PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday, 4 November 2021

Examination of proposed expenditure for the portfolio area

HEALTH AND MEDICAL RESEARCH

CORRECTED

The Committee met at 9:30.

MEMBERS

The Hon. Greg Donnelly (Chair)

Ms Cate Faehrmann
The Hon. Wes Fang
The Hon. Courtney Houssos
The Hon. Emma Hurst (Deputy Chair)
The Hon. Natasha Maclaren-Jones
The Hon. Walt Secord

MEMBERS PRESENT VIA VIDEOCONFERENCE

The Hon. Lou Amato

PRESENT

The Hon. Brad Hazzard, *Minister for Health and Medical Research*

* Please note:
[inaudible] is used when audio words cannot be deciphered.
[audio malfunction] is used when words are lost due to a technical malfunction.
[disorder] is used when members or witnesses speak over one another.

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000

The CHAIR: Good morning and welcome to the public hearing for the inquiry into budget estimates 2021-2022. Before I commence I would like to acknowledge the Gadigal people, who are the traditional custodians of this land. I would like to pay my respects to Elders past, present and emerging of the Eora nation and extend that respect to other Aboriginals present and joining us over the internet over the course of the day. I welcome Minister Hazzard and accompanying officials to the hearing. Today the Committee will examine the proposed expenditure for the portfolio of Health and Medical Research.

Before we commence I would like to make some brief comments about the procedures for today's hearing. Today's proceedings are being broadcast live via the Parliament's website and a transcript will be placed on the Committee's website once it becomes available. In accordance with the broadcasting guidelines, media representatives are reminded that they must take responsibility for what they publish about the Committee's proceedings. All witnesses in budget estimates have a right to procedural fairness, according to the procedural fairness resolution adopted by the House in 2018. There may be some questions that witnesses could answer only if they had more time or with certain documents to hand. In these circumstances witnesses are advised that they can take a question on notice and provide an answer within 21 days. If witnesses wish to hand up documents, they should do so through Committee staff.

Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to your advisers seated at the table behind you. In terms of the audibility of the hearing today, we have witnesses in person and via videoconference. I ask Committee members to clearly identify who questions are being directed to. I ask everyone appearing remotely to please state their name when they are speaking. That will assist in the preparation of *Hansard*, so they can clearly understand who is speaking in terms of questions and answers. I also ask everyone to please mute their microphones when they are not speaking. Finally, everyone should please turn their mobile phones to silent for the duration of the hearing. Minister, I remind you that you do not need to be sworn as you have already sworn an oath to your office as a Member of Parliament.

ELIZABETH KOFF, Secretary, NSW Health, sworn and examined

SUSAN PEARCE, Deputy Secretary, System Performance and Patient Experience, NSW Health, sworn and examined

NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning, NSW Health, before the Committee via videoconference, sworn and examined

PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, before the Committee via videoconference, sworn and examined

SUE DAWSON, NSW Health Care Complaints Commissioner, NSW Health, before the Committee via videoconference, affirmed and examined

REBECCA WARK, Chief Executive Officer, Health Infrastructure, NSW Health, before the Committee via videoconference, affirmed and examined

SCOTT McLACHLAN, Chief Executive Officer, Western NSW Local Health District, before the Committee via videoconference, sworn and examined

MICHAEL DiRIENZO, Chief Executive Officer, Hunter New England Local Health District, before the Committee via videoconference, sworn and examined

GRAEME LOY, Chief Executive Officer, Western Sydney Local Health District, before the Committee via videoconference, affirmed and examined

The CHAIR: For completeness, I should note that Dr Chant will be joining us later today to provide evidence. We are very grateful for her being available. I understand she will be in person from 2.00 p.m. this afternoon. Minister?

Mr BRAD HAZZARD: Mr Chairman, could I just indicate on that front that that is the hope.

The CHAIR: The hope? Okay, yes.

Mr BRAD HAZZARD: The hope, because a subpoena of the Supreme Court of New South Wales was issued to her, so she is required to be in court today.

The CHAIR: Of course.

Mr BRAD HAZZARD: We are assuming that they might deal with the matter sufficiently with the evidence this morning and are hopeful that she will be here this afternoon, but it really is, unfortunately, a clash of events. I am sure that if there are any questions that Dr Chant is needed to answer and she is not here, then, of course, we can take those on notice and deal with them later.

The CHAIR: Thank you, Minister, for that update. I appreciate that very much. That makes things clear for us. Our hearing allocation times today are as follows. We have got things underway with the first part, the formalities; that will take us through to 12.45 p.m. There is going to be a break between 11.00 a.m. and 11.15 a.m. That is a scheduled break, but a break that will be just a tight 15 minutes. People will be able to deal with matters during that 15 minutes, if they need to do so. We will then commence what is effectively the lunch break at 12.45 p.m. through to 2.00 p.m. The hearing will be set aside during that time. We then come back at 2.00 p.m. and go through until 5.15 p.m., we expect, or thereabouts. There will be an informal break between 3.30 p.m. and 3.45 p.m. That is what we have scheduled for today. In terms of how questions will proceed in the normal course, it will be Opposition and crossbench. There is a period of time of 15 minutes allocated at the end for Government members to, if they wish to do so, ask any questions. There is no provision for opening statements, so we will get things underway. We will commence with the Opposition.

The Hon. WALT SECORD: Thank you, Mr Chair, and thank you, everyone, for attending today. Thank you, Minister. Before I commence I would just like to convey a message to Elizabeth Koff. Can you please convey to health staff, health workers and health professionals across the State that any questions today will not be a criticism of them and their work during the COVID period. I just want to say that at the outset. Thank you very much. Thanks for what you do and what all the health officials are doing—and health workers.

Ms KOFF: Thank you.

The Hon. WALT SECORD: On that note, it will come as no surprise that the first questions I will ask will be in relation to COVID. Minister, what is the current vaccination rate at the moment in New South Wales, statewide?

Mr BRAD HAZZARD: You are talking about first dose or second dose?

The Hon. WALT SECORD: Second dose.

Mr BRAD HAZZARD: Second dose is about—

Ms PEARCE: It is 88.7 per cent as at yesterday.

The Hon. WALT SECORD: How does that compare to comparable international jurisdictions around the world?

Ms PEARCE: The rate needs to be considered on a whole-of-population basis and we can provide that number to you. The important factor with regard to comparing to rates across the world is at the time of opening what the whole-of-population vaccination rate was. For New South Wales the last number I had, but I will get an updated figure for you, was that we were around 72 per cent on a whole-of-population basis and that compares quite well to jurisdictions around the world.

The Hon. WALT SECORD: When you say 72 per cent, that includes children, minors?

Ms PEARCE: That is correct, but I will get an updated figure for you.

The Hon. WALT SECORD: What is the percentage of first doses in New South Wales?

Ms PEARCE: It is 93.7 per cent as at yesterday in the adult population.

The Hon. WALT SECORD: It is the old adage: What have you done for us lately? People are now moving to questions about booster shots. How will the booster shots work? Will there be one and two, or is it simply one shot? Can you give an explanation, and then I will ask a few questions about boosters?

Mr BRAD HAZZARD: A few weeks ago I think there was a hope, on the advice from the Federal Government and from Dr Paul Kelly, that the booster shot might have been it, similar to other vaccination programs—it could have been lifelong. At the moment, my understanding is that there is a lack of certainty about that and so the commitment is to undertake the booster program. Obviously there will be further advice coming in due course as to whether or not it will be necessary to have those annually or whatever it may be. The jury is simply out on that at the moment. The safest course for us all, and for anybody listening today I would say, whether it was AstraZeneca or it was Pfizer, there is some evidence that the necessary immunological response drops off after about six months, so it would be a very good idea for us all to go and get the booster as soon as we are eligible.

The eligibility at the moment is about six months after the second shot, six months after your second vaccination, so it would be preferable to book in. As to the arrangements for that, I must say from New South Wales' point of view, and I think from talking to all the other Labor and Liberal ministers around the country—State and Territory ministers—we would all prefer that it be normalised in the sense of what used to happen with vaccinations. So primarily it would be GPs and/or pharmacists delivering the vaccinations, but for the time being, having in mind that this is coming off the back of a one-in-100-year pandemic, the New South Wales Government has determined that it will continue to provide vaccinations, also through the boosters, through some of our mass vaccination hubs and other facilities across the State. So people can book in now if they are past the six-month period and do it. I am certainly looking forward to doing mine; I think mine cuts in fairly soon.

The Hon. WALT SECORD: Will the mass vaccination hubs remain open?

Mr BRAD HAZZARD: That is what I just said. We have the big ones like the one at Sydney Olympic Park and we have the one—

Ms PEARCE: The original one.

Mr BRAD HAZZARD: The original one, and the other one is at Belmont, and of course there is Qudos, but Qudos will close in the next few weeks. Ms Pearce will be able to tell us exactly. That one was only available—because it is obviously for entertainment as well and, as entertainment opens up, which we have been working towards, they want to use it, so that is fine. A lot of the other facilities across the State, State-run facilities, will continue to operate. I would envisage that by some time next year the majority of the delivery of booster vaccines should be done—hopefully—through GPs and pharmacists, but we will have our State facilities still available just in case, for the time being.

The Hon. COURTNEY HOUSSOS: Minister, I want to ask you then have you had discussions—and I understand that this would be also for Minister Dominello—about how those boosters will integrate with the vaccination passport system?

Mr BRAD HAZZARD: What happens is that when you have your shot—have you been vaccinated?

The Hon. COURTNEY HOUSSOS: Yes.

Mr BRAD HAZZARD: Then you know it is available on your Medicare facilities, so you can get evidence of your vaccination. Whenever you get vaccinated it goes to the Federal Government anyway through a process that all States and Territories follow.

The Hon. COURTNEY HOUSSOS: Yes, through the national immunisation statement.

Mr BRAD HAZZARD: Yes.

The Hon. COURTNEY HOUSSOS: That is right, but what I am interested in is how will the booster then be integrated into that and then into—

Mr BRAD HAZZARD: It is just the same, it just goes on there. The work that Customer Service is doing will, I am sure, eventually get there on that, but I have not spoken to him specifically about that. Deputy Secretary Pearce wants to say something.

Ms PEARCE: Just with respect to the booster, if I understand, the point of your question is will it contribute toward being fully vaccinated. Is that what is the—

The Hon. COURTNEY HOUSSOS: What is the next stage? Obviously at the moment we need to show that we are double-vaccinated to get access to certain places, as we did this morning to come into Parliament. Are you working on how people will be able to notify venues if they have received their booster?

Ms PEARCE: At the present time the advice from the Commonwealth Government is that the primary two doses is what counts as being fully vaccinated, so the booster dose itself is a booster. If you have already had the primary doses then you are fully vaccinated. If at a point that changes and you are required to have the third dose to be considered fully vaccinated then that would obviously be addressed in the same way that we addressed the issue in the first instance.

Mr BRAD HAZZARD: I did not understand what you were getting at, Ms Houssos, but at this stage there has been no decision taken to say you must have the booster.

The Hon. WALT SECORD: That was going to be my question.

Mr BRAD HAZZARD: Yes. No, there is nothing on that front, but obviously it is sensible to do it.

The Hon. WALT SECORD: So at this stage if you refuse to get the booster—I am ready for the booster in December. If I do not get the booster then do I lapse into unvaccinated?

Ms PEARCE: No.

Mr BRAD HAZZARD: No. Under the current Federal guidelines you are still vaccinated. That is what I was saying before. The one thing I have learned in this, as I have said a few times now, is never say never. The Federal Government, and obviously the health people, the research people, are looking at what the drop-off is in terms of immunity.

The Hon. WALT SECORD: As at 25 October I think there were 2,348 staff in health that were unvaccinated, or about 1.5 per cent. If we get to the stage where you meet the criteria of the third booster, will you be requiring health department staff to get the booster?

Mr BRAD HAZZARD: We have taken no decision on that at this point.

The Hon. WALT SECORD: But you must have people who are already in that—because I know people who in fact are getting ready to get their booster now.

Mr BRAD HAZZARD: Yes, there is an enthusiasm, and we want to make sure there is enthusiasm. We have not made a decision on that aspect at this point. The decision that was taken was obviously around the Federal Government guidelines of what was required to keep the community safe and keep patients safe. I do not know whether either one of the senior executives wants to—as far as I am concerned, that decision has not been taken as yet.

Ms PEARCE: With respect to the Health staff, Mr Secord, there is a great deal of enthusiasm amongst our health professionals for the booster dose. I can tell you that since Friday we have administered over 10,000 booster doses just in New South Wales health clinics, so the take-up has been very high so far, and particularly with the announcement over the weekend. You will note that the Commonwealth Government announced boosters commencing from next Monday 8 November. We brought that forward to 1 November as a sign of our eagerness to encourage our community to receive that booster dose if you are 18 years and above. In addition to that, yesterday we sent out 71,000 SMS messages to people within our system who had received their first and second

dose with New South Wales health clinics, obviously some months ago now, to advise them that now is the time to come and book in for their booster dose.

The Hon. WALT SECORD: I know in countries like Israel, if you do not have the booster then you fall into the category of being unvaccinated again.

Ms PEARCE: It is a matter for the Commonwealth Government, Mr Secord.

Mr BRAD HAZZARD: We have not—

The Hon. WALT SECORD: Do you have views on that, Brad, which you are leaning towards?

The CHAIR: Minister.

The Hon. WALT SECORD: I am sorry, Minister.

Mr BRAD HAZZARD: That is all right, I will go with Brad. Personally, I am very supportive of the booster shot being taken, but I have not formed an absolute view at this point as to whether or not we should be mandating that. In a sense, we have not mandated it for anybody except workers at the front line of particularly vulnerable enterprises—education, health and so on. You can actually—as silly as I think it is— choose not to be vaccinated. I would expect that if the drop-off is substantial, the Therapeutic Goods Administration [TGA] and/or the Australian Technical Advisory Group on Immunisation [ATAGI] would probably give some advice to the Federal Government in due course on boosters being necessary, but it is too early to say for sure. That is purely instinct from the last two years of dealing with COVID.

The Hon. WALT SECORD: Ms Pearce, in response to questions on notice it came back on 25 October that there are 2,348 people who are unvaccinated in NSW Health. What is NSW Health doing to target that pocket? I know that there would be people in that category who would be immune-compromised and also women recovering from chemotherapy for breast cancer, so I do understand that there would be a small pocket that cannot be vaccinated for health reasons. But that 1.5 per cent—what is it now and what are you guys doing?

Ms PEARCE: My colleague Mr Minns can address that question, Mr Secord.

The Hon. WALT SECORD: Mr Minns, did you hear my question?

The CHAIR: Mr Minns?

Mr MINNS: Yes, I did. Phil Minns speaking. Perhaps I will give you a bit of a recap on our status with respect to vaccination. The workforce that we have considered possibly needing vaccination is a very large number: It is 176,964. It is a very large number because it represents everyone who is currently active on our StaffLink payroll system. That can include people who are on long leave, it can include people who are casuals but have not worked recently and it can include agency staff who are either working with us or have not worked with us recently. So it is an overstatement of our active workforce. Our active workforce, when we did the annual census at the end of June 2021, was just over 156,000. So if you take, for abundance of caution, that number—175,000—97-plus per cent of those people are vaccinated.

It is, therefore, an overstatement of our active workforce that are not yet vaccinated. The only way to get close to the number is to do the bottom-up analysis, which has occurred in all of the Health organisations and local health districts and networks. That has produced a potential population of about 2,100 where we still do not have a record of their vaccination and we are in the process of working with each of those individuals directly, one-on-one, to try and understand their context and circumstances. We continue to encourage vaccination. We see if we can provide information to people that they might require to reach the decision. But, ultimately, that number of people, we expect, will come down a little bit, but it is in that order of 2,130.

The Hon. COURTNEY HOUSSOS: Minister, on Tuesday in budget estimates we heard that the education department was hiring investigators to enforce vaccination compliance. Is NSW Health conducting any investigations into its own staff on their vaccination status or to verify that?

Mr MINNS: Not to my knowledge.

Mr BRAD HAZZARD: Not that I am aware of. We have just been working with the staff in a collaborative way to try to make sure people understand the benefit of being vaccinated.

The Hon. COURTNEY HOUSSOS: Perhaps, Mr Minns, you might be able to tell us. Do you have any verification process? If someone says that they are vaccinated, is that the end of the story or do you then go through a verification process?

Mr MINNS: At the local employment level there is a process to identify that people can demonstrate their vaccination. It is usually just done by the local manager where the person works.

The Hon. COURTNEY HOUSSOS: And you have not hired any new staff or external consultants to investigate these issues?

Mr MINNS: No, not to my knowledge.

Mr BRAD HAZZARD: Not that I am aware of. There have been no discussions on that basis, if there has been, with the Minister. I do not think that was necessary at all.

The Hon. WALT SECORD: Minister, can I take you a bit broader on COVID. In the middle of last year your Government announced that it was going to commit an extra $800 million to the health budget to increase intensive care unit [ICU] capacity. What has been the expenditure on COVID in New South Wales since the pandemic?

Mr BRAD HAZZARD: I think we actually ended up putting in more than $1.1 billion, from memory. I will get the exact figures for you in due course but it has been a lot of extra money, obviously, and it was not just about ICU. It was about all that went on. There was not just ICU, Mr Secord, there were factors like the extra payment for getting staff to do the vaccinations—

The Hon. WALT SECORD: Medical equipment.

Mr BRAD HAZZARD: —bringing more people on to do it and a whole lot of things. About $1.1 billion is my recollection. If that turns out to be wrong then I will get some details to you in due course.

The Hon. WALT SECORD: Ms Koff?

Ms KOFF: Yes, I can confirm, Minister, it is $1.1 billion.

Mr BRAD HAZZARD: There you go.

Ms KOFF: We spent $340 million dollars to fund personal protective equipment, or PPE, which was absolutely integral to managing the outbreak; $261 million for COVID-19 vaccination distribution and the establishment of the mass vaccination centres, and the administration of those was quite a logistics effort; and $200 million for pop-up clinics, testing and contact tracing. As you are aware, we had a rapid response to outbreaks and we could turn around and establish testing clinics and pop-up clinics. We did it at Crossroads and we did it at a variety of locations. Hotel quarantine was $145 million from our perspective with medical assistance and support. We were keen to keep surgery going. That was one of the critical issues, so we did allocate $80 million for additional elective surgery. Something that people do not expect often is the increase in cleaning costs associated with the facilities that COVID presented to us, so $30 million was for enhanced cleaning within the health facilities. The funding was absolutely essential for us delivering the results that we have achieved.

Mr BRAD HAZZARD: Could I add to that that those are the broad figures. But it is really hard to compartmentalise some of the figures because obviously Health is a massive machine. For example, what was the cost of us assisting—at one stage we had probably the best part of 100 staff that went down at various stages to Victoria, which obviously stayed on taxpayers' budgets here. Right now we have retrieval teams. I have a photo on my phone at the moment of a New South Wales ambulance sitting outside The Alfred in Melbourne. We have staff, we have the ambulances and we have facilities. We are still picking up all those costs because we just figure that it is our role as one of the State governments that will lead the country to actually back in everybody else too. So the costs that have been distributed—it is not precise but overall—are about $1.1 billion.

The Hon. WALT SECORD: Minister, I am just mindful my time is coming to an end.

Mr BRAD HAZZARD: Walt, never say it quite like that!

