

Parkes Hospital and Lachlan Health Service – employment of obstetricians and anaesthetists

Transcript page 7

The CHAIR: Thank you, Minister.

The Hon. MARK BANASIAK: My first question goes to seeking some clarification on some of the information you have provided under Standing Order 52 regarding your attempts to employ some obstetricians and anaesthetists at Parkes Hospital and Lachlan Health Service. There are a few clarifying questions. Would you like me to go through them all? You can either taken them all on notice or how would you like to do this?

Transcript page 8

The Hon. MARK BANASIAK: What publication sites or mediums were these positions advertised in?

Mr BRAD HAZZARD: If you were to have written to me about that matter I would have let you know after I inquired from Mr Scott McLachlan, who is the chief executive responsible for those matters. You would be surprised to know that as Minister I do not advertise for positions such as the maternity positions, GP positions or any others in papers, that is not my job, but I will find out for you.

The Hon. MARK BANASIAK: Thank you. Can you also find out for how long on each occasion these positions were advertised? How many applications were received in response to these advertisements—

The Hon. WES FANG: Point of order: In the pre-emptive discussions the Minister had asked the Hon. Mark Banasiak to ask the questions one at a time so that he had an opportunity to answer each question. Instead of reeling them off, the Minister should have an opportunity to answer each question as they are being asked.

The CHAIR: I think they were being bulked up to present a package, but if one at a time helps.

Mr BRAD HAZZARD: Thank you, Mr Fang. The whole issue was to get some clarity but I do not mind if Mr Banasiak asks the whole lot. My answer will be to these that you are asking minutia details. I am not saying it is a bad thing because obviously you are entitled to do that. And I have to say if Mr Donato had asked me I would have asked anyway from Mr McLachlan. I actually understood that he had quite a good relationship with Mr McLachlan. I am a bit dumbfounded that they are being asked in here but you bundle them up and I will ask him for answers to be sent to you or to the Committee. Mr Donnelly will pass them to you.

The Hon. MARK BANASIAK: Thank you. Just to go back, how long on each occasion were these positions advertised for? How many applications were received in response to these advertisements? How many inquiries or interviews have been conducted with applicants for these positions and, if so, what have been the results?

Mr BRAD HAZZARD: No problem.

The Hon. MARK BANASIAK: Thank you very much.

Mr BRAD HAZZARD: Can I say from the Government's point of view, I am on behalf of the Government very keen to see full maternity services at both hospitals at both Parkes and Forbes but Mr McLachlan has indicated that is very problematic. Unfortunately, right across Australia in regional hospitals, in conversation with the Labor and Liberal ministers around the country, it has been very problematic getting people with appropriate obstetric qualifications into regional hospitals. Most of the really smaller regional hospitals these days are actually managed obstetric-wise by a GP obstetrician, a GP who has a diploma in obstetrics. If a GP retires— I believe I think it was in Parkes a couple of the GPs were no longer available and I think that is what initiated a problem. I will find out specifically on your questions.

ANSWER:

Since 2017, the Western NSW Local Health District advises there have been ongoing efforts to recruit suitable doctors to Parkes Hospital and Lachlan Health Service.

General practices in Parkes have actively advertised for general practitioners and procedural general practitioners (with obstetric and/or anaesthetics skills regarded as highly desirable). Such practitioners would have the option to also undertake Visiting Medical Officer (VMO) work at Parkes Hospital.

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The Western NSW Local Health District uses traditional recruitment advertising along with the recruitment program e-Credential. In conjunction with general practices it also works with:

- the Rural Doctors' Network (RDN)
- the Western NSW Primary Health Network (PHN), to facilitate cross-promotion in social media and professional networks
- the training agency GP Synergy, to promote opportunities in western NSW
- specialised placement agencies to identify potential candidates.

Recent recruitment efforts have included:

- In March 2017 the District advertised for general practitioners with procedural skills, with obstetrics and anaesthetic skills emphasised as highly desirable, on the Ochre Health website.
- In June 2017 the District advertised for a general practitioner with the option of VMO rights on the Ochre Health website.
- In February 2018 the District advertised an Obstetrics Staff Specialist role and the role was advertised a further time in 2019 with the only applicant withdrawing their application. The role has since been advertised again.
- In March 2018 three VMO positions were promoted on social media.
- In 2018 two occasions for a general practitioner anaesthetist role were advertised at the Lachlan Health Service with no responses received.
- In 2018 a Career Medical Officer (CMO) position was advertised with skills in obstetrics for the Lachlan Health Service, with no appropriate applications received.
- In 2018 the District advertised for a general practitioner obstetrician at Parkes and a long-term locum was appointed.
- In November 2018 the District advertised for a general practitioner with obstetric skills, on the Ochre Health website.
- In July 2019, a general practice advertised on Indeed for a general practitioner obstetrician.
- In 2019 the District advertised for a Staff Specialist.

In addition, the following activities have been undertaken, or are underway, to encourage general practitioners and general practitioner proceduralists to the region:

- In 2018 the Lachlan Health Service Manager approached doctors living in Parkes. At that time, none were interested in taking up VMO rights at the hospital.
- In early 2017 the PHN and the RDN worked with general practices in Parkes to assist with the recruitment of a general practitioner obstetrician.
- The Western NSW Local Health District's Medical Workforce Unit has worked with agencies to try to secure doctors, registrars and to attempt to fill the CMO role.
- Doctors potentially interested in relocating to the Lachlan area have been offered locum roles as a 'trial' for longer-term commitments. Three doctors with procedural skills are currently in discussions with the Western NSW Local Health District and contact has been facilitated with local general practices.
- The Western NSW Local Health District has worked with GP Synergy to improve recruitment and training opportunities.

Orange Health Service – Lymphoedema

Transcript page 8 and 9

The Hon. MARK BANASIAK: Thank you. Sticking with Orange, can you tell us what the staffing full-time equivalent or hours per week is dedicated specifically to lymphoedema management in the Orange Health Service? Another fairly specific question, so you might need to take it on notice.

Mr BRAD HAZZARD: Very specific. Let me say that lymphoedema is a huge challenge and obviously comes particularly post-treatment for cancer. It is a very painful disorder. And again anything that the Government can do to try and work with our 15 separate local health districts to improve services for lymphoedema we would very much do. But I understand it is still a moot point as to what is the best treatment for lymphoedema. In fact, I was delighted last year at the Medical Devices Fund research awards to see that there were some new possible med tech devices that are coming forward to treat lymphoedema. I will take that one on notice too and happily get that back to you.

The Hon. MARK BANASIAK: While you are taking that on notice, this is another specific one. What is the annual budget at Orange Health Service for providing lymphoedema services in terms of dollar amount.

Mr BRAD HAZZARD: Let's ask. I would be interested to know that too.

ANSWER

Lymphoedema services are provided by staff of the Orange Health Service Physiotherapy Department within the existing budget of Orange Health Service.

Access to affordable fruit and vegetables

Transcript page 10 -11

The Hon. EMMA HURST: Over 50 per cent of Australians 18 years and older do not eat the recommended serve of fruit and 90 per cent do not eat enough vegetables. What steps is the Government taking to ensure all residents of New South Wales, irrespective of their location, ability, status or income, have access to affordable fruit and vegetables?

