GENERAL PURPOSE STANDING COMMITTEE NO. 2

Monday 24 October 2011

Examination of proposed expenditure for the portfolio area

HEALTH, MEDICAL RESEARCH

The Committee met at 2.00 p.m.

MEMBERS

The Hon. M. A. Ficarra (Chair)

The Hon. D. Clarke
The Hon. G. J. Donnelly
Dr J. Kaye
The Hon. S. Mitchell
The Hon. H. Westwood

PRESENT

The Hon Jillian Skinner, *Minister for Health, and Minister for Medical Research*

Ministry for Health
Dr Mary Foley, *Director General*
Mr John Roach, *Chief Financial Officer*
Dr Kerry Chant, *Deputy Director General, Population Health & Chief Health Officer*
Ms Karen Crawshaw, *Deputy Director General, Health System Support*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000

CHAIR: I declare the hearing for the inquiry into the budget estimates 2011-12 open to the public. I welcome Minister Jillian Skinner and accompanying officials to this hearing. Today the Committee will examine the proposed expenditure for the portfolios of health and medical research. Before we commence I will make some comments on procedural matters.

In accordance with the Legislative Council's guidelines for the broadcast of proceedings, only Committee members and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photos. In reporting the proceedings of this Committee you will take responsibility for what you publish or what interpretations you place on anything that is said before the Committee. The guidelines for the broadcast of proceedings are available on the table at the door. Any messages from attendees in the public galley should be delivered through the Chamber staff or support staff or the Committee clerks. Minister, I remind you and officers accompanying you that you are free to pass notes and refer directly to your advisers whilst at the table.

The Committee has agreed that the Health portfolio will be examined from 2.00 p.m. until 5.00 p.m. The Medical Research portfolio will be examined in the last hour between 5.00 p.m. and 6.00 p.m. With your indulgence we will have a five-minute break at approximately 4.00 p.m. Transcripts of this hearing will be available on the website from tomorrow morning. Minister, the House has resolved that answers to questions on notice should be provided within 21 days. I will remind everyone to please turn off mobile phones or at least have them on silent and away from the microphones so as not to cause interference for Hansard.

All witnesses from departments, statutory bodies or corporations will be sworn in prior to giving evidence. Minister, I remind you that you do not need to be sworn in as you have already sworn an oath to your office as a member of Parliament.

Dr Kerry Chant, Deputy Director General, Population Health & Chief Health Officer, affirmed and examined:

Dr Mary Christine Foley, Director General, NSW Health,

Karen Jane Crawshaw, Deputy Director General, Health System Support, and

John Roach, Chief Financial Officer, sworn and examined:

CHAIR: I declare the proposed expenditure for the portfolios of Health and Medical Research open for examination. As there is no provision for the Minister to make any opening statement before the Committee commences questioning, we will begin with questions from the Opposition.

The Hon. GREG DONNELLY: Minister, perhaps I could start with you. In the Treasurer's budget speech to the Legislative Assembly in Budget Paper No. 1 and in the document "NSW 2021", and looking at the two in conjunction with each other, there is much comment about the issue of transparency as being important for the Government. Can you explain to the Committee your understanding of the meaning of transparency as it has been articulated by the Treasurer and indeed the Premier?

Mrs JILLIAN SKINNER: Those of you who have heard me speak about Health over the 16 years that I did an apprenticeship as the shadow Minister will know that I spoke about the need for much greater openness and transparency in relation to budget accounting, in relation to the key performance indicators that have been used and in particular in relation to patient outcomes. In fact, in order to be transparent and to let people know what really is happening you need to be honest about what you are reporting. That is something that I have dwelt on since I was appointed as Minister in March.

The first thing I did was ask the new Director General, Dr Foley, to provide me with advice about the number of hospital beds, for example, that there were. The former Government had indicated that there were around 22,800 hospital beds. I asked the question: But how many of those are beds that can be occupied by adults overnight? In other words, patients who were coming through the emergency department. So often we heard complaints about access block, about people being stuck in emergency departments or taking too long to be seen according to the urgency of their condition. I was horrified to find that of those 22,700 or 22,800 beds in fact only 11,800 were beds that could be occupied by adults from the emergency department who needed to be admitted. There is an example not only of our need to become more transparent in what we are publishing but also to be honest.

The Bureau of Health Information was appointed following the Garling recommendations to establish an independent bureau to report on health matters. It is an independent body. Director Diane Watson has indicated that she is not publishing, for example, all of the triage data because there are inconsistencies in the way that data was collected from the various hospitals. Some were counting it from a different point and other hospitals were so small that they had very few emergency patients so it skewed the figures. I am absolutely committed to being more accountable and transparent about not only patient outcomes but also in the budget as time goes by, and that will be more clearly evident as we go forward with Council of Australian Governments funding and activity-based funding. I am absolutely insistent that it has to be accurate.

The Hon. GREG DONNELLY: What are your plans for recording bed numbers in the future? What is the basis of recording the bed numbers?

Mrs JILLIAN SKINNER: Some of the work we are doing is to empower local health districts to give them much greater responsibility under our devolved model and we are asking them to develop clinical service plans and strategic plans to determine which services are needed and where to best provide for the patients in their care. We committed before the election to make more than 1,390 extra beds available. The way they are distributed and reported will be part of the clinical service plans.

The Hon. GREG DONNELLY: How many beds are available in New South Wales public hospitals at the moment?

Mrs JILLIAN SKINNER: I will have to get those figures. The reality is that there are adult overnight acute beds, paediatric beds, subacute beds, maternity beds and mental health beds. These are all reported but

sometimes they are reported as a collective rather than individually. To go back to your first question, I want to be far more transparent about how we report them. That is the kind of information I will require of the boards and in the service agreements that the director general will establish with the chief executives of those districts.

The Hon. GREG DONNELLY: Will all the districts be required to record standard information on bed numbers?

Mrs JILLIAN SKINNER: Yes, and one of the things we need to look at is making beds available. It is not a matter of suddenly building a hospital with 1,000 extra beds; it is making sure you are allowing the patients who need access to those beds to do so and allowing patients who do not need to be in a hospital bed, particularly an acute bed, to be treated in alternative settings. I am very proud of the work we have done, which is ongoing, in relation to hospital avoidance. These are programs where patients can more appropriately be dealt with in another setting. I will give you one example. I met a clinical initiatives nurse in the emergency department at John Hunter Hospital who was working with the director of that department and in three months, by working with residential aged care nursing homes, had avoided 150 bed days. By giving those nursing homes support she enabled them to treat their sick elderly patients in situ rather than forcing them to go through the trauma of a trip in the back of an ambulance to a very crowded emergency department where there was not an acute bed, and it really was not the treatment they should be having anyway.

The Hon. GREG DONNELLY: Looking ahead 12 months to when we come back, will we have standardised collection of this bed information across the districts?

Mrs JILLIAN SKINNER: We will certainly be working on it, but we are coming from such a low base where there has been almost no accurate and consistent reporting. We have had annual reports from various entities but they have not reported on the same thing. As the Bureau of Health Information has indicated, they have been counting things differently. I am hopeful that by this time next year I can report to you that we have far more consistent data that will enable us to see the value-adding that has gone on through the greater clinical involvement.

The Hon. GREG DONNELLY: You described the different types of beds but what are the criteria that have been established in the methodology for measuring bed numbers? Is the methodology finalised or is it still being looked at?

Mrs JILLIAN SKINNER: These are the sorts of things that are being developed as the local health districts mature. The boards are still working their way through these things. The chief executives will be getting enhanced support as we move to abolish the clusters, that middle layer of bureaucracy, and give them greater support. I expect by the end of the year we will have a much better way of answering that question. I am sure you will ask it when Parliament resumes next year.

The Hon. GREG DONNELLY: From your point of view and the department's point of view what direction or framework are you giving to the districts to consider in relation to the criteria for counting beds? Surely you are not leaving it to them to make up as they see fit?

Mrs JILLIAN SKINNER: No. This will be part of the performance agreements that will be negotiated with the director general and the chief executives. I will ask the director general whether she wants to comment about beds and how she will get the districts to account more for what is happening in their area.

Dr FOLEY: We are working on this issue to find the best way to define the beds. We have had a preliminary survey to look at the picture across the districts as a snapshot in time. We are now doing further analysis of that with a view to being able to have a much more standardised approach and get an accurate count that reflects the capacity in the system, particularly to be able to cope with the pressure that comes from the emergency departments, which you cannot necessarily judge by looking at the overall bed number. You have to know how those bed numbers break down into other categories of beds to make that measure. Our intention is to have a much clearer definition.

The Hon. GREG DONNELLY: What are the categories of beds in the working document at the moment?

Dr FOLEY: I can give you some of the examples of the kinds of bed so you understand. They can be same-day renal dialysis beds, emergency department beds, bassinets and cots for babies, post-operative recovery

unit beds, transit discharge lounge beds where people are sitting post-operatively for a day surgery procedure, and same-day chemotherapy chairs. That is just a sample; public hospital beds can be subacute or rehabilitation or palliative care beds. The relevant number depends on what you are trying to capture when you count the beds.

The Hon. GREG DONNELLY: That is my question. At the end of the exercise that you have described you are going through at the moment with the development of different types of beds you will have a standardised list that will be sent to the districts and that is the basis on which they will record their bed numbers. Is that the plan?

Dr FOLEY: Yes it is.

Mrs JILLIAN SKINNER: Yes, indeed.

The Hon. GREG DONNELLY: That will be standardised across the districts. What is the plan for reporting the bed numbers at a district level? Will it be on an annual basis?

Mrs JILLIAN SKINNER: The local health districts will be reporting publicly on an annual basis. There will be much more frequent reports to the director general and to me. I will have a council of board chairs who I will meet regularly and we will be asking for updated reports because we need to know where there are gaps requiring extra resources and extra effort. There will be a public annual reporting process as part of our open transparency.

The Hon. GREG DONNELLY: Will that public annual reporting be different from what is published at the moment? Do you have a new report in mind?

Mrs JILLIAN SKINNER: I have always been very critical of the annual reports done by the predecessor area health services because there was no consistency. Some reported some data, some did not and some reported in different ways and used different names. I hope we will end up with something that is consistent across the system and that allows us to understand where we need to place greater emphasis to help those districts that are not able to meet benchmarks, for example.

The Hon. GREG DONNELLY: I return to an earlier question, to which you alluded in an answer you gave, about understanding, with some precision, how many beds there were in New South Wales hospitals in the period 2010-11, so that a benchmark is established. Have you done the work to create that precise understanding of the number of beds?

Mrs JILLIAN SKINNER: Work has been done by a taskforce, and it is now being analysed. It will inform us as we move forward about where we need to put the effort to make more beds available.

The Hon. GREG DONNELLY: Will that audit—the word I will use to save argument—of what the situation was in the period 2010-11 actually place bed numbers in the categories that you are looking to develop into the future as a framework?

Mrs JILLIAN SKINNER: Yes. It will enable the director general, and those working in the ministry and indeed in the local health districts and the pillars, which are part of our transformed health system, to see where effort is needed to enhance their ability, first of all, to do the right thing by patients—because everything we do is focussed on better patient outcomes—but also to enable us to meet very important targets for Commonwealth funding.

The Hon. GREG DONNELLY: So, for 2010-11 we will have some numbers, and those numbers will then be set as a base line?

Mrs JILLIAN SKINNER: Yes.

The Hon. GREG DONNELLY: And then, moving forward, there will be a set of criteria on the different types of beds, and those will be recorded by district and published annually?

Mrs JILLIAN SKINNER: That is our intention. But there will be variations, depending on what we find as we move forward and certainly on the performance agreements that the director general signs up with the

local health districts. It will all be designed to be, as I said, more open and transparent, to achieve what is in the best interests of patients.

The Hon. GREG DONNELLY: But if the criteria alter or move over time, does it not make it problematic in being able to compare one period against another?

Mrs JILLIAN SKINNER: That has happened so many times in the past that it does create some difficulties, but things move on.

The Hon. GREG DONNELLY: But I am talking about what you are planning for the future.

Mrs JILLIAN SKINNER: Well, things move on. If, suddenly, a new performance indicator is developed as part of the Council of Australian Governments agreement—and I believe there will be one in fact—it will be far more focussed on patient outcomes. So it will not necessarily be about outputs; it will be about what is in the best interests of patients. If that occurs, yes, there will be some variation. That does not mean that you drop all of the background data; it may well create variation in how you report things.

The Hon. GREG DONNELLY: On this same issue of the development of the criteria, have you had discussions with the Commonwealth in terms of information and analysis and related things that the Commonwealth does in terms of health to ensure that that will not create issues for you in respect of the framework that you are establishing in New South Wales for the future?

Mrs JILLIAN SKINNER: Everything that we have done in New South Wales is consistent with the reforms that have been negotiated with the Council of Australian Governments. In fact, we have worked very closely with the Commonwealth. The director general has worked tirelessly on the Council of Australian Governments reforms. I am very pleased to tell you that New South Wales has been very influential in many ways, and I will ask the director general to report on that in a moment.

But, on this whole question of accounting for what is happening through the performance authority, at my first Health Ministers Council meeting I posed the question, to say for example: What if there is a longer than average length of stay at any particular hospital, because it may well be that an aged care resident cannot get into aged care? That is beyond the control of the New South Wales Government to a large extent, and that will require action on the part of the Commonwealth.

Or the question may well be: What about patients coming to an emergency department because there are insufficient general practitioners open in their local areas? I must say there has been very willing recognition of that issue by the Commonwealth, and we are working closely on that. But I could ask the director general to add to that, if you would like more information on that point.

The Hon. GREG DONNELLY: No. If I could go back to the crèche of this new framework and its implementation: Is it your best estimate that in perhaps September next year, or thereabouts, the first report on bedding arrangements in hospitals, by district, will be available?

Mrs JILLIAN SKINNER: It will be in an annual report, after we have set up the performance agreements, and that will spell out the kinds of things that we wish them to publish.

The Hon. GREG DONNELLY: When do you think that will be?

Mrs JILLIAN SKINNER: When the first annual reports are published. I have not actually specified that. Have you?

Dr FOLEY: No.

Mrs JILLIAN SKINNER: We will let you know when we find out the date.

The Hon. GREG DONNELLY: So you do not have a date by which we could expect that to occur?

Mrs JILLIAN SKINNER: The framework for the transition from the old system to the new will be finished by the end of this year. But, beyond that, we have to have the performance agreements negotiated and signed up, and that will include an agreement with them about the reporting deadlines.

The Hon. GREG DONNELLY: In terms of opening of hospital beds, how many beds have been opened since the election of the O'Farrell Government?

Mrs JILLIAN SKINNER: There is substantial money in this year's budget to open additional beds, but I am seeking more information than that. Can I just tell you a story about beds?

The Hon. GREG DONNELLY: No. I have quite specific questions, and I have limited time.

Mrs JILLIAN SKINNER: I am going to answer you in a specific way. Westmead Hospital has always had problems in its emergency department with access block. I am very pleased to tell you that a group of six very senior clinician doctors plus two senior nurses decided to do the rounds of the hospital one Monday morning to find out who were in the beds. They visited every single bed in the hospital and found that a quarter of them should not have been there; they should have been discharged to home, or to a nursing home or somewhere else. So they have now taken it upon themselves to do discharge planning in a different way, and we expect to see a much greater availability of beds in that hospital.

Specifically in relation to the delivery of hospital beds, we have had record investments in this year's budget, with 662 more beds expected to be opened this year. The total of beds opened so far is 63. That includes in the Western Local Health District, 14—Dubbo, 6 and Orange, 8; in the Northern Local Health District, 7, which are at Ballina; in the South Eastern Sydney Local Health District, 25—Prince of Wales, 6; Royal Women, 2; St Vincent's, 11; Sutherland, 6; St George network, 6; Western Sydney Local Health District, 8, which are at Westmead; for the Nepean-Blue Mounts Local Health District, 1, at Nepean; the Children's Hospital network, 2. This is comparison with the previous 16 years when there were 1,500 beds down at the end of 2010 compared to 1995. So we are increasing the numbers.

The Hon. GREG DONNELLY: But I think you acknowledged, in a previous answer in which you referred to a case study, that that was an example where beds were not required.

Mrs JILLIAN SKINNER: No, the beds were required. It is that they are required for patients waiting to get into the emergency department. They should not be occupied, as you well know, by patients that should be at home, or in a nursing home, or being treated as an outpatient in a general practitioner clinic.

CHAIR: The Hon. Greg Donnelly will have further time for questioning.