The Hon. WALT SECORD: Traditionally, the Christmas period was when surgeries drop off and activities in the health and hospital system. Will we see the dropping down or closing of—what is going to happen this Christmas in light of COVID in New South Wales?

Mr BRAD HAZZARD: It has not been sorted through yet but, can I say, you are right. When I was in Opposition I used to get very excited about that and I am sure you still do. But the reality is that I think at the moment everybody is exhausted in the health system. It is just terrible. Everybody has had it. GPs, though, always traditionally disappear over Christmas and that makes it a bit of a challenge, particularly in regional areas, because often GPs are the ones who are backing in our local hospitals. There will be some, I think, winding back during that period but anything that is urgent will still be done, as per always.

The Hon. WALT SECORD: So there will be the traditional Christmas close-downs?

Mr BRAD HAZZARD: I am just saying that during that period, you always—

Ms KOFF: Low activity.

Mr BRAD HAZZARD: Sorry?

Ms KOFF: Low activity over Christmas. We never close.

The Hon. WALT SECORD: End it there. That is a good answer.

Mr BRAD HAZZARD: You cannot close the health system; you just cannot. But if you are on category three or category two elective surgery, it is very unlikely you will find a surgeon anywhere in New South Wales wanting to do that work just after Christmas. And the GPs will be taking their Christmas tucker somewhere else. That is the way it works.

The Hon. EMMA HURST: Minister, I wanted to ask you a couple of questions about the new position around unvaccinated people. As you know the date has changed from 1 December to 15 December. Can I clarify if that change came about as a result of health advice?

Obviously we are still hitting pretty good figures with regard to first-dose vaccinations. What was the health advice around that decision to change the date?

Mr BRAD HAZZARD: Perhaps I should start by just explaining for those who are not familiar with it—and I certainly was not as familiar with it as perhaps I should have been when I was in opposition—that most people talk about public health as being the entire public health system, the free system that we operate across the country. It is not that. The public health system is a section of the New South Wales health system, and the public health teams are effectively the epidemiologists and virologists that sit in our 12 public health units around the State. They were established in about 2011, just as our Government came in. Every decision that was taken during the entire course of the pandemic had the public health team. The public face of that is Dr Chant, but there are a whole number of other public health positions in each of those local health districts. Indeed, you probably noticed Dr Marianne Gale, who came in a bit later in the pandemic. She was actually in south-eastern Sydney, I think. Is that right?

Ms KOFF: Yes, south-eastern Sydney.

Mr BRAD HAZZARD: She became part of the team because we needed some extra energy, I suppose. We were all just tired, so she came in to help us with all those things. Their advice was one factor all the way through the pandemic. But then when we were saying in our press conferences, for example, "based on health advice", it was a mixture of the public health team's advice, the team who represented people concerned about mental health, the people who represented the broader system advice around whether public health advice can be operationalised—and Susan Pearce is very much involved in that—and whether what public health thinks we should do can actually be done, and then of course the economic advice and so on. All the way through, it has been a balance of advice given to the Cabinet or the subcommittee of the Cabinet, and then the subcommittee of Cabinet made the decision. It is fair to say that every decision that was ever made was a mixture of those things.

The 15 December issue was very much around, primarily, the concerns from public health—public health would always like a lot longer because that is their focus. The epidemiologists and virologists would always like longer to try to get everybody vaccinated. The extra couple of weeks was something that they were quite supportive of, and it was a balancing act. If we were moving forward with some of the other returning to normality, if I can call it that, then it seemed reasonable to also give a couple of extra weeks to try to encourage people to get vaccinated. As you just heard Deputy Secretary Minns talking about, health's attitude has always been encouragement—not forcing but encouragement of people to get vaccinated and to understand that vaccinations keep you safe and everybody else safe.

The Hon. EMMA HURST: Obviously there will be a natural drop-off over time.

Mr BRAD HAZZARD: What do you mean by that?

The Hon. EMMA HURST: In regard to the vaccinations, obviously a lot of people went out quite quickly and got vaccinated because that is what the situation was calling for. We saw quite rapid increases in numbers of people getting those first doses early on. Obviously there will be a natural drop-off of people seeking that first vaccine, to a degree. Was that drop-off quite dramatic compared to what was predicted when that first announcement came through around 1 December?

Mr BRAD HAZZARD: No. Can I go back to your first premise? I do not actually agree with that because there were varying levels of enthusiasm across the last—it was really only February, I think, when we finally got vaccines available in New South Wales. Initially, we were a bit constrained.

The Hon. EMMA HURST: Yes, I just mean that when we went into those lockdowns there were a lot of people then going to get vaccinated once we were in lockdown and once there was a really strong push for

people to get vaccinated. There was a very big increase in demand for people wanting to get access to vaccines, for example.

Mr BRAD HAZZARD: You mean people became more enthusiastic when the lockdowns happened? Yes, that is certainly true.

The Hon. EMMA HURST: Yes, and the numbers were increasing.

Mr BRAD HAZZARD: Because people suddenly realised—there was not much good about the lockdowns except the fact that it did actually act as a catalyst for people to become aware and on their radar that "Gee whiz, I had better get vaccinated because this is serious."

The Hon. EMMA HURST: Yes, absolutely.

Mr BRAD HAZZARD: Yes, and the same thing happened in Victoria, actually.

The Hon. EMMA HURST: What I mean is that the people who wanted to get vaccinated in that period—what did you say? Ninety-something per cent first doses, so the huge majority of people—

Mr BRAD HAZZARD: Now, you mean?

The Hon. EMMA HURST: Yes, over that time. But over the next few weeks I am assuming, even though people are probably still going to get vaccinated, that number has dropped off somewhat.

Mr BRAD HAZZARD: I see, yes. I agree.

The Hon. EMMA HURST: We do not need these mass vaccination hubs with big lines and things like that.

Mr BRAD HAZZARD: I think what we are dealing with now—and I will ask the experts here rather than me, but my understanding of what is happening at the moment is that we are dealing with the last small, most reluctant group to get vaccinated. There are a variety of reasons. Some of them still think, particularly young women of fertile years or women of fecundity, that somehow it is going to affect their fertility, and yet all the evidence is the precise reverse. You are more likely to have problems getting pregnant if you actually do not have the vaccine. If you do not have it, you will end up possibly getting COVID and have long COVID, which will make things difficult.

There is a whole lot of reasons. I hear people telling me, "We are waiting for some other vaccine that has not arrived in Australia." But I also think there is a psychological factor operating now, and that is that people who have been so indignant about getting vaccinated are not going to admit that maybe they were wrong. There is this pride thing, and I would just say to all those people out there: Pride is a problem. Do not let the pride get in the way when it can keep you alive and keep your parents alive and keep your kids alive and all the rest of it. Go and have the vaccination. But, yes, it is getting harder in this last little bit. Do either one of you or any of the team want to—

Ms PEARCE: Minister, I think you have covered the issue. We knew, always, that there would be a group of people who would remain resistant to being vaccinated. The clear evidence, for the record, however, is that vaccination is extremely protective. We have seen that in terms of our predictions, for example, for ICU numbers, which you saw tail off dramatically. That is the experience in overseas countries as well. What we see every day is that protective effect of the vaccine, and we have tried to think of all manner of ways to encourage people to be vaccinated for their own health and wellbeing as well as the rest of the community.

The Hon. EMMA HURST: Do you think that the extra two weeks will be another incentive for people to get vaccinated, because now they have been in lockdown for so long that moving that date could actually incentivise some of those people who were resistant?

Mr BRAD HAZZARD: I think that was probably one of the aspects of the thinking that public health had, and it probably is right. But is there any accurate science about this? No.

The Hon. EMMA HURST: It is just a thought.

Mr BRAD HAZZARD: But it gives us another two weeks to try to encourage people to go and get vaccinated, so it helps.

The Hon. EMMA HURST: Do you think that date might move again, or is that pretty solid now?

Mr BRAD HAZZARD: At the moment I would say that it is very solid, yes.

The Hon. EMMA HURST: The date of 15 December is obviously 10 days before Christmas. It is when people are moving about a lot more. Are there concerns from the public health department, in particular, around

allowing unvaccinated people out just 10 days before Christmas, when there is a lot more interaction amongst people? I do not know if that will increase the risk for them.

Mr BRAD HAZZARD: I think it is fair to say that public health, going back to what I was explaining a little earlier, will always be concerned while we have any people in the population who are not vaccinated. They want everybody vaccinated. Having said that, can I remind people that you have still got to be cautious. Even if you are vaccinated, be a little bit sensible—I do not know that everybody is being that sensible, but still—because you can still get the virus and you can still transmit it. It is just that it is far less likely you will end up dying, far less likely you will end up in hospital and considerably less likely that you will get it and transmit it, but it is still possible. This is a one-in-100-year event. None of us have seen it before and none of us really, still, fully understand what this virus is capable of doing in the various forms that it might morph into.

The Hon. EMMA HURST: Yes. I have another question about the vaccine boosters. Are there any discussions around any kind of automated reminder system or anything like that? Particularly given some people might lose track of time around those boosters, is there any discussion around encouragements and nudges?

Mr BRAD HAZZARD: I think you heard Deputy Secretary Pearce say before that she or her team have put out 70-odd thousand reminders to the health team, but I will ask Ms Pearce to answer that.

Ms PEARCE: That is correct, Minister. As I mentioned earlier, yesterday we issued over 71,000 SMSs to people for that very purpose.

Ms CATE FAEHRMANN: Morning, Minister.

Mr BRAD HAZZARD: Morning, Cate.

Ms CATE FAEHRMANN: Obviously there will be a backlog of a lot of things that the hospital system is enduring now. I want to start with breast cancer screening. There were reports that up to 98 per cent of all appointments were cancelled during the lockdown. What is NSW Health doing to support what I assume is a big backlog of women getting mammograms and other screens?

Mr BRAD HAZZARD: That was a really tough decision by Health. It was not a government decision; it was a Health decision, and it was about obviously when you are having a breast screen you are in very close proximity to the people who are providing the screening. It became a question of what was the balancing act there. As I said, and as Dr Chant and I think probably other doctors said at the time, it was a tough decision but women should still have been encouraged—and they were by us and I think by their doctors—to do the sorts of self-examination that they would do anyway in the normal course. If they had any concerns about a possible lump or other indicators of concern, that they would go to the GP and have the GP assess the situation and send them off for screening, as necessary.

The current arrangements, as I recollect, were put in place as things got a bit tough in August. It was around about 12 or 16 August—something like that—that we actually did have Health make that decision to effectively minimise exposure through the broadscale breast screening. Clearly, now there are women who have a need to get back. I think it was only a few weeks ago—it was certainly when we were doing the regular press conferences—that I announced that we were re-implementing breast screening. I encouraged women to go back into that process and certainly BreastScreen NSW has been contacting people who missed out and getting them back in for breast screening.

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 them 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.

Ms KOFF: I think that is the critical issue, if I may. Screening is screening; it is not diagnostic. As the Minister emphasised, the messaging that we gave to everyone involved is, if you have symptoms, please present to your GP and then the diagnostic testing will be undertaken. That is the important, critical issue. Screening is just for screening purposes then with referral on for diagnostic intervention, if necessary.

Ms CATE FAEHRMANN: Thank you. I wanted to turn to another backlog, which is even before the Delta lockdown the number of patients requiring emergency surgery was increasing. I have got the stats here that there has been a rising number of patients needing emergency surgeries, which are increasingly relying on private hospitals to clear backlogs. Within the last quarter of 2020, there were 62,151 elective surgery procedures, which was 4,500 roughly more than the same period in 2019. Is that the understanding—that, basically, patients are presenting more needing emergency surgery and that there has been a general increase over time in the last few years?

Mr BRAD HAZZARD: No. First of all, there was no reduction or stopping of emergency surgery. You interspersed the words there, which I think needs some clarity. Emergency surgery versus non-elective surgery, or is not elective surgery, but elective surgery is in three categories—categories 1, 2 and 3. Category 3 and some of category 2 were what was selectively slowed down, if you like—not negated, but slowed down because of the more pressing pressures of freeing up staff to address what could have been a terrible situation with COVID and has been in other places. Thankfully, we have avoided the worst of it, but still. In terms of elective surgery, that has largely been private hospitals—and public hospitals—have been reinstituting the category 3 and category 2.

Doctors were encouraged actually during that period. Obviously it is a subjective decision by a professional person to determine whether or not you should be in one of those three categories. If they were in category 3 and a patient had a real problem, they were encouraged in public messages from us to go and talk to their doctor and get themselves re-categorised. Sometimes that happens anyway, because obviously you can deteriorate; forget COVID, out of the context of COVID your situation can change, as you would expect. Patients were encouraged to go back to their doctor and get themselves re-categorised if they thought that it was deteriorating or causing them particular problems. Where we are at now is that obviously we have stepped up because of the drop-off in the COVID requirements.

I just emphasise again the worry was that we would be overrun. I think the word that the ICU specialists used was "overwhelmed" in October. That was the modelling that they put together that we were relying on, and the system would have been overwhelmed. We would have still managed. I just want to stress for those who did not follow this closely that we would have still managed it because all the steps were taken to reorganise patients who had been in ICU to move into, if you like, a slight step-down ICU that was usually located right near the existing ICU so they would still be managed by intensivists. Net result, those staff in the end were not needed as much as we thought they would be, so we have gone back now to getting back to the cat. 1, cat. 2, cat. 3 elective surgery.

All I can tell you is I know when I look at the figures, even under what we have done in a COVID one-in-100 year pandemic, there are still less people waiting than there were under the former Labor Government during their 16 years at their lowest point. That is not to reflect necessarily on the Labor Government; I am just pointing out these things happen from time to time in the—

The Hon. WES FANG: I would.

Mr BRAD HAZZARD: Well, no, I do not want to reflect on that. I think it is just a reality of health that these things can vary. Does anybody want to add anything to that?

Ms PEARCE: I am happy to comment, Minister. Obviously it has been a difficult period for the last 18 months. You would be aware that the Commonwealth imposed a suspension of non-urgent, semi-urgent surgery last year. At the end of June 2020 we had over 100,000 people on our surgical waitlists. We had actually managed to bring that down to 85,000 by the end of the financial year just gone, which was a magnificent effort by our health system to be able to achieve that. We also had an additional almost $460 million that was invested to fast-track surgeries which had been delayed due to COVID. There is further money this year that is available for that same purpose.

Ms CATE FAEHRMANN: Would that be largely paying private hospitals to clear—

Ms PEARCE: Not entirely, no. It was a mixture, both between the public and private systems. Our private hospital colleagues helped us considerably, as you would expect during a period like this. As the Minister has mentioned, our clear messaging was that if you are on one of the lower categories for an elective procedure and you felt your condition was deteriorating to please see your doctor so that we could upgrade if necessary or the doctor would upgrade them clinically. Urgent surgery was continued to be performed on time at very high

rates. The interruption to urgent procedures was not the issue; it was the interruption to the semi- and non-urgent procedures.

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.

The Hon. COURTNEY HOUSSOS: Ms Pearce, you said earlier that 71,000 SMSs were sent out yesterday to people who are already eligible for their booster. Is that only people who have been vaccinated through the State hubs? Is that right?

Ms PEARCE: Correct, yes. We have had conversations with the Commonwealth with respect to whether or not it would be possible to use the Australian Immunisation Register [AIR] for that purpose, because they essentially hold all of that information. They are looking at that. We are also aware that our GP colleagues are similarly contacting patients who have been through their practices for vaccination. We did not want to wait until there was perhaps a Commonwealth solution or a centralised system. We were very keen to communicate with people who had been in contact with us, even, for example, if they had received their second dose elsewhere. We have contacted everyone.

The Hon. COURTNEY HOUSSOS: And have you spoken to Customer Service so that, through the Service NSW app, people who have might not have received it through the State hubs but have registered through Service NSW that they are double vaccinated could then receive a notification?

Ms PEARCE: We work very closely with Customer Service. They certainly are involved in the communication around the booster. As to the ability for them to push out messages on that basis, I would need to check, but the nsw.gov.au website that they manage has the information about the boosters and the links that are available for people to make a booking.

Mr BRAD HAZZARD: One of the issues there, Courtney, is that whilst Customer Service might be able to do it for New South Wales, we have a lot of people moving back and forth between States and Territories. I think ideally it would be better if that were pushed out through the Federal Government to all of us. Ms Pearce just used what we refer to as the AIR system, which she did not actually explain. It is effectively the immunisation register for the whole of the country. It would be far better if, say, you were here and then you are going to live in

Queensland—that you got it up there, otherwise there would be massive missing out. We provided necessary alternatives in a number of circumstances where we felt that perhaps New South Wales could more effectively deliver aspects of looking after the community than perhaps the Federal Government could, because we are more experienced at frontline services than the Federal Government. But I still think with that one it would be preferable—and I state this categorically—if the Federal Government did that.

The Hon. COURTNEY HOUSSOS: I understand that. Thanks, Minister. I wanted to move on to another issue. You and I both have our little, attractive green armbands on this morning because we have been rapid tested–

Mr BRAD HAZZARD: Very attractive. It goes with part of my socks this morning, I discovered, so it is good.

The Hon. COURTNEY HOUSSOS: —in order to come into the building. Are there any plans to start rapid antigen testing in our hospitals?

Ms KOFF: If I could suggest Dr Nigel Lyons? He has been leading the rapid antigen testing program, Minister.

Mr BRAD HAZZARD: Okay.

Dr LYONS: We are already using rapid antigen testing in our hospitals. We introduced rapid antigen testing in our acute mental health units around two months ago, as a result of some outbreaks in our acute mental health units that you might be aware of.

The Hon. COURTNEY HOUSSOS: Yes.

Dr LYONS: That was done because some of those patients had not been able to uptake the opportunity of a vaccine and were at higher risk of coming into a facility and could potentially bring that into an environment which was full of very vulnerable people. Those rapid antigen tests have been available, on the advice of our experts, every third day for acute units across the State.

The Hon. COURTNEY HOUSSOS: And is that just limited to acute mental health wards?

Dr LYONS: Yes. The advice coming through about the utility of rapid antigen testing is emerging internationally because, as you know, these are relatively new tests. They are not a diagnostic test. While they are specific to coronavirus—to COVID-19 and the Delta variant—they are not as sensitive as the polymerase chain reaction [PCR] tests. Their sensitivity is such that they are at risk of giving both false positives and false negatives, which can be a problem if you are trying to use them in a diagnostic sense. It is much better done—this issue around the lack of sensitivity can be overcome by repeating the tests. That is why they are usually recommended to be done in a sequential way and over time. A one-off test is of some assurance but cannot guarantee that you do not have an infection with COVID.

The Hon. COURTNEY HOUSSOS: Sorry, Dr Lyons, if you can just explain—they are only for the acute mental health wards? You do not have plans to expand them more generally through the public hospital network at the moment?

Dr LYONS: No. Our advice is that, for people who are suspected of having COVID on admission or are being assessed in our emergency departments, it is better to get a rapid PCR test because it is much more sensitive and is a diagnostic of COVID. That is the advice that our healthcare professionals have; they undertake a PCR test in those circumstances. Rapid antigen tests are more a surveillance and screening test. As I said, they are not a diagnostic test. In an environment which is high risk and where it is really important to definitively know whether somebody has or has not got COVID and they are not able to be tested in an ongoing way, the advice is to do a PCR test.

