

# **Kristina Keneally MP**

Friday, 11th March 2011

Mr Tony Harris
Acting Parliamentary Budget Officer 4 30 pm
NSW Parliament
Macquarie Street
SYDNEY NSW 2000

Dear Mr Harris

I am writing to you to formally request, under Part 4 (Election policy costings) of the Parliamentary Budget Officer Act 2010, an official costing for the *Right care*, *Right place*, *Right time* policy, publicly announced on 9 March 2011.

This policy document includes commitments under Section 18(2) of the Act, specifically:

- Invest \$7.2 million to deliver additional facilities at Wyong Hospital
- Invest \$32 million in new and upgraded primary and community health care facilities at Bulli, Dapto and Kurri Kurri
- Invest \$30 million in a new and expanded Emergency Department at St George Hospital
- Invest \$24 million to expand and enhance the emergency department at the Children's Hospital Westmead
- Invest \$10 million to expand and enhance paediatric services at the John Hunter Hospital in Newcastle
- Invest \$15 million to employ an additional 45 paramedics in high workload areas of Sydney, Central Coast, the Hunter, Cooma and Jindabyne.
- Require Local Health Networks to report on intern numbers and training, including reporting against intern numbers as a key performance indicator
- Further restrict smoking in workplaces, outdoor dining and other public places
- Further restrict the availability and supply of tobacco

Please find attached a copy of this policy outlining the purpose of the policy and relevant details required to complete the costing as per the requirements of the Act.

A copy of the NSW Treasury costing and budget impact statement for the policy has also been included for your reference.

Should you require any further information on this request, please contact my office on (02) 9228-5239.

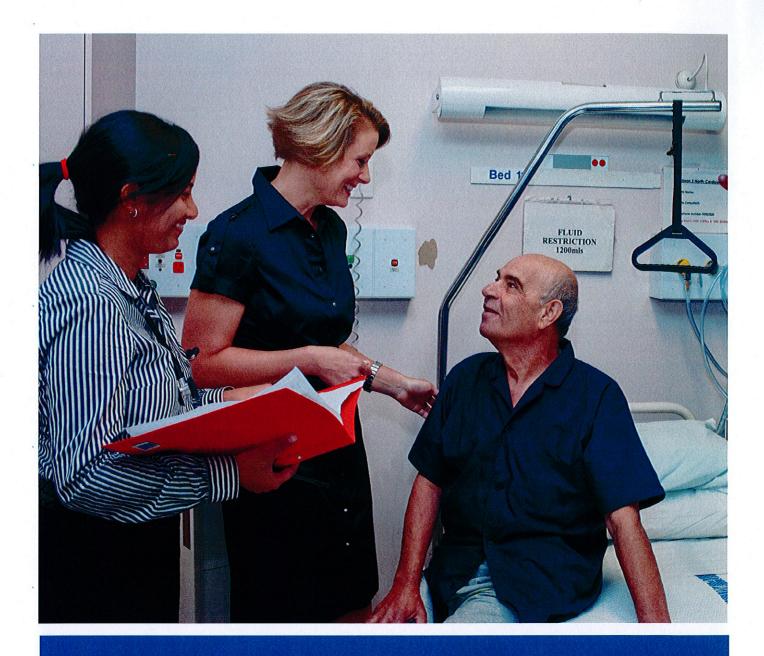
Yours sincerely Listena Leneally

Kristina Keneally Premier of NSW

Leader of NSW Labor Party







# Right care Right place Right time

March 2011





The past year has been an historic for our health professionals and the communities they support.

After a decade of underfunding and buck-passing by the Howard Government, the States and Commonwealth reached a generational health reform agreement. It was historic.

I am proud of this achievement, but more so of how we consulted and worked with professionals and communities before any Council of Australian Governments (COAG) negotiations, to prepare us with a strong negotiating position for NSW.

That strong position – and knowing what the real needs of our health services are – meant NSW took to Canberra in April 2010 was the one that prevailed.

It meant that protections for our regional hospitals were secured.

It meant that NSW secured \$6.6 Billion in new health funding, which is delivering 488 new beds and related staff and services into local hospitals right now.

It meant that NSW led the way in health reform, and were motivated by one key objective – delivering better healthcare for patients in **every** NSW community.

And in delivering national health reform we are ensuring:

- that service reforms create seamless care for patients, providing the right care in the right place at the right time
- that system reform is never for the system, and always for the patient
- that is setting standards we that drive improvements that actually make a difference to families and communities
- that reform supports equitable access for all, especially in regional areas.

These reforms mean real changes and real improvements to your local hospital. They mean more beds and more nurses and doctors available when you need them.

We recognise that when someone in your family is sick, time is of the essence. You want help for those you love, as quickly as possible.

That is why as Premier I have taken a strong stand to defend the healthcare NSW families, and have won great improvements as a result.

And that's why a Labor Government will continue to invest in health for NSW families.

It's why we have nearly tripled health spending since we came into office.

It's why we have increased the medical workforce by 26 per cent since 2005.

It's why our nurses are now among the highest paid in the country.

It's why a re-elected Labor Government will employ more than 2200 extra nurses.

It's why will continue to improve health facilities, building on our record of delivering more than \$9 billion in capital projects – rebuilding or upgrading

almost every hospital in this state.

And it's why Labor will continue our delivery of constant upgrades, improvements and investment that has defined healthcare under this Government – and ensure that all NSW families get the care they deserve, in the right place and at the right time.

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# **Executive summary**

Some of the best health outcomes in the country occur here in NSW.

Longer life expectancy and falling mortality rates for heart disease and cancer are among the great results being achieved by our public health system.

On a daily basis 6000 people are treated in our emergency departments, 200 babies are born, and there are 3000 call-outs for an ambulance. We're spending \$42 million each and every day improving the health of the community.

Labor believes in a strong public health system that delivers high quality health services to all NSW residents, no matter where they live and regardless of their income,

Families deserve access to timely emergency care and operations, to excellent community health facilities to advanced medical technology and to world class doctors, nurses and allied health professionals.

We support a system that promotes good health, as well as treating illness. And we want everyone to have the best chance at a prosperous life, which starts with giving everyone access to high quality healthcare from the moment they are born.

As demand for healthcare services continue to increase with a growing and ageing population, we also need a sustainable system that can continue to deliver high-quality care to people in the future.

Over the last decade we've made significant gains. A record annual investment in health, major hospital upgrades across the state, and more services such as cancer and renal treatment are among Labor's achievements.

But there's more to do, and Labor is committed to doing it. We will:

- Build the health facilities our communities need
- Employ more nurses, doctors and allied health professionals
- Perform more surgery
- Ease the pressure on our emergency departments
- Deliver better ambulance services
- Boost specialist medical services
- Support people to build healthier lives
- Improve health outcomes in Aboriginal communities
- Support science and medical research
- Deliver better support for rural and regional NSW

# Moving ahead with health reform

Health systems around the country are facing enormous challenges, and NSW is no different.

An ageing and growing population means more people are using the public health system than ever before, including increasing numbers of elderly patients who have complex, chronic conditions often requiring longer stays and more specialist care.

These rising pressures are stretching our hospitals.