Dr JOHN KAYE: Minister, why was the Aboriginal Health Service budget underspent by 7 per cent in 2010-11?

Mrs JILLIAN SKINNER: I think that is a question you needed to ask the former Government. But, in terms of the Aboriginal Health Service budget, the information that I have is that the budget last year was $95.3 million and the actual spend was $88.9 million. So, yes, it was down. We have increased the budgeted amount to $97.3 million for this year. As to why it went down last year, I cannot give you the exact details, but I will look into it further and let you know.

Dr JOHN KAYE: If you could, thank you. Will that have an impact on this State's funding and performance under the National Partnership Agreement on Closing the Gap?

Mrs JILLIAN SKINNER: I believe not. In fact, we have done a great deal of enhancement. The Chief Health Officer is a real expert in this area, and I wonder if that officer would like to add some comments.

Dr CHANT: There has been a delay in rollout and the development of some Aboriginal health program areas. One reason for that is that we lack a lot of evidence of effective inventions in the Aboriginal setting. We have a lot of descriptive studies that have been done painting the picture of the disparities in health, but there is less developed evidence in identifying the most effective intervention. A lot of the time we actually have to develop that evidence and that requires evaluations, piloting of programs and then broader delivery. Another key aspect of Aboriginal health is the importance of stakeholder engagement and involvement of the Aboriginal community. Sometimes that takes a lot of time, but that is part of the inherent process that is required and it is very important for us ending up with successful program development.

Dr JOHN KAYE: You would be aware that there is a lot of disquiet amongst a number of Aboriginal communities about the pilot program phenomenon where a pilot program comes in, is run and then goes away? There is a sense of distrust. Are you not concerned that if we continue down the path of more and more pilot programs to develop the body of evidence we actually never will get an outcome?

Dr CHANT: I totally agree. I can give you an example of pilot programs. Currently, we have gone out for requests for tender in relation to some injury prevention programs for Aboriginal people. One of the key aspects of that is sustainability and scalability of the program. Too long has been spent about pilot programs that are niche and do not have a view to ongoing commitment of ongoing funding. You will see in our policy settings that we have taken up those issues.

Dr JOHN KAYE: I refer now to oral health, which, I presume, is covered by you, Minister?

Mrs JILLIAN SKINNER: It is part of the brief of the Minister for Healthy Lifestyles.

Dr JOHN KAYE: I will leave that question for that portfolio. Something that is part of your portfolio is the emergency department at Royal Prince Alfred Hospital. I understand emergency departments are becoming declared mental health facilities. Why is it that the emergency department at Royal Prince Alfred Hospital does not have an extended mental health nurse service? Most other hospitals, with the exception of Westmead, have an extended mental health service. For example, St George, St Vincent's, Prince of Wales, Liverpool and Campbelltown all have a 24/7 mental health service. Why does Royal Prince Alfred Hospital not have such a service?

Mrs JILLIAN SKINNER: I do not know the answer to that question. I am happy to take it on notice. I agree with you: if there is an indication that it can make a difference and if nothing has been put in place as an alternative, I agree that it is something worthy of consideration. I will take that on notice and get back to you.

Dr JOHN KAYE: Are you aware also that five recent root cause analyses of the event of a mental health patient absconding recommended that there be after-hours mental health clinicians in the emergency department at Royal Prince Alfred Hospital and also at Bankstown Hospital?

Mrs JILLIAN SKINNER: Yes, I was aware of that and it is something we are considering. You also would be aware that we have a Minister for Mental Health and this is where we have some crossover.

Dr JOHN KAYE: So, who is—

Mrs JILLIAN SKINNER: Kevin Humphries.

Dr JOHN KAYE: I knew who the Minister was. Thank you for telling me that. Who has responsibility for mental health services in emergency departments?

Mrs JILLIAN SKINNER: In the department? The Ministry of Health.

Dr JOHN KAYE: Mental health nurses are your responsibility?

Mrs JILLIAN SKINNER: Yes. Both Ministers receive reports through the director general.

Dr JOHN KAYE: I refer now to the proposed hospital at Frenchs Forest, the so-called Northern Beaches Hospital. I understand that there is a four-year allocation of $125 million, is that correct?

Mrs JILLIAN SKINNER: That is correct.

Dr JOHN KAYE: What is that money for?

Mrs JILLIAN SKINNER: That is to start the work on the long-awaited hospital for the Northern Beaches. The site has now been procured. Since I have been the Minister a fence has been put up around it because there was a bit of squatting on the site with nefarious practices going on about which the local school was concerned. As soon as the principal raised it with me the fence went up. The $125 million is for the first four years, but as indicated in the budget papers we are very open to new innovative financing models with the private sector and if it can be fast-tracked, so be it.

Dr JOHN KAYE: So $125 million will not build a hospital of that size?

Mrs JILLIAN SKINNER: No.

Dr JOHN KAYE: A hospital of that size does not scrape the edges?

Mrs JILLIAN SKINNER: Of course not. Well, it depends on what sort of innovative models you come up with. If there is an interest in providing a dual private-public hospital on site, then the money will go much further than putting it all into the one hospital. They are the sorts of things about which I am very excited—the potential that has now been created, an interest that has been shown by other than the public sector in these projects.

Dr JOHN KAYE: Have you put out a call for tenders or any kind of expression of interest document?'

Mrs JILLIAN SKINNER: Not yet, but it is a subject that is exercising the minds and work of Health Infrastructure, which is an excellent part of the New South Wales health system.

Dr JOHN KAYE: In budgetary terms, you do not know how much this hospital will cost to run?

Mrs JILLIAN SKINNER: I think we have identified a total estimated cost of about $400 million.

Dr JOHN KAYE: It is estimated to cost $400 million to build the hospital?

Mrs JILLIAN SKINNER: That is the total estimated cost, I believe.

Dr JOHN KAYE: You are suggesting—

Mrs JILLIAN SKINNER: It may not all be public funding. That is what I am suggesting to you.

Dr JOHN KAYE: You are on the verge of putting out a request?

Mrs JILLIAN SKINNER: We will seek expressions of interest from the community at large, the private sector and others to determine the sort of interest in collaborating with us to provide a service that will be used for the people of the Northern Beaches.

Dr JOHN KAYE: It may be a mixed public-private hospital?

Mrs JILLIAN SKINNER: Could be.

Dr JOHN KAYE: Or it might be a public private partnership on a public hospital site?

Mrs JILLIAN SKINNER: It could be any one of a number of models. It could have other health-associated aspects to the site. I am not going to mention them because I do not want to exclude anything, but I am thinking research, a whole lot of things that you would put on an innovative health campus for 2011 and beyond.

Dr JOHN KAYE: When you say "innovative health campus" you include the area that is not just the fenced-off area for the hospital, but also the area that goes to the south?

Mrs JILLIAN SKINNER: I am including the part that is now owned by the Department of Health or the ministry.

Dr JOHN KAYE: With a $400 million, or plus, hospital being built at Frenchs Forest, what do you see for the future of Mona Vale and Manly hospitals? How will they survive in this model?

Mrs JILLIAN SKINNER: Manly will close the day the new Northern Beaches is commissioned. The community knows that; that has always been our position. We would keep Mona Vale as a health campus for complementary services. I think over time people will change their patterns of access, but there certainly is a

demand for other levels of health care, step-down facilities, rehab, aged care, palliative care, which, interestingly, was always on the drawing board for that hospital way back 15, 16 years ago.

Dr JOHN KAYE: So you see Mona Vale becoming a complementary hospital within its current building or in a new building?

Mrs JILLIAN SKINNER: This is for the local health district to determine. As I have said, I really want to honour my commitment to allow them to take much greater responsibility for what they do. They can come up with the service models, clinical service plans and ideas. They will still need to provide them to the director general and to me as Minister to get signed off, but the specifics about what they would put on that site are pretty clear.

Dr JOHN KAYE: One of the major concerns with Mona Vale Hospital is that the building is reaching the end of its life. As I understand, the windows above the first floor are all nailed shut because if they are not they fall out and hit people below and there is inadequate washroom space for the sorts of hygiene practices of a modern hospital. Do you accept that the future of Mona Vale Hospital will require substantial investment, which will have to come out of the New South Wales budget?

Mrs JILLIAN SKINNER: I am not announcing anything in relation to Mona Vale Hospital. Let us get the Northern Beaches hospital built.

Dr JOHN KAYE: Personally I do not view that as the right way to go. We should look first at the assets we have. Are you aware of the condition of Mona Vale Hospital?

Mrs JILLIAN SKINNER: I am certainly aware that there have been more problems than the previous Government admitted. I discovered that when honouring my commitment to reopen the maternity unit. I found that it needed substantial investment to bring it up to standard. Yes, I am aware of some of the problems there. Money also has been invested in updating and renovating parts of the building that needed it. First of all we need to determine exactly what the building is going to be used for, and work from there. I am not going to suddenly announce, in a hearing like this, a major new hospital at Mona Vale when we do not know what is going to be provided.

Dr JOHN KAYE: Minister, I appreciate that; I was not seeking that. I was seeking your understanding of the condition of the hospital at Mona Vale, the physical building at Mona Vale, and your understanding of what would need to be done to that for almost any purpose.

Mrs JILLIAN SKINNER: I am aware that parts of the hospital would need work. Some has been done and some is ongoing.

Dr JOHN KAYE: The amount of money that was in this year's budget for Mona Vale Hospital—I do not have the figure in front of me—was relatively minor.

Mrs JILLIAN SKINNER: It was enough to provide for the election commitments we had made, because we are about honouring our election commitments. The money was provided in this year's budget to enable the hospital to be redeveloped to the point where we could safely open maternity services.

Dr JOHN KAYE: You are aware of the critique of the Frenchs Forest hospital in terms of location?

Mrs JILLIAN SKINNER: I know there was a parliamentary inquiry that went for a substantial time.

Dr JOHN KAYE: There are some people who say the proposed site is inaccessible, that one of the main road arteries leading to it from the Northern Beaches is subject to flooding on a regular basis, that it is subject to traffic congestion, and that substantial transport infrastructure would need to be created to service the hospital. Are you aware of that?

Mrs JILLIAN SKINNER: I live on the North Shore. I travel up to that part of the world on a regular basis. I know it very well. This site was chosen after extensive consultation. It came at the recommendation of the parliamentary committee of the upper House. The land has been purchased, properties resumed and demolished, and work will proceed.

Dr JOHN KAYE: You are saying work will proceed but you do not know who is going to build it and you do not know what it is going to be?

Mrs JILLIAN SKINNER: The work will proceed along the lines I have already described. Some of it will be work undertaken by the public sector and we welcome private sector investment. A total of $125 million has been allocated for the project. I cannot tell you who is going to build it until we put out the request for tender. That is the normal process, Dr Kaye.

Dr JOHN KAYE: Obviously I did not ask that, Minister. Let us move to the issue of cystic fibrosis funding in New South Wales. You would be aware that earlier this year the New South Wales upper House passed a motion calling for an additional commitment of a massive $4 million for cystic fibrosis. Based on an analysis of the shortfall, it is recognised by the Cystic Fibrosis New South Wales Short Straw campaign as the amount of money needed to provide adequate clinical services to support the children and young people in New South Wales who have cystic fibrosis. Maybe I have read the budget incorrectly, but I was disappointed not to be able to find the $4 million that will make a dramatic difference to a relatively small amount of people—about 1,000 people—but nonetheless people who live with a debilitating condition that does beg for more State support.

Mrs JILLIAN SKINNER: You would be aware that there are many disease specific groups that have extremely good causes and they asked for additional funding. Multiple sclerosis is one, Parkinson's disease is another, and there are many others—we do not spell them all out in the budget paper; for that you would need a budget paper twice as long. We give fair hearing to all of those considerations and that will be looked into over the coming year.

Dr JOHN KAYE: This budget does not contain that $4 million?

Mrs JILLIAN SKINNER: This budget does not spell out the individual allocations through our $17.3 billion budget.

Dr JOHN KAYE: At this stage there is no commitment in your $17.3 billion budget to the additional $4 million?

Mrs JILLIAN SKINNER: I do not have those figures off the top of my head about what specific groups will get additional money. I can tell you that I have had personal dealings with some but not that one. I am happy to take it on notice.

Dr JOHN KAYE: Can you take it on notice? I met with some parents on the weekend and there are ongoing concerns about the availability of life sustaining services for people with cystic fibrosis.

Mrs JILLIAN SKINNER: I understand.

Dr JOHN KAYE: If the $4 million is not there would you undertake to meet with cystic fibrosis parents?

Mrs JILLIAN SKINNER: I meet with parents and patients and their families on a regular basis. They only need to contact my office to make an appointment.

Dr JOHN KAYE: I want to now move to the national health and hospitals reform and the issue of activity-based funding. There has obviously been a fair amount of toing and froing on the implementation of activity-based funding. I understand that at this stage there is no final definition on how activities based funding will be implemented but there has been some advance—I hesitate to use the word "progress"— towards a definition. Do you want to very briefly, because our time is limited, outline where we are up to with that?

Mrs JILLIAN SKINNER: Yes. I am pleased we have been able to make considerable gains in the latest form of the agreement signed between the current Premier and the Prime Minister. There have been considerable gains made in terms of the States and getting equal per capita funding brought forward earlier. I will ask Dr Foley to provide specifics about activity-based funding and where the land lies at the moment.

Dr FOLEY: Thank you, Minister. The development of activity-based funding involves efforts at the national level and efforts in each of the State and Territory jurisdictions. It is a combined effort around

Australia. The framework is that the vast bulk of acute hospital services, plus some associated community and other services, will be covered by five categories of activity-based funding. They will be: Inpatient acute, emergency department, outpatients, mental health and subacute care. Subacute covers things such as rehabilitation and palliative care.

The methodologies for calculation are being developed on a national basis with input from the different States and within our State we have a major investment, with assistance of Commonwealth funding, to develop up our response to the national funding model. From 1 July 2012 the Commonwealth will commence to pay its contribution to the States under the Medicare arrangements through activity-based funding model. There will be two years of that, during which the Commonwealth contribution will be capped, as it is currently capped, before we go to a model where the Commonwealth contribution will be open in terms of their contribution which will be tied to the volumes of patients that the States are treating.

From 1 July 2012 we will be proceeding nationally with that funding flowing for inpatients, outpatients and emergency department systems, and the mental health and subacute will take another year to develop. The classification systems for those different categories are in various stages of development and there will be, in the first instance—the term proxy is used—some interim models used as more refined models are developed. The Independent Hospital Pricing Authority, when it is established, will have a major role. There is an interim entity established at the moment pending passage of the Federal legislation.

Dr JOHN KAYE: What is the name of the interim body?

Dr FOLEY: The Interim Independent Hospital Pricing Authority. An interim chair, board and chief executive officer have been appointed.

Dr JOHN KAYE: It is the Independent Hospital Pricing Authority that is developing the details of activity-based funding?

Dr FOLEY: Yes, it is Dr Kaye.

Mrs JILLIAN SKINNER: Some of the other projects that I have seen I have thought are absolutely fabulous. They are not isolated; you hear about these projects and you talk about it on the next trip and they say, "Oh yes, we do that." I think one was at Gosford Hospital. They asked me to come at meal time and to visit their geriatric ward. I found all these patients strolling around the corridors and they were being assisted by the meal volunteers. These were people who had responded to an advertisement in the local paper, who said they would love to come in, get training and help with the feeding of these older patients who sometimes are a bit frail, have found it difficult and were just not eating. They loved it so much, they found it so rewarding, that they signed up for an extended companion-type volunteer program. They were walking the patients and they were helping them go to the bathroom and so on. They had cut the falls rate dramatically just by having these volunteers in the department.

There are many other really innovative programs like that that you see right through the health system that make a huge difference to patient outcomes, as well as some of the others I have mentioned such as the doctors doing the rounds at Westmead. Why does this happen? When I visit a hospital I do the rounds and I meet with the medical staff council, I meet with the nurses, the nurse union representative and others and I meet with the division heads. It is a free-for-all: they can tell me what they like. They are saying to me, "You are empowering the clinicians. Your attitude, the directions that are coming from the ministry and through the restructuring are encouraging those clinicians to question what they are doing to see if they can do it in a more innovative and effective way". The fantastic thing about the New South Wales health awards, and the director general is with me and she might like to talk about it, was that hardly any of these projects—and I think there were 10 categories, three finalists in each one—had extra resources. It was about people on the ground working out better ways to do things that were to the advantage of their patients, and they were quite inspiring.

