

PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday, 4 March 2021

Examination of proposed expenditure for the portfolio area

HEALTH AND MEDICAL RESEARCH

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The Committee met at 9:30.

MEMBERS

The Hon. Greg Donnelly (Chair)

The Hon. Lou Amato
The Hon. Mark Banasiak
Ms Abigail Boyd
Ms Cate Faehrmann
The Hon. Wes Fang
Mr Justin Field
The Hon. Courtney Houssos
The Hon. Emma Hurst (Deputy Chair)
The Hon. Natasha Maclaren-Jones
The Hon. Walt Secord
Mr David Shoebridge

PRESENT

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

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**

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The CHAIR: Welcome to the public hearing for the inquiry into budget estimates 2020-2021 initial hearing for Health and Medical Research. Before I commence I would like to acknowledge the Gadigal people, who are the traditional custodians of this land. I would also like to pay respects to Elders past, present and emerging of the Eora nation and I extend that respect to other Aboriginals present or who may be joining us on the internet. I welcome the Minister in particular and the accompanying officials to the hearing today.

Today the Committee will examine the proposed expenditure for the portfolios of Health and Medical Research. Today's hearing is open to the public and is being broadcast live via the Parliament's website. In accordance with the broadcasting guidelines, while members of the media may film or record Committee members or witnesses, people in the public gallery should not be the primary focus of any filming or photography. I also remind media representatives that you must take responsibility for what you publish about the Committee's proceedings. The guidelines for the broadcast of proceedings are available from the secretariat.

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 a witness could only answer if they had more time or with certain documents to hand. In those circumstances, witnesses are advised that they can take a question on notice and provide an answer within 21 days.

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 or beside you. Any messages from advisers or members' staff seated in the public gallery should be delivered through one of the staff members of the committee secretariat. We expect that transcripts of this hearing will be available on the web from tomorrow morning. Finally, could everybody please turn their mobile phones to silent, if they have not done so already, for the duration of the hearing. All witnesses will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you have sworn an oath to your office as a member of Parliament.

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ELIZABETH KOFF, Secretary, NSW Health, sworn and examined

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

PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, sworn and examined

NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning, NSW Health, sworn and examined

SUE DAWSON, NSW Health Care Complaints Commissioner, affirmed and examined

REBECCA WARK, Chief Executive Officer, Health Infrastructure, NSW Health, affirmed and examined

DANIEL HUNTER, Deputy Secretary, Finance and Asset Management and Chief Financial Officer, NSW Health, sworn and examined

ANTONIO PENNA, Executive Director, Office of Health and Medical Research, sworn and examined

AMANDA LARKIN, Chief Executive, South Western Sydney Local Health District, sworn and examined

The CHAIR: The hearing time allocation, Minister and witnesses would be aware, is from 9.30 a.m. to 12:30 p.m., with an additional 15 minutes allocated to Government members if they have questions at the end. The questioning will be in the order of Opposition and crossbench, and it will go back and forth in that order. The agreed tranche of time will be 20 minutes, and we will go in 20-minute blocks until the last two blocks, which will probably be less than 20 minutes, to get us through to 12.30 p.m.

Mr BRAD HAZZARD: Does it actually finish at 12.30 p.m.? I am not sure what time it finishes.

The CHAIR: At 12.30 p.m. There is a provision for the Government, if they wish, for an additional 15 minutes to ask any questions that they may have.

Mr BRAD HAZZARD: Don't let them ask any questions.

The Hon. NATASHA MACLAREN-JONES: But we have so many.

Mr BRAD HAZZARD: They might bother me.

The CHAIR: They will save the best till last. Then there is the session this afternoon from 2.00 p.m. to 5.00 p.m., as you are aware.

Mr BRAD HAZZARD: What is that session for, sorry?

The CHAIR: That is the session mainly with the officers and bureaucrats.

Mr BRAD HAZZARD: Is that absolute, or is that decided at the end of this?

The CHAIR: No, that is today. That is decided. That is what we have got.

Mr BRAD HAZZARD: So they are here all day?

The CHAIR: Yes.

Mr BRAD HAZZARD: I might stay and enjoy it then.

The CHAIR: You would be most welcome. As there is no provision for witnesses to make an opening statement, we will get the questioning underway. We will commence with the Opposition.

The Hon. WALT SECORD: Minister, I would like to open up with questions, as you would probably expect, on COVID-19 vaccinations.

Mr BRAD HAZZARD: Sure.

The Hon. WALT SECORD: As of today or close of business yesterday, how many people in New South Wales have been vaccinated?

Mr BRAD HAZZARD: I cannot answer that question because the Federal Government has not made available to the New South Wales Government any of the details at this point. I will just double-check this, but as of last night anyway there was no indication of the number of people who have been vaccinated in the aged care facilities, so it is impossible for us to answer that question.

The Hon. WALT SECORD: Do you find it acceptable that the numbers have not been communicated to you?

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Mr BRAD HAZZARD: I think if you had watched our press conference yesterday at 11.0 a.m. you would have seen there was a level of frustration.

The Hon. WALT SECORD: The officials, please?

Mr BRAD HAZZARD: I will check with the public servants. Has anybody got any details on this? Zero.

The Hon. WALT SECORD: Have you taken any steps—

Mr BRAD HAZZARD: But what I can do is ask Susan Pearce to give you the up-to-date, almost right-to-the-moment figures that we have in our three hospital hubs. Of course, that is the rollout of the first allocation of vaccines. The first allocation was actually Pfizer. So that is occurring in the three hubs at Westmead, Liverpool and Royal Prince Alfred hospitals. We have been making our figures public, and they are public, but I am happy to ask Ms Pearce to—

The Hon. WALT SECORD: Ms Pearce, can you assist?

Mr BRAD HAZZARD: —give you those figures.

Ms PEARCE: Yes. So these are NSW Health numbers only, as the Minister has pointed out. To 6.00 p.m. last night: 16,805 vaccinations since commencement on 22 February.

Mr BRAD HAZZARD: That was last Monday, I think, Mr Secord.

Ms PEARCE: Yes, that is right.

Mr BRAD HAZZARD: And what are we now, Wednesday or Thursday?

Ms PEARCE: It is Thursday today.

Mr BRAD HAZZARD: Thursday.

Ms PEARCE: But that was at 6.00 p.m. last night.

The Hon. WALT SECORD: Ms Pearce, on the subject of the Pfizer vaccination that you just referred to, are you aware of a report that 2,000 vials or doses have been wasted in New South Wales?