There is now a historic national health agreement singed by the Prime Minister and all Premiers and Chief Ministers to provide a secure funding base for health and hospitals into the future, seamless care for patients, an improved primary care system and stronger local decision making.

This builds on the reforms achieved by the Council of Australian Governments in April 2010. These reforms mean \$1.2 billion in funding for NSW over four years, contributing to 840 new beds over four years and the employment of 860 additional nurses to support these beds.

Along with the other states, NSW has secured a guarantee of \$16.4 billion in growth funding across Australia and our state's share is almost \$5.5 billion. This means an extra \$260 million for our hospitals and health services.

Through this agreement we will build on our new local health networks and achieve better integration between our hospitals and other healthcare facilities. In short, we will achieve better patient care.

The Keneally Government has already established a system of 18 local health networks – 15 of which are geographically based, along with three specialist networks. These new networks will result in improved patient centred care, more sustainable funding for communities and better coordination with primary care services.

The Keneally Government has also appointed Governing Councils to provide leadership and strategic direction to local health networks. Members include clinicians and local community members. A key focus of these new networks will be to work in partnership with primary care networks to improve coordination of services and achieve better patient care.

We are leading the nation in implementing national health reform.

A re-elected Keneally Government will continue to work constructively with the Commonwealth to achieve better outcomes for patients in NSW.

# Labor's plan for health

Further improving our health system is a key priority for the Keneally Labor Government.

In the next four years, a re-elected Keneally Government will:

- Build more state-of-the-art facilities;
- Employ more nurses, doctors and allied health professionals;
- · Perform more operations;
- Improve the performance of our emergency departments;
- · Expand specialist services; and
- Expand our mental health system.

Above all we are committed to providing patients with the right care in the right place at the right time.

# Building the health facilities our communities need

As our population grows and ages and demand for health services rises, there is nothing more important than expanding and building new health facilities in the areas our communities most need them.

The Keneally Government has a proud record of investment in health infrastructure.

We are spending more than \$1 billion on capital works in 2010/11, and since 1995 we've upgraded or rebuilt almost every major hospital in the State.

In contrast, the Coalition closed or downgraded 30 hospitals when last in office, and privatised services, including Port Macquarie Base Hospital.

The NSW Government is currently undertaking major redevelopment of Liverpool Hospital and we are undertaking the \$1 billion redevelopment of Royal North Shore Hospital, the largest hospital project ever undertaken in the Southern Hemisphere.

In the next four years, Labor will also commence and complete major projects including:

- Nepean Hospital redevelopment Stage 3A;
- Dubbo Hospital redevelopment;
- Finish stage 1 and commence stage 2 of the Wagga Wagga Hospital redevelopment by 2012/13; and
- Commence a new Northern Beaches hospital by 2013/14.

A re-elected Keneally Government will continue to invest in building and expanding our hospitals. We also recognise that not all services are provided from hospitals and that it is important to build health facilities appropriate to the needs of local communities, including community health centres, HealthOnes and Multipurpose Services.

Over the next four years, Labor will invest around \$4 billion in health capital works.

- Invest \$245 million in a major redevelopment and expansion of Blacktown and Mount Druitt Hospitals
- Invest \$194 million in a major upgrade of Campbelltown Hospital including an expansion of the Campbelltown Mental Health Service
- Invest \$7.2 million to deliver additional facilities at Wyong Hospital
- Contribute \$29 million to support the proposed \$220 million major upgrade of acute care services at Tamworth Hospital (subject to Commonwealth Government approval)
- Contribute \$14 million to support the proposed development of the \$110 million "4th Pod" at Port Macquarie Base Hospital to increase inpatient capacity, expand the emergency department and expand surgical services (subject to Commonwealth Government approval)
- Invest \$32 million to deliver the Prince of Wales Comprehensive Cancer Centre
- Invest \$32 million in new and upgraded primary and community health care facilities at Bulli, Dapto and Kurri Kurri
- Invest \$30 million in a new and expanded Emergency Department at St George Hospital
- Invest \$24 million to expand and enhance the emergency department at the Children's Hospital Westmead
- Invest \$17 million to expand the Emergency Department at Wollongong Hospital and develop a new Ambulatory Care Centre
- Invest \$10 million to expand and enhance paediatric services at the John Hunter Hospital in Newcastle
- Invest \$10 million in expanding Armidale Hospital
- Continue our record investment in technology at our hospitals and health facilities, including a \$103 million electronic medication management rollout, and a \$43 million further rollout of electronic medical records

# Employing more nurses, doctors and allied health professionals

Our doctors and nurses are the backbone of the health system, and the driving force behind many of the great health outcomes achieved in NSW.

Labor has a strong record of investing in the nursing and midwifery workforce. We now have over 43,000 nurses in the public health system, an increase of 10.8 percent since 2005. NSW nurses are also among the highest paid in the country.

We've improved working conditions for our nurses through:

- More flexible rostering including the introduction of 10 hour night shifts;
- Introduction of a continuing education allowance to recognise additional education and qualifications; and
- Introduction of new clinical roles for nurses and midwives that provide a strong clinical career path.

We've also expanded the roles of clinical nurse specialists and clinical nurse consultants and we've increased the number of midwifery led models of care in recognition of the high standards of care provided by our midwives.

We were the first Government in Australia to introduce nurse practitioners, recognising advanced nursing practice as an important and valuable role in the delivery of health care. The introduction of Nurse Practitioners has given nurses in NSW greater career choice and the opportunity to take on more advanced clinical roles. We have now funded 173 Nurse practitioner positions in NSW, more than any other state.

As we face the challenges that lie ahead, nurses and midwives will play a central role in ensuring patients in NSW get the best possible care.

We now have more than 8,500 doctors employed in our hospitals and community heath services, which represents an increase of more than 305 since 2005.

We've funded an additional 45 pre-vocational rural medical positions and 21 specialty training vocational positions have been funded.

The Keneally Government is strongly committed to improving clinician engagement. We have appointed 42 Executive Medical Directors in our hospitals to provide leadership and enhanced clinician engagement.

The establishment of Local Health Network Governing Councils and Hospital Clinical Councils also provide expanded opportunities for clinicians to contribute to the overall strategic direction of the network and operational management. A total of seven practising clinicians have been appointed as chairs of local health networks.

We have also employed 500 Clinical Support Officers in our hospital to free up clinicians from administrative duties so they can focus first and foremost on patient care. Our commitment to this program will continue over the next four years.

We've expanded the number of allied heath professionals, and improved rates of pay and career pathways. The number of allied health professionals in the public health system has increased by 8.11 per cent since 2005.

As part of the Government's commitment to implementing the Caring Together reforms, 48 Clinical Pharmacists, 21 pre-registration pharmacists and eight pharmacy educators have been employed to improve patient safety in relation to medication and to support training and skills development for pharmacists.

The Government has also set up the Clinical Education and Training Institute to ensure the development and delivery of innovative clinical education and training across the NSW public health system.

The Clinical Education and Training Institute will develop statewide education programs and resources which can be used across local health networks and will work closely with the new networks. It will also play a key role in enabling better coordination of trainer and supervisors across the medical education spectrum.