The Hon. DAVID CLARKE: You do not pick this up just by passing through, as it were; you pick these things up by going out there and having in-detail visits and observations?

Mrs JILLIAN SKINNER: That is correct. In 16 years as the shadow Minister my visits were fleeting and people were not encouraged to talk to me. Now of course they do and they talk to me on the phone, but it is very different to going there and actually hearing from them—sitting down and hearing them talk about what they were proud of. I hope that over time as we develop more sophisticated website capabilities we can

showcase some of these things on a regular basis so that people throughout the health system can learn what I am learning on individual visits and pick up on these ideas to benefit their own local patients.

CHAIR: In terms of health infrastructure commitments how is the Liberals-Nationals Government any different from previous governments?

Mrs JILLIAN SKINNER: That makes me immediately think of some of the money that we have been able to collect as part of the Commonwealth-State Health and Hospitals Fund funding. Members from my Chamber would have heard me talk many times about the number of hospitals in rural New South Wales that have been promised by the former Government for years and years and years. It is a mantra to me because I have visited them so many times. Tamworth was the first hospital I visited with the newly elected member for Tamworth and Nicola Roxon, the Federal Minister, where we announced that we were able to, together, provide substantial funding through the joint funding of the Commonwealth and the State. For example, Tamworth Hospital was $220 million over a four-year period. Work is now starting on that planning and project.

The other hospitals that gained funding from that program were Wagga Wagga, Dubbo and Bega. Of course, I have already committed additional funding in the health budget. You would know that there is a record investment of $4.7 billion over four years committed in this year's budget, which is $1.1 billion in the year 2011-12 and the highest amount ever, with $343 million on new works—again, the highest ever. This $4.7 million over four years is a 50 per cent increase over the previous four years, and it is recognition that in many cases you cannot provide the additional beds and you cannot provide the additional services until you fix the hospitals themselves. I have visited many hospitals where there is simply not the space or it is inefficient space and therefore you are not getting the best that you can.

Commencing projects over the next four years include $139 million for Campbelltown, which will have 90 more beds; an additional $55 million for Royal North Shore to provide an additional 60 beds, which the clinicians there were crying out for over a long period; $110 million for Port Macquarie, which provides 30 more beds and which has attracted Health and Hospitals funding as well; $270 million for Wagga Wagga, with 50 more beds—again a Health and Hospitals Fund magnet project, and I was very pleased to be down there with the member for Wagga Wagga recently, and Health Infrastructure to show the clinicians and the community the plans for that redevelopment. It is in phases: it starts with car parking. I cannot tell you how many hospitals I visit where they do parking last and it creates chaos for not only the patients but also the staff. There is $80 million for Dubbo in the next four years, which also attracted Commonwealth funding; $47 million for Prince of Wales Comprehensive Cancer centre; $35 million for St George Hospital emergency department; and $170 million for the eHealth project for medication safety. In addition, there is money for the planning of major capital projects. We are meeting all our election commitment projects over the next four years, including Blacktown, Hornsby, Parkes, Forbes, the new Hunter Hospital and the Northern Beaches Hospital.

CHAIR: How do you feel your approach has been to getting a better deal for New South Wales from the Commonwealth?

Mrs JILLIAN SKINNER: As we have indicated previously, in particular in terms of the COAG deal, the current agreement has unlocked the earlier equal per capita share of growth funds. The guaranteed equal per capita share of $9.5 billion, which equals $3 billion for New South Wales, was not going to be forthcoming under the previous deal, which was signed up in February. It was only through substantial negotiation between Dr Foley and the Director General of the Department of Premier and Cabinet, that that came to pass.

The Hon. DAVID CLARKE: This is a recent thing?

Mrs JILLIAN SKINNER: This is the one that was signed up by the O'Farrell Government in July. Just to repeat: it gave us $9.5 billion per capita share—$3 billion to the State—and it guaranteed flexibility on how that money could be spent, particularly on hospital avoidance programs to reduce unnecessary hospitalisation. As well, with those Health and Hospitals funds that I have just talked about and the infrastructure funding, we have been able to attract a much greater share of the Commonwealth funding than was previously the case. In round one, under Labor, we attracted 17 per cent; in round two, under Labor, we attracted 21 per cent; and in round three, the most recent one—under us—39 per cent. We have got another round coming up and I am very hopeful that with the improved submissions being put in by the ministry and with the assistance of Health Infrastructure we will attract a fair share of those funds as well.

The Hon. DAVID CLARKE: I guess going around you have heard a lot of inspiring stories but you have probably had your fair share of horror stories told to you about years gone by, would that be the case?

Mrs JILLIAN SKINNER: Yes, indeed. One of the things that really worried me enormously was the number of people who were not able to access care, particularly country people. That is one of the reasons I was pleased that we could honour our election commitment to get on with the job of providing additional money for the Isolated Patients Travel and Accommodation Scheme of $28 million over the next four years. That was a policy. We have got $7 million in it this year. Can I tell you, in this place last Friday night at a big function held to raise funds for Can Assist, which is based largely in the country, that announcement about the Isolated Patients Travel and Accommodation Scheme, or the recognition of the increased funding, got the loudest clap of the night.

The Hon. HELEN WESTWOOD: Will the Government be funding $1.5 million towards a community health centre in Yamba and in what financial years will this funding flow through?

Mrs JILLIAN SKINNER: Yes. The money for a Yamba Community Health Service has been on my agenda for a long time. In fact, I actually lobbied for it and made a commitment on the part of the Coalition before 2003. I think it was in 2002. So it is one that is high on my agenda and one that I would give high priority to. Watch this space.

The Hon. HELEN WESTWOOD: We can expect an announcement soon, by the sound of that?

Mrs JILLIAN SKINNER: Watch this space.

The Hon. HELEN WESTWOOD: Could you tell me then why that funding was not set aside in the 2011 budget?

Mrs JILLIAN SKINNER: We do not announce all of our small capital works in the budget, as you know, as your Government did not either. But, as I said, watch this space. I believe there will be movement at the station very soon on that score.

The Hon. HELEN WESTWOOD: What do you think the community at Yamba will be receiving for this $1.5 million?

Mrs JILLIAN SKINNER: I think a lot more than that is required to do what they want, but the truth of the matter is they want a community health centre. I have seen the site. I stood on it back in 2002. It is a type of wellness centre that they are particularly keen on. As I have said in my previous answers, health is not just about putting people in a hospital bed. It is about prevention, keeping people well and looking after people who may have a chronic illness, keeping them fit and healthy and giving them access to primary health care provided in the community. That is the kind of thing that they were talking about. But the specifics, if we end up announcing a program such as that, will very much involve the community because we are a Government which consults extensively with the community and of course with the local health district.

The Hon. HELEN WESTWOOD: How much of that $1.5 million of funding would be recurrent funding?

Mrs JILLIAN SKINNER: You asked me to build it, did you not?

The Hon. HELEN WESTWOOD: I just wanted to know whether there is recurrent funding.

Mrs JILLIAN SKINNER: If it is capital funding it is not recurrent.

The Hon. HELEN WESTWOOD: Has any funding been allocated for recurrent funding for the services that would operate out of the centre?

Mrs JILLIAN SKINNER: We have got to build it first.

The Hon. HELEN WESTWOOD: Minister, could you tell me what consultations have occurred on the Women's Health Plan to date? I understand that it will expire very shortly. I think the term was extended for

this current plan. I understand from some of the key stakeholders that they have not been involved in any consultations in the development of the Women's Health Plan.

Mrs JILLIAN SKINNER: I think there is ongoing consultation about all of the particular health plans. A number of them are being renewed and renegotiated. I have personally had a number of consultations with some of the women's health service providers. Particularly during community cabinets it is something that seems to come up quite regularly. I have met people from women's health centres in a variety of places. Campbelltown I think was one. Nepean out at Penrith was another. There will be ongoing consultation with those groups as we move to the next iteration of all of those service plans.

The Hon. HELEN WESTWOOD: So the women's health centres can expect to be contacted soon about that development?

Mrs JILLIAN SKINNER: Yes, and this is very much about work with the local health districts but also the Agency for Clinical Innovation, so there will be ongoing work. And it is not just women's health; it is a whole range of groups like that.

The Hon. GREG DONNELLY: Minister, just before I go on to a couple of other areas can I just go back to the question of beds to seek clarification. The 2010-11 annual report of the Department of Health has not been released yet, has it?

Mrs JILLIAN SKINNER: No, not yet.

The Hon. GREG DONNELLY: Is that report expected to be released soon?

Mrs JILLIAN SKINNER: I am not absolutely sure.

Ms CRAWSHAW: We have got an extension, I believe, because of the complexities of putting together the old area health service accounts with the new local health district accounts.

The Hon. GREG DONNELLY: But when is it expected that that will be provided?

Mrs JILLIAN SKINNER: Last year the former Government released the annual report, I think on Christmas Eve or just about then. I hope ours is not that late.

The Hon. GREG DONNELLY: So we are expecting November-December, are we?

Mrs JILLIAN SKINNER: Before the end of the year, yes.

The Hon. GREG DONNELLY: In that report will there be details about average available beds as per previous reports?

Mrs JILLIAN SKINNER: Yes, there will be the same kind of measures as previously because it is really based on most of the last Government.

The Hon. GREG DONNELLY: There will be, within that report, some information about beds?

Mrs JILLIAN SKINNER: Yes, it will be based on the same kind of information that was there last. It will have the same definitions and all.

The Hon. GREG DONNELLY: But next year we expect, based on your previous answers—

Mrs JILLIAN SKINNER: More accurate figures, yes.

The Hon. GREG DONNELLY: Well, different figures, as I understand the ways of—

Mrs JILLIAN SKINNER: We will not be counting all cots and bassinets and cradles as adult overnight acute beds, I can assure you of that.

The Hon. GREG DONNELLY: That leads me to my question. In the budget there is an explicit statement that over the coming four-year period an additional 1,390 beds will be made available. What type of beds are they going to be?

Mrs JILLIAN SKINNER: There will be a mix of beds. There will be sub-acute and there will be acute beds. Making them available does not mean they will all be brand new beds wheeled into a ward. Some of them will be made available by avoiding unnecessary hospitalisation.

The Hon. GREG DONNELLY: So these are not additional beds?

Mrs JILLIAN SKINNER: They may be. Some may be and some will not be. They will be made available to treat patients who are currently stuck in emergency departments.

The Hon. GREG DONNELLY: But they are not necessarily additional beds?

Mrs JILLIAN SKINNER: Not all of them, no.

The Hon. GREG DONNELLY: That is not what was said in the budget speech.

Mrs JILLIAN SKINNER: I think it says "making available". In every speech and every commitment that is made it is about making the beds available, as per the previous Government.

The Hon. GREG DONNELLY: I think it might be worth going back and checking because it talks about additional beds, as I understand it.

Mrs JILLIAN SKINNER: There will be some new beds, absolutely. The ones I spelt out when I just talked about per hospital are new beds.

The Hon. GREG DONNELLY: Will there be a way to discern whether they are State-funded beds or Commonwealth-funded beds?

Mrs JILLIAN SKINNER: They are all State-funded beds.

The Hon. GREG DONNELLY: There will be no Commonwealth funding with respect to those beds?

Mrs JILLIAN SKINNER: Some of them are jointly funded under the Council of Australian Governments agreement. One of the things that we had to account for in this year's budget was beds opened and announced by the previous Government as Council of Australian Governments funded beds, but they were only funded for one year, so we had to pick up the budget for them this year. That is a big challenge because you cannot just open a bed for half a year or while there is Council of Australian Governments funding; you have got to maintain those beds. A challenge for our budget this year has been providing the resources to continue to make them available.

The Hon. GREG DONNELLY: Looking at this four-year period ahead, your answer to me was that these beds are all State funded. Am I to take it that if we come back in 12 months time to look at the question of numbers of beds the answer is will be they are all State-funded beds?

Mrs JILLIAN SKINNER: No, there will be an allocation of funds under the Council of Australian Governments that will come to the State. There is a mix, but they come through the State budget.

The Hon. GREG DONNELLY: Yes, I appreciate that but how will one be able to discern—if one will be able to discern—the amount of money that goes into the beds that comes from the Commonwealth?

Mrs JILLIAN SKINNER: You will be able to see that through the Commonwealth budget as well, and agreements. We are not hiding the Council of Australian Governments funding arrangements. They are all open.

The Hon. GREG DONNELLY: I am not suggesting you are. I am just trying to establish how one discerns the funding for particular beds that comes from the Commonwealth.

Mrs JILLIAN SKINNER: It will be in general terms—25 subacute beds across the State or something like that. I will not be able to tell you that one here or there is necessarily Council of Australian Governments funded because they get mixed up.

The Hon. GREG DONNELLY: But in aggregate there will be a way one can tell.

Mrs JILLIAN SKINNER: There is likely to be an aggregate figure. Am I correct in that, John?

Mr ROACH: The implementation plan for the Council of Australian Governments identifies beds by hospital and therefore some of those beds are partially funded by the Commonwealth and partially funded by the State. You would not be able to pick an individual bed.

Mrs JILLIAN SKINNER: For example, Woy Woy rehabilitation is going to be reopened. That was a policy commitment we made, and I am pleased to say it is being honoured. That redevelopment will involve money from the Commonwealth for subacute beds and money from the State for rehabilitation beds. There is a joint Commonwealth-State contribution to making that service available.

The Hon. GREG DONNELLY: A related matter is the numbers of nurses in hospitals. I understand an additional 940 nurses will be employed in the next 12 months. Is that the position?

Mrs JILLIAN SKINNER: Absolutely.

The Hon. GREG DONNELLY: Can you direct me to where I find the information about how many nurses are employed at the moment in New South Wales so we can work out how we get to that higher figure? Is there a source that you use to establish the number of employed nurses in New South Wales?

Mrs JILLIAN SKINNER: Yes, the annual report of the Department of Health. I can inform you, because I updated my data this morning anticipating somebody might ask me this question, that since the election we have employed an additional 797 nurses.

The Hon. GREG DONNELLY: On what basis are they employed—full time, part time, casual, agency? Are they divided up?

Mrs JILLIAN SKINNER: This is the headcount and I believe they are full-time or part-time employees.

The Hon. GREG DONNELLY: Is that 797 across the State?

Mrs JILLIAN SKINNER: Yes. It is 350 in the metropolitan area and 447 in rural and regional areas.

The Hon. GREG DONNELLY: Do you think there will be any difficulty in achieving the figure of 2,400 over a four-year period given the annual wage increase for nurses in the State is 2.5 per cent?

Mrs JILLIAN SKINNER: I do not think that is going to make a difference at all. That is certainly the information I am getting from my visits to hospitals. One of the things that I think will be a challenge is ensuring we have the additional clinical nurse midwife educators and clinical nurse midwife specialists on board. We have made a commitment to employ 275 nurses in these positions over time because of the large numbers of nurses and midwives coming out of universities. We are expecting considerable recruitment in that area over the next 12 months and beyond. Every time I have visited a hospital, both recently since I have been Minister and previously, they have highlighted the need for these particular nurse educators to make sure the new recruits are brought up to speed as quickly as possible.

The Hon. GREG DONNELLY: You do not think that by restricting annual wage increases to 2.5 per cent it will provide a disincentive to nurses in the State?

Mrs JILLIAN SKINNER: In fact they are getting a lot more than that. There is 3 per cent this year and I think it is 4 per cent—

Ms CRAWSHAW: Three per cent this year and 2.5 per cent next year.

Mrs JILLIAN SKINNER: Three per cent, et cetera. The nurses agreement—

The Hon. GREG DONNELLY: Can you take me through the agreement details so we are very clear?

Mrs JILLIAN SKINNER: Okay. The nurses' agreement was signed in February this year with the former Government. It is 3 per cent this year—

Ms CRAWSHAW: Last year.

Mrs JILLIAN SKINNER: Three per cent last year, 2 point—

Ms CRAWSHAW: Three per cent last financial year—

Mr ROACH: No, 3.9 per cent last year, 3 per cent this year.

Ms CRAWSHAW: It is 3.9 per cent, 3 per cent and 2.5 per cent.

Mrs JILLIAN SKINNER: When I visit hospitals and speak to nurses they tell me that bullying and harassment and the work environment are the things that have discouraged them from staying, let alone taking up offers of work, which is why my core values which have spread across the whole system are gaining ground. Things like honouring and valuing the work and the input of local nurses are important, which is why in the Hunter the abolition of the centralised rostering system that cut out the nurse unit manager was so warmly welcomed. They said to me, "This beats hands down any restrictions on pay and conditions. What you have done in that is prevented experienced nurses leaving the system."

