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Breast screening waiting list

**Ms CATE FAEHRMANN:** Are you aware of whether there is a big waiting list or backlog of women wanting to be screened?

**Mr BRAD HAZZARD:** I will ask whoever is the most expert. I am not sure, because I have got all these officials around me. Who would be the most expert on such matters?

**Ms KOFF:** The advice provided by the Cancer Institute—because the Cancer Institute looks after our breast-screening services that are devolved and managed then locally within the districts—is the priority will be to contact women whose appointments were postponed or invitations delayed because there is a time cycle of preferred screening process. I reiterate too that from the last lockdown that we had last year when we postponed or stopped services for a duration, the impact in terms of getting people back into the program was minimal. We are optimistic also that we will be able to manage the number. I do not know what number was rescheduled or postponed, but we can take that on notice.

**Ms CATE FAEHRMANN:** I do have something here from the National Breast Cancer Foundation, but it does say that they are worried that there may have been 2,500 missed or undiagnosed breast cancer cases nationally and that breast screening has dropped by 98 per cent. If you could get back to us, but thank you for taking it on notice.

**ANSWER:**

BreastScreen is a routine breast screening service for well women with no symptoms of breast cancer. Women experiencing breast symptoms should see their GP for referral for diagnostic testing, appropriate assessment and care within the NSW Health system.

Due to escalating COVID-19 case numbers and the increasing spread into regional areas, all breast screening services in NSW were temporarily suspended from 19 August 2021, with BreastScreen NSW services in regional areas gradually resuming from 13 September 2021.

All 49 fixed screening sites and 15 mobile vans in NSW have now reopened.

BreastScreen services are contacting all women who had their appointment affected by the temporary suspension so that they can be allocated a prioritised booking. BreastScreen NSW strongly encourages women to make an appointment when they receive an invitation. It is anticipated that all women who had an appointment cancelled or were due to be screened during the suspension will have rebooked their appointment by early 2022.

The NSW Government is investing in increasing screening capacity for BreastScreen NSW. This will include increased operational hours, and weekend screening appointments, as well as redirection of some mobile screening vans. Staff recruitment is underway to further support recovery and service delivery.

Following initial shutdown in April 2020, BreastScreen NSW made every effort to contact and arrange appointments for the women who would have been screened during the suspension period. As a result, in the 2020-21 financial year, BreastScreen NSW conducted 361,578 screens. This is the highest number of screens ever performed by BreastScreen NSW in a 12-month period, and was an increase of almost 20,000 screens relative to the previous unaffected financial year (2018-19).

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Qudos stadium mass vaccination centre

**The Hon. WALT SECORD:** Minister, I want to return back to the booster shots. In your answer you mentioned that the Qudos stadium mass vaccination centre was going to close. What will be the last day? I understand you explained that it will be closing because of entertainment commitments at the stadium, which is understandable. What will be the last day, the closure day?

**Mr BRAD HAZZARD:** It is pretty soon. Can I just do a little plug here? Anybody who wants to sponsor quarantine workers or health workers—is it the eighth? What day is it?

**Ms PEARCE:** Monday, yes.

**Mr BRAD HAZZARD:** Next Monday there is a big celebration for the people who have committed themselves so well in the last two years in every aspect in the quarantine job—so, health staff, cleaning staff, police staff—and Health is facilitating a get-together at Qudos. I think because of government restrictions, of course, we cannot fund a drink or two for them. So if anybody wants to sponsor health workers or police, contact Susan Pearce, Deputy Secretary of NSW Health, to make sure there is good food and good drink to thank all of those health workers. To all the health workers out there I just want to say thank you. There were thousands of you who kept our quarantine system operational and did an amazing job. Thank you on behalf of not only the Government but also, I am sure, the Opposition. Mr Secord, would that be right?

**The Hon. WALT SECORD:** Absolutely.

**Ms KOFF:** If I may, Mr Secord, Graeme Loy is the Chief Executive from the Western Sydney Local Health District and he was responsible for the Qudos stadium vaccination initiative, so he may be able to assist with more details.

**The Hon. WALT SECORD:** Thank you very much.

**Mr BRAD HAZZARD:** Mr Loy, you're starring.

**Mr LOY:** Thank you. Qudos Bank winds up on Sunday, so in four days' time will be our last vaccination out of Qudos Bank.

**The Hon. WALT SECORD:** How many people have gone through the facility?

**Mr LOY:** That is a very good question. Can I take that one on notice?

**The Hon. WALT SECORD:** Yes, thank you. My colleague Courtney Houssos now has questions. Thank you, Mr Loy.

**ANSWER:**

The total number of vaccinations given at Qudos Bank Arena NSW Vaccination Centre was 349,529.

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Dr Lanzer – Four Corners program

**Ms CATE FAEHRMANN:** With those audits, what is the notification period?

**Ms KOFF:** Unannounced.

**Ms CATE FAEHRMANN:** No, you also said—

**Ms KOFF:** For the regular ones, I do not know what the period is. But they are given advice to ensure appropriate staff are available to respond to any questions asked on the regular audits.

**Mr BRAD HAZZARD:** I think the reason Cate is asking that is that on *Four Corners* it said there is four to six weeks across the board that is given.

**Ms CATE FAEHRMANN:** That is right.

**Ms KOFF:** Yes.

**Ms CATE FAEHRMANN:** Yes, and this situation where there are absolutely disgusting stories of human fat that was stored in the fridges, which staff had to take home when the auditors were coming in—clearly with notification—is just horrific.

**Mr BRAD HAZZARD:** My personal view on that is we should be doing far more of the unannounced ones.

**Ms CATE FAEHRMANN:** Yes. Minister, that is your personal view, but you are the Minister. Do you not think that should be a—

**Mr BRAD HAZZARD:** I raised it with Health, and they are looking at those issues. But obviously, as the secretary just pointed out, on some occasions they need to have the staff there to be able to talk to them. They have got to give some notice to actually get the staff there. As we saw from that thing on *Four Corners* the other night, some of those doctors are not there very regularly. They are in different places all over the country, so that is part of the issue.

**Ms CATE FAEHRMANN:** This may be something to take on notice, but do you know the proportion of audits that are with notification versus unannounced?

