

Questions from the Hon Mark Buttigieg MLC *(on behalf of the Opposition)*

Q22/156 – NSW Hospitals

1. How many hospitals in New South Wales in the last year have not had a doctor overnight?
 - a) For any hospital in New South Wales that has not had a doctor overnight in the last year, please provide per hospital:
 - i) The number of instances?
 - ii) The dates?
2. How many hospitals in New South Wales in the last year have not had a doctor for three days in a row?
 - a) For any hospital in New South Wales that has not had a doctor for three days in a row in the last year, please provide per hospital:
 - i) The number of instances?
 - ii) The dates?

ANSWER:

I refer the member to the response provided at LC 8298.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
supplementary questions – 10 March 2022**

Q22/157 – COVID-19 - Hospitalisation

3. For every month since June 2021 to current, please provide the number of people or patients who were infected with COVID-19 while being treated in a hospital?
 - a. Please provide the above data, per month, broken down by each Local Health District?

ANSWER

Case interviews are no longer routinely conducted for COVID-19 cases. As such, data on the source of a case's infection is no longer routinely available.

Information about hospitalisations can be found in the COVID-19 Weekly Surveillance Reports, available at <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>.

Q22/158 – COVID-19 – Masks Purchases

4. For every month since January 2020, please provide the number of masks purchased by the Government in that month that were of N95, or comparable or greater filtration standard?
 - a. Please provide the remaining number of masks purchased by the Government in those months that were below the standard?

5. Please provide a list of every order of masks placed by the Government since January 2020, including the following:
 - a) Date of order?
 - b) Number of masks ordered?
 - c) Date of delivery?
 - d) Number of masks delivered?
 - e) Unit cost per mask?
 - f) Total cost of order?
 - g) Location of the manufacturer:
 - i. New South Wales?
 - ii. Elsewhere in Australia?
 - iii. Overseas?
 - h) The grading or standard of the masks ordered:
 - i. N95?
 - ii. KN95?
 - iii. P2?
 - iv. N99?
 - v. N100?
 - vi. Surgical mask?
 - vii. Other (please indicate)?

ANSWER

4. – 5

I refer the Member to the response provided at LC 8079.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/159 – COVID-19 – Hospital in the Home Program

6. Can you please provide the number of people with COVID-19 being treated at home under the Hospital in the Home program, for each day since 1 December 2021, to current? (if daily data is not available, please provide weekly data).
7. Can you please provide the number of people with COVID-19 being treated at home under any other hospital-managed program, for each day since 1 December 2021, to current? (if daily data is not available, please provide weekly data).

ANSWER

I refer the Member to the response provided at LC 8070.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/160 – COVID-19 – PCR and RAT testing spend

8. For every month since January 2020:
- a) Please provide the total dollar amount spent by the State Government to fund COVID PCR testing in New South Wales?
 - b) Please provide the total dollar amount spent in total by all Governments to fund COVID PCR testing in New South Wales?
 - c) Please provide the total dollar amount spent by the State Government to fund COVID rapid antigen testing in New South Wales?
 - d) Please provide the total dollar amount spent in total by all Governments to fund COVID rapid antigen testing in New South Wales?

ANSWER

I refer the Member to the response provided at LC 8078.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
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Q22/161 – COVID-19 - RAT tests orders, distributions and purchases

9. Please provide a list of every order of rapid antigen tests placed by the Government since January 2020, including the following:
- a) Date of order?
 - b) Number of rapid antigen tests ordered?
 - c) Date of delivery?
 - d) Number of rapid antigen tests delivered?
 - e) Unit cost per test?
 - f) Total cost of order?
 - g) Location of the test manufacturer:
 - i. New South Wales?
 - ii. Elsewhere in Australia?
 - iii. Overseas?
10. For every day since 20 December 2021 to now:
- a) Please provide the number of rapid antigen tests distributed for free at testing centres or hubs?
 - b) Please provide the number of rapid antigen tests distributed for free to Government workers, staff, or frontline workers?
 - c) Please provide the number of rapid antigen tests distributed for free by the Government using any other method not covered in questions 10(a) or 10(b)?
11. For each of the following months, can the Minister please provide the number of Rapid Antigen Tests purchased by every agency or Department in the NSW Government, and what the per unit item cost paid was?
- a) January 2021?
 - b) February 2021?
 - c) March 2021?
 - d) April 2021?
 - e) May 2021?
 - f) June 2021?
 - g) July 2021?
 - h) August 2021?
 - i) September 2021?
 - j) October 2021?
 - k) November 2021?
 - l) December 2021?
 - m) January 2022?
 - n) February 2022?
 - o) March 2022?