Mr BRAD HAZZARD: I will answer that. Obviously we have seen the media reports, but the issue centres around—again, it has been very publicly discussed. It is not as if it is anything confidential. The Federal Government worked very hard actually to obtain the right to whatever vaccines we might get. Thinking back, a few months ago—even six months ago—nobody thought we would even get vaccines because the virus is a coronavirus. There have never been, until now, vaccines for coronaviruses. It is actually a miracle that we have a number of vaccines. The Pfizer vaccine that was acquired successfully and has obviously been brought in from overseas because it cannot be produced here, it is a novel vaccine. It is a messenger RNA vaccine, which is the first time we have actually had such a vaccine ever.

The Hon. WALT SECORD: So they are very precious vaccines?

Mr BRAD HAZZARD: Very precious.

The Hon. WALT SECORD: Very precious. So—

Mr BRAD HAZZARD: Let me finish. The challenge for the Federal Government and for all State and Territory governments around the country—this is not unique to New South Wales—is that the dead space syringes that allow full drawdown of the vaccine are not available in the country. In fact, they are almost not available in most parts of the world; so the Federal Government is busy working on trying to get those dead space syringes. It leaves a very small amount left in the vial; at the moment, that is not accessible. Unfortunately, because of the infrastructure that is not available, it is not being used.

The Hon. WALT SECORD: So what happens? My understanding is that there were 11,700 doses and 2,000 had gone to waste.

Ms PEARCE: That is incorrect.

The Hon. WALT SECORD: That is incorrect? Can you correct the figures then?

Ms PEARCE: The 11,700 doses that you have referred to, Mr Secord, is based on five doses per vial. The allocation to New South Wales in the first week—set from our calculations, getting five doses per vial—was 11,700. We are on track to deliver those doses.

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The Hon. WALT SECORD: Okay, but you said it is incorrect. Is it correct that 2,000 doses went to waste?

Ms PEARCE: As the Minister has outlined, routinely it is only possible to get five doses per vial based on the syringes that we currently have. Most other States are reporting the same issue. We have reported that issue to the Commonwealth. The Commonwealth have acknowledged that they would not count that as wastage in respect of the vaccine. If you counted it at six doses per vial it is actually 14,400 doses, so there is a difference in the calculation. There is no wastage, from our perspective, in terms of what we are able to routinely and successfully get from those vials.

The Hon. WALT SECORD: But you just said earlier in your answer that there is concern at the State level. Have 2,000 vaccines, which you agreed are precious, been wasted?

Mr BRAD HAZZARD: It is not wasted. You can use—

The Hon. WALT SECORD: Okay. Destroyed or not—

Mr BRAD HAZZARD: I think what the deputy secretary is saying is that if you are using it as, in a sense, a pejorative term, no, it is not. It is just the actuality of the available infrastructure across the world, that is, the lack of these dead space syringes. As I have said, I have spoken to other Labor governments around the country and they are all having the same issue, and the Federal Government has said they are trying to address it. I think they have said they are hoping to get some dead space syringes in to distribute around the country—because obviously that is an issue for them—in the next month or so.

Ms PEARCE: That is right.

Mr BRAD HAZZARD: There is no guarantee because, believe it or not, we are in a one-in-100-year pandemic and the rest of the world is in a much worse state than we are, so they may get prioritised into other areas.

The Hon. COURTNEY HOUSSOS: Minister, those doses that are left in the bottom of the vials that cannot be accessed at the moment, have they been counted in the original numbers and the original calculations?

Mr BRAD HAZZARD: Sorry, which original—

The Hon. COURTNEY HOUSSOS: When we received however many doses we received, those doses were calculated in. Is that correct?

Mr BRAD HAZZARD: I think the Federal Government—this is the difference between the jurisdictions in terms of the description of what is available. They are obviously looking to be able to have a description which will continue throughout the next few months, but it is obviously dependent upon in our case—and the other Labor States and one Liberal State—

The Hon. COURTNEY HOUSSOS: With respect, Minister, you are not answering my question. There was a lot of publicity. We received this many doses. This was going to vaccinate this many people. Was that dose—

Mr BRAD HAZZARD: We have said this I do not know how many times publicly. We have said that there is a discrepancy simply because the Federal Government was talking about the fact that there were six doses available per vial in multi-dose vials. But because when they are drawn down by practitioners they can only draw five and there is a dead space at the bottom of the vial, the last dose is simply not available for use.

The Hon. WALT SECORD: So is it actually an exaggeration of the number of viable doses that are being presented? Are you, in fact, over-claiming?

Mr BRAD HAZZARD: No. We have not claimed anything.

The Hon. WALT SECORD: If you have said that one in six is, I think you used the phrase "low dead space", in fact, how many vials or samples or doses are actually in New South Wales?

Mr BRAD HAZZARD: How many doses or how many vials?

The Hon. WALT SECORD: You have said you have six in it and one is dead space. Originally you claimed that there would be 14,400 doses of the Pfizer jab in New South Wales.

Mr BRAD HAZZARD: I do not think we have done that. We have talked about how many people have received the dosage, if that is what you are saying.

The Hon. WALT SECORD: Okay, but what is the New South Wales Government doing about the difficulties with the Federal rollout? What is actually happening?

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Mr BRAD HAZZARD: Which aspect?

The Hon. WALT SECORD: You expressed earlier that you and other State and Territory Ministers had frustration with the Federal Government on the rollout. What steps are you taking to rectify it?

Mr BRAD HAZZARD: That is a much broader question than the dead space issue.

The Hon. WALT SECORD: Well, we are talking about the vaccinations. This is the number one issue in the world at the moment—

Mr BRAD HAZZARD: And we have talked about it—

The Hon. WALT SECORD: —and people have a genuine concern about it. Will they get the vaccinations?

Mr BRAD HAZZARD: Seriously, Walt, we have talked about this ad nauseam. I am not sure what you need out of us. What are you asking that we have not said publicly a thousand times?

The Hon. WALT SECORD: I want to know, in fact, is the vaccination rollout occurring as your Government and the Federal Government has claimed?

Mr BRAD HAZZARD: I can only tell you that from the New South Wales Government's point of view—and these incredible people sitting around me, who have actually been responsible for delivering it—the amazing staff that we have got at the front line in the three hubs are delivering every dose as efficiently as could possibly be. You just heard the numbers that have been actually vaccinated. As at yesterday two-thirds—we have roughly 6,500 people every week managing the quarantine hotels. Of that, within a week and a half, two-thirds of those people have all been vaccinated. The issue of the dead space is one that has been talked about publicly, as I said, a squillion times.

The Hon. WALT SECORD: But, Minister, you can understand why there is concern. You said you do not have a number from the Federal Government of people in New South Wales who have been vaccinated. I thought that that would be a logical bit of information to be communicated to you.

Mr BRAD HAZZARD: Walt, if you had watched the 11.00 a.m. press conference or any of the news last night, you would have seen me talking about it. I do not mind repeating it, but I thought this was about new news.