- Employ more than 2200 new nurses and midwives in the NSW public health system over the next four years. This includes 1400 new nurses to ensure the nursing workforce can better manage workloads and ensure safer patient care; a further 860 nurses to support the new beds being opened in our hospitals as a result of national health reform and dedicated resuscitation nurses in our busiest emergency departments to improve care of the most critically ill patients
- Expand our medical workforce by investing \$11 million to train 160 new interns over four years, with approximately one quarter of these new training opportunities to be in rural and regional locations
- Invest \$7 million over four years in training positions for 48 junior doctors in priority medical specialties which include general medicine, general surgery, palliative medicine, geriatric medicine, radiology and obstetrics and gynaecology
- Invest \$4 million over four years to expand medical specialist training networks to encourage more junior doctors to consider careers in smaller metropolitan, rural and regional locations
- Develop a statewide e-learning library which will be managed by Clinical Education and Training Institute and will support elearning across all clinical networks

- Require Local Health Networks to report on intern numbers and training, including reporting against intern numbers as a key performance indicator
- Invest \$4 million in allied health scholarships for students and postgraduates who wish to practice in rural and regional local health networks
- Invest \$1 million in Rural Allied Health Placement Grants
- Invest \$4 million in the Rural Allied Health Clinical Locum Program
- Invest \$9 million to expand training positions, scholarships and professional development programs to increase the number of Radiation Oncology Medical Physicists in the public health system
- Invest \$9 million to expand radiation therapists, enhance professional development opportunities and clinical supervision

# **Performing more surgery**

Labor is committed to timely access to elective surgery.

More elective surgery is being performed than ever before with a significant reduction in elective surgery waiting lists and people waiting beyond benchmark times.

We established the NSW Surgical Services Taskforce and Predictable Surgery Program to drive improvements to planned surgery. We have increased resources and developed Emergency Services Guidelines to stream emergency surgery from planned surgery.

Between October and December 2010, there were 50,717 operations performed in NSW public hospitals and 92% of people received their surgery on time (Source: Bureau of Health Information Quarterly Report).

Compared to other States, NSW consistently performs well with the highest percentage of elective surgery patients treated within the recommended time.

The median wait time for patients in the most urgent category for planned surgery is 11 days.

We have also cut the number of patients waiting more than 12 months for surgery from 10,586 patients in February 2005 to just 135 patients in December 2010 – a 98 per cent decrease.

We will continue to work towards further reducing elective surgery waiting times to ensure that NSW meets the National Access Guarantee for elective surgery. This means that by December 2014, 95 per cent of patients waiting in category 1 or category 2 will be treated within clinically appropriate timeframes. The 85 per cent target will be extended to patients waiting in category 3 by December 2015. Our additional investment in elective surgery means we will be providing more operations and improving surgical capacity in our hospitals. Financial rewards resulting from the COAG Agreement will flow to hospitals who meet the National Access Guarantee.

- Invest an additional \$156 million over the next three years to enhance planned surgery
- Invest \$24 million (COAG funds) to develop High Volume Short Stay surgical centres which will benefit the majority of planned surgery patients, with Local Health Networks to undertake planning and determine the most appropriate sites and roll-out to commence from in 2011/2012
- Invest \$4 million to establish Operating Theatre Procedure rooms to free up capacity in operating rooms
- Implement the Surgery Futures Program which will drive the delivery of surgical services over the next decade
- Strengthen clinical networks for ongoing enhancement of clinical quality and safety
- Continue the invaluable work of the Surgical Services Taskforce

# Easing the pressure on our emergency departments

A visit to the emergency department can be a stressful experience for children and adults alike.

That's why the Keneally Government has worked hard to ensure people receive the best possible treatment when they need emergency care.

In the last 12 months, there were more than 2 million presentations to our emergency departments, a 3% increase compared with the previous year.

While demand continues to increase, NSW remains the nation's best performer in terms of nationally agreed emergency department benchmarks. Patients are more likely to be seen in a clinically appropriate time in a NSW Emergency Department than anywhere else in the country.

Since 2005, we have increased the number of emergency specialists, established Emergency Medical Short Stay Units, Fast Track Zones and we've opened 28 Medical Assessment Units to provide faster treatment for the elderly and people with chronic disease. We have also added over 2,800 additional acute and non-acute beds across NSW since 2005 and undertaken major upgrades and expansion of many emergency departments throughout the State.

We are continuing to develop new models of care to take the pressure off our emergency departments by establishing Urgent Care Centres to treat patients requiring walk in, episodic care for acute illness or injury. This initiative frees up Emergency Department staff to rapidly assess and treat more seriously ill patients that require high level emergency care.

We are establishing Urgent Care Centres at Wyong Hospital, Campbelltown Hospital, Westmead Hospital, Sydney Children's Hospital and the Children's Hospital, Westmead, which are some of our busiest emergency Departments.

This year, we are investing \$2 billion in emergency services, allowing an additional 80,000 patients to be cared for in our emergency departments.

In the next four years we will work even harder to further reduce waiting times and improve the performance of our emergency departments.

Labor will also expand emergency departments at some of our busiest hospitals.

- Invest in an upgraded emergency department as part of the \$194 million redevelopment of Campbelltown Hospital
- Invest in an upgraded emergency department as part of the \$245 million redevelopment and expansion of Blacktown and Mount Druitt Hospitals
- Invest \$30 million in a new and expanded Emergency Department at St George Hospital
- Invest \$24 million to expand and enhance the emergency department at the Children's Hospital Westmead
- Invest \$17 million to upgrade the emergency department and Ambulatory Care facilities at Wollongong Hospital
- Invest \$10 million to refurbish and expand the emergency department at Armidale Hospital
- Expand the nursing workforce in our busiest emergency departments with resuscitation nurses
- Our emergency departments will benefit from \$73 million as a result of national health reform with this funding to be used for capital improvements including:
  - expansion of videoconferencing technology to emergency departments in rural and regional local health networks;
  - upgrading ICT;
  - o additional cardiac monitors;
  - new CT scanners for Westmead Hospital and Bega Hospital;
  - new equipment to fit out the radiology room in the refurbished St George Hospital; and
  - point of care pathology testing for small metropolitan, regional, rural and remote emergency departments

# Deliver better ambulance services

We have increased funding for the Ambulance Service which now has record funding of \$408 million in 2010/11.

We've committed nearly \$42 million to the upgrade our Ambulance Fleet and \$28 million for capital works, including new Ambulance stations at Batemans Bay, Nelson Bay, Coonamble, Byron Bay, Cessnock, Murrurundi and Murwillumbah.

Under Labor our paramedic workforce has continued to increase since 1995. But we know demand for these services continue to grow, and we will continue to boost the Ambulance Services. Labor will continue to invest in and support the important work of the ambulance service and our dedicated paramedics.

### **ACTION:**

Invest \$15 million to employ an additional 45 paramedics in high workload areas of Sydney, Central Coast, the Hunter, Cooma and Jindabyne.

# **Boosting specialist medical services**

Labor understands that when people become seriously ill, it is vital that they can access the specialised health services and highly trained clinicians who can provide the treatment they need. We also understand the importance of providing services such as renal dialysis and cancer care as close to home as possible.

Labor has invested heavily in cancer care in recent years, through the establishment of regional cancer centres in partnership with the Commonwealth Government. We are committed to extending this.