**Mr BRAD HAZZARD:** I do not know the answer, but I would be interested myself. I will definitely get that. Can we get that statistic, please?

**Ms KOFF:** Certainly, we can take that on notice.

**ANSWER:**

There are 208 licensed private health facilities in NSW.

The NSW Ministry of Health usually inspects these facilities once a year as part of its audit program and then on a case-by-case basis where required. The Ministry adopts a risk management approach to compliance and works with the facilities to ensure that the appropriate standards of safety, care and quality of life for patients are met.

The 2020-21 period was impacted by the COVID-19 pandemic. However, in 2019, being a more typical year, the Ministry undertook 238 audits. Of these, all 102 facilities with a Cosmetic Surgery Class licence were audited. One facility was given a short notice follow-up inspection to address concerns identified in the audit. The Ministry also receives and responds to notifications about reportable incidents and complaints about private health facilities. The Ministry will request information from private health facilities when these notifications and complaints are received as part of its regulatory function.

To conduct an unannounced inspection of an unlicensed premises, there needs to be some evidence or reasonable suspicion that the operator is running an unlicensed facility. Since the commencement of the Cosmetic Surgery Class licencing requirement in 2017, there have been 16 unannounced inspections of unlicensed premises.

In addition to the unannounced inspections, the Ministry has made enquires of over 25 facilities where a concern has been raised about potential breaches of compliance in unlicensed premises. The Ministry responds to any complaints made about unlicensed premises.

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Rehabilitation specialists

**The Hon. COURTNEY HOUSSOS:** Dr Lyons, I also asked some questions about the specialists that were available for rehabilitation. Again, it said that there wasn't—the answer was not very clear. Sorry, that was from the previous public accountability hearing.

**Mr BRAD HAZZARD:** Was that a question on notice?

**The Hon. COURTNEY HOUSSOS:** It was a question taken on notice around how many specialists you have working across the State. Are you now aware of how many specialists around rehabilitation from COVID you have working across the State?

**Dr LYONS:** If that is a question on notice from before, I am sure we are working on the number. We have a significant number of respiratory clinicians working in acute COVID and we have got a number of rehabilitation medicine specialists who are working in recovery from COVID, but the exact numbers I do not have before me at the moment.

**The Hon. COURTNEY HOUSSOS:** Okay. Can I just flag that the response came back and I asked for a breakdown by local health district. The local health district answer was that local health districts change the nature and the shape of their clinicians to cope with local requirements. Can we actually get some hard numbers behind how many rehabilitation specialists there are, please?

**Mr BRAD HAZZARD:** I think that is part of the problem. Depending on the day, there may or may not be a lot of cases that actually require that sort of rehabilitation, so you could imagine that rehabilitation specialists would be straight back into looking after the vast majority of the community who need general rehabilitation. It is almost about who is working on the day, and is it really relevant to what is happening tomorrow? So it might be a bit hard but, look, we will ask them anyway.

**The Hon. COURTNEY HOUSSOS:** I know we have Mr McLachlan on the line today. We are particularly interested in parts of New South Wales, especially regional New South Wales, that have had relatively high rates of COVID and that will be facing these challenges. Particularly we have seen through the inquiry into rural and regional health that they have had real issues with recruiting staff. We would like to know what the current capacity is within the LHDs for these rehabilitation services, and what is the future planning for it?

**Mr BRAD HAZZARD:** It is the same issue that I just addressed. But, anyway, we will try.

**The Hon. COURTNEY HOUSSOS:** I understand that.

**ANSWER:**

Local Health Districts are responsible for ensuring skilled workforce are available to deliver clinical services to the people of NSW. Rehabilitation specialists may also conduct other clinical activities. Therefore, specific numbers will vary dependent on services and care being delivered.

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Vaccination rates in regional NSW

**The Hon. EMMA HURST:** It was not so much about the vaccines. It was more about their concerns once that regional travel opened up. And so people with disabilities in regional areas—

**Mr BRAD HAZZARD:** But that is because they are concerned that they are not vaccinated. So they will worry that, if people go out there who are unvaccinated and if there is a resident with a disability who is not vaccinated, they will be exposed to that situation, I would assume.

**The Hon. EMMA HURST:** I think that is part of the concern.

**Ms PEARCE:** I am happy to comment.

**Mr BRAD HAZZARD:** Ask Susan Pearce.

**Ms PEARCE:** Just to make a broad comment, however. The rates of vaccination now in rural New South Wales are actually higher overall than they are in metropolitan New South Wales.

**The Hon. EMMA HURST:** Do you have that data?

**Ms PEARCE:** I can produce that for you. Certainly the first-dose rate in rural New South Wales is up around 93 per cent, which is excellent and they have done an exceptional job.

**ANSWER**

As at 7 November 2021, 91 per cent of regional local government area (LGA) residents had received two doses of a COVID-19 vaccine and 94 per cent had received one dose. At the same point in time, metropolitan LGAs had a slightly lower vaccination rate with 90 per cent of residents having received two doses of a COVID-19 vaccine and 92 per cent having received one dose.

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Animal Hoarding

**The Hon. EMMA HURST:** Earlier this week I was speaking with the Minister for agriculture, Adam Marshall, and I was talking to him about the issue of animal hoarding.

**Mr BRAD HAZZARD:** Animal what?

**The Hon. EMMA HURST:** Animal hoarding.

**Mr BRAD HAZZARD:** Hoarding.

**The Hon. EMMA HURST:** Hoarding. We were talking about it in regards to the sentencing and the issues that obviously the courts and the RSPCA are having in regards to animal hoarding cases that end up in front of the courts, because it has got nearly 100 per cent recidivism and it is often tied in with quite severe mental health issues. So fines and jail time, for example, are not necessarily appropriate sentencing for people who are involved with animal hoarding. I was talking to him about a review of the sentencing in regards to animal hoarding and he actually suggested that it would sit better in your portfolio than his. I do not necessarily agree with that myself but I just wanted to know what your thoughts were in regards to that.

**The CHAIR:** Just for clarity's sake, the issue of animal hoarding, the Minister was, I think, a bit surprised by the question so I am not sure of the definition of essentially what it is—perhaps just for the benefit of everyone.