The Hon. WALT SECORD: No, but I think this is the number one issue in Australia. This is about the economy. This is about protecting lives—

Mr BRAD HAZZARD: That is why it was on the news last night, the second item on the news last night.

The Hon. WALT SECORD: We would like an answer. What is happening—

Mr BRAD HAZZARD: You might have been out last night, Walt.

The CHAIR: Order, Minister!

Mr BRAD HAZZARD: Sorry, Greg. It is just a bit frustrating.

The Hon. WALT SECORD: Minister, you understand that there are communication problems with the Federal Government. You do not know how many people in New South Wales have been vaccinated.

Mr BRAD HAZZARD: Agreed.

The Hon. WALT SECORD: And now we find out that one in six of the doses—

Mr BRAD HAZZARD: We do not "now" find out; we have been talking about it for the past two weeks.

The Hon. WALT SECORD: —is going to waste.

Mr BRAD HAZZARD: We have been talking about this for the past two weeks, so you can draw whatever conclusion you would like from that. Good luck to you.

The Hon. WALT SECORD: The conclusion is that you are over-claiming the number of doses—

Mr BRAD HAZZARD: We have not over-claimed anything. That is a stupid comment.

The Hon. WALT SECORD: —and there is a lack of communication with the Federal Government.

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Mr BRAD HAZZARD: It is a sensationalist and stupid comment. It is actually an unintelligent comment, to be honest.

The Hon. WALT SECORD: Minister, you can insult me as much as you like, but there is genuine concern—

Mr BRAD HAZZARD: It is not directed to you personally. It is an unintelligent comment on the basis that the medical information has been made public for the last two weeks. The issue of the dead space is not new news. We would love to have the syringes, as would every other State and Territory government in the country, but unfortunately the Federal Government has not been able to access that. Ms Pearce, do you want to add anything to this? Because I am getting frustrated with some of this rubbish.

The CHAIR: Order!

Ms PEARCE: Mr Secord, what I can say is: What has been publicly announced is that we anticipated in the first three weeks of the rollout of the vaccine that we would administer around 35,000 vaccines. That is calculated on five doses per vial, based on the number of vials that we have been provided by the Commonwealth Government. So there has been no over-claiming—

Mr BRAD HAZZARD: The reverse.

Ms PEARCE: —of the numbers of vaccines that we could administer. We have been open and transparent from the beginning that five doses could only be routinely obtained from those vials with the current equipment we have. The 35,000 is the number based on the number of vials we have times five doses. We are well on track to deliver those 35,000 doses in the first three weeks. As I noted, almost 17,000 doses have been given by 6.00 p.m. last night.

The Hon. WALT SECORD: Some 17,000 doses.

Ms PEARCE: Almost.

The Hon. WALT SECORD: So, 17,000 in New South Wales—

Ms PEARCE: Given by NSW Health.

The Hon. WALT SECORD: —given by NSW Health. Do you have an indication or a ballpark figure of what you think the Federal Government has vaccinated?

Mr BRAD HAZZARD: No, we do not.

Ms PEARCE: No, we do not.

The Hon. WALT SECORD: Not at all?

Mr BRAD HAZZARD: Well, I said that and the secretary said that.

The Hon. WALT SECORD: You have no indication whatsoever?

Mr BRAD HAZZARD: No, no, and we have said that publicly yesterday—

The Hon. WALT SECORD: But I want to know what practical—

Mr BRAD HAZZARD: —and it was on all the news channels last night. It is in the paper today. Read the Herald.

The Hon. WALT SECORD: Minister, I think the community has the right to know what practical steps you are taking to ensure that the vaccination and the vaccines roll out and we know in a timely fashion—17,000—

Mr BRAD HAZZARD: Every bit of information that relates to the responsibility of the New South Wales Government has been made public, and we have just repeated it for you, and you do not seem to be understanding it.

The Hon. COURTNEY HOUSSOS: But, Minister, you can dispute the newsworthiness of the questions we are asking, but what we are asking—

Mr BRAD HAZZARD: No, I am—the pointlessness, actually, of the questions.

The CHAIR: Order! Minister, please.

The Hon. COURTNEY HOUSSOS: No, they are not pointless. Minister, we are asking you serious questions about the rollout of the vaccine, and we understand—

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Mr BRAD HAZZARD: I tell you what, can I just say—

The Hon. COURTNEY HOUSSOS: No, Minister, I will finish.

Mr BRAD HAZZARD: I have officials here who should be working on COVID today, and they are here being asked questions that are already in the public arena. I would like to be able to answer questions that are not in the public arena.

The Hon. WALT SECORD: We ask the questions, Minister.

The Hon. COURTNEY HOUSSOS: Minister, we accept that there is a one-in-100-year pandemic, but these are important questions that need to be answered to the Parliament about the way that the vaccine rollout is occurring. We would like to know whether the original doses that were allocated by the Federal Government included the—you might call it dead space, but there is a dose in the bottom of those vials at the moment. Were they included in the original calculations of the amounts that the Federal Government gave to you?

Mr BRAD HAZZARD: I think that they were talking about what they hoped to be the amount that they were giving us in terms of what they thought might become available, but in reality it has been the five doses per vial, which every State and Territory Minister has talked about—everyone.

The Hon. COURTNEY HOUSSOS: Okay, so going forward—

Ms KOFF: If I may, Minister?

Mr BRAD HAZZARD: Sorry?

Ms KOFF: May I assist?

Mr BRAD HAZZARD: The secretary wants to add something to illuminate us.

The Hon. COURTNEY HOUSSOS: Of course.

Ms KOFF: In terms of the rollout of the implementation, the directors-general, secretaries of each State and Territory jurisdiction meet with Brendan Murphy, the Secretary of the Department of Health, at least twice weekly, and that is the forum for us to have these discussions. The Therapeutic Goods Administration [TGA] was in attendance at one of the meetings, and the TGA, as you know, is the approval body for the vaccination and approved the Pfizer. We specifically addressed the issue that the advice and the technical information of the TGA indicates there are six doses per vial. We then contended that that six doses per vial was only applicable on the availability of low dead space syringes because there is a residual amount drawn up and the accuracy that is left in a syringe—low dead-space syringes minimise that residual that is left. Our contention to the Commonwealth was then that it is not accurate to reflect that we can get six doses. That may be the technical advice with the use of low dead space syringes, but the reality is with the absence of the syringes we cannot get six out so we should be recording that we can only get five per vial.

Ms PEARCE: Which is what we have done.

Ms KOFF: Which is what we have done.

The Hon. COURTNEY HOUSSOS: What has the Federal Government come back and said? Are they renegotiating with the company?

Ms KOFF: No. They said, "We recognise that and we will adjust the doses accordingly because if nobody can deliver six out of it—you can only deliver five—that should be the number of doses that you are receiving."