In recent years we've seen a sharp decline in smoking rates, which are now at their lowest levels ever; improved screening services; new staff and technology in hospitals; and increased cancer research in hospitals, universities and research institutes.

Survival rates for people with cancer in NSW have increased significantly and are now on a par with the best in the world.

While the incidence rates of cancer in NSW continue to rise, early detection and best practice treatment of cancer has meant death rates have dropped.

We have made much progress in alleviating the burden of cancer in our community but the ultimate goal of eliminating that burden is still a long way off.

That's why a future Labor Government will build on these successes by providing greater access to best practice treatment for Aboriginal people, residents of rural and regional NSW and members of culturally and linguistically diverse communities.

We will build on the capacity of our research community, boost prevention and screening and deliver more support to patients and their loved ones.

We know a cure for cancer is yet to come; our vision is to lessen the impact of a cancer diagnosis while we pursue that cure.

- Establish a comprehensive cancer centre at Blacktown Hospital as part of the \$245 million redevelopment and expansion of Blacktown and Mount Druitt Hospitals
- Invest \$32 million in a \$47 million comprehensive cancer centre at Prince of Wales Hospital
- Invest \$5 million in MRI services, including new services at Campbelltown, St George and Calvary Mater, Newcastle
- Invest \$10 million to expand and enhance paediatric services, including a new Paediatric Intensive Care Unit at the John Hunter Hospital in Newcastle
- Invest \$4 million in comprehensive cancer patient support services

- Invest \$14 million over four years in renal dialysis chairs and service provision across NSW including at Broken Hill, Armidale, Taree, Singleton, Milton-Ulladulla
- Invest \$17 million over four years to enhance adult intensive care services across NSW
- Invest 15 million over four years to enhance neonatal and paediatric intensive and special care services across NSW
- Invest \$8 million over four years to support the Agency for Clinical Innovation to drive innovation in the health system by developing evidence-based clinical protocols and new models of care for diabetes, respiratory disease, delirium, sepsis and cardiac conditions

# Supporting people to build healthier lives

Encouraging good health and preventing illness and unnecessary hospital admissions is fundamental to improving our health system. There is more to be done to help both children and adults live healthier lives and the Government will expand its agenda for this part of the health system in the next four years.

Health Promotion and Prevention

Overweight and obesity are serious, chronic medical conditions. Being overweight or obese substantially increases the risk of both acute health problems and chronic diseases such as diabetes and heart disease that account for a high proportion of illness, disability and premature death.

We know that such chronic diseases are preventable, and for this reason we have invested heavily in public health programs that encourage healthy lifestyles. By implementing programs ranging from school-based initiatives that encourage healthy eating to anti-smoking legislation, we have contributed to falling mortality rates for heart disease and cancer.

We spend more than \$13 million a year on anti-obesity initiatives alone. NSW has led the nation by passing legislation which requires fast food outlets to provide kilojoule counts on their menus so that families have better information about their food choices.

We've established the *Get Healthy Information and Coaching Service* which is a free telephone coaching service to help adults and provides information about healthy eating, physical activity and maintaining a healthy weight.

We have also established the *Healthy Kids* website (<a href="www.healthykids.nsw.gov.au">www.healthykids.nsw.gov.au</a>), a one stop shop to provide information, resources, recipes, parent tips and ideas on physical activity and healthy eating for children and young people.

Obesity Clinics have been established across the State for patients requiring medical support from multidisciplinary teams including endocrinologists, diabetes nurses, psychologists and physiotherapists.

We know that our investment is starting to show results. For the first time since 1985 we are seeing the level of obesity and overweight stabilise in our children.

In the next four years, a re-elected Keneally Labor Government will expand programs that have proven effective in the tackling obesity and promoting good health. We will have a strong focus on improving the health of our workforce which will not only improve an individual's quality of life but ultimately improve the competitiveness of NSW business and benefit our economy.

# **ACTION:**

- Deliver the Healthy Children and Healthy Worker initiatives with a combination of State and Commonwealth funds as part of the National Partnership Agreement on Preventative Health
- Work in partnership with local government and provide more than \$1.5 million in grants to local councils for health promotion projects

# **Community Health**

Community health is an important part of the public health system. Since 2005, over \$50 million has been invested in 14 stand-alone Community Health Centres which have been upgraded. We will continue to invest in community health over the next four years.

- Invest \$32 million in new and upgraded primary and community health care facilities at Bulli, Dapto and Kurri Kurri
- Invest \$7 million to employ 15 refugee health nurses to undertake health assessments for refugees
- Invest \$4 million to improve the health and well-being of people with intellectual disability in community settings
- Continue to develop sexual assault services and the workforce to deliver them, particularly in rural areas

# **Tobacco Control**

The NSW Government has a proud record of achievement in reducing tobacco related harm across the community. In 2006, the NSW Government passed legislation which banned smoking indoors in pubs and clubs. In 2008, we introduced legislation that banned the display of tobacco products in retail outlets and banned drivers from smoking in cars when a child is a passenger. These actions have been supported by strong public health campaigns to encourage people to quit smoking.

Over the next four years, we will continue to give priority to reducing the harmful effects of tobacco.

# **ACTION:**

- invest over \$40 million in tobacco control initiatives
- decease smoking rates by 1 per cent each year
- further restrict smoking in workplaces, outdoor dining and other public places
- further restrict the availability and supply of tobacco

# **Chronic Care**

We are building healthier lives for people with chronic diseases such as diabetes, congestive heart failure, coronary heart disease, chronic obstructive pulmonary disease and hypertension. We will continue the roll out of the Severe Chronic Disease Management Program to deliver more effective health care for people aged over 65 and Aboriginal people over 45 years old with chronic disease who have high or very high risk of hospitalisation.

- Continue the Severe Chronic Disease Management Program, enrolling 43,000 patients by 2013/14
- Provide team-based multidisciplinary care, with a key role for general practitioners
- Deliver telephone coaching services by health professionals to support patients

# Improving health outcomes in Aboriginal communities

Closing the gap between Indigenous and non-Indigenous people in terms of life expectancy and providing equity in access to health care is one of Labor's guiding principles.

Australian Bureau of Statistics figures show that in NSW, Aboriginal men will live on average 9 years less than non-Aboriginal men while Aboriginal women in NSW will live on average 7.5 years less than non-Aboriginal women. This is unacceptable.

The Keneally Labor Government is committed to making real improvements to the health of Aboriginal people in NSW. This year we are investing \$93 million dollars towards improving the health of Aboriginal people in NSW.

There is much more that can be done. And to help drive improvements in health outcomes for Aboriginal people, the Keneally Government's new local health networks each include a representative with Aboriginal health expertise on the Governing Council to ensure Aboriginal people have a voice in decision-making.

- Invest \$12 million in chronic care initiatives for Aboriginal people
- Invest \$10 million in specific programs to assist Aboriginal people to quit smoking
- Invest \$340,000 in training programs for Aboriginal nurses and midwives
- Invest \$0.8 million to expand the Aboriginal Allied Health Cadetship Program, with another 32 cadetships
- Work to ensure 2.6 per cent representation of Aboriginal and Torres Strait Islander staff in the health workforce is achieved
- Continue the Housing for Health program, which has improved housing and living conditions in Aboriginal communities and reduced health problems and hospital admissions
- Develop and implement culturally appropriate Aboriginal specific healthy diet, weight and physical activity programs

# Supporting science and medical research

The Keneally Government values the knowledge, experience and skills of the NSW research community.