Mr BRAD HAZZARD: There are two separate parts of the question. The last question puts a different context on "affordable". I am going to leave that out and deal with the issue of fruit and vegetables rather than affordable because, obviously, it depends on the market. I remember a few years ago bananas were so expensive no-one could buy them after cyclones and then they were cheap. So it is not really the issue. The issue I think you are emphasising is a relevant issue for the NSW Health department and all other health departments. I thank you for raising the issue. Certainly I would say that I had a banana as I walked in this morning. I had a choice between a doughnut and a banana; I took the banana—which is always the case, I have to say, as evidenced by my physique. But having appropriate vegetables and having appropriate fruit is certainly a message that each and every one of the local health districts works on from time to time and tries to get those messages out through a range of activities that promote health with youngsters, young people, but also adults more broadly. I think you would be quite happy with some of the programs that are going on. I will get you some information about the range of programs that NSW Health is doing to encourage a balanced diet, including fruit and vegetables.

The Hon. EMMA HURST: Thank you. I appreciate that. Going back to affordability, I note in your example you are talking about the fluctuation of prices of particular fruits and vegetables. Obviously that will continue to happen—different seasons, for example. If you look at the cost of a Happy Meal in comparison to the cheaper fruit and vegetables, there is still an affordability issue. Could you respond more generally regarding anything the department is doing?

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Mr BRAD HAZZARD: I wanted less junk around the house actually. I do not know the answer to that but the NSW Health can give you the information, Ms Hurst, in regard to the programs. I know they have got a really good range of programs. I regularly sit with Dr Chant and another lady, Jo Mitchell. This is their bailiwick. They love it. We will get you in writing all the issues that they are currently working on.

ANSWER

The NSW Ministry of Health has a comprehensive approach to promote healthy eating and active living. Information about programs delivered by NSW Health is available in NSW Health's 2017-18 Annual Report.

Information for the community is available on the Make Healthy Normal website .

Inmates transferred to government run aged care facilities

Transcript page 16

The Hon. COURTNEY HOUSSOS: Can you take this on notice then, Minister: How many other patients have been transferred from Long Bay or other correctional facilities into government-run facilities in New South Wales?

Mr BRAD HAZZARD: What sort of facilities?

The Hon. COURTNEY HOUSSOS: Into government-run aged care facilities.

Mr BRAD HAZZARD: Over what period?

The Hon. COURTNEY HOUSSOS: Over the past 12 months, over the 12 months before that, over the 12 months before that.

Mr BRAD HAZZARD: I will take it on notice, but I have to say I am not sure that it is an appropriate answer to be given because of the privacy of the individuals.

The Hon. WALT SECORD: We are not asking about individuals.

The CHAIR: Order, please.

The Hon. WALT SECORD: We are not asking about—

The CHAIR: Order! The question is from the Hon. Courtney Houssos; the Minister is trying to answer it. He is going through the three—

The Hon. WALT SECORD: May I ask a follow-up?

The CHAIR: No, you cannot at this stage. The Minister should answer the question and then it could be followed by a further question. Minister, you are explaining about the request over three periods. Please continue.

Mr BRAD HAZZARD: Let me say, I will take advice from the relevant people to determine whether or not the information is available first of all; and, secondly, whether it is appropriate to give out that information because I am very conscious of the fact that individuals within these facilities may be there for a whole variety of reasons. But the real reason they are in particular facilities like Garrawarra is that they generally have cognitive issues or mental health issues and they are still entitled to their privacy. I need to understand that. I am just putting that on notice, but I am happy to try and I will try.

The CHAIR: I presume it is de-identified information that is requested.

The Hon. WALT SECORD: To assist the Minister, we are just looking for raw data. We do not want to know the names of the institutions. We just want to know in the past 12 months—the raw data. It can have no indication whatsoever or geographical location, just the raw data.

Mr BRAD HAZZARD: I will try. I just do not know.

ANSWER

The Mental Health Review Tribunal has advised that they are only aware of one NSW Government-run aged care facility to which forensic patients have been transferred.

Pill testing – N-Ethylpentylone

Transcript page 21

Ms CATE FAEHRMANN: No. Dr Kerry Chant, are you aware of the 2019 results from Groovin the Moo and how many MDMA pills were detected with N-Ethylpentylone?

Dr CHANT: I will have to clarify because I have read the ACT pill testing review—I will have to check which year that was. The other issue I need to clarify, just to be accurate, is whether—my recollection of the pill testing is that it did not go to the concentration of that substance, the N-Ethylpentylone. It was really around a detection. I am happy to re-review that report, but that was my recollection.

ANSWER:

The report on the second ACT Groovin the Moo pill testing pilot released in August 2019 states that N-ethyl pentylone was tentatively identified in seven samples submitted for analysis. The testing methods used for this pilot could not provide reliable information on the dose or purity of the N-ethyl pentylone identified in these samples.

Use of animals for medical research

Transcript pages 27-28

The Hon. EMMA HURST: As Minister for medical research, have you invested any resources in the development of alternatives to animal testing such as in vitro methods or in silica methods that have proven to be more effective in some cases than animal models?

Mr BRAD HAZZARD: The Office of Health and Medical Research is the independent—well, not independent in the sense that it is within the ministry, but that office looks at the requests for research projects around the State and I can find that out for you. But generally the office has both an initiator and a responder role. Generally what we see is that the requests for research can be either in the, for example pharma area or the medical advice area. And they tend to be on a whole range of issues including, for example, we announced \$150 million over 10 years, I think, a few months ago, for cardiovascular research. I think there is a couple of hundred million dollars going to medical research either directly or indirectly through the clinician researchers this year. There is another \$15 million for spinal research. There is a whole lot of different areas, but whether or not there is a specific topic that has been asked for by any researchers in that area, I cannot answer that. But if you want, I will take it on notice and I will get you an answer from the office of medical research.

The Hon. EMMA HURST: That would be great. Thank you, Minister. Obviously, animal welfare in medical research falls under the agriculture ministry.

Mr BRAD HAZZARD: It crosses over I think.

The Hon. EMMA HURST: Yes. Can you explain that crossover to give me an idea of what falls under your department for the use of animals in medical research and what falls under the agriculture Minister's department?

Mr BRAD HAZZARD: It depends on the particular research projects and what is being done.

Sadly, sometimes animals are used for training purposes. For example, researchers sometimes use pigs when training doctors in the use of linear accelerator equipment to accurately target cancers in a patient's body without damaging any other organs. I know that the pigs are well treated. I asked about that and they said they are well treated but they are used for those purposes. I think it just depends on the particular area of research but I will take that on notice.

ANSWER

There is a rigorous ethics process required for animal research. There is a focus on the 'three Rs' - reducing, replacing and refining - animal use in research. Animals are only used in medical research when it is scientifically warranted.

Research using non-animal systems, such as computer or cell-based systems, can be used as a replacement for animal research. NSW Health research funding is provided for a number of projects which reduce or replace the use of animals in research. Examples include precision medicine and 3-D printing technologies. Details of grants awarded are available on the Office for Health and Medical Research website.

The lead agency for animal research is the NSW Department of Primary Industries. The Department of Primary Industries oversees the accreditation, licensing and authorisation of animal research as required by the *Animal Research Act 1985*. NSW Health facilities who conduct animal research must comply with this legislation. The Ministry of Health has a limited role in animal research.