Mr BRAD HAZZARD: And they said they would try to get some syringes for all the States and Territories.

Ms KOFF: And the syringes are due in March.

The Hon. COURTNEY HOUSSOS: The syringes are due in March.

Ms KOFF: Yes.

The Hon. COURTNEY HOUSSOS: Do you have an exact date in March?

Ms KOFF: No.

Mr BRAD HAZZARD: It is not in our control.

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Ms KOFF: The Commonwealth is securing those syringes internationally. Obviously, we made attempts for ourselves to secure them, given that the Commonwealth had not secured the delivery, but the worldwide shortage has made procurement very challenging.

The Hon. COURTNEY HOUSSOS: I understand. We saw this with personal protective equipment at the start of the pandemic. These are new things that we are trying to capture. Can you tell me when you first raised this with the Federal Government?

Ms KOFF: At one of the meetings. I do not know the date but one of the meetings prior to implementation of the vaccination.

Mr BRAD HAZZARD: All the States and Territories raised the issue.

The Hon. COURTNEY HOUSSOS: Prior to the implementation?

Ms KOFF: Yes.

The Hon. COURTNEY HOUSSOS: Was it after the doses had been delivered to Australia?

Ms KOFF: I will have to take that on notice. There have been so many meetings attempting to do this and dates for arrival of both Pfizer and AstraZeneca. I would have to confirm the dates and take it on notice.

The Hon. COURTNEY HOUSSOS: I understand that. Ms Koff, we have a long afternoon. Do you think maybe you could get someone to have a look and report back this afternoon on that one?

Ms KOFF: Certainly.

The Hon. COURTNEY HOUSSOS: Has the Federal Government now agreed that, going forward, the calculations will not include that final dose?

Mr BRAD HAZZARD: Well, yes, they acknowledge that, but what is happening to that now, in terms of the rollout of the vaccine across the country, is that Minister Hunt has announced that they have accessed—I think it landed on Sunday—the first large quantum of AstraZeneca. What we are expecting every State—

The Hon. COURTNEY HOUSSOS: Minister, my time is about to run out so I will stop you there. Before we move on to AstraZeneca can I just finish off on Oxford? How many doses are currently still remaining in New South Wales?

Mr BRAD HAZZARD: We have enough to be able to do the 35,000. What I was about to say was: There is no reason—each of the States and Territories are now considering their position in regard to AstraZeneca vaccine being available. It will effectively roll over the top of the Pfizer, so we will be able to use AstraZeneca in very large quantities as well as the Pfizer. So, it is no longer a significant issue or will not be in the next few weeks anyway.

The Hon. COURTNEY HOUSSOS: I understand that, Minister, but I am just wanting to get a clear answer on how many in the next couple of weeks are projected to be—

Mr BRAD HAZZARD: Susan, can you? My patience is already running out.

Ms PEARCE: When we are in receipt of the low dead space syringes, we will adjust our calculation per vial to six per vial and report against that. To repeat: We have not overstated at any stage the number we were capable of giving in the first three weeks, given that we do not have those syringes. Once we get those syringes we will recalculate and report against that, as we have done transparently from the start.

The Hon. COURTNEY HOUSSOS: The calculation is 35,000 with five doses per vial?

Ms PEARCE: That is correct.

The Hon. COURTNEY HOUSSOS: And that will be the amount going forward until March?

Ms PEARCE: In the absence of those syringes.

The Hon. COURTNEY HOUSSOS: Okay.

Ms PEARCE: But that could change.

Mr BRAD HAZZARD: If we got syringes—if suddenly the Federal Government gets those syringes, that actually increases the number of doses of Pfizer available.

The Hon. MARK BANASIAK: Welcome, Minister. I have some questions on behalf of my colleague Roy Butler. The first is about visiting medical officers [VMOs] in Wee Waa Hospital. I appreciate you may need

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to take some of this on notice, but are you aware that the service is now so sporadic that it is deemed as not a proper service being delivered to that hospital?

Mr BRAD HAZZARD: I am not aware of the specifics on Wee Waa. Roy has raised a couple of issues with me, but not Wee Waa.

The Hon. MARK BANASIAK: Okay.

Mr BRAD HAZZARD: The short answer there is that in the past 20 years there has been a reduction of around about 20 per cent in GPs available in regional areas. It has been very challenging. I am not talking about New South Wales; I am talking about Australia. There have been enormous amounts of work going on here, as with other States and Territories, trying to get students, particularly through a number of programs we have initiated, into the regional areas. I can give you full chapter and verse on that, but by the sound of it I do not think that is really what Roy is asking about.

The Hon. MARK BANASIAK: No.

Mr BRAD HAZZARD: I will take that on notice, and I will deal with Roy.

The Hon. MARK BANASIAK: In taking it on notice, can you give an indication, in terms of maybe the last six months, how many days there was not a VMO at Wee Waa Hospital?

Mr BRAD HAZZARD: You would be surprised to know I do not know that. We have 400 Health facilities across the State—

The Hon. MARK BANASIAK: I am not surprised at all.

Mr BRAD HAZZARD: —and 228 hospitals, so I am not across that, but we will find out for Roy.

The Hon. MARK BANASIAK: Yes, sure. Lastly, the Narrabri Hospital: It has been reported that only 17 out of 28 beds are actually operational. I am wondering whether you could perhaps take it on notice and get an answer as to why that is.

Mr BRAD HAZZARD: A lot of the smaller hospitals are actually used for aged care as well, and I am not sure what the break-up is there, but I will take it on notice.

The Hon. MARK BANASIAK: Thank you. That is it—like a bandaid.

The Hon. EMMA HURST: Good morning, Minister. I have just got a few more questions about vaccines. There has been some talk about pharmacists potentially delivering the vaccines. Is that something that is being looked at for here as well?

Mr BRAD HAZZARD: The Federal Government announced in regard to their vaccine rollout that they are working and talking to the pharmacy guild and pharmacists generally about that possibility. Whether that is something which works out, I am not sure at this point. The focus of the New South Wales Government in this instance has been—go back a step. The Federal Government has announced to all States and Territories, which we are all happily working towards, that it is trying to get everybody in Australia vaccinated by October of this year. It is a big ask because obviously there are millions upon millions of people, although that is only 16 and above.

Yesterday I floated publicly, and then I wrote to the Minister last night—that is, Minister Hunt—confirming that the New South Wales Government would like to see them revisit the issue of GPs. Because, at the moment, they have put out an expression of interest for GPs, but I think he has publicly stated that there are about 4,000 or 4,500 GPs who have expressed an interest. But that is right across the country. In New South Wales we have 8,500 GPs just in our State. So the focus for us at the moment is to ask the Federal Government to work with us to review their approach, such that we might be able to have GPs involved in a broadscale way. Each of us usually have our own GP, and therefore we could go to our own GP and have the vaccine. But the vaccine is not Pfizer because Pfizer is required to be kept at around minus 70 or minus 80 degrees. The fact that they have announced that they have got all this new AstraZeneca is making us rethink the whole thing and we are making hopefully constructive suggestions to the Federal Government.