Our education and research sectors contributed an estimated \$18.2 billion in value to the NSW economy last financial year, and accounted for 7.1 per cent of total State employment. This contribution to value added is expected to grow by 17.5 per cent (to \$21.3 billion) by 2020.

We want to continue our position as the country's 'Clever State' by building on the research capacities already here in NSW so that we can ensure a brighter future for our community.

We have a strong history of supporting the science and medical research sector.

We've also driven a more strategic approach to research in NSW to achieve greater success in Federal Government funding programs. This has been done through the Chief Scientist's expertise and leadership, and through the establishment of 14 key research priority areas.

We introduced an annual *Business University Government Forum* to bring together the government, business and university sectors to work together on research challenges.

We started the \$1.4 million TechVouchers project to help the business and education sectors to better work together, ensuring the translation of research into real world solutions.

Labor also introduced the successful Science Leveraging Fund, which has helped our researchers secure over \$392 million since 2006.

Labor has developed international research partnerships to maximise the work of our researchers.

We have played a critical role in helping our medical research institutes through changes to research funding at the Federal level and have, since 2006, provided over \$117.2 million to help them with the indirect costs of research.

# Researchers and research institutions will be recognised for their extraordinary contribution to our State.

We have some of the best and brightest researchers here in NSW.

To keep them we will continue to support awards that give them the recognition they deserve.

To attract the best and brightest from overseas to NSW, we will continue to support our *Life Science Research Awards*. These Awards, which we like to call our "brain gain", provide \$200,000 over four years to support a researcher to work at a NSW research institution. This funding is doubled by the institution hosting the researcher.

We will also continue to develop strategies to attract more people to a career in research and to support men and women already working as researchers to ensure the sector continues to grow and thrive.

- Continue to support research awards such as the Eureka Science Prizes, Scientist of the Year Awards, and Young Tall Poppy Awards
- Continue to support the Life Science Research Awards, which attract the best and brightest to NSW research institutions
- Develop initiatives to support early career researchers, with a particular focus on women

# Support for research facilities

We continue to provide funding to boost research infrastructure in NSW.

We've already provided \$18.3 million to the Lowy Cancer Research Centre, \$20 million to the Institute of Virology, \$7 million to the Bernie Banton Centre and \$16 million for the Brain and Mind Research Institute.

We also recognise the strengths of research in regional areas.

We've provided \$17 million in land and capital grant funding towards the Hunter Medical Research Institute's new \$90 million research facility currently being built.

We've also provided \$15 million for the Illawarra Health and Medical Research Institute.

We are now building on these contributions with \$6 million for Neuroscience Research Australia's new facility at Randwick. This will allow over 250 world-class researchers and clinicians focused on cures and treatments for diseases, disorders and injuries to the brain and nervous system to be occupied in one facility.

We are also partnering with the Federal Government on an Australian Clinical Trials project, providing \$10 million towards this facility to be built at the Prince of Wales Hospital.

- We are providing \$6 million towards Neuroscience Research Australia's new facilities at Randwick, which will house over 250 world-class researchers and clinicians focused on cures and treatments for diseases, disorders and injuries to the brain and nervous system
- \$10 million towards the Australian Advanced Clinical Trials project, which is a \$58 million facility at the Prince of Wales Hospital. The new facility would enable integrated clinical research and teaching on emerging drug and other therapies
- Invest \$122 million, through the Cancer Institute NSW, in the NSW cancer research community

# Increased funding for our medical research sector

Since 2006, more than \$117 million has been committed under the Medical Research Support Program to provide critical operational support to underpin medical research excellence in NSW.

Labor recognises the need for this support.

Our funding has helped our medical researchers achieve significant results, such as a world-first technique by researchers at the Victor Chang Cardiac Research Institute and St. Vincent's Hospital that will almost double the life of donor hearts being transported for transplant surgery – from the current four-to-five hour limit, to up to 14 hours.

We recognise the changes to research funding under consideration at a national level and are working with our institutes through these changes.

During this time we will continue to support the indirect costs of our research institutes by increasing recurrent funding for the *Medical Research Support Program* from \$17.3 million to \$26 million. We will also continue to work with the medical research sector to ensure they have the support they require while we work through Federal Government changes to research funding, including through the National Health Reform

### **ACTION:**

Increase recurrent funding for our Medical Research Support Program by \$9 million a year to \$26 million a year to support the indirect costs of our research institutes

# Delivering better support for rural and regional NSW

Labor is committed to delivering high-quality health services for families across NSW. We recognise the traditional challenges faced by people in rural and regional areas accessing healthcare compared to urban residents.

We have taken specific steps to enhance services in country areas, including committing to building new and upgraded health facilities, initiatives to bolster the rural and regional health workforce, and devising ways to encourage collaboration between rural health workers to strengthen local services.

In 2010/11, the Keneally Labor Government is spending a record \$4.4 billion on rural and regional rural and regional health services.

We've committed \$257 million to the new Orange Base Hospital and \$22.7 million to redevelop Dubbo Base Hospital.

We're upgrading Grafton Hospital and rolling out HealthOnes and Multi-Purpose Services across rural and regional NSW. Under Labor, more than 50 Multipurpose Services have been built, including new services at Eugowra and Balranald. Multipurpose Services projects scheduled for completion include Gundagai, Werris Creek and Lockhart.

In conjunction with the Commonwealth Government, we are building new regional cancer centres on the Central Coast, Tamworth and Nowra, as well as expanding the Illawarra Cancer Centre and North Coast Cancer Institute.

- Work with the Commonwealth Government to develop four Multi-Purpose Services at Gulgong, Peak Hill, Murrurundi and Hillston
- Invest \$3 million over four years to enhance pre-hospital thrombolysis and early stroke management services for rural areas to enable patients suspected of having a heart attack to have their electrocardiogram (heart scans) transmitted from an ambulance to a cardiologist or ED in order to fast track treatment to open up the blood vessels and restore blood flow to the heart, on arrival at hospital. Funding will also enable an ECG reading service to be developed to support smaller emergency departments
- Undertake a review of the GP Procedural Training Program in order to improve the pathway to procedural training and practice in NSW.
- Establish a Rural Health Directorate within NSW Health to provide better co-ordination of health services in rural NSW
- Invest \$1 million to implement risk based drinking water management plans for country utilities
- Invest \$2 million for additional special care cots at Dubbo, Gosford and Wagga Wagga
- Invest \$1 million in local priorities identified by rural local health networks

