GENERAL PURPOSE STANDING COMMITTEE No. 2

Tuesday 14 September 2004

Examination of proposed expenditure for the portfolio area

HEALTH

The Committee met at 5.30 p.m.

MEMBERS

Reverend the Hon. Dr G. K. M Moyes (Chair)

The Hon. P. Forsythe
The Hon. Dr A. Chesterfield-Evans
The Hon. A. Fazio
The Hon. R. M. Parker
The Hon. E. M. Roozendaal
The Hon. I. W. West

PRESENT

The Hon. M. Iemma, *Minister for Health*

Department of Health
Ms R. Kruk, *Director-General*
Mr R. McGregor, *Deputy Director-General, Health System Support*
Mr K. Barker, *Chief Financial Officer*
Dr R. Matthews, *Deputy Director-General, Strategic Development*
Dr G. Stewart, *Deputy Director-General, Population Health*
Professor K. McGrath, *Deputy Director-General, Health System Performance*

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CHAIR: I welcome you to this public hearing of the General Purpose Standing Committee No. 2. I want to thank you, Minister, and your departmental officers for appearing today.

At this Committee meeting we will exam the proposed expenditure for the portfolio area of Health. Before questions commence, some procedural matters need to be dealt with. I point out that in accordance with the Legislative Council's guidelines for the broadcast of proceedings, which are available from the attendants and the clerks, only members of the Committee and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photographs. In reporting the proceedings of this Committee you must take responsibility for what you publish or what interpretation you place on anything that is said before the Committee.

There is no provision for members to refer directly to their own staff while at the table. Members and their staff are advised that any messages should be delivered through the attendant on duty.

For the benefit of members and Hansard, would departmental officials identify themselves by name, position and department and then whenever they answer a question?

The Committee has agreed that we shall ask the Minister to make an opening statement if he so wishes. We will then have 20 minutes for Government, 20 minutes for Opposition and 20 minutes for cross-bench and we will do it in that order unless the Government decides to waive some of the time that is allocated to it. Are you happy with that, Minister? That is what we are doing. I might just say, as the lower House is sitting, should you advise that you will need to attend divisions for the evening, you are entitled to do that, as you well know. Do you have any objection to departmental officers answering questions during your absence?

Mr IEMMA: No.

CHAIR: I declare the proposed expenditure open for examination. Minister, do you wish to make an opening statement?

Mr IEMMA: The Health budget for this year is a record budget of just under $10 billion providing for a $700 million increase, some 7.6 percent, and there is very strong evidence of the Government's commitment to improving not just our health infrastructure but the quality of our health services. Our capital works budget of just over $600 million is another substantial budget providing for major works in regional as well as metropolitan New South Wales and is further evidence of the Government's support for Health and providing quality Health in the context of pressures, not the least of which are from Canberra with a five-year national health funding agreement which sees New South Wales short-changed nearly $300 million and, since signing that agreement, New South Wales suffering another withdrawal of some $105 million in salary support for our health care professionals. These are the financial pressures that are inflicted on us from an inadequate five-year funding agreement that we signed in September of last year, not because we wanted to but because we had to: The financial penalties were so severe that the losers would be the people of New South Wales, the families who rely on our public hospital system and our health care system. In the context of an inadequate hospital funding agreement, health care agreement for the next five years that saw us lose nearly $300 million in what was required and a second hit coming earlier this year in funding support for salaries for our health care professionals, the Government's investment in providing for both the redevelopment of our health infrastructure and the provision of services is a very strong indication of the Government's determination to do more for the families who rely on our public hospital system and our public health system.

CHAIR: Do we have any questions from the Government side?

The Hon. IAN WEST: I would defer at this stage.

CHAIR: If there are no other questions, we will move to the Opposition.

The Hon. PATRICIA FORSYTHE: What are the basic performance targets set for the Ambulance Service of New South Wales?

Mr IEMMA: There are targets in relation to response times; there are targets in relation to off-stretcher times. I think the latest data available sees the response times within 10 minutes for the year 2003-04 at 51.7 percent, which is an improvement from the year 2000-01 of 47.6 percent. That is response times within 10 minutes, an improvement on what was occurring in 2000-01.

Ms KRUK: If I may add to that, members would be aware that the Auditor-General made an analysis of the Ambulance Service's performance in 2001. One of the recommendations of that Auditor-General's report was that the Ambulance Service put in place very comprehensive information systems in relation to its performance. There were a number of recommendations. What is significant in the most recent report of the Auditor-General relating to performance in that area is that he certainly acknowledged that it was an incredibly busy season; he commented on obviously some of the pressures on the health system arising from the Commonwealth and State funding arrangements, but certainly commented very positively on the initiatives that had been introduced by the New South Wales Ambulance Service.

The Hon. PATRICIA FORSYTHE: Have the targets for 2004-05 changed from those for 2003-04?

Mr IEMMA: In relation to?

The Hon. PATRICIA FORSYTHE: Performance targets, the benchmarks.

Mr IEMMA: The Auditor-General touched on this point in terms of the 55 percent benchmark. There had been a review conducted in the Ambulance Service some time before that which talked of a 60 percent objective on the basis of I think four matters that the Ambulance Service needed to address to reach that, but that was not its benchmark. The benchmark, as I am advised, remained at 55 percent. There was a review conducted which talked about an objective of 60 percent, but that was based on a phasing-in and a number of reforms - major reforms - being conducted by the Ambulance Service, which it has moved on.

The Hon. PATRICIA FORSYTHE: You have used the expression "phasing-in". Where are you at with this phasing-in?

Mr IEMMA: Well, the Ambulance Service has embarked on introducing a number of those reforms that the Auditor-General had outlined as well as the review that had been undertaken and we can provide the detail of what those matters are.

The Hon. PATRICIA FORSYTHE: Did you say you could provide or you will provide?

Mr IEMMA: I can provide the details of those four major matters.

The Hon. PATRICIA FORSYTHE: Are you taking it on notice?

Mr IEMMA: Mr McGregor can give you the detail.

Mr McGREGOR: I think, in the context of the Auditor-General's report, the response by the department indicated that a range of strategies was being introduced. For example, implementation of a sustainable access strategy, which is being funded by the Government; establishment of a workforce steering committee to further develop and monitor workforce action plans relating to that; working with the Australian Government and divisions of general practice to establish after hours general practice clinics in emergency departments, which has been the subject of some media and which is seen in part to address some of the issues around older people attending emergency departments; implementing transitional care beds and programmes better to meet the needs of aged care patients and improvements to establish better linkages between information systems within hospitals, the Ambulance Service and the department.

Mr IEMMA: In addition to that there are ambulance release teams being introduced into - or provision for - hospitals and the ambulance liaison officers are operating in a number of areas.

The Hon. PATRICIA FORSYTHE: When you look at the benchmark, the fact is that it has dropped from 61 to 53 percent in 2004-05 for metropolitan ambulance responses within 10 minutes and from 87 percent to 82 percent in 2004-05 for responses within 15 minutes. How can you explain NSW Health budgeting for deterioration in performance?

Mr IEMMA: The Ambulance Service has seen a significant increase in activity, some 8 percent in call-outs. The transports have as well. The figures that you mentioned relate to a number of measures that we have taken because of the pressures and increase in activity on the Ambulance Service. The figure that you are referring to, 87 down to 82, is before sustainable access and a number of measures that have been introduced to enable the Ambulance Service to better respond to demands or pressures placed upon it, particularly with a significant increase in calls on the Ambulance Service, and the ambulance response or ambulance release teams, the sustainable access plan and the ambulance liaison officers are all designed to assist the Ambulance Service to better respond to the pressures and demands placed on it.

The Hon. PATRICIA FORSYTHE: If you have had an increase in activity, have you had an appropriate budget response? In other words, is the budget adequate to meet this increased activity?

Mr IEMMA: Well, the budget for the Ambulance Service is $232.8 million for this year, which represents a 7 percent increase and some 165 percent increase since 1994.

The Hon. PATRICIA FORSYTHE: How does that 7 percent increase compare to the increase in activity?

Mr IEMMA: Well, the activity, I think now at some 930,000 calls approximately, is up substantially. There is an 8 percent increase in the call on the Ambulance Service's time. Additional measures like rapid response teams and the rapid response ambulance, a new initiative - the vehicles as well as the team - are all designed to improve ambulance response times, particularly providing for rapid response. All of these are initiatives and measures taken to try to deal with the increased call on the Ambulance Service's resources.

The Hon. PATRICIA FORSYTHE: Has the budget kept pace with the increased activity?

Mr IEMMA: Well, that is a 165.5 percent increase in just on 10 years that the Government has been in office and a $232.8 million budget representing a significant increase.

The Hon. PATRICIA FORSYTHE: Ms Kruk, your 2003-04 performance agreement requires you to complete a system-wide review of hospital capacity. Could you please provide the Committee with a copy of the hospital capacity study?

Ms KRUK: Ms Forsythe, there are ongoing reviews in relation to looking at the capacity of the hospital system. We have obviously undertaken a considerable amount of work which led to the Government's recent announcement in relation to the availability of beds; this is an ongoing activity.

The Hon. PATRICIA FORSYTHE: But can you provide the Committee with a copy of the hospital capacity study?

Ms KRUK: Ms Forsythe, I will take that question on notice.

The Hon. PATRICIA FORSYTHE: Take it on notice to provide it to us or take it on notice to consider it?

Ms KRUK: I will take that question on notice.

The Hon. ROBYN PARKER: Minister, I was just wondering if you could tell us how the New South Wales health system is able to cope with a terrorist attack.