ANSWER

I refer the Member to the response provided at LC 8051 and LC 8098.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/162 – COVID-19 - Third dose vaccination

12. Can the Minister please provide the total third dose vaccination rate for New South Wales, for all vaccination channels combined, including NSW Health, General Practitioners, pharmacies, hubs, and all other methods, for each day since booster doses began being rolled out? (If daily data is not available, please provide weekly data).

ANSWER

Data on third dose vaccinations administered is publicly available on the [Australian Department of Health website](#).

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
supplementary questions – 10 March 2022**

Q22/163 – Sentinel Events

13. For every financial year from 2011-12 to current, please provide the following:
- a) The total number of sentinel events in public hospitals?
 - b) A breakdown of that year's sentinel events by category or type of sentinel event?

ANSWER

Data on Sentinel Events is published annually by the Australian Government's Productivity Commission and is available on their website.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/164 – Elective Surgery

14. In June 2020 \$388 million was announced for elective surgery.

- a) Can you please outline how much of this has been spent as at 1 March 2022?
- b) Can you please provide a breakdown of how this was allocated by Local Health District?

ANSWER

14 (a) - (b)

I refer the Member to the response provided at LA 7234.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
supplementary questions – 10 March 2022**

Q22/165 – Election Commitments

15. As of 1 March 2022, how many of the 5000 additional nurses and midwives that were committed at the last election have been recruited?
16. As of 1 March 2022, how many of the 100 additional palliative care nurses that were committed at the last election have been recruited?
17. As of 1 November 2021, how many of the 8 additional children’s allergy nurses that were committed at the last election have been recruited?
18. As of 1 March 2022, how many of the 24 additional cataract surgery nurses that were committed at the last election have been recruited?
19. As of 1 March 2022, how many of the 23 additional mental health nurses that were committed at the last election have been recruited?
20. As of 1 March 2022, how many of the 8.2 additional paediatric care nurses that were committed at the last election have been recruited?

ANSWER

15. – 20.

There have been periods of variation in staffing activity over the course of the COVID-19 pandemic which has seen workforce redeployed to cover furloughed staff, manage increased hospital and intensive care admissions and fill contact tracing and vaccination program positions.

Further to this, the health workforce is reported as a full-time equivalent total at the end of each financial year due to seasonal variations impacting the workforce measures at other points in time.

As such, a more specific response is not currently available.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
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Q22/166 – Cost of Locums

21. In relation to locums in NSW hospitals:

- a) What is the average cost per day for Locums visiting rural NSW?
- b) What is the highest rate that is currently paid for Locums visiting NSW per day?
- c) What other costs are covered for Locums when they visit rural NSW? (ie accommodation, food, incidentals)

ANSWER

21 (a) – (c)

I refer the Member to the response provided at Portfolio Committee No. 2 – Health and Medical Research – Budget Estimates Hearing – 23 August 2021 – supplementary questions 101-106.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
supplementary questions – 10 March 2022**

Q22/167 – Cardiac Surgery at Sydney Children’s Hospital

22. In relation to the Government’s announcement in 2020 that paediatric cardiac surgery would be reinstated at Sydney Children’s Hospital Randwick (SCHR):
- a. Have any surgeries have taken place at SCHR?
 - b. If not, why?
23. How long is the wait for a child needing an MRI at SCHR?

ANSWER

22.

I refer the Member to the response provided to the question taken on notice on page 55 at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 10 March 2022.

23.

All patients are assessed and prioritised according to clinical need.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
supplementary questions – 10 March 2022**

Q22/168 – Dental Waiting Lists

24. As at 1 March 2022, how many people are on the public dental waiting lists in each of the LHD's?

ANSWER

Information pertaining to public dental waiting lists in Local Health Districts is available at:
<https://www.health.nsw.gov.au/oralhealth/Pages/public-dental-care-waiting.aspx>.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/169 – Domestic Violence NSW

25. In relation to NSW Health funding for domestic violence:
- a) Is there funding for NSW Health to roll out the NSW wide 24 Hour dedicated domestic and family violence response, which NSW Health has invested in planning and consulting on?
 - b) If not, why not?
 - c) Why has there been no additional NSW Government funding for domestic and family violence forensic units after the success of the Domestic Violence Documentation Project first trialled in Nepean Hospital in 2010?
26. What are the evaluation results from the pilot project of co-locating Domestic and Family Violence support services in six NSW hospitals?
- a) If they are not currently available, when will they be?
27. Has NSW Health finalised protocols and referral pathways for women and children presenting with potential and actual head injuries from Sexual and Domestic Family Violence at NSW Hospitals?
- a) If so, are these protocols and referral pathways publicly available?