# **OUR RECORD**

### LABOR

- Upgraded or rebuilt almost every major hospital in the state. Invested around \$3.5 billion in hospital and health facilities in the last five years. Record capital works program of \$918 million in 2010-11.
- Increased the health budget by 192 per cent since 1995, including record spending of more than \$16 billion in 2010-11.
- Opened 2,838 beds and bed equivalents since 2005
- Increased the nursing workforce from around 32,000 in 1996 to over 43,000 currently – an increase of more than 30 per cent, with improved working conditions and higher rates of pay so that our nurses are among the highest paid in the country.
- Increased the medical workforce by 26 per cent and the nursing workforce by 10 per cent increased since 2005. Currently 43,200 nurses and 8,513 medical staff working across hospitals and community health services.
- Provides surgery for more than 290,000 patients each year, including a 7 per cent increase from 2004/05 to 2008. Invested an extra \$300 million since 2004/05 to ensure patients receive surgery sooner.
- Since 2005, employed an extra 540 paramedics and 19 patient transport officers. Total ambulance fleet increased from 1,303 to 1,526 vehicles.
- Negotiated an additional \$1.2 billion in additional funding for the NSW health system over four years and 488 extra beds at COAG in April 2010 with the new Health Reform Agreement securing additional funding of \$5.5 billion for NSW, including additional funding of \$66 million for 2010/11 and 2011/12 for emergency departments and planned surgery.
- Strengthened local decision making in our hospitals through the establishment of Local Health Networks and the establishment of hospital clinical councils.
- Allocated \$485 million over 4 years to implement Caring Together – the Government's response to the Garling Inquiry. This is delivering fundamental reform to the acute hospital system

# **OPPOSITION**

- Closed or downgraded 30 hospitals when the Coalition was last in office.
- Cut the number of public hospital beds by 2500 when last in office.

- After seven years in office, there were fewer ambulance officers than at the beginning of the Coalition's term.
- Mental health completely neglected when in office - per capita spending on mental health was the lowest in the nation.
- Opposed the April 2010 national health reform agreement.
- Remains uncommitted to the February 2011 national health reform agreement putting at risk extra funds, beds, clinicians and more procedures
- Undermined the public health system by proceeding with ill-considered privatisation plans that had disastrous consequences for taxpayers, such as Port Macquarie Base Hospital.

- Established the Sydney Children's Hospitals Network and appointed the first ever Chief Paediatrician for NSW
- Established Between the Flags to better detect and manage deteriorating patients.
- Implemented new hand hygiene policy, new clinical handover guidelines and multidisciplinary ward rounds.
- Established the "4 Pillars" the Bureau of Health Information, Agency for Clinical Innovation, Clinical Excellence Commission and Clinical Education and Training and Institute - to ensure greater transparency, drive innovation, improved patient safety and quality of care and supported by a highly trained and skilled workforce
- Invested close to \$690 million through the Cancer Institute NSW in cancer prevention, early detection, care and research since 2003
- Banned smoking inside pubs and clubs, effective from July 2006
- Restricted cigarette sales through the Public Health (Tobacco) Act 2008
- Run extensive public health campaigns to assist smokers give up the habit
- Since Labor came to Government the mental health budget has tripled, and is currently a record \$1.23 billion
- We've delivered 547 additional mental health beds since 2001
- The mental health workforce has increased by 20 per cent in the past six years
- NSW has the third-highest life expectancy in the world - life expectancy has increased significantly over the last 10 years and a baby boy born in 2007 could expect to live to 79.8 years and baby girl would expect to live 84.4 years. This is an increase of 3.33 years for males and 2 years for female since 1998.
- Cardiovascular deaths have fallen, survival rates for several types of cancer have improved and death rates for colorectal cancer, prostate cancer, cervical cancer and breast cancer have declined. NSW also has the lowest diabetes mortality rate of any State.
- NSW is an 'international leader' when it comes to health, with life expectancy in NSW better than in other countries, while mortality rates from heart disease and cancer have fallen dramatically. A 47 % fall in heart disease deaths places NSW alongside the Netherlands and Norway in leading the world in this important health indicator. In addition, nearly 60 per cent of NSW adults rate their own health as either excellent or very good a higher percentage than in most other countries.





Title/Subject:	Wyong Hospital Expansion
Pink/Physical ID: Proposal by: Agency: Cluster: Detailed description: FIS No: 90 Classification: GGB	EA1642359 Government Department of Health Health It is proposed to provide additional facilities at Wyong Hospital at a cost of \$7.2 million, with delivery scheduled for 2012-13. The proposal is part of a \$122.4 million expansion of Gosford and Wyong Hospitals on the Central Coast.

# **General Government Sector Financial Impact**

Expenses (incl. depreciation
Less Agency Offsets (1)
Less Agency Revenue
Less Crown Provisions
<b>Budget Result Impact</b>

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
0	0	0	0	0	0

	Capital Expenditure
Less	Capital Offsets (1)
	<b>Net Capital Cost</b>

0 0 7,195 0 0	Residual			
7.105	95 0 0	7,195	0	0
0  0  -7,195  0	195 0 0 0	-7,195	0	0

Depreciation	
Net Lending	(2)

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0 0	-7,195	0	0

# **Public Trading Enterprises Sector Financial Impact**

Revenues
Expenses
<b>Operating Result</b>

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
0	0	0	. 0	. 0	0

Capital Expenditure Less Capital Offsets (1) Net Capital Cost

				20	Residual
0	0	0	0	0	0

Depreciation

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Net Lending (2)

Accumulated Net Financial Lia	abilities as at 30 June (3	3)
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2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000
0	0	7,195	7,195	7,195
0	o	7,195	7,195	7,195

- (1) Includes items such as available funding within existing estimates, expenditure offsets, recurrent savings associated with capital projects, linked assets sales.
- (2) Equal to Budget Result or Operating Result Impact plus Net Capital Cost.
- (3) Equals cumulative Net Lending Impact. Total State Sector equals sum of General Government and PTE (and PFE) sectors.

Key costing assumptions
The costs and timeframe applied are consistent with previous advice from the Department of Health. It has been
assumed that any additional recurrent spending will be met from future Health growth funding.
Key data
Planning for the expansion works is already under way. Construction will commence in 2012 of a 20 bed sub-acute
mental health facility.
Caveats or qualifications
The recurrent costs associated with this project have yet to be quantified and will depend on further planning.
The resultent cooks desconded that also project have yet a significant
Implementation issues (including how Treasury can assist in speedy implementation and any potential difficulties and
how these might be overcome)
Other comments (including explanation where Treasury costing differs from agency or PBO estimates
Other comments (including explanation where Treasury costing unlers from agency of 1 Bo comments
Date Date

Position	Name and extension	Signature	Date
Analyst(s)	David Andrews		
in consultation with			
Director	Rick Sondalini	ex	28/2
Deputy Secretary	Caralee McLiesh		

Title/Subject:	Three New Integrated Primary Care Centres
Pink/Physical ID:	EA1642354
Proposal by:	Government
Agency:	Department of Health
Cluster:	Health
Detailed description:	Three new Primary Care Centres will be constructed at Kurri Kurri (\$6.7 million), Bulli
FIS No: 90	(\$9.4 million) and Dapto (\$15.7 million) at a total cost of \$31.8 million.
Classification: GGB	
*	

### **General Government Sector Financial Impact**

Expenses (incl. depreciation)
Less Agency Offsets (1)
Less Agency Revenue
Less Crown Provisions
<b>Budget Result Impact</b>

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
0	0	0	0	0	0

Capital Expenditure
Less Capital Offsets (1)
<b>Net Capital Cost</b>

Residual					
	2,800	8,600	11,400	8,300	700
0	-2,800	-8,600	-11,400	-8,300	-700

Depreciation

Net Lending (2)

-700	-8.300	-11.400	-8.600	-2.800

**Public Trading Enterprises Sector Financial Impact** 

Revenues Expenses Operating Result

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
1.560 KILLS # 1.58 KIL					
0	0	0	0	0	0

Capital Expenditure Less Capital Offsets (1) Net Capital Cost

					Residual
					0.400000
0	0	0	0	0	0

Depreciation

Net Lending (2)

0	0	. 0	0	0

Accumulated Net Financial Liabilities as at 30 June (3)

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$!000
700	9,000	20,400	29,000	31,800
700	9,000	20,400	29,000	31,800

- (1) Includes items such as available funding within existing estimates, expenditure offsets, recurrent savings associated with capital projects, linked assets sales.
- (2) Equal to Budget Result or Operating Result Impact plus Net Capital Cost.
- (3) Equals cumulative Net Lending Impact. Total State Sector equals sum of General Government and PTE (and PFE) sectors.

