

MINISTER FOR HEALTH

BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon Robyn Parker MLC asked a question on pages 9 and 53 of the Hansard, which was taken on notice, concerning the Northern Sydney Central Coast Area Health Service's budget.

Accordingly, the following answer is provided:

I am advised that the 2007-08 budget, on a Net Cost of Services basis, for each of the hospital based networks within the Northern Sydney Central Coast Area Health Service, are as follows:

	NCOS 2007-08 \$ M
Central Coast	267.5
Hornsby Ku-Ring-Gai	82.0
North Shore Ryde	346.2
Northern Beaches	93.1

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On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, Ms Lee Rhiannon MLC asked a question on page 14 of the Hansard, which was taken on notice, relating to the Chief Executive of the Sydney West Area Health Service and Specialist Information Services (SIS) purchase order 690566. The following response is provided:

On 1 November 2007 the Director-General of NSW Health referred the Hon Member's allegations to the Independent Commission Against Corruption.

In light of this, it would not be appropriate to respond further on this matter.

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On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, Ms Lee Rhiannon MLC asked a question on pages 15 to 18 of the Hansard, which was taken on notice, relating to:

- (a) *Records of internal complaints by public health staff about incidents of bullying and intimidation.*
- (b) *Code of Conduct and Guidelines on speaking to the media.*

The following response is provided:

(a)

Further to advice provided at the Estimates Committee Hearing on 26 October 2007, I am advised that, consistent with the NSW Health Bullying Prevention and Management Guidelines, individual bullying complaints within an Area Health Service are generally made to the next line manager.

The exceptions are where there is a conflict of interest, or where the complaint is about that line manager.

In such cases, the complaint is referred to the next appropriate level of management.

A copy of the NSW Health Bullying Prevention and Management Guidelines is enclosed.

From time to time an individual complainant may not be happy with the way an Area Health Service has responded to a complaint, and may escalate the complaint to the Director-General or myself.

Depending on the specific nature of each complaint, it may be referred to the Corporate Governance and Risk Management section, or the Human Resource Policy section of my Department, and an assessment of the complaint is then conducted to determine how it should best be resolved.

I am advised that my Department does not maintain formal statistics on these complaints, because the number is relatively low.

I am further advised that, of the small number of complaints that are referred to my office or the Department of Health, some have not utilised the full range of locally available resolution options.

An example of this occurring is where a complainant may not be happy with the way the local facility has responded to their concerns, and rather than drawing the matter to the attention of the Area Health Service administration to explore further resolution options, the complaint is forwarded directly to the Department or my office.

(b)

All NSW Health staff are expected to abide by the Code of Conduct – NSW Health which was issued as a Policy Directive in 2005.

Section 2.7 in the Code of Conduct sets out the obligations that apply to staff when making public comments.

The NSW Department of Health has provided the Committee with a copy of the Code of Conduct – NSW Health. This document is also publicly available on the Department's website at www.health.nsw.gov.au.

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On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon Robyn Parker MLC asked a question on pages 23 and 24 of the Hansard, which was taken on notice, relating to how many agency nurses are currently being paid through the public payroll. The following response is provided:

I am advised that in September 2007 a total of 648 full time equivalent agency nurses were paid through Area Health Service payrolls.

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On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, Ms Lee Rhiannon MLC asked a question on pages 28 and 29 of the Hansard, which was taken on notice, relating to climate change:

- (a) *What preparations has your department undertaken in response to the impact of climate change, and what do you understand those impacts to be on New South Wales?*
- (b) *How much did you receive? (funding from government)*
- (c) *.....I was also interested to hear you speaking about heat stress. Are people looking at the possible increase in tropical diseases in northern New South Wales? Is that information publicly available – the mapping of where those diseases could be?*
- (d) *Energy and water saving initiatives.*

The following response is provided:

I am advised that:

(a) and (b)

NSW Health Climate Change Adaptation Program received \$300,000 over 4 years under the Climate Change Adaptation Research Program. This Program will provide research into climate change and human health impacts in NSW to underpin and inform policy, to demonstrate future effects clearly for NSW and to provide some directions for adaptation programs.

Climate change as variously described is expected to have a number of human health impacts, on balance mostly adverse. According to the International Panel on Climate Change such impacts will include:

- Heat related mortality and morbidity.
- Mortality and morbidity related to extreme weather events.

The CSIRO scenarios for climate change in NSW clearly identify increased extreme hot weather as the most likely and immediate impact of climate change.