ANSWER

25:

Yes, resource enhancements to support the Violence, Abuse and Neglect (VAN) Redesign Program are set out in the Integrated Prevention and Response to Violence, Abuse and Neglect Framework which is published on the NSW Health website.

The NSW Health 24-hour Integrated Domestic and Family Violence (DFV) Crisis Response is being developed as part of the VAN Redesign Program. It will support provision of 24-hour, trauma-informed integrated psychosocial, medical and forensic responses to victims of domestic and family violence.

26:

I refer the Member to the response provided to the question taken on notice on page 54 at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 10 March 2022.

27:

All people who present to public hospitals or other NSW Health facilities with acute head injury, including concussion receive evidence-based treatment. This response is informed by the same clinical practice protocols regardless of how the injury occurred.

The NSW Health DFV Crisis Response under development will include clinical guidance on responding to disclosed or suspected non-fatal strangulation and acute and cumulative head injury, including head injuries sustained in the context of domestic, family and sexual violence.

Information on referral pathways for clinicians responding to domestic and family violence are available through *NSW Health Worker's Guide to Identifying and Responding to Domestic and Family Violence*. This Guide has been developed for each local health district and is available online and in hard copy for NSW Health workers.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
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The adult trauma clinical practice guideline *Initial Management of Closed Head Injury in Adults* is available on the NSW Institute of Trauma and Injury Management website. The Paediatric Improvement Collaborative (PIC) endorsed Head Injury Guideline is available on the Royal Children's Hospital Melbourne's website and is endorsed for use in NSW.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/170 – Sexual Assault

28. Many sexual assault services in NSW operate a waitlist and are unable to support numerous victims who are in need. Why has there been no substantial increase in NSW Government funding for sexual assault services across NSW when we have seen a 65% increase in the reporting of sexual assault since March 2020?

ANSWER:

I refer the Member to the response provided to the question taken on notice on page 13-15 at Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 10 March 2022.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/171 – Women’s Health

29. Why hasn’t the Government kept Women’s Health Centres’ core funding, at a minimum, in line with CPI?
- a) Why hasn’t funding for Women’s Health Centres kept pace with overall funding of NSW Health?
 - b) Does the Government have any plans to increase baseline funding for women’s health centres?
 - c) What will the NSW Government do in order to ensure Women’s Health Centres can continue to offer their services to everyone who comes through their door?
30. Will the NSW Government commit to establishing and funding the Illawarra Women’s Trauma Recovery Centre?
- a) If not, why will the NSW Government not commit to the project?
31. Are terminations easily accessible (including no cost options), through the public health system (such as public hospitals)?
- a) Would the NSW Government consider that terminations are easily accessible in rural and remote areas?
 - b) Is the NSW Government working on a plan to make terminations easily accessible in rural and remote areas?
 - i. If so, what is the timeline for this plan?
 - ii. Under such a plan, where would these services be available?

ANSWER

29. (a) – (c)

I refer the Member to the response provided to the question taken on notice on page 52 at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 10 March 2022.

30.

The Federal Government has announced \$25 million for the Illawarra Women’s Health Centre (IWHC) to establish a Trauma Recovery Centre.

In 2019-20, NSW Health provided additional one-off funding of \$50,000 to the IWHC to support the development of a business case for the Trauma Recovery Centre. The Department of Communities and Justice administered this funding through Women NSW.

31.

I refer the Member to the response provided to the question taken on notice on page 54-55 at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 10 March 2022.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/172 – Mental Health

32. It has been recognised that the current Housing and Mental Health Agreement (HMHA) is not working and needs to be revised. After several rounds of paying consultants to produce reports, why has there been no funding allocated to implement their recommendations?