The costs are based on information provided by the Department of Health. It has been assumed that the Centres will
bring together existing services and there will be no additional recurrent funding required.
Key data
Integrated Primary health Care services bring together General Practictioners and Community Health staff to provide local access to generalist services including community and early childhood nursing services. The client groups include patients with complex health needs and chronic illnesses, those who are aged, frail and live at home, as well
children with vulnerabilities and a need for addtional support.
Caveats or qualifications
Carcaio di qualificationo
Implementation issues (including how Treasury can assist in speedy implementation and any potential difficulties and how these might be overcome)
, a second of the second of th
Other comments (including explanation where Treasury costing differs from agency or PBO estimates

Position	Name and extension	Signature	Date
Analyst(s)	David Andrews		
in consultation with		_	
Director	Rick Sondalini	63	34/2
Deputy Secretary	Caralee McLiesh	PM	24/2

Title/Subject:	New Emergency Department for St George Hospital	
Pink/Physical ID:	EA1643377	
Proposal by:	Government	
Agency:	Department of Health	MAN
Cluster:	Health	
Detailed description: FIS No: 90 Classification: GGB	An additional \$20 million investment will provide a new Emergency Depa George Hospital, building on the approximately \$10 million program ann 2010 for an Emergency Department upgrade, bringing the total investme million. The project involves construction of a new purpose-built building treatment areas for more timely care, dedicated paediatric areas, and eaccess.	ounced in June ent to \$30 g with expanded

**General Government Sector Financial Impact** 

Expenses (incl. depreciation)
Less Agency Offsets (1)
Less Agency Revenue
Less Crown Provisions
Budget Result Impact

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
0	0	0	0	0	C

Capital Expenditure Less Capital Offsets (1) Net Capital Cost

					Residual
400	4,000	18,800	6,800	V	
400	9,647		Transport (		
0	5,647	-18,800	-6,800	0	0

Depreciation

	10.000.000.000			positive materials.
ol	5 647	-18.800	-6.800	n l

Net Lending (2)

### **Public Trading Enterprises Sector Financial Impact**

Revenues	
Expenses	
Operating Resu	lt

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
				54. 数 4 10 10 10 10 10 10 10 10 10 10 10 10 10	
0	0	0	0	0	0

Capital Expenditure Less Capital Offsets (1) Net Capital Cost

					Residual
second to					
0	0	0	0	0	0

Depreciation

Net Lending (2) 0 0 0 0 0

Accumulated Net Financial Liabilities as at 30 June (3)

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$!000
0	-5,647	13,153	19,953	19,953
0	-5,647	13,153	19,953	19,953

<sup>(1)</sup> Includes items such as available funding within existing estimates, expenditure offsets, recurrent savings associated with capital projects, linked assets sales.

<sup>(2)</sup> Equal to Budget Result or Operating Result Impact plus Net Capital Cost.

<sup>(3)</sup> Equals cumulative Net Lending Impact. Total State Sector equals sum of General Government and PTE (and PFE) sectors.

Key costing assumptions
Estimates of spending in each financial year were provided by Health Infrastructure via the Department of Health. Construction works are assumed to commence in February 2012, with completion in December 2014. The \$10.47 million aready allocated has been included as capital offsets (on the basis of cash flow projections provided by NSV Health) as it represents available funding within existing estimates. It has been assumed that operating costs and depreciation will be funded from Health's recurrent growth funding.

Caveats or qualifications

how these might be overcome)

NSW Health advised that the \$30 million project was costed on the basis that it will deliver up to twice as much floor space, an expansion in the number of treatment bays from 39 to 55, five additional resuscitation bays, expanded waiting and triage areas, a six bed fast track zone, purpose-built paediatric areas, and options for the construction of a basement car park.

o equal eller		
Implementation issues (including how	Treasury can assist in speedy implementation and any potential difficulties an	hid

Other comments (including explanation where Treasury costing differs from agency or PBO estimates

Position	Name and extension	Signature	Date
Analyst(s)	David Andrews		Date
in consultation with		0	
Director	Rick Sondalini	62	3/3
Deputy Secretary	Caralee McLiesh	(0)(1)	613

Title/Subject:	Expansion of Children's Hospital Westmead (Emergency Department)
Pink/Physical ID:	EA1642358
Proposal by:	Government
Agency:	Department of Health
Cluster:	Health
Detailed description: FIS No: 90 Classification: GGB	The proposal is for \$24.9 million to be allocated to expand and enhance the Emergency Department at the Children's Hospital at Westmead.

### **General Government Sector Financial Impact**

Expenses (incl. depreciation)
Less Agency Offsets (1)
Less Agency Revenue
Less Crown Provisions
Budget Result Impact

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
		10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		CHARLES CONTROL	
0	0	0	0	) 	

Capital Expenditure Less Capital Offsets (1) Net Capital Cost

Residual					
Harry Harris	0	2,900	10,500	10,700	800
	30 20 10 00	7			Policial Society of the Control
0	0	-2,900	-10,500	-10,700	-800

Depreciation

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9		
-800 -10,700 -10,500	-2 900	0

Net Lending (2)

# **Public Trading Enterprises Sector Financial Impact**

Revenues
Expenses
Operating Result

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
A sufficiency					
0	0	0	0	0	0

Capital Expenditure Less Capital Offsets (1) Net Capital Cost

The state of the s	Depth and the second second				Residual
					1000000
0	0	0	0	0	0
	THE PERSON NAMED OF THE PERSON WAS TO THE	No. 19 Consequence of the Conseq	A CONTRACTOR AND A CONT		or the state of th

Depreciation

Net Lending (2)

				<b>66</b> 美国的特别的
0	0	0	0	0

# Accumulated Net Financial Liabilities as at 30 June (3)

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000
800	11,500	22,000	24,900	24,900
800	11,500	22,000	24,900	24,900

<sup>(1)</sup> Includes items such as available funding within existing estimates, expenditure offsets, recurrent savings associated with capital projects, linked assets sales.

<sup>(2)</sup> Equal to Budget Result or Operating Result Impact plus Net Capital Cost.

<sup>(3)</sup> Equals cumulative Net Lending Impact. Total State Sector equals sum of General Government and PTE (and PFE) sectors.