The Hon. COURTNEY HOUSSOS: You just said that there is a propensity for false negatives. I think most people accept that there is a propensity for false positives, but can you just explain about the false negatives?

Dr LYONS: The rapid antigen test advantage is that you get a test result within 15 to 20 minutes. The issue is that a negative result does not rule out the fact that you may have COVID. You cannot guarantee that you do not have COVID. This is the reason why they are not being used more broadly, because they do not definitively rule it out. They are much more effective in the early stages of the infection, when the viral loads are higher and when somebody may be asymptomatic. They are actually very useful in that circumstance because they may detect the virus because there is a high viral load, and the person is not aware that they may have been affected. But over time their use is actually reduced during the course of the infection. It is an issue about why they have not been used more broadly at this stage, because they do not definitively rule out COVID.

Mr BRAD HAZZARD: What Dr Lyons was saying is that over the course of the infection the viral load obviously drops, so at that point it becomes a little less effective. But there are always the challenges around the use of those particular tests anyway.

The Hon. WALT SECORD: I understand that. So there are false negatives and false positives. When you do polling you do a margin of error. You say "3 to 5 per cent" and that kind of stuff.

Mr BRAD HAZZARD: You go straight to polling, do you? That is good. Okay.

The Hon. WALT SECORD: No, no, what I am saying is that there is a margin of error. If we are getting tested downstairs when we come into the building or we are coming in off the street, you are telling us that—why are we doing it, then, if there are false positives and false negatives?

Mr BRAD HAZZARD: Can I stress, since I do not want the Health team to be wearing any of this, that the current arrangements in the New South Wales Parliament are not as a result of advice from NSW Health. It was an independent consultant, as I understand it, that gave advice to the Parliament, so do not blame NSW Health for the fact that you have rapid antigen testing here.

The Hon. WALT SECORD: Dr Lyons, can you give us an assurance or a description or a context? This is the first I have heard of false negatives. I have heard of false positives, but this is the first time I have ever heard of false negatives. What is the margin of error with the RAT tests or rapid antigen testing? Give us a context.

Dr LYONS: It varies on the different tests that have been produced.

Mr BRAD HAZZARD: What he is about to say is that rapid antigen tests, depending on the manufacturer and the actual device or particular—

Dr LYONS: Yes.

Mr BRAD HAZZARD: Have different margins of error, I think.

Dr LYONS: There are different margins of error, yes. At best, they are about 60 per cent sensitive, whereas a PCR test is around 95 per cent sensitive, so you can see the margin is quite significant and there are some that have been approved that have less sensitivity than 60 per cent.

Mr BRAD HAZZARD: They are an extra tool and, if Dr Chant were here, she would be telling you that there are various layers of protection. It is an extra tool that can be used and, whilst I have a view on it I am not going to express that, but the Parliament has chosen to—

The CHAIR: You are welcome to, Minister.

The Hon. WALT SECORD: Yes, you are welcome to, Minister.

Mr BRAD HAZZARD: You are very kind, Mr Chairman, but I will not.

The CHAIR: You do not normally hold back your views, Minister.

Mr BRAD HAZZARD: No, I do not normally, but on this occasion I will.

The CHAIR: You are invited to proceed.

Mr BRAD HAZZARD: No, no, no. I have expressed my views privately to the Speaker and that is a matter for him and me, but at any rate, for the moment, it is an extra layer of test, just like having a mask, just like maintaining 1.5 metres social distance. It is an extra layer of protection. It ain't perfect, but it does some work.

The Hon. WALT SECORD: Dr Lyons, you used the word "sensitive" in relation to 60 per cent. What does "60 per cent sensitive" mean?

Dr LYONS: It is about the percentage of likelihood of it actually detecting that the virus is present in the body and, if it is there, it reliably detects it, so 95 per cent is the PCR on my understanding, 95 per cent for the gold standard PCR, and rapid antigen tests are around 60 per cent sensitive.

The Hon. WALT SECORD: How long does it take to get back a PCR test?

Dr LYONS: The majority of PCR tests are turned around within 24 hours, but that varies in some geographies. The other issue around where a rapid antigen test would be of benefit is if you are in a place that is geographically distant from a laboratory that does the PCR testing and it would take longer than the 24 hours to get that test result turned around, so it is of benefit to do them in situations where you might have a community that is remote, isolated, and you want to screen a number of people in the community to make sure that you have got an ability to detect the virus if it is present—not at the same level of standard as a PCR, but still nevertheless of benefit in assessing the spread of the virus in the community.

Mr BRAD HAZZARD: It has all improved in the last couple of years too because PCR tests—polymerase chain reaction testing—was taking quite a long time in the sense it could have been up to 48 hours in the various labs, but it improved over time with expertise improving, and in fact there are some subset PCR tests that can be turned around in literally two or three hours now, but they are a little more expensive, so it is a matter of when you are doing what you are doing, what is the actual value of it. As Dr Lyons says, if you are out at Goodooga, for example, you might find that if you need to do some fast screening at least there is value—or there could be value, depending on what the issue is—in using a rapid antigen test.

The Hon. WALT SECORD: Just for clarification, in the acute mental health units you are doing the rapid antigen tests or the PCR tests?

Mr BRAD HAZZARD: Dr Lyons?

Dr LYONS: Rapid antigen tests are being used on patients who are admitted and they are being done on admission and every third day during the course of the admission, and that assists with this issue around sensitivity. The advice from experts is that if you repeat the tests every two or three days your chances of having a false negative that is not picked up is reduced, so it is actually of benefit to continue to do them sequentially. We are also doing them in our staff and ambulance service, particularly in communities where there have been higher rates of transmission in the community, so we have introduced it in that environment as well. We have also been undertaking them in some of our really important support services that have functions that supply services to the rest of the health system, like the laundries and kitchen services, so some of the staff there have been undertaking rapid antigen testing on a sequential basis as well.

The Hon. WALT SECORD: Dr Lyons, with 60 per cent sensitivity of the rapid antigen tests it is probably only useful if it actually comes up with positives rather than negatives because if there is a positive you can then pursue that to check and verify, whereas if you get a negative, it is a negative but it could be wrong. Am I following?

Mr BRAD HAZZARD: That is true.

Dr LYONS: Doing them sequentially overcomes that issue, Mr Secord. If you keep on doing them every three days in somebody, you are much more likely to pick up a person having COVID because the sensitivity issue is overcome because you are continuing to repeat the test. But, of course, our advice always is, even if there is a non-negative rapid antigen test result, the requirement is to immediately get a PCR test to overcome this issue of the false positives.

The Hon. WALT SECORD: Thank you, Dr Lyons.

The Hon. COURTNEY HOUSSOS: Minister, during the lockdown, residents of the local government areas of concern were required to be COVID tested before entering public hospitals, yet as recently as a fortnight ago this was still flagged on the check-in system for public hospitals. Why is this when local government areas [LGAs] of concern were supposed to be abandoned when we reopened?

Mr BRAD HAZZARD: I do not think that that is necessarily the case. Some of the hospitals in some of the health districts obviously—I will go back a step. There is broad advice that comes out from the Ministry of Health and then the local health districts are independent and they make decisions. There are 15 of them. They make decisions based on their own local circumstances. You are referring specifically to which parts of the—

The Hon. COURTNEY HOUSSOS: To the check-in system.

Mr BRAD HAZZARD: Yes, but which areas? What areas are you talking about?

The Hon. COURTNEY HOUSSOS: The specific example is at the Prince of Wales Hospital in Randwick.

Mr BRAD HAZZARD: Yes, and what are you saying they are doing?

The Hon. COURTNEY HOUSSOS: If you check in using the system that checks you into any public hospital in New South Wales it comes up if you are a resident of a local government area of concern, or what used to be called a local government area of concern.

Mr BRAD HAZZARD: I will ask one of the experts.

Ms KOFF: I will provide a brief comment and then pass over to Nigel Lyons because he led the clinical group about what we call the risk matrix and how we adjusted changes in settings according to transmission rates.

The Hon. COURTNEY HOUSSOS: Ms Koff, can I just ask you though: Is it currently?

Ms KOFF: No, the LGAs of concern do not exist anymore as an entity. It was only while transmission was high that the LGAs of concern and their residents were classified as authorised workers and what we did then was we moved to harmonise the first step for Greater Sydney. Nigel, did you want to provide any comment on the matrix?

The Hon. COURTNEY HOUSSOS: I am not interested in the history, and we are running out of time, but I would like to know if this is still the case if you check in today at public hospitals across the State.

Mr BRAD HAZZARD: But you just said Prince of Wales.

The Hon. COURTNEY HOUSSOS: Yes, that is one example, but it is the same system, Minister.

Mr BRAD HAZZARD: So you are saying it is right across the board.

Ms KOFF: It should not be.

The Hon. COURTNEY HOUSSOS: I am saying it is a single check-in system that you use.

Mr BRAD HAZZARD: I do not think it should be, but I will check with Nigel. Maybe the local hospital has not got it right.

Dr LYONS: Thank you, Minister, and thank you, Elizabeth. The advice that has gone out to all of our hospitals right across the State—and we have reviewed this in the last fortnight with the risk escalation panel—is that there should be a limited number of screening questions that are undertaken and it does not include that question, so if there is a check-in procedure that is being undertaken at any of our hospitals that includes that question, it is not on the basis of our current advice out to the system about the three or four questions that should be asked.

The Hon. COURTNEY HOUSSOS: Okay, so there should be no—

Dr LYONS: That is not one of the questions that we recommend be asked.

Mr BRAD HAZZARD: There are no LGAs of concern.

The Hon. COURTNEY HOUSSOS: That is right.

Mr BRAD HAZZARD: It sounds like someone has not actually sharpened up their act at Prince of Wales Hospital. They are generally pretty good, I have to say, and I can guarantee, if you want good medical service, go to Prince of Wales Hospital, but if you are going to get asked that question, that is unfortunate.

The Hon. COURTNEY HOUSSOS: I am not disputing that, but I am saying, Minister, that there are still—

Mr BRAD HAZZARD: There are about 400 health facilities across New South Wales with 140,000 staff up to 176,000, as you heard before, and not always does every one of them get it absolutely right, but mostly they do—

The Hon. COURTNEY HOUSSOS: Minister, I am not actually talking about the staff—

Mr BRAD HAZZARD: And I love you all dearly.

The CHAIR: Order!

The Hon. COURTNEY HOUSSOS: And it is certainly not a reflection on the quality of care that they provide—

Mr BRAD HAZZARD: You too, Mr Chairman.

The Hon. COURTNEY HOUSSOS: But if you are using this standardised check-in system you are still flagged if you are a resident of those former LGAs of concern.

Dr LYONS: Can I just clarify that that system is not a standardised system, Ms Houssos, so that check- in system would be unique to that hospital or local health district.

Mr BRAD HAZZARD: That is what I was saying.

The Hon. COURTNEY HOUSSOS: The local health district?

Dr LYONS: Each of the local health districts has their own arrangement, so it is not a standardised check- in system.

Mr BRAD HAZZARD: That is why I said to you the Ministry sends out guidelines and directions, but then the 15 local health districts have to actually put those in operation. They might have been more focused on looking after patients than worrying about what is a technical aspect, so—

The CHAIR: Order, Minister. The member is asking questions.

Mr BRAD HAZZARD: And I am answering them.

The CHAIR: The issue is that pretty straightforward questions are being asked.

Mr BRAD HAZZARD: And I am answering them.

The CHAIR: I think editorialising around the 15 health districts—

Mr BRAD HAZZARD: No, that is not editorialising; that is explaining how the system works.

The CHAIR: Minister, it was a straightforward question from the member.

Mr BRAD HAZZARD: Mr Chair, I answered the question.

The CHAIR: Excuse me, Minister. Mr Lyons interposed to provide some information.

Mr BRAD HAZZARD: Yes.

The CHAIR: The Hon. Courtney Houssos was trying to get to the bottom of a particular question.

Mr BRAD HAZZARD: Yes, and I was explaining it. I do not know why you are saying I am not. I was.

The CHAIR: I did not say you were not, Minister.

Mr BRAD HAZZARD: I am not sure what you are saying actually.

The Hon. COURTNEY HOUSSOS: Minister, can I ask one final question: To be clear, there is no requirement now on patients—

Mr BRAD HAZZARD: Zero.

The Hon. COURTNEY HOUSSOS: —to receive a COVID test before they receive treatment at a hospital.

Mr BRAD HAZZARD: Say that again. That is a different question to what you asked before. Say that again.

The Hon. COURTNEY HOUSSOS: There is no requirement now on patients to receive a PCR test before they enter hospital. Is that correct?

Mr BRAD HAZZARD: Each patient that comes in, depending on the circumstances, may or may not be given a COVID test depending on the clinical assessment.

The Hon. COURTNEY HOUSSOS: But it is not a requirement before they enter.

Mr BRAD HAZZARD: The point you were making was if they came from a local government area of concern.

The Hon. COURTNEY HOUSSOS: That is exactly right.

Mr BRAD HAZZARD: That is not an issue. That should not be the case. It should be on a clinical basis, individually for each patient.

The Hon. EMMA HURST: Just jumping back again to the boosters, am I right in believing that at the moment it is just Pfizer that is being used as a booster? Is that right?

Ms PEARCE: That is correct.

The Hon. EMMA HURST: Is there going to be now a movement for the other vaccines as well to become available as boosters?

Ms PEARCE: It is a matter of regulatory approval and application by the vaccine companies for that purpose. So Pfizer had submitted and was given approval for that purpose. Moderna has been encouraged to do similarly. AstraZeneca can be used as the booster but the Commonwealth and ATAGI have made it quite clear that Pfizer—or a mRNA vaccine—is preferred.

The Hon. EMMA HURST: Obviously earlier we had quite a few problems around getting the Pfizer into regional, rural and remote areas because of the temperature issues. Are we still having those issues in regard to getting the Pfizer out for the boosters or is that all resolved?

Mr BRAD HAZZARD: No, because the advice—you are right. Early on the advice that came out from the TGA and ATAGI was that it was challenging because the Pfizer vaccine—the mRNA vaccine—had to be maintained at about minus 72 to minus 80 degrees. And that presented all sorts of challenges early on because there were very few fridges in New South Wales, and Australia actually, that could maintain that temperature range. We had to borrow some from research institutes and others to be able to look after the vaccine going out. But somewhere along the way, maybe about six or eight months ago, ATAGI changed—well, let me go back a step. The way we did it was that it was then allocated to particular locations around the State and then it would go out in special insulated material and you could keep it for about six or seven days at the lower temperature. That was all good. It worked. But the advice changed from the Federal Government about six or eight months ago, as I recollect, and said that you could now transport it in easier circumstances and maintain it at the lower temperatures. So there are no dramas now about getting it out to the various venues where boosters will be allocated.

The Hon. EMMA HURST: Great, thank you. In regard to the self-isolation rules, is there a proposed date or a potential to scrap the isolation of close contacts in the future? We have obviously heard a lot of people saying that eventually it will be treated like a common cold. At what point are we looking at on the time line of getting rid of some of that contact tracing and some of that self-isolation without symptoms?

Mr BRAD HAZZARD: At the moment it is presenting challenges to define what happens in certain close contacts and casual contacts circumstances and the public health team are working on that. I think eventually that will pass but not in the next few weeks, and public health has got that under review at the moment. Almost every day the Australian Health Protection Principal Committee—it varies as to who is on that group but Dr Chant or members of her team are on it every day and all the virologists, epidemiologists and similar people with that expertise—meet and discuss what is going on across Australia and they share their experience and their advice.

Out of that comes advice to all of the State and Territory governments through their own public health units. So Dr Chant would normally—when it was really high and was worrying us all very greatly, Dr Chant was on that phone call for two to three hours a day, amongst all her other work. But these days it is less so. She normally has a delegate on there or she perhaps does it every now and then. But that is an unclear position yet and it will need to be a position which probably all of us adopt across the country, accepting that there are some challenges in some of the States that still have barbed wire fences up on their borders—Queensland, WA and so on.

The Hon. EMMA HURST: Do you think possibly next year we could be looking at that kind of a change?

Mr BRAD HAZZARD: The secretary wishes to add something.

Ms KOFF: If I may, what the Minister described too was part of the process that fed into the National Plan for reopening. The National Plan for reopening was predicated on the modelling of the Doherty report and the recommendations for the Doherty report. It defined those milestones of 70 per cent vaccination, 80 per cent vaccination and 90 per cent vaccination. But in conjunction with those levels of vaccination, there is still a requirement for what we call TTIQ—or test, trace, isolate and quarantine—and the social measures. So the main thing that we emphasise to the community is that vaccine and vaccine alone will not stop the transmission. So that has been very strong in our messaging to the New South Wales community.

With the vaccination rates higher, however, it has required us to rethink what test, trace, isolate and quarantine looks like. So if you are vaccinated, in the past it used to be 14 days in self-isolation if you had been in contact with a case of COVID. Now we have revised that. If you have been wearing masks and if you were socially distanced, you may not be required to self-isolate as long. And in some instances we are saying seven days and then test at seven days and if it is negative you are free to go. So it is adapting all the time and I think that is one of the biggest challenges for us—to keep adapting the messaging. But there is definitely not a time frame listed as to when those might be fully eased and we will take advice from the National Plan on that.

The Hon. EMMA HURST: Thank you for that. I noticed on the NSW Health website it also says that if you have had COVID-19 in the past six months you will generally not be considered a close contact and do not need to self-isolate unless you have symptoms. Does that apply as well to anyone that is unvaccinated?

Mr BRAD HAZZARD: Well, if you are unvaccinated and you have had COVID, yes. Because what it is really referring to is the fact that your immune system has developed antibodies for that period and so you are in that situation, yes.

The Hon. EMMA HURST: Is there a verification process that will be undertaken to determine that someone has indeed been diagnosed with COVID previously?

Mr BRAD HAZZARD: I am sorry, I do not understand the question.

The Hon. EMMA HURST: If somebody says, "I don't need to self-isolate because I have previously had COVID", will there be a way to identify that that is correct. I can see some nods either side of you there.

Mr BRAD HAZZARD: Which of the experts wishes to answer this one?

Ms PEARCE: Yes, indeed, we have made arrangements to assist people, because obviously that presents a rather difficult situation for them, that they have a medical clearance letter and a QR code link that takes anybody who wishes to check to ensure that that is in fact an authorised and original document. Also, to note, the latest advice is, for those who have had COVID, depending on advice from their doctor, they may indeed now be vaccinated sooner than was originally thought. So at one point it was at six months post their infection. That has been reduced quite significantly. So that will assist them as well.

The Hon. EMMA HURST: I was wondering if I could get an update on the status of vaccination for children under 12 and where that is up to?

Mr BRAD HAZZARD: Obviously we would like—well, as health Minister, I would like to see the vaccinations available for children. At the moment we are seeing that about 40 per cent of all new cases of COVID are for people under the age of 20 and about half of those are under the age of 10. So it is certainly desirable if we could have a vaccine available for children—all children if we could do it—but the focus is most likely to be on children between five and 11. The Food and Drug Administration [FDA] in the United States has just in the past few days approved I think it was Pfizer, from memory, for vaccinating children in those age brackets. I am very hopeful that before the end of this year the Federal Therapeutic Goods Administration here, which is the equivalent, will adopt similar decision-making as the FDA in the United States. It will be a game changer for little kids. Certainly, from all I have heard from my colleagues and friends overseas, there has been a fairly big enthusiasm for kids or young children to have it. Hopefully, it will be the same here.