The Hon. GREG DONNELLY: Since you have raised bullying and harassment can you explain to the Committee what methodology is used to collect information at a hospital level about instances of bullying and harassment of nurses?

Mrs JILLIAN SKINNER: I ask the question every time I visit a hospital. When I first met the board chairs I asked them for information about what initiatives were being taken locally to address bullying and harassment.

The Hon. GREG DONNELLY: I am talking about the collection of information.

Mrs JILLIAN SKINNER: They do staff surveys and they have also undertaken projects such as essentials of care involving nurses, the leadership program involving nurses—

The Hon. GREG DONNELLY: Is there a standard format for the collection of that information in New South Wales public hospitals?

Mrs JILLIAN SKINNER: There is a staff survey that has been conducted and will continue to be conducted.

The Hon. GREG DONNELLY: Is there a structured way in which the data from incident reports is collected?

Mrs JILLIAN SKINNER: Yes there is and I will ask Karen Crawshaw to explain.

Ms CRAWSHAW: There is now a structured way of collecting complaints. It does have to be formally lodged so that it can be collected by the human resources departments in local health districts. The information is aggregated and we collect it on an annual basis.

The Hon. GREG DONNELLY: Is that published?

Ms CRAWSHAW: I would have to take on notice whether we are publishing it in the new annual report. The difficulty is we have only been doing it for a 12-month period so trend data is not yet available.

The Hon. GREG DONNELLY: Could you provide the Committee with the most recent report?

Ms CRAWSHAW: Certainly.

The Hon. GREG DONNELLY: On a related matter of assaults on registered nurses in public hospitals, is that information collected?

Mrs JILLIAN SKINNER: Yes it is.

Ms CRAWSHAW: The collection of assault data is done through the Bureau of Crime Statistics and Research rather than by the Health Department. There was a time when some collection went on at a local level but again there was not a robust methodology and definitions were not consistent so we now utilise the Bureau of Crime Statistics and Research, which, as you know, is a rigorous collection.

The Hon. GREG DONNELLY: How is that information collected? What is the procedure for reporting an assault in a hospital?

Ms CRAWSHAW: It is collected through the police reports by the Bureau of Crime Statistics and Research.

The Hon. GREG DONNELLY: Let us assume a registered nurse is assaulted. Who does she report the incident to at a hospital?

Ms CRAWSHAW: A registered nurse would report it presumably to her nurse unit manager and the general manager of the hospital and then it is notified to the police.

The Hon. GREG DONNELLY: When you say "presumably," are you not clear about that?

Ms CRAWSHAW: It would depend on the circumstances and whether the nurse unit manager was available, but the nurse's duty supervisor would be the one to make contact with the general manager and the police are automatically advised in these circumstances. If it has not been done by a district when the incident is notified it is one of the things that we look at in the Ministry to make sure that the police have been advised.

The Hon. GREG DONNELLY: Do you consider it a priority that this information is actually reported in hospitals?

Ms CRAWSHAW: Yes, I think it is important that the information is reported, because in reporting the information we can better risk assess what needs to be done.

The Hon. HELEN WESTWOOD: Does the data that the Bureau of Crime Statistics and Research collects record in which location within the health service the assault takes place?

Ms CRAWSHAW: I believe it does register that. I would have to take this on notice, but my understanding is that it does record whether it is on a hospital premise or not.

The Hon. HELEN WESTWOOD: Does it record, for example, whether it is in an emergency department or whether it is in a ward?

Ms CRAWSHAW: I do not think it drives into that level of particularity. But clearly, it does look at it in total. That said, if there is a serious assault in an emergency department or any part of the hospital, our policies require a proper risk assessment and analysis of the incident, in the same way that, where we have reports for clinical incidents, we also have them for these sorts of incidents, to look at what might need to be done to change security.

Dr JOHN KAYE: If I could return, Minister, and possibly to Dr Foley, to the issue of activity-based funding. Dr Foley, you would no doubt be aware of the large degree of concern about the impacts that activity-based funding had on hospital services in Victoria, where it has been implemented for about a decade. How do you guarantee us that the algorithm now being developed for activity-based funding will not reproduce the downward pressure on quality that the Victorian model did?

Mrs JILLIAN SKINNER: I will ask the director general to answer that.

Dr JOHN KAYE: The Minister or Dr Foley; I do not mind which.

Dr FOLEY: I think it is 17 years ago, or more, that that system was introduced in Victoria. It was introduced in Victoria in the early 1990s.

Dr JOHN KAYE: My, how time flies.

Dr FOLEY: It does, doesn't it? And so there is a great deal of lessons to be learned since then. I think the Victorian model as it is now, 17 years later, is different from that in place when they started using the model; and the model which is being developed nationally is a further evolution. The other thing to be aware of is that that process that I described, where we start the Commonwealth money flowing from 1 July on this format, but within the capped special purpose payment total that they pay, is that, whereas they used to pay that as a lump sum to the State under the Medicare agreements, it starts to be paid on an activity-based funding basis. That does provide a number of stages through which the process will be developed.

The other part of it is that each of the States will need to determine how they complement that funding and what those methodologies are, and we are working very hard on that side of it at the moment as well, with a view to ensuring that we anticipate as much as possible how the money flows will work, to ensure that it can be an iterative process, and that we can risk manage that process.

Dr JOHN KAYE: But the presumption is that the State's contribution to hospitals will also be on activity-based funding.

Mrs JILLIAN SKINNER: Plus.

Dr FOLEY: Plus, yes. Under the model that has been agreed and signed off at the Council of Australian Governments, the States are the majority funder and the ultimate risk-taker in terms of funding State health care systems. The funding will be on a mix of services which are funded on an activity basis, both by Commonwealth and State elements. There will be block funded components in which the Commonwealth and State share, and there will still be things that State health systems do which do not come under the funding models which the States will still be responsible for 100 per cent. So there will be a significant mix of elements in terms of a standard local health district service agreement and budget.

Dr JOHN KAYE: How do you protect patient outcomes under a system that is inherently designed to reflect just the cost of the standard case? How do you protect the case of the individual whose costs are greater than the average for that particular class of treatment?

Dr FOLEY: There are a number of things. Firstly, this is not about moving to a system that is like private health insurance, where the patient is treated and a bill then goes to the funder in respect of that individual patient. We are still talking about local health districts and their equivalents around the country having an annual budget that is set with the State health authority. That will comprise the service specifications and volumes under different categories that will be notified to the national funding authority, which will be custodians of the national funding pool, and the Commonwealth will be notified of what it needs to put in that pool to meet the Commonwealth's share. Then those funds will flow to districts from that national funding pool.

There will be retrospective adjustments, up and down, of the Commonwealth input according to actual volumes. So we are still talking about a global budget but, rather than that budget being based on a block budget that is fairly undifferentiated, that budget will be built up over time. So that budget allows that any payment model of the type we are talking about is based on an average and a measurement of standard deviations around that average, and so on, to get the pricing. And then, obviously, there will be variations around the mean and how the funding model works, so that within that total amount of funding patients who have been a bit under, a bit over and so on are covered within the funding pool. The difference from an historical funding model is that the flow of funds and the amount of funds that a district gets, or a hospital network gets, or whatever terminology is used in each State, will actually bear a close relationship to the work they are being expected to do.

In terms of outcome and the protections on outcome—if we go back to your original question about Victoria 17 years ago—the other big difference that we have now, compared to then, is the rigorous reporting structure that makes the State health systems far more transparent than they were 17 years ago. If you go back 20 years, waiting lists were not even collected—I think people would find it very hard to believe that they were

not collected—let alone the sorts of measures that we now have, and will have, which will also be critical performance factors which will need to be met.

Dr JOHN KAYE: We will get to those in a second. I just want to go back to the very core of this, which is that funding will flow, you say, to the State but inherently and inevitably to the local health district as a result of the number of patients treated, times the treatment cost in that category. So, inevitably, there will be pressure which will come down through the system that will impact on the treatment of individual patients, particularly those patients who turn out to be on the up side or outliers on the up side of the cost for their particular category.

Dr FOLEY: The funding flows will be a combination which adds up to a budget that a local health district can expect to have in a year, and under the service agreement there will be the elements that flow under the activity-based funding. There will be elements that will come from the national pool. There will also be elements that come direct from the State. So there will not be that individual patient point pressure in terms of performance.

We are still in the process, on the State side of things, of developing what the State funding model can be, and it is open to that model to look at how it deals with outliers and those kinds of policies. Also, we intend to be very proactive in terms of relationships with the Independent Hospital Pricing Authority in making submissions and proposals about how the national approach might manage these things. So we will be approaching it through two routes: first, in terms of how we approach the Independent Hospital Pricing Authority and the recommendations we would make to it and, second, in terms of how we develop the complementary State funding model.

Dr JOHN KAYE: I move on now to the Program for Appliances for Disabled People. I understand that it has a budget of around $34 million this year. Can the Minister provide details of the unmet need regarding the number of applications for equipment and the dollars needed to meet those needs? How many applications were not met? What was the dollar amount of that unmet need?

Mrs JILLIAN SKINNER: Of course, you would be aware that I have taken a great deal of interest in the Program for Appliances for Disabled People over many years. I was pleased when my colleague Robyn Parker, a former member of the upper House, chaired a committee that examined this whole program, which is now called EnableNSW. I understand that the Government has provided a $2 million recurrent enhancement. Sorry, that is not what we are talking about.

Dr JOHN KAYE: I hope not. I am looking for $34 million plus.

Mrs JILLIAN SKINNER: Yes, that is right. I believe that the budget has been increased this year.

Mr ROACH: The Program for Appliances for Disabled People program was increased by $3 million and a further $2 million was provided for the home oxygen program.

Dr JOHN KAYE: An additional $3 million for Program for Appliances for Disabled People?

Mr ROACH: Plus an additional $2 million for the home oxygen program.

Mrs JILLIAN SKINNER: For this year.

Dr JOHN KAYE: But my question goes to the number of applications that were rejected?

Mrs JILLIAN SKINNER: I cannot answer that question. I will have to take that one on notice. I am sorry about that.

Dr JOHN KAYE: What will happen to those rejected applications? Are you looking to increase the funding to allocate more money to meet them?

Mrs JILLIAN SKINNER: I will take that question on notice. I will speak to EnableNSW. That body looks at the individual applications for funded programs. It may be that they were ineligible. I just cannot answer it off the top of my head.

Dr JOHN KAYE: We look forward to receiving your answers on that. I refer now to the number of full-time equivalent nurses in New South Wales. I understand that the memorandum of understanding around the Nurses Associations' one to four campaign ought to have provided an additional 1,400 full-time equivalent nurses by 30 June 2013. Can you explain to the Committee whether the State is on track to meet those additional nurses?

Mrs JILLIAN SKINNER: Yes. Before I ask Karen to answer, or Mary or whoever would like, I shall say a couple of things. The implementation of nursing hours per patient day is proceeding. There was quite a lot of local noise about slowness in getting that up and running. I understand that there was considerable negotiation and discussion between the New South Wales Nurses Association and the ministry to get it up and running. That has all been resolved and those local health districts and, particularly then, the hospitals have indicated how the nurse positions are being rolled out. At one time there was a lot of local media and the nurses union suggesting it might take action. That has all now gone quiet because these positions are being rolled out across the State. It is a little bit slower than we had wanted, but through the negotiation with the union it is all back on track.

Dr JOHN KAYE: You are saying we are on track to reach the additional 1,400 full-time equivalent nurses by 30 June 2013?

Mrs JILLIAN SKINNER: That is my understanding, but I will ask Karen because she has been intimately involved in some of these discussions.

Ms CRAWSHAW: You are correct. Our estimate is that to convert the wards—general, medical and surgical wards and the other wards that will have the new reasonable workload levels—we have estimated about 1,400 full-time equivalent [FTE] from the time of the arrangement in February to the end of June 2013. The first tranche of dollars to support that went out at the end of last financial year. While the funding had gone out, there was some delay in the funding translating into actually bodies on the ground. Since then we have had very productive discussions with the Nurses Association as well as with the local health districts so that they now have had to come up with detailed plans about how they are going to go about converting wards, what wards actually will be converted and at what time in the rollout over this financial year. We are sending the funding out. The funding is in this year's budget to support those positions.

Obviously, the local health districts are responsible for the actual recruitment on the ground for those positions. At the ministry level we are, I guess, supplementing those endeavours with an overseas recruitment campaign. We have had a team of about two or three people go overseas to look at experienced nurses that might be available in Europe, the United States of America, the United Kingdom and Ireland to complement the initiatives here to recruit and retain. Additionally, we are looking obviously at offering at the beginning of next calendar year a significant increased number of positions to new graduates than we normally do. As you would be aware, certainly the private system picks up new graduates. We pick up a significant portion of new graduates. We will be seeking to pick up a lot more than we normally do to help us get to those numbers.

Dr JOHN KAYE: How many additional nurses do you anticipate having on the books, leaving aside the birth-plus implementation, by 30 June 2012? What is your target?

Ms CRAWSHAW: Our target out of the memorandum of understanding is around 900 full-time equivalents. Obviously, there also will be additional staff from opening new beds.

Dr JOHN KAYE: Leaving aside the opening of new beds, you are aiming for around 900?

Ms CRAWSHAW: Yes, that is correct.

Dr JOHN KAYE: Do you think you are on track to achieve that?

Ms CRAWSHAW: In terms of us monitoring the numbers, it is early days. The trend is upwards but, as I said, we will really have to pick up the pace in the new year. I expect to pick up the pace through the additional graduates. That will be the point where we really bring ourselves up to a position where we hope to be able to achieve the 900.

Mrs JILLIAN SKINNER: There is $84 million in this year's budget for this purpose.

Dr JOHN KAYE: That is $84 million recurrent or transition dollars?

Mrs JILLIAN SKINNER: Recurrent.

Ms CRAWSHAW: No, it is recurrent dollars.

Dr JOHN KAYE: An increase of $84 million?

Ms CRAWSHAW: Yes.

Dr JOHN KAYE: Were you entirely satisfied with the advertising conducted by the department to attract new nurses?

Ms CRAWSHAW: We did an advertising campaign, but to some degree I rely on the advice of the chief nurse about what strategies best achieve additional staffing. We did a block ad, a broad ad across the State. We got about 150 responses but, no, I was disappointed we did not get more registered nurses. We got quite a good response rate from our assistants in nursing and our enrolled nurses. I was disappointed that we did not get more. That is when we decided to take a more proactive approach to go overseas and look at the United Kingdom, Ireland and the United States of America.

Mrs JILLIAN SKINNER: One thing that gets the loudest cheer when I meet with nurses and others in my hospital visits is the indication that under our restructure plans several layers of bureaucracy will be removed from the recruitment process. It does not mean that there is not a role for head office with payroll, et cetera, but often people on the ground have talked about the previous arrangements where they could encourage people to apply, but then there was such a lag in getting those people on board that they gave up and went elsewhere.

Ms CRAWSHAW: To be honest, different districts have different circumstances and they may be trying to attract different profiles of staff. A blunt State-wide approach in itself will not do the trick. You do need the districts tailoring the recruitment and retention campaigns to their local circumstances.

Dr JOHN KAYE: That does break up your advertising dollar quite considerably, does it not? You do not get the same economies of scale.

Mrs JILLIAN SKINNER: Sometimes the best advertising these days is through social media, especially in the country areas where they are local people who are known to each other. You cannot judge now a recruitment campaign by the paid advertisement you see in the *Sydney Morning Herald* or the *Daily Telegraph.*

Dr JOHN KAYE: Could you provide on notice the total number of full-time equivalent nurses in the system for each of the six month periods going back about three years, and can you indicate in your answer how many of those came out of the memorandum of understanding, how many came out of Birthrate Plus and how many of those came for other reasons?

Mrs JILLIAN SKINNER: Some of them will not come out of those things.

Dr JOHN KAYE: Some of those answers will be zero, just so we can track the time series of what is happening to the nursing workforce in full-time equivalent form.

Ms CRAWSHAW: The annual report does provide the full-time equivalent numbers broken down by profession and it does provide it back five years. That figure will be published in the next month. You will have a five-year track of how the numbers are going. What I would say is we have to track the overall trend in increasing numbers of nursing staff, bearing in mind we are opening beds and we have a campaign to convert wards to the new staffing levels. So there is a range of different activities going on that will give an impetus to an increase in numbers. I cannot dissect the numbers going up because of new beds or expanded services versus conversion of wards. I can tell you what the plan is for conversion of wards. Obviously, they are a priority in terms of the call on staff.