ANSWER

I refer the Member to the response provided to the question taken on notice on page 53 of the transcript for Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 10 March 2022.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/173 – Maternal Health

33. What additional funding and resources is the NSW Government committing to overcome the disparity in maternal health outcomes between metropolitan and rural /regional NSW?
34. Given the overwhelming evidence of severe disparities in access to reproductive health services between metropolitan and rural/regional NSW, can the NSW Government specify the funding in this budget to start to reverse this situation?
35. Given the overwhelming evidence of the positive impacts of Birthing on Country programs on maternal health and well-being, reduction of preterm births and the health of infants, what additional support is the NSW Government giving to new Birthing on Country sites across NSW?

ANSWER

33.

Safe and quality maternity care is being achieved through Tiered Perinatal Networks (TPNs) that work together to enable smaller facilities, such as those in rural and regional NSW, to quickly access specialist consultation. The TPNs facilitate referrals and safe transfer of pregnant women to nearby hospitals which offer higher level care.

In 2018, under the NSW Parent Package, \$157 million was invested over four years to deliver a range of initiatives to improve support to parents. This includes an annual spend of \$1.5 million on Maternal Transfers Redesign, which aims to improve safety and outcomes for women and their families in regional and rural NSW through the introduction of new systems and processes.

34.

Funding of \$9.9 million is provided to Family Planning NSW for reproductive and sexual health services in NSW. Family Planning NSW has clinics in Sydney and regional NSW that offer contraception information, contraceptive procedures, pregnancy options including early abortion, STI testing and management, advice regarding management of menopause symptoms, and more.

NSW Health has also funded Family Planning NSW with \$1.2 million over three years to deliver the SEARCH Project (Service Equitable Access to Reproductive Health services in regional NSW) to pilot a new service model to improve access to community-based reproductive health services for women in regional NSW.

35.

NSW Health is guided by the NSW Aboriginal Health Plan 2013-2023, developed in partnership with the Aboriginal Health and Medical Research Council of NSW. NSW has policies and services in place to ensure that Aboriginal families have a choice of high quality, safe maternity care that best suits the needs of their family. NSW Health is currently working with Waminda South Coast Women's Health and Welfare Aboriginal Corporation on their proposed Birthing on Country model of care.

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Q22/174 – Consent

36. What support is the NSW Government giving to comprehensive, evidence based, sexuality and consent based education in NSW private and public schools?
- a) How is the NSW Government supporting public, health-based education to broaden understanding of sexuality and consent across diverse communities?

ANSWER

This is a matter for the Minister for Education.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
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Q22/175 – New South Wales Local Health Districts

37. What Regarding health matters that require engagement at a ministerial level with respect to the Districts listed below, should MLAs and MLCs make contact with and speak to the office of the Minister for Regional Health or the office of the Minister for Health?:

- a) Far West Local Health District;
- b) Hunter New England Local Health District;
- c) Mid North Coast Local Health District;
- d) Murrumbidgee Local Health District;
- e) Northern NSW Local Health District;
- f) Southern NSW Local Health District;
- g) Western NSW Local Health District;
- h) Nepean Blue Mountains Local Health District; and
- i) South Western Sydney Local Health District,

ANSWER

All Members of Parliament are welcome to send any correspondence or raise any matters with me or my office. Any matters which require action by both Ministers of offices will be appropriately managed.

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Q22/176 – ACON

38. The ACON 2020-2021 Annual Report records on page 84 that for the year ended 30th June 2021 the NSW Department of Health provided a grant totalling \$12,639,286 up from the \$12,020,116 provided in the 2019-2020 financial year. What was the criteria used to determine that ACON should receive an increase in funding of \$619,170 between the 2019-2020 financial year and the 2020-2021 financial year?
39. The ACON 2020-2021 Annual Report records on page 84 that for the year ended 30th June 2021, in addition to the grant of \$12,639,286 provided by NSW Department of Health, further grants of \$584,291 (up from the \$439,703 in the 2019-2020 financial year) were provided by Local Health Districts. The Annual Report does not specify which Local Health Districts provided grants.
- a) What authorisation, if any, was given by the Minister for Health permitting Local Health Districts to, on top of the \$12,639,286 grant provided by NSW Department of Health, provide a further \$584,291 in grants to ACON in the 2020-2021 financial year?
- b) Which Local Health Districts provided grants to ACON in the 2020-2021 financial year?
40. On 31st March 2020, ACON launched a new online platform called TransHub. The platform is accessed through the ACON website. TransHub contains extensive information including details about puberty blocking procedures, cross-sex hormone treatment and surgery. It also provides a detailed list of what are referred to as Gender Affirming Doctors. Has the Minister for Health, as far as it relates to children and adolescents, undertaken an examination of the content, information, advice and links on the TransHub platform to ensure that it is medically accurate and fully accords with the policies, directives and clinical standards and guidelines of the NSW Department of Health?