The Hon. EMMA HURST: Is that October date that you mentioned for both doses of the vaccine? Is that the goal, or for at least one?

Mr BRAD HAZZARD: Yes.

The Hon. EMMA HURST: Both.

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Mr BRAD HAZZARD: You have got to have an objective. You have got to have an aim—for date and we have all agreed that we will aim for that, but again it depends on a lot of factors. The first factor was the fact that we had any Pfizer arriving, which we did. The second factor was if we had any AstraZeneca coming in from overseas, which we did. Now it is largely dependent upon CSL in Victoria being able to roll out what Minister Hunt says is around about one million doses a week. If they can do that, then that opens up all sorts of opportunities for the whole of Australia to see our population vaccinated.

The Hon. EMMA HURST: The AstraZeneca you said was 10 March—that is coming out very soon. But how have we dealt with frontline workers in aged-care facilities in really rural and remote areas, given that the Pfizer had to be at such low temperatures. Has that gone to those communities as well?

Mr BRAD HAZZARD: In 1A and 1B, the Federal Government through National Cabinet, so all States and Territories—again, this is not a New South Wales specific issue. They determined that frontline health workers—first of all, all quarantine workers, so those in our health hotels and our police-managed hotels—would get the vaccine first. I think I mentioned to Mr Secord before, as at yesterday we had vaccinated about two-thirds already of all of the frontline workers. There was also agreement that it roll out to frontline health staff who are the most likely to be exposed COVID, and that included obviously those in our emergency departments and those in our ICUs. But now, with the rollout of the AstraZeneca, we are looking at how we might be able to expand that.

Initially, there were three hubs established. It was not a simple issue, because the Pfizer obviously has to be handled in a particular way. At least the early advice was you cannot shake it. Now we are thinking maybe that is not quite so important as we go. But it needs to be drawn down, diluted and put into the phial. So we need pharmacists. Generally, in our big hospitals, we are doing it through pharmacists being available. Then the doctor is there to supervise anybody who might have, for example, immunodeficiencies or other medical comorbidities, and those people have to be dealt with separately. Then there are the people who have been trained up to actually provide the injections. They are actually doing that at the moment in those three hubs.

We have announced also, I think it was last week from memory, that we are expanding out to the regions. Again, we are focusing very much in the regions where there is more likely to be exposure to the virus than perhaps others. That includes Newcastle and Wollongong because they are ports and we have ships coming in and out all the time. We have had some issues there. So that is the first lot. But then there are spokes going out from the various hubs into a whole host of regional areas. The idea was that if we had Pfizer and no AstraZeneca, then we could still get out into the regional areas as we progress doing the ones that are the first priority, because the Pfizer vaccine can be used or maintained for about five days both with dry ice and then refrigeration. But it requires a whole cold chain capacity to check the temperatures and make sure they are properly dealt with.

The Hon. EMMA HURST: I think you said before that the majority of vaccines will end up being AstraZeneca.

Mr BRAD HAZZARD: It is looking like that now. That is why I floated yesterday—New South Wales is the first State in the country to publicly float the idea, but I now have been talking to other Ministers who have heard what we have said, Labor and Liberal, and they are interested in the issue of expanding to GPs because AstraZeneca does not have the particularity of management. Most GPs—and these are the doctors around me and all the medical people—would have a minus two or minus eight degree fridge in their surgery and that is the range that AstraZeneca can be held in. It does mean that we can move the vaccine out into vast areas across the State with far fewer logistical problems. But that is still down the track. We have only been going a week and three days.

The Hon. EMMA HURST: Are you concerned about reports that the AstraZeneca is not as effective as the Pfizer. There are concerns that it will not protect people against long COVID-19 and things like that.

Mr BRAD HAZZARD: That is a different issue. Those issues are now being floated, but the efficacy of both vaccines is very high and the maximum efficacy of the AstraZeneca requires a 12-week intervention between first and second. Up until this year or up until last year, as I said earlier, there has never been a vaccine for a coronavirus. Never. I can remember talking about this and the other Labor and Liberal Ministers around the country were saying, in the middle of the year last year and late last year, that we may never see a vaccine. So it is actually a miracle that we have got a vaccine. A vaccine in the past for most development was somewhere in the order of 10 to 15 years. There were long-term opportunities for them to be able to determine long-term effects and so on. A lot of those things still need to be looked at, but the Australian Government—giving credit where credit is due—did take the view that, since the drugs were being rolled out in, for example, Britain and the United States, we would not rush it and we did not.

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We have had an added advantage to be able to look at some of the results as it rolls out in Europe and the States. It is still uncertain as to some of the aspects of it. But I can tell you as health Minister that the first opportunity I get to have a jab in the arm, I will take it. Particularly as I seem to be, on a number of factors, not least of which is age and health, in the category that I think I am eligible. As soon as they say I can have it, I will be there. Because I would rather have it than have what has happened to, unfortunately, 50-odd people in our State and 700-odd people in Victoria. My message to the community who might be listening to this is: As soon as it is available and you can get it, get the jab.

The Hon. EMMA HURST: Minister, you mentioned this morning speaking to my colleagues in Labor that there had been that lack of communication on key details of the rollout from the Federal Government that you were concerned with. Several days ago you also said that it was too soon for States to take over running this program. Are you still of the opinion that it is too early for the States to take over?

Mr BRAD HAZZARD: I don't know that I ever said it was too early to take over. I said it was too early to consider those aspects. I think the Federal Government has a responsibility. In the New South Wales Government, the 140,000 public servants, most of whom seem to be here at the request of the Committee this morning, actually run the State health system. We run State hospitals, we run multi-purpose services [MPSs] in the bush and we run community health centres. We do not manage GPs. That is a matter for the Federal Government. As you just heard, I said there are 8,500 of those in New South Wales that are the Federal Government's responsibility. Aged care is the Federal Government's responsibility. The Federal Government feels confident that it can manage aged care, although it has had some challenges. Again, that is understandable because it is a one-in-100-year pandemic.

Now they have announced—yesterday—as I said earlier, we are waiting for written confirmation, but they have announced that they will have the Australian Defence Force [ADF] help. Those things are all positives. As they work through those issues, I am sure we will—you just had the secretary say how many times she has meetings with all of the Federal people. I have meetings probably equally, if not more. I have another meeting today, I had a meeting yesterday with State Ministers and I have another meeting tonight. That happens pretty well every day of the week—I am talking to everybody else trying to work through these issues.