Mr IEMMA: The health system does have its disaster plans in place, its counter-terrorism and disaster plans. Health, as an agency, participates with other agencies, particularly at CEO levels, in a forum to provide not only advice but to oversight the implementation of plans. For example, the Ambulance Service assumed administrative responsibility for the New South Wales Health Counter Disaster Unit in January of 2002 under the coordination of State Health Service functional area coordinator, the unit is responsible for planning of responses and recovery actions for all aspects of disaster medicine, including the provision of appropriately trained medical, public and mental health teams. Ambulance co-location service provides significant synergy through integrating expertise in ambulance primary response and incident management.

The State's preparedness capacity has been significantly increased since now spending $17.3 million under its plan to bolster New South Wales Health's capacity to counter the consequences of terrorism and disasters. The implementation of capacity improvements is progressing within the planned timeframes in the budget. New South Wales currently has a coordinated network of major trauma centres located in Sydney and Newcastle and they form part of our disaster counter-terrorism response.

Other important advances in preparedness includes we have currently seven sites at major Sydney hospitals that were upgraded pre the Olympics. Five additional hospitals have since been upgraded with decontamination units at Sydney, St Vincent's, Gosford, John Hunter and Wollongong. In addition to the current stockpile purchased pre Olympics, personnel protective equipment for chemical emergency have been purchased and distributed across the State. Stockpile of equipment has been purchased and is in place for bio-terrorism emergency. Stores of antidotes against chemical attack are in place. New South Wales Health bio-surveillance system is now functioning with information obtained from its site and data collected on a daily basis. Work has commenced for the upgrade of two laboratories that will improve forensic capability against terrorist attack.

The counter disaster unit has undertaken a detailed a scenario and capacity analysis of the health system so that we could cope in a large scale disaster, including chemical, biological and radiological attacks. A detailed analysis of the metropolitan capacity has been undertaken for a large scale event.

Our planning and policy aspects of the disaster management include health, critical infrastructure, risk assessment, which has been completed. A business continuity plan is in place and being updated. The counter disaster unit completed a draft national mass casualty burns plan to deal effectively with terrorist attack from improvised explosive device, which was endorsed by the Health Minister on 29 July of this year. The counter disaster unit direct input into repatriation planning for overseas mass casualty events.

A full time project officer has commenced with the counter disaster unit to re-write New South Wales Health plan and it is anticipated that that plan will be complete by the end of this month. A full time project officer has been employed to further develop the State's bio-terrorism plan based on the work of the SARS taskforce, this includes specific plans for smallpox, anthrax and influenza endemic and a mass casualty capability audit has been completed as part of our efforts to plan.

Ms KRUK: Chair, if I may add, I think I appeared before a committee just after the Bali incident. What is significant is the Ambulance Service's disaster unit was pivotal in relation to the coordination of the State response to that incident. Members would also have seen the recent exercise, I think from memory, which was termed Operation Twilight. There are ongoing exercises to ensure that our capacity is continually utilised and our ability to engage effectively with the other emergency services is really honed to the highest possible degree.

Can I say as someone who has worked with the Ambulance Service now for a number of years, I have found them the most incredibly professional unit, certainly from the opinions of a number of the external parties that had the benefit of looking at the incident, that moot incident, I think they were incredibly impressed with our response. Thank you.

The Hon. ROBYN PARKER: Minister, how would the system cope if at the time of a terrorist attack all the metropolitan hospitals were on code red, or even on code black as Royal North Shore was yesterday, and ambulances are queued up waiting to unload patients; what then?

Mr IEMMA: Our hospitals would respond in a similar way to the way that they responded, our emergency rescue services and our health professionals at the hospitals responded to the Waterfall accident: they would respond magnificently.

CHAIR: That is known as a Baghdad answer.

Ms KRUK: Chair, can I add to that what is significant is the time at which these exercises were undertaken was a time in which the system is acknowledged to be at its busiest, which is normally the period post-weekend. I do not think I am at liberty, nor is it appropriate for me to go and place on record the plans that we have well-established within the ambulance services to deal with mass casualties; I hope I never have to actually put them into operation.

The Hon. ROBYN PARKER: Minister, the new area health services, how did you determine how they were composed?

Mr IEMMA: The configuration?

The Hon. ROBYN PARKER: Yes.

Mr IEMMA: The configuration of the area health services, the starting point was to reduce health administration and redirect savings that we would make from health administration into frontline health services, that was the starting point.

As part of the process we looked at opportunities where established area health services could be partnered in a formal sense in the one organisation with emerging area health services and emerging hospitals and the thinking behind the partnership of the former Central Sydney with the former South Western Area Health Service, an established area health service with established hospitals partnered with an area health service that covers the fastest growing regions in New South Wales where population pressures are having an effect on health services to partner the established areas and those established hospitals and looking for the opportunities where they can assist in those area health services and hospitals that are coping with a growing population, North Sydney, the former Northern Sydney Area Health Service with one of the biggest and best health campuses in the country with Royal North Shore, partnered with a growing health service through the Central Coast.

The Hon. ROBYN PARKER: How did you identify the locations of the head offices for each of those area health services?

Mr IEMMA: With the Central Coast it was a fairly easy process in the meetings with clinicians and my soundings with the communities of the central coast, the central coast being a growth area and the Government has in the past, and continues to have, a policy of attempting to locate as many government jobs as possible in areas of growth like the central coast, I was involved with the Minister for Public Works and with the WorkCover move to Gosford. In some of the other area health services where previous changes to office administration had occurred it was best felt to leave those arrangements in place.

The Hon. ROBYN PARKER: Was the same process followed for all of those regions, or what process did you follow for the North Coast and the Hunter?

Ms KRUK: Miss Parker, can I add to that, if you don't mind. There are obviously, given the spread of some of the areas, I think members would be aware of the fact that there is currently work underway looking at the best configuration of staff across the area health service. We are obviously keen to make the maximum benefit of Tele-Health and initiatives in doing that.

Certainly looking at areas such as far west where there is a significant spread we would anticipate that there would be staff located throughout all parts of the region, I think that is in keeping

with our most contemporary structures. The final structure of the area health service has not yet been determined, that is something that is being done in consultation with the communities.

Members are probably also aware that the Honourable Ian Sinclair is leading a series of State wide consultations at a local community level and one of the things he is looking at specifically is this configuration of health services in that regard.

The Hon. Dr A. CHESTERFIELD-EVANS: Minister, you were looking, I understand, at private public partnerships, why are you doing that rather than borrowing the money and building the hospitals yourself? Do you not have confidence in your department to build and manage hospitals?

Mr IEMMA: I have every confidence in my department to manage our capital works programme. Private and public partnerships have an attraction and have advantages and I am keen to explore the benefits and the value for money benefits that they may bring and that is a responsibility that I have. If there are benefits and it is feasible then I have a responsibility to examine that and pursue it. We currently have a private public partnership proposed for the Martyr and the forensic corrections prison is proposed, they are both in the market at the moment. Done well, they yield significant benefits and I have an interest in pursuing those where there is value for the tax payer and the families that rely on our hospital system.

The Hon. Dr A. CHESTERFIELD-EVANS: You are assuming that there is value for the tax payer. Are you aware of the literature in the British Medical Journal of 2002 which looked at the private funding initiatives in the UK and concluded that they were not financially advantageous?

Mr IEMMA: I am not aware of that particular article. I am aware of an ongoing debate in the United Kingdom over private public partnerships in health and education and a whole range of areas of government activity. I also am aware of material, particularly in my previous portfolio, of benefits that private public partnerships have yielded across a range of portfolios.

The Hon. Dr A. CHESTERFIELD-EVANS: Are you aware of the failures of Latrobe and Mitre Hospitals in Victoria and South Australia to have any savings and have to be propped up by further government money?

Mr IEMMA: I am not. I am aware that private public partnerships done properly, protecting core clinical services can yield significant benefits not just in terms of dollars but in clinical outcomes and also in yielding the infrastructure earlier than what otherwise had been the case. What I am about is examining what opportunities there are to obtain those benefits.

The Hon. Dr A. CHESTERFIELD-EVANS: Is the reason that they can be obtained more quickly because the government is for economic theory reasons unwilling to borrow money?

Mr IEMMA: We have a significant capital works budget of $600 million which represents a significant increase on our previous capital works budget.

The Hon. Dr A. CHESTERFIELD-EVANS: That's a budget increase Minister, though; it is not a borrowing is it?

Mr IEMMA: A substantial capital works budget and private public partnerships are one other opportunity to obtain infrastructure and also services to drive value. I am interested in exploring the opportunist of those.

The Hon. Dr A. CHESTERFIELD-EVANS: It is the case that the number of emergency physicians at Martyr Hospital is being cut so that they will stay within the budget of the private public partnership?

Mr IEMMA: I am not aware of the specifics of Martyr.

The Hon. Dr A. CHESTERFIELD-EVANS: It is the pilot project, Minister, is it not?

Mr IEMMA: I am not aware of the specifics that you mention in relation to the physicians and the emergency department. In terms of the redevelopment of that hospital, it is a schedule three hospital, along with James Fletcher, it will yield significant benefits.

The Hon. Dr A. CHESTERFIELD-EVANS: Is it planned to sell the James Fletcher Hospital site?

Mr IEMMA: No decision has been made in relation to the James Fletcher site. As you would be aware there are heritage issues with James Fletcher.

The Hon. Dr A. CHESTERFIELD-EVANS: With PADP funding, Minister, you are aware of the position of the Physical Disability Council who state in their letter to the Treasurer, which I presume you have a copy of, that PADP funding has always been around 71%, even in the Government report of what was projected as being necessary.

Mr IEMMA: I am aware that this budget provides for $18.8 million funding in ADP, which is an increase of just under a million. I am also aware that that increase in funding is guaranteed for the next three financial years.