The Hon. DAVID CLARKE: Minister, I would like to ask you a question about health services in western Sydney. Before I do that I want to get a clarification. Did I hear you correctly say in response to a

question from the Hon. Greg Donnelly that the previous regime included cots and bassinets in the number of hospital beds for the purpose of statistics in New South Wales?

Mrs JILLIAN SKINNER: Yes, it did, which was always my concern when we were asking questions about why access is blocked, which is where you get patients stuck in the emergency department and what the bed numbers are. They would come up with an occupancy rate of something quite low, but when you took out the bassinets, the cots, the recliners, the maternity beds et cetera that really were not suitable for those patients lying around the emergency department it was much different. In the overall, unless we specified—and even when I did specify when asking questions—the adult overnight acute bed rate it was difficult to get that answer. That is something we intend to address.

The Hon. GREG DONNELLY: You will exclude all of those?

Mrs JILLIAN SKINNER: I will report them separately. They will be there.

The Hon. GREG DONNELLY: Separately reported?

Mrs JILLIAN SKINNER: Yes. We have already indicated that to you in a previous answer.

The Hon. DAVID CLARKE: In other words we are going to get truth in statistics rather than misrepresentations in statistics?

Mrs JILLIAN SKINNER: That is a wonderful way of putting it: truth in statistics, yes.

The Hon. DAVID CLARKE: What are you doing for health services in western Sydney? In other words, are we going to have not too many more cases of these situations where we have women coming down from the Blue Mountains giving birth on the side of the road as they try to get to Nepean hospital looking for a maternity ward?

Mrs JILLIAN SKINNER: You have identified one of the great challenges. I have said this regularly. We have to rely on staffing our hospitals to make sure they are safe. Particularly in relation to maternity and emergency services I have always said that I will never promise to reopen or maintain anything if I cannot look the community in the eye and say there are sufficient qualified staff to ensure your safety. That said, we are putting a great deal of focus on enhancing the services in western Sydney because that is such a population growth area. It is why, in the list of hospitals that I identified I had visited earlier on, so many of them have been in western Sydney.

The first city hospital I visited was Nepean. It was suggested there that I have a boardroom lunch with the executive. I said, "No, I am intending to go to the cafe over the road called Eden's Cafe." I am so well known there that the woman who runs it asks, "Do you want your usual?" I met with the medical staff council. I had been meeting with the medical staff council, or some members of that council, for the last five or six years. I was pleased on that occasion. There were 25 doctors. These are the people who are representative of different divisions within the hospital and they were invited by the chair of the council to go around the room and spend a minute saying what you do well and the second minute what you could do better. They interacted with each other and it was a very exciting session and they said afterwards nobody had sat down and done that with them before. It empowers them to feel they can come up with ideas that they can put to the board for consideration as they move forward. That is the sort of thing that I find very rewarding when I do those visits.

Can I talk to you about some of the things we are doing? We are delivering on our election commitments. There is record investment in rebuilding hospitals. For example, there is $36 million for health infrastructure in western Sydney in 2011-12 and this includes the commencement of major projects and election commitments at an estimated total cost of $480 million. In western Sydney health capital, Campbelltown hospital, there will be redevelopment of the emergency department at a cost of $7 million in this financial year. The total estimated cost of the work to be done at that hospital is $139 million over the next four years. That includes the redevelopment and expansion of existing inpatient services by 90 beds. These are new beds.

The Hon. DAVID CLARKE: Not bassinets and cots?

Mrs JILLIAN SKINNER: There will be a mix of acute services and enhanced specialist care.

The Hon. DAVID CLARKE: They will be specified?

Mrs JILLIAN SKINNER: Yes. When I visited Campbelltown—it was one of the early hospitals I visited—I was encouraged to see how innovative they are there. They have gone out of their way to provide the best possible care for their patients, just like they do across the system. They have worked very hard and I am pleased we are able to provide the enhanced funding. The other capital we are providing is for Blacktown hospital and we have made an election commitment of $125 million over the four-year period. In this year there is $500,000 to undertake the planning of that expansion. Finally, there are works in progress including Nepean hospital stage 3 and stage 3A redevelopments, and Liverpool stage 2, of almost $129 million in 2011-12.

In addition I am very proud that we made a capital grant funding to the Westmead Millennium Institute of $25 million for 2011-12, which is part of a $30 million election commitment; the Children's Medical Research Institute, $20 million; and Nepean hospital planning for the car park extension work that will start as soon as current building on the site completes. This is one of the differences about the way we are approaching some of those hospital redevelopments. I visited Nepean hospital many times and it is chaos when you try and find a parking spot there. I visited a specialist locally in his rooms not far from the hospital and when I was there a patient came in very flustered saying, "I could not go to the hospital for my follow-up treatment because I drove around for an hour and a half. Can you help me?" That is not right.
I mentioned that we were down at Wagga Wagga announcing the start of their work. The first thing they are doing is the parking.

In terms of western Sydney beds we have announced $4.4 million this year for additional acute beds, 10 at Westmead and four at the Children's Hospital; $3 million to expand adult intensive care capacity with one additional adult intensive care bed at Bankstown and two upgraded high dependency beds at Blacktown; and over $1 million for additional paediatric intensive care, one bed within the Sydney Children's Hospital network. That is to meet increasing demand. We have provided almost $11 million this year to progressively open 56 more beds at Liverpool Hospital following the commissioning of the new building works in late 2011 early 2012, $3.5 million to progressively open 39 more beds at Nepean in 2012 following the commissioning of their new building works, and $56 million statewide in this financial year to maintain 130 beds in western Sydney hospitals. These are the beds I was referring to that were initially opened with Council of Australian Governments funding: Westmead 45 beds, Blacktown 18, Mount Druitt 10, Liverpool 22, Campbelltown 20, Nepean 26 and the Children's Hospital Westmead and Westmead 15.

There is additional information about more nurses for western Sydney, $15.5 million for 204 more beds in western Sydney, and almost $2 million to extend the provision of 10-hour night shifts for nurses at Campbelltown, Camden and St Joseph's Hospital at Auburn. We have allocated $750,000 in this year's budget to increase the number of planned surgical procedures to reduce waiting times. In preventative health we have allocated $500,000 to enhance New South Wales Telehealth Services at Nepean Hospital. That is working with Professor Mohamed Khadra, who came up with the idea. This is a patient and clinician-developed program. We provided $250,000 in 2011-12 for the Youth and Road Trauma Forum held at Westmead Hospital. In addition, a share of $1 million this year will be used to establish a pilot site in south-west Sydney to provide specialist multidisciplinary care to people with an intellectual disability and complex needs. I have had comment from the Intellectual Disability Council, which was very encouraged. This was the first time its community had been acknowledged in the budget.

The Hon. SARAH MITCHELL: My question is of similar capacity to that of my colleague but my focus is on regional areas. Can you give the Committee an update on how the Government is working to improve health care in regional New South Wales?

Mrs JILLIAN SKINNER: I have spent a lot of time travelling throughout regional New South Wales. Earlier I mentioned the hospitals that I visited. In many of those areas they felt that they have been the poor cousins. It has been a delight to go there and particularly talk about the infrastructure enhancements that they will receive. Keep in mind hospitals like Wagga Wagga. Wagga Wagga is probably the prime example of a service that had been promised a new hospital for well over a decade. In fact, in 1995 when I first became the shadow Minister for Health, the Labor Party promised them a new hospital, and there has been no work done. That was a story replicated throughout country New South Wales. I am very pleased that we have been able to provide regional capital, which I mentioned previously, to rebuild those major hospitals—Wagga Wagga, Port Macquarie, Dubbo and Bega.

In addition, we have provided money to start the planning of Parkes and Forbes hospitals—$3 million this year and $67.5 million over four years, which is our election commitment. In total, in this year's budget there is $190 million in health infrastructure for rural and regional New South Wales and, of course, the commencement of major projects. I will refer to some of the other additional money. We have committed $260,000 this year to enhance the Braidwood multipurpose service. The Gulgong multipurpose service will commence construction with $4 million this year and $5 million in total. Substantial beds are being rolled out in Belmont, which is in the Hunter, and Wyong, which is on the Central Coast. I suppose that would be counted as marginal rural but nevertheless regional. As well, we have $2.4 million this year for six special care nursery cots—two for $800,000 at Dubbo hospital, two for $800,000 at Gosford Hospital and two for $800,000 at Wagga Wagga.

We also are providing $21 million to open 69 subacute beds at Albury-Wodonga, Orange, Broken Hill, Kurri Kurri, Belmont, Bellingen, Maclean and Ballina and a proportion of the $56 million to maintain the 106 beds at Ballina, Coffs Harbour, Port Macquarie, Wollongong, Coledale, Tamworth, Maitland, John Hunter and Calvary. I can provide specific details if you wish. In addition, we are providing funding for more regional nurses for planned surgery in regional areas. Very importantly, we have provided approximately $1 million this year to train 40 more medical graduates and 12 more junior doctors in rural and regional New South Wales. I know that is very important to people in country New South Wales.

The Hon. SARAH MITCHELL: In your answer you said that sometimes country people feel they have been left behind their city cousins. What has been the response to the new system of health boards when you have been out to the regional areas? Has it been well received?

Mrs JILLIAN SKINNER: Yes, indeed. In fact, the local health districts and health boards have been noticed more in country areas, largely because when there were area health services they felt they were remote from them. They felt that they did not have a real understanding about what was happening in their local scene. We have brought it down to the size of smaller local health districts. That had started under the previous Government with local health networks as a result of the Council of Australian Governments but we had already been there making these commitments for a very long time. This has been very warmly welcomed in country New South Wales and by clinicians across the board. I have a number of endorsements of that local board structure from people such as Dr John Dwyer, Dr Kerry Goldstein and many, many others.

CHAIR: Minister, previously you talked about the four pillars that you are aiming towards. One of them, importantly, is the Agency for Clinical Innovation. I know you have many good stories about what you have seen. How have you empowered clinicians and nurses to come up with clinical innovation that improves the health and wellbeing of patients? We are patient-orientated and focused. Many people think it is only rhetoric but when you can give solid examples it gives us all a great deal of hope that we are utilising the intelligence and humanitarian effort of our clinicians. They often have great ideas but have never been empowered or felt safe to bring them through the system.

Mrs JILLIAN SKINNER: The Agency for Clinical Innovation was one of the pillars recommended by Mr Garling. Its predecessor was the Greater Metropolitan Clinical Task Force, which was a clinician-led body, as is the Agency for Clinical Innovation. It is a very important body, allowing clinicians with consumers—and I am very pleased that most of the clinical groups also have consumers on them—to look at how they can work across the matrix of local health districts to provide new models of care that improve patient outcomes.

Whether it is orthopaedics or paediatrics—I do not think paediatrics has one yet; it will probably—emergency care or anything else, it is really where the future lies in getting best practice and new models of care in terms of better patient outcomes, and everything that we do is really about better patient outcomes. Some of the forums I have attended and spoken to about the Agency for Clinical Innovation—and often they work in partnership with a clinical excellence commission, which is about quality and safety—have been about things like falls prevention, the nursing essentials of care, the leadership programs and so on, and I think that these are the things that get a much better outcome for patients but also engage the clinicians across the board. One function I went to was the first event of the Agency for Clinical Innovation Council held here at Parliament House. It was a dinner that brought clinicians from right across the State as part of that new council.

CHAIR: Harping back to my former career, in women's health we have always grappled with chlamydia epidemics. From a public health, population health point of view, do you think we are making any progress on chlamydia and other sexually transmitted diseases that seem always to be on the increase?

Mrs JILLIAN SKINNER: Yes, and it worries me that sometimes, despite all of our campaigns of a few years ago about safe sex messages, particularly in the context of the HIV epidemic, we now have increasing rates of sexually transmitted infections. Clearly, people have lost the message. We want to prevent it in the first place but we need to have them diagnosed as early as possible so they can get proper treatment and avoid ongoing health problems. A number of programs are in place to provide a framework for preventing and managing sexually transmitted infections. Maybe Dr Chant could give you some of that detail.

Dr CHANT: I think, again, with chlamydia data it is important that we ask a couple of questions. One of the things we want to promote is an awareness of the disease and we want to promote testing and treatment because that is effective prevention. We also want to make sure that partners are appropriately treated—not just the individual but the partner—to prevent reinfection. One of the reasons the notification data is rising is part of it is probably a real increase but in part it is because we have got increased access to testing. There have been improvements in the testing, which now just requires a urine test.

There probably has been a real increase in chlamydia but there also has been positively a real increase in testing and awareness of the disease. There have been a number of national and State campaigns to promote testing. I think you will probably remember the apple where you bite in, which reflects the asymptomatic nature of chlamydia—that sort of awareness-raising activity. In terms of safe-sex messages I think we have still got a long way to go to promote the use of safe sex and that it not only prevents chlamydia but a range of other sexually transmitted diseases. There is increasing work we need to do, particularly with younger people, in understanding and, picking up what the Minister said earlier, with new modes of communication how do we get messages to our target population in a way that they embrace the messages? I think that has been a challenge for public health in many ways. But we are exploring some new avenues to look at that social marketing, social networking media. We hope to be able to demonstrate some new initiatives in that area in the near future.

[*Short adjournment*]

The Hon. GREG DONNELLY: The issue of the senior staff restructure that was discussed earlier, in terms of the 300 staff being deployed or made redundant, do you have any numbers at this time of those who have been made redundant?

Mrs JILLIAN SKINNER: I am pleased you have asked me this question because it allows me the opportunity to advise you that this week the Chief Health Officer, Dr Kerry Chant, has been reappointed to her position and the Deputy Director General, Ms Karen Crawshaw, has also been appointed.

The Hon. GREG DONNELLY: I was looking for the number of those who have been made redundant. Have any been made redundant at this point?

Mrs JILLIAN SKINNER: I think we are still going through the implementation of the restructure that was announced back in July.

The Hon. GREG DONNELLY: So there are no redundancies yet?

Mrs JILLIAN SKINNER: No, not at all. In relation to the staffing levels and the restructure, a number of comments have been made and I want to particularly note that the Australian Medical Association in New South Wales, for example—

The Hon. GREG DONNELLY: Minister, I am just asking the questions here if you don't mind.

Mrs JILLIAN SKINNER: I am providing the answers if you don't mind.

The Hon. GREG DONNELLY: Mine are quite specific questions. About numbers of people being redeployed, have any been redeployed yet?

Mrs JILLIAN SKINNER: Yes. It is happening. As I said, the implementation of our restructure will be all rolled out and completed by the end of the year.

The Hon. GREG DONNELLY: How many have been redeployed?

Mrs JILLIAN SKINNER: No, I cannot answer that yet because it is a work in progress.

Ms CRAWSHAW: It is very fluid.

The Hon. GREG DONNELLY: Can you take that question on notice?

Dr FOLEY: Yes, we can.

Ms CRAWSHAW: But we will have to do it at a point in time because it is continuing.

The Hon. GREG DONNELLY: That will be fine.

Mrs JILLIAN SKINNER: As I indicated to you, it is a work in progress. It will all be completed by the end of the year. We are doing it in a methodical way which engages people, just as we did with the restructure. People were consulted so that their opinions were taken into account.

The Hon. GREG DONNELLY: What amount of savings do you believe this is going to achieve?

Mrs JILLIAN SKINNER: Any savings will be rolled out to the local health districts.

The Hon. GREG DONNELLY: No, the amount of savings.

Mrs JILLIAN SKINNER: I think it was $80 million which will be allocated back to the local health district. So it is all maintained within NSW Health and it goes to the districts for patient care.

The Hon. GREG DONNELLY: Do you expect that there will be any redundancies?

Mrs JILLIAN SKINNER: There have been redundancies already announced as part of the announcement made previously by the Government.

The Hon. GREG DONNELLY: I asked you the question earlier had there been any redundancies and you said no.

Mrs JILLIAN SKINNER: Sorry?

The Hon. GREG DONNELLY: I asked you if there had already been some redundancies and you said there had been no redundancies.

Mrs JILLIAN SKINNER: That was not as part of this restructure; it was part of the displaced people. It was part of an earlier Government announcement; not part of this restructure.

The Hon. GREG DONNELLY: Can I move on to the question of accounts payable. As I understand it, the clear, unambiguous policy of the Government is that bills are to be paid within 30 days, then failing that interest is payable. Can you please explain if that policy has been fully implemented?