Preventative Health

Transcript pages 28-29

The Hon. EMMA HURST: Thank you. In recent years the Australian Medical Association [AMA] has called on the Government to increase its investment in preventative health. You and I have had some discussions about my personal interest in health promotion, given that I did my masters on that subject. In a 2016 report the AMA noted that Australia as a whole spends considerably less on prevention and public health than countries like New Zealand and Canada and that, with the exception of tobacco, there has been little or no progress against national targets for preventing and controlling risk factors for chronic disease. In light of this background, can you tell me how much of the NSW Health budget is dedicated specifically to preventative health as opposed to traditional investment in hospital and other health infrastructure in a more reactive way?

Mr BRAD HAZZARD: It is difficult for me to answer that question because the budget is allocated across the 15 LHDs. A local health district prioritises preventative work depending on the particular issues in that local health district. For example, as I said earlier, obesity is a big issue in western and north-western Sydney and in the south-west as well I think. The local health district has put in a lot of money, supported by the Minister. The central ministry can and did support the obesity clinic and the functioning of that clinic. Where is the other obesity clinic? There are two of them now.

Dr CHANT: There has been one at Hornsby.

Mr BRAD HAZZARD: I will ask Dr Chant because she may have more of a handle on it. If she cannot answer then we can get a better answer for you.

DR CHANT:

The Hon. EMMA HURST: Thank you. Looking back in history, usually the percentage of the split is hugely reactive and a very small amount of funding goes towards those preventative programs.

Mr BRAD HAZZARD: It is really tricky to give you a specific answer on that but they are doing a lot on it. For example, an absolutely enormous amount of money goes into cervical screening and breast screening, all those preventative things. But you are right, it tends to be the treatment rather than the prevention that takes up the massive amount. I am not sure how I can actually get you a precise figure but we will do our damndest.

ANSWER

The Australian Institute of Health and Welfare reports that NSW expenditure, from the state and federal government, on public health activities and services in 2016-17 was \$753 million. This is the most recent data available on overall preventative health expenditure for NSW.

NSW Health School Canteen Strategy – processed meat

Transcript page 30

The Hon. EMMA HURST: On the same topic, does the NSW Health School Canteen Strategy still allow processed meats to be served to children in schools?

Dr CHANT: I would have to check that. As you know, we have been doing an initiative with the Department of Education where we use the star rating system. It has been a balance to improve, whilst maintaining choice to reduce the proportion of unhealthy foods in school canteens. It has not been more of a banning approach; it has been to shift the proportion to healthier food options and using the star rating system. I would have to take that on notice about the specifics of what is in and what is out.

ANSWER

The NSW Healthy School Canteen Strategy allows school canteens to use processed meats on their menus in limited amounts.

Processed meats in hospitals

Transcript page 30

The Hon. EMMA HURST: What about processed meats in hospitals? Are processed meats still being served to patients in hospitals or are there any moves to change that as well?

Dr CHANT: I would again defer to Ms Carmen Rechbauer from HealthShare but there are a set of food standards that underpin the nature of food we provide so it is compliant and meets those nutritional standards.

Ms RECHBAUER: I would have to get specific advice on that but it is minimised.

Mr BRAD HAZZARD: Generally in the hospitals, for patients' meals—whilst they have been starring in the papers recently—each patient is actually, in terms of their clinical need, determined as to what they should or should not be having. For example, somebody should have potato; for others it might not be appropriate to have potato. It maybe that someone has meat. Most of the meats that I have seen have been in the order of not processed meats in the hospitals. I think it is less likely that they would be the hospitals but we will find out for you whether there is a particular direction. It is a balancing act, I think.

The Hon. EMMA HURST: If you do not mind taking them on notice, that would be fantastic.

Mr BRAD HAZZARD: I would be interested to find out, actually.

ANSWER

The use of processed meats is limited to ensure patient meals comply with Statewide Nutrition Guidelines.

Randwick Hospital

Transcript page 34

The Hon. WALT SECORD: If there was an emergency at Randwick now, would the child have to be taken to Westmead?

Ms PEARCE: I cannot answer that. I can check right now to see who was on duty and who was available. However, as I understand it, the advice from the network is that when they have children with those highly specialised needs, the team come together to discuss the care of the child and which is the most appropriate location to care for that child. That maybe at Randwick and it may be at Westmead.

ANSWER

Patient safety is the priority of NSW Health and The Sydney Children's Hospitals Network. Both hospitals are able to respond to an emergency situation, whether that involves cardiac care or one of the other many specialist services delivered by the Network. Beyond the initial emergency response, decisions regarding care, including location are made based on patient's diagnosis, stability and many other factors.

Music festivals – pill testing

Transcript page 35

Ms CATE FAEHRMANN: You were on the expert panel into safety at music festivals?

Dr CHANT: That is correct.

Ms CATE FAEHRMANN: Did you look at pill testing while you were on that expert panel?

Dr CHANT: That was specifically excluded from the terms of reference for that panel.

Ms CATE FAEHRMANN: How was it excluded?

Dr CHANT: I would have to go back but my recall was in terms of the terms of reference for that panel it did exclude pill testing from the considerations of that panel. That is my recollection. I would have to go back to the terms of reference.

ANSWER

The Expert Panel's Keeping People Safe at Music Festivals Report notes that pill testing was outside its terms of reference.

Cladding

Transcript page 39

The Hon. COURTNEY HOUSSOS: Okay. Are you confident that that means that there are no other sites under the control of NSW Health that have flammable cladding on them?

Ms KOFF: As I understand it, and I might go to the technical person in terms of Dan Hunter, there are other types of cladding. The one specifically that was prioritised was the ACP, as I described, the aluminium composite panels. But also then, going through the process, there is potentially other type of building cladding, which is known as expanded polystyrene [EPS]. That was identified on two further buildings. Those two locations were Royal Prince Alfred Centenary Institute and Coffs Harbour Health Campus pharmacy building. The rectification of Coffs Harbour was completed in mid-July and those buildings that were scoped, as I mentioned earlier, had the remediation measures in place to ensure their safety. If I could hand to Dan Hunter, who manages the assets—

The Hon. COURTNEY HOUSSOS: Just before you do. Coffs Harbour pharmacy building was remediated in mid-July.

Ms KOFF: Yes.

The Hon. COURTNEY HOUSSOS: Royal Prince Alfred, has that been remediated?

Ms KOFF: No. As I understand not yet.

The Hon. COURTNEY HOUSSOS: That has not been remediated.

Ms KOFF: The Royal Prince Alfred Centenary Institute, and that is a research institute not a patient care area.

The Hon. COURTNEY HOUSSOS: Have the staff at that location been notified?

Ms KOFF: I would have to take that on notice.

ANSWER

Staff at the Royal Prince Alfred Centenary Institute have been notified of the upcoming remediation works relating to the replacement of cladding. Staff were previously notified that non-compliant cladding had been identified.

Cladding (audits)

Transcript page 40

The Hon. COURTNEY HOUSSOS: I want to come back to Ms Koff. Initially I asked you about flammable cladding and you said that there was ACP. When I asked a follow-up question you said that there was EPS cladding. Is there any other form of cladding that you are concerned about or that you are currently undertaking audits for?