The Hon. Dr A. CHESTERFIELD-EVANS: You are aware though this is still below the level that it was originally assessed by the New South Wales equipment study which was in 1997/98 and that that the current level is still below if that level is adjusted to the CPI increases.

Mr IEMMA: There is a review of the efficiency of the PADP programme and that is a decision that has been made in consultation with groups, particularly the ones that met with me some time ago in my office who undertook to review the programme, review its efficiency and I understand that as part of our efforts to improve the PADP services an assessment tool will be developed in consultation with groups to ensure more consistent assessment and approach so that those most in need will obtain assistance and that is something that will occur.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will there be an assessment and tendering process for commonly used items of equipment for less than the unit cost for the people involved?

Mr IEMMA: I will await the review. I have undertaken to conduct a review following representations from disability groups and also to establish a priority assessment tool to give greater consistency.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The Greater Murray and Southern Area Health Services are to be combined and moved to Queanbeyan. Is that correct?

Mr IEMMA: The Greater Murray and Southern, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: What is the estimated cost saving of combining these two groups?

Mr IEMMA: There is a State-wide figure in terms of reduction of administrative staff, that is 650 approximately, and all of the savings that come from each of the areas will be retained back into the areas for clinical services.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Has a memorandum of understanding between the State and Territory Governments been signed with regard to that area?

Mr IEMMA: We have an arrangement with the ACT Government. I have met with the Minister and we are keen to explore a relationship with the ACT Government, a further relationship with the ACT Government, at some point in the future.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You have committed $30 million for a health campus to be built in Queanbeyan. Is that correct?

Mr IEMMA: That is the redevelopment of the Queanbeyan Hospital.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will that be a PPP?

Mr IEMMA: I am sorry?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will that be a private-public partnership?

Mr IEMMA: It is not planned to be.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will there still be a teaching hospital at Wagga Wagga with the new development of a larger area health service?

Mr IEMMA: I understand that $500,000 has been allocated to progress planning the redevelopment of Wagga Base Hospital. No change to the status of Wagga Base Hospital at all. In fact the Government plans a significant enhancement to Wagga: $500,000 set aside to progress the plan for the redevelopment of Wagga Base Hospital.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Has the Government looked at the Utah model for medical indemnity which involves the Government paying for doctors' medical indemnity provided they report all incidents within 48 hours and is that part of the open disclosure pilot project of Goulburn and Batemans Bay? Is that the type of model?

Mr IEMMA: The medical indemnity reforms that the Government has already introduced are those that are on the record.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: They are just capping, aren't they?

Mr IEMMA: I am not aware of any other proposals currently being examined.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So you have not looked at the idea of paying people's medical indemnity provided they report within a given time?

Mr IEMMA: Our reforms on medical indemnity are a substantial contribution by the State Government to the issue of medical indemnity - a substantial one.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is not just a question of money, though; this is a conceptual change in the way it is done. You have not looked at the Utah model.

Mr McGREGOR: When the State Government extended TMF cover for VMOs treating public patients in public hospitals a requirement was introduced in terms of the timeline for reporting incidents. Mr Barker might correct me, but I think it was 48 hours.

Mr BARKER: It is 48 hours that they are required under their contract of liability to report any incident from the time that they become aware of such an incident occurring and they have actually been given the Government's cover for nothing.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: All salaried hospital staff and VMOs?

Mr BARKER: Salaried staff have always been covered for treating public patients, whether they are a doctor or nurse, and there was a slightly different arrangement for senior medical practitioners in terms of their treatment of private patients, but the Government from 1 July 2003 allowed rural doctors covered by the eight rural health services to actually be covered by the TMF for treating private patients subject to them agreeing to a contract of liability coverage.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: How does the open project at Batemans Bay and Goulburn vary from that arrangement?

Mr BARKER: I am not aware of the open project for Batemans Bay and Goulburn.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can anyone enlighten me?

Mr IEMMA: We will take that on notice.

CHAIR: Minister, are you aware that your predecessor, the Honourable Craig Knowles, made very clear statements on the John Laws and Alan Jones radio programmes that the Mona Vale Hospital would remain open and be upgraded?

Mr IEMMA: Yes, I am.

CHAIR: Is the Mona Vale Hospital to be retained and upgraded?

Mr IEMMA: The role of Mona Vale in relation to clinical services, along with Manly, will be the subject of a clinical services plan when we move to detailed planning of those two hospitals.

CHAIR: Will you retain the hospital?

Mr IEMMA: The hospital will be retained. The commitment that the Minister made still stands.

CHAIR: Can I ask your CFO where in your reports is the funding for the upgrades and retention of that hospital? You have details for Wyong Hospital and Gosford Hospital. Where is the detail for Mona Vale?

Mr IEMMA: There have been, over the past 18 months, the following enhancements to Mona Vale: $120,000 for the appointment of a director of ICU across both sites, Manly and Mona Vale; $160,000 for emergency service teams; $429,000 on safety upgrades; $100,000 to open additional emergency department beds at Mona Vale; $170,000 for new cardiac monitoring in Mona Vale Hospital's emergency department; $500,000 for the upgrade of air-conditioning systems for the operating theatres at Mona Vale; $80,000 in capital expenditure for drug and alcohol services to Mona Vale; $50,000 for refurbishment of the maternity unit at Mona Vale Hospital; $180,000 to appoint additional full-time specialists in the emergency department at Mona Vale.

CHAIR: Have you had discussions concerning the purchase of the Civic Centre in Dee Why as an alternative site?

Mr IEMMA: I have been briefed.

CHAIR: Are you aware of the fact that there is a projected $40 million cost on that site?

Mr IEMMA: I am aware that there is a cost for the purchase of the site and that is the reason why the due diligence process is being undertaken by the area health service along with the council and why a report is being prepared on the process and the feasibility of that site, of progressing further on that site. It has been determined to be a preferred site, but that is subject to further investigations and obviously the financial aspects have to stack up, as do a number of other issues with that site, and I am awaiting a report from the area health service as to the conclusions of a number of their investigations.

CHAIR: Would you accept as a preferred site a site that is one-third the size of the Mona Vale Hospital site?

Mr IEMMA: I am keen to progress the redevelopment of Manly Hospital and to provide certainty for Mona Vale in relation to clinical services and its infrastructure and what I intend to do is determine a site that is acceptable in Health terms and acceptable to the community for a new northern

beaches hospital. The Government is committed to the new hospital and site selection is part of its process of doing that. Up to now, each time the Government or the area health service has found a site there has been criticism of that site. If this site that is currently a preferred site turns out not to be the best site for a new health facility then--

CHAIR: Can I just ask you: Which site is the preferred site?

Mr IEMMA: The preferred site is the Dee Why Civic Centre--

CHAIR: So that is one-third the size of the Mona Vale site?

Mr IEMMA: A very clear public statement that that is the preferred site, but it is subject to due diligence; it is subject to further investigation. If the due diligence does not yield the best result for us, if those further reports are such that it is not the optimal site, then we will look for an alternative site for the new hospital.

CHAIR: Would you normally think that paying $40 million for land is a better deal than using land you already own?

Mr IEMMA: Well, land in that area is very expensive and what that area--

CHAIR: Yes, $40 million for one-third of what you already own.

Mr IEMMA: What that area requires is a new hospital. It requires a new hospital.

CHAIR: I asked did you have that allocated. I have not heard from your CFO yet what you have allocated in the budget for this proposed new hospital.

Mr IEMMA: Half a million dollars to progress the planning for the new northern beaches hospital, and that is a serious commitment to progress planning for this new hospital.

Mr BARKER: And that is in Budget Paper No. 4.

CHAIR: Minister, have you entered into any discussions at all concerning the sale of the land at Mona Vale?

Mr IEMMA: No, I have not.

CHAIR: Would it be your intention to sell that land in order to fund a new hospital?

Mr IEMMA: What we are undertaking is a due diligence on the site. The role of Mona Vale, and indeed the role of Manly, will be determined in a clinical services plan and an infrastructure plan, and we have a site that we can progress to building a new hospital for the people of the northern beaches. A commitment has been made to retain Mona Vale Hospital. That commitment stands.

CHAIR: Would you maintain Manly Hospital?

Mr IEMMA: Manly Hospital will be the new northern beaches hospital.

CHAIR: Would you retain Dee Why?

Mr IEMMA: The Dee Why site?

CHAIR: Yes.

Mr IEMMA: I will retain the Dee Why site if our investigations and the reports that I am awaiting determine that it is the best site for us. It is a preferred site subject to due diligence and resolution of a number of issues.

CHAIR: How do you explain that your predecessor, the Honourable Craig Knowles, said that the Mona Vale Hospital would remain and it would be upgraded?

Mr IEMMA: He was referring to some of the matters that I have just read.

CHAIR: Some air-conditioning?

Mr IEMMA: An upgrade of the emergency department and he also committed to upgrade the emergency department for Manly Hospital, which has taken place, as well as providing for additional resources.

CHAIR: Questions from the Government?

The Hon. IAN WEST: Minister, I understand that there has been some success in the Hunter with the co-location of after hours GP clinics in emergency departments. Could you advise us as to what discussions you have had with the Federal Government about expanding the clinics to other hospital sites?

