JEREMY BUCKINGHAM: How many people are on the waiting list for accommodation at Royal North Shore Hospital? What is the average wait time for accommodation at Royal North Shore Hospital?

Mrs JILLIAN SKINNER: Are you talking about families?

Mr JEREMY BUCKINGHAM: The replaced Blue Gum Lodge.

Mrs JILLIAN SKINNER: I am pleased to inform you that I think it opens next week, 7 September. In the redeveloped Douglas Building there will be 22 beds for families and patients who are long term.

Mr JEREMY BUCKINGHAM: Why are there no kitchen facilities in the new facilities?

Mrs JILLIAN SKINNER: There are.

Mr JEREMY BUCKINGHAM: There are?

Mrs JILLIAN SKINNER: Yes. I was there when they were redeveloping the building. It is beautiful. It is better than the facility that it replaces. It opened today.

Mr JEREMY BUCKINGHAM: Can you take those questions on notice regarding the waiting list, the numbers on the waiting list?

There are currently no people on the waiting list for accommodation at RNSH.

At present, there is no average wait time for patient and carer accommodation at Royal North Shore Hospital.

NSW Office of Preventive Health

What is the total budget for the NSW Office of Preventive Health?

The Hon. WALT SECORD: What is the total budget for the NSW Office of Preventive Health?

Mrs JILLIAN SKINNER: I will have to take that on notice, but it is a wonderful office located at Liverpool Hospital and headed by Professor Chris Rissel. We have enhanced the funding and are putting in a statewide campaign Make Healthy Normal. This program offers a lot of support, particularly to communities in south-west Sydney, for dealing with childhood obesity, overweight and fitness. They have child breakfast programs and so on. I do not know the total budget; we will have to take that on notice.

The Hon. WALT SECORD: I am mindful of my time so I would like you to take that on notice.

Mrs JILLIAN SKINNER: Yes, we will take the actual number on notice.

The 2015/16 budget for the NSW Office of Preventive Health is \$24.1 million.

This includes funding for the Get Healthy Service, Get Healthy at Work, the Healthy Children Initiative and funding for Local Health Districts to deliver school and childcare programs and the Go4Fun treatment program at the local level.

Electronic Cigarettes

Where were the prohibited e-liquid products seized?

Dr CHANT: Nicotine is a prohibited substance and, I understand, a schedule 9 poison. I will have to check the schedule categories. Technically, they have to be registered with the Therapeutic Goods Administration [TGA]. To date, no e-cigarettes containing nicotine have been scheduled by the TGA. Technically, there should not be any e-cigarettes containing nicotine.

Mr JEREMY BUCKINGHAM: What do you mean by "technically"?

Dr CHANT: We know from enforcement activity that some of the vaping fluid contains nicotine.

Mr JEREMY BUCKINGHAM: What enforcement have you done?

Dr CHANT: We have done some enforcement and we have also done some educative work. We are commencing further regulatory activity concurrently with the new e-cigarette initiatives.

Mr JEREMY BUCKINGHAM: What form did that enforcement take?

Dr CHANT: We took possession of products. Our inspectors—an amalgam of the pharmaceutical inspectors in our pharmaceutical branch and environmental health officers—went to particular premises and collected samples. They were tested in an analytical environment to see what they contained.

Mr JEREMY BUCKINGHAM: You said that you seized products.

Dr CHANT: No, I meant collected.

Mr JEREMY BUCKINGHAM: You mean they bought some?

Dr CHANT: Yes, they bought some. However, if they were found to contain nicotine they were seized.

Mr JEREMY BUCKINGHAM: They did seize them?

Dr CHANT: They did seize some product.

Mr JEREMY BUCKINGHAM: Where were those products seized?

Dr CHANT: I will have to provide details of the nature of the places where they were seized.

Mr JEREMY BUCKINGHAM: Please take that question on notice

In September 2013 Inspectors from Pharmaceutical Services visited retailers in Kings Cross, Liverpool and at Windang in the Wollongong area. Twelve were found to be stocking e-cigarettes, e-liquid or cartridges.

Electronic Cigarettes

What is being done to inform/educate the community about electronic cigarettes and the risks of e-liquids

Dr CHANT: We will work across agencies with Fair Trading in terms of these products. However, we are also informing the community and people selling them of their responsibility to know what is in their product.

Mr JEREMY BUCKINGHAM: How are you informing the community?

The Hon. BEN FRANKLIN: Point of order: The member's time has expired.

CHAIR: Order! The answer should be provided on notice.

NSW Health released a public health warning on the dangers of e-liquids containing nicotine in October 2013. Correspondence was sent to approximately 8,000 registered tobacco retailers and peak retailer bodies in NSW including the Australian National Retail Association and Master Grocers Australia about this issue and the legal requirements in relation to selling liquid nicotine.

Further correspondence about the legal requirements in relation to selling liquid nicotine was sent to all registered tobacco retailers, peak retailer bodies, major shopping centre owners and managers and Local Councils as a contact point for pop up markets in January 2015.

In August 2015 NSW Health wrote to registered tobacco retailers, peak retailer bodies, major shopping centre owners, Local Councils and e-cigarette only retailers about new laws in relation to the sale of e-cigarettes and e-cigarette accessories under the *Public Health (Tobacco) Act 2008* which were passed by the NSW Parliament on 25 June 2015. The Minister for Health released a media release about these new laws to help inform the public. Authorised Inspectors within Local Health District Public Health Units are visiting retailers to provide education about the new laws. A public notice campaign is also being planned to support public awareness about these new laws, with a focus on the ban of using e-cigarettes in cars with children under 16 present which comes into effect on 1 December 2015.

NSW Health has a series of fact sheets about e-cigarettes on the NSW Health website covering legality, safety and evidence in relation to smoking cessation.

Electronic Cigarettes

What are the results of the testing done by NSW Health on e-liquids?

Dr CHANT: The Therapeutic Goods Administration website also has a description of the some of the risks associated with sourcing products that have no ingredient list or point of origin information. Some products are procured online. In addition, when we get the results of testing, we release them and write to the tobacconists and other people warning them of these issues.

Mr JEREMY BUCKINGHAM: Will you table the results of that testing?

Dr CHANT: Yes. We did a sample of 11 tests.

20 samples of e-liquids and a majority were found to contain nicotine.