The Hon. EMMA HURST: Once that approval comes through, are we all prepared and ready for how that rollout will actually happen? The last time I spoke to you we were talking about whether or not that will happen through the school system. Is that all set up, in place and ready to go once we get the approval?

Mr BRAD HAZZARD: No, there is a lot of work going on at the moment about what might be the best way to do that. Initially, though, I think it will probably be—I will ask the Deputy Secretary in a second—but my instinct is it will be generally through the GPs and pharmacists primarily. But we will certainly be in a position to be able to provide it. There is a lot of work going on at the moment with Education looking at whether or not we could have a vaccination program operational through the schools in the same way as we do, for example, with Gardasil. That has been operational for 20 or 25 years—something like that. That is under review. Ms Pearce, do you want to add something to that?

Ms PEARCE: Only to mention that we are working very closely with our GP and pharmacy colleagues on these issues, and it is important to acknowledge the role that they have played in particular with regard to the vaccination of 12- to 15-year-olds. We have done our share, but they have done probably the bulk of that work. At present all of our local health districts are looking at the school vaccination program, and we will continue to play our part in that ongoingly. We are obviously very keen for all of those children to be vaccinated as well.

The Hon. EMMA HURST: Thank you.

Ms CATE FAEHRMANN: Minister, I want to turn to the case of the celebrity cosmetic surgeon Daniel Lanzer. That was the case that was exposed by *Four Corners*, *The Sydney Morning Herald* and *The Age*—quite appalling stories, including at his Sydney clinic. Minister, I know that in 2016, after appalling situations of women dying at the hands of cosmetic surgeons, you introduced some changes. What more can NSW Health do to prevent the appalling practice that is still occurring in the industry, which is butchering some women? That is still happening in New South Wales. What is NSW Health's response to the latest exposé of this industry?

Mr BRAD HAZZARD: Rather than commenting on the specific doctor—I did actually see a fair part of the show and it was horrifying, actually—I will just say that the problem of registering medical practitioners and allied health medical practitioners is done nationally through the Australian Health Practitioner Regulation Agency [AHPRA]. There has been a high level of concern for quite some time now about the use of the word "surgeon". That is what causes, I think, the essential issues. When you graduate from medicine, you generally graduate with a Bachelor of Medicine and a Bachelor of Surgery. Technically, even GPs can do surgery. In past decades that was absolutely crucial, because in the bush and in the regions—particularly in remote areas—GPs

did have that level of obligation and experience that they could do some surgery, particularly around appendectomies and so on.

Ms CATE FAEHRMANN: I understand that the State has the ability to regulate private health facilities. That is what you, as health Minister, changed at the time of the previous revelations about this industry.

Mr BRAD HAZZARD: The facilities, yes.

Ms CATE FAEHRMANN: There were changes around the standard in terms of licensing. Is there anything further that can be done in that regard?

Mr BRAD HAZZARD: I just want to emphasise that I have certainly—along with other health Ministers, Labor and Liberal, around the country—expressed concerns about the use of the term "surgeon". Obviously, plastic surgeons require quite a number of years of training to develop their expertise. Cosmetic surgeons can sometimes, of course, have very minimal training. Who would be the person who would know most about that?

Ms KOFF: I can provide some advice on that, Minister.

Ms CATE FAEHRMANN: Thank you.

Ms KOFF: Back in 2017, a special class for the private registration facilities was introduced—the cosmetic surgery class licence. It is important to understand that was introduced due to increasing concerns about cosmetic procedures in unlicensed and ill-equipped premises. There were some breast procedures under sedation that were problematic, which prompted us to do that. We did introduce specific licensing standards for cosmetic surgery, and it is also an offence to operate an unlicensed facility doing those procedures of sedation. The Ministry then obviously does regular audits of those facilities. Part of the compliance is that they advise that they are coming in to audit those facilities. However, it also has a regimen of unannounced investigations where concerns have been raised.

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.

Ms CATE FAEHRMANN: Sorry, I interrupted you to ask questions about the audit. Is anything else being undertaken to strengthen compliance or monitoring? As a result of this, is NSW Health revising the way in which these facilities are licensed and whether you can do anything more?

Ms KOFF: What was exposed on *Four Corners* has highlighted the need for us to look at how we audit and inspect those to provide protection to the public, because that is ultimately what the issue is: the public safety. We will look at that, as the Minister indicated. The team is looking at that also in conjunction with AHPRA. I know the college of plastic surgeons is also undertaking some advice, too. I think that also there is collective responsibility both from the clinicians, the colleges, AHPRA and ourselves.

Mr BRAD HAZZARD: Cate, there has been quite a bit of work done at the national level when we actually had COAG, before it all got changed with this National Cabinet business. The health Ministers around the country, State and Territory ones, all share the same concerns. We really need to have a uniform approach right across the country.

Ms CATE FAEHRMANN: Yes.

Mr BRAD HAZZARD: I do not think any of us were aware of just how bad that was, as per the *Four Corners*. We knew it was not good, but I would expect that in the first face-to-face meeting we finally get after COVID settles this would be one of the things that hopefully we will be able to put on the agenda.

Ms CATE FAEHRMANN: In 2017 I understand that COAG met and that was when they proposed a new national approach to target doctors without accreditations. That was the new national approach. I am not sure what was set or agreed to but is there any reporting back on that process? Do you regularly discuss this issue with your interstate colleagues at COAG or has it dropped off the agenda?

Mr BRAD HAZZARD: The last couple of years, as you would probably not be surprised, it has basically been COVID, COVID, COVID. We will be raising it with them, so I am happy to report back on the next occasion.

Ms CATE FAEHRMANN: What resources is NSW Health putting into long COVID? In a general sense to begin with; I have got some more questions on this. I assume this is an increasing issue for the huge numbers of Australians who have caught COVID over the past two years.

Mr BRAD HAZZARD: Seriously, we have had people in ICU for more than 100 days and long COVID comes with complete muscle deterioration, wastage. All of the allied health services have to come on board with that. Who would be the most expert amongst the team to talk about that?

Ms KOFF: Dr Lyons chairs the Clinical Council and we engage with clinicians to seek their advice and input on how we have to modify services. Nigel, if you could respond to that one.

Dr LYONS: This has been discussed at the Clinical Council and our clinicians are very conscious—the evidence overseas is that there are quite a significant number of people who are recovering from COVID and then have resultant conditions that are longstanding. Our communities of practice have come together and identified the need to develop pathways for care and resources that will support—and services ultimately—which we are considering how we will organise around, as the Minister said, allied health and rehabilitation medicine, in conjunction with our respiratory medicine colleagues and our infection prevention control and infectious diseases specialists.

They are looking at what we need to set up that will be ongoing. First of all, we will be in the recovery phase. Following acute COVID there can be some weeks and months where rehabilitation and support is required to recover from the acute illness and then there are ongoing specialists to monitor for those other resultant clinical conditions that might occur under the banner of long COVID. We are developing those resources now in anticipation that we will see a number of people who will need those services and we will need to organise how those services are arranged and how they are best delivered to ensure people can access that support and care. That is under active consideration at the moment.

Mr BRAD HAZZARD: What Dr Lyons referred to as the communities of care, really that is all those different health staff specialists who need to come in and make those decisions. While he was answering that question I just asked the secretary. I think we had a 21-year-old girl who spent 83 days in ICU and I thought that was pretty bad, but the secretary has just told me we had one man who spent a year in the ICU. You can imagine when you come out of an ICU after a year, there is not much of your body left in the sense of muscles and all of the other things that go with it. It is a lot of work to bring you back to a normal life.

The CHAIR: Thank you, Minister. Thank you, officers. We will take a 15 minute break now.

(Short adjournment)

The CHAIR: We will commence. We have got between now and 12.45 when we have a break. We have got basically two tranches of 20 minutes each for Opposition, crossbench and a little bit at the end. What may be left over, we will split between ourselves. We will commence with the Opposition, the Hon. Walt Secord.

The Hon. WALT SECORD: This is a question probably to the Minister and then if he wants to he can direct it to a public servant. Minister, casting back to the *Ruby Princess* matter, I understand that there is a push or a call to reopen or reactivate the cruise ship industry in New South Wales. Are there any discussions underway in that regard?

Mr BRAD HAZZARD: Certainly not from my point of view as the Minister for Health in New South Wales. I understand there might be some discussions which are due in the National Cabinet.

The Hon. WALT SECORD: Minister, my understanding is that there is something as soon as this week or early next week at the national level.

Mr BRAD HAZZARD: Those are matters obviously for the first Ministers' discussions. Yes, it may be that there are discussions. I know that the Federal Government is keen or it seems to be keen to reopen up to cruise ships.

The Hon. WALT SECORD: What would be the New South Wales Government's response or advice from Health? I know that in some jurisdictions around the world cruise ships are back, so to speak. I understand the push is coming from the Federal level to reopen borders around the country. What is the NSW Health response to a Federal Government push to allow cruise ships back into various State and Territory jurisdictions?

Mr BRAD HAZZARD: There has been no position. You are asking me, Mr Secord, about matters that relate to the National Cabinet.

The Hon. WALT SECORD: Yes.

Mr BRAD HAZZARD: There is no immediate—

The Hon. WALT SECORD: I guess I am trying to cut to the chase here, Minister. Would you support reopening New South Wales ports to cruise ships next week?

Mr BRAD HAZZARD: As health Minister of New South Wales, my job is to keep the community safe and I have a real reluctance about cruise ships at the present time. Having said that, if the Federal Government chooses to reopen them—it was the one in February last year who determined that 63 ships had to return straight back to port within a few weeks—within a few days, which put a lot of pressure on NSW Health and other government agencies and Federal Government agencies as well to do what they need to do when ships are coming into port.

The Hon. WALT SECORD: Let me phrase this another way. Would NSW Health be ready to test or accept passengers coming into New South Wales on cruise ships? Would you be ready to do that?

Mr BRAD HAZZARD: NSW Health will step up to whatever task is required of it, but I must say, my view is that any such procedures, any such requirement should be a matter—obviously to bring them back in, you need to think about what safeguards you are going to have in place. My view, without having seen what is actually being proposed at the National Cabinet at this point, if it is this week as you proposed, is that under the Federal Biosecurity Act whatever requirements there are should be the responsibility of the Federal Government. If it was planning on sending it to New South Wales and therefore equally to each other State and Territory to set up their own regulatory framework, that is not something I would feel very comfortable with because each and every State and Territory should not be required under their particular legislation to try and put in place what could be differing standards around the country.

The logical thing to do there would be to have it under the Federal Biosecurity Act and to establish the rules and regulations and for the Federal Government to administer it. If NSW Health and other government agencies that are not in my purview—State Government agencies—had to step into assist, fine, but I do not think it should be the frontline. I am sorry, what I experienced last year is such that having seen what happened, I would not want that to be something which could happen again.

The Hon. WALT SECORD: Are there different regimes around Australia involving cruise ships coming in, standards and testing, at the moment?

Mr BRAD HAZZARD: At the moment there are no cruise ships coming in.

The Hon. WALT SECORD: Okay. If they were to come in, are there in fact different regimes in place for Queensland, New South Wales and Victoria?

Mr BRAD HAZZARD: I guess what you are really asking is under the former arrangements?

The Hon. WALT SECORD: Yes.

Mr BRAD HAZZARD: Obviously there were nuanced differences in each State and Territory, but my view is that the experience of what occurred in a number of States, not just New South Wales, should mean that it should be a Federal Government responsibility to set those requirements and be responsible for the outcomes. It should not be up to New South Wales. But that is only my view and it certainly is not something that I have discussed with the Premier or with the Cabinet.

The Hon. WALT SECORD: Will tomorrow's National Cabinet be Premier Perrottet's first National Cabinet?

Mr BRAD HAZZARD: I don't think so.

The Hon. WALT SECORD: Oh, okay. Back to cruise ships, you are saying that—

Mr BRAD HAZZARD: I don't know. I don't get invited to National Cabinet, which is a blessing.

The Hon. WALT SECORD: Okay, but you provide advice in relation to matters relating to COVID. What would be your advice to the Premier involving cruise ships coming back into New South Wales?

Mr BRAD HAZZARD: Extreme caution.

The Hon. WALT SECORD: Thank you, Minister. I would like to direct a quick question to Mr McLachlan in western New South Wales. Is COVID in hand in western New South Wales?

Mr McLACHLAN: Mr Secord, yesterday we had our first day of zero cases since 10 August. We have seen a steady decline in COVID cases over the last four or five weeks. It is certainly in better control than it was a couple of months ago.

The Hon. WALT SECORD: And Indigenous vaccination rates in western New South Wales, what are they up to now?

Mr McLACHLAN: They have jumped significantly. They are around 10 per cent lower than the whole-of-population vaccination rates, but there is a lot of effort going on across the Aboriginal Medical Services, GPs, their own vaccination teams to improve those across all of the communities in our region.

The Hon. WALT SECORD: Thank you, Mr McLachlan.

Mr BRAD HAZZARD: Can I just say, on that question, well done to the team in western New South Wales and Scott McLachlan and all the health workers. Having seen the work that the Aboriginal health workers were doing out there—actually going and doorknocking in some of the very small communities, sometimes multiple times, to convince people to be vaccinated—it was quite incredible. Mr Secord, I am sure you would be delighted to know, as we are, that the percentage of Aboriginal people in New South Wales who are vaccinated pretty well leaves the entire country for dead. Have you got those figures, Ms Pearce?

Ms PEARCE: Yes.

Mr BRAD HAZZARD: Could you just recount them? I think the percentage in the ACT, keeping in mind that the population of the ACT is only about as big as the northern beaches, of everybody so that really does not cut it. But, compared to every other State and Territory, the rate is just amazing. Ms Pearce?

Ms PEARCE: Thanks, Minister. Mr Secord, we have put a lot of effort into our Aboriginal vaccination rates here in New South Wales. Pleasingly, whilst we have still got more work to do, the first-dose rate amongst our Aboriginal population is now almost 83 per cent. Victoria is very similar to us now; however, we have an Aboriginal population here around four times the size of Victoria's. Tasmania is doing quite well, at 73 per cent. The Northern Territory is at around 62, Queensland at 52, South Australia at 54 and Western Australia at 43 for their first-dose rate. As I said, it has been a concerted effort. The district chief executives, metro and rural, have really worked hard on this, and we will continue to do so.

The Hon. WALT SECORD: Thank you, Ms Pearce.

Ms PEARCE: If I may, Chair, whilst we are on the topic of vaccination, Mr Secord, in response to your first question about our rates compared to other countries, I think I answered your question and said 72 per cent on a whole-of-population basis. That figure is correct; it is actually 72.4 for New South Wales. I think it is worth noting that that is eight percentage points higher than the rest of Australia. It is seven percentage points higher than Israel, 15 percentage points higher than the US and five percentage points higher than the UK, so we are doing quite well on that whole-of-population basis. It is the same as Japan. There are other countries that are

higher than us. But on a first-dose basis, we are getting close to 80 per cent even on a whole-of-population basis, so those rates will come up substantially. As to the matter of Qudos Bank Arena that was taken on notice, they have performed over 365,000 vaccinations at that stadium since it opened in early August.

The Hon. WALT SECORD: Thank you.

Mr BRAD HAZZARD: When it comes to COVID and to making sure that people are vaccinated, New South Wales is the premier State.

The Hon. COURTNEY HOUSSOS: Minister, I wanted to return to the question of long COVID, which Ms Faehrmann raised with you earlier. I asked some questions about this during one of our Public Accountability Committee inquiry hearings into COVID. In response, last night we heard that New South Wales has not yet modelled the long-term impact of chronic disease as a result of COVID-19. Have you started that modelling process? Or when will you start that process?

Mr BRAD HAZZARD: There is a lot of work going on, as you heard, with the communities of practice and the clinicians. I will actually refer that back, with the Secretary's agreement, to Dr Lyons.

The CHAIR: Thank you, Dr Lyons.

Dr LYONS: Thanks, Minister. In terms of modelling, I am not aware that there has been any modelling done. But what is being looked at very closely is evidence internationally around the incidence of long COVID and the extent to which that is likely to be an issue for us in our context in New South Wales, with the rates of infection that we have seen and the need for us to organise our services around that. Our clinicians will be looking very closely at the international evidence and then, dependent on our rates of COVID infection here, we will be looking at what we need to have in place to ensure we have got the services appropriately configured to provide that support.

We have had the blessing of having much less COVID active in the community. While we have been impacted, it has been, by international comparison, on the low side—which is a positive thing. What we will need to continue to monitor is the extent to which even being infected with COVID once vaccinated—whether there are long-term sequelae from that infection process as well. It is unlikely, given the vaccine will provide a lot of effective coverage in response, but we will need to monitor that as well. In answer to your question, I am not aware of modelling, but we are looking at the international evidence and we are configuring our services based on our incidence of COVID in New South Wales.

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 because 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 just 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.

Mr BRAD HAZZARD: Can I just say that it has always been—obviously I am following the regional committee, but a lot of those issues had been there well and truly during the 16 years of the Labor Government, and the previous Coalition Government and the previous Labor Government—it's always challenge to get specialists into regional areas. Quite apart from anything else, if they do not have the number of patients to keep up their expertise with a particular problem—and obviously a specialist wants to maintain that expertise. That is why we have looked at trying to ensure that through a range of issues—for example, with stroke service, Courtney.

If you had a stroke a few years ago in Dubbo there is a good chance you would have had a permanent disability, whereas the $27 million telehealth stroke service now allows a specialist or two across New South Wales to be contacted with all of your vital signs and all of the tests that are done, and they can make a decision to give you a clot-busting drug even though they are not there in Dubbo. A lot of changes have occurred as a result of technology to try to—not stop doctors from going there because if we could get them there we still would. It would not matter if it was a Liberal Government or a Labor Government, you would try and get them there, but if you cannot then the next best thing to have is obviously those telehealth services. So it has not changed a lot.

The Hon. WALT SECORD: On Friday at the ICAC we heard evidence of phone taps, and one of those was:

> I've already got you the Wagga hospital … I just spoke to Dom—

then the Treasurer—

> and I said just put the 140 million in the budget. And he said no worries, he just does what I ask him to.

Later the then Premier said to Mr Maguire:

> Can you text Brad? Cause I've now got you the 170 million—

Which he corrected from 140—

> in five minutes you can at least get a few hundred thousand from Brad.

Since that evidence has come to light, has the department reassured itself and checked to ensure that all protocols and procedures were followed involving the allocation of funding to Wagga Wagga Base Hospital and Tumut?

Mr BRAD HAZZARD: I am not going to comment specifically on ICAC hearings, but what I will say is that there is never a time—in my time anyway as health Minister—where a decision has been taken other than on a substantive basis of what the population needs are. As I think I said in the press conference on Sunday morning—and you would know this, Walt, you have been in Parliament long enough to know this, and you are a shadow Minister and you worked in a Premier's office, as I recollect—

The Hon. WALT SECORD: I did.

Mr BRAD HAZZARD: You did, yes, and you would well recollect that there are processes in place that allow community members, for example, to raise issues about what the medical services are that they need; for local members to raise issues around what medical services they need; for members of Parliament to Ministers, other Ministers, and there are processes that are then undertaken. It is quite proper that everybody—that is democracy and I do not know that ICAC fully understood that, but it is democracy and that is the way it works.

The CHAIR: Are you caring to reflect on the ICAC? I mean you said you were not going to reflect on the ICAC proceedings.