Mr IEMMA: Well, there has been a stunning success of five after hours GP clinics in the Hunter. The first one started at Maitland Hospital and has been operating for three years. From 1 July of last year the model and the clinics were extended to four other sites in the Hunter, including John Hunter Hospital and Belmont Hospital, and they have been a stunning success. For example, more than 40,000 residents of the Hunter have attended those clinics; more than 40,000 phone calls have been taken by the telephone triage, the telephone health line providing assistance to residents of the Hunter; in excess of 500 home visits by general practitioners who are part of the system, and the Hunter clinics have more than 200 local GPs operating with or working in those clinics and in excess of 500 home visits for residents of the Hunter who cannot make it to see a general practitioner. They work on a very simple basis and that is that families are entitled to basic health care and after hours service and these clinics have been successful in providing families with access to after hours primary health care co-located with or inside our emergency departments. They have formed the basis of discussions with the Commonwealth. Early discussions with the Commonwealth gave us great cause for optimism. The Commonwealth has accepted in principle that this model of integrating primary health care with our hospital care, particularly our emergency departments, was a good model. The Maitland experience of three years had provided the basis for rolling out, as I said, the additional sites: Early cause for optimism. The Commonwealth had accepted in principle that this was a model to be extended further. It extended across the State to a number of other sites. NSW Health identified some 48 sites, but we entered into discussions with the Commonwealth on a much smaller number as a secondary pilot to the Hunter and agreement in principle was reached with the Commonwealth on seven additional sites and the Commonwealth also agreed on the funding arrangements for these clinics. Sadly, the early promise has now come to nothing. The Commonwealth has reneged on its agreements in principle, both on the number of clinics to be funded, as well as the funding model. The number that the Commonwealth put on the table about a month ago was three instead of the seven that we had agreement in principle for and the funding model is an unsustainable one and not surprisingly the divisions of general practice are not keen to participate in a flawed funding model. I suspect in fact that the Commonwealth simply put something on the table to set them up to fail as the Ryde after hours clinic failed late last year.

The Hon. IAN WEST: Minister they have given you no ability to revisit the issue?

Mr IEMMA: None whatsoever. The Federal Health Minister made it clear in correspondence with me that the three clinics that he had put on the table, being Nepean, Lismore and Liverpool, were the only three and there would not be any more and that the funding model put on the table was the funding model and there would not be any change. It approximates to about 250,000. The clinics cost between 800,000 and one million, the Hunter is close to a million, where the State pays the infrastructure, for example at Belmont we have built and fitted out the clinic, similarly with John Hunter, that is the arrangement, the State pays the infrastructure, we have made provision for the seven clinics for us to pay for the infrastructure. The Commonwealth's funding deal on the table

approximates to 250,000 and I believe that it is simply there on the table to set up the clinics to fail as Ryde has failed under a similar funding arrangement.

The Hon. AMANDA FAZIO: Minister, are you aware what will happen to the clinics that you have set up so far? What is their future?

Mr IEMMA: I believe that the Hunter clinics will close sometime in 2005, the Commonwealth has agreed to extend the financial arrangements for 12 months. I believe that if the Commonwealth is re-elected Maitland and the other Hunter clinics will close because they will have imposed on them an unsustainable funding model which will see them close.

The Hon. PATRICIA FORSYTHE: Minister, if the Dee Why site stacks up in terms of the due diligence, can you give an indication of what you see as the future of Mona Vale and of Manly Hospitals?

Mr IEMMA: The future will be determined in a comprehensive consultation process with the local community and a clinical services plan to be determined for the sites.

CHAIR: Could I just ask a supplementary question to that. Have you actually visited, Minister, the Mona Vale Hospital?

Mr IEMMA: No, I have not.

CHAIR: Is it your intention to visit, seeing this is a crucial development?

Mr IEMMA: I visit lots of hospitals.

CHAIR: I know Minister, I am only asking you about Mona Vale.

Mr IEMMA: I visit lots of hospital and I will visit Mona Vale.

CHAIR: It is your intention to visit?

Mr IEMMA: I will get to Mona Vale.

CHAIR: In the near future?

Mr IEMMA: I will get to Mona Vale Hospital.

The Hon. PATRICIA FORSYTHE: Minister, what is the current cost blow-out for the Royal Prince Alfred Hospital redevelopment?

Mr IEMMA: I have some information. Mr McGregor can provide some details on what the cost will be. I take it you are referring to the resource transition programme at RPA.

Mr McGREGOR: The redevelopment of Royal Prince Alfred Hospital is, as the Minister indicated, part of a long term plan to redevelop all of the major facilities in what is currently the Central Sydney area health service, that involves the upgrading of Concorde Hospital, of ongoing redevelopment of the Royal Prince Alfred Hospital, that project is proceeding. I am not aware, and I attend the steering committee meetings, of any significant budget blow-outs at the present time. There are cost pressures on that project which occur as a result of increases in building prices, they are constantly monitored, and we deal with budget adjustments for those as necessary.

The Hon. PATRICIA FORSYTHE: Is the project on time?

Mr McGREGOR: The project is not on time, there are various elements of that project I have to point out have already been completed. There are a number of components of that overall programme which have not always been completed exactly on time in terms of the existing programme.

The Hon. PATRICIA FORSYTHE: Is it a fact that as part of the redevelopment of that hospital they have included a marble foyer?

The Hon. AMANDA FAZIO: Is that not good enough for people in public hospitals? What do you want them to have, vinyl?

Mr McGREGOR: I am not certain as to what the actual composition of the flooring is. I will have to take that on notice.

Mr IEMMA: The information that I have is that the estimated total cost for 4/5 is 410 million, and 3/4 which I am assuming is what you are referring to is 403 and that is the information that I can provide you for the explanation, that is escalation funding and settlement of construction management contract and associated claim. There are a number of claims for variations.

The Hon. PATRICIA FORSYTHE: Is it correct that the budget situation at RPA is so tight that all expenditure, including for medical equipment, has to be signed off by the central Sydney area health services administrator, Dianna Horvarth?

Mr IEMMA: I will take that question on notice.

The Hon. PATRICIA FORSYTHE: Does Ms Kruk wish to provide some information?

Ms KRUK: She will give some additional information. Members would know that Dr Horvarth I think runs one of the most successful area health services in relation to management performance. I think that every other area health service has in place a whole range of factors to ensure that their budget is a sound budget. I am not aware of the particular instance that you refer to, we will follow it through.

The Hon. PATRICIA FORSYTHE: But the Minister has agreed to take it on notice?

Ms KRUK: We have, that's fine.

Mr McGREGOR: If I might add, for major acquisitions of equipment, and I am talking about hundreds of thousands of dollars, we would expect that the chief executive officer or the administrator would sign off on that.

The Hon. ROBYN PARKER: Ms Kruk, NSW Health said in its response to the Auditor General's report on waiting times for elective surgeries, that a more appropriate indicator of performance is how long patients have to wait for elective surgery to be performed. Your performance agreement also sets as a measure of your success the implementation of strategies to deal with long term waiting lists, what are you doing about the fact that the number of patients on the long term waiting lists increased from 5,153 in June 2003, to 9,084 in June 2004, and long wait patients now make up 14 percent of all patients on the waiting list?

Mr IEMMA: That is why the government announced the 16 month plan, $35 million, to tackle long waits, in particular long waits, to fix knees, cataracts, gall bladders. The $35 investment was announced, from memory, I think in March, which is a 16 month plan to reduce the long waits. The Auditor General also did make the point that in large measure the waiting lists are beyond the control of the government and the area health services. But there is a plan, a $35 million investment, over the next 16 months to tackle the long waits.

The Hon. ROBYN PARKER: So you would agree then that your strategies are not working?

Mr IEMMA: The strategy is a 16 month plan to tackle the issue of long waits in recognition that people waiting in excess of 12 months, particularly in the four areas that I have just outlined, are a priority for the government to bring down the long wait list.

The Hon. ROBYN PARKER: When will you be assessing that, at the end of 16 months or are you going to start earlier?

Mr IEMMA: In the allocation of the funds the areas were given targets, it is a 16 month plan and the monitoring of meeting the targets is a regular one but the areas do have their targets and forms a basis of one plan to tackle the long waits.

The Hon. ROBYN PARKER: What sort of penalties or sanctions have you imposed for CEOs who have not met targets of zero long wait patients, even by the deadline of 2003 that has been set? Are you doing anything about that at all?

Ms KRUK: Ms Parker, to follow up from the Minister's response. Each of the area health service CEOs, and the fact that it is also in my performance agreement, have in place a series of targets, they are targets, we obviously have to review those based on the activity in the Health system. I do not think we in any way have shied away from the fact that there is an increase in demand. We are obviously following a range of strategies to look at the issue of long waits. We are also, as you would have picked up if you have looked through the sustainable access plan, put in place a range of strategies across nine hospital sites to look at the possible quarantining of lists for elective surgery purposes. We also have in some area health services investigated the option of using some private hospital capacity. What is very clear, despite some of the assertions that have been made, is that private hospital activity is not taking any of the demand off the public hospital system. Most of the public hospital surgeries are of a far more complex nature. The private hospitals are obviously involved in the far simpler surgical procedures. This is an ongoing issue. It is a priority for all of the area health CEOs and it is also a priority in my performance agreement, as you are aware.

The Hon. ROBYN PARKER: How many targets have been met so far?

Ms KRUK: I am quite happy to give you that information; I do not have that information in front of me. Ms Parker, I think you may have actually got that information in various Freedom of Information requests, I think that has actually been publicly provided and is actually probably information that is in the public arena, but I will undertake to investigate it.

The Hon. Dr A. CHESTERFIELD-EVANS: Minister, do you consider that the radio isotopes from Lucas Heights are essential for nuclear medicine, diagnosis and treatment, in New South Wales?

Mr IEMMA: I will defer to my colleagues from the Department. Mr Stewart.

Ms KRUK: I will ask the Chief Health Officer to join us, if you would not mind Mr Chesterfield-Evans.

The Hon. Dr A. CHESTERFIELD-EVANS: That is fine. I do not mind who answers.

Dr STEWART: The answer to the question of Mr Chesterfield-Evans is that the experts who undertake nuclear medicine activities in New South Wales advised us that they do require the isotopes coming from Lucas Heights.