Ms KOFF: No, not to my knowledge.

The Hon. COURTNEY HOUSSOS: Mr Hunter?

Mr HUNTER: Not to my knowledge. Under our devolved system we have very good local asset management plans in place and that is tracked through an online system. Those assets are continually inspected and continually looked at. There is no other flammable cladding to my knowledge.

The Hon. COURTNEY HOUSSOS: Have you checked your records against the local council records in terms of the information that they are collating around cladding?

Mr HUNTER: I would have to take that question on notice. I am happy to do that. If it is part of the New South Wales Cladding Taskforce work that the council is doing, then I would think that has been cross-checked but I can take that on notice and check for sure.

The Hon. COURTNEY HOUSSOS: That would be useful. In a different forum we are pursuing the New South Wales Government's piecemeal approach to flammable cladding. I will continue that in a separate forum. I understand that it limits your ability to do what you are doing. Ms Koff, are you confident that there is no flammable cladding on Liverpool Hospital?

Ms KOFF: I would have to take that on notice. I would not be able to comment. Given that we have been through the process, and that is what I am saying—we went through the process of looking at the ACP and then, also, the EPS was identified. On the basis of that survey, it was not identified as one facility.

The Hon. COURTNEY HOUSSOS: Mr Hunter, you are confident as well?

Mr HUNTER: Liverpool is not one that has been identified as part of our investigations, but I can take that on notice and we can have a more extensive look.

The Hon. COURTNEY HOUSSOS: Are you able to tell me whether Liverpool Hospital was part of the audit process undertaken in October 2017?

Mr HUNTER: I can check that, but, given that we did inspect all assets that we have, which was over 4,600 buildings across the State, I would think that Liverpool, as one of our major hospitals, would have been inspected as part of that. We will check Liverpool as a question on notice, specifically, and come back.

ANSWER

NSW Health's reviews of external ACP and EPS combustible cladding was consistent with the *Environmental Planning and Assessment Amendment (Identification of Buildings with Combustible Cladding) Regulation 2018*.

Information concerning NSW Health buildings is provided through the Cladding Registration portal (managed by the NSW Government's Cladding Taskforce) and this portal information is made available to local councils. This information supplements the records of councils and facilitates councils and NSW Health in addressing any cladding matters.

Liverpool Hospital was the subject of reviews in 2017 and in earlier years and based on these reviews no compliance issues for external combustible cladding were identified.

Paramedic Assaults

Transcript page 42

The Hon. COURTNEY HOUSSOS: That leads me to my next question, which is: How many paramedics are assaulted each month in New South Wales?

Mr MINNS: I might have to take that on notice or I may be able to answer it for you in 10 minutes when I find the right bit of paper.

ANSWER

Ms Elizabeth Koff subsequently answered the question in paragraph 19 on page 42 of the transcript.

Wood-fired heaters

Transcript page 44

Ms CATE FAEHRMANN: Your advice or recommendation to Government around woodfired heaters is that there should be greater standards in place for woodfired heaters.

Dr CHANT: My position would be that woodfired heaters contribute to air pollution. There are different drivers for the air pollution and there needs to be a balancing and a community discussion about the benefits and disbenefits of woodfired heating, but it does contribute significantly to particulate pollution.

Ms CATE FAEHRMANN: Do you know how significantly?

Dr CHANT: It varies from setting to setting. I am familiar with some of the Hunter work in terms of its contribution. Obviously it is seasonal. It contributes particularly to the burden in the winter months.

Ms CATE FAEHRMANN: Yes.

Dr CHANT: I would be happy to take that on notice and give you access to the reports that have been done. I am particularly aware of a characterisation study that was done, I think with the Office of the Chief Scientist, in relation to the Hunter.

ANSWER

Relevant reports:

- Wood Smoke background paper for the NSW Government Clean Air Summit 2016, publicly available via the EPA website.
- Hibberd MF et al. (2013) Upper Hunter Valley Particle Characterisation Study. CSIRO, Australia, publicly available via the Environment NSW website.
- Hibberd MF et al. (2016) Lower Hunter Particle Characterisation Study, Final Report. Report prepared by CISRO, ANSTO and the NSW Officer of Environment and Heritage on behalf of the NSW Environment Protection Authority, April 2016. This report is publicly available via the Environment NSW website

Pollution licences for coal-fired power stations

Transcript page 46

Ms CATE FAEHRMANN: Were you asked your advice or asked to submit or make a submission to the pollution licence renewals for coal-fired power stations, which was at the end of last year? The pollution licences that set the stack emission limits for coal-fired power stations were renewed at the beginning of this year. Do you know whether Health had input into that?

Dr CHANT: I would have to request more detailed information. I cannot answer that at this point. I am not aware that it did, but it may have been done at a branch level.

Ms CATE FAEHRMANN: In relation to the pollution licence renewals, Vales Point Power Station, for example, is allowed to emit 666 times more mercury than is allowed in the United States. Would that concern you as Chief Health Officer?

Dr CHANT: I would have to look at the context, what is the population exposed and what are the methods of exposure, so I would really need to understand the context. From a planning perspective, our local public health units and sometimes the ministry, depending if it is State significant, review the proposals and provide comments through the whole-of-government regulatory approach. I would have to look at the specifics of that before I could comment.

ANSWER

The Chief Health Officer and her staff were not asked for advice and did not make submissions to the reviews of environment protection licences for NSW coal-fired power stations in 2018 or 2019.

Questions related to limits within environmental protection licences should be directed to the regulator of those licences, the NSW Environment Protection Authority.

Walgett water quality

Transcript pages 46-47

Ms CATE FAEHRMANN: I was in Walgett a few months ago visiting the Dharriwaa Elders and heard some of their stories. One person I spoke with had a story about what happened to her and others told me stories about what had happened to somebody else—that they were getting rashes from showering in the water. Have you heard about rashes?

Dr CHANT: I have not. I think that may have been aired on an ABC report that I—

Ms CATE FAEHRMANN: I think it has made the media, yes.

Dr CHANT: I am happy to follow-up those concerns but the advice to me is that the water is safe. There have been no issues in relation to rashes that have come to my attention, other than the media report.

Ms CATE FAEHRMANN: Did you investigate after knowing the media report—

Dr CHANT: I believe that I raised that with my branch to follow-up, following that. I cannot recall the outcome of that feedback.

Ms CATE FAEHRMANN: In terms of rashes on people and your health background, what would likely cause rashes from showering in the water? Do you have any idea?

Dr CHANT: Nothing particular comes to mind. I would prefer to have the time to go back to my branch to seek advice about what the nature of the concerns were and what we think the causative factors were.

Ms CATE FAEHRMANN: There was something in the media. Several people who I have spoken to—and possibly more—said they had rashes. You heard that in the media and you requested your team to have a look at it and they have not reported back to you yet? That was months ago.

Dr CHANT: They may well have but I do not want to give you inaccurate information, so my preference would be to just check with the team and also to check whether there is any further information that has evolved. I would like to give you the most up-to-date information.

ANSWER

The Far West Public Health Unit has not received reports of skin rashes associated with the town water supply in Walgett.