Mrs JILLIAN SKINNER: Yes, as I understand it the 30-day policy takes effect from 1 January next year and it is for registered small businesses. That policy will be in place from 1 January. Outside of that the previous Government's 45 days will be maintained by NSW Health.

The Hon. GREG DONNELLY: Sorry, say that again?

Mrs JILLIAN SKINNER: The 45 days to pay will be maintained for those outside registered small businesses as indicated in the Government's policy.

The Hon. GREG DONNELLY: So it will be operative from 1 January next year?

Mrs JILLIAN SKINNER: Yes.

The Hon. GREG DONNELLY: Can I take you to the question of waiting lists, relating it to the question I raised earlier about transparency. What steps will you take to provide transparency in terms of waiting lists in New South Wales hospitals?

Mrs JILLIAN SKINNER: One of the first things that I did—and I think it was in week one—was abolish that clause within the planned surgery guidelines which removed the provision that doctors were not allowed to seek an admission form if they could not guarantee a treatment within a year, 365 days. That is abolished so there is no longer that false reporting. With that gone, I expect the waiting list number to increase somewhat and I believe that is the case. But the waiting lists are reported through the Bureau of Health Information by Dr Dianne Watson who is independent from government. The information is provided to her from the local health districts but it is a far more reliable source.

The Hon. GREG DONNELLY: What about other waiting lists for procedures to be done inside public hospitals? What is the method of reporting that information going to be?

Mrs JILLIAN SKINNER: It is still reported the same way as it always was but the hospital performance reports are provided through the Bureau of Health Information. They are on the website, anyone can have a look at them. I believe that Dr Watson is reporting accurate information that is consistent across the board that anyone can see. It is similar to how we are reporting the numbers of people actually sitting in the emergency departments of our main hospitals right now. You can go on to the website or on your iPad and have a look as we speak.

The Hon. GREG DONNELLY: It was my understanding that the policy on accounts payable had been circulated by New South Wales Treasury on 14 July this year informing that the policy was in place and operative immediately.

Mrs JILLIAN SKINNER: The Government's election commitment to pay small business within 30 days is being implemented but the deadline for it to happen is 1 January.

The Hon. GREG DONNELLY: So it is being implemented as we speak?

Mrs JILLIAN SKINNER: Yes, but small businesses have to be registered as such and the deadline for doing this is 1 January.

The Hon. GREG DONNELLY: What will be the interest payments for the current financial year for failing to meet the deadline of 30 days?

Mrs JILLIAN SKINNER: Nobody has failed to meet the deadline of 30 days because it has not come into effect yet.

The Hon. GREG DONNELLY: But it is being applied to—

Mrs JILLIAN SKINNER: The small businesses are being registered and so on but no penalties will be applied until 1 January, when it comes into effect. The Chief Financial Officer has confirmed that.

The Hon. HELEN WESTWOOD: Does that policy apply to visiting medical officers and locums?

Mrs JILLIAN SKINNER: No.

Mr ROACH: Visiting medical officers and locums are paid in accordance with their contract terms and they do not fall into that category.

The Hon. HELEN WESTWOOD: The Hon. David Clarke referred to Blue Mountains Hospital. When will the commitment that you, Minister, and the now member for Blue Mountains made prior to the election to reclassify that hospital be delivered?

Mrs JILLIAN SKINNER: That is something I have put on the agenda. I will have to take advice about how we are progressing. It is certainly on the agenda. I cannot tell you where we are up to in that process.

The Hon. HELEN WESTWOOD: Is there funding for resources in the 2011-2012 budget?

Mrs JILLIAN SKINNER: I will have to take on notice what the financial implications are in terms of seeking to have it reclassified. I can provide some additional information for other questions I took on notice if you would like to have that now.

The Hon. HELEN WESTWOOD: I have other questions, thank you. I refer to the Muswellbrook District Hospital emergency department not being at ground level and your Coalition colleague's commitments to upgrade that facility, particularly the access to emergency. Where is that in this budget?

Mrs JILLIAN SKINNER: I am not aware of the details of that particular project. I will have to take that on notice.

The Hon. HELEN WESTWOOD: The chief executive officer of the Hunter made a statement in May relating to this issue of reviewing the plans for redevelopment and upgrade of the hospital, particularly the emergency department. Do you know where they are at?

Mrs JILLIAN SKINNER: I will have to take it on notice. If he said it was being reviewed, it is being reviewed.

The Hon. HELEN WESTWOOD: He was reviewing the planning processes for the upgrade of Muswellbrook District Hospital.

Mrs JILLIAN SKINNER: He would be telling you the truth. We are reviewing the planning processes.

The Hon. HELEN WESTWOOD: Is there still a commitment to upgrade the emergency department so it is at ground level?

Mrs JILLIAN SKINNER: We are reviewing the planning processes. It will be up to the local health district to give us advice about how local services are configured. Those districts boards were appointed in July and they need to come up to speed and work with the clinicians and others locally to determine the priority for the facilities in their district. If that commitment was made in May it then needs to be taken on board by the local health district and considered in the context of its whole obligation to the area.

The Hon. HELEN WESTWOOD: Mr Souris made that commitment much earlier than May this year. Could you provide details of the staffing numbers at Muswellbrook District Hospital emergency department and any increases in the workloads of nurses at that department?

Mrs JILLIAN SKINNER: Not off the top of my head. I will take that on notice.

The Hon. HELEN WESTWOOD: Thank you. Would you agree that there is a need for additional nursing staff during peak times?

Mrs JILLIAN SKINNER: Since I do not know the answer to the previous question it is very difficult to answer that one. I can say that as a general rule the local health districts, their chief executives and hospital management are very mindful of the need to provide sufficient staffing coverage not only for patient care but to ensure the workforce have the support of their peers.

Dr JOHN KAYE: Ms Crawshaw, I asked you earlier to take a question on notice about nursing numbers. Can you break that down into registered nurses, enrolled nurses and assistants in nursing so we get a time series on those in the system? We are specifically asking for full-time equivalents, not for bodies in this case.

Ms CRAWSHAW: We do not break down the annual report figures into those categories so I will have to take on notice whether we are able to provide that information.

Dr JOHN KAYE: It would be good if you could. I would be a little concerned if you did not have the breakdown, but we can talk about that later. I refer now to the CJ Cummins Psychiatric Unit at Royal North Shore Hospital. I am very interested to know what specific resources are provided there. How many registered

psychiatric nurses are on duty at any time? Is there a full-time psychiatrist, is there a full-time psychologist? What are the resources?

Mrs JILLIAN SKINNER: I will have to take on notice the specific staffing arrangements but I do know the unit reasonably well as it is a hospital accessed by my constituents. One of the great challenges in the redevelopment of that site was to resolve the issue of the location of the new mental health service that will replace the Cummins unit. I am happy to say we have resolved that in this year's budget with some very good work by Health Infrastructure, the Ministry of Health and the local health district, particularly the chair, Professor Carol Pollock, and clinicians at the hospital. They will get a brand-new home that will be purpose built for psychiatric patients and I know it will be staffed adequately. I will get specific details for you.

Dr JOHN KAYE: Will it still be a 24-bed facility?

Mrs JILLIAN SKINNER: It will be much bigger and brand new. It will be purpose built.

Dr JOHN KAYE: How many beds will it be?

Mrs JILLIAN SKINNER: I cannot tell you that offhand.

Dr JOHN KAYE: What staffing would be generally provided for a standard 24-hour, 30-bed acute psychiatric care facility?

Mrs JILLIAN SKINNER: I cannot answer that off the top of my head either.

Dr JOHN KAYE: How is that determined? Is it a certain number of psychiatrists per patient or a certain number of psychiatric nurses per patient?

Mrs JILLIAN SKINNER: Yes. It would be a funding arrangement looking at the patient mix and whether they are scheduled patients and so on. They are the kinds of things I would need to get back to you about. I am sure there is a formula but I do not have it off the top of my head.

Ms CRAWSHAW: The nursing staffing levels are now the subject of the agreement in February for mental health inpatient units. There is a certain requirement around staffing levels per patient day.

Dr JOHN KAYE: I presume the number of psychiatrists or the number of hours of qualified psychiatrists and psychologists would not have changed.

Ms CRAWSHAW: The skill mix you would utilise in a mental health facility as in any other ward or clinical unit depends upon the available staff, the experience of the staff and their particular qualifications. For example, if you have some higher-qualified nursing staff—clinical nurse consultants in particular areas with psychologists—you might not require the same number of psychiatrists and psychiatric registrars as in other circumstances. It is a profile you need to build up that looks not just at numbers and a straight formulaic approach but at skill mix and what is available, and obviously the intensity and caseload coming through the door.

Dr JOHN KAYE: How are those decisions made? Is there an annual report from each unit? How is the staffing determined from year to year?

Ms CRAWSHAW: Obviously, in the nursing space we now have a staffing standard for inpatient units. But it is obviously made by the director of the unit in consultation with the general manager at the hospital and the Director of Mental Health Services, having regard to what is available, what the patient load has been during the year and what they are expecting in the year to come.

Dr JOHN KAYE: But there are no statewide standards on that.

Mrs JILLIAN SKINNER: You are making it sound as though there are sub-standards. We are talking about the flexibility of the heads of the mental health units to negotiate the staffing arrangements and the skill mix depending upon the skill mix already present and available and the types of patients and the level of care that they need. That would form part of an agreement with the hospital management.

Dr JOHN KAYE: But the State does not have a floor on that, to say a minimum number of psychiatric hours.

Ms CRAWSHAW: No—because, as I said, I do not think you can just take that formulaic approach to any part of the hospital system. You have to look at the profile of the patients coming through the door, even the geography of the particular unit, and you have got to look at what staffing is available, the seniority of the staffing in different disciplines, and the models of care in use in the hospital.

Dr JOHN KAYE: I get the point. I retreat from that, although I am interested to hear it. I am sorry to interrupt you, but the time available to me is limited.

Ms CRAWSHAW: No problem.

Dr JOHN KAYE: Can I now go to an issue that I presume is still under the Minister for Health, the tobacco control strategy. Is that still within your gift?

Mrs JILLIAN SKINNER: Yes, it is.

Dr JOHN KAYE: I understand that the last tobacco control strategy expired in July 2010. Is that correct?

Mrs JILLIAN SKINNER: There is a new tobacco control plan currently before Cabinet in fact.

Dr JOHN KAYE: But is it correct that the last one expired in July 2010?

Dr CHANT: The process was that there was public consultation on the new strategy, and it is now before government to consider. I should say that that in no way has impeded the consistent approach; the settings in relation to our approach to tobacco are in accordance with the consultation document that was released and the strategies identified. The main focus of the Tobacco Strategy has been very successful across the population; we are down to about 15.8 per cent. But some subgroups in the population have not benefitted from that, in particular Aboriginal people and people from some non-English speaking background populations. So the consultation draft focused on driving the overall rate lower—some states in the United States are much lower—but with a particular focus on some of the groups that have not benefited from that population decline.

Dr JOHN KAYE: I understand that. But my question still has not been answered. The previous strategy expired in 2010. When did it expire in 2010?

Dr CHANT: There was work done in 2010 on a new strategy and a lot of consultation with stakeholders, and that set the tobacco strategy. There was consultation on that, and now it is before government in terms of articulating the next steps.

Dr JOHN KAYE: I understand: we are now talking about the 2011 to 2016 strategy. But there was a previous strategy, and we understand that expired in July 2010. Is that correct?

Mrs JILLIAN SKINNER: Can I answer that by saying that I do not know and we will have to get you specifics. But it is a bit like the question I was asked earlier by the Hon. Helen Westwood about the Women's Health Plan. I have been advised that an extension of 12 months has in fact been approved for the Women's Health Plan, which was due to expire in 2011 but now goes to 2012. So it is still current.

Dr JOHN KAYE: So you are saying it did expire and it was extended?

Mrs JILLIAN SKINNER: It was extended for 12 months. I cannot be definitive about the tobacco plan, but I believe that is the case. It is not as though we have not had a tobacco plan in all that time.

The Hon. HELEN WESTWOOD: It expired in 2010 and it was extended to 2011.

Dr JOHN KAYE: That is what I understand. We have two plans on the table. I think the Hon. Helen Westwood is talking about the Women's Health Plan.

The Hon. HELEN WESTWOOD: Yes, the Women's Health Plan.

Mrs JILLIAN SKINNER: The Women's Health Plan goes till December 2012 due to its extension. I believe the tobacco plan has been extended as well.

Dr JOHN KAYE: But you will get back to me with details on that.

Mrs JILLIAN SKINNER: Yes.

Dr CHANT: I should state that because the tobacco plan was widely consulted on in a draft phase, it did provide the framework and guidance to all the organisations that we have continued to fund in order to act in accordance with the evaluations of strategies that were effective. So it certainly has not been the case that, even in the absence of having the new plan endorsed, there has been any lack of attention in relation to our focus on tobacco.

Dr JOHN KAYE: In the interstice between the old plan and the new plan, was progress made on banning smoking in outdoor areas?

Dr CHANT: The draft that went out for consultation raised a whole heap of areas around new legislative change. Tobacco control is a multi-faceted strategy, of which further legislative change is one avenue. At the time we had also been the first State to have out-of-sight packaging, and we were in the process of rolling out a number of issues around the previous set of strategies that government had adopted.

Dr JOHN KAYE: What about in terms of registering tobacco vendors? This is an issue that has been on the agenda for a number of the tobacco control non-government organisations for some time. Did you receive feedback on the issue of registering licensing of tobacco vendors?

Dr CHANT: The issue of licensing vendors has come up on many occasions. I would have to go back to the submissions and the consultation to give you the specifics, but I would be happy to take that part of the question on notice.

Dr JOHN KAYE: Fantastic. There is one last issue, that of tobacco vending machines, which I understand still exist in New South Wales although in limited areas. Is there a move afoot to ban tobacco vending machines?

Dr CHANT: Again, I would not want to pre-empt anything in relation to Cabinet process, but the public consultation paper that went out in December 2010 raises a number of strategies, and I am happy to provide feedback on what the consultation involved.

Dr JOHN KAYE: Thank you.

Mrs JILLIAN SKINNER: Can I say that I am very proud that it was a former Coalition Government—I think when Peter Collins was Minister for Health—that made the very first moves in relation to tobacco control. I think he was the Minister who did the shock-horror thing at the time and banned smoking in public buildings. What an improvement that was. But it has been incremental, and I think it has been bipartisan, which has been a very positive thing, and I hope it will remain so.

The Hon. DAVID CLARKE: Minister, I want to ask a question about this massive backlog of letters that go way back and were recently discovered at Westmead Hospital. What was that all about, and what has happened about that? That seems to be a bizarre and disgraceful situation.

Mrs JILLIAN SKINNER: It was bizarre. It came to light when a general practitioner wrote of his concerns because he received a letter, dictated by a specialist, about a cancer patient some two years after the letter had been dictated and the patient had died in the interim. It was suggested at the time that there were about 700 letters from the cancer centre at Westmead Hospital. I immediately asked that that backlog be cleared, and we gave them three weeks to do so. The local health district and Westmead Hospital engaged additional typists to clear the backlog. I was very pleased that they met the deadline a week earlier. But it was not 700 letters; it was closer to 1,800 letters. This came about, first of all, because they merged a number of cancer services into the one new cancer centre; so there was a backlog of work that had been lost there. But they were using a fairly antiquated system of specialists dictating letters, which were then typed up by the typists pool.

The resolution to make sure this will not happen again is using the only outsourced dictation, transcription and letter sending system—which had been in place previously but had not been used extensively by the doctors at the hospital. Congratulations, really, need to go to Westmead Hospital. It came in for a fair amount of flak over this backlog, and rightly so.
It is terribly important, in my opinion, to make sure that when a patient has had specialist or hospital care their general practitioner and others, who will have ongoing responsibility for their care, in fact are sent the letters that were dictated. Credit to the hospital: when this was unearthed, it jumped to and employed the extra staff. I understand that some of them worked weekends to make sure that those letters went out. As I said, they all went out well within the deadline—in fact, a week ahead of time.

I am sure my very good friend Andrew Tink, who is a very good friend to a number of us here, would not mind me telling the Committee that he wrote me an email when this all came up to tell me that he had been a patient at the Cancer Centre at Westmead and had nothing but absolute glowing praise for the clinical staff—the doctors, the nurses and others working in that hospital. I want to stress to the Committee that any comments made in relation to this backlog in no way is a reflection upon the excellent care provided by the staff at that hospital.