The Hon. Dr A. CHESTERFIELD-EVANS: Has there been provision for alternative sources of radio isotopes should the new Sydney nuclear reactor not be licensed to operate?

Dr STEWART: Beyond my general comment about the need to have the nuclear isotopes available for nuclear medicine activities in New South Wales, I do not have much more information available right now.

The Hon. Dr A. CHESTERFIELD-EVANS: Perhaps this question is redundant then. Has NSW Health considered the study and recommendations by the Medical Association for the Prevention of War which talks about alternatives to the Lucas Heights reactor?

Dr STEWART: I do not have that information available.

The Hon. Dr A. CHESTERFIELD-EVANS: Minister, in view of the difficulties there have been about mental health in New South Wales, how many psychologists are there in the workforce and what ratio is that to the population? I put this as a question on notice on 31 August and I did flag it.

Mr IEMMA: From memory, I think it is one to eight thousand, slightly better than the national health Service of the UK and slightly above the national health service of Scotland, but I have got precise figures.

The Hon. Dr A. CHESTERFIELD-EVANS: Is that solely within the health system or is that including funded private practice outside the health system?

Mr IEMMA: The ratio that you mention, 700 psychologists were employed in NSW Health at a ratio of approximately one to eight and a half thousand which compares favourably to the UK figures that you mentioned and slightly above the Scottish figures.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is that compared to the number of employees in the health system or to the population?

The Hon. AMANDA FAZIO: Or the population of mentally ill people?

CHAIR: I think the Minister can speak for himself.

Mr IEMMA: Could you repeat your question?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is this relating to the ratio of psychologists to Health personnel or the ratio of psychologists to the population?

Mr IEMMA: Well, the ratio that you refer to, the information that I have is 700 psychologists at a ratio of one to 8,500 and the figure on psychologists registered in New South Wales is 6,000.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Sorry, not registered in New South Wales, presumably there is private practice. I am talking about in the health system taking some of the load from the psychiatrists and psychiatric nurses.

Mr IEMMA: They are the figures that I have.

Ms KRUK: There are 700 psychologists and staff within the health system as a whole is approximately 85,000, so it could be that ratio. Can I say as a psychologist - I am not sure if I am counted in that number - having put in place a series of meetings with the various faculties across the major campuses, allied health shortages are an issue for this health system and certainly I am now working with the deans of the respective faculties to look at the sort of skill mix we have across the allied health area as a whole and also the sort of skill mix psychologists can have in relation to requirements of our health system.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you aware that psychologists are deeply unhappy with simply being lumped in with allied health?

Ms KRUK: I actually find the title "Allied Health" a somewhat unusual title anyway. The professionals that are loosely grouped under that are quite pivotal to service delivery across our system and I think they are recognised as being vital across a whole range of service delivery areas. It is also significant that a number of other ministries such as the Department of Ageing and Disability and DOCS rely quite pivotally on psychologists, so there is an issue of looking at workforce numbers in the future in this area, as there is in a number of other areas.

Mr IEMMA: I am advised it is population.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is population, not staff, so effectively you are saying that we have more psychiatrists per head of population in New South Wales than in the British system?

Mr IEMMA: On the figures that have been made available to me, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: My understanding is that there are far fewer psychologists in Australia than in many other health systems and this is very much a medical model rather than alternatives to pharmacological treatments and Freudian models.

Ms KRUK: That would depend very much on the particular school in which psychologists were educated. In New South Wales there is a registration board for psychologists. That is not the case in all jurisdictions. Certainly I think the profession has prided itself on that, but you have a whole range of schools, as you do in psychiatry.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In my question I talked about clinical psychologists. You are talking about clinical psychologists, not psychologists generically, are you?

Ms KRUK: What was your question - psychologists generic?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I am talking about clinical psychologists delivering treatments similar to psychiatry in terms of the population they are treating, not psychologists per se.

Ms KRUK: There would be within clinical psychology again a range of schools, whether they are behavioural or whether they actually employ other particular disciplines. I think very much it would depend in which particular climate they operate. They would loosely be grouped as clinical psychologists if they are employed in our health system rather than organisational psychologists, which is probably the grouping used more broadly in the private sector.

Mr IEMMA: Dr Matthews may be able to provide additional information.

Dr MATTHEWS: The vast majority employed in the New South Wales health system would have clinical qualifications. Some would be in the process of gaining them. I would also point out that other government departments in New South Wales employ a large number of psychologists. I know from personal knowledge that, for instance, the Department of Corrective Services employs about 120; the Department of Juvenile Justice employs a large number; the Department of Community Services would employ a large number - and I cannot give you the numbers for those other departments - but the total for the State throughout all those would be far, far greater than the number we have given you, which is just those employed by NSW Health, that is based on the population. If you divide the population of New South Wales, which is 6 million, by 700 you get about 8,500.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Could you give me a breakdown of which type of psychologists and where they are?

Dr MATTHEWS: I would have to take that on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: That is fine. I did write a lengthy series of questions in response to the Government's response to mental health. Do you have answers to those in writing? I would not try to ask them now.

Mr IEMMA: I do have quite a number of responses to your questions.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I am delighted. I will not trouble you at this time.

CHAIR: Are you willing to table those papers?

Mr IEMMA: Yes.

Documents tabled.

CHAIR: Could you please explain why there was a $12 million under-spend in the last budget on voluntary organisations? Was this under-spend reallocated to any other purposes and, if so, what purposes?

Mr IEMMA: I am advised that there has been no reduction in voluntary organisation grant funding for the 2003-04 year. The explanation is that if you add all the voluntary organisation line items for the grants and subsidies item for all programmes, the 2004-05 State budget papers reflect a total budget for voluntary organisations of $125.5 million for the 2003-04 revised budget and this is $500,000 more than the initial 2003-04 estimate.

CHAIR: I believe there is a reduction in grants and subsidies for non-government organisations by more than half a million dollars. Can you ask your advisers to check that and give it to me in writing?

Mr IEMMA: Mr Barker can provide the additional material. I was not saying that it was half a million less; I was saying that the advice I have is that it was half a million more.

CHAIR: That is exactly why I asked my question.

Mr BARKER: The figure we have is the initial 2003-04 budget: For primary community aid services 86,073; Aboriginal health services 7,962; outpatient services 389--

CHAIR: Just the total, Mr Barker?

Mr BARKER: 125,009 and, as the Minister said, in terms of the revised 2003-04 budget, the figure is 125,498 if you add the 10 programmes together.

CHAIR: Can the Minister advise how local mental health NGOs will be involved in the determination of priorities in funding in the mental health area?

Mr IEMMA: Dr Matthews could provide the detail on that information. I can advise you that the Mental Health Coordination Council, the peak NGO body for mental health, has begun a series of quarterly meetings with NSW Health to establish how best to involve NGOs in the assessment of community need, programme design and the commissioning and monitoring of services. The first meeting took place in August.

Dr MATTHEWS: I can tell you that I have begun the process by going, together with mental health staff, to meet with the Mental Health Coordinating Council in the Marrickville RSL, as it happened. About 50 or 60 representatives of NGOs attended and at that meeting I outlined to them the Government's and the department's priorities in relation to mental health. I told them that we would be specifically looking at initiatives that involved accommodation and that each programme would need to be evaluated in terms of its meeting the needs of patients, meeting the Government priorities, the inputs, the outputs and the outcomes and that we would be providing them with a simplified application form to apply for grants in line with the Government's and the Department's priorities.

The Hon. AMANDA FAZIO: Could I raise a point of order in relation to that matter? I am aware that the Wesley Central Mission receives $54,000 per annum in funding from NSW Health and I would like to ascertain if that actually is in relation to services for people with mental health problems or for accommodation for people who may have mental health problems?

CHAIR: I am not aware of that detail, but let me just say to you that in Wesley Mission, of which I am superintendent, we do operate a number of hospitals; we do operate a number of outpatient services; day care patient services, and I am not sure what particular funding you are referring to, but I will take it on notice and give you a written reply.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Minister, do you support another medical school in western Sydney and, if so, where?

Mr IEMMA: The Government has responded to the University of Western Sydney's efforts for a medical school and the Government has also responded to the Commonwealth's response to that and offered in kind support for the establishment of a medical school for the University of Western Sydney. The location: Liverpool and/or Campbelltown.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Liverpool TAFE?

Mr IEMMA: Not necessarily, but a location near Liverpool Hospital.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is it true that Liverpool TAFE is heritage listed and thus it is very difficult to do anything with the buildings?

Mr IEMMA: There are heritage issues in relation to Liverpool TAFE, but there are other issues in relation to Liverpool TAFE. That is why the efforts on the part of the State Government to assist the University of Western Sydney with its efforts for a medical school are not restricted to the TAFE site.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is it not true that the University of New South Wales already uses Liverpool Hospital as one of its teaching hospitals and thus you would effectively have two universities in the same hospital?

Mr IEMMA: Yes, it does but, for example, our nursing graduates are graduating from a number of universities, working in our teaching hospitals, and have associations with a number of nursing schools, so that is not reason to not support the University of Western Sydney's efforts for a medical school. It may perhaps be cause for some cooperation or collaboration on the part of the University of New South Wales and the University of Western Sydney in relation to the medical school, but it ought not to be the reason why we should not progress an examination of Liverpool and/or Campbelltown for the location of that medical school. The Director General may want to add to that.

Ms KRUK: Dr Chesterfield-Evans, I have met with Professor Jan Reid on a number of instances and there is certainly work under way between NSW Health, the area health service, the university and TAFE to look at the site and I also commenced a series of regular meetings with the deans of what is important, and the Minister has asked us to pull together a full day meeting with all of the universities to look at the issue of clinical placement.