**Mr BRAD HAZZARD:** Thank you, Mr Chair. I must say I was just wondering what animal hoarding is.

**The Hon. EMMA HURST:** Obviously it is very similar to the more broad definition of hoarding, so actually having too much of anything. But what happens often in animal hoarding is somebody could have 100 animals living in squalor in their home. And so they will continually collect more and more animals and keep them usually at their property. It is usually tied with a belief that they might be the only person that can provide that animal with the proper care. But when an organisation like the RSPCA gets called out to one of these places, there could be animals that have not had proper veterinary treatment, there might be animals that are deceased on the property and usually the animals are living in squalor. There is usually faeces all through the house, for example.

So that is a classic sort of hoarding issue. It is obviously a little bit more complex than what I am explaining here to you today but I guess the issue is that, because there is a mental health section associated with it, the current Prevention of Cruelty to Animals Act, where people are being charged for animal hoarding, is not suitable.

**Mr BRAD HAZZARD:** I am starting to wish you had some more COVID questions for me.

**The Hon. EMMA HURST:** It is complex and I have not asked a very direct question either. When I spoke to Minister Marshall, the Minister for agriculture, about it he was referring it on to your portfolio and I guess I was wondering whether you felt that something like a sentencing review for particular cases like that would be suitable within the Health portfolio or whether it belongs somewhere else.

**Mr BRAD HAZZARD:** I am sorry, Emma. First of all, I am very sympathetic with what you are saying as an animal lover. I just do not know the answer. It has not crossed my mind that it would be something within the Health purview, but I am happy to look at the issue. I suspect that what Minister Marshall was saying was that—and you have described it—it is almost a mental health issue, it is a syndrome, it is something. But I just do not know enough about it. If it is a mental health issue, obviously then my response would be I would still tread very carefully and delicately because it is mental health issue. If anything, it would have to be a law and order—what bothers me now is it sounds like he has fobbed it off to me and I am fobbing it off to someone else. I do not mean to do that. I am happy to talk to you afterwards. It is just something I cannot answer right now.

**ANSWER**

Hoarding refers to the acquisition of and unwillingness to discard large numbers of objects. Animal hoarding involves the compulsive acquisition of animals despite the inability or unwillingness to provide them with adequate care.

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It is considered pathological when it results in extreme environmental clutter, and is associated with significant distress, functional impairment, or significant risk to safety for the affected individual; the welfare of the animals being hoarded; and/or others around them (such as family and neighbours).

Assessment and management are often complex and challenging, particularly when the client has limited insight and does not accept the need for any intervention.

There is no 'one size fits all' approach. Multiple services and agencies are involved in most cases such as general health services (including general practitioners), mental health services, care and support services, home cleaning services, council services, public housing, animal welfare services and non-government organisations.

The best results are achieved when service providers and agencies adopt a coordinated and consistent approach, which is tailored to the circumstances of the individual case at hand.

In cases where the client refuses assessment or is found to lack decision-making capacity, consideration should be given to the legal framework best suited to the situation. These may include the *Mental Health Act 2007*, *Guardianship Act 1987*, *Local Government Act 1993*, and the *Residential Tenancy Act 2010*.

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Ambulance response times – Priority 1A

**The Hon. COURTNEY HOUSSOS:** Minister, the national target for code 1 lights and sirens response times is for an ambulance to arrive within 10 minutes of the call being placed. New South Wales has been the second worst performing State in the country, and we have not met that benchmark for 10 years. When do you think we will?

**Mr BRAD HAZZARD:** I think NSW Ambulance has a median response time of about 8½ or nine minutes, something in that range, which is under—

**Ms PEARCE:** Eight point three.

**Mr BRAD HAZZARD:** Eight point three minutes, according to Susan Pearce, which is less than the 10-minute target.

**Ms PEARCE:** That is for priority 1A.

**Mr BRAD HAZZARD:** I do not know what you are reading from, but that is the figure that Health have given me.

**The Hon. COURTNEY HOUSSOS:** I am reading from the Productivity Commission report, which says that we have not met it and only Tasmania performs worse than us. Will you explain, Ms Pearce, why we have different figures?

*Break in transcript*

**The Hon. COURTNEY HOUSSOS:** I am just asking about response times.

**Mr BRAD HAZZARD:** I was not suggesting you were being critical about it at all and I understand what you are asking of us; that is fine. Ms Pearce, do you want to add anything to that?

**Ms PEARCE:** Ms Houssos, obviously ambulance response times are very important to all of us and our community. Priority 1 is a very large category that includes the most urgent, as well as lower triage categories. The priority 1A, even in the last BH high quarterly—so that is the most serious of the priority 1 code, was at 8.3 minutes, which is well within the 10 minute benchmark that is used.

**The Hon. COURTNEY HOUSSOS:** Just to be clear, you are talking about priority 1A?

**Ms PEARCE:** Yes.

**The Hon. COURTNEY HOUSSOS:** Whereas I am asking you about all priority 1.

**Ms PEARCE:** There is a very significant amount of factors that go into ambulance response times. Obviously geography plays a part. You would be aware, obviously, that there has been an increase in ambulance calls and they were very busy, particularly prior to this latest outbreak of COVID.

**Mr BRAD HAZZARD:** We have had about 990,000 responses just in the last year.

**The Hon. COURTNEY HOUSSOS:** I do recall the head of ambulance saying that it was like a New Year's Eve in the midst of the lockdown.

**Mr BRAD HAZZARD:** Yes.

**Ms PEARCE:** Indeed, yes.

**The Hon. COURTNEY HOUSSOS:** I appreciate that.

**Ms PEARCE:** It has been incredibly busy, which is why the additional resourcing to the service is important and in this term of government, as I recall, there were an additional 750 paramedics and control centre staff.

**The Hon. COURTNEY HOUSSOS:** Ms Pearce, the Minister just outlined that. I am just interested to know, if you are talking about priority 1A, what are your figures for all of priority 1?

**Ms PEARCE:** I do not have those in front of me, Ms Houssos. We will take that on notice.

**Mr BRAD HAZZARD:** We will take it on notice.

**The Hon. COURTNEY HOUSSOS:** Certainly.

**ANSWER:**

NSW Ambulance activity and performance data is publicly available on the Bureau of Health Information website at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au).