ANSWER

38.

The service purchases vary from year to year and contracts greater than one year can be subject to consumer price indexation (CPI) increases. NSW Health funding to ACON is publicly available in the Ministry of Health's Annual Reports.

39 (a) – (b)

Authorisations are determined by NSW Health procurement rules and delegations. The amount of funding determines the delegation, including if Ministerial authorisation is required. Local health districts make decisions on purchases within their delegations.

Hunter New England and South Eastern Sydney LHDs provided Ministerial Approved Grants to ACON.

40.

TransHub is not funded by NSW Health.

Q22/177 – Hospital Staffing

41. What was the patient to nurse ratio in the Hunter New England Local Health District during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?
42. What was the patient to nurse ratio in the Central Coast Local Health District during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?
43. How many doctors were employed in the Hunter New England Local Health District during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?
44. How many doctors were employed in the Central Coast Local Health District during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?
45. How many nurses were employed in the Hunter New England Local Health District during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?
46. How many nurses were employed in the Central Coast Local Health District during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?

ANSWER

41. – 46.

Local health districts and hospitals vary staffing profiles and numbers to appropriately meet operational need at any point in time. In relation to nursing employees, NSW Health facilities are staffed in accordance with the *NSW Nurses and Midwives State Award*, which allows for the professional judgement of nurses and nurse managers to adjust staffing levels to the changing care needs of patients.

Q22/178 – GP Access and Emergency Branch

47. How many patients attended the Belmont Hospital GP Access clinic during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?
48. How many patients attended the Belmont Hospital Emergency Department during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?
49. How many patients were referred to the Belmont Hospital GP Access clinic from the Belmont Hospital Emergency Department during the:
 - a) 2019/2020 financial year?
 - b) 2020/2021 financial year?
 - c) 2021/2022 financial year?
50. Since 1 January 2022, how many patients have attended the Belmont Hospital GP Access clinic?
51. Since 1 January 2022, how many patients have attended the Belmont Hospital GP Access clinic on a weekend?
52. Since 1 January 2022, how many patients have attended the Belmont Hospital GP Access clinic on weeknights?
53. Since 1 January 2022, how many patients have attended the Belmont Hospital Emergency department?
54. Since 1 January 2022, how many patients have attended the Belmont Hospital Emergency Department on a weekend?
55. Since 1 January 2022, how many patients have attended the Belmont Hospital Emergency Department on weeknights?
56. The Belmont Hospital GP Access after-hours service had its weekend operating hours halved in January, due to state and federal government funding cuts. Will the Belmont clinic also have its weeknight operating hours reduced?

ANSWER

47, 50 – 52 & 56.

GP Access After Hours Services in the Hunter are operated by Hunter Primary Care under an agreement with the Hunter New England and Central Coast Primary Health Network. The delivery of primary care services, such as the GP Access clinics, is managed and funded by the Australian Government. Activity data regarding the Belmont GP Access Clinic is collected by Hunter Primary Care.

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48. (a) – (c), 53 – 55

Presentations for the Belmont Hospital Emergency Department are available for each quarter on the Bureau of Health Information website.

49.

Data relating to patients referred by Belmont Hospital Emergency Department to Belmont GP Access Clinic is not collected by the District. Data collected by Belmont Hospital refers to patients referred to another facility, but it is not specific to where they are transferred.