The Hon. EMMA HURST: Minister, you said that the ADF was going to be involved. Was that something else that you struggled to get details on from the Federal—

Mr BRAD HAZZARD: I just said to you we do not have any details on it.

The Hon. EMMA HURST: Okay, you do not have any details.

Mr BRAD HAZZARD: I started off by saying that and I just said that to you again. We have zip.

The Hon. EMMA HURST: What about the Moderna vaccine? Is that something that is being considered for Australia as well, to your knowledge?

Mr BRAD HAZZARD: Those are questions you would have to direct to the Federal Government because they are responsible for bringing it in, not the State governments. I will say this: I would say that logically the Federal Government would not be excluding any of the new vaccines. There is a new one—the Johnson & Johnson one-dose one in the United States that is being used now. But at the moment their focus is they have spent a lot of taxpayers' money buying two different vaccines. They took a chance and that was a courageous decision on behalf of the Federal Government because there was no certainty that we would even get the vaccines. We do not always give them absolute licence on these issues but I think they can be given a bit of leeway on that.

Ms CATE FAEHRMANN: I want to firstly talk about COVID restrictions for a few questions, if I can. I see on the page which has the public health orders—and thank you to everybody who continues to update those; obviously it is very useful for everyone—I can see that it says, given we have been going incredibly well—again, congratulations on how the State has dealt with COVID-19 to this point.

Mr BRAD HAZZARD: Thanks, Cate. I take that on behalf of the public health officials sitting here because many of these people—all of them, in fact—are directly responsible. So thank you for that on behalf of the officials and frontline staff.

Ms CATE FAEHRMANN: Yes, I did mean it to everybody, including you, Minister. It does say if current trends continue—this is in relation to say 30 people allowed to dance at weddings, basically the restrictions on social gatherings—drinking while standing up at indoor venues will be allowed in three weeks' time from Wednesday 17 March. I just wanted to push a little bit around the dancing factor. I have had quite a few people ask me about when they think they will be able to dance at venues. Do you think that drinking while standing up at indoor venues, will it be policed in terms of whether people have a little shuffle while they are having a beer or a glass of wine?

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The Hon. WES FANG: Wow, the big questions.

Ms CATE FAEHRMANN: It is actually important, Wes. It is actually really important for people's social wellbeing, young people particularly.

The Hon. NATASHA MACLAREN-JONES: We should probably go back to allowing the Minister to actually answer the question.

Ms CATE FAEHRMANN: Yes, Wes. Thank you, Natasha, for calling your colleague into line. Minister?

The Hon. WALT SECORD: Slapping him down.

Ms CATE FAEHRMANN: Exactly.

Mr BRAD HAZZARD: We can leave it to the Nats to sort it all out for themselves; that is good. I think, actually, your question is a really good question. I know even my own staff in my own ministerial office were saying that we need to have vertical dancing, vertical drinking for various reasons, which I will not go into.

Ms CATE FAEHRMANN: Yes!

Mr BRAD HAZZARD: Each one of the steps that has been taken has been taken, as the Premier and I have said many times, on health advice. It is more challenging as we progress and now have, what is it, some 45, 46 days since we had transmission? Forty-something days. It is good news anyway.

Ms CATE FAEHRMANN: It is amazing.

Mr BRAD HAZZARD: I think people are starting to feel like, well, it is finished. The problem for us is that it is not finished. While we are bringing back as many Australians as we are bringing back and we have hotel quarantines, there is always a possibility that it could cut loose. That is just something that worries the Chief Health Officer—who could not be here today for personal reasons—and, therefore, it worries the Government. So I think we will just have to accept that taking her and her team's advice—there is a big team of public health physicians that work with her—has got us to this point. Whether or not, to pick up on your point—people will hopefully get the additional freedoms that we have announced that we are hoping to achieve by St Patrick's Day, I think it is.

Ms CATE FAEHRMANN: Yes, which happens to be my birthday as well, so that will be great.

Mr BRAD HAZZARD: Sorry?

Ms CATE FAEHRMANN: It is my birthday as well, 17 March, so I am just deciding whether to plan a big dance party or not.

Mr BRAD HAZZARD: Oh, good. Well, we actually organised freeing it up just for you, Cate. I do not think the police would be rushing in. I think in the early stages when we were doing these orders it was a bit of a challenge because the provisions under the Public Health Act—I knew I had the powers but I did not think I would ever use them, and I think the Chief Health Officer felt the same way. We have had to use those powers. We have tried to use them sensibly. I think the police, generally, have been very good. You know, we expect young police to go out and interpret orders that are made often in 24 hours to make sure people are kept safe. They have been pretty sensible, so I think they will be pretty sensible as we progress on St Patrick's Day. And St Patrick's Day is always a good day.

Ms CATE FAEHRMANN: It is. Having said that, there is Mardi Gras this weekend, for example, which of course is known for its dancing and known for lots of dancing under mirror balls and what have you. Also Mardi Gras has been the time when there has been the parade along Oxford Street. I understand that there are plans for a parade to actually be on Oxford Street still this time—

Mr BRAD HAZZARD: Not by the main organisers.

Ms CATE FAEHRMANN: No, I am aware of that.

Mr BRAD HAZZARD: The main organisers have been very, very, very responsible.

Ms CATE FAEHRMANN: Yes. Minister, I have not finished. I am aware of that but there is a protest planned, as I understand it, and currently the public health orders dictate 500, I understand—although we are having lots of people in stadiums, we are having lots of people in theatres and we have COVID-safe plans in place for up to 500. Has there been consideration to looking at what this weekend implies for Mardi Gras celebrations, recognising that probably more people will be going out onto the streets and probably more people will be wanting

to dance indoors? What is your plan there? I know you have been lobbied to relax that public health order for this weekend.

Mr BRAD HAZZARD: The actual organisers have been fantastic. They have worked with the public health physicians—Kerry Chant's team—and they have the approvals and the exemptions to be able to have what should be a fantastic celebration at the Sydney Cricket Ground. I have heard that there is a small group that have a different view. I am not sure that that is a view that is shared by the organisers but at the moment the matter is actually in the Supreme Court. The police are involved in that matter, so it is not appropriate for me to actually comment on that matter because it is before the Supreme Court.

The Hon. COURTNEY HOUSSOS: Minister, how are you going to roll out a vaccine passport if you cannot get the Federal Government to tell you who they have been vaccinating?

Mr BRAD HAZZARD: There are a lot of discussions about a passport-type arrangement. From the New South Wales point of view, we have been looking—just in case we needed to do it through Service NSW. It is one of a number of options, obviously. The immunisation that occurs at the moment—if you went to your doctor and had hepatitis or measles or flu—is all recorded through the national immunisation register, so it is just a matter of States and Territories and the Federal Government working through the issues over the next few months. In other words, if you get immunised by a GP or immunised anywhere, it goes into a national register. So it is possible that we can organise something through that avenue.