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Intensive care paramedics ambulances

**The Hon. COURTNEY HOUSSOS:** Let me ask you about those intensive care paramedic ambulances. How many did you purchase? I understand you recently purchased a number of new ambulances.

**Mr BRAD HAZZARD:** I cannot remember. Can I take that on notice?

**The Hon. COURTNEY HOUSSOS:** Sure.

**Mr BRAD HAZZARD:** Does anybody else know? I cannot remember.

**Ms PEARCE:** No, I am sorry.

**Mr BRAD HAZZARD:** I cannot remember. There is a lot. They have all got the new LUCAS devices in them too and all the new facilities for actually carrying COVID patients. They are all world-class.

**The Hon. COURTNEY HOUSSOS:** Yes, and I am just interested to know how they were allocated across Sydney. Perhaps you can provide on notice then how many—

**Mr BRAD HAZZARD:** I can tell you it had nothing to do with any political aspects. I do not know where they were allocated. They were allocated by Health in the normal processes.

**The Hon. COURTNEY HOUSSOS:** Minister, can you then provide a breakdown of—

**Mr BRAD HAZZARD:** Sure, I will ask Ambulance.

**The Hon. COURTNEY HOUSSOS:** I understand there are six metro zones across Sydney.

**Mr BRAD HAZZARD:** Say that again, sorry?

**The Hon. COURTNEY HOUSSOS:** I understand there are six metro zones across Sydney, if you can provide me with a breakdown of those.

**Mr BRAD HAZZARD:** I will ask Ambulance to do that for you. Yes, sure.

*Break in transcript*

**The Hon. COURTNEY HOUSSOS:** Minister, it makes sense that the intensive care paramedic ambulances would be matched where the intensive care paramedics are. Is that correct?

**Mr BRAD HAZZARD:** Yes, I guess, yes. That is certainly my understanding, anyway.

**The Hon. COURTNEY HOUSSOS:** The Sydney Northern Zone has 10 intensive care paramedic ambulances and crews, whereas the Nepean Blue Mountains and western Sydney regions combined only have eight.

**Mr BRAD HAZZARD:** I do not know anything about that, but I will find out. As I said, we will get the numbers for you.

**The Hon. COURTNEY HOUSSOS:** Perhaps you can provide then what the population comparison is between those two particular areas.

**Mr BRAD HAZZARD:** Sure. Why don't we ask Ambulance and I would be interested to know too because that is an issue that Ambulance manages—where these ambulances are and on what basis they made those decisions. I will happily share that with you as they tell me.

**The Hon. COURTNEY HOUSSOS:** I specifically would like to ask about Kogarah because it has four intensive care paramedic teams doing 12-hour shifts, but it has only two intensive care ambulances. Is it true that you were two short and you did not allocate those to Kogarah?

**Mr BRAD HAZZARD:** I am sorry, that is entirely a matter for Ambulance. I will find out from Ambulance and let you know.

**The Hon. COURTNEY HOUSSOS:** Yes. Then if you can provide on notice if there are other intensive care paramedics working across the State without these new ambulances, where they are located.

**Mr BRAD HAZZARD:** I think there would be. I do not know the answer specifically, but I think in some areas, and I have spoken to paramedics in the bush and some of them do not have the intensive care ambulance facilities but they are still obviously able to do the work of the intensivist, they just do not have all that equipment. It depends on where they are.

**The Hon. COURTNEY HOUSSOS:** Do you know how many intensive care paramedics are now working across the State? Do you have a total number on that?

**Mr BRAD HAZZARD:** I cannot tell you. I will find out from Ambulance. I will take it on notice.

**QUESTION: How many intensive care ambulances were purchased?**

**ANSWER:** 104

**QUESTION: How were they allocated across Sydney?**

**ANSWER:**

40 ambulance stations were provided with two specialist vehicles, and a further 24 ambulance stations were provided with one specialist vehicle.

**QUESTION: What is the basis for this decision?**

**ANSWER:** NSW Ambulance has an existing service planning methodology to determine the clinical services provided in each community. The criteria is based on patient safety, case volume, case mix relative to specialist skills of the paramedic, and proximity to other health services.

**QUESTION: Provide a breakdown of the six metro zones**

**ANSWER:** Metro Sydney is divided into eight zones: Sydney, South Eastern Sydney, South West Sydney Zone 1, South West Sydney Zone 2, Western Sydney, Nepean Blue Mountains, North Sydney, and Central Coast.

**QUESTION: Number of intensive care ambulances and crews in Sydney Northern Zone and Nepean Blue Mountains and Western Sydney zones.**

**ANSWER**

Crews are made up of two paramedics. A crew may be made up of two intensive care paramedics, or one intensive care paramedic, and a P1 paramedic. Each location produces one crew deployed each 24 hours. Crews and ambulances are also called by NSW Ambulance from time to time based on planning as per answer above.

**QUESTION: Population breakdown for these zones**

**ANSWER:**

Population statistics are available from the Australian Bureau of Statistics.

NSW Ambulance zone boundaries are publicly available on the NSW Ambulance website.

**QUESTION: Kogarah has four intensive care paramedics teams doing 12-hour shifts, but only two intensive care ambulances**

**ANSWER:** Kogarah Ambulance Station on occasion deploys up to two shifts on day shift and two shifts on night shift. This only requires two intensive care ambulances.

**QUESTION:** Is it true that you were two short and you did not allocate those to Kogarah?

**ANSWER:** No.

**QUESTION:** How many intensive care paramedics are working across the state?

**ANSWER:**

There are 463 intensive care paramedics working in established intensive care paramedic positions.

**QUESTION:** Are there intensive care paramedics working without an intensive care ambulance

**ANSWER:** All intensive care paramedics are trained and equipped to perform life saving interventions and sometimes respond in sedans, motorbikes, aircraft, and class 1 Mercedes sprinter ambulances.

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Emergency department wait times

**The Hon. COURTNEY HOUSSOS:** Minister, I was talking about ambulance waiting times earlier. I would like to now move to emergency department waiting times, because there is a clear disparity here, as well, between where you live in Sydney. For example, if you are a T2 emergency case at St Vincent's, you will be triaged within a minute, but, in comparison, the latest data shows us that Blacktown was 18 minutes and Nepean was 17. What are you doing to make sure that residents in western Sydney are receiving the same level of care as those in the east?