Mr BRAD HAZZARD: I said I was not going to comment on it, yes.

The CHAIR: But you have just made a specific comment about the ICAC proceedings. Would you like to clarify what you are doing?

Mr BRAD HAZZARD: I am just saying what I feel like saying at the moment, Mr Chairman.

The CHAIR: You are simply freewheeling at the moment, are you?

Mr BRAD HAZZARD: I am answering the question.

The CHAIR: Right.

Mr BRAD HAZZARD: Is that all right?

The CHAIR: Yes. Minister, at the start you specifically said, in response to the question, you were not going to deal with the ICAC proceedings and comment on those, and now you are specifically commenting on the ICAC proceedings. I am just trying to clearly understand what you are doing.

Mr BRAD HAZZARD: I am answering the question.

The Hon. WALT SECORD: Mr Chair, to assist, my question comes back to has the department reassured itself by a paper audit or an internal audit? After the revelations were made at the ICAC of the phone taps, did the Director General comfort herself—

Mr BRAD HAZZARD: Secretary.

The Hon. WALT SECORD: Secretary, sorry—comfort herself that all procedures and policies were followed after hearing the evidence?

Mr BRAD HAZZARD: If you are asking the Secretary that question rather than me—

The Hon. WALT SECORD: Yes.

Mr BRAD HAZZARD: Then I will ask the Secretary to answer that question.

The Hon. WALT SECORD: Thank you, Minister.

Mr BRAD HAZZARD: Madam Secretary, would you like to answer the question?

The CHAIR: Just before we proceed, are you very clear what the question was?

Mr BRAD HAZZARD: It is for the Secretary now.

The CHAIR: I am saying to the secretary: Are you very clear about the question being directed to you?

Ms KOFF: I will speak in generalities that we are confident we have stringent processes in place for any capital development across the State.

The CHAIR: That is a general statement—

Ms KOFF: Yes.

The CHAIR: —not a specific answer.

Ms KOFF: No. We do clinical services plans and the clinical services plan is the foundational element to ensure that we build what is necessary and what is appropriate.

The CHAIR: We are talking about the Wagga Wagga hospital here.

Mr BRAD HAZZARD: But she is answering that. What she is saying is it does not matter whether it comes from a Labor member or a Liberal member or a community member, at some point the proposal would then be considered through the clinical services planning and the clinical services planning is done by generally the physicians who are involved with the hospital, but sometimes it goes outside the hospital to a broader—

Ms KOFF: Community consultation.

Mr BRAD HAZZARD: —community consultation with other members of the community and physicians. If the clinical services plan is put together and finalised by the local health district, it then goes to the Ministry.

Ms KOFF: Correct.

Mr BRAD HAZZARD: It has nothing to do with me—absolutely zero to do with any politicians. It goes to the Ministry and the Ministry makes the decision on whether or not they agree with the clinical services plan as a part of the broader network of the health system. Then what happens, if that is ticked off, it then goes to the master planning stage, which is put together largely by Rebecca Wark's team, the Health Infrastructure team.

Ms KOFF: Yes, and a business case developed.

Mr BRAD HAZZARD: A business case is developed for that, and if it is all approved through all those checks and balances by the bureaucracy then it comes to the Treasury issue of whether or not there can be a money allocation. Will the money allocation be available in the short term depends entirely on availability of funds. There is normally a four-year forward forecast which is made public in terms of allocation of funds. There is also a 10-year plan which is not generally made public because it is where we might get to. That has been through the Labor Government and the Liberal Government. It is all done with the appropriate checks and balances, so I have

absolutely no doubt that all of the decisions that have been taken both in regard to Wagga and to every other hospital project across this State have been done in absolutely the right way.

The Hon. EMMA HURST: I know we have already talked a little about regional and rural hospitals, particularly around COVID, but an organisation, People with Disability Australia, has stated that they are particularly concerned about the impacts that opening up regional travel will have on people with disabilities in regional communities, who are obviously at greater risk. I am wondering what is being done specifically to protect these people.

Mr BRAD HAZZARD: Thank you. I think we have all said actually—everybody has said it—that this virus knows how to target the most vulnerable, and by that we mean the people who are often in situations such as people with disability, people who are in poorer circumstances, people who are living in multiple numbers in houses; refugees and so on. It really has targeted them, in a sense, so everything NSW Health has done—and the Government has done—is try to make sure that we put in place the appropriate resources.

You will probably remember that in the start we had the 1A, 1B, 2A, 2B program that was put out by the National Government and it was to apply off the back of National Cabinet to the whole country. That actually identified who would be doing what in the early stages and, of course, people with disabilities, particularly because of the Federal Government's responsibility through the National Disability Insurance Scheme [NDIS], were in that category. Aboriginal people were included in that category. There were a number of different groups that were allegedly going to be looked after and to be vaccinated by the Federal Government authorities. I have to say it did not quite work out that way and, as we heard a little while ago, some of the Aboriginal communities across other States and Territories are still way behind the eight ball. So in the end the New South Wales Government decided that we just would not wait, we would get out there and do what we could.

People with disabilities do present some other challenges. Disability area is not my area, but obviously I have a real interest in trying to ensure that people with disabilities get vaccinated. The challenges that I think the Federal Government was finding, and we found, were that there is more than, for example, 2,500 group homes, so it meant them sending their teams out. Very early on we were telling the peak groups to tell their various organisations that, if they can get a bus, for example, some people with disabilities—obviously there are physical disabilities, cognitive disabilities, a range of disabilities—can come to the Sydney Olympic Park Authority, as an example; they do not need to necessarily come into the main area.

We could set up an area out the back so that the bus was right nearby and they could come in and get their vaccines or we could actually go into the bus and vaccinate them. When I say "we", I mean the Health people, not me. So we have done a lot of work to try to do that. I think where we are at now is that that work continues but the Federal Government is also doing quite a bit of work on that front. They employ a number of different private providers to go out and to vaccinate them. What was the date of that letter you got, Emma? How long ago was it?

The Hon. EMMA HURST: I actually do not have the date on it, sorry. I do not have that with me.

Mr BRAD HAZZARD: Because I think they are really getting a long way. Which one of my team would know?

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. With regard to people with a disability, the current information I have is that 83 per cent of all NDIS participants over 16 years of age have had their first dose. Almost 86 per cent of all NDIS participants living in disability accommodation have had a first

dose, 87½ per cent of all NDIS participants living in a residential aged-care facility have been vaccinated with the first dose and about 88 per cent of all NDIS scheme disability workers have received at least one dose. So there is quite a high rate and that rate has come up substantially across the disability sector—a combined effort with the Commonwealth Government but also our health services.

The Hon. EMMA HURST: If we suddenly see a significant number of hospitalisations, for example, from COVID in those regional and remote areas, is the travel something that would be reviewed further down the track if something was to change?

Mr BRAD HAZZARD: I gather what you are suggesting is the causation for that. You are suggesting it would be people coming from Sydney?

The Hon. EMMA HURST: If there is an increase in hospitalisations, would the travel to those areas be reviewed further down the track?

Mr BRAD HAZZARD: From Sydney is what you are saying?

The Hon. EMMA HURST: Yes. Or from anywhere, I suppose.

Mr BRAD HAZZARD: I think it is fair to say everything is under review but you just heard the stats. The stats are that the regions are now very well vaccinated so I would think the likelihood is very remote.

The Hon. EMMA HURST: Thank you. I am going to move on from COVID. I know we have spoken a lot about COVID but obviously you are the health Minister and your folder is much broader than that.

Mr BRAD HAZZARD: I would be most grateful for any question that goes beyond COVID. That would be good.

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.

Ms CATE FAEHRMANN: Minister, I want to turn to some of the allegations and various information that has been exposed during the rural health inquiry as well. As we were lucky to do at the beginning of the inquiry, we were able to go to various regional centres and hear from local communities, and obviously that has continued. The first situation that I want to talk with you about is Leeton hospital. The inquiry basically uncovered the fact that the Government spent $3 million upgrading the 66-bed Leeton hospital's operating theatre but I understand, and it was revealed during this inquiry, that the operating theatre has not been used for the past five years. Are you aware of that?

Mr BRAD HAZZARD: I am not specifically aware that the Leeton operating theatre has not been used for that period of time. But what I am aware of is that the New South Wales Government—as with other governments, Labor and Liberal, around the country—have tried to support regional health facilities as part of both the obligation to the community but also as an incentive at least to try to get staff to come into those areas. But, as I said earlier, it is a real problem because I could name a whole host of regional towns where trying to get staff into those regional towns is just proving very challenging. Pick on Parkes and Forbes and the maternity services there. It is a 23-minute drive between the two. Actually, Scott McLachlan could probably answer this to some degree more broadly in the sense of what goes on. Leeton is not in his LHD.

Ms CATE FAEHRMANN: No, it is Murrumbidgee.

Mr BRAD HAZZARD: But he would be able to tell you the problems. Before I go to Mr McLachlan, can I just say I know, talking to Mr McLachlan quite a number of times as the Health Minister, I was expressing the frustration that we could not get, for example, obstetricians to be in sufficient numbers out there to do both facilities.

Ms CATE FAEHRMANN: Just in relation to this, it is $3 million towards an operating theatre. I understand that Leeton has really struggled getting a doctor in August.

Mr BRAD HAZZARD: That is what I am saying.

Ms CATE FAEHRMANN: The Murrumbidgee Local Health District recently announced it has called off the search for a doctor, or a chief medical officer. But I just wanted to put it to you because the local mayor has said that he has been told why the operating theatre has not been operating. One reason early on was that the wallpaper in the recovery room was the wrong type; another reason is that the recovery room was 11 centimetres too small. There is a range of different reasons put out there. Would it not be fair to say that the $3 million that was spent on this operating theatre, which for whatever reason cannot be used, probably should have been spent on trying to attract doctors and staff to Leeton, for example? That is just one example.

Mr BRAD HAZZARD: It is chicken and egg, really, is it not? I am sorry, health is a lot more complex than that. For example, pick a regional hospital that is in Mr McLachlan's area as well, Dubbo Base Hospital. Dubbo Base Hospital has had a small fortune spent on it. It is a major hospital. What we have seen is that as that money was spent in a major centre, where doctors want to work, that became a lot more attractive to specialists to go and work there. I will allow Mr Mclachlan, as I think he is the only person here at the moment who—no, we have Michael DiRienzo. Perhaps either one of those gentlemen—I will start with Mr McLachlan—could just recount the frustrations that I expressed to you about trying to get doctors to do obstetrics at both those facilities, what you did about advertising and what the response was. Then I might ask Michael DiRienzo to also try to answer from whatever position he likes, because they are the two regional people. Mr McLachlan first.

The CHAIR: Are you okay with that, Cate?

Ms CATE FAEHRMANN: That is fine.

Mr McLACHLAN: Thank you, Minister. Over the past 10 or 15 years it has become incredibly difficult to recruit specialist clinicians in rural and remote regions. But that has improved since efforts to recruit in both GP-obstetricians, now moving to a staff-employed obstetrician model, and midwives as well. That is now seeing

us advertising in New Zealand, the UK and other parts of the world to try to recruit in the workforce we need to sustain those services.

Mr BRAD HAZZARD: And Michael DiRienzo from Hunter New England. Sorry, before we move on to that, Mr McLachlan, will you also recount the conversations or at least the result when I asked you to go back and advertise yet again? As frustrating as it was for you to have to accept that from the Minister, what was the result after you did that?

Mr McLACHLAN: Minister, we certainly have. We have advertised time after time after time for continued recruiting—both Parkes, Forbes and our other maternity service hospitals across the region.

Mr BRAD HAZZARD: It is just impossible. Michael DiRienzo, will you give for the Committee your experience, please, as Chief Executive of Hunter New England for those more remote communities?

Mr DiRIENZO: Yes, Minister—very similar examples. If I just stick to obstetrics and maternity as the example, we have got many cases where we have got our rural towns where GP visiting medical officers that specialise in obstetrics are not available any longer. We are relying on locums, putting ads out on a constant basis and really looking at what we can do to actually support those communities. The way that we are trying to address it—because we know that we have put out numerous recruitment episodes trying to get these particular medical staff to go into these groups, and it has been failing—is to actually work with trying to use our big base hospitals as basically the platform to be able to provide outreach support into those smaller towns, enhancing our midwives so they become much more specialised with more training and then trying to talk to the community about what is the safest way to provide the service where high-risk births would need to be transferred, probably.

If you take an example of Gunnedah and Tamworth, for example, it is about 40-odd minutes by car between the two towns. They are both large towns. We cannot attract doctors to go to Gunnedah even though they are only a short distance from Tamworth. It is how we use the expertise and the specialised services in Tamworth with outreach to Gunnedah to enhance the midwifery services there to look after the low-risk women and then make sure that we do all the safeguards and the quality about the high-risk births—and then use our John Hunter Hospital, with its major obstetrics and maternity services, to then do outreach to educate and provide support to some of those GPs, who fortunately are still trying their best in some of those rural areas.

Mr BRAD HAZZARD: Cate, I think it is a case of, as I said, chicken and egg. If you just give up and do not spend the money on the facilities then that is a message that "Okay, we are not going to try to attract doctors there." But if you spend some of the money on the facilities—particularly at the point in time when that facility was done, I think there was surgery being undertaken. But in 2017—I have just got a note here that the Secretary has just shown me—Leeton District Hospital at that point had an insufficient volume of referred patients to schedule regular surgical sessions and nursing staff were unable to maintain the required perioperative skills. It is a constant challenge. This is not New South Wales alone; this is right across every State and Territory. Labor and Liberal governments are struggling with this.

In fact, when I was in Israel three years ago, I was amazed to see in the back blocks of Tel Aviv the most incredible screens and technology. Two or three, but one at any one time, intensive care specialists who were American-trained Israelis were actually managing hospitals and patients across—I think it was either 63 or 68 hospitals across the US. They could not get the doctors; they could not get the specialists. This is a problem worldwide, and so everybody is doing their damnedest at the microcosms of trying to support our regional areas. I will continue to put money into supporting local smaller hospitals in the hope that we will get some people in there, particularly as we have now developed—working with the Federal Government—rural generalist training programs. We are doing everything possible to get doctors into those areas, and we have to be prepared to spend a bit of money on doing it.

Ms CATE FAEHRMANN: Yes, I definitely agree with that. We have heard during pretty much every hearing for the rural health inquiry that—

Mr BRAD HAZZARD: Are you on the committee?

Ms CATE FAEHRMANN: Yes, I am.

Mr BRAD HAZZARD: Okay, I did not know that.

Ms CATE FAEHRMANN: This is the committee.

Mr BRAD HAZZARD: This is the whole committee, is it?

Ms CATE FAEHRMANN: This is. Yes, largely—not Courtney, though. We have heard from pretty much every hearing that, in fact, other States were offering better incentives and better money and that New South

Wales was lagging behind in GP incentives. Are you aware of the discrepancy between the States? That has come up a fair bit.

Mr BRAD HAZZARD: I have heard some people say that happens in some areas, but we are paying all sorts of money. Mostly, local government is very supportive. Some of them are critical, but mostly they are supportive. I remember one council mayor telling me that they had offered a doctor a house worth nearly $1 million, a property that was quite large with agricultural lands—they had done everything possible to get a doctor there, in addition to what we were doing, and still they could not get anybody. It is just part of the twenty-first century, I am afraid, trying to get doctors into regional areas. But we are not giving up. Between COVID I was in Dubbo at a conference. I think it was the middle of this year, but COVID has addled my brain to some degree. It was not that long ago. The year before, I remember I was at Wagga with the Federal Government and a whole group of physicians. In fact, I think Mr McLachlan was there. Mr McLachlan, were you at that meeting we had looking at the—

The CHAIR: The Hon. Courtney Houssos.

Mr BRAD HAZZARD: Oh, we have finished that, sorry. But we continue to try, anyway, Cate. We are doing what we can.

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?

Mr BRAD HAZZARD: Can I just say I think ambulance has done an incredible job in the most difficult of times with COVID, and I want to thank all of the paramedics who have worked. As a couple of them told the Premier and I on Sunday morning, the past couple of years working flat out under full COVID personal protective equipment has been very challenging for them. We are the biggest jurisdiction in the country. We have more ambulances, more aero services and more paramedics than any other State in the country, and we continue to do what we can. We have employed, over these four years, another 750 paramedics and last week another 130 interns. I attended their graduation, thankfully. Many of those will stay on, hopefully permanently. Working with the unions, certainly the Health Services Union was very supportive of the 750 paramedics, but obviously I share their view, that if we can get more along the way, I will argue that case with Treasury. Do you want to add something to that?

The Hon. COURTNEY HOUSSOS: Minister, let me be clear, this is not a reflection on the work of paramedics, which is incredibly important and I too acknowledge, as my colleague did at the outset, the incredibly important work that they do and the difficult circumstances.

Mr BRAD HAZZARD: Yes, I get that.

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 BHI 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.

Mr BRAD HAZZARD: Could I stress again, part of the challenge here is that, for example, if you are out around Pitt Town, out west there—

The Hon. COURTNEY HOUSSOS: I know Pitt Town.

Mr BRAD HAZZARD: —to try and get an ambulance there and some of those more remote parts of even Sydney, it can be difficult. If you are an hour and a half, two hours away in the regions and—I have just come back a couple of months ago—six weeks, eight weeks—from north-western New South Wales. It is literally a couple of hours between towns, at the bare minimum. You really have to look at the fact that we have a very big State; probably more analogous to the northern parts of Queensland and to Western Australia. It is a challenge. Having said that, obviously always happy to get more resources.

The Hon. COURTNEY HOUSSOS: I appreciate those challenges of geography. I grew up in the country, so I understand those challenges. Minister, let us talk about Sydney itself. In Sydney there are huge disparities between what part of Sydney you live in and how fast the ambulance will get to you. In the south-west, they are waiting 39 per cent longer for an ambulance and 23 per cent longer, even with a life-threatening case. Minister, what are you doing to address that disparity?

Mr BRAD HAZZARD: There have been new super stations that have been developed. I have put a lot of money into that. There have been two programs; I think in total around about $230-odd million building new ambulance stations just in the city area, setting aside the regional aspects. I know I have attended openings of new super stations in the south-west, including Bankstown and other areas across Sydney. We are just training another 250 or converting another 240 paramedics as intensive care paramedics. There is a host of new ambulances and new super stations. We are doing everything we can to try and address those issues, Ms Houssos.

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.

The Hon. COURTNEY HOUSSOS: Ms Koff, are you able to tell me what the basis for that allocation was?

Ms KOFF: We take the advice of Commissioner Morgan, who is the Chief Executive of Ambulance, and also we intersect that advice with the population demographics and assessment of the response times.

The Hon. COURTNEY HOUSSOS: I understand that the intensive care paramedics actually work in teams of two. Is that correct?

Ms KOFF: I am not sure of their operational detail.

Mr BRAD HAZZARD: I do not think that is necessarily right. I think they aim to. I have certainly been out on the roads and seen an intensive care paramedic with a non-intensive care paramedic in an ambulance. I am not sure they are always allocated that way. I would assume it depends on staffing availability.

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.

The Hon. WALT SECORD: Minister, I would like to return to COVID modelling. Back in September the Barnett Institute modelled that we would have 3,434 people in hospital, 947 people in intensive care with COVID by the start of the first week of November, which is where we are now. Thankfully, that is not the case. Instead, we have 302 in hospital, 64 in ICU today. Thankfully, it is different. Why is the Barnett Institute modelling so off and what are the financial arrangements? How much is the State Government paying the Barnett Institute for that modelling?