However the Far West Public Health Unit is aware that some people in Walgett have reported dry skin. Sensations, such as dryness are not necessarily due to poor water quality but can occur following contact with water (especially following a long hot shower or bath). This may be more pronounced when humidity is low as is the case in Walgett.

The bore water in Walgett feels slippery when used for washing due to its natural chemical composition including very low hardness. There is no reason to believe that this water chemistry could cause a rash.

Cost of damage to property resulting from violent incidents

Transcript page 49

The Hon. COURTNEY HOUSSOS: Do you collect at a central New South Wales Ministry of Health level the financial cost of damage to property resulting from violent incidents?

Mr MINNS: I am not aware. I will refer to my colleague Dan Hunter or take it on notice.

Mr HUNTER: Was the question to do with violent incidents?

The Hon. COURTNEY HOUSSOS: That is correct.

Mr HUNTER: If it is an insurable event we collect the data on damaged property.

The Hon. COURTNEY HOUSSOS: Are they coded?

Mr HUNTER: I do not believe they are coded as one is violent damage and one is non-violent damage. I think it is just damage. However, I can take that on notice.

ANSWER

Each facility has its own property insurance policy against which claims are lodged. The accident causes captured under the policy do not refer specifically to damage from a violent incident.

Workers compensation claims

Transcript page 49

The Hon. COURTNEY HOUSSOS: You talked about the workers compensation claims being in decline. Do you collate any other central data on injuries to staff?

Mr MINNS: Yes, I mentioned before that staff are encouraged to use the incident management system to record instances. That was where I made reference to the fact that about 91 per cent of the instances we face occur in—what's the Health language? Inpatient wards.

The Hon. COURTNEY HOUSSOS: Inpatient in wards, I understand. Can you give me the figures for how many in total assaults there were or injuries to staff in the last financial year and the previous financial year and the one before that?

Mr MINNS: To go back years I would need to take it on notice.

The Hon. COURTNEY HOUSSOS: You might need to take this on notice as well. For the same time periods, are you able to provide me with the amounts arising from any civil litigation costs for the department?

Mr MINNS: About this issue?

The Hon. COURTNEY HOUSSOS: Yes.

Mr MINNS: Yes, we can take that on notice.

ANSWER

The nature of healthcare is dynamic and unpredictable and involves close personal contact with patients and others which can increase the likelihood of physical incidents in the workplace. For example, the type of physical incidents encompassed in the incident management system include:

- a patient coming out of an anaesthetic and not aware of what they are doing who flails about and makes contact with a staff member
- when a patient falls and they clutch a staff member to steady themselves
- when a staff member accidentally elbows another staff member when managing care in a confined space.

The physical incidents data is intended to capture the experience from the perspective of the staff member. It does not differentiate the degree of severity, or the intent of the person.

Significant work has been done to increase reporting which has included consultation with staff, unions and management to encourage staff to report all incidents.

With regard to Workers Compensation data, I am advised that from NSW Health records there were 203 relevant claims lodged in 2016-17, 154 in 2017-18 and 148 in 2018-19. This does not include the NSW Ambulance service.

Icare have advised that data relating to civil claims is not captured to the detail of injury type or mechanism of injury. Therefore we are unable to provide the civil litigation costs associated with claims involving assaults on staff.

Supply of tourniquets

Transcript page 49-50

The Hon. WALT SECORD: Dr Chant, can you tell me what are tourniquets?

Dr CHANT: Tourniquets are devices that are used where we particularly try to increase the pressure in the veins, particularly for venous excess. They are also used in emergency context when people are bleeding and for shark bites and others, you have probably seen them applied where they prevent further blood loss.

The Hon. WALT SECORD: How does NSW Health obtain them for hospitals?

Dr CHANT: We would procure tourniquets, I presume, on contract but there may be variability and preferences in certain settings in terms of the type of tourniquets used.

The Hon. WALT SECORD: Is NSW Health phasing in new ones or trialling new ones?

Dr CHANT: I do not have visibility of that.

The Hon. WALT SECORD: Is there anyone here that would be aware of procurement involving that area?

Ms RECHBAUER: That would be in my area and I would have to take that on notice.

The Hon. WALT SECORD: Can you also find out if there are new ones being introduced, if the new ones are being used at Royal North Shore Hospital and were they used on the leg of a man who was shot in a police stand-off and who died subsequent to that? I will move to a different topic.

ANSWER

Hospitals and health services order the tourniquets they need directly from the supplier.

A process is underway to establish a state contract for tourniquets used in operating theatres.

Royal North Shore Hospital has not started using any new types of tourniquets.

Hendra virus and Dengue fever

Transcript page 50

The Hon. WALT SECORD: I will switch to a different topic. Due to climate change and unseasonably warm winters and extra-hot summers are we seeing the appearance of diseases that are usually related to northern Queensland appearing in the Northern Rivers of New South Wales?

Dr CHANT: We have seen Hendra virus cases come down lower than we would otherwise have seen. I am not aware of any other diseases that have been particularly brought to my attention.

The Hon. WALT SECORD: Dengue fever?

Dr CHANT: I will just have to check with dengue in terms of how far that is coming down.

The Hon. WALT SECORD: I will assume that you will take that on notice. If there have been any cases, I want to know the number of cases in New South Wales of Hendra and the number of cases of dengue in the last financial year and whether they were contracted locally or overseas.

Dr CHANT: Yes.

ANSWER

Dr Chant subsequently answered the question in the second last paragraph on page 56 of the transcript.

Mental health medical research

Transcript page 53

Ms CATE FAHRMANN: How is mental health medical research then adequately funded in New South Wales? Where does it go if the funding from NSW Health is too low, which is what I have been hearing from stakeholders? Is there anywhere else in New South Wales that they can go for mental health research funding?

Dr CHANT: There are other programs that we run that are agnostic of the disease group. For instance, one of those is the Translational Research Grant Scheme [TRGS]. It basically has statewide priorities and we fund the best initiatives under that and there have been a number of mental health projects that have got funding. For instance, about 3.1 per cent or 10 per cent of that TRGS budget has gone to mental health initiatives. We have also funded early to mid career PhDs and again, because they were agnostic of content area, mental health had 10 per cent of those. Also there have been some PhDs which again have gone to mental health and, as I said, the \$23 million in MRSP. The global burden of mental health by Australian reports is about 11 per cent, but about 10 per cent of the Office of Health and Medical Research programs have gone to mental health. It is about 10 per cent, it is a rough estimate that I would be happy to cross-check and get back to you and take that on notice.

ANSWER

Mental Health is supported through a number of grant programs that are administered by NSW Health. Researchers can also access funding through the federal Medical Research Future Fund. \$125 million over 10 years has recently been announced for the Million Minds Mission.

Of the research funding programs currently administered by NSW Health, mental health researchers have received:

- 13.5 per cent of Early-mid career fellowships
- 10 per cent of translational research grants
- 8 per cent of PhD grants
- 13 per cent of medical research support program funding.