**Mr BRAD HAZZARD:** We are doing everything we humanly can in terms of both money and staffing. The challenges in health are much more complex than your question perhaps portrays. For example, in south-western and parts of western Sydney, the community, which is very multicultural, do not necessarily have an understanding or experience of going to a primary health provider. For example—I am not going to name the countries, but there are a whole series of countries where GPs are just not available, so they tend to use the emergency department [ED] as a GP practice. That does create issues for us and we try to do everything we can to educate people but, at the end of the day, our health system will still accept people in through the EDs. That does create issues, and it has been compounded by the COVID situation in the last couple of years. Will we ask Graham Loy to comment on that? Who would you like to comment?

**Ms KOFF:** Ms Pearce.

**Mr BRAD HAZZARD:** Ms Pearce can give you—

**Ms PEARCE:** I can make a comment at an overall rate, Ms Houssos. Look, there are complexities, as the Minister has noted, in regard to the treatment-on-time performance that you are talking about. It is very difficult to pull one figure out from one hospital and compare it directly with another because there will always be different factors. There is certainly a lot of work that has gone into treatment on time because it is critically important that people are seen and triaged in the appropriate category. For example, Wollongong was one hospital that put in place a rapid assessment process to ensure that people move through more quickly. But just as an overall comparison, because you are drawing a distinction between east versus west on this, overall south-eastern Sydney has a lower rate of treatment on time than south-western Sydney. It is easy to pull out one hospital and compare it to another, but if you look at overall rates it is not quite as simple as that.

**The Hon. COURTNEY HOUSSOS:** Perhaps you can provide that on notice.

**Ms PEARCE:** Happy to.

**ANSWER:**

The April to June 2021 Bureau of Health Information Healthcare Quarterly reports that 60.7 percent of emergency department patients in South Eastern Sydney Local Health District (SESLHD) started treatment on time, compared to 73 percent in South Western Sydney Local Health District (SWSLHD). For Triage category 2 patients, the median waiting time to treatment in SESLHD was 13 minutes, while in SWSLHD the time to treatment was nine minutes.

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Endometriosis and adenomyosis funding

**The Hon. EMMA HURST:** Minister, you mentioned that there was some funding in this space in the women's health centres. Is any of that New South Wales Government funding going into research into endometriosis specifically?

**Mr BRAD HAZZARD:** I cannot answer that off the top of my head, I am sorry, but more than a billion dollars a year goes into research across a whole range of areas, so I would imagine that some of it is along those lines. You just heard that the Agency for Clinical Innovation has been looking at this issue and, if ACI is looking at it, ACI would almost certainly be connected with researchers who are looking into those issues as well. The secretary is nodding, I can see—

**Ms KOFF:** I was going to say, if I may, Minister, that the national plan for endometriosis released by the Commonwealth had significant funding for research—\$9 million into non-invasive diagnostic testing and \$2.5 million into research funding for Jean Hailes' Centre for Women's Health—so there is a range of funding allocations that have been made by the Commonwealth that we work in partnership with them on because a lot of them are allocated to initiatives that may be conducted here in New South Wales.

**The Hon. EMMA HURST:** So some of that funding may have come from New South Wales?

**Ms KOFF:** Yes.

**The Hon. EMMA HURST:** Could I put on notice how much New South Wales Government funding has been put into endometriosis research and also adenomyosis.

**Mr BRAD HAZZARD:** You mean a question on notice?

**The Hon. EMMA HURST:** Yes.

**Mr BRAD HAZZARD:** I am happy to try to find out, but can I tell you that, like a lot of this, it is very difficult sometimes because—

**The Hon. EMMA HURST:** It falls into categories.

**Mr BRAD HAZZARD:** Yes, because clinicians also do research, so you would find there are clinicians who are working in the area of endometriosis, and obviously other women's health issues, who are spending time both in clinical and research. We can give it a go. I am happy to find out as far as we can, but just be aware that it will not be precise.

**ANSWER:**

The five-year National Action Plan for Endometriosis was released in 2018 and is focused on awareness and education, clinical management and care, and research. Since the release of the Plan there has been almost \$19 million nationally in funded activities, including \$9 million for research into non-invasive diagnostic testing, and a better understanding of why endometriosis develops and progresses.

The NSW Women's Health Framework acknowledges the impact of endometriosis on women's wellbeing. The Framework guides NSW Health organisations' planning and delivery of high-quality services and programs for all women and girls, including those with chronic conditions such as endometriosis.

In 2021-22, NSW Health is providing \$12.2 million in grant funding to 20 Women's Health Centres across NSW, with an additional \$250,000 in Ministerially Approved Grant funding to Women's Health NSW, which supports the centres. Many of these centres have in-house general practitioners who refer women presenting with symptoms indicating endometriosis for appropriate medical care.

Further to primary health carer and community-based support services, women may also be referred to pain specialists in pain clinics at local health districts, where multidisciplinary teams use a range of tools to tailor pain management plans to each individual. This may include pain management through mental health supports or exercise programs. Some local health districts also have locally agreed clinical pathways between primary and secondary care for NSW clinicians focused on endometriosis or chronic pelvic pain.

Transcript page 36

Adenomyosis Awareness

**The Hon. EMMA HURST:** Thank you. This might be a question for Dr Lyons: Adenomyosis is often described as the evil cousin of endometriosis and, even though we are still so far behind on endometriosis, it seems we are even further behind on adenomyosis. I was wondering if the Government or NSW Health have done anything to at least increase awareness about adenomyosis as well?

**Dr LYONS:** I would have to take that one on notice. I am not absolutely clear about any specific issues in relation to that particular matter, so if you would not mind we will take that on notice.

**ANSWER:**

The NSW Women's Health Framework acknowledges that key health challenges and opportunities vary across life stages, and tailors strategies to promote better health and wellbeing at every stage. The Framework guides NSW Health organisations' planning and delivery of high-quality services and programs for all women and girls.

In 2021-22, NSW Health is providing \$12.2 million in grant funding to 20 Women's Health Centres across NSW, with an additional \$250,000 in Ministerially Approved Grant funding to Women's Health NSW, which supports the centres. These centres provide holistic and woman-centred primary health care with counselling, health promotion and education services.