Mr BRAD HAZZARD: I think it is called the Burnet actually, not the Barnett.

The Hon. WALT SECORD: It is my accent, sorry.

Mr BRAD HAZZARD: That is a good excuse. I do not know the answer to that. I do not think we actually pay them to give us that information, I think the Burnet is funded through a variety of sources and they give the best modelling. I think it is fair to say that modelling is only as good as what the inputs are and inputs are very variable. I think I have said this to you before, I remember that last year, about March or April, I sat on the top floor of 100 Christie Street, which was the then Health headquarters, and was horrified to hear that the modelling was showing we could have 25,000 people dead by the end of the year. Lesson number one in modelling, what data were they using? We did not have many numbers at that point. They were picking up certainly towards about late March. I think we got up to over 200 cases a day by around about 27, 29 March last year, but they were basically looking at figures that came off overseas jurisdictions. Italy, you might remember, was aflame with COVID.

The Hon. WALT SECORD: Yes.

Mr BRAD HAZZARD: Lebanon and other jurisdictions. It depends a bit on what the modellers choose as being their data inputs, as to what you get. The good news is obviously—I mean, they did their best. They are researchers and I am not a researcher.

Ms PEARCE: I can offer a comment, Mr Secord. When the modelling was done—and you would be aware that there was a range of modelling. Burnet Institute was one. We do our own. The Doherty Institute—modelling, as the Minister said, is as good as the inputs that are put into it at the time. When that modelling was done, New South Wales was below 40 per cent double dose. Whilst the model took into account vaccination, it could not have accounted for the speed with which we achieved the rates that we did. In August you would be aware that we received 530,000 Pfizer doses from the Commonwealth.

NSW Health alone performed close to a million vaccines in three weeks after that modelling was done. So the effect of vaccination, in addition to the other "test, trace, isolate" measures that are in place, significantly reduced the impact of what was predicted. That is one of the explanations as to why we did not see the number of cases that were predicted. Our job, however, as we said publicly at the time, is to prepare for the worst. On that basis, we were comfortable with releasing that information because we needed to let our community know that, in the event that the cases reach that volume, we could manage that.

The Hon. WALT SECORD: Right. Earlier this year there were concerns expressed about a lack of vaccination supply to the Central Coast and Newcastle-Hunter areas. Has that been—

Mr BRAD HAZZARD: We are awash with vaccines.

The Hon. WALT SECORD: They are awash with vaccines?

Mr BRAD HAZZARD: We are awash with it. The entire State is awash with it now. Obviously there were constraints because—the Federal Government did their best, but there were not the supplies that we would have liked early on. But we are awash with it at the moment. There is no reason why anybody who wants a vaccine at the moment cannot have it.

The Hon. WALT SECORD: So there is no excuse not to have a vaccine?

Mr BRAD HAZZARD: No.

The Hon. WALT SECORD: When you say "awash", in fact, are we at the situation where vaccines could now go to waste?

Mr BRAD HAZZARD: Yes, absolutely, because there is a use-by date. Who would like to comment on that out of my team? Ms Pearce?

Ms PEARCE: We have worked very hard to make sure that vaccine does not go to waste; obviously that is the last thing we would want. We are particularly concerned around making sure that people come forward for the boosters because, as the Minister has indicated, despite our supply challenges during the course of the

rollout, we no longer have that issue. We have told the Commonwealth, for example, not to send us more doses until we are ready to receive them because we have sufficient supply presently.

Mr BRAD HAZZARD: When you say "to us" you mean to NSW Health—

Ms PEARCE: To NSW Health.

Mr BRAD HAZZARD: —not to GPs and pharmacies, because that comes from the Feds.

Ms PEARCE: The GPs, similarly, are managing that very carefully. We were required to report any wastage. We have managed that very carefully. We would move doses around, for example, if they were going to expire.

Mr BRAD HAZZARD: In our system, not in the GPs and pharmacies.

Ms PEARCE: In our system. But I will note for the record that, at the present time, the Central Coast has a first dose rate of over 95 per cent. The Hunter area—there are obviously a lot of LGAs in that area. Looking at a few of them here, Dungog is over 95 per cent. They certainly have lifted their rates considerably. Newcastle is presently at 93.2 per cent first dose. There is no question that at present—in places like Muswellbrook, for example, we were required to put a lot of effort into certain areas that were a little bit lower. They are now over 95 per cent.

The Hon. WALT SECORD: On that note, what about places like Mullumbimby?

Ms PEARCE: Yes. I am very happy to report about that part of the world.

Mr BRAD HAZZARD: We can tell you that one, too.

Ms PEARCE: We have clearly been focused on those LGAs. Presently the LGA of Byron is getting up towards 85 per cent first dose, so it was a little lower than some of the others and has taken quite a bit of concerted effort, both from the local health district and from the GPs and pharmacists in that area. I think they have done an exceptionally good job.

The Hon. WALT SECORD: Ms Pearce, you must actually find it a bit frustrating to go from a point where earlier this year we were scrambling. We were desperate to get vaccinations and get supply.

Ms PEARCE: I couldn't possibly comment, Mr Secord.

The Hon. WALT SECORD: How about you, Brad? I will throw you a Dorothy Dixer here. You must be quite frustrated. Earlier this year you would have scrambled to get vaccinations for New South Wales, and now we have a situation where it could go to waste as we are—your own words were "awash with vaccines". It must be quite frustrating, the lack of coordination at the Federal level in this regard.

Mr BRAD HAZZARD: Thank you for the opportunity to speak on that issue, Mr Secord. All I will say is that I am delighted with how we are at the present time.

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.

The Hon. EMMA HURST: Just to clarify what I was talking about in regards to hoarding before, in our office we are looking at switching the model so that if somebody is an animal hoarder, rather than facing fines and jail time, we are really looking at things like counselling and changes like that. That is kind of where that discussion was headed. I realised that I did not clarify that, either, when I was telling you about the work in that space, but we can take that offline and talk about it further, if you are still open to doing that.

Mr BRAD HAZZARD: Sure, happy to. If you want to, when Parliament is on—is it next week or the week after?

The Hon. EMMA HURST: Yes, we are sitting for three weeks.

Mr BRAD HAZZARD: Not next week but the following week, just come upstairs and we'll have a chat.

The Hon. EMMA HURST: Sounds great. Thank you. I wanted to talk about endometriosis as well, which is a very painful condition experienced by many women. It still takes seven years on average to get a diagnosis of endometriosis. New South Wales obviously has the largest population but, as such, they also have the highest number of endometriosis patients; we have got 260,000 endometriosis patients and counting. The first national clinical guidelines for endometriosis have been released to help GPs to diagnose and to reduce that length of time for a diagnosis—seven years is obviously a very long time to be in pain and suffering—and also to be able to treat that condition earlier. However, Endometriosis Australia says that further work still needs to be done to make sure that GPs are actually aware that these guidelines exist and to start using them. Is this something that NSW Health is assisting with, or is it something that NSW Health is willing to assist with?

Mr BRAD HAZZARD: Endometriosis is a huge issue for, as you said, many women and the diagnostic capacity principally lies with general practitioners [GPs] in most instances. Most women would be going to see their GP, but certainly, as I just said to Courtney, we get women who, particularly in some of those areas where they do not have a history of GPs, come to our emergency departments. Emergency departments, of course, are there to deal with emergencies in the sense that they do not necessarily deal longer term with issues that, in the case of endometriosis, would generally be a much longer-term issue, but they can exclude emergency requirements and, of course quite often onward referrals to appropriate specialists to deal with the issues. I do not know whether any of the people online have expertise in that.

Ms KOFF: Nigel Lyons deals with GPs.

The Hon. EMMA HURST: Okay, that would be fantastic.

Mr BRAD HAZZARD: I will ask Dr Lyons.

Dr LYONS: Thanks for the question. As the Minister said, endometriosis is a condition which is primarily managed through primary care and general practice, but what we do in the New South Wales health system is provide guidance and support to GPs often through the establishment of what I call health pathways, which would give advice through the local health district teams of specialists and the GPs within a primary health network [PHN] around what investigations are available locally, who to refer a patient to who might be suspected of having endometriosis, what investigations need to be done before that referral is made, and what can be done to support ensuring that people get access to high quality care, the diagnosis is made and appropriate treatment offered.

Those arrangements are often put in place through discussions between the local health district specialist teams, the GPs and the PHNs, and they are very useful in providing that support. While the national guidance has been developed and has been communicated, our challenge always is: How do you get that through to the individual practitioners delivering care and how do you ensure that that guidance that supports them is effectively utilised. One of the ways that we do that is through the establishment of these locally contextualised pathways for management of certain conditions, so if there is a need to do more we would be very happy to take that issue on

and start discussion through the PHN statewide network that we have, so we meet with the primary health networks right across the State on a regular basis and we can raise issues with them that are needing to be addressed on a statewide basis, and we would be happy to take that forward.

Mr BRAD HAZZARD: Can I also say that we have a number of women's health centres in New South Wales and obviously the State Government puts money into those women's health centres to support women on a range of women's health issues, including endometriosis. We provide grant funding. Some of those health centres have GPs that work in them as well. As Dr Lyons said, it is sometimes a challenge. The fact that a GP is qualified to be a GP does not mean they necessarily will be in a position to have diagnostic skills over every issue, so it will remain a challenge. Whatever we can do, as health Minister, I have to say I would be delighted for NSW Health to support GPs and others to do it.

Dr LYONS: Minister, I have a little bit of additional information that has just come through in that we also have information on our Agency for Clinical Innovation [ACI] website. They have done some work in this space and provided further support. There is also information from the Emergency Care Institute, which is the institute that has been established in the ACI that provides advice to our emergency departments right across the State, so if women do present to an emergency department, they are provided some support about what action they can take, recognising of course as the Minister said that they are mostly there for emergencies and ongoing investigation and management will be back through general practice and primary care and specialists in the community generally.

The CHAIR: Thanks, Dr Lyons.

The Hon. EMMA HURST: Thanks, Dr Lyons. Certainly it sounds like part of it is getting those clinical guidelines to GPs and making them aware of them. 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.

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.

The Hon. EMMA HURST: That is fine, thank you. Given the pain and the length of time to get a diagnosis on this issue, it is obviously also associated with a lot of stress and sometimes people even express depression or hopelessness. Do we have any idea of the sort of impact these health issues have on people's mental health and what sorts of programs the New South Wales Government is supporting to help deal with that?

Mr BRAD HAZZARD: I think again the support for mental health issues across the board is quite extensive. I think you are right; I know people who have had endometriosis and it can take over your life effectively. There is a lot of work being done to support women generally in women's health issues and the consequent issues, particularly around depression and a sense of hopelessness, but I cannot give you the specific amount at this stage because again it would be mixed in with all of the other mental health issues.

The Hon. EMMA HURST: Thank you. I also want to talk about dementia. Dementia is the second leading cause of death of Australians and the leading cause of death for women, and with an aging population it is becoming an even bigger issue. What steps is the New South Wales Government taking to support those currently living with dementia?

Mr BRAD HAZZARD: A former Labor Deputy Premier has been very involved in this area and I think the forecast is that it may become the leading area for deaths in fact in the next few years. There has been a lot of work done right across the board between the Federal and State governments—all State governments, again irrespective of political background—in funding into research for dementia. I cannot give you the specific figures, but I know year after year there has been an enormous amount of money spent on it. That is all I can tell you at this point, unfortunately.

Ms CATE FAEHRMANN: I too wanted to go back to the discussion on long COVID, Minister. Ms Koff, I think you may have talked about the numbers of children—or maybe it was Ms Pearce, I am sorry.

Ms KOFF: That is all right.

Ms CATE FAEHRMANN: The numbers of children now—

Mr BRAD HAZZARD: I think I mentioned it. I mentioned that about 40 per cent of all the current cases were under the age of 20 and about half of those in the past few months have been under the age of 10.

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.

Ms CATE FAEHRMANN: Okay. I might put some other questions on notice in relation to that, then.

Mr BRAD HAZZARD: Sure.

Ms CATE FAEHRMANN: I wanted to also ask a question about when the Government was announcing a lot of people being in ICU and deaths and what have you. I have heard from somebody who is working in an ICU that, for many of the patients—the vast majority of the patients—that were coming into ICUs with COVID, the underlying health condition was really obesity.

Mr BRAD HAZZARD: It was the comorbidities that came with it, yes.

Ms CATE FAEHRMANN: But obesity was a big factor. What is the Government doing in terms of obesity prevention, which is obviously chronic disease prevention and wellness. What programs is the Government doing now and, as a result of COVID, are you going to increase the funding into disease prevention programs that, of course, can help address the obesity crisis that New South Wales is certainly facing?

Mr BRAD HAZZARD: First of all, can I say that obesity was a factor but it certainly was not the only factor.

Ms CATE FAEHRMANN: Do you have any stats on what the underlying health conditions were?

Mr BRAD HAZZARD: They are very hard to distinguish but what we do know is that the majority of patients who are passing away had age disadvantage and comorbidities disadvantage, so multiple ones—for example, respiratory disorders.

Ms CATE FAEHRMANN: But also within the ICU, Minister. Not necessarily those that have passed away but those that were—

Mr BRAD HAZZARD: I was asked that a long while ago and when I was asked the question—I was asked by somebody, I cannot remember who it was, but when I asked Health whether they could do that, what they told me was that the cost would be enormous to go into every patient's medical record and try and dig that information out and to draw necessarily any conclusions, when we knew that people do need to have programs obviously that can assist with their, for example, as you have said, obesity. Can I say to you that the Government has certainly, in my time, had quite a bit of focus on preventative work.

That is really the future of health. The preventative work that is going on, for example, in obesity management—you might like to go and visit it one day, if you want to. Out at Penrith Nepean there is a magnificent service directly over the road from the hospital there that shows you the world's best practice in terms of how to manage it. It is a multidisciplinary approach. It is not just telling people how to eat; it is also all of the other allied health support that you need. We have two of those that have been established. They are quite expensive. One is in Nepean and one—I have just forgotten what part of Sydney the other one is in now.

Ms PEARCE: Concord.

Mr BRAD HAZZARD: Concord. Thank you very much, Ms Pearce. I think there is a high level of interest in seeing what the outcomes of that are. The facility at, for example, Nepean only opened about—it was just about before COVID, I think—two-and-a-half years ago, maybe. But we are doing a lot of work on that to try to establish whether these sort of multidisciplinary teams can make a real difference.

Ms CATE FAEHRMANN: I understand there is a national preventive health strategy expert steering group and there is a target to increase investment in disease prevention and wellness by 5 per cent—this is government investment—by 2030. The Federal Government has apparently said commitments are needed across State and Territory governments for this investment. I have also seen some of the Queensland and Western Australian prevention programs such as My Health For Life, which is Queensland, and WA has one called LiveLighter.

Mr BRAD HAZZARD: We have similar programs.

Ms CATE FAEHRMANN: I understand that there was a Make Healthy Normal New South Wales program—

Ms KOFF: Correct.

Mr BRAD HAZZARD: Exactly.

Ms CATE FAEHRMANN: —which is no longer running. Is that correct?

Mr BRAD HAZZARD: I thought it was still running, but okay. I do not know. I thought it was still running.

Ms CATE FAEHRMANN: So what is the proportion of the Health budget that is spent on preventative health and is there a plan to spend more given how much of an impact COVID had on particularly those people who potentially were not as healthy as others?

Mr BRAD HAZZARD: When you talk about preventative health, it is really across every known condition to mankind. We have community health centres located all across the State with a whole range of expertise for ambulatory care, as the physicians and the medical people talk about it—ambulatory care. So you tend to go into those centres and you get support. They also have a lot of support for programs at home so you can actually try to look after yourself but given some guidance from the community health facility. So there is an awful amount of work being done on this. If only for the reason that, if the health system is honest, the health system cannot continue to grow at the rate that it is growing to deal with acute medicine and acute responses. We need to look at other ways of doing it. And the only way, really, is to try to work more in the preventative space. Do either one of the secretaries or any other senior physicians want to talk on this?

Ms KOFF: The good Dr Chant, as Chief Health Officer, is responsible for the health promotion and prevention programs across the State. Obviously during the period we have been through, the intensity of effort on some of those has diminished because of the resources being deployed for COVID. However, we are still fully

committed to prevention and keeping people healthy through prevention and health promotion. And we map that as part of our budgetary outcomes reporting to Treasury because, in reporting our outcomes of our total budget, it is important to get the balance right between acute hospital services, emergency care, surgery delivery and the health prevention and promotion programs. In terms of our year to date, not to be surprising, we have had a lot of investment because most of our COVID prevention initiatives have been counted in that, but we are tracking that. The full year projection is we spend $3,861 million on prevention and protection.

Ms CATE FAEHRMANN: Is there a target? One of the Premier's Priorities was to reduce childhood obesity rates by 20 per cent by 2025. However, I understand that that Premier's priority finished in 2019. Is there a target that NSW Health has or you have set, Minister, to reduce obesity either in adults or children now? Is there a current State target?

Mr BRAD HAZZARD: As you correctly observed, the Premiers have set, in recent years, targets across a range of areas for whole of government to achieve in various aspects, including obviously that in health. I know that the health system more broadly, in every local health district that I have visited, has programs targeting obesity, but it is probably the most challenging thing that faces the Western world. I do not think that there is any clarity around where we are going to get to, except we are trying.

Ms CATE FAEHRMANN: In terms of the Government's efforts, though, recognising that there was a Premier's priority finished in 2019, clearly COVID has really shone a light on the need for people to try to be as healthy as possible, but there is no State target now. And you do know how much that does drive investment. So would you commit to reinstating another target, for example?

Mr BRAD HAZZARD: Everything at the moment—again, I just had a text from one of my Labor colleagues in another State about some of the issues that they are looking at. I think that it is fair to say that each and every one of us is looking at a range of issues that we need to address based on the highlighting of the most challenging areas that COVID has managed to attack. Housing is another one. Housing is an issue for us all. There is a lot of work being done in every State and Territory but we have found that, again, the most vulnerable—the people in the lowest socio-economic groups—are, not always but often, the ones with housing issues, obesity issues and a whole range of other issues which make them vulnerable. So I think when we manage to get through—and I have a sense here that the Committee thinks that we are out of COVID. I do not see that and I am still spending half my days—in fact, probably two-thirds of my days—on COVID issues. Still that is the principal focus. When we get through that we will start getting back to some of those more basic issues.

The CHAIR: Thank you, Minister and officers. We will break now for lunch and be back at 2 o'clock sharp.

(Luncheon adjournment)

The CHAIR: Good afternoon and welcome back to Portfolio Committee No. 2 - Health budget estimates hearing for the afternoon session. Before I commence I will pass over to the Minister, who has an explanation in terms of our timing for this afternoon.

Mr BRAD HAZZARD: Thank you, Mr Chairman. Having in mind that the Liberal and National Party Members have agreed to not ask any questions and to give over their time to the Opposition and to Independent Members, and having in mind that quite a number of the senior Health Executive are available here at the moment, I would dearly love them to be able to deal with some major issues, which we were just discussing during the lunch break. I formally request that the time that would normally be allocated to the Liberals and Nationals, which would take us back to about 3 o'clock, would see this hearing actually terminate this afternoon at 3 o'clock. I can indicate that I have had informal discussions with each of the Members of Parliament who are involved in the Committee, and I understand that they also are prepared to accede to that request. That is a matter for you, Mr Donnelly, and the Committee as a whole.