Ke	costino	assumptions	Ì
1/6/	COSTILL	assumptions	٠.

The costs and timeframe were advised by the Department of Health. It has been assumed that any additional operating costs will be met from Health's future growth funding.

### Key data

Planning for the expansion works is already under way. Construction will commence early in 2012 and completion is expected in 2013. The investment will improve the entrance and ambulance bay, allow streaming of patients, enhance the medical assessment unit, provide a fast track treatment area, and increase the number of treatment spaces, resuscitation bays and isolation rooms.

### Caveats or qualifications

The level of service enhancement from this project has not been determined and is subject to further planning.

Implementation issues (including how Treasury can assist in speedy implementation and any potential difficulties and how these might be overcome)

Other comments (including explanation where Treasury costing differs from agency or PBO estimates The sum of cash flows is \$24.9 million and not \$24.4 million as described in the project summary.

Position	Name and extension	Signature	Date
Analyst(s)	David Andrews		- Jule
in consultation with		-	
Director	Rick Sondalini	162	26:11
Deputy Secretary	Caralee McLiesh	III.	74/2

Title/Subject:	John Hunter Hospital paediatric expansion
Pink/Physical ID: Proposal by:	EA1642360 Government
Agency: Cluster: Detailed description: FIS No: 90 Classification: GGB	Department of Health  Health  The proposal is for \$10.5 million to expand and enhance paediatric services and the John Hunter Hospital in Newcastle. It will allow a new Paediatric Intensive Care Unit (ICU) and Paediatric High Dependency Unit (HDU) to be developed. The new units will be housed in a new building attached to the main hospital.

### **General Government Sector Financial Impact**

Expenses (incl. depreciation
Less Agency Offsets (1)
Less Agency Revenue
Less Crown Provisions
<b>Budget Result Impact</b>

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
a a					
0	0	0	0	0	0

Capital Expenditure
Less Capital Offsets (1)
<b>Net Capital Cost</b>

				- 1	Residual
400	5,300	4,200	600	0	
-400	-5,300	-4,200	-600	0	0

Depreciation

Net Lending (2)

-400	-5 300	-4 200	-6001	

# **Public Trading Enterprises Sector Financial Impact**

Revenues	
Expenses	
Operating	Result

2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
			to entropy and the last	er antiles spare as
0	0	0	0	0
		\$'000 \$'000	\$'000 \$'000 \$'000	\$'000 \$'000 \$'000 \$'000

Capital Expenditure Less Capital Offsets (1) Net Capital Cost

				39	Residual
44.5	alastalin syrian ya	Land Clark Street			
		And the Contract of the Con-	SOURCE HEAT PROPERTY.	and the second second	
0	0	0	0	0	0

Depreciation

Net Lending (2)

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0	ol	0	O	0

# Accumulated Net Financial Liabilities as at 30 June (3)

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000 <sup>-</sup>
400	5,700	9,900	10,500	10,500
400	5,700	9,900	10,500	10,500

<sup>(1)</sup> Includes items such as available funding within existing estimates, expenditure offsets, recurrent savings associated with capital projects, linked assets sales.

<sup>(2)</sup> Equal to Budget Result or Operating Result Impact plus Net Capital Cost.

<sup>(3)</sup> Equals cumulative Net Lending Impact. Total State Sector equals sum of General Government and PTE (and PFE) sectors.

Key costing assumptions
The timeframe and costs were advised by the Department of Health. It has been assumed that recurrent costs from
any expansion of services will be met from future Health growth funding.
Key data
Rey data
Caveats or qualifications
Information on the level of service expansion will not be not available until planning is completed.
Implementation issues (including how Treasury can assist in speedy implementation and any potential difficulties an
how these might be overcome)
How these might be overcome)
Other comments (including explanation where Treasury costing differs from agency or PBO estimates
The sum of cash flows is \$10.5 million as advised by NSW Health and not \$10.3 million as described in the summar
of the proposal.

Position	Name and extension	Signature	Date
Analyst(s)	David Andrews		
in consultation with			
Director	Rick Sondalini		4/2
Deputy Secretary	Caralee McLiesh	Our	242

Title/Subject:	Employ 45 more paramedics in NSW
Pink/Physical ID:	EA1645381
Proposal by:	Government
Agency:	Department of Health
Cluster:	Health
Detailed description: FIS No: 90 Classification: GGB	An additional \$17.5m over four years from 2011-12 will allow the Ambulance Service of NSW to employ an additional 45 Paramedics. The employment will be staggered equally over the 4 years. These additional Paramedics will boost the Ambulance Services' ability to respond to emergencies and transport arising from Triple Zero emergency calls.

### **General Government Sector Financial Impact**

Expenses (incl. depreciation
Less Agency Offsets (1)
Less Agency Revenue
Less Crown Provisions
<b>Budget Result Impact</b>

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
0	1,650	3,382	5,201	7,269	7,269
0	-1,650	-3,382	-5,201	-7,269	-7,269

Capital Expenditure				
Less Capital Offsets (1)				
<b>Net Capital Cost</b>				

					Residual
		1.00		August Charles	
		Mark Street			
0	0	0	0	0	0

De	bre	SCI	all	OI	

Net Lending (2)

0	-1 650	-3 382	-5 201	-7 269

### **Public Trading Enterprises Sector Financial Impact**

Revenues	
Expenses	
Operating	Result

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	Ongoing \$'000
0	0	0	0	0	0

Capital Expenditure Less Capital Offsets (1) Net Capital Cost

x collection in the collection of the collection				Residual	
0	0	0	0	0	0

1 page 2

Depreciation

Net Lending (2)

0		

### Accumulated Net Financial Liabilities as at 30 June (3)

2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000
0	1,650	5,032	10,233	17,502
· 0	1,650	5,032	10,233	17,502

<sup>(1)</sup> Includes items such as available funding within existing estimates, expenditure offsets, recurrent savings associated with capital projects, linked assets sales.

<sup>(2)</sup> Equal to Budget Result or Operating Result Impact plus Net Capital Cost.

<sup>(3)</sup> Equals cumulative Net Lending Impact. Total State Sector equals sum of General Government and PTE (and PFE) sectors.

Key costing assumptions
The costs assume employee and goods and services costs are approximately \$150,000 per position, phased in or four years at a rate of 11 additional positions per year. A cost escalation from 2012-13 of 2.5% per annum is included in the calculations.
Key data
Funding is expected to provide 45 additional Paramedics
Caveats or qualifications
The costs are cumulative and will therefore amount to \$17.5 million over four years, with an annual cost of \$7.27M
once fully implemented.
Implementation issues (including how Treasury can assist in speedy implementation and any potential difficulties a
how these might be overcome)
1.1 x m
Other comments (including explanation where Treasury costing differs from agency or PBO estimates
A similar promise was costed in EA1640636- employ 100 more paramedic. The base information for costing
purposes has been taken from that advice.
Pariposo nas assir tanan nan maras.

Position	Name and extension	Signature	Date
Analyst(s)	Leon Reynolds 3281	930-	11/08/H
in consultation with	A		
Director	Rick Sondalini	mes.	11/3
Deputy Secretary	Caralee McLiesh	1900	1113