It is not pressing or urgent. If you do not get immunised, though, you do not get it. The Federal Government would be recording those details of what they are doing through their services. The Federal Government will be recording their services, whether it be through the companies—I think Healthcare Australia is the one that the Federal Government was using here in New South Wales, although I think they have said they are now using another company as well. I think Aspen has been used in some other States. So that will be recorded. It is just a normal event.

Ms KOFF: If I may, Minister. As is currently standard practice for immunisation and vaccination—as the Minister was referring to—the details of everyone who gets vaccinated go to the Australian Immunisation Register, AIR. It is a national registration for everyone who gets vaccinated. So you can go and get your personal records downloaded from that, and that is from Services Australia. That database is managed by the Commonwealth. Service NSW is having conversations with Services Australia as to how we might access some of the information from the Australian Immunisation Register to have a passport which would indicate—

The Hon. WALT SECORD: Ms Koff, you referred to the national register. You would be aware that there are certain parts of New South Wales that have developing-world standards of vaccination rates. Places on the North Coast and that. I know that you have five hubs in New South Wales and regional satellite areas. What are you doing especially to target vaccination-hesitant people or anti-vaxxers who will, in parts of New South Wales, be against the COVID vaccine?

Mr BRAD HAZZARD: That is a different issue to what you were asking the secretary about. The Federal Government has been rolling out, with the support of the State Government, both social media and advertising to try and encourage people to not listen to the Pete Evanses of the world. I do not differ with your comment that there are some areas that have lesser rates of vaccination, but can I say within those areas there are—and it should be acknowledged—some communities who have very high rates. For example, the Aboriginal community in the North Coast area, and indeed across New South Wales, has vaccination rates which are extraordinarily high, and I thank them for being prepared to do that. Their vaccination rates are up over 95 per cent.

The Hon. WALT SECORD: But, Minister, I am talking about places like Mullumbimby, things in the Byron Shire.

Mr BRAD HAZZARD: But that is what I am saying, Aboriginal communities have. In the non-Aboriginal communities, I would agree with you. It is unusual, Walt, but I am agreeing with you. We are rolling out ads and social media in a coordinated way, through the Federal Government, agreed by all States and Territories.

The Hon. WALT SECORD: Minister, can we switch to parking at hospitals involving healthcare workers. I understand that the standard pre-COVID arrangements are going to recommence on 5 April.

Mr BRAD HAZZARD: Fairly soon, yes.

The Hon. WALT SECORD: Fairly soon. So has that 5 April recommencement date been locked in?

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Mr BRAD HAZZARD: It is anticipated in that most local health districts—there are 15 LHDs, I think you are familiar with that—but the guidance and advice from obviously the Ministry of Health is that it is up to local health districts to do that. But if they have a need to move to that direction, yes, they will move to that.

The Hon. WALT SECORD: Is it you, is it the Government, or is it local health districts if they decide that they want to continue the arrangements they could? In your answer you just referred to local health districts.

Mr BRAD HAZZARD: The issue that has arisen is that, particularly in the busier hospitals, senior management of those local health districts have been advising the ministry and the Government that they are having difficulties because patients—what happened was that there were less patients coming into the hospitals but we needed all of our staff available. It was logical and sensible to recognise the work that they were doing by being there and putting themselves on the front line. So there has been nearly a year of basically free parking. I picked up the phone to a number of councils as well because in some areas that did not help, we needed to get the councils on side. But the management have now confirmed that in some areas patients cannot get into the parking. Staff have been choosing to use their own vehicles because they can in the current arrangements. But in terms of going back to the pre-COVID arrangements, many of them would have used public transport to and from work. That allows patients who are coming in, or patients' visitors, to be able to use what is the hospital car parking.

The Hon. WALT SECORD: The bottom line is that you are going to return to pre-COVID parking arrangements on 5 April.

Mr BRAD HAZZARD: I said that is likely but in the end—Ms Koff, would you like to comment on that?

Ms KOFF: Yes, that was our intention. The concerns that we have, as identified by the Minister, are that the occupancy of the car parks because of the free parking now is overfull at the moment, and patients are not able to access parking because of the free access to staff. So we have talked long and hard about it.

Mr BRAD HAZZARD: It is not an easy decision.

Ms KOFF: It is not easy, because our staff have been extraordinarily committed during the COVID period in delivering the health care that is necessary to the population, but it is something that we really need to reintroduce.

The Hon. COURTNEY HOUSSOS: But, Minister, you would concede that of course we want patients to have access to hospitals but—

Mr BRAD HAZZARD: It is a good idea.

The Hon. COURTNEY HOUSSOS: —in the context of these frontline workers who have genuinely been, as you say, heroes during this pandemic, this is effectively a tax on them. They have not got a pay rise from your Government and now they are being forced to pay for parking again.

Mr BRAD HAZZARD: Do you know, I am not going to get drawn into that. That is pretty trivial political pointscoreing.

The Hon. COURTNEY HOUSSOS: It is not trivial political pointscoreing.

Mr BRAD HAZZARD: It is. Look, I have been here 30 years. I'm sorry, I've heard all this sort of rubbish before. The reality is, the rubbish—

The Hon. COURTNEY HOUSSOS: Minister, this is not rubbish.

The CHAIR: Order!

The Hon. COURTNEY HOUSSOS: This is individual workers who are going to be slugged to pay for parking.

Mr BRAD HAZZARD: I am not interested in the political games here. I am telling you that it is a very difficult decision. It was done in a COVID environment but patients, you would be surprised to know, Courtney, need to be able to get in and out of hospitals. And that is what is happening. I am not going to engage in it. The decision is there, and it is up to the LHDs.

The Hon. COURTNEY HOUSSOS: Minister, I am allowed to ask you questions—

Mr BRAD HAZZARD: You can, but I have given you the answer.

The Hon. COURTNEY HOUSSOS: —and I am asking you questions on behalf of workers who have not been granted a pay rise and who are now going to be forced to pay for parking if they want to continue to

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drive to work, as many people do at the moment. People went over and above during those really terrible months last year, and you have made this premature decision to stop free parking.

Mr BRAD HAZZARD: No, it is not premature. Patients have to be able to get back into hospital. The hospitals are now getting back to the space of two million people going through our hospital system and three million through our EDs, and there needs to be space for patients.

The Hon. WALT SECORD: Minister, what is the latest information on the Rouse Hill hospital? Why has the project stalled?