The CHAIR: Thank you, Minister, and for the explanation. There has been some informal discussion between members, and there is concurrence with respect to the request. The proceeding now will commence and take us through to 3.00 p.m.

Mr BRAD HAZZARD: Thank you.

The CHAIR: At 3.00 p.m. we will conclude our proceedings for today.

Mr BRAD HAZZARD: I thank the Committee for that indulgence.

The CHAIR: Thank you, Minister and officers. We will have 20 minute tranches of questions, taking us through to—it might be 3.04 p.m., but basically 3.00 p.m.

The Hon. WALT SECORD: I had better get my skates on. Minister, in 2018 the member for Bega and then the Premier announced that a level 4 hospital would be built at Eurobodalla. It is now three years on. What is actually happening with that? The community has given its approval or consideration to a clinical services plan, so when will they get their level 4 facility?

Mr BRAD HAZZARD: Thank you very much, Mr Secord. As part of the focus on regional health across New South Wales, there has been agreement that in that particular area of Eurobodalla, Moruya direction, there is a need for a further enhancement of the health facilities. The clinical services plan, as I understand it, is complete. There has been money allocated, and of course there was a press release issued some time ago in regard to the building of the hospital. I can indicate that there is also some further work going on at the moment in regard to the clinical services plan. There have been some discussions with medical practitioners in the area, who have indicated that they would like to look at some further enhancements to what was originally agreed to. That is still being worked through with Health. From memory—I had better not indicate what it is, but I know that there were some other issues. When the clinical services plan is complete, there is often a review by individual doctors who raise issues. I know that the community down there are very keen to see, for example, at some point an MRI facility in there. This is off the top of my head and I have not got any notes here on this, but my recollection is they are also keen to see an enhancement of what was agreed on the maternity beds.

The Hon. WALT SECORD: Yes.

Mr BRAD HAZZARD: Certainly that would appear to be, in my view, quite a valid aspect. I have asked Health to work through those issues and also indicated that if that is something which NSW Health agrees to through the normal processes then, of course, Treasury would be also consulted in terms of the money that is available or necessary.

The Hon. WALT SECORD: Do you understand that there are strong concerns from specialist doctors and an obstetrician down there about extraordinary workloads? In fact, the rural and regional health committee heard he was working—I think it was 80 to 90 hours a week being on call.

Mr BRAD HAZZARD: You are talking about one specialist?

The Hon. WALT SECORD: Yes.

Mr BRAD HAZZARD: I do not know that this is going to solve that problem. I think that is the sort of problem that we have right across the State. You heard the earlier discussions about trying to access obstetricians. I know that the Member for Bega—I think he is still the member, is he not?

The Hon. WALT SECORD: Yes, he still is.

Mr BRAD HAZZARD: The Member for Bega had certainly raised that issue with me on numerous occasions, and I indicated to him that we were working through, obviously, the normal formal processes. He has raised the issue of the need for, as I recollect, in his view the increase of—I think it was an extra four or six beds, I am just not 100 per cent certain—in terms of the maternity unit and also an MRI. The licences for the MRIs are a Federal Government issue, as you would probably be aware. At this stage, to my knowledge, the Federal Government have not agreed to a licence for an MRI. I have certainly indicated to Health that I would like some formal decision made on the value of the MRI for that community. I believe that it is a good idea. On its face it seems like a very good idea, because it saves transporting patients who might need an MRI to the nearest MRI, which is some distance away. All those things are being worked through within the normal processes at the moment by Health, and hopefully in due course they will be able to make those announcements.

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.

Mr BRAD HAZZARD: "Yes, Minister."

The CHAIR: Thanks, Ms Wark.

The Hon. WALT SECORD: Minister, what do you say to criticism in the community that the hospital that is proposed is not up to the growth that is occurring in the community, so you are actually going to build a hospital that is too small or inadequate for the needs?

Mr BRAD HAZZARD: I do not know that that is the case because the work that goes on in these sorts of preparations is quite extensive. It was put together through all the due processes. The clinical services plan that was put there, of course, was put there by all of the physicians. What we do find from time to time, Mr Secord, is that when we have done all those due processes, there is one or two doctors who would like their particular area expanded. That is not an unusual position because normally doctors in a specialty think their area of specialty is by far the most important. That is understandable, but I have absolute confidence that the system that operates at the moment is beyond rigorous; it is exemplary. I am sure that what the Health Infrastructure people have done, working with the local health district, would be exactly what is needed.

The Hon. WALT SECORD: Minister, I want to turn to local health districts. How does one get appointed to a local health district? I am not asking personally; I am asking in general.

Mr BRAD HAZZARD: Do you mean the board or do you mean working in it?

The Hon. WALT SECORD: No, a board.

Mr BRAD HAZZARD: Well, obviously in terms of a board, the positions have been recently—maybe a few months ago now—advertised. Positions under the original legislation were that a board member could be appointed—and if there is any of the executive who wish to correct me, feel free—but my understanding is it is for up to 10 years.

The Hon. WALT SECORD: Up to 10 years.

Mr BRAD HAZZARD: Up to 10 years but at 10 years you cannot be reappointed at that point. It is normally three to four years you will be appointed for. It is appointed with the sanction of the Minister. Most of the appointees earlier on appointed under the new system would have been Minister Skinner's imprimatur. Most of them are now mine. For example, we have a range of people with expertise. Each of the local health districts we try to have a proportion, for example, of women, a proportion of people of Aboriginal background, people with finance, auditing skills, medical skills and so on. Sometimes it is local government. Former Premier Iemma is on one of the boards at the moment, not the local health district board but has been, I think from memory, but is on one of the health boards. We have got David Campbell, who was formerly the Member for Wollongong, who is on one of the other boards.

The Hon. COURTNEY HOUSSOS: Formerly the member for Keira.

Mr BRAD HAZZARD: We have Andrew Refshauge, former Deputy Premier who chairs one of the boards. We have quite a range of people of skill sets from all backgrounds and political colouring.

The Hon. WALT SECORD: What does one have to do to be—

Mr BRAD HAZZARD: If you are looking for a post-political job, you have the skill sets, Mr Secord, and you should put your application in. It is then considered by the—

The Hon. WALT SECORD: Let us park that aside. Can you be removed from a board before your tenure ends?

Mr BRAD HAZZARD: Yes. Do you want somebody to be removed now, do you?

The Hon. WALT SECORD: Yes, that is where I am going. Southern NSW Local Health District Board, which is southern New South Wales, there are seven—

Mr BRAD HAZZARD: If you are going to name somebody, I would ask you to exercise judgment in not perhaps doing that openly.

The Hon. WALT SECORD: It is on the public record. In fact, the Premier distanced himself from one of the board appointees and this was Pru Goward when she is on the board down there, after she wrote a piece for the *Australian Financial Review* criticising poor people for a lack of discipline and housekeeping skills. I just wanted to know, in light of the Premier's distancing from her, does she enjoy your support?

Mr BRAD HAZZARD: Number one, I am not familiar with the article to which you refer. Number two—

The Hon. WALT SECORD: It was canvassed in question time. It was canvassed in your question time.

Mr BRAD HAZZARD: Number two, if that were an issue which reflected on her judgements, I would be obviously considering that. But I have seen nothing at all other than exemplary service from Pru Goward, as I have from the other former Members of Parliament that I have just mentioned. So the answer is no.

The Hon. WALT SECORD: Just to assist you, Premier Dominic Perrottet in the Legislative Assembly condemned his former Cabinet colleague, and he said on Thursday:

> I completely disagree with it and I think the entire premise of it is terrible.

Mr BRAD HAZZARD: As I said, the job of being on the board involves certain skill sets and if it came to my attention that somebody was not meeting those obligations, then obviously I can terminate. Nobody except you has ever raised the issue that she might not be appropriate in that area. Southern is the area that she formerly represented as a Member, so I feel quite confident that if nobody else is—not that I would ever challenge your judgment, Mr Secord. I would consider your contribution, as I do others, but I have had nobody else mounting the argument that she should be removed from the board.

The Hon. WALT SECORD: Just to assist, it was an opinion piece that she wrote in the *Australian Financial Review*. It was canvassed widely. It was canvassed in the Legislative Assembly, canvassed in the Legislative Council and the Premier disassociated himself from her remarks.

Mr BRAD HAZZARD: Can I say that members of Parliament are always subject to such matters either when they are in Parliament or out of Parliament. I look at the substance in terms of who should be on boards. As I have just indicated, politics is no bar. A range of views is no bar. They should contribute to the jobs that we have if we they board members. I have seen no indication that she is not doing her job. In fact, quite the opposite. She seems to be doing a good job.

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.

The Hon. COURTNEY HOUSSOS: Thanks very much. Minister, you were just talking about clinical services plans and the one for the Eurobodalla Hospital is publicly available. It is—

Mr BRAD HAZZARD: There is no policy direction absolutely on this, but clinical service plans—and always have been actually, even before LHDs were created—were not as a routine made public. The reason they are not is that you have a range of interests from the medical practitioners themselves through to members of the community who can express their interest in the process, but at the end of the day the clinical services plan is developed by the LHD with the approval of the board, in this case now, and the Ministry. Sometimes it is not

particularly helpful to have that made public because you can find that people then start pursuing their own personal agendas. It is better to be done in a normal, professional way that most board deliberations are done.

Having said that, can I say sometimes they have been made public because of particular local concerns and some local health districts have from time to time made those public. I have never given any direction on that. It is a matter for the local health district board to determine.

The Hon. COURTNEY HOUSSOS: One issue that I have asked a number of questions in budget estimates about has been the Lower Hunter New England clinical services plan.

Mr BRAD HAZZARD: Lower Hunter—

The Hon. COURTNEY HOUSSOS: Sorry, the Hunter New England; it is for the lower mid North Coast.

Mr BRAD HAZZARD: There would not be a Hunter New England clinical because it is a clinical services plan for individual hospitals, so which hospital?

The Hon. COURTNEY HOUSSOS: It would be around Manning Base and would also cover Forster-Tuncurry.

Mr BRAD HAZZARD: Okay.

The Hon. COURTNEY HOUSSOS: There have been repeated requests—

Mr BRAD HAZZARD: Sorry, Courtney, what was that question?

The Hon. COURTNEY HOUSSOS: There have been repeated requests for that particular clinical services plan. I have asked questions about it here and now there are calls from the community to make it public. Will you make it public?

Mr BRAD HAZZARD: It is not a matter for me to do, but you have got Michael DiRienzo, the Chief Executive, who could perhaps give us the benefits of his views and the board's views up there.

Mr DiRIENZO: The view of our board is that the clinical service plan is an internal plan. I accept that we have been asked by a few different stakeholders to make it public. Our position is still that we do not wish to make it public, but instead what we have done is I have gone to Manning Base Hospital and have sat down with a range of stakeholders, the community, our medical staff, the medical staff council and a range of other community members and what we did is we presented the clinical service plan. We went through the process, the findings and then ultimately the recommendations which lead us then into the master planning process, as was mentioned, for the construction of our $100 million project at Manning Base Hospital. That has been our approach. That is the district's approach. We have applied that across all of the hospitals and all of our clinical service plans.

The Hon. COURTNEY HOUSSOS: So you do not release any of your clinical services plans?

Mr DiRIENZO: No, we do not. What we do is we spend time consulting with the community, going through the clinical service plans and also then identifying what are those enhancements to services and what are we doing about improving health care associated with the clinical service plan, and then describe how the clinical service plan guides us into how we design and build that new infrastructure.

The Hon. COURTNEY HOUSSOS: Mr DiRienzo, why will you not make specifically the Manning Base one public? What was the basis for that decision?

Mr DiRIENZO: The basis is that we do not make them publicly available as part of our policy in our district. The reasons are really the reasons that the Minister outlined earlier. We would rather have the time to spend with the community to go through, firstly, the findings and then work to the recommendations and do the consultation process. What we have made available is that if people want to have a read of the particular document, they have access to it. What we do not do is put it on our website or on our internet or intranet sites because it does create a lot of confusion sometimes. It is better to actually walk through it with the stakeholders and talk about what aspects we are working on. Many aspects of the clinical service plans are really also about what we are doing about enhancing health service, not just with the new infrastructure but part and parcel where we have looked at health services generally in that particular community.

The Hon. COURTNEY HOUSSOS: If you do request to see a copy of that—I actually have a copy of an email here where someone has specifically requested to see that, and that request was refused. Why would that be refused? What is the basis of that?

Mr BRAD HAZZARD: Can I add, Courtney, on that front, that they are very technical documents and it has always been thus. There are not a lot of advantages of being as old as me, but I do remember that when

Labor was in Government, they were not released at all during that period either. It has always been thus, and it is because it is a technical document and the community and certain people cannot necessarily assist in that process. They get all sorts of opportunities. Mr DiRienzo, can you explain the opportunities the community has had in your case, on that particular one that the member is interested in, to actually have input?

The Hon. COURTNEY HOUSSOS: Minister, I accept that they may not have been made public in the past—

Mr BRAD HAZZARD: Ever, under Labor—ever. Sixteen years of Labor. Never.

The Hon. COURTNEY HOUSSOS: You have been in power now for 11 years, Minister—

Mr BRAD HAZZARD: Yes, and we haven't changed that.

The Hon. COURTNEY HOUSSOS: —and there are clinical services plans that are available. In fact, I have had a look at the one for Eurobodalla hospital—the proposed one.

Mr BRAD HAZZARD: Some LHDs feel that is appropriate.

The Hon. COURTNEY HOUSSOS: Exactly, and there are members within the Forster-Tuncurry community who are very keen to see this clinical services plan. I have raised it here with you; I have asked about the status of it. They have raised it directly with the LHD and they have been told that, no, they will not have access to it, but Mr DiRienzo has now said that they can have access to it. I am just interested in how they can gain that access.

Mr BRAD HAZZARD: I think what he was saying was that they would take them through what is actually the result. Am I right there, Mr DiRienzo, or not?

Mr DiRIENZO: That is correct, Minister. There is a process that we have.

Mr BRAD HAZZARD: Not actually hand over the technical document—

Mr DiRIENZO: Yes. Look, I think the group that you may be talking about is the same group that I spent a vast amount of time going through the particular clinical services plan with. I also answered a range of questions which they wrote to us, to actually clarify, so that has been undertaken. What we do is—we have the clinical services plan available in hard copy for our clinical staff, who have worked on this and need to be aware of some of the detail. For the other community members, as I said before, the process is that they are able to sit down and go through the document and have a look at it, but we do not make it public.

The Hon. COURTNEY HOUSSOS: But how could they access it? You said they could sit down and go through it. How would they be able to access that?

Mr DiRIENZO: What I am suggesting is that we have gone through it with them in terms of highlighting the executive summary, the findings and the recommendations. As the Minister pointed out, some of these documents are hundreds of pages and very technical in nature. What we are doing is actually assisting them and actually going through the issues they are raising. They would like to know what services are being enhanced, what are some of the gaps in services that have been identified by the community and by our clinicians, and the recommendations of how we are moving forward and implementing that clinical service plan in the new infrastructure, but also within our workforce plans, and so on, in providing better healthcare in that community.

The Hon. COURTNEY HOUSSOS: Mr DiRienzo, you just said that they could look through it. How would they actually do that? Would they contact you directly? How does someone, as an interested member of the community, access it?

Mr DiRIENZO: As I said, they can access it by sitting down with the general manager of the hospital and going through a presentation on what is in that particular document in terms of its—

Mr BRAD HAZZARD: I think what he is saying, Courtney—what I am hearing, anyway, and I have heard this many times before from other areas—is that the board does not want to hand over what could be a very big document, but they will go through the aspects that are coming out from that clinical services plan for the community. I just want to highlight, too, that we said $100 million but, from memory, that hospital had $30 million spent on it recently and now there is $100 million coming through. Is that right?

Mr DiRIENZO: Yes, Minister. We are now into an additional $100 million of investment.

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.

The Hon. EMMA HURST: Yes, absolutely. Just to give you an example, the University of New South Wales has recently launched a 3Rs Grant Scheme where researchers can apply for funding to support science-based projects with a primary goal of replacing, reducing or refining the use of animals in biomedical research. Certainly we have also met with some people in the EU that came out with a report where they were saying that there needs to be greater investment in non-animal models because they have really hit a wall in animal research, particularly in breast cancer research. Has the New South Wales Government ever run anything—would you actually consider looking to ensure that there was some funding in that space?

Mr BRAD HAZZARD: Specifically to not have animals involved in the research, do you mean?

The Hon. EMMA HURST: To look at new, science-based projects which use things like—I have got something written here. Essentially, a primary goal of replacing, reducing and refining the use of animals in biomedical research. Here we go: Non-animal models like in vitro and in silico are what they are looking at, particularly in the field of breast cancer research, because they have really hit a wall with animal research. Is that something that the Government has considered or will consider in the future?

Mr BRAD HAZZARD: I think it is fair to say that if we could do efficacious research with appropriate outcomes for human beings without involving animals, I think everybody would be very keen on that, but the researchers themselves are the ones who would best know that. I know recently I was—well, insects are animals. Yes, they're animals.

The Hon. EMMA HURST: Yes.

Mr BRAD HAZZARD: But recently there were some discussions I was having with some people about the use of vectors from cells from insects, as opposed to other vectors that might be available, for dealing with cancer and COVID research, and so on. So I think everybody is conscious of it and generally keen to avoid using animals if at all possible, but it is not always possible.

The Hon. EMMA HURST: Yes, it is interesting. In the EU they have actually made a commitment to phase out—

Mr BRAD HAZZARD: Where, sorry?

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.

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.

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. Just to alert you, one of the areas that they are talking about particularly is women living with a disability and people within the LGBTQI community who have reported that they feel like they have higher rates of discrimination and that they also have poorer health outcomes compared to their peers.

Mr BRAD HAZZARD: I think that is a slightly different issue because certainly I have had talks with the disability groups and, yes, let us address that for a second.

The Hon. EMMA HURST: Yes.

Mr BRAD HAZZARD: —And it is not just women, but men and women. From what I have been advised, certainly there is a feeling or a belief that, for example, general practitioners are not always necessarily sensitive to the issues of people with disabilities—and others for that matter; I should not pick on GPs, but anybody that might end up in the health service having a predetermined view on what should or should not happen. I think that is not acceptable. As to the LGBTIQ community, Nic Parkhill and others from the AIDS Council of New South Wales [ACON] have raised that with me, which is one of the reasons why I have supported funding of a service for that community.

I think we are at the stage where we have worked on it—I have worked on it with them for the last couple of years—and the last I heard we were only about a million dollars short and they are trying to get that money from the Federal Government. If they do not get that I might look at trying to find other funding sources to establish a centre in Sydney. A lot of people that are LGBTIQ go to GPs, go to the usual hospital facilities, but some do not feel comfortable in sharing the details with the GP or with the health community, and that was the argument that Nic and the others from ACON have put up. I think it is a reasonable argument from what I have heard from friends who are in that situation. I have certainly indicated that the Government would like to support having a separate centre and we are working on that at the moment. Hopefully we will get that kicked off sooner rather than later in the sense that we will get the final funds and get it built. Earlier on there were some issues—I am just trying to remember now—

Ms KOFF: Nigel was taking the lead on that one, Minister, if you wanted an update from him?