Q22/179 – Ettalong Ambulance Station

57. What is the average wait-time for ambulances who have arrived at Gosford Hospital?
58. How many paramedics are currently employed at the Ettalong Ambulance Station?
59. How many ambulances are currently in use at the Ettalong Ambulance Station?
60. Can you please confirm that in 2019, \$185,000 was spent on refurbishing Ettalong Ambulance Station?
 - a) Are you now planning to close Ettalong Ambulance Station despite spending \$185,000 on the facility not too long ago?
61. Did you consult with the staff at the Ettalong Ambulance Station before you announced the closure?
62. Will all the paramedics from Ettalong Ambulance Station be transferred to Woy Woy Ambulance Station?
63. Have you carried out modelling on the impacts on the response times once you close Ettalong?
 - a) If this modelling has been done, are you able to provide the modelling?
64. Do you have an estimate of the recent population growth in the postcodes of 2257 and 2251, particularly in light of the impact from COVID-19 as WFH arrangements have attracted those from urban centres to the area?
 - a) Have adequate assessments been made as to how this will add to the demand for ambulance and paramedic services in the area?
65. Please provide a copy of the traffic modelling conducted for the new Woy Woy Ambulance Station?
 - a) Has the traffic modelling undertaken an assessment of the use of ambulances during peak hours along Ocean Beach Road and its effect on the following:
 - i. Wait-times for ambulance services, and;
 - ii. Traffic congestion

ANSWER

57.

NSW Health performance data is publicly available on the Bureau for Health Information website.

58.

There are 36 full time equivalent (FTE) paramedics at Ettalong Ambulance Station.

59.

Ettalong Ambulance station has four emergency ambulances and two intensive care ambulances.

60.

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After an analysis of the growth in demand for ambulance services, Ettalong received a paramedic staff enhancement in 2018-19. As part of this enhancement, NSW Ambulance delivered a \$185,000 refurbishment of the station.

61.

I refer the Member to the response provided at LA 7126.

62.

All positions will be transferred to Woy Woy Ambulance Station.

63. – 65.

I refer the Member to the response provided at LA 7126.

**Portfolio Committee No.2 – Health – Budget Estimates – Responses to
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Q22/180 – Disability employment

66. How many employees who identify with having a disability are employed by:
- a) Ministry of Health
 - b) Health Professional Councils Authority
 - c) Mental Health Commission
 - d) Health Care Complaints Commission
 - e) NSW Health
67. How many senior managers who identify with having a disability are employed by:
- a) Ministry of Health
 - b) Health Professional Councils Authority
 - c) Mental Health Commission
 - d) Health Care Complaints Commission
 - e) NSW Health

ANSWER

66. – 67.

I refer the Member to the response provided at LA 7465.

Questions from Ms Abigail Boyd MLC

Q22/181 – Sexual Violence Services

68. Please provide a breakdown of all sexual violence services funded by Health, the funding they have received from Health for each financial year since FY2017-18, and where possible the amount of funding requested through pre-budget submissions for each of these years.

ANSWER

I refer the Member to the response provided to the question taken on notice on page 13-15 at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 10 March 2022.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/182 – 24 Hour Domestic & Family Violence Response

69. Is there funding for NSW Health to roll out the NSW wide, 24 Hour dedicated domestic and family violence response which NSW Health have invested in planning and consulting on? If not, why not?

ANSWER

I refer the Member to the response provided at Portfolio Committee No. 2 – Health– Budget Estimates Hearing – 10 March 2022 – response to supplementary questions – Q25.

Portfolio Committee No.2 – Health – Budget Estimates – Responses to supplementary questions – 10 March 2022

Q22/183 – Domestic and family violence forensic units

70. Why has there been no additional NSW Government funding for domestic and family violence forensic units after the success of the Domestic Violence Documentation Project first trialled in Nepean Hospital in 2010?

ANSWER

I refer the Member to the response provided at Portfolio Committee No. 2 – Health– Budget Estimates Hearing – 10 March 2022 – response to supplementary questions – Q25.