In addition to direct health impacts, climate change could be expected to have a range of indirect health impacts, including: increases in water and food borne disease, (although there is no evidence to suggest this will occur in NSW), increases in health impacts of air pollution (ground level ozone and particles), (there is already significant evidence and ongoing NSW Health/CSIRO research to support this), population shifts, including potential health threats increasing numbers of environmental refugees may create, and other associated impacts on human health.

While considerable work has already been done on documenting the health effects of climate change, the work is characterised by a level of uncertainty and lacks sufficient precision upon which to base specific health adaptation action and policy.

NSW Health's Climate Change Adaptation Program is working to characterise the effect of at least key climate change health impacts in NSW in order to recommend evidenced based health interventions.

While the project will run for a further year, by mid July 2007 several projects had been completed or were well underway including the following:

- *Project with the University of NSW Faculty of the Built Environment's Centre for Health Assets Australia - finalised.*

This project looked at the adaptive capacity of NSW Health's infrastructure to extreme weather events, including those predicted to occur through climate change. There is a clear need to ensure that we have a robust and resilient health infrastructure that can cope with these and similar events. The overall objective of this project has been to:

- identify a range of potential adaptation strategies for NSW healthcare facilities in coping with extreme weather events.
- develop an action plan to summarise key risks and opportunities, and a strategy for dealing with each of these.
- determine the need for further research and investigation to further develop the NSW strategy.

- *A study of the health impacts of heatwaves on the populations of Sydney, Hunter, Central Coast and Illawarra.*

This project has been designed to determine and characterise vulnerable populations to heatwaves through an investigation of hospital admissions in Sydney, Hunter, Central Coast and Illawarra. The study has provided key evidence to support health interventions and adaptive strategies to reduce the impact of heat extremes on the population of Sydney and surrounding regions. This is the first time hospital admissions (morbidity) data has been used to map effects. Previous work in Australia has only studied mortality data.

Heatwaves are a key public health threat and under current climate change scenarios are likely to increase in number and severity. In countries like Australia such heatwave conditions are often accompanied by bushfires and increased air pollution creating a public health cocktail of significant impact on human health. Understanding who is most vulnerable and at what temperature thresholds is a first step in developing public health programs and policies to reduce such impacts.

This project is largely complete and it is anticipated a paper will be submitted to a peer-reviewed journal early December 2007.

- *Central Coast Public Health Unit Heatwave Pilot Project*

This project, which is being trialed this spring and summer on the Central Coast, aims to:

- minimise the morbidity and mortality from exposure to heatwaves that are predicted to increase as a result of climate change; and
- provide rapid recognition of and response to dangerous heatwave conditions.

The Pilot will be evaluated after the summer and assessed as a model that other Area Health Services may take up.

Further work of this project includes:

- progressing, in collaboration with the Victorian Department of Health and Human Services, negotiations with the Bureau of Meteorology regarding a national heat wave alert scheme;
- recommending policy and program initiatives that will detect and respond to potential and likely health impacts of climate change;
- developing a training and awareness program for health agencies to improve understanding about the effects of climate change on human health and to ensure surveillance activity is maximized;

- establishing ongoing collaborative links with other state government agencies to ensure future work on climate change considers health impacts; and
- establishing ongoing collaborative links with other state, territory and Commonwealth health departments to work towards uniformity of policy and programs, including any adaptation strategies.

(c)

While there is discussion and some modelled research indicating a global increase in some tropical diseases, including vector borne diseases, there is no specific research done in Australia. Unfortunately such global projections have generated concern for impacts on human health in Australia yet much of the discussion, particularly regarding dengue and malaria, is not supported by historical data or various other significant factors. There is considerable primary research needed into not only vector distributions, but host susceptibility, vector competency and longevity, immunity of host and human populations and others before any clear picture of increases or indeed decreases of such tropical diseases could be understood.

Nevertheless NSW Health maintains an arbovirus surveillance program for monitoring mosquito populations that has been conducted annually since the summer of 1984/85, with arbovirus isolations from the mosquitoes beginning in the 1988/89 season and chicken sentinel flocks since 1979. There have been two collection sites each at up to 30 locations throughout the State, in coastal and inland regions. The trapping program is designed to cover the period of seasonal increase and decrease in the populations of the major arbovirus vectors, from mid-spring to mid-autumn, and also to cover the period for natural activity and transmission of arboviruses (especially the alphaviruses and the flaviviruses).

The compilation and analysis of data collected over a number of successive years provides a solid base from which to determine the underlying causes for the seasonal fluctuations in arbovirus activity and the relative abundance of the mosquito vector species affecting the well-being of human communities. This information is the basis for modifying existing local and regional vector control programs, and the creation of new programs.