Mr BRAD HAZZARD: Was he?

Ms KOFF: Yes.

Mr BRAD HAZZARD: I will just say this then: It was the Inner West Council, I think, that indicated it might have some land or some location available.

Ms KOFF: Premises.

Mr BRAD HAZZARD: And then there were some issues that went on and I do not know where it got up to, but I know that we are well and truly moving to it. Nigel, can you help us with this, please?

Dr LYONS: Yes, Minister. Both of those issues you outlined have been sorted through. There was initially an issue around a co-location in a council building in the inner west and I think both us and ACON are agreed now that there will be an alternative arrangement for the physical facility once we finalise the funding. As you have outlined, we are almost there in terms of the funding; I think there is just a shortfall in the operating costs proposed for the service and what is available there, and we are looking at the models that might be able to support that. So that is where we are at at the moment.

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.

Ms CATE FAEHRMANN: I just want to go back to regional health and the Murrumbidgee Local Health District. We were talking earlier about Leeton hospital. I understand Leeton, Hay, Hillston and Deniliquin do not employ a regular doctor on site at those hospitals. Lots of people presenting to the emergency department at those hospitals are being turned away because there is no doctor there to treat them and they are sometimes being sent to bigger base hospitals. I want to talk about Griffith as one of the potentially slightly bigger base hospitals, but currently Griffith has no orthopaedic or mental health services and I wanted to check, Minister, that you are aware of the numbers of patients that are being transferred. From Griffith Base Hospital to Wagga Wagga Base Hospital there were 1,268 patient transfers that occurred between 2015 and May 2021. In the same period there were 882 transfers for mental health care. That is a significant number of people being transferred during that time from Griffith to Wagga Wagga. Would you agree?

Mr BRAD HAZZARD: Sorry, with what aspect of your question?

Ms CATE FAEHRMANN: That it is a significant number of patients that have been transferred.

Ms PEARCE: Over five years?

Mr BRAD HAZZARD: Over what period?

Ms CATE FAEHRMANN: Yes, five.

Mr BRAD HAZZARD: If it is necessary to transfer patients, obviously what I would say is that it is necessary to transfer the patients. In regional areas right across Australia, and as I said earlier in other parts of the world, you simply cannot get some specialists into some areas. You have highlighted four hospitals. I know of a number more than that outside that particular local health district where it has proved impossible to get specialists, but it is not just in those areas, Cate. I remember down on the northern beaches we wanted—I wanted, as a local member on the northern beaches—an ICU intensivist to work at Mona Vale Hospital. Mona Vale Hospital compared to Griffith is a bit bigger than the $200 million redevelopment of Griffith, but similar, and we could not for love or money—they advertised all across the world—get an intensivist, and the reasons were that there were not the patient numbers in intubated beds in that hospital to attract someone with those skillsets. You have to attract the people through a variety of measures, but one of them is to have the core patients to be able to keep up the skillsets and, if you do not, they will not come.

Ms CATE FAEHRMANN: So $200 million on Griffith Base Hospital, you said?

Mr BRAD HAZZARD: Off the top of my head it is about $200 million being spent on the new Griffith hospital. It also sits on the same campus as St Vincent's Private, so there is a bit of shared work with St Vincent's Private.

Ms CATE FAEHRMANN: Sure, but one of the issues with Griffith is that ideally orthopaedic services will be provided and ideally mental health services will be provided, but they are not being provided at the moment. Do you know whether that is because the staff cannot be found, because again people are being transferred to Wagga to get bones set and also for mental health services.

Mr BRAD HAZZARD: In the good old days, GPs would of course do basic sets of non-compound fractures, for example. It very rarely happens now. It is done with a more specialised service, and it is sometimes multidisciplinary as well. I will ask Dr Lyons, who I am sure is bursting at the seams wanting to answer this question. Dr Lyons, would you like to enhance the knowledge of all of us, please, on that issue?

Dr LYONS: Thanks, Minister. There has been ongoing advocacy for improvement in mental health services in the Griffith community, as you are probably aware. With the redevelopment of the Griffith hospital that the Minister outlined, there has now been provision made for a four-bed psychiatric emergency care facility to be implemented there to enable onsite admission for people, rather than transfer through to Wagga as the only path of action if someone is concerned about somebody's mental health status. The aim of that will be to ensure that we have the mental health team enhanced in Griffith to enable the care on site of people who have got short-stay conditions. It will not be for longer admissions—those will still need to be transferred through. The idea is that, for a short-stay admission, they will be able to be cared for within the four-bed psychiatric emergency care facility in Griffith Base.

Mr BRAD HAZZARD: Can I just add: What Dr Lyons is saying is that in the redevelopment there will be a mental health service, but it will be a short stay one. Obviously, it is a little simpler to deal with people who might need some acute care. There will also be a new orthopaedic service, which Dr Lyons did not address, as part of the redevelopment.

Ms CATE FAEHRMANN: Yes, so that is four beds. That is not a separate, funded mental health ward. When you are saying short-term acuity stay, Dr Lyons, is there generally a time on that?

Dr LYONS: They would normally be admissions that would be a matter of days, not a matter of weeks. They are separately identified. We have that psychiatric emergency care model in a number of our hospitals around the State, in addition to acute mental health units that are inpatient stay for longer periods. They are a specific model under the mental health service provision, and they are specifically designated as such.

Mr BRAD HAZZARD: Can I just add, so that people are not under any illusion, down at that hospital I would expect that whilst we are—it is a bit like the discussion we had earlier on today: Build it, and sometimes they will not come. We are going to build it, we are going to provide it, but I doubt that we will be able to get a psychiatrist there to do the service that is necessary. I think that there is such a lack of psychiatrists in every subspecialty of psychiatry, including paediatric psychiatry, that we will not actually be able to get somebody there. What I anticipate is that there will be nurses with mental health training, hopefully, available. They will have to rely on the advice, probably, from a major hospital like Wagga Wagga Base Hospital. If the patient cannot be managed in those first probably—Dr Lyons said days. I would say usually, from my experience—and it is only after five years, so I could be wrong—in those sorts of units they might last there for three or four days, tops. If it cannot be managed, the person would generally be transferred to a facility, because it is going to need much longer term care.

Dr LYONS: That is correct, Minister. It is usually about a 72-hour stay in the psychiatric emergency care facilities and then, if needing transfer, that would occur after the 72 hours.

Mr BRAD HAZZARD: Thank you.

Ms CATE FAEHRMANN: Thank you. I will pursue that a bit more tomorrow in Mental Health. Minister, during one of the Public Accountability Committee hearings a few months ago now, it was revealed or came to light that you and Dr Kerry Chant had not met with some of the representatives of Aboriginal medical services [AMSs]. I just wanted to check whether that has been rectified, whether you have consulted with—

Mr BRAD HAZZARD: I am not sure—

Ms CATE FAEHRMANN: Can you remember that?

Mr BRAD HAZZARD: I have a recollection that that seemed to be the outcome, but I have met with representatives from I think it was—the Aboriginal medical services community have very different aggregations of interest and do not necessarily all get on, each with the other. Only recently, two or three months ago, I met with AMSs in a number of different towns, so I am not quite sure that is an accurate reflection. Anyway, what is the question?

Ms CATE FAEHRMANN: I just wanted to know whether you had. This was Dr Peter Malouf, who is the head of the Aboriginal Health and Medical Research Council of New South Wales, which is essentially the peak body for Aboriginal health organisations. He said that he had not met with you or Dr Kerry Chant.

Mr BRAD HAZZARD: He may not have.

Ms CATE FAEHRMANN: Clearly, like with a lot of different health organisations, there are lots of organisations but there are peak bodies.

Mr BRAD HAZZARD: You know that. There are lots of different Aboriginal medical services, and some of them—

Ms CATE FAEHRMANN: This is a peak body, though, Minister.

Mr BRAD HAZZARD: I do not think I have met with that gentleman recently at all—in the past 12 months.

Ms CATE FAEHRMANN: In fact, one of the Indigenous reporters for *The Sydney Morning Herald* says it is the State's top Indigenous health body. That is how he has pitched the New South Wales Aboriginal Health and Medical Research Council.

Ms KOFF: I can confirm, if I may, I met with them.

Ms CATE FAEHRMANN: Thank you, Ms Koff. I was about to say, within your Executive, has that happened?

Ms KOFF: Yes, I certainly did. I met with them on 26 August. We did it virtually because we were in restrictions. It was the chief executive and Dr Malouf in conjunction with our manager of Aboriginal health services. We discussed at length the vaccination rollout, because at that stage we had the conversation that we need to work in partnership, the State with the AMSs, to get the rollout to the Aboriginal community and take some responsibility ourselves rather than be reliant on others.

Mr BRAD HAZZARD: Let me say, regardless, the AMSs have been amazing across the State, reaching out particularly—everywhere, actually, in the regional communities but also even in the metropolitan areas. The one up at Walgett has done an amazing job, the one in Dubbo—generally, they have been incredible. A lot of their nursing staff have been the ones that have gone out working with the local health district, Aboriginal staff, to knock on those doors that I referred to at about 10 o'clock this morning—knocking on doors and convincing people to not listen to the social media but listen to the medical advice and get vaccinated. That is why, as Ms Pearce said earlier today, the rates of vaccination in the Aboriginal communities are so high.

The Hon. WALT SECORD: Minister, I want to take you to the Voluntary Assisted Dying Bill that is before the Parliament. I want to take you to an email that was sent out on 20 October.

Mr BRAD HAZZARD: By whom?

The Hon. WALT SECORD: By Alex Greenwich. The email says:

> NSW Health has assessed the bill and will be able to address how it would operate, how it compares to other states and any concerns members may raise.

I am on the record that I do not support the framework or the bill, but I support a number of other—a woman's right to choice—

Mr BRAD HAZZARD: What? A woman's?

The Hon. WALT SECORD: A woman's right to choice and on choice issues and that, but when it comes to—

Mr BRAD HAZZARD: A woman's right to choice, what, for death? I do not understand.

The Hon. WALT SECORD: No, Minister. I was just giving you a framework to say that I have concerns about the bill. So I want to know, in this email—what is the relationship between NSW Health and the bill?

Mr BRAD HAZZARD: None.

The Hon. WALT SECORD: Why is NSW Health, quoting here, providing an assessment of the bill, how it will operate and how it compares to other States?

Mr BRAD HAZZARD: Just as if you asked me to have NSW Health give their commentary or give advice on whatever particular issues you wanted to raise then almost certainly—because I know anything you would ask, Mr Secord, would be reasonable—I would ask the Health chief executive whether there were experts within NSW Health. There usually are experts in NSW Health to—

The Hon. WALT SECORD: So any member of Parliament can avail—

Mr BRAD HAZZARD: Hang on, I have not finished.

The Hon. WALT SECORD: Okay.

Mr BRAD HAZZARD: Thank you—that would be able to give advice. Wasn't there a day? I think there has already been a day in here, because I went for the last hour. Weren't there NSW Health officials at that? I cannot remember.

Ms KOFF: Yes.

Ms CATE FAEHRMANN: Yes.

Mr BRAD HAZZARD: Yes, there were.

The Hon. WALT SECORD: That is what I am asking about.

Mr BRAD HAZZARD: I think Alex Greenwich asked whether there were some people who had knowledge of the issues and whether they would come and talk to members of Parliament. I must say I only got there late because of the ministerial obligations, and I am not sure how many members of Parliament were there earlier in the afternoon.

The Hon. WALT SECORD: But you are missing the point of my question. In fact, can any member—

Mr BRAD HAZZARD: But it was a for and against; it was not one way or the other.

The Hon. WALT SECORD: I was going to get to that. Can any member of Parliament avail themselves upon NSW Health to provide an assessment or how something would operate? Is that something that is available to all members?

Mr BRAD HAZZARD: In a Health context?

The Hon. WALT SECORD: No, in any context. It says here that NSW Health has assessed the bill and will be able to address how it will operate and how it compares to other States.

Mr BRAD HAZZARD: Was that before the actual day they had here?

The Hon. WALT SECORD: It was the day of, when he was calling for people to attend.

The Hon. COURTNEY HOUSSOS: It was advertising it.

Mr BRAD HAZZARD: Oh, yeah. They did. There were people talking the pros and cons.

The Hon. COURTNEY HOUSSOS: Just to be clear, Minister, Mr Greenwich approached you to provide that briefing and you sought that advice from NSW Health?

The Hon. WALT SECORD: If it wasn't you then who authorised it?

Mr BRAD HAZZARD: I do not remember whether he came to me or to Health. He certainly talked to me, as he has to you, no doubt. He has talked to everybody, I think.

The Hon. WALT SECORD: No, he has not talked to me.

Mr BRAD HAZZARD: Maybe he knows you are not supporting it.

The Hon. WALT SECORD: Maybe he knows; maybe he doesn't.

Mr BRAD HAZZARD: What is the problem with that? NSW Health is a government agency. If you want to go and sit and talk with a doctor, I will organise a doctor to talk to you.

The Hon. WALT SECORD: Any member of Parliament would be able to do this?

Mr BRAD HAZZARD: Of course.

The Hon. COURTNEY HOUSSOS: Just to be clear, NSW Health has not taken a position on whether they support or oppose the bill?

Mr BRAD HAZZARD: No, not to my knowledge. There are people who have analysed it and obviously I had a briefing from them. In that they indicated comparisons to other States and Territories, the sort of things you give a Minister, but they were not saying they support it or they do not.

The Hon. COURTNEY HOUSSOS: Just to be clear, you commissioned this or perhaps you can provide on notice how the actual process started? How was this actually established?

Mr BRAD HAZZARD: It sounds like he has actually asked me or Health, I do not remember now, which it was. But does it matter?

The Hon. COURTNEY HOUSSOS: That is what we are trying to find out, Minister.

The Hon. WALT SECORD: Maybe Dr Koff, could you assist?

Mr BRAD HAZZARD: She is not Dr she is Ms.

The Hon. WALT SECORD: Sorry, Ms Koff.

Mr BRAD HAZZARD: Actually Mrs.

Ms PEARCE: I think we have been through this before.

The Hon. WALT SECORD: Ms Koff, can you assist, does NSW Health have a position on the Alex Greenwich bill?

Ms KOFF: No, NSW Health does not have a position, nor should it have a position on that. What we were asked—when, could we assist in explaining some of the issues around it—was to provide a cross-section of clinicians just to be able to assist in questions. Professor David Currow, Professor Katherine Clark and Dr Frank Brennan—

Mr BRAD HAZZARD: That is right.

Ms KOFF: —as I understand, all turned up to answer questions. The main issue from my perspective, and what we agreed, is people need to make an informed decision if they are having a conscience vote. If we can assist in any way to let someone make an informed decision for a conscience vote we—

Mr BRAD HAZZARD: And we did talk about that. I did agree with that. I said whatever is necessary to inform people of what the ins and outs are of this, what are the pros and cons, what the challenges are, what the technical aspects are. Yes, of course.

The CHAIR: In regards to the casting out of the offer for people from NSW Health to be available, there was a process in doing that. You have mentioned, Ms Koff, there were three. How was that done?

Ms KOFF: I contacted through our clinical teams as to which clinicians might be available and willing to have conversations about the issue.

Mr BRAD HAZZARD: I think Professor David Currow would have been a logical choice though, Mr Chairman, because he for quite a number of years—I think since I became Minister anyway—he headed up the Cancer Institute. I think he advised the British MPs in the UK on the for and against of the whole process. Is that right?

Ms KOFF: Yes, and he is a palliative care physician by training.

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.

Mr BRAD HAZZARD: I do not either. That is the first time I have heard that one. I do not know.

The CHAIR: Yes. Emma does not have further questions. Ms Cate Faehrmann?

Ms CATE FAEHRMANN: I am done too. Now that we have got this early minute.

Mr BRAD HAZZARD: Can I thank you Mr Chairman and the Committee—

The CHAIR: Hang on. We agreed for an hour. You will recall I said that we kicked off at about three minutes past three. That is what happened.

Mr BRAD HAZZARD: If you want to keep us here, I will stay here happily.

The CHAIR: I am not being a pedant, but we sort of agreed to a position.

Mr BRAD HAZZARD: But I think they have just said they do not need any more, but if they want more.

The Hon. WALT SECORD: I have a couple of quick questions, Mr Chair, about Rouse Hill Hospital.

The CHAIR: We cannot just keep changing on the run.

Mr BRAD HAZZARD: That is okay.

The CHAIR: Let us go through to the completed time and then we can all go.

Mr BRAD HAZZARD: Whatever you want is fine by us.

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.

The Hon. COURTNEY HOUSSOS: Minister, in March—

Mr BRAD HAZZARD: Sorry. You know the block of land changed, don't you?

The Hon. WALT SECORD: You took it on notice. Go to Courtney.

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.

The Hon. WALT SECORD: Minister, in November obstetricians at Blacktown hospital threatened to resign because of safety concerns. What is the status of obstetrics at Blacktown hospital now?

Mr BRAD HAZZARD: They all withdrew that notice. Mr Loy is on the phone, but basically Graeme Loy worked through those issues with them. I agreed that there should have been concerns there. The approach was not as good as I would have liked it to have been. Mr Loy, do you want to add anything to where that is up to?

Mr LOY: Thanks, Minister. We sat down with the teams through that. They quite rightly pointed out some areas where they had some concerns within the obstetric services. We looked again at the structures of the FTE profile that was there. We added an additional 3.5 FTE of senior consultants in. We added an extra 15 FTE of midwives and nurses into maternity services. We have done a subsequent Birth Rate Plus Survey was flagged, another 13 that we are in the process of recruiting to add into that. We added in a dedicated emergency caesar theatre and staffed and funded that. We added in additional out-patient clinics to support the gynaecology service. They are all either complete or all but complete. Predominantly the 13 FTE from the Birth Rate Plus Survey the outstanding piece and we have just signed off on the tender for a real time CTG monitoring system that all of the obstetricians will be able to see from their phone off site. So we have removed that technical interface between—which is the section of the CTG chaser one. They can see the whole history for every patient. So, it has progressed significantly. New head of department and it is working incredibly well at the moment. The latest feedback has been very strong.

The Hon. WALT SECORD: That was an answer!

The CHAIR: Thank you very much. Minister, I take this opportunity to thank you and all the officers for coming along. We know how exceedingly busy you are all the time, but certainly in the particular context of what we have been facing well over the last 12 months. I take the opportunity also on behalf of the Committee to extend our thanks through yourselves to Dr Chant, who is otherwise detained this afternoon on another matter, and, importantly, to everyone inside NSW Health who have worked tirelessly and selflessly over this long period of time, over difficult circumstances to keep the citizens of New South Wales safe and well. We sincerely appreciate that very much.

Mr BRAD HAZZARD: Thank you. On behalf of the Health staff, I am sure they have all done their very best, so thank you to the Committee for acknowledging that. They have really worked incredibly hard. This has been an unprecedented two years. It has been actually gruelling and horrible, but they have faced up to it and kept showing up at work doing their job, despite all of the dangers to themselves. I think it is worthy of acknowledging that incredible contribution. Thank you.

The CHAIR: Hear, hear!

Mr BRAD HAZZARD: Thanks to all the team on the line too, I appreciate that.

The CHAIR: Thank you everyone who has joined us remotely today, we appreciate you doing it. Thank you very much. That brings our session this afternoon to a conclusion, thank you.

(The witnesses withdrew.)

The Committee proceeded to deliberate.