Q22/184 – Cosmetic Surgery

71. Following the Committee on the Health Care Complaints Commission's 2018 November report entitled 'Cosmetic Health Service Complaints in New South Wales' (the Cosmetic Health Care Report), what research has been undertaken by NSW Health, or by the Federal government and made available to NSW Health, about the behaviours of, and influences on, consumers seeking cosmetic health services?
72. How many complaints in relation to cosmetic health services has the Health Care Complaints Commission (HCCC) investigated in each of the financial years ended 30 June 2018, 30 June 2019, 30 June 2020 and 30 June 2021?
- a) How many for each of the calendar years ended 31 December 2018, 31 December 2019, 31 December 2020 and 31 December 2021?
 - b) For each period, how many were in relation to registered practitioners?
 - c) For each period, how many were in relation to individuals who were not registered practitioners?
73. What are NSW Health's plans for future policy, regulation and education programs in relation to cosmetic surgery?
74. What is the Minister's position on the regulation of the use of intense pulsed light devices and laser devices for cosmetic health services?
- a) Will the Minister be introducing tighter restrictions on the use of such devices?
75. Is the Minister of the view that individuals providing cosmetic health services, and employees of those persons, in NSW are adequately disclosing commissions, incentives and other payments they receive for encouraging patients to agree to procedures, more of the same procedure or additional procedures?
- a) How is this disclosure being monitored?
76. What is the Minister's position on the issue of whether patients seeking invasive cosmetic surgery should be required to first consult their General Practitioner?
- a) Has the Minister raised this issue with the COAG Health Council, as recommended in the Cosmetic Health Care Report?
77. In its response to the recommendations made in the Cosmetic Health Care Report, the Government stated that Health and NSW Fair Trading will consider the Medical Board of Australia's 'Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures' to determine if they remain suitable or whether the Medical Board of Australia should be asked to review the guidelines. What was the result of that review?
78. In its response to the recommendations made in the Cosmetic Health Care Report, the Government stated that Health and NSW Fair Trading will consider whether cosmetic health services provided by non-registered health practitioners should be subject to a cooling off period. What was the result of that review?
79. Is Health able to capture data in relation to revision surgery in the public system to correct cosmetic health procedures, as recommended in the Cosmetic Health Care Report?

ANSWER

71.

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NSW Health has not directly undertaken research specifically relating to behaviours of, and influences on, consumers seeking cosmetic health services.

72. (a) – (c)

As noted in the 2018 report on the Inquiry into Cosmetic Health Service Complaints by the Joint Parliamentary Committee on the Health Care Complaints Commission, cosmetic services are diverse and undefined, and data availability depends on the nature of the issue and the health provider type.

If a complaint explicitly mentions a cosmetic facility or an unregistered cosmetic therapist, it will be categorised as such, and data relating to these scenarios is reported in Tables A3, A11, A19 of the Health Care Complaints Commission's Annual Report.

If a complaint relates to a cosmetic procedure performed by a registered practitioner, a health organisation, or an unregistered practitioner, that complaint would be reported within the relevant provider category in Tables A3, A11, A19 (and is not immediately identifiable as a cosmetic complaint in the data).

73.

In 2022, the NSW Ministry of Health will be reviewing the types of cosmetic surgery that can only take place in a licensed private health facility. Currently, the *Private Health Facilities Regulation 2017* sets out a list of the types cosmetic surgeries that must take place in a licensed private health facility. The Ministry will be consulting on whether any changes should be made to the current list of cosmetic procedures in the regulation.

74.

In NSW, the Minister for the Environment is responsible for radiation control. The Australian Radiation Protection and Nuclear Safety Agency has developed advice for providers and consumers of services that involved intense pulsed light devices to promote a uniform approach to management of the key issues around use of these devices for non-surgical cosmetic treatments.

75. (a)

Medical practitioners should not be offering or accepting financial or other inducements in relation to patient procedures. The Medical Board of Australia has made guidelines for medical practitioners who provide cosmetic medical and surgical procedures. Among other things, the guidelines provide that:

- The medical practitioner should not provide or offer to provide financial inducements (for example, a commission) to agents for recruitment of patients.
- The medical practitioner should not offer financing schemes to patients (other than credit card facilities), either directly or through a third party, such as loans or commercial payment plans, as part of the cosmetic medical or surgical services.
- Medical practitioners should not offer patients additional products or services that could act as an incentive to treatment (for example, free or discounted flights or accommodation).
- Medical practitioners should ensure that they do not have a financial conflict of interest that may influence the advice that they provide to their patients.

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The Board's general guidelines also states that good medical practitioners should not offer inducements or enter into arrangements that could be perceived as providing inducements.

A breach of the guidelines can be considered in deciding whether to take any disciplinary action against a practitioner. Complaints should be made to the Health Care Complaints Commission in relation to practitioners who breach these guidelines.

76. (a)

NSW Health encourages all consumers to seek advice from a medical practitioner before having a procedure, to get information about any health or infection risk that might be involved. This would include a cosmetic procedure.

The issue of whether a patient should be required to consult with a general practitioner before seeking invasive cosmetic surgery was raised with Australian Health Practitioner Regulation Agency (Ahpra). The Minister for Health has requested that Ahpra and the Medical Board review their guidelines. Ahpra has advised that they will consider the Committee's recommendations when they review their guidelines and standards, and will consult with stakeholders on proposed changes. Ahpra has also developed a consumer guide, which is available at: <https://www.ahpra.gov.au/Publications/Cosmetic-surgery-and-procedures.aspx>

77.