The Program's objectives are:

- To provide early warning of activity of arboviruses and vector mosquitoes of concern for the public health of NSW.
- To provide increasing understanding of interrelationships between arboviruses, vectors and environmental conditions in the various regions of NSW.

Additionally NSW Health and the North Coast Area Health Service intend to conduct a mosquito survey on the Far NSW North Coast in early 2008. The purpose of this survey is to determine if the mosquito, *Aedes aegypti*, is present. *Aedes aegypti* is a vector for dengue fever (and yellow fever) and is present in far northern Queensland where dengue fever transmission currently occurs. While there have been no reported cases of NSW acquired dengue or *Aedes aegypti* in over 50 years, with changing climate conditions and human settlement patterns, the possibility exists for the mosquito to become re-established in NSW. The last survey for *Aedes aegypti* was in 1985 and covered much of rural NSW. The intention is to repeat that survey in northern NSW coastal areas.

Information on the NSW Health Mosquito Monitoring and Arbovirus Disease Surveillance Program is publicly available at www.arbovirus.health.nsw.gov.au.

(d)

The Department of Environment and Climate Change is finalising a new Sustainability Policy for NSW Government Agencies for Cabinet consideration. The policy proposes an integrated energy, water, greenhouse, waste and fleet management policy and establishes new state-wide reduction targets. To support the implementation of the proposed policy, NSW Health is preparing a Sustainability Strategy to give clear direction for activity towards achieving the Government's policies and targets.

Since the establishment of the NSW Government's Energy Management Policy in 1999, NSW Health has undertaken water and energy efficiency projects totalling \$28.9M that reduced greenhouse emissions by an estimated 45,600 tonnes per annum and provided annual savings of \$4.88M. Whilst these projects have provided good case studies, further attention is being given to ensure similar reduction projects are applied across the whole of NSW Health.

The key issues that are affecting NSW Health assets are the reduction in energy and water utilisation and the improvements to maintaining healthy environments within the public hospital system.

All Area Health Services have submitted energy and water saving action plans and there are a number of Area Health Services currently entering into energy performance contracts to reduce energy consumption.

In respect to new facilities, the current standard for designing engineering services is under review and there will be more stringent performance measures in place to allow the monitoring and achievement of targets.

NSW Health provides leadership and education to staff in Area Health Services through meetings held at all levels to discuss ways to improve systems to allow the targets to be realised. The Sustainability Steering Committee develops strategy to achieve targets and communicates these through appropriate senior executive forums. Additionally, Area Energy Managers hold a monthly forum to review action plans and achievements. These meetings are attended by representatives of the Department of Environment and Climate Change.

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon Lee Rhiannon MLC asked a question on pages 29-30 of the Hansard, which was taken on notice, concerning funding to address Aboriginal Sexual Assault and to address "Breaking the Silence".

The following response is provided:

The NSW Government's strategic response to the Aboriginal Child Sexual Assault Taskforce *Breaking the Silence* report is contained in the *NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011*. NSW Health funding has been directed to actions in the Interagency Plan rather than recommendations from *Breaking the Silence*.

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon David Clarke MLC asked a question on page 33 of the Hansard, which was taken on notice, concerning a Media Release regarding the Emergency Care Task Force.

The following response is provided:

The text of the Media Release referred to is as follows:

“19 October 2007

Meagher meets emergency department taskforce

NSW Health Minister, Reba Meagher, today met with the Emergency Care Taskforce. Ms Meagher said the group had agreed to develop strategies addressing three main topics - Staffing and Workforce, Increased Demand at Emergency Departments and Communication with Hospital Management.

The Taskforce was set up earlier this month by Ms Meagher following a meeting with various heads of Emergency Departments from public hospitals across metropolitan Sydney.

"The group will focus on a number of key issues, including increased patient numbers in Emergency Departments, workforce pressures and better communication with hospital management," Ms Meagher said.

"The Emergency Care Taskforce, which will report to both myself and the Director-General of NSW Health, represents a positive step in rebuilding the relationship between all parties.

"The group discussed the need for adequate, appropriately trained staff, strategies to meet increasing demand and better support structures to enable clinicians to get on with the job of treating patients."

All parties agreed that work could commence immediately on the following:

- Promoting Emergency Nursing as a specialty area;
- Review of nurse staffing within our busiest Emergency Departments consistent with the principles endorsed by the statewide Nurse Reasonable Workload Steering Committee;
- Reviewing prior work in relation to defining ED workforce requirements;
- Reviewing data on existing vacancies and use of International Medical Graduates and locums;
- Explore the potential for ED physicians to access private billing opportunities similar to those available to other medical professionals;
- Strengthening support for GP Visiting Medical Officers (VMOs) to provide emergency care;
- Better manage the use of locums;
- Development of targets and performance indicators for ward placement, inpatient care and hospital discharge; and
- Better management of surge capacity.