Transcript page 37

Children with long COVID-19

**Ms CATE FAEHRMANN:** Thank you, Minister. How many children then within the State have long COVID?

**Mr BRAD HAZZARD:** One of the good things—if there is anything good about COVID—is that children do not tend to get severe responses to COVID. It tends to be fairly mild. We have had, I think, one or two children end up in the intensive care units [ICUs], but generally it is very mild. I have had no information given to me at this point indicating that children are prone to long COVID, but I will check whether any of the medical people on the call have any more information on that. Dr Lyons, do you have any knowledge of that, or Susan Pearce?

**Dr LYONS:** Minister, I have got no knowledge about children with long COVID at this point in time. So we would have to take that on notice from my perspective unless anyone else has got anything.

**Mr BRAD HAZZARD:** Could I tell you, Cate, it has not, in all the two years—or almost two years—that I have been intensively doing this, sometimes 18 hours a day, ever been a topic of discussion. So I do not think that it is a major issue but let us find out for you and for me and for us, and I will take it on notice.

**ANSWER:**

There is currently no consensus on a definition for the diagnosis of long COVID to be able to provide definitive case numbers. Recent studies from the United Kingdom suggest that although children can experience prolonged symptoms following a COVID-19 diagnosis, it is uncommon, and appears to occur less frequently in children than in adults.

The National Centre for Immunisation Research and Surveillance (NCIRS) have developed a frequently asked questions paper (FAQ) for the public about COVID-19 and children, which includes the latest information about long COVID in children (<https://ncirs.org.au/covid-19/covid-19-and-children-frequently-asked-questions>).

NSW Health will continue to closely monitor emerging evidence on the impact of COVID-19 on children and adolescents.

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Transcript page 40

Eurobodalla Hospital construction

**The Hon. COURTNEY HOUSSOS:** Has construction commenced?

**Mr BRAD HAZZARD:** It would not have, because—

**Ms KOFF:** Minister, Rebecca Wark is online, chief executive of Health Infrastructure.

**Mr BRAD HAZZARD:** I do not think it would have yet, because it has only been announced recently. It takes a little while to get that done. Let us let Ms Wark, who is the chief executive of Health Infrastructure, give us the benefit of her infinite wisdom.

**Ms WARK:** Thanks, Minister. Good afternoon. The preferred site was announced on 7 December in [inaudible]. The stakeholders endorsed the master plan earlier this year, in May. We are going through the site acquisition process at the moment, and we are expecting a schematic design to be completed a little later this year and some of the statutory planning processes to be in place then.

**The Hon. COURTNEY HOUSSOS:** When are you expecting construction to commence?

**Ms WARK:** [Disorder] we are intending, following the site acquisition process, to commence early works in 2022.

**The CHAIR:** I do not think she heard that question.

**Mr BRAD HAZZARD:** She just answered it, though. She just said she thought that early works would commence in 2022. She did not hear the question, but she answered it without hearing it.

**The CHAIR:** Completely? Yes, that is fine.

**The Hon. COURTNEY HOUSSOS:** And when are they due to be completed?

**Ms WARK:** I would have to take that on notice.

**Mr BRAD HAZZARD:** Correct me if I am wrong, Ms Wark, but I think that hospital is more than \$200 million worth. Generally, for a hospital of somewhere between \$100 million and \$250 million, and it is on a greenfield site as I recollect, that would be at least a couple of years—two to 3½ years to build it and probably another few months to commission it. Generally it is about three to four years. What is your best estimate, Ms Wark?

**Ms WARK:** I would say that your estimate there, Minister, is correct.

**ANSWER:**

The new \$260 million Eurobodalla Health Service to be built in Moruya is one of the largest regional greenfield hospital projects in NSW.

Construction of a facility of this size generally takes about three years to build once project planning processes are completed and approved. Commissioning thereafter can take up to six months.

The project is currently in the planning phase. Works on site are expected to begin in 2022, pending planning approval and following necessary site enabling works, including approval of an Aboriginal Heritage Impact Permit.

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Transcript page 42

Elective surgery spending

**The Hon. COURTNEY HOUSSOS:** Minister, last year in June you announced an extra \$388 million for elective surgery. Do you know how much of that has been spent?

**Mr BRAD HAZZARD:** I do not know, but I will ask if Susan Pearce knows that.

**Ms PEARCE:** I would have to take that on notice.

**The Hon. COURTNEY HOUSSOS:** Are you able to also then provide us with a breakdown by LHD of how that has been spent?

**Ms PEARCE:** I will take it on notice.

**ANSWER:**

A total of \$303.4 million was spent as follows, with the unspent funds carried forward to 2021-22.

The largest amounts by Local Health District (LHD) were:

- South Western Sydney LHD - \$59.5 million
- Western Sydney LHD - \$41.4 million
- Sydney LHD - \$29.9 million
- Hunter New England LHD - \$29.7 million
- South Eastern Sydney LHD - \$29.5 million
- Mid North Coast LHD - \$25.1 million
- Illawarra Shoalhaven LHD - \$22.8 million

The balance was shared across the remaining LHDs.

Transcript page 44-45

Animal research spending

**The Hon. EMMA HURST:** Minister, we have spoken in the past about funding for alternatives to animal research. Are you able to update me as to whether the Government has made any investments in this space particularly?

**Mr BRAD HAZZARD:** Can I take that on notice, please, Emma? I am not sure where they have got to with that.

**ANSWER:**

A number of medical research institutes in NSW, including the Children’s Medical Research Institute and the Victor Chang Cardiac Research Institute, have developed capabilities to grow organoids. Organoids are mini-organs grown in a dish using 3D differentiation systems.

Organoids offer ideal models to investigate biology of tissues and organs as they better replicate the organ environment. Organoids generated from stem cells offer a renewable source of organoids offering an unlimited source of human cells for experimentation. They can provide an alternative to animal models for some investigations, however, they are not a broad replacement as they lack the benefits of the complex environment of the body.

The NSW Government provides infrastructure funding support to the Children’s Medical Research Institute and Victor Chang Cardiac Research Institute through the Medical Research Support Program.