The Hon. DAVID CLARKE: You have ensured that this mess has been cleaned up and the previous antiquated system is no longer in place?

Mrs JILLIAN SKINNER: Yes. I am told that to prevent this recurring in the future, they only now outsource this letter writing. It means that more modern technology is used to make sure that the specialists' dictation gets out to the people doing the project and that the letters go out within a reasonable time frame.

The Hon. SARAH MITCHELL: My question relates to support for children with hearing impairment. Can you update the Committee on how the Government is delivering on its election commitment to provide more support for children who need cochlear implants?

Mrs JILLIAN SKINNER: Yes. I have long been interested in people with hearing impairment. In fact, many years ago when I was the shadow Minister I spent a day at the Royal Institute for Deaf and Blind Children. Discussions clearly indicated that there is a magic cut-off at six months. Detection and intervention through testing for hearing impairment by the age of six months provides a much better chance of being able to do something about it. We made it a policy back then—I think it was before the 1999 election—and I was pleased that it prompted the Labor Government to pick it up at the time. As a consequence, the Western Australia Infant Screening for Hearing—WISH, as it is now known—program was introduced, which is hearing testing program for newborns.

It is all very well to conduct hearing testing, but it must be followed up. On a number of occasions I indicated that we should be doing all we can to ensure that people who need and can benefit from cochlear implants, particularly children, have the capacity to get them. I made noises in the past about this for adults as well as children, but my focus has been on children. I went through the centre that manufactures the cochlear implants on a dozen occasions over the past 16 or so years. For anyone wanting to see the most precise quality managed program ever, they should look at cochlear manufacture. We should all be so proud of this Australian invention. When I was overseas on a parliamentary trip once—my one and only trip to Japan as part of a sister Parliament visit—I visited the university hospital to be present when a woman had a cochlear implant turned on.

Late last year I attended The Shepherd Centre graduation program when the children who had been attending for their early years were graduating and moving on to primary school. One thing we talked about was the need to make cochlear implants available for more children. On 30 September I was pleased to announce that we would provide an extra $1.33 million for cochlear implants for children. This will enable cochlear implants for 38 children on waiting lists. The Shepherd Centre currently is funded for 15 implants a year, but has another 10 children critically overdue and waiting for help. The Sydney Cochlear Implant Centre, which is publicly funded for 42 implants, has another 28 on its waiting list. Those children will get these implants because of the provision of the extra money.

I have visited the Sydney Cochlear Implant Centre and been present when people have had their implants turned on. If ever anyone wants to visit something that brings tears to the eyes, that is it. To see a child hear mum's voice for the first time and watch the mother's face as much as the amazement on the child's face is just the most inspiring thing. The same thing applies to adults who have lost their hearing and had it restored. In fact, the daughter of a woman who worked for me in this place for some time, Jennifer Locker—a number of

members would have known Jennifer—suffered severe hearing impairment and was the most amazing lip-reader I had ever come across. Her hearing loss was progressively worsening. She was afraid of cochlear.

Her specialist had told her that she was a great candidate for a cochlear implant, but she was afraid of having the surgery. I managed to take her and her mother to the Cochlear Implant Centre where she could see the implants being manufactured, talk to the people about the quality control and precision, and read the information outcomes. About two months later she had her cochlear implant. She rang me and she said, "The miracle is I can talk on the phone." She had not been able to talk on the phone for a long time. I am very pleased that we are able to provide the additional money to provide those extra 38 children with cochlear implants. I would like to do more as time goes by.

CHAIR: In Opposition you said a lot about hospital food. Have you done anything about hospital food since you became the Minister?

Mrs JILLIAN SKINNER: Yes. Hospital food is something I have long talked about. I sent the Garling inquiry 11 submissions of my own on behalf of different patients and communities, but I attended a number of its hearings, one of which was at Royal North Shore Hospital when the dieticians gave evidence. I had met previously with these dieticians. They gave the most compelling evidence. They brought in a paper plate that probably had been weakened, but they dropped some beetroot on it and, of course, it collapsed and the beetroot fell through to their laps. They also had a foam cup and said, "Imagine this cup in the hands of a frail, elderly patient. What happens?" They crumpled it.

These dieticians had really drummed into me that food should not just be considered a hotel service but also as part of the clinical treatment of patients. Their evidence was that many patients, particularly elderly patients, came into hospital malnourished, but left starved because they just were not eating properly. The food service had been viewed as a hotel service where meals were served as they would be in a hotel—at fixed breakfast, lunch and dinner times regardless of whether the patient was in the ward and did not take into account that they might have been having diagnostic tests or X-rays or whatever.

The other aspect was the way the meals were presented—in Glad Wrap that could not be removed. I was pleased to attend Royal North Shore Hospital for a taste test of its new 48-day menus, which provide much greater choice. The food quality was of such a high standard that the nurses from different parts of the hospital who accompanied us took the leftovers back to the wards to share among the nurses. How often would hospital food be shared by nurses?

CHAIR: Are you ready to roll on? The Hon. Greg Donnelly on medical research.

Dr JOHN KAYE: Notionally we are going to medical research but it is the same group of people.

Mrs JILLIAN SKINNER: Yes.

Dr JOHN KAYE: So you do not mind if we continue with medical?

Mrs JILLIAN SKINNER: No, and I would not mind providing some answers to questions we said we would take on notice, if you would like that further information that has come to hand since.

Dr JOHN KAYE: Some of that would be useful.

Mrs JILLIAN SKINNER: Details of the bed break down, for example.

CHAIR: You can do it in your section.

The Hon. GREG DONNELLY: We have specific questions on medical research.

CHAIR: The Minister can give some of that information within our own sections.

The Hon. GREG DONNELLY: Can I take you to the specifics about some grants funding in the area of medical research? In the media release and associated material that came with the budget it explains $61 million in capital grants are to be provided for. It goes down to an amount of $6 million for Neuroscience Research Australia at the Prince of Wales hospital; $10 million for the Australian Advanced Treatment Centre;

$25 million for the Westmead Millennium Institute for Medical Research; and $20 million for the Children's Medical Research Institute at Westmead. Can you tell us what contribution the State is making to those grants and what contribution the Commonwealth is making to those grants?

Mrs JILLIAN SKINNER: These are all State grants.

Mr ANDREW CONSTANCE: Completely?

Mrs JILLIAN SKINNER: Yes.

Mr ROACH: These are State grants. The Commonwealth grant funding is dependent on their receiving State funding.

Mrs JILLIAN SKINNER: These are all election commitments that have been honoured.

The Hon. GREG DONNELLY: Of the amounts of money stated there that is all State money?

Mrs JILLIAN SKINNER: Yes.

The Hon. GREG DONNELLY: I refer to media produced at the time of the release of the budget and the establishment of the Office for Medical Research. As I understand an Office of Science and Medical Research already existed. Can you explain to the Committee what the articulation is between what was the then body, the Office of Science and Medical Research, and the new body? How are the two connected and what are the differences?

Mrs JILLIAN SKINNER: I will start this off and I will ask Dr Kerry Chant to continue. The Office of Science and Medical Research was in the Regional Development portfolio and in my rounds of talking to the medical institutes, universities and hospitals there was concern that the medical research part of it had been lost. The decision was made in Opposition to bring medical research back into Health. I spoke to the chief scientist at the time, Professor Mary O'Kane, and she was very helpful in working that up. I know she has worked with Dr Chant in terms of how we have now split up the role. The Office of Science and Medical Research is still retained. That is how we have done it. It was based on some of the previous break down of work how the staff was allocated. I will ask Dr Chant to speak to that further.

The Hon. GREG DONNELLY: The new Office for Medical Research is operating right now?

Mrs JILLIAN SKINNER: Absolutely.

Dr CHANT: That's correct.

Mrs JILLIAN SKINNER: It was up and running before the end of the financial year. It is located in North Sydney.

The Hon. GREG DONNELLY: If you could elaborate?

Dr CHANT: The Office for Medical Research was established and located in the Ministry for Health. New staff commenced in the office on 16 June. The first phase was to scope the areas of work currently with the Department of Trade and Investment, Regional Infrastructure and Services and move that body of workers across. There have been 6.6 full-time equivalent positions transferred to the Office of Science and Medical Research. Some of those positions were vacant. As you may also be aware currently the Wills review is being undertaken, which is a 10-year strategic plan for medical research.

The final determination of the structure of the office and its functions is awaiting finalisation whilst we do the Wills review and the structure will be informed by that. Currently the Wills review discussion paper is imminent for a further round of consultation. We are getting very close to a very clear understanding of what the research sector, local health departments and the ministry expect the Office for Health and Medical Research to deliver. Does that answer in enough detail?

The Hon. GREG DONNELLY: So I am clear, the new body is called the office of health?

Dr CHANT: It is called the Office for Medical Research, although there has been an attraction to the term "health and medical research" to reflect the spectrum of feedback from the Wills review process.

The Hon. GREG DONNELLY: How many were transferred across?

Dr CHANT: There were 6.6 full-time equivalent positions were transferred and currently there are two vacant positions. The office is being supported—

The Hon. GREG DONNELLY: Are they currently advertised?

Dr CHANT: Not until the nature of the needs has been finalised and the Wills review has been finalised. At the moment that unit is being supported within our Centre for Epidemiology and Research and reporting to me, but the governance review demonstrates that the Office for Medical Research will report to the director general and we are in the current phase of looking at the leadership and the nature of the functions which will dictate the nature of the skills expected in the leader of that unit—consequent on the Wills review.

The Hon. GREG DONNELLY: In terms of the final report of the Wills review, is there any approximate date when that is expected?

Dr CHANT: That is on the website and it indicates that we are expecting a report to Government for its consideration towards the end of November.

The Hon. GREG DONNELLY: Can I go to some further information which was released with the budget about $60 million for capital grants to—

Mrs JILLIAN SKINNER: Westmead?

The Hon. GREG DONNELLY: I withdraw that. With respect to the last six months, or since you have been in office, have there been any redundancies from the Office for Science and Medical Research? In other words, were there any redundancies since you have transitioned into the new organisation?

Dr CHANT: We transitioned 4.6 staff, with two vacant positions, across to the ministry; there were no redundancies in relation to that transfer.

The Hon. GREG DONNELLY: The $15 million over three years committed to the Illawarra for medical research, which was to commence in 2008-09, is that going to continue?

Mr ROACH: Was that under the previous Government?

The Hon. GREG DONNELLY: Yes.

Mrs JILLIAN SKINNER: You are talking about the money that goes to the Hunter Medical Research Institute?

The Hon. GREG DONNELLY: Yes.

Mrs JILLIAN SKINNER: Under the Medical Research Support Program? They have had their funding enhanced. All of the institutes that previously received funding have received substantially increased grants.

The Hon. GREG DONNELLY: Can you tell us how much extra?

Mrs JILLIAN SKINNER: For the Hunter?

The Hon. GREG DONNELLY: For the Illawarra.

Mrs JILLIAN SKINNER: I will come back to you shortly. I have it here but I have to sort through the documents. As you would be aware, the Medical Research Support Program [MRSP] is the State's obligation to support the clinical grants that are provided through the National Health and Medical Research Council [NHMRC] and other sources. They provide infrastructure support, which is equipment and staff to support the

clinician. Previously the base funding was $17.3 million and every year for the last three years under the former Government there was a last-minute top-up of around $10 million from, I think it was, the Treasurer's Fund. But there was no guarantee that would happen. Prior to the election we announced that we would increase the base to $27.3 million—we have honoured that election commitment—and we would increase the funding by an additional $5 million. The $32.3 million base funding has gone across those institutes and it is distributed according to the research institutes' funding arrangements, in particular, the funding that they have been able to gather from the NHMRC and others for clinical grants. There are seven current recipients of the Medical Research Suppport Program. I can give you details of those, if you wish.

The Hon. HELEN WESTWOOD: Could we have those details, Minister?

Mrs JILLIAN SKINNER: The recipients are the Anzac Research Institute, Black Dog Institute, Centenary Institute of Cancer Medicine and Cell Biology, Centre for Vascular Research, Children's Cancer Institute Australia, Children's Medical Research Institute, Garvan Institute for Medical Research, Hunter Medical Research Institute, Illawarra Health and Medical Research Institute, Ingham Health Research Institute, Institute of Virology, Kolling Institute of Medical Research, Neuroscience Research Australia, the George Institute for global health, Victor Chang Cardiac Research Institute, Westmead Millennium Institute and Woolcock Institute of Medical Research.

The Hon. HELEN WESTWOOD: Would you be able to provide us with the detail of the funds for the Illawarra?

Mrs JILLIAN SKINNER: Yes, I am looking for that.

The Hon. HELEN WESTWOOD: Do you have it yet?

Mrs JILLIAN SKINNER: I will take it on notice but hopefully I will find it. I will see if I can locate it at the end of the hearing, otherwise I will provide it on notice.

The Hon. HELEN WESTWOOD: What is the total budget now?

Mrs JILLIAN SKINNER: It is $32.5 million each year for the next four years. They not only have enhanced funding but certainty of funding.

The Hon. HELEN WESTWOOD: Could you tell us what the New South Wales Government has done to support advances in nanotechnology over the past 12 months?

Mrs JILLIAN SKINNER: I have no detailed information, but Dr Chant might have.

Dr CHANT: No, I do not.

Mrs JILLIAN SKINNER: We will have to take that on notice.

Dr CHANT: Nanotechnology is one of the topics that falls across trade and investment as well as us. One of the other issues is that the spend on Health and Medical Research is supported by some of the initiatives of the Department of Trade and Investment, Regional Infrastructure and Services [DTIRS]. I would be happy to take the issue of the nanotechnology initiatives that have been put in place on notice.

Mrs JILLIAN SKINNER: If I said $32.5 million I correct it. It is $32.3 million.

The Hon. HELEN WESTWOOD: Could you give us the total contribution from the New South Wales Government to stem cell research?

Mrs JILLIAN SKINNER: Stem cell research may be part of the spinal cord injury program. The Government has provided $2.88 million for the New South Wales Spinal Cord Injury and Related Neurological Conditions Research Grants Program. In addition, most of the clinical research comes from the NHMRC and other sources, and the Medical Research Support Program is provided from that $32.3 million to the various institutes.

The Hon. HELEN WESTWOOD: That is $2.8 million to spinal research.

Mrs JILLIAN SKINNER: That is $2.88 million for the New South Wales Spinal Cord Injury and Related Neurological Conditions Research Grants Program. That is for 2011-12.

The Hon. HELEN WESTWOOD: Dr Chant, would stem cell research be a separate program?

Dr CHANT: The issue is many of the medical research institutes may be doing work in relation to stem cell. We would have to do a bit more of a stocktake if the question was how much overall research activity is being done on stem cell. I would have to get back to the Committee.

The Hon. HELEN WESTWOOD: Could you take that on notice?

Dr CHANT: Yes and I will consider how best to inform the Committee on that issue.

Mrs JILLIAN SKINNER: Can I add to that? This is one of the reasons we established the Medical Research Office in the Health portfolio. There is so much happening in the institutes and universities and at the bedside in hospitals. Trying to get a grasp of everything that was happening was very difficult. Absolutely brilliant work is being done in stem cell work at the Children's Hospital Westmead, for example. I was very pleased to announce the Cancer Institute $30 million translational research project. That is an amount over four years. I believe it is $880,000 this year, which brings together research institutes, universities and doctors in hospitals to provide new cancer treatment for patients. Much of it is to do with stem cell research.

The Hon. HELEN WESTWOOD: Which major clinical trials have been introduced by the New South Wales Government since the 2011 election?

Mrs JILLIAN SKINNER: This kind of work is ongoing. Some of these cancer translational projects may involve clinical trials. That is something that is also being looked at in the Wills review. He has been working with an expert panel. A discussion paper has been published to attract comments. There is a lot of work coming up from the process.

Dr CHANT: Clinical trials probably are emerging as one of the strengths for New South Wales. The Wills review is looking at areas where we can have a competitive advantage. Clinical trials are usually generated from local health districts and clinicians that are active across the domains. It is important that our local health districts are supported to engage in clinical trials. Certainly that is being considered in the Wills review.

The Hon. HELEN WESTWOOD: It is building on work that has been done up until now?