Certainly the universities were very keen for NSW Health to take a coordinating role in that regard, to take the maximum opportunities and it is also an issue I think in relation to your earlier question about some of the rural institutes and the clinical faculties in place in rural New South Wales. So we are working with the universities, none of them have indicated they believe to me that it is an insurmountable problem and they actually believe there are opportunities that may arise from it.

The Hon. Dr A. CHESTERFIELD-EVANS: Are you then suggesting that it might be better to use the existing universities that have more placements out there than to have another university, is that the implication of your answers?

Ms KRUK: No, Dr Chesterfield-Evans, I think the universities have signalled quite clearly they are keen to actually cooperate and I think a number of them already co-badge various curricula and it is quite clear we can take maximum opportunities. The recent announcement by the Commonwealth Government which I think took most parties by surprise in relation to the placement of a campus in Wollongong also needs to be accommodated in the broader clinic placements across New South Wales.

The Hon. Dr A. CHESTERFIELD-EVANS: Are you suggesting this would be a separate medical school or an extension of existing ones? Are you suggesting the one in Western Sydney would be an extension of existing medical schools or a new and different medical school?

Mr IEMMA: The University of Western Sydney's proposal is for a new medical school in Western Sydney.

The Hon. Dr A. CHESTERFIELD-EVANS: And does the government support that?

Mr IEMMA: The government does support that.

The Hon. Dr A. CHESTERFIELD-EVANS: With how much money would you budget to support that?

Mr IEMMA: The government has made it clear that university funding is a direct responsibility of the Commonwealth. What the State Government has offered in kind support to assist the University of Western Sydney.

The Hon. Dr A. CHESTERFIELD-EVANS: And what specifically is that, apart from Liverpool TAFE? Was there a site at Campbelltown?

Mr IEMMA: I am sorry?

The Hon. Dr A. CHESTERFIELD-EVANS: Was there a site at Campbelltown? You said 'in kind support' what do you mean by that?

Mr IEMMA: There is a site at Campbelltown in the sense that UWS has a campus at Campbelltown, so from UWS's perspective, if it is feasible for UWS to do something with its Campbelltown site to meet its objectives of a medical school.

The Hon. Dr A. CHESTERFIELD-EVANS: You would allow them to use that land, is that what you are saying?

Mr IEMMA: Yes, it is their site. It is their campus. We are talking about UWS's campus, we are just Campbelltown Hospital. If they had a campus at Campbelltown, we have a teaching hospital at Liverpool, and the in kind support that we have offered is to look for sites under government ownership in and around the Liverpool Hospital to assist them with. The in kind support extends to advice, it extends to planning support, project management support.

CHAIR: Thank you, Minister. Can I ask the Government members if they have some questions?

The Hon. AMANDA FAZIO: Not at this stage.

The Hon. PATRICIA FORSYTHE: How many nurses have been recruited as part of the Nurses Reconnect programme?

Mr IEMMA: Approximately 1,000, the exact figure is just being forwarded to me, with a retention rate I understand of around 76%. As at June 2004 1,080 nurses have returned to working in public hospitals under the Reconnect programme with a retention rate of 76%.

The Hon. PATRICIA FORSYTHE: How much has been spent on the programme since its inception?

Mr IEMMA: Can I take that on notice.

The Hon. PATRICIA FORSYTHE: You are taking that on notice but not getting that figure, are you?

Ms KRUK: The programme has been in place for four years so to give you some exact figures we will get back to you.

The Hon. PATRICIA FORSYTHE: I know you have just given a figure of 76% retention but in fact how many nurses have left the system since the start of the programme approximately?

Mr McGREGOR: On the information we have available at the moment as at July 2004 they have 37,212 nurses employed in the public health system. That represents a net increase of 3,208 or a 9.4% increase from January 2002 and an increase just in the last month of almost 300. What we have found is that through a whole range of strategies, including Nurse Reconnect, including overseas recruitment, including a range of other attractive measures that have been put into place, we have not only been able to attract more nurses into the system, the attrition rate, that is the retention rate has stayed up; so we are keeping more nurses in the system and we are attracting more.

The Hon. PATRICIA FORSYTHE: How many nurses are currently on stress leave in New South Wales?

Mr McGREGOR: I am sorry, I do not have that.

Mr IEMMA: If we could take that question on notice. Can I say that our efforts in nursing recruitment would be greatly assisted if we could make some progress at the Commonwealth level to adequately fund positions through our universities to train more Australian nurses for our public hospitals. The estimates that we have at a national level is that our national system requires some 40,000 nurses by 2,014 and when we have some 6,500 applications in the last year for nurses, men and women wanting to do that, and just over 2,000 places, there is no shortage of men and women wanting to be nurses, what there is is a serious under funding on the part of the Commonwealth to adequately fund the positions through our universities to provide the nursing graduates for our public hospitals.

The Hon. PATRICIA FORSYTHE: Since you have taken the question of the number of nurses on stress leave on notice, could you as part of that, because I presume you cannot provide the figure.

Mr IEMMA: I have some information for you here. Stress leave is not a recognised category of leave in the New South Wales Public Service or in area health services. For short periods of leave employees are not required to provide specific details of the reason for taking sick leave. However, if an employee is on leave as a result of a work-related incident or accident, absence could be recognised as worker's compensation on the making of the claim by the worker and acceptance by the Treasury managed fund.

I am further advised that NSW Health has made improvements in its worker's compensation position in recent years. For NSW Health the cost of worker's compensation cover was $164 million in 2003/4, compared with $158.4 million in 2002/3. For 2004/5 the cost of worker's compensation of $162 million compared with 164 million in 2003/4, represents a 1.2% decrease in worker's compensation which is mainly attributed to an improvement in claims frequency and compares with a 3.5% increase from 2002/3 to 2003/4.

The Hon. PATRICIA FORSYTHE: What proportion of those worker's compensation claims would relate to assaults of nurses?

Mr IEMMA: I would have to take the question on notice in relation to the figure that you have asked for but I can tell you that we have a zero tolerance policy in relation to violence against our staff and that policy, that response, has been adopted in our hospitals and 7.5 million has been made available to the hospitals since 2002 for the improvement of security of buildings and 5 million per annum has been provided to increase the numbers of security staff to give effect to the zero tolerance policy.

The Hon. PATRICIA FORSYTHE: What are the protocols for administrators reporting assaults on hospital grounds to police?

Mr McGREGOR: Assault is a criminal offence, what we would expect, and we understand that administrators and CEOs do report serious assaults to the police but there are occasions though where the staff who are assaulted may not wish to have the matter reported, particularly if they take the view that it is an inadvertent assault by a patient and they may take the view that the welfare and care of that patient overrides their own personal interests or their wish to report the matter to the police.

The Hon. PATRICIA FORSYTHE: Does NSW Health or the health services keep records of the number of double shifts performed by nurses?

Mr McGREGOR: I would have to take that question on notice; I do not know the answer to that.

The Hon. PATRICIA FORSYTHE: If you are taking it on notice, could you advise how many double shifts were worked in 2003/4.

Mr McGREGOR: If we collect that information we will make it available.

The Hon. Dr A. CHESTERFIELD-EVANS: Last year I asked, Minister, what was the ratio of clinicians to administrators in the Health Department, do you now have those figures, that is to say people in the Health Department who do not have clinical contact?

Mr IEMMA: Are you referring to the department at North Sydney, the areas?

The Hon. Dr A. CHESTERFIELD-EVANS: Both?

Mr IEMMA: Approximately 5,000 are in administration, the precise figure I can give up to you.

The Hon. Dr A. CHESTERFIELD-EVANS: The cost to the health system.

Mr IEMMA: We have got 85,000, the break-up of how many of those are clinicians I can take on notice and provide to you. I am advised that in the annual report the medical numbers are 6,199, administration, corporate administration, 4,986, I said approximately 5,000.

The Hon. Dr A. CHESTERFIELD-EVANS: How has that changed with time, Minister, are there more administrators than there used to be?

Mr IEMMA: I can give you a figure for 2000 and 2001 on admin and corporate administration, the figure was 4,707 and in 2001-2002 the figure according to the annual report is 4,827, 2002-2003 4,986.

The Hon. Dr A. CHESTERFIELD-EVANS: The essence of what I am asking is has it increased, like a boiling frog, over time, has the percentage of administrators increased?

Mr IEMMA: The three sets of figures which I just read out would not support that, however, and you would be aware, going back to one of my earlier answers in response to a question that was asked about the area health services, part of the reason for the reduction in the number of area health services was to reduce administration and direct the savings into clinical areas.

The Hon. Dr A. CHESTERFIELD-EVANS: I had asked you on notice, as you may be aware Minister, the terms of reference of the Ernst & Young project on this subject and also the fact that you have already decided what to do with your area health services and I understand you have no forced redundancy, how then can Ernst & Young achieve these savings; aren't their hands pretty well tied? They have got the numbers of area health services tied, they have got the fact of no redundancy is locked in, how are they going to reduce administrators and put more people at he coal face given that situation?

Mr IEMMA: Ernest & Young are not doing the work for us, that is being done by Health. Ernst & Young have been asked to review the data of FTE staff employed in an administrative capacity. The policy of no forced redundancy remains but that does not preclude other measures like

voluntary redundancies and redeployment and forced redundancies are not the only measure, that that is not the government's policy, it is voluntary redundancy and other measures, as I have just mentioned.

The Hon. Dr A. CHESTERFIELD-EVANS: Is the Minister aware of the widespread nature of asbestos in buildings which are now coming up for demolition and that there is a prediction that the amount of asbestosis and mesothelioma is still rising, what is the government doing, what is the Health Department doing to mitigate that increase?

Mr IEMMA: I am aware of the issues in relation to asbestosis in the building industry and building industry products and Dr Stewart might give you some information on that matter.