Ms Meagher said management strategies also needed to be developed at the Area Health Service and hospital level.

"Area Health Service Chief Executives will be directed to review current decision-making processes to remove unnecessary red-tape and impediments to providing appropriate infrastructure and support to Emergency Departments," Ms Meagher said.

"I look forward to working with the Taskforce members and their Emergency Department colleagues to find ways to move forward on the key issues of demand, workforce and better relationships with the Department of Health." "

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon Lee Rhiannon MLC asked a question on page 37 of the Hansard, which was taken on notice, concerning patients in hospitals awaiting Program of Appliances for Disabled People (PADP) equipment.

The following response is provided:

This information is not collected centrally and the diversion of public resources to provide a comprehensive answer to this question completely is not justifiable. However, information obtained from several PADP Lodgement Centres indicates that they do not have any clients on their waiting lists who are currently inpatients of a hospital.

It is often not appropriate to prescribe customised equipment for severely disabled patients while they are still in hospital, as their condition has not yet stabilised. Equipment is also not usually prescribed until the patient's accommodation is organised to ensure that it is appropriate for the patient's physical surrounds.

Equipment required to facilitate discharge from hospital is available through Area Health Service operated equipment loan pools. In some Area Health Services there is also a specific "Facilitated Discharge Fund".

One of the reforms undertaken following the PADP review, has been the enhancement of a state-wide equipment set-up fund (Specialised Equipment Set-Up program) to enable the timely discharge of severely disabled adults and children who have had spinal or brain injuries. This will commence in 2008-2009.

Additionally, in 2004, enhancement funds were provided to the adult and paediatric Brain Injury Services to expand their existing equipment loan pools specifically with equipment required to facilitate discharge from hospital.

The existing Spinal Set-Up Fund has been enhanced by \$1.0M to provide equipment necessary for discharge from hospital for adults and children with spinal and brain injuries. This will be known as the Specialised Equipment Set-Up Fund.

The commencement of the Lifetime Care and Support Scheme (LTCSS) (for children in 2006 and adults in 2007) will cater to the equipment needs of eligible children and adults who are catastrophically injured as a result of a motor vehicle accident.

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon Lee Rhiannon MLC asked a question on page 38 of the Hansard, which was taken on notice, concerning people at home awaiting Program of Appliances for Disabled People (PADP) equipment. The Hon Member specifically referred to the case of an Orange woman.

The following response is provided:

The specific case of a woman in Orange refers to a client who has a complex medical condition with a variety of equipment needs. The issue was not one of broken equipment but rather a change in this client's physical status that resulted in decreased ability to use the equipment she had in addition to a change in her place of abode.

This client moved from Hunter New England Area Health Service (HNEAHS) to Orange in early September 2007. Shortly prior to her move, changes in her physical status resulted in her no longer being able to use her manual wheelchair. HNEAHS loaned her an electric wheelchair as an interim measure until she could be provided with a new wheelchair. She was advised that the power chair she had on loan would not meet her long term needs.

The process of assessment and prescription for a new power wheelchair had commenced, however, she moved to Orange prior to the completion of this prescription.

The Bathurst PADP Lodgement Centre, which is now responsible for her equipment needs, prioritised her seating needs as a matter of urgency. She was seen by the staff from the Bathurst Seating Clinic on 6 November 2007, and, while special parts are required, every effort is being made to see that she receives her appropriately modified power wheelchair by Christmas.

Arrangements have also been made for her to be reviewed by a Rehabilitation Physician in Orange to investigate the changes in her physical symptoms and abilities.

I am advised that the PADP region that covers Orange reported a nil waiting list at the end of the 2006/07 financial year.

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, Reverend the Honourable Gordon Moyes MLC asked a question on page 39 of the Hansard, which was taken on notice, aspects of nurses training.

The following response is provided:

1. How many nurses are undertaking upgrading training?

2006 nursing commencements

Course Type	Total
Doctorate by research	23
Masters by research	30
Masters by coursework	573
Grad Dip/PG Dip (new course)	94
Grad Dip/ PG Dip (extending skills)	179
Grand total	899

2005 nursing completions

Course Type	Total
Doctorate by research	15
Masters by research	8
Masters by coursework	349
Grad Dip/PG Dip (new course)	97
Grad Dip/ PG Dip (extending skills)	175
Grand total	644

2. What percentage of the whole nursing force is that?

The Department of Health is unable to provide this information for the whole (public or private) nursing workforce.