Adverse drug reactions

Transcript page 53 - 54

Ms CATE FAEHRMANN: Thank you. I think it was in last year's estimates my former colleague Dawn Walker raised the issue of a woman who suffered an adverse drug reaction and she raised this issue with the Minister at the time. There was a promise by the Minister to hold a meeting, which I understand happened between this woman, Alison Vickery, and Professor Ric Day, with a view to pulling together an action plan on the lack of doctors trained in adverse drug reactions and pharmacogenetics in the Northern NSW Local Health District. I will just let you figure out whether or not you are aware of that situation. This was last estimates it was raised. The Minister promised to have a meeting. I understand the meeting happened and an action plan was promised to pull together. Their understanding is that since that meeting nothing has happened. I am sure you are aware that adverse drug reaction is the single largest cause of avoidable death and disability in Australia. Are you aware of whether that action plan is being progressed? And if not, what is the health department doing in that area?

Ms KOFF: I am certainly not aware of the action plan or that that meeting took place. I will quickly eyeball my colleagues. Sorry, we will have to take that on notice.

ANSWER

The Northern NSW Local Health District, Director Clinical Operations met with Ms Vickery and Professor Day. The plan following the meeting was to develop a HealthPathway on the management of severe drug allergies. The Pathway will provide advice and management for General Practitioners and Hospital Specialists.

Professor Day is reviewing a HealthPathway that he will assist in adapting for use in the District.

Adverse drug reactions – training

Transcript page 54

Ms CATE FAEHRMANN: Okay. What is the health department doing to ensure that there is adequate training for medical staff in adverse drug reactions and pharmacogenetics across NSW Health?

Dr CHANT: In terms of vaccination, I can speak to the fact that we fund the National Centre for Immunisation Research and Surveillance, co-located at the Children's Hospital at Westmead in the Westmead precinct, to actually provide expert advice should children or adults get purported adverse reactions to vaccines or if there are queries around whether the child is able to be vaccinated. In terms of other drug reactions —

Ms CATE FAEHRMANN: By the way, I understand I am asking about an adult, not a child.

Dr CHANT: I am not across the particular details of the case that you are talking about. I can just talk in general terms that we do have a toxicologist, we do fund a poisons information service, so there is the ability for that specialist input or advice to be sought across the State through that poisons information network. If it was an issue about drug interactions or toxicology or whether a drug would be appropriate, the issue of the genomics — I think you are raising the pharmacodynamics.

Ms CATE FAEHRMANN: Yes.

Dr CHANT: That is clearly an emerging area where we are understanding the role that genomics might play in prediction. I am peripherally aware that that is an emerging area. I would be happy to take that on notice to look at what services we have in place.

ANSWER

Pharmacogenetics is the study of how a person's genetic make-up is used to determine a response or possible side-effects from particular drugs/medication.

Future developments in pharmacogenetics may significantly contribute to our decisions about therapy. NSW Health is aware of this and is building capability for this testing as required.

Clinician training for adverse drug reactions is usually provided by professional colleges such as the Royal Australasian College of Physicians. The colleges have already begun to incorporate more training in genomics and patient care into their curricula.

Tenterfield Hospital

Transcript page 54

Ms CATE FAEHRMANN: Thank you. I have some questions about Tenterfield Hospital. I understand that nursing staff on shift have been cut by 33 per cent at Tenterfield Hospital, with only two nurses on site sometimes. I have been told that this means that there is barely enough staff to provide the required care to inpatients on the ward and that when patients present to the emergency department the ward may be left with no nurses at all. Are you aware of this? How has NSW Health allowed the staffing levels at Tenterfield Hospital to get to this level? I think Mr Minns has just taken a break for two seconds.

Ms KOFF: Just when the workforce question arises.

Ms CATE FAEHRMANN: Yes.

Ms KOFF: I reiterate the position earlier of no reduction in frontline services, of which the nursing workforce is the most hands-on frontline service. I would be very concerned if there were any reductions in nursing. As Mr Minns described, the mechanism of determining how nurses staff the hospitals and facilities is well-developed. I am happy to take that one on notice because, personally, I have not been advised of any such reduction.

Ms CATE FAEHRMANN: All right. I might wait until Mr Minns comes back. My other question is also about staffing levels.

The CHAIR: He is here.

Ms CATE FAEHRMANN: I will keep going on that so we do not jump all over the place. Mr Minns, I was asking a question about Tenterfield Hospital. Sorry to put you on the spot so quickly after your return. I have been informed that nursing staff on shifts at Tenterfield Hospital have been cut by 33 per cent cut, with only two nurses on site sometimes, and that there is barely enough staff to provide the required care to inpatients on the ward, and when patients present to emergency departments sometimes that can leave the ward with no nurses at all. Are you aware of that cut to nursing staff at Tenterfield Hospital?

Mr MINNS: No, I am not. I do have a brief about particular sites where there have been recent conversations about staffing. I do not think Tenterfield is included in that, so it would have to be taken on notice.

Ms CATE FAEHRMANN: What is your response to a 33 per cent cut to nursing staff on shifts at Tenterfield Hospital, if indeed that is true?

Mr MINNS: I do not have a response. I do not know if it is true. I would need to check the facts.

Ms CATE FAEHRMANN: I have been informed by people there that that has happened.

Mr MINNS: I cannot comment until I do some work with the district.

ANSWER

Mr Phil Minns subsequently answered the question in paragraph 8 on page 65 of the transcript.

Employment and management of locum medical officers

Transcript page 55

Ms CATE FAEHRMANN: Everyone has been so polite. I am fine. I can keep going. I have another question for you, Mr Minns. Under the 2019 policy directive, *Employment and Management of Locum Medical Officers by NSW Public Health Organisations*:

Locum Medical Officers may [only] be employed to fill casual, short term vacancies for periods not exceeding 13 weeks.

Is that correct?

Mr MINNS: I would need to refresh my memory of the policy.

Ms CATE FAEHRMANN: Right.

Mr MINNS: But if you are quoting from it, I imagine it is.

Ms CATE FAEHRMANN: Yes. The question was how many locum medical officers do you know who are being employed beyond the period of 13 weeks?

Mr MINNS: I would need to take it on notice. We would need to request that information from each of the local health districts.

ANSWER

The relevant policy directive, *Employment and Management of Locum Medical Officers by NSW Public Health Organisations*, relates to the arrangements in respect of non-specialist Junior Medical Officers to provide cover for Residents, Registrars or Career Medical Officers. The policy does not apply to senior medical officers, that is Visiting Medical Officers or Staff Specialists.

Under the policy, locum medical officers may not be employed for a period of longer than 13 continuous weeks. Locum medical officers may be re-employed, provided each period of employment is no longer than 13 continuous weeks.

Cladding – Liverpool Hospital

Transcript page 56

The Hon. COURTNEY HOUSSOS: I come back to the issue of flammable cladding. Ms Koff, the audit was conducted in October 2017. Have there been any upgrades to Liverpool Hospital since then?

Ms KOFF: I would have to take that on notice. In terms of upgrades, we were investing a significant amount of new capital investment in Liverpool for which the planning is underway but the local health district would manage any facility upgrades as a local initiative.

The Hon. COURTNEY HOUSSOS: Is there no-one at the table who can tell us when the last upgrade happened to Liverpool Hospital?

Ms KOFF: No. With the devolved structure—I think Mr Hunter alluded to it—the governance and management of the assets is deferred to the local health district. When there is something of significant importance, such as the cladding issue, we do a statewide survey. Where there was significant investment required for remediation, the Ministry of Health and Health Infrastructure were involved. For any other initiatives that are below a threshold amount, it is a locally managed and directed initiative. We would have to take that on notice.