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Transcript page 45

Baboon facility in Sydney Local Health District

**The Hon. EMMA HURST:** In the EU they have made a commitment to phase out the use of animals. There is no definite time line at this point, but they are working towards that. We have also previously spoken about the primate breeding facility in western New South Wales. In a previous budget estimates you advised me that the funding from the National Health and Medical Research Council had actually ceased for that breeding facility and that Sydney Local Health District had taken over the funding for that facility. Has the funding for the baboon facility continued from Sydney Local Health District? Is there a plan to continue funding it going into the future?

**Mr BRAD HAZZARD:** My understanding is that the funding has continued and the baboons are living a rather relaxed life and a happy life, one that we all look forward to—It is getting closer for some than others.

**The Hon. EMMA HURST:** I don't think that people want to be experimented on. I do not think that is a life that people would be looking forward to.

**Mr BRAD HAZZARD:** No, I don't think that is happening with most of them. What I am saying is that I think they are actually—look, I will find out for you and I will let you know. When you come up to see me in a couple of weeks, up in the office, I will tell you.

## **ANSWER**

The Australian National Baboon Colony is maintained, managed and financially supported by the Sydney Local Health District. Since the National Health and Medical Research Council funding ceased there has been no alternative funding obtained for the colony. The District continues to support the facility financially from the annual funding allocation provided by the NSW Ministry of Health. Note the annual funding provided to the District includes an allocation for teaching, training and research activities.

Animal Welfare Committee approved Medical Research protocols are in operation. These protocols are directed to pressing health problems such as premature birth, high blood pressure, and transplantation for kidney failure.

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Transcript page 45-46

Primate breeding facility in Western Sydney

**The Hon. EMMA HURST:** Thank you. Could you also take on notice, if you don't mind, how much funding they have received in the period of 2019-2020 and 2020-2021?

**Mr BRAD HAZZARD:** Specifically, sorry, for what?

**The Hon. EMMA HURST:** The primate breeding facility in western New South Wales—

**Mr BRAD HAZZARD:** Western Sydney.

**The Hon. EMMA HURST:** Yes, sorry, western Sydney. How much funding have they received from 2019-2020 and 2020-21 from Sydney Local Health District?

**Mr BRAD HAZZARD:** No problem.

**The Hon. EMMA HURST:** Thank you. Are you aware if this facility is the recipient of any other further funding from the New South Wales Government, via grant programs, for example?

**Mr BRAD HAZZARD:** I do not know, but I can ask the same thing from Sydney Local Health District. I would imagine that if it is coming through Sydney Local Health District that would be the prime source of the funds. That is what I would expect. It may be that they get money from other sources and it comes through Sydney Local Health District but, again, I will let you know. I will take that as a question on notice and get a formal answer for you.

**The Hon. EMMA HURST:** Wonderful, thank you. If you are taking that one on notice, would you mind also taking it on notice to find out how much they might be receiving from other grant programs, if that is available?

**Mr BRAD HAZZARD:** Sure, absolutely.

## **ANSWER**

The Australian National Baboon Colony (ANBC) is a captive primate colony that is maintained for the purpose of providing Australian researchers with access to healthy, higher-order primates for ethically and scientifically justified medical research. The ANBC is maintained, managed and financially supported by the Sydney Local Health District.

Since the National Health and Medical Research Council funding ceased, there has been no alternative funding obtained for the colony. The District continues to support the facility financially from the annual funding allocation provided by the NSW Ministry of Health. Note the annual funding provided to the District includes an allocation for teaching, training and research activities.

In the 2019-20 financial year, the District provided \$0.828 million to the operation of the colony. In 2020-21, the District provided \$1.037 million to the operation of the colony. These amounts were net of grants received, which totaled \$0.090 million in 2020 financial year, and \$0.050 million in 2021 financial year.

Transcript page 46

Healthcare discrimination of women

**The Hon. EMMA HURST:** Thank you. Each year the national not-for-profit Jean Hailes conducts a survey of Australian women's health. In the previous two years 16 per cent of women surveyed reported discrimination in accessing health care. Is healthcare discrimination an issue that has been raised with your office, and is it something that the Government is trying to address?

**Mr BRAD HAZZARD:** Well, it has not been raised with me. I think generally the health services, at least through the State health services, are very responsive to women's needs and try to be as effective as possible in that. That report you are talking about might have covered, for example, GPs or specialists or others—

**The Hon. EMMA HURST:** It is quite broad; it is actually interviewing 9,000 to 10,000 women every year and it is essentially a survey in regard to what they have experienced through the healthcare system generally.

**Mr BRAD HAZZARD:** So that I do not get accused of mansplaining, can I hand this to one of the ladies on either side of me who might know something about that?

**Ms KOFF:** I am not familiar with the review, but happy to take it on notice, actually have a look at it and then see how it is relevant to the New South Wales health sector.

**Mr BRAD HAZZARD:** If you can give us the details, perhaps text me afterwards with the details, I will get a copy of the report because I am interested to see just what areas they have highlighted. If that is the case then we will do whatever we can to try to address it, but I was not aware of that.

**The Hon. EMMA HURST:** Fantastic, thank you for that.

## **ANSWER**

The Jean Hailes National Women's Health Survey 2020 is a national report, with an overall sample size of 9,361. The report does not include state level data and it does not state whether respondents were referring to federal, state or private health services.

The NSW Women's Health Framework sets out the strategic directions for NSW Health to deliver services and foster environments that help women and girls in NSW to meet their physical, emotional, social and economic potential.

The framework was developed in consultation with women and girls who experienced additional health and social vulnerabilities, peak non-government organisations, local health districts and speciality health networks.

There is a specific focus on priority populations, including women and girls who are Aboriginal, LBTQ+, from culturally and linguistically diverse backgrounds, those living with disability, living in rural or remote areas, experiencing socioeconomic disadvantage or are carers.

The framework guides NSW Health organisations' planning and delivery of high-quality services and programs for all women and girls.

Transcript page 47

Specialist Dementia Care Program

**The Hon. EMMA HURST:** Great, thank you for that, and I will definitely send that report on to you as well. Going back, we were talking about dementia before we went to a break. The New South Wales Ageing Well action plan outlines that you are partnering with the Australian Government to implement the Commonwealth Specialist Dementia Care Program. Can you give us a bit of detail about what is involved in that program and any time line for its implementation?