Dr STEWART: The increasing rate of asbestosis and mesothelioma are overwhelmingly the result of previous occupational exposure and that is the reason for the increased, as has been evidenced from the recent inquiry.

The Hon. Dr A. CHESTERFIELD-EVANS: Are you saying that there is not ongoing exposure with the demolition of buildings from that time and is there not such a danger and what is being done about it?

Dr STEWART: In relation to the causation of asbestosis in the community, overwhelmingly people who get asbestosis and mesothelioma are people who have had occupational exposures in the past.

CHAIR: Doctor, can I just ask on this, that does not take into account home renovations of those houses which are at the point now of being renovated and does not take into account the length of time for the symptoms to become evident?

Dr STEWART: That is true Chairman, of course asbestos containing fibrous cement has been used for a long time in Australia and I will just repeat my point, that the issues that are arising now around increasing asbestosis are issues of previous occupational exposure.

CHAIR: Sure, but if occupational exposure is still occurring, through the demolition or renovation of existing asbestos-filled buildings there is still danger that in 20 years time current exposures will be a problem; what is being done about that?

Dr STEWART: When I say occupational exposure, I mean in people who worked in industries where asbestos was used to make a variety of substances, brake linings et cetera, et cetera. I do not feel competent enough in relation to all the detail of asbestosis, without going into too much detail about it, there is ongoing consideration of minor exposures but the original point you made Dr Chesterfield-Evans about increasing rates, I make my point that has to do with previous occupational exposure.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But you are not doing a lot about current exposures because you think the level is low?

Dr STEWART: No, it is not true at all to say that nothing is happening about that. In fact the Government has taken several steps in recent years in relation to asbestos-related disease, for example, the establishment of an asbestos disease research institute at Concord Hospital and some home renovation kits which are currently under development by WorkCover and Health.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Have you made representations about the classifications of buildings and the procedures for demolition?

Dr STEWART: You are getting out of my area of expertise.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The Health Department would make representations to WorkCover, would it not, or would it expect WorkCover to do its own research?

Dr STEWART: There has been a long programme of removal of asbestos from hospital related facilities and, I don't know but I assume, from other facilities. I do not have the expertise to answer your question in any more detail.

Mr IEMMA: It is Minister Della Bosca's area.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Has the department looked at the incidence of silicosis in miners in Lightning Ridge?

Mr IEMMA: Yes, we have some information. No formal studies conducted in the area of respiratory disease in Lightning Ridge. For five years, from 1998-99 to 2002-03, there have been no admissions of Lightning Ridge residents to any hospital for silicosis. Anecdotal evidence suggests that there is a moderate use of nebulisers supplied by, I am advised, White's Pharmacy in Lightning Ridge, but these are used predominantly by asthmatics.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: This suggests that the only thing being monitored is disease rather than current respiratory function or exposure levels. Is that right?

Mr IEMMA: Yes, well, no formal studies.

CHAIR: Can we move on to Robyn Parker? The Opposition still has some time remaining.

The Hon. ROBYN PARKER: Minister, I was asking you previously about CEOs, and Ms Kruk about area health services. I wonder if you could tell me if there were any bonuses paid to CEOs of area health services last year?

Mr IEMMA: In line with Government policy, no.

The Hon. ROBYN PARKER: No bonuses paid to anyone?

Mr IEMMA: It is Government policy.

Ms KRUK: Ms Parker, it has been Government policy for some time to not have performance payment, and that applies to all agencies, not just NSW Health.

The Hon. ROBYN PARKER: Returning to an earlier question, we were talking about the new area health services and the composition of those. You outlined some principles in which you established those areas. I wonder if you could give us an assurance that those new structures were made on the basis of those principles and not on the basis of politics?

Mr IEMMA: They were made on those principles, including existing area health service boundaries, the need to remove some artificial barriers that boundaries had created to clinical services. That was also part of the consideration.

The Hon. ROBYN PARKER: So politics did not come into it at all?

Mr IEMMA: No.

Ms KRUK: Can I add to that: Certainly through the process of the consultation the Minister asked that I deal with my counterpart CEOs of human service agencies. Every attempt was made to align new boundaries as much with the other human service agencies. Wherever possible we used local government boundaries. I think, as the Minister indicated in his response earlier, we tried to pick up areas of growth. The principle was also one that was clearly focused on some of the workforce shortages that are not unique to New South Wales to link areas where there are developing needs with areas which are more or better developed, but the major issue is that we have, wherever possible, used the existing boundaries.

The Hon. ROBYN PARKER: Minister, turning to issues in relation to mental health, I wonder if you could tell me how many patients presenting to a hospital emergency department waited more than eight hours to be placed in a psychiatric bed in the months of January to December 2003 and January to August 2004?

Mr IEMMA: Dr Matthews can provide the figures. They are available. What I can also inform you is that this budget, along with measures announced in the mini budget, provided for an enhancement over the next four years of $241 million to improve health services for people suffering mental illness and as part of that enhancement, as part of those plans, we are establishing at two of our major hospitals a psychiatric emergency assessment centre: Liverpool and Nepean Hospitals. This is based on a very successful model that is operating in Brisbane which provides for specialised teams of clinicians assessing and providing care to persons with mental illness attending an emergency department and these emergency psychiatric assessment centres in Liverpool and Nepean emergency departments are part of these plans to improve care for people suffering mental illness and they also are part of a three-year plan to open an additional 383 mental health beds for people suffering mental illness. They come on top of 113 provided last year and 118 the year before. They do involve a range of levels, from acute inpatient beds to other levels of beds, and there are a number of community care places in those plans, and that does not include the proposals that we have for partnerships with the Department of Housing and non-government organisations, mental health non-government organisations and housing non-government organisations, for the provision of supported accommodation for high level needs as well as medium and low level needs. Dr Matthews may have some additional statistics for you.

Dr MATTHEWS: In relation to your specific request, there is some bad news and some good news. The bad news is that I cannot give you the data for the period that you are after. The good news is that we have started to collect that data now, have been doing so for the last month only, and I can tell you that on average at 9 o'clock on any given morning in the greater metropolitan area there are somewhere between 12 and 16 people who are waiting for an acute mental health bed, and have been for more than eight hours - a relatively small number, but a significant number - and that, as the Minister said, is why we have an accelerated bed programme. We have opened a number of beds already this year; later in the year a further 20 will open at Cumberland Hospital, an additional three at Nepean, and there will be at the end of the financial year 15 beds at the Blue Mountains Hospital, 15 beds at Dubbo Base Hospital.

Mr IEMMA: Twelve at Liverpool and $10.2 million for the commissioning of additional beds at the new Wyong facility.

The Hon. ROBYN PARKER: I wonder if you could tell me how many adolescent patients under the age of 18 were placed in adult psychiatric units in 2003 and 2004 and how many bed days did that actually account for?

Mr IEMMA: I would have to take the statistical part of your question on notice, if that information is collected, but what I can tell you is that plans for investing in additional mental health facilities and beds include adolescent beds, specifically at the Children's Hospital at Westmead, and those beds are open. It is also proposed to open this year I think an eight-bed unit at the Children's Hospital at Randwick. That is in addition to what I think is also an eight-bed unit at the Children's Hospital at Westmead. There are further enhancements planned, from memory, at Campbelltown and Liverpool for specialised adolescent beds. This comes on top of a unit opened in the Hunter in recognition of the fact that better care is provided for adolescents suffering mental illness, specialised adolescent mental health beds.

The Hon. ROBYN PARKER: What plans do you have for opening further beds for adolescents in other areas, for example, the mid north coast?

Mr IEMMA: I can provide a comprehensive list of where the mental health beds are, their specific locations.

The Hon. ROBYN PARKER: The adolescent ones, thank you.

The Hon. AMANDA FAZIO: What is the youngest age of someone you have had put into an adolescent mental health bed?

Mr IEMMA: Between five and 16 is the age group.

Dr MATTHEWS: I cannot tell you exactly the youngest. I would make a comment though on the adolescent beds: It is a specialised service in a small number of units and clearly cannot be provided in all parts of the State. The department has introduced a policy to provide services closer to home in rural areas where clinically appropriate, so we do have what we call swing beds in both paediatric units and in adult units where the clinical decision is that, on the balance, the child or adolescent is able to be and better cared for closer to their home rather than transferred to a large city setting in a specialised unit. Where such transfer is necessary on clinical grounds then it does take place, but there needs to be a careful balance about the need to be at home and the need to be in specialised care.

CHAIR: Taking that into account, do you have adequate beds for eating disorders amongst adolescents?

Dr MATTHEWS: A considerable number of patients with eating disorders are treated in the private sector, not in the public sector.

CHAIR: I am aware of that, sir, that is why I am asking: Do you have adequate beds?

The Hon. ROBYN PARKER: Do you have any?

Dr MATTHEWS: Yes, we do.

Mr IEMMA: Perhaps if you are wanting statistical information we will take that on notice.

CHAIR: I would appreciate that, thank you.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you aware of the literature on the mental health of people in detention?

Mr IEMMA: I will defer to Dr Matthews.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you aware that most asylum seekers are later granted asylum in New South Wales?

Dr MATTHEWS: You are talking about that type of detention?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Yes, I am talking about immigration detention.

Dr MATTHEWS: It is a Commonwealth issue. We have no role in the provision of health services.

The Hon. Dr A. CHESTERFIELD-EVANS: If people are granted asylum and there is mental health sequelae of locking up children. Is New South Wales not going to become liable for the problems of those child detainees?

Mr IEMMA: Perhaps I can give you some information, I am not sure if it answers all parts of your questions.