3. What programs does the Department have for the continuing education of registered nurses?

The Department of Health has an annual Education Contract with the College of Nursing. In the current (2007/08) contract the College will run 21 graduate courses in 18 areas if specialty

4. How many places in continuing education are being funded by the department?

The are 25 – 30 funded positions in each graduate certificate program. There is a total of approximately 588 funded places in graduate certificates for registered nurses in the current (2007/08) education contract. In addition, approximately 650 registered nurses will be enrolled in a Department of Health funded continuing education program in 2007/08.

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Ms Lee Rhiannon MLC asked a question on page 40 of the Hansard, which was taken on notice, relating to the former health minister Mr Andrew Refshauge commitment to carry out a health study of the effects of the coal industry in the Hunter region.

The following response is provided:

A review of NSW Health's records fail to reveal any details of Dr Refshauge's commitment regarding such a health study in the Hunter region.

If the Honourable Member can provide more details, I will be happy to look into this further.

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Ms Lee Rhiannon MLC asked a question on page 41 of the Hansard, which was taken on notice, relating to the number of children on the dental waiting list.

The following response is provided:

I am advised that In 2007/08 an additional \$4 million in oral health funding was provided for child oral health services in NSW, particularly to address waiting lists.

A component of the oral health funding enhancement announced in 2006/07 budget has been set aside to ensure the Centre for Oral Health Strategy develops and reports on ambulatory oral health and Paediatric general anaesthetic waiting lists statewide.

It is anticipated that this data will be available on the NSW Health website by the end of 2007.

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon.R. M. Parker asked a question on dental waiting lists on page 46 of the Hansard, which was taken on notice, relating to the total numbers and a breakdown of area health services.

The following response is provided:

I am advised:

A component of the oral health funding enhancement announced in 2006/07 budget has been set aside to ensure the Centre for Oral Health Strategy develops and reports on ambulatory oral health waiting lists and Paediatric general anaesthetic waiting lists statewide.

It is anticipated that this data will be available on the NSW Health website by the end of 2007.

BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon.R. M. Parker asked a question on page 48 of the Hansard, which was taken on notice, relating to a memo issued 18 months ago to doctors in the Hunter regarding patients on waiting lists.

The following response is provided:

I am advised:

All Area Health Services are committed to ensuring that all patients are placed on waiting lists and all efforts are made to ensure clinically appropriate timeframes are met.

The letter referred to was issued to surgeons in the Hunter and New England Area Health Service providing clarification for surgeons in relation to the NSW Health Waiting Time and Elective Patient Management Policy released in mid 2006.

The letter clarified how the Waiting List Policy is to be used by surgeons to ensure that patients receive treatment within benchmark timeframes. The policy ensures that where a particular surgeon is unable to attend to a patient within the clinical benchmark timeframe, the alternate options should be explored - including availability on another surgeons list or perhaps surgery at another facility.

The Waiting Time and Elective Patient Management Policy (2006) was developed to ensure patients receive their surgery within clinically appropriate times and are not left to languish on waiting lists beyond the appropriate clinical time.

The policy clearly requires hospitals to ensure that all patients undergo elective surgery within the clinical priority time frame.

The policy was developed by the Surgical Services Taskforce, chaired by Dr Pat Cregan a senior surgeon and whose members include prominent and practicing surgeons, anaesthetists and nurses – a Committee appointed to ensure the surgery across the State was well managed to meet the needs of patients and surgeons.

This policy does not allow a patient to languish on a surgeon's waiting list. The policy clearly states that the patient must not be disadvantaged as a consequence of having to change surgeons or locations.

The policy also states that these patients should not be removed from the waiting list while hospital management makes alternative arrangements for their surgery.

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BUDGET ESTIMATES HEARING - QUESTION ANSWERED

On 26 October 2007, during my appearance before the General Purpose Standing Committee No.2, the Hon. Lee Rhiannon MLC asked a question on page 52 of the Hansard, which was taken on notice, relating rural oral centres.

The following response is provided:

I am advised:

The Rural Centres for Oral Health provide an important strategic conceptual framework that links oral health promotion and prevention, access to services, workforce initiatives, educational and service rotation programs and specialist care.

Currently there are three Rural Oral Health Centres – Dubbo, Grafton/Coffs Harbour and Queanbeyan. Approval has been given to create new Rural Oral Health Centres at Wagga Wagga and Orange/Bathurst. In addition, planning is advancing for new facilities at Nowra, Dubbo and Tamworth.

Capital funding to upgrade oral health facilities at Port Macquarie and Nepean Hospitals has been provided in the 2007/08 budget.