The Minister for Health wrote to Ahpra following the Committee's report and asked that the Medical Board of Australia consider reviewing their guidelines, including whether practitioners should be required to refer patients who are seeking to undergo invasive cosmetic surgery to an independent practitioner to receive advice about the associated risks.

Ahpra has advised that the current guidelines include guidance in relation to referring patients for evaluation to a psychologist, psychiatrist, or general practitioner when indicated. In addition, they also advised that they would consider the Committee's recommendations when reviewing the guidelines.

Ahpra and the Medical Board have recently commissioned a review of patient safety issues in the cosmetic sector, including how to strengthen risk based regulation of practitioners in the industry. Further information about the review can be found at: <https://www.ahpra.gov.au/News/2021-11-24-cosmetic-review.aspx>

Health Ministers are also expected to consider results of consultation in 2022 on whether use of the title "surgeon" should be limited to medical practitioners with surgical qualifications, thereby restricting use of the term by doctors who call themselves cosmetic surgeons.

78.

As part of a recent review of the regulation of cosmetic medicines, the NSW Ministry of Health considered whether a cooling off period was appropriate but did not recommend this approach, noting the Medical Board's guidelines on cosmetic medical and surgical procedures already apply when practitioners perform cosmetic surgery. These guidelines require cooling off periods in relation to procedures involving cutting beneath the skin or involving those under the age of 18 years.

79.

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NSW Health coding data does not delineate between procedures that were undertaken for cosmetic, rather than clinical, reasons.

Questions from Ms Cate Faehrmann MLC

Q22/185 – Paramedics

80. Does NSW Health have data on how often paramedics are missing their meal breaks?
- a) If yes, can you provide this data?
 - b) Is this data used by NSW Health as a key indicator of workforce stress?
81. What was the cost of missed meal breaks for Paramedics last year?
82. What was the cost of end of shift overtime for paramedics last year?
83. Have response times for high priority emergencies increased in the last 12 months?
- a) If so, by how much?
84. Can you provide a breakdown for each Local Health District of the cost of paramedics transferring patients where a Patient Transfer Service (PTS) vehicle would be more appropriate, but was unavailable?
85. How often do regional NSW paramedics provide Patient Transport Services due to the lack of availability of PTS vehicles?
86. How much does it cost to train an extended care paramedic?
- a) What is the additional cost to employ an extended care paramedic per year?
87. What is the average cost of an emergency hospital admission in regional NSW?
88. How many full time equivalent extended care paramedic positions are there for each regional Local Health District?
- a) Per local health district, how many of those positions are vacant?
 - b) Per local health district, how many of those positions are filled?
89. How many full time equivalent intensive care paramedic positions are there for each Local Health District?
- a) Per local health district, how many of those positions are vacant?
 - b) Per local health district, how many of those positions are filled?

ANSWER

80. – 81.

NSW Ambulance paramedics are a mobile workforce, equipped to respond to emergency incidents from any location. NSW Ambulance policies and frameworks are designed to enable the allocation of breaks while ensuring that crews are available to respond to emergency requests.

The allocation of meal and crib breaks and access to rest time is supported by a number of existing policies and frameworks which identify this as a priority area for NSW Ambulance.

82.

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NSW Ambulance paramedics respond to emergency incidents. Effort is made to reduce the use of overtime through the use of staggered start and finish times. Daily meetings are held to manage planned ambulance rosters to meet demand and activity.

83.

NSW Health response data is publicly available on the Bureau for Health Information website.

84. – 85.

Patient Transport Services differ in each regional area of NSW and local health district. NSW Ambulance will transport patients to and from private addresses to designated facilities for medical appointments when patient transport services are not readily available. NSW Ambulance emergency response calls are given priority over non-emergency transport services.

86.

NSW Ambulance is committed to training extended care paramedics (ECPs) with access to specialist equipment and subject matter experts who provide ECP trainees with a level of experience best suited to meet the education requirements for ECP initial training. On successful completion of initial training, ECP rosters have embedded education days for continued professional development throughout their career.

87.

The average cost of an emergency hospital admission in regional NSW is approximately \$7,000. This figure is based on 2020-21 costing data.

88. & 89.

NSW Ambulance does not deploy staff on the basis of Local Health District boundaries.