The Hon. COURTNEY HOUSSOS: Can you also take on notice as to whether or not you can advise that the newer parts of the hospital have been identified as having any type of flammable cladding?

Ms KOFF: Certainly.

ANSWER

No compliance issues for external combustible cladding were identified.

The new Clinical Services Building has been installed with cladding that is deemed compliant and not an issue.

Wollongong Hospital

Transcript page 58

The Hon. COURTNEY HOUSSOS: I wanted to ask a couple of questions about Wollongong Hospital. Is there an unused ward at Wollongong Hospital—ward B7?

Ms KOFF: I would not know the specifics of unused wards but, quite clearly, all facilities are required to operate consistent with what their purchased activity level is from the service agreement. They operate in terms of what we call "swing beds" or when demand is high and they staff appropriately. I will ask Ms Pearce if she has any further idea.

Ms PEARCE: I am not aware of the ward B7 at Wollongong, no.

The Hon. COURTNEY HOUSSOS: Can you take that on notice for me?

Ms PEARCE: Certainly.

The Hon. COURTNEY HOUSSOS: Has the Illawarra Shoalhaven Local Health District submitted a funding application to renovate this ward?

Ms KOFF: No, not to my knowledge.

Dr LYONS: I can answer that. There was a submission made—I do not know what ward it was; it may be B7—for two capital investments from Illawarra Shoalhaven about two to three months ago. One was for some additional funds to upgrade the maternity unit to enable some additional contemporary birthing infrastructure to be built and commissioned. There was a request to refurbish a ward, which may have been B7. Both of those submissions were made to the ministry. Neither of those was on our program for capital works. We were able to find some funding to enable the maternity upgrade to occur—it was out of a redeployment of contingency from other projects—but we were not able to find the additional funds to enable the refurbishment of the ward. But there was a request to refurbish the ward so that they could establish additional services there.

I think you would come back to the comments that were made around the level of activity that was being required to be delivered and whether or not it was being able to be delivered within the current capacity of Wollongong Hospital and whether or not that additional ward would be required is something that we would need to consider if they were not able to deliver the activity that was being purchased from them through the service agreements each year.

The Hon. COURTNEY HOUSSOS: Dr Lyons, do you know when the application was received?

Dr LYONS: I have not got the exact details, but it was in the past two or three months because the application came together with the maternity request and we wrote back and indicated we could fund the maternity refurbishment but we could not find the funds for the ward refurbishment in addition to the maternity.

The Hon. COURTNEY HOUSSOS: Do you know how much the application was for?

Dr LYONS: I cannot recall off the top of my head.

The Hon. COURTNEY HOUSSOS: Would you mind taking that on notice?

Dr LYONS: I am happy to. It was less than \$10 million though.

The Hon. COURTNEY HOUSSOS: I am happy for you to take this on notice as well. Do you know how many additional beds the renovation would have allowed to be opened?

Dr LYONS: I am happy to take that on notice.

ANSWER

Dr Nigel Lyons subsequently answered the question in paragraph 6 on page 65 of the transcript.

Forster-Tuncurry

Transcript page 59

The Hon. COURTNEY HOUSSOS: Can I ask one follow-up question? Dr Lyons, does the Ministry of Health currently own any property in Forster-Tuncurry?

Dr LYONS: I will have to take that on notice. I am not aware, sorry.

ANSWER

The registered owner of NSW Health properties is Health Administration Corporation (HAC). The Ministry of Health does not own property. There are three HAC owned properties in Forster-Tuncurry.

Concussion involving amateur or professional sport

Transcript page 60

The Hon. WALT SECORD: Dr Chant, are you familiar with the latest *Medical Journal of Australia* where there was discussion of concussions involving physical sport—head injuries and concussions?

Dr CHANT: I have not read the *Medical Journal of Australia's* article, but I am aware of the issues and concerns around concussion.

The Hon. WALT SECORD: Has NSW Health provided any advice or information to the Minister on this area involving amateur or professional sport in New South Wales?

Dr CHANT: I would have to take that on notice. It may well have come from other branches. I am not aware of having provided that information, but I will take it on notice.

ANSWER

NSW Health, and more specifically the Clinical Networks within NSW Agency for Clinical Innovation (ACI), are aware of the importance of the issues surrounding concussion and head injuries in the community.

These issues are addressed through a number of resources available through ACI's website, including guidelines and Information for patients and clinicians. The ACI has also facilitated education sessions on sports head injuries and concussion, which are publically available.

In addition there are resources on concussion available from the various children's hospitals in the Sydney Children's Hospital Network, which are widely used as discharge advice.

Postpartum care

Transcript page 61

The Hon. COURTNEY HOUSSOS: As part of that consideration, have you looked at potentially providing—women obviously establish quite a relationship with the midwife if they have that care during their pregnancy. Have you pursued any options, or is the ministry considering any ideas, to continue that care postpartum, so that they would have the same midwife—

Dr LYONS: So continuity of care—

The Hon. COURTNEY HOUSSOS: That is right.

Dr LYONS: —postnatally is a challenge. There are some examples where that is occurring and some community midwifery models allow the continuity right through pregnancy to the early postnatal period. That allows a relationship to be built up between the healthcare professional and the mother, which is conducive and supportive to encouraging the best care we can possibly deliver. That cannot always be delivered, but where that can be, we support those models. We are very conscious of the need to think about how we can continue to support appropriate professional support in that early postnatal period, not just through universal home visiting — we are also thinking about targeted support, which would mean that for more vulnerable parents we might increase the level of support provided, to enable a greater level of professional support to care for the babies and give them the best chances for breastfeeding rates and other things to increase.

The Hon. COURTNEY HOUSSOS: On notice, could you provide where those continuity of care models are and how many people they are supporting? That would be really useful.

Dr LYONS: Sure.

ANSWER

Public maternity services in NSW offer antenatal care, care during birth and continuing postnatal care in the home for up to two weeks after the birth to support new mothers and families in the days after discharge from hospital. Continuity of care models include shared care between hospitals and general practitioners or GP obstetricians, and midwifery group practices. Specific data on the number of women seen through the range of continuity of care models is not available.

All new parents in NSW are offered a universal health home visit from a child and family health nurse in the first two weeks after birth. Across NSW there are over 400 locations where Child and Family Health Services are provided, with many being available in rural and regional areas. In 2018, as part of the \$157 million Parents Package budget announcement, \$4.3 million was allocated to fund 35 additional child and family health nurses to provide additional home visits to families who need extra support in the first weeks and months of their child's life. This funding includes \$300,000 per year for early parenthood NGO Karitane to employ additional nurses to provide virtual home visits.

The Sustaining NSW Families program engages with families in pregnancy, or very soon after the birth of their baby, and provides a structured, continuity of care program of home visits up to the child's second birthday. The program is currently available in nine sites in NSW in:

- Central Coast
- Lower Hunter/Newcastle
- Fairfield/Liverpool
- Arncliffe/St George/Sutherland
- Kyogle/Lismore/Richmond Valley/Ballina
- Campbelltown/Macarthur
- Canterbury
- Auburn/Parramatta/Holroyd
- Illawarra Shoalhaven

Sustaining NSW Families currently provides 1,200 places in the program for vulnerable women and their families.