Detainees of Villawood are wards of the Commonwealth Government and the Commonwealth Government has a responsibility for the provision of health services in Villawood. We are advised that Villawood employ their own health staff, extending to counsellors and psychologists and contract the

services of other health providers such as private GPs as they require them. They do have an arrangement with South Western Sydney Area Health Service for matters requiring hospitalisation and crisis intervention.

The Hon. Dr A. CHESTERFIELD-EVANS: So does the State Health Department take the position that it is not their responsibility?

Mr IEMMA: We have no jurisdiction in that matter other than those arrangements that South West have in relation to hospitalisation, that is where we would have jurisdiction through that arrangement, but at Villawood itself they have their own health staff and they contract to private providers to supplement that.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you accept that if these people are granted asylum in Australia that any sequelae they have will end up being the responsibility of the New South Wales State?

Mr IEMMA: When they become residents and we have our jurisdiction, yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Might it then be good preventative health to take an interest in what happens to them while they are in there?

Mr IEMMA: I am sure it is not a question that we are not interested, it is a question of that is the jurisdiction of the Commonwealth.

The Hon. ROBYN PARKER: Minister, have you seen a report prepared by John Greville into psychiatric services at Tamworth Hospital's Banksia Mental Health Unit?

Mr IEMMA: I have not seen that report. I can defer to Dr Matthews.

Dr MATTHEWS: Yes, I have seen that report, as well as a clinical review for the unit which by commission was carried out by Professor Von Carr from the University of Newcastle.

The Hon. ROBYN PARKER: So you would be aware that that report is into the assault of mental health patients?

Dr MATTHEWS: I am aware that there were allegations of assault, yes.

The Hon. ROBYN PARKER: Can you confirm that three nurses have been stood down and one dismissed over the findings of the report?

Dr MATTHEWS: I can confirm four members of staff, yes, not all were nurses.

The Hon. PATRICIA FORSYTHE: Can you confirm that police have not been contacted over those incidents?

Dr MATTHEWS: No, I would have to take that question on notice.

The Hon. PATRICIA FORSYTHE: Minister, following the case where scissors were left inside a patient at St George Hospital, and subject to some media coverage, what is being done to ensure that the system for monitoring equipment used in surgery is adequate?

Mr IEMMA: We have recently established a clinical excellence commission which substantially increases the role of the former Institute of Clinical Excellence; it is a body of clinicians whose main focus is safety and quality and has a programme of improvement to patient safety and quality outcomes across our hospitals and it is a four year plan, with funding of $55 million for the Clinical Excellence Commission. The major focus of quality and safety outcomes is through that body.

Ms KRUK: Ms Parker, I think having appeared before you in another fora there are obviously a whole range of systems in place which I think we covered in a submission you were inquiring in relation to the incident reporting. I was very fortunate prior to coming here this afternoon

to attend a graduation of the clinical practice improvement programme, that is obviously one of the rigours behind that programme, to look at instances where we can significantly improve on the quality of care but also to bring about that ongoing improvement. I think we have answered that comprehensively before.

The Hon. PATRICIA FORSYTHE: There is some current publicity about the situation in Victoria where the Royal Melbourne Hospital apparently has to dispose of 15,000 surgical instruments but cannot guarantee how the instruments have been used and a patient has developed CJD. Have you looked at the system in New South Wales and would you be confident that such action would not be necessary?

Dr STEWART: Probably the best way to approach that question is to talk a little about the national approach that there is to infection control, and particularly in relation to rare diseases like CJD, and by way of background in New South Wales each year there would be five or six cases of what is called classic or sporadic CJD, not mad cow disease, not the variant form of CJD.

In fact, I personally chaired for about 18 months the group that deals with infection control and other infectious disease matters, say responsible for SARS or Avian Flu, called the Communicable Disease Network of Australia and that group developed about two years ago in draft and then finally endorsed all the way through to the Health Ministers a very comprehensive document about infection control for all infections and how to deal with them in both community and hospital settings, and CJD obviously was an issue that was dealt with in that context.

As well as the Communicable Disease Network of Australia there is another extra group called SECTSE which effectively is a clinical group looking at CJD which gives advice on these matters and in fact SECTSE was consulted in relation to the Victorian Government's response. Every jurisdiction in New South Wales undertakes its practice in relation to CJD and other infectious disease matters including sterilisation in relation to national guidelines. The Victorian Chief Health Officer, my equivalent, called an urgent teleconference yesterday, Monday, and advised all States of what was happening in Victoria and included in that discussion was a further discussion about what necessary action needs to be taken in relation to updating those infection control guidelines.

Obviously in a case like this consideration was given to whether previous cases had occurred, and they have not occurred in similar situations to this in Australia, nevertheless there is a need to have a look at those guidelines and that is happening as we speak, the communicable diseases network is taking that on as a task so that there is comparability across the jurisdictions in Australia in relation to that response to that quite rare disease.

The Hon. ROBYN PARKER: Minister, I wonder if you could tell us how many media staff work in your Ministerial office and what their salaries are, please?

Mr IEMMA: Two.

The Hon. ROBYN PARKER: And their salaries?

Mr IEMMA: Two, I believe.

The Hon. ROBYN PARKER: Their salary?

Mr IEMMA: I will take that question on notice.

The Hon. ROBYN PARKER: How many media staff work across the New South Wales Public Health system?

Mr IEMMA: I will take that question on notice.

The Hon. ROBYN PARKER: Could you also tell us how many of those are in the Department and how many are on average working in each area health service?

Ms KRUK: Ms Parker, the numbers we will provide to you as I think we have in previous estimate committees, can I stress, and it was an issue that has come through in various other fora, how important it is to have effective communication across the health system, where the positions are described as media is probably incorrect and the bulk of those positions actually have a far broader set or responsibilities that relate to a whole series of public health messages. I think we have gone through this with you in the past, but I will provide you with the information.

CHAIR: Are there any final Government questions?

The Hon. AMANDA FAZIO: No, I don't think so.

The Hon. Dr A. CHESTERFIELD-EVANS: Is there any negotiations to buy back, if you like, the Port Macquarie Hospital from the Mayne Group?

Mr IEMMA: We are in dispute. As you would be aware, the service contract has transferred, for want of a better word, from Mayne to Affinity, that requires the approval of the New South Wales Government and in attempting to make a decision on approval or otherwise of that move we have landed in dispute with the operators and it is the subject of legal process. I cannot add further to that.

The Hon. Dr A. CHESTERFIELD-EVANS: Has any progress been made on implementing the recommendations of the 2003 in-tunnel study on the M5 east tunnel?

Dr STEWART: Yes, there has been considerable progress. That study showed, as I have provided information to other committees on other occasions, that the level of pollutants, in particular nitrogen dioxide and carbon monoxide, inside the tunnel was far greater than the level inside cars when the windows of those cars were up. Conversely, when windows were down the levels within the cars approached those in the tunnel. The issue there however of course is whether those levels of pollutants were such in those short term exposures to lead to issues around health, particularly in people who are sensitive.

One of the major findings of that in-tunnel study, and this was reported at the time, and when I was talking in the public domain, I of course made the point that for prudent avoidance reasons the Health Department would always recommend that people who go through the M5 tunnel or any long tunnel in Australia or anywhere in the world wind their windows up.

The Hon. Dr A. CHESTERFIELD-EVANS: Why are there no signs saying that outside the tunnel, is that not a recommendation?

Dr STEWART: I have made that point and it was a finding from the study. The other important thing to come out of the study was further consideration of the issue of nitrogen dioxide in that tunnel and we are working very closely with the RTA in relation to that matter. We have done further studies of the levels of nitrogen dioxide in the tunnel. We continue to review the international literature.

The issue there relates to what period of exposure and what level of expose, given international standards on nitrogen dioxide, would lead to more concern than we have at the moment, because there is concern in relation to the fact that those levels were getting up, especially with long exposures, that is around 30 minutes, here noting that the average transit times in that tunnel is nothing like that, but in periods of congestion it can be longer and the signage system in the tunnel does come into play.

CHAIR: Dr Stewart, is NSW Health planning any health studies prior to the opening of the cross-city tunnels on similar issues of pollutants, with the idea that that then would be a benchmark against which later studies could be made.

Dr STEWART: Mr Chair, the issue there is that first of all Health's role in this matter is one of providing expert advice in relation to health effects of pollution. We are consulted a lot by the RTA, by DIPNR and by the Department of Environment and Conservation in relation to our expert role.

The Hon. Dr A. CHESTERFIELD-EVANS: Has the Government done any studies on tobacco smoke pollutant levels in pubs and clubs and why is the Health Department not making a lot of noise about getting smoke-free pubs and clubs prior to the end of 2006?

Dr STEWART: An expert committee was convened by Minister Sartor and chaired by the Cabinet Office which provided a final report to the Government in June and the recommendations of that expert report are currently under consideration by the Government.

The Hon. Dr A. CHESTERFIELD-EVANS: Is that available?

Mr IEMMA: The matter is going to be considered by Cabinet very shortly. The Minister who has carriage of this is actually Minister Sartor but I can tell you that it is shortly to be considered by the cabinet.

The Hon. Dr A. CHESTERFIELD-EVANS: Can we expect a lot of submissions from your department which will be made public and loudly?

Mr IEMMA: The Department has been involved with the working group and the results of those deliberations will be revealed shortly.

The Hon. Dr A. CHESTERFIELD-EVANS: Can we hope there will nothing like 'Share the Air' again?

Mr IEMMA: What I can tell you is that a decision is not too far away and a significant public announcement as part of that decision will be made, and yourself as a strong advocate I am sure you will be very interested in that.

Documents tabled

CHAIR: This committee has resolved to seek the return of the answers to questions we placed to you within 35 calendar days. I did say at the beginning that further questions can be placed on notice in the House.

(The committee proceeded to deliberate)