Dr CHANT: That is right. With clinical trials there are a number of factors that make New South Wales internationally competitive. A lot of clinical trials are international. It is around what we can do to facilitate companies with new drugs and emerging technologies to look at landing them in New South Wales. There are things that the ministry, the Office of Medical Research and local health districts can do and there are also the clinical networks through the Agency of Clinical Innovation. Part of the Wills review is looking at potential barriers to us growing our clinical trials capacity and looking at how we should address some of those barriers.

The Hon. GREG DONNELLY: Going back to the $61 million capital grants, over what time frame is that funding? Is it over the four-year estimates period or for a single year?

Mr ROACH: The infrastructure grants are capital grants for this year.

Mrs JILLIAN SKINNER: They are all current financial year grants for 2011-12. Do you know what the individual projects are for?

The Hon. GREG DONNELLY: Yes. I return to a question in another area, the issue of assaults on nursing staff in hospitals. Are you saying that there is no formal record-keeping maintained in our public hospitals of assaults on nurses?

Ms CRAWSHAW: There is a very comprehensive record kept of all critical incidents in our system—assaults and other sorts of incidents that occur, both clinical and non-clinical.

The Hon. GREG DONNELLY: Is that information published?

Ms CRAWSHAW: It is the incident information management system, but the assaults are also referred to the police for investigation because we have a zero tolerance policy.

The Hon. GREG DONNELLY: I understand that, and you referred to the Bureau of Crime Statistics and Research [BOCSAR] figures.

Ms CRAWSHAW: Then they go into the BOCSAR data.

The Hon. GREG DONNELLY: But the actual assaults in hospitals maintained by those record-keeping systems in your hospitals are not published?

Ms CRAWSHAW: They are part of the incident management system, the reportable incident system.

The Hon. GREG DONNELLY: Is that information published?

Ms CRAWSHAW: The information on assaults is published through BOCSAR.

The Hon. GREG DONNELLY: But that is only in regard to where the police—

Ms CRAWSHAW: The police are advised—

The Hon. GREG DONNELLY: In every case?

Ms CRAWSHAW: That is our policy: that the assaults are referred to the police where they occur, but they are notified as part of our incident management system.

The Hon. GREG DONNELLY: Do you have instances where people say they want to raise it but they do not want to involve the police?

Ms CRAWSHAW: I think if it is raised at a management level—I take it we are talking about staff members, but it could be a patient-upon-patient assault and it is the same issue—it is not a negotiable issue; it is part of our zero tolerance policy.

Dr JOHN KAYE: I want to ask a question about sun beds, the perennial issue of artificial tanning beds, which hopefully one day will not be perennial any longer. It seems every time we look there is additional evidence about the risk of melanoma from sun beds. The previous Government had some regulations, which were probably better than none; those seem to have died in a Cabinet process. Does this Government have plans to either reintroduce those or introduce yet more effective regulation of sun beds?

Mrs JILLIAN SKINNER: This is a hot question that has been exercising my mind and the minds of my Cabinet colleagues. You will understand that this is a matter that is the responsibility of the Minister for the Environment, which makes it even more complex, and she and I have been discussing this at length. An expert group has been put together to try and bring it forward. I am pleased to tell you that there is a paper before Cabinet as we speak and I think you will have an answer to your question very soon.

Dr JOHN KAYE: If the paper is before Cabinet I obviously cannot pursue the matter any further so I will leave it at that.

Mrs JILLIAN SKINNER: I will make a point of letting you know what is in it as soon as it is released.

Dr CHANT: Perhaps not to talk about that process, but I will just indicate that the regulation of solariums falls within the Office of Environment and Heritage. Steps were taken to strengthen the regulation of solariums, and the Office of Environment and Heritage can speak about the success of that matter, but we have been advised that that process of enhanced regulation has led to a decline in the exiting of a number of solarium operators. But we have been providing advice to Government about the emerging evidence that you have indicated and the fact that the use of solariums for cosmetic benefits are not associated with any health benefit.

Dr JOHN KAYE: I am constantly annoyed by the gym I go to having a solarium in it. Can I move to another matter, which is also a matter that falls across two portfolios, and that is the issue of brightly coloured food dyes? I am not sure who amongst you is representing us at the ministerial council of food. In the previous Government it was the Minister for Primary Industries and an official from the Department of Health. The issue has been around for some time. As you would be aware, the European Union has moved on the matter, as have a number of European suppliers of confectionery. Is there a move forward in New South Wales to begin to put pressure on the ministerial council to move on this—at least for mandatory warnings?

Mrs JILLIAN SKINNER: You are right: In New South Wales this is within the Agriculture portfolio, but I am pleased to say that the Minister has consulted with me in relation to our response to the Blewett committee review and recommendations. One of the things we have agreed is that any recommendation that has a health impact should be referred to the health Ministers council, and that is a view that I strongly supported and has been accepted by my Cabinet colleagues. So these matters are now on the agenda for the health Ministers council where it will come forward. I can tell you, without pre-empting some of those discussions, I have concerns on a personal level with some of the very simplistic labelling propositions that I do not think really address the kind of thing that you are talking about.

Dr JOHN KAYE: Can I just clarify that? That is a huge step forward to get it out of the hands of Primary Industries and into the hands of Health. Is that a recommendation at the New South Wales Government level to agitate for that to occur or has it gone beyond that?

Mrs JILLIAN SKINNER: In some of my discussions with other States we are not alone in this. There is a general agreement, and I think from the Commonwealth as well, that this is a matter that should be discussed at the health Ministers council.

Dr JOHN KAYE: Does that extend to the even more urgent issue of trans fats?

Mrs JILLIAN SKINNER: I think it is generally about food—additives, labelling and so forth. Without pre-empting the agenda, which clearly has not been set necessarily at a specific level, but just picking up the Blewett recommendations in particular—

Dr JOHN KAYE: When is the next ministerial council meeting?

Mrs JILLIAN SKINNER: November, but I am not sure it is on the agenda for that one. We are still finalising a lot of COAG stuff for that meeting.

Dr JOHN KAYE: But we would expect to see some discussion take place on this at the first meeting next year?

Mrs JILLIAN SKINNER: I would hope that that would be the case.

Dr JOHN KAYE: When would be the first meeting next year?

Mrs JILLIAN SKINNER: I do not know. I do not think it has been set yet.

Dr JOHN KAYE: It is very hard to find out when these meetings occur.

Mrs JILLIAN SKINNER: I will let you know when I find out.

Dr JOHN KAYE: If I may editorialise, that is a tremendous step forward to recognise that both trans fats and brightly coloured food dyes are a health issue.

CHAIR: You have made a lot of members very happy.

Mrs JILLIAN SKINNER: I do not want to mislead you in that these will be specific items on the Australian health Ministers agenda, but generally food labelling—particularly the Blewett recommendations—will be, if we get our way that is, but I think I have the support of others.

Dr JOHN KAYE: Can I now take you to another matter which I referred to briefly before—the issue of EnableNSW and a statement made by the former Minister for Disability Services that EnableNSW aids and equipment co-payment was in the process of being dropped. The former Minister for Disability Services, Peter Primrose, made that statement during the March election campaign. Can you confirm if that is still the case?

Mrs JILLIAN SKINNER: In relation to co-payments, the co-payment mooted by the previous Government for elimination for pensioners was not ultimately provided and hence we have not implemented any change. But our programs with co-payments or co-contributions exist across a range of New South Wales Government programs, not only in Health of course, and they take into consideration affordability. For example, the Isolated Patient Transport and Accommodation Assistance Scheme has a $40 co-contribution levied on patients unless they have some kind of health care entitlement as pensioners or otherwise. Co-payments required under EnableNSW are outlined in a document I can provide for you; it is on the Ministry of Health's website. The $100 annual co-payment for mobility, self-care and communication equipment has not increased since 2001. Those eligible for this co-payment are full pensioners, children under 16 and those with incomes up to $42,000—

Dr JOHN KAYE: Sorry, those who are eligible to not pay?

Mrs JILLIAN SKINNER: No, they must pay this fee. It is higher for others. It is $42,000 single income and $70,000 double income. For those with an income exceeding this threshold there is a co-payment of 20 per cent of the total cost of the device. Those eligible for this co-payment represent a small proportion of the program users, about 1.25 per cent. In other words, the majority pay this $100 annual co-payment. People can seek a reduction in this co-payment due to financial hardship. The Government supports the Productivity Commission's final report into a National Disability Insurance Scheme and the insurance scheme plan that is due to commence in 2013 which will help relieve this problem

Dr JOHN KAYE: Do you have figures on how much it costs to collect the co-payments? Anecdotally we are hearing it is more expensive to collect the co-payments than the total amount of money collected.

Mrs JILLIAN SKINNER: No, I do not. I can seek that information for you. It is certainly something that I was looking at in terms of future reform of the Isolated Patients Travel and Accommodation Assistance Scheme. It is something that I would be happy to look at in terms of EnableNSW because I know that equity in terms of getting access to these programs is very important for people. Earlier on I think you asked a question about waiting times for EnableNSW appliances?

Dr JOHN KAYE: Correct.

Mrs JILLIAN SKINNER: I have now got further information. I said I would provide it on notice, but I am told that for the aids and equipment program there is a four to five week wait.

Dr JOHN KAYE: To be accurate, I did not ask for waiting times. I asked for the number of people who applied and were rejected.

Mrs JILLIAN SKINNER: I do not have any rejected numbers, sorry. I have just got the waiting times.

Dr JOHN KAYE: Minister, you might like to table that document to save us time.

Mrs JILLIAN SKINNER: I will table the document.

Dr JOHN KAYE: The other question I wanted to ask you is: When you were in Opposition you were vocal in your support for people with a disability getting the aids and equipment they needed in a timely manner via an entitlement. Can you please inform the Committee of what actions you have taken to ensure that EnableNSW moves towards an entitlement scheme and that the items are provided in a timely manner?

Mrs JILLIAN SKINNER: Yes. You will recall that the parliamentary committee inquiry established and chaired by my colleague the Hon. Robyn Parker came up with this notion of entitlement. It followed some roundtables that I attended not only with Robyn Parker but also with the current Minister for Ageing and Disability Services—he was formerly the shadow Minister—and particularly attended by stakeholder groups, and patients and their families. The thing that I think frustrated many people was this notion that first of all they

had to go through a process of assessment to determine whether they were eligible in the first place. Then when that was through they had to go through an assessment to see what level and what equipment was provided. The trouble was by the time they got around to actually doing that they were out of date and they had to go through it all over again. I met patients and their families who had been on the roundabout for many years.

We made a pre-election commitment for additional funding and we have provided enhancements totalling $5 million this year. An amount of $3 million is for mobility, self-care and communication equipment and $2 million is for respiratory devices such as continuous positive airway pressure machines. Waiting times for mobility, self-care and communication equipment have decreased by 87 per cent since the transition to EnableNSW has been completed. The waiting time for the highest priority equipment needed for safety is now five weeks, reduced from 19. So there have been improvements. It does not mean to say we are completely there yet, I understand that, but there have been improvements. I should say that access to EnableNSW is broader here than any other State and Territory equipment scheme. Other schemes either severely restrict access based on income or only provide a subsidy, which is often approximately 50 per cent towards the total cost. That means sometimes people go without.

Dr JOHN KAYE: For part of my time that I have left I would like to take us to the issue of medicinal cannabis which has been debated on and off in this State for some time. There are a variety of different ways, as you know, if one chose to do so, of regulating medicinal cannabis. Has the Government been looking at all at the issue of medicinal cannabis?

Mrs JILLIAN SKINNER: No. I was the shadow Minister so I am familiar with some of the things that were considered when this came up previously. As you would be aware, the component of cannabis that is useful for medicinal purposes is actually replicated in other medications that can be provided by doctors who are registered to prescribe it. If Dr Chant or somebody else on the panel is not able to provide further information at this time I will take it on notice. It is not just a matter of growing oneself a plant and using it if he or she is a registered medical user. It is about getting the tetrahydrocannabinol, or its component that is useful for this purpose, in a form that is not harmful to the individual and so on. I think that is already in place.

One of the people that I spent a lot of time with, who has since died, Dr John Anderson—you would remember John—stressed to me that the difficulty with medically prescribing cannabis is in fact sometimes it makes it worse. It is not a simple matter of yea or nay. It is about looking at the alternatives and how the components of cannabis can be used more effectively without some of the side effects, including addiction. As far as I know the Government certainly does not have any plans. As far as I know there is no consideration of this within NSW Health at the moment. I just know this from my many years of being a shadow Minister.

Dr JOHN KAYE: You would treat an application for a drug that was derived from cannabis the same way you would treat an application for a drug derived from any other substance?

Mrs JILLIAN SKINNER: Yes, and I think it would probably go through a Therapeutic Goods Administration authority as well, because they look at therapeutic drugs and their appropriateness. It is the kind of thing that I would expect to come through that body.

Dr JOHN KAYE: My last question is on the issue of wood-fired heaters, which I think comes under your portfolio because of its health effect, or is that Environment?

Mrs JILLIAN SKINNER: As I have always said, if there is a potential risk to human health I have no greater authority than Dr Kerry Chant, the Chief Health Officer.

Dr JOHN KAYE: She is so pleased to hear that.

Mrs JILLIAN SKINNER: I have been following the pronouncements of Dr Chant for many years. She was highly regarded on the issues of swine flu and bird flu. You will recall that as shadow Minister I never, ever contradicted Dr Chant. I believe she is the expert and she calls in expert opinion if she needs to have that supplemented. She is a wonderful voice in terms of providing the public with the information they need, including members of this Committee.

Dr CHANT: Wood smoke is a health issue because it contributes to particulate air pollution. In some of our sites due to meteorological conditions it actually contributes significantly to outdoor air pollution. Having said that, the regulation of wood smoke and those considerations is also a matter for the Environment portfolio.

But I think that it is an important issue for us to consider in terms of looking at some of the concerns the community has about outdoor air pollution and its impacts on health. I can refer you to some work that we have done in the Hunter that outlines the association between particulate air pollution and health, which is clear cut. I think we have now got to look at the range of initiatives that we need to implement to improve air quality.

Dr JOHN KAYE: One of the issues is the issue of standards on wood-fired heaters. Because of rising electricity prices, I am hearing anecdotally that there are more old wood-fired heaters being used that have not been used for many years which are having massive consequences, as you say, in terms of particulates but also in terms of oxides of nitrogen, carbon monoxide and creosotes. Is there an intent in the Government to begin the process of looking at regulating the standard of heaters that are used? I would be happy to provide you, if you are interested, with some further information about the Wills review.

The Hon. DAVID CLARKE: I am interested in that issue. I would like to hear it.

Mrs JILLIAN SKINNER: As you would probably know Peter Wills conducted a review and produced a report on medical research for the Commonwealth Government some years ago during the Howard Government, which was very well respected across Australia and, in fact, led to a considerable enhancement of Commonwealth funding. I persuaded him to chair a review task force to do the same for New South Wales. We have called it Health and Medical Research, which is why Dr Charters indicated we may well, if he recommends it to be so, change the name the Office of Medical Research to Health and Medical Research. The members of the committee, quite apart from Peter Wills include Professor John Shine, former Executive Director of the Garvan Institute of Medical Research and the recipient of the Prime Minister's Scientist of the Year award. He is an amazing man and very inspirational.

Other members of the committee include Professor Mary O'Kane, New South Wales Chief Scientist to whom I have referred previously; Professor S Bruce Dowton, Harvard University Medical School, United States of America, and formerly from the University of New South Wales; Professor Don Iverson, Executive Dean of Health and Behavioural Science, University of Wollongong and a Director of the Illawarra Health and Medical Research Institute; Professor Nick Saunders, Vice-Chancellor of the University of Newcastle, and a board member of the Hunter Medical Research Institute; Dr Christine Bennett, Chair of Research Australia; Professor Stephen Leeder, Director of the Menzies Centre for Health Policy, University of Sydney and Chair of the Western Sydney Local Health District Governing Board; the Hon. Ron Phillips, former health Minister and Chair of the Sydney Local Health District, and Managing Director of the Sydney Breast Clinic Pty Ltd and SBS Research Pty Ltd—I acknowledge the Pink Breakfast and cancer awareness; Ms Elizabeth Carr, Director, E. J. Carr and Co. and Chair of the Macular Degeneration Foundation; and Professor Margaret Harding, Pro Vice-Chancellor of Research, University of New South Wales. It is a very excellent and impressive committee. I believe it they will come forward with ideas that will really enhance Health and Medical Research in New South Wales for 10 years.

The Hon. GREG DONNELLY: Will you table that document?

Mrs JILLIAN SKINNER: Yes.

The Committee proceeded to deliberate.