The Aboriginal Maternal and Infant Health Service (AMIHS) provides antenatal and postnatal care from as early as possible after conception up to eight weeks postpartum. Midwives and Aboriginal

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health workers deliver the service through a continuity of care model. There are currently more than 40 AMIHS sites delivering services to Aboriginal families who have been referred to the services in over 80 locations across NSW. AMIHS services saw more than 2,200 mothers of Aboriginal babies who birthed in NSW public hospitals.

Karitane

Transcript page 61

Ms CATE FAEHRMANN: Further to the question the Hon. Courtney Houssos asked, what was the program you were saying was in partnership with Karitane?

Ms KOFF: The one with Karitane was the additional child and family health nurses, who partner with Karitane to provide virtual home nurse visits to new parents. We need to recognise that care delivery is changing in the digital environment that we are in. Personal preferences—and this is what we are really conscious of now—the patient experience or what the preference of some new mothers is. Some mothers are quite comfortable with someone knocking on the door saying, "I am here to visit and support you." In other regions, the touch is a little lighter and that is the conversation we are having. Is it really universal home visiting or is it proportionate universality—that we invest more in those who need it more? The virtual home visits are with Karitane, in addition to the other funding that we provide Karitane to provide its new mums and bubs support.

Ms CATE FAEHRMANN: Karitane is a company that has milk—

Ms KOFF: No, there is a baby formula that is Karitane—a commercial product for infant milk formula. But we are talking about Karitane the NGO.

The Hon. COURTNEY HOUSSOS: Are those virtual visits in regional areas?

Ms KOFF: I will take it on notice, the geographic distribution.

ANSWER

Virtual home visits are available to families from regional areas. Families from across NSW are accessing this service with 16 per cent of referrals coming from rural and regional local health districts (Hunter New England, Mid North Coast, Murrumbidgee, Southern NSW and Western NSW).

Intensive care paramedics

Transcript page 62

Ms CATE FAEHRMANN: I will turn to ambulance services. It is my understanding that paramedics who are qualified as intensive care paramedics sometimes do not get that payment if they transfer to stations which currently do not have intensive care paramedics, is that correct? Sometimes they do not receive the same payment for their qualification if they transfer stations. Can you remind me what that situation is?

Mr MINNS: I think the key word is "sometimes". The issue that ambulance has in planning for the allocation of the intensive care paramedics across the network is that sometimes the desired location of allocation does not match the staff wanting to go to those place or shifting, or whatever. I would need to take it on notice and have an operational answer from ambulance. I do know that in some instances people have retained the status but I think it is a matter of discussion between ambulance, the Health Services Union [HSU] and the Australian Paramedics Association [APA].

ANSWER

All paramedics and paramedic specialists (commonly called Intensive Care Paramedics) (ICPs) are paid in accordance with the Paramedics and Control Centres (State) Award 2019.

ICPs are specialist roles, and the award provides for a higher rate for ICPs when appointed to such a role. Station locations for ICPs are determined by community need and NSW Ambulance advertises vacant paramedic and ICP positions when they become available. All paramedics can apply for any vacancy as long as they hold the relevant qualifications.

ICPs occasionally choose to apply for other roles for personal reasons. If the ICP chooses to apply for a vacancy, they are applying for the role that is advertised including the salary and duties.

Collarenebri Hospital

Transcript page 65-66

The Hon. COURTNEY HOUSSOS: I am going to ask one final little batch of questions about Collarenebri hospital. Are you familiar with Collarenebri, Ms Koff?

Ms KOFF: Not in detail.

The Hon. COURTNEY HOUSSOS: It is a small town in the north-west of the State between Lightning Ridge, Moree and Walgett, but the local health service—effectively the district hospital—has run out of water. Are you aware that the health service has been reliant on not-for-profits to deliver water?

Ms KOFF: No, I was unaware of that issue.

The Hon. COURTNEY HOUSSOS: And the local community has had to resort to fundraising for a water filtration system to address poor-quality water issues?

Ms KOFF: No, but I will defer to Dr Chant, who looks after the Environment portfolio. If she is unaware of that situation, similarly, I will take it on notice.

Dr CHANT: Unfortunately, I have not been briefed about that issue, but I am happy to take it on notice.

The Hon. COURTNEY HOUSSOS: Just so you are aware, the dialysis services, because of the poor quality of the water that is available, are under threat.

Dr CHANT: Again, I will have to take that on notice. As I indicated in my previous answer, dialysis usually has the reverse osmosis capacity to cope with differing water. But, notwithstanding, let me take that on notice and get back to you.

The Hon. COURTNEY HOUSSOS: If you can come back on that and if you could explain what steps are being taken; as I say, the information provided to me is that not-for-profits are delivering water and that the local community is fundraising in order to address the issues. So if you can provide that.

Dr CHANT: I will take that on notice.

The Hon. COURTNEY HOUSSOS: And then what steps going forward are going to be taken to ensure that it has access to water and is appropriate.

Dr CHANT: Yes.

ANSWER

Collarenebri township receives its drinking water from the Barwon River.

NSW Health is advised that the town weir pool was recently replenished from environmental flows released from Glenlyon Dam in the Border Rivers valley and Copeton Dam in the Gwydir valley and is currently meeting community needs. Water restrictions were reduced from Level 5 to Level 3 in response to the flows on 30 May 2019.

The local hospital is connected to the town water supply and is not experiencing any issues regarding water quantity or quality. The hospital has a storage tank that provides approximately 24 hours supply of filtered water. It also has capacity to treat the water with chlorine to maintain adequate disinfection.

The town drinking water supply is regularly monitored by Walgett Shire Council with samples being submitted to a NSW Health laboratory. Recent results indicate that the water supply continues to meet Australian Drinking Water Guidelines

The hospital does not provide renal dialysis services.

Nurse practitioners

Transcript page 66

The Hon. WALT SECORD: How many nurse practitioners are there in New South Wales and are there any plans to change their scope of practice?

Mr MINNS: I will need to take the number on notice.

The Hon. WALT SECORD: And are there any plans to change their scope of practice?

Mr MINNS: I will consult with the Chief Nursing and Midwifery Officer, but I do not believe so.

The CHAIR: Thank you all very much

The Hon. WALT SECORD: And are there any plans to change their scope of practice?

Mr MINNS: I will consult with the Chief Nursing and Midwifery Officer, but I do not believe so.

ANSWER

There are approximately 260 Nurse Practitioners (NP) working in NSW Health with a further 50 in trainee NP positions. NPs are also employed in the private sector and non-government organisations.

NPs are registered nurses qualified to provide advanced and autonomous nursing care in Australia. NPs have an endorsement on their registration from the Nursing and Midwifery Board of Australia that enables them to function at this level. They are educationally prepared at Master's Degree level including a minimum of 5,000 hours of advanced practice experience.

All Nurse Practitioners have an individualised scope of practice. It is determined by their education, training, experience and in collaboration with their employer. The scope of practice is reflective of their specialty practice area – for example, emergency, palliative care, primary care, aged care, mental health.

NSW Health is not aware of any plans to change the education preparation or the professional role of NPs.