**Mr BRAD HAZZARD:** I will ask Nigel again to answer that, if that is all right? Nigel, could you respond to that, please?

**Dr LYONS:** I might take the specifics about the program on notice but indicate that we are doing a range of work in relation to dementia care and in partnering with other organisations, including non-government organisations, in providing funding to support dementia care. It is a key area of focus for our aged care services. Our specialist aged care services have particular services that specialise in support for people with dementia and ageing-related cognitive dysfunction, so it is a very important focus area for all of our aged care services, but we do have specific funding that goes through to organisations like Dementia Australia. They receive funding for statewide support groups, for carers and people living with dementia, so we provide around about \$260,000 per annum through to Dementia Australia.

We also provide support through other organisations, such as the Uniting Church of Australia, for dementia day care programs, so there is a range of non-government organisations that are delivered support and funding from our services. We have a lot of work that is going on in response to the findings of the royal commission, as you probably are aware, which highlighted the issues around cognitive disability in people living with dementia and intellectual disability. We have made significant investments into those areas as well. It is a major focus of our services. We have a range of initiatives in place. I will take the specifics around that particular program you are talking about and we can add those in in relation to a question on notice around that one.

**The Hon. EMMA HURST:** Thank you.

## **ANSWER**

The Specialist Dementia Care Program is an Australian Government initiative that funds aged care providers to operate specialist dementia care units within residential aged care facilities. The units provide specialised care to people experiencing very severe behavioural and psychological symptoms of dementia. They aim to reduce or stabilise symptoms so that people can move into less intensive care settings.

The program includes funding to state and territory health services to provide specialist clinical support to specialist dementia care units, through local health districts or networks.

There are nine specialist dementia care units operating across Australia. NSW has one unit, operated by HammondCare in Newcastle, with specialist clinical support from the Hunter New England Local Health District Mental Health Service.

The next phase of the program rollout via grant processes is expected in late-2021 or early-2022. By 2022–23, the Australian Government expect to have at least one specialist dementia care unit in each of the 31 primary health network regions across Australia. Further program information is published on the Department of Health website.

Transcript page 51

Radiation treatment centre grant in SNSWLHD

**The Hon. COURTNEY HOUSSOS:** Secretary, in 2019 the Federal Government told Bega and Eurobodalla it would be eligible to apply for a targeted but competitive grant round for regional radiation treatment centres, but Southern NSW Local Health District did not apply. Are you aware of why they did not apply?

**Ms KOFF:** No, I am not. I will take that on notice.

**The Hon. COURTNEY HOUSSOS:** Thanks very much.

**ANSWER**

After the release of an Australian Government grant opportunity in August 2020, Southern NSW Local Health District underwent a process to determine the viability of establishing radiation therapy services on the South Coast.

Potential partnerships with private providers lacked evidence of affordability, sustainability and quality, therefore an application was not pursued.

Cancer patients across Southern NSW Local Health District access high quality radiotherapy services via Canberra and Nowra, making use of existing accommodation facilities at both centres. For eligible Southern NSW Local Health District residents, financial assistance is available to access these services through the NSW Health Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).

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Transcript page 52

Rouse Hill Hospital

**The Hon. WALT SECORD:** Rouse Hill Hospital Minister, what level in the emergency department will Rouse Hill Hospital have?

**Mr BRAD HAZZARD:** I do not know. I cannot remember.

**The Hon. WALT SECORD:** Can you take it on notice please?

**Mr BRAD HAZZARD:** Sure.

**ANSWER**

Clinical Service Planning for Rouse Hill Hospital has commenced.

A research and innovation study is being conducted by Macquarie University, in collaboration with Western Sydney Local Health District. The aim of the study is to identify what the hospital of the future looks like, applying it to the Rouse Hill Hospital. It will include an analysis of catchment population health data, review of best practice international models of care, and community and health services provider engagement, through interviews and workshops.

The study is expected to be completed in late 2021/22 and will inform the Clinical Services Plan. The clinical services that will be delivered in the new hospital will be confirmed once planning is complete.

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Transcript page 52-53

NSW Health salary package

**The Hon. COURTNEY HOUSSOS:** Minister, in March I asked you about the progress of the salary packaging issue for Health staff, which means that they do not receive the full benefit of the—

**Mr BRAD HAZZARD:** That was that Federal thing because I know Gerard Hayes from the HSU had raised it.

**The Hon. COURTNEY HOUSSOS:** Yes, that is right. Can you update the Committee on the progress of that?

**Mr BRAD HAZZARD:** Can I ask Phil Minns to answer that please?

**Mr MINNS:** We have had some, I guess, initial conversations with the Health Services Union but from our perspective, the arrangement whereby the benefits of salary sacrificing are shared stems from a bargaining process back in the early 2000s where there was a commitment to use that mechanism as a device to fund wage increases which were in excess of 4 per cent a year over the four years, from my memory. I might need to provide an answer on notice to be exact about that. There was a significant four year wage bargain and the position of government as I understand it was that they were not going to supplement the Health budget in the second and ongoing years, so it became necessary to look for savings measures to be able to fund the agreed wage position. That is where the arrangement comes from. The consequence of changing that arrangement now would be that NSW Health would have a budget issue in the order of, I think it is \$280 million per annum. We would also probably have to navigate the current position of the Government through the Wages Policy Taskforce, which is pretty rigid in the arrangement by—

**The Hon. COURTNEY HOUSSOS:** Sorry Mr Minns, we are just running out of time, so can I just ask you one quick question. You said that it is \$280 million a year. Is that how much that the Government receives from this?

**Mr MINNS:** That is half of the benefits, so the rest of the benefit is to—

**The Hon. COURTNEY HOUSSOS:** Yes, I understand. I am familiar with the history of the policy and where it has come from. I am just interested in knowing, that is half of the value. That is the value that the New South Wales Government gets from the arrangement. Is that correct?

**Mr MINNS:** It is in that order. If it is a slightly different number I will come back to you on notice.

**The Hon. COURTNEY HOUSSOS:** I appreciate that. Thanks, Mr Minns.

**ANSWER**

I refer the member to the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 4 November 2021 – Supplementary Questions (3 – 5).