Mr BRAD HAZZARD: It has not stalled. It is actually progressing as it should. The due diligence has proceeded to—there is a parcel of land that is on the corner of Windsor and Schofields Road, I think it is, that we identified and Health Infrastructure [HI] have continued to do the work. I have regular meetings with Health Infrastructure to—

The Hon. WALT SECORD: And at those meetings what is the timetable now for Rouse Hill?

Mr BRAD HAZZARD: If I could just finish please, Walt. They are working through the due diligence. There have been some issues to do with the access, as I recollect. I can get you something in writing as well, but I think the access from Windsor and Schofields roads was a bit problematic as it progressed. There are some issues around that, so HI are looking at how they deal with the issue. I think there was also—

The Hon. WALT SECORD: These issues have just come to attention now? This has been an election promise now for two election cycles, but it has just come to the department's—

Mr BRAD HAZZARD: It was an election promise that I stood before two years ago. We said that we are going to build a hospital on Rouse Hill, and there will be hospital on Rouse Hill.

The Hon. WALT SECORD: And it was promised before that, in the previous election.

Mr BRAD HAZZARD: Look, you guys promised things left, right and centre. I think you are getting mixed up with the ones you promised.

The Hon. WALT SECORD: Minister, you have been in government now for coming up to 11 years.

Mr BRAD HAZZARD: I think you promised 800 beds at Rouse Hill, then you promised 300 beds at Rouse Hill. For heaven's sakes.

The Hon. COURTNEY HOUSSOS: No, that was you, Minister. Six hundred and then 300.

Mr BRAD HAZZARD: Oh, thank you.

The Hon. WALT SECORD: Minister, what is the timetable on Rouse Hill? When will families—

Mr BRAD HAZZARD: Health Infrastructure knows that we want to proceed as quickly as possible. The Health Infrastructure staff are doing their best, but the due diligence has to be worked through in terms of the road access. That is just a normal aspect of all this.

The Hon. WALT SECORD: Minister, will the community ever get the Rouse Hill hospital?

Mr BRAD HAZZARD: Yes. As long as you blokes aren't elected, yes. If you are elected: gone.

The Hon. WALT SECORD: Absolutely untrue. We made an ironclad commitment. Minister, what is the timetable—

Mr BRAD HAZZARD: North West Rail, Metro rail—

The CHAIR: Order!

Mr BRAD HAZZARD: —Rouse Hill. You guys made an art form of no infrastructure. Promises, promises, promises.

The Hon. WALT SECORD: Minister—

Mr BRAD HAZZARD: I am the only one here who has been here long enough to know that. I can list them all off, if you like. Don't tempt me on that.

The Hon. WALT SECORD: Minister, you are coming up to 11 years now. Give us a timetable. When will construction on the Rouse Hill hospital begin? When will it open? When will the first patient walk through the door?

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Mr BRAD HAZZARD: Those are all questions which will be dealt with through the due diligence which has been going on now, but I can assure you that Health Infrastructure is doing the work as expeditiously as they can.

The Hon. WALT SECORD: Minister, if you cannot give it to me today will you take it on notice and provide an answer to the Committee, spelling out the details—

Mr BRAD HAZZARD: I have already spelt out to the community that there will be a hospital built at Rouse Hill. I have already spelt out to you again today that—

The Hon. WALT SECORD: Why are you refusing to give dates?

Mr BRAD HAZZARD: I am not. I am saying that we have already spelt that out.

The Hon. WALT SECORD: Then this is the opportunity for you—

Mr BRAD HAZZARD: Have a read of the press releases, Walt. Ours actually are accurate; yours are not.

The Hon. WALT SECORD: Minister, when will construction begin, when will the doors open and when will the first patient walk in?

Mr BRAD HAZZARD: I am tempted to say something there but no, I will not.

The Hon. WALT SECORD: Go ahead.

Mr BRAD HAZZARD: No, I will behave myself. I will not pick on you. Any other questions on something else?

The Hon. WALT SECORD: You can insult us, but the fact is—

Mr BRAD HAZZARD: I am not insulting you. I am reminding the community that you made numerous promises on north-west rail, the metro rail, Rouse Hill.

The CHAIR: Minister, the questioning has been respectful and I have to say you are just bowling it back.

Mr BRAD HAZZARD: Well, it is a bit annoying. I mean I just answered the question. Health Infrastructure are doing their work and I am not going to interfere with what is due diligence. I know your government had a lot of experience at interfering with that; we are not going to do that.

The Hon. WALT SECORD: Minister, you can insult me as much as you like but the community has a right to know if you are going to honour the commitment on Rouse Hill hospital.

Mr BRAD HAZZARD: I answered yes. Of course.

The Hon. WALT SECORD: I would like, and the community would like, dates.

Mr BRAD HAZZARD: I tell you what, the promise that you guys made on Tamworth—not delivered; we did. The promise you made on south-eastern regional—you promised and did not deliver; we did. The promise on Wagga Wagga—you made the promise but we did.

The Hon. WALT SECORD: You have been in government more than 10 years—

The CHAIR: If you do not wish to answer the question, Minister, would you just say so?

Mr BRAD HAZZARD: With more than 100 new hospitals built that you guys did not do, I am telling you that Rouse Hill will get built.

The Hon. COURTNEY HOUSSOS: Minister, your government is talking about building a city the size of Adelaide in outer western Sydney and this is estimated to be home to around 1.3 million people. Can you explain why there is no planning and no site selection for a new hospital in the aerotropolis precinct?

Mr BRAD HAZZARD: That is not true. The Health Infrastructure people are looking at all of those issues constantly as to where the population growth is, when the growth will be and what is necessary. But at the moment the focus is on literally more than now \$12 billion—it started off as \$10 billion—of new hospitals, most of which are actually happening in western Sydney, north-western Sydney and south-western Sydney.

The Hon. COURTNEY HOUSSOS: Minister, can you confirm that there will be a hospital in the new aerotropolis precinct?

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Mr BRAD HAZZARD: I can confirm that Health Infrastructure is doing exactly what they would be doing if, unfortunately, Labor were back in government—they possibly would not finish it because you guys would stop it—but they are doing the work to look at what is necessary as the population develops, and in due course we will make the necessary announcements.

The Hon. COURTNEY HOUSSOS: But there was land that was earmarked for a hospital that was delisted, is that correct?

Mr BRAD HAZZARD: As I said, Health Infrastructure is doing all that work and we will make announcements in due course, but you can be assured that is part and parcel of what Health Infrastructure does.

The Hon. COURTNEY HOUSSOS: Minister, that does not answer my question, with respect.

Mr BRAD HAZZARD: I have answered it; that is my answer.

The Hon. COURTNEY HOUSSOS: So you are committing to build a hospital in the aerotropolis precinct.

Mr BRAD HAZZARD: What I am committing to is Health Infrastructure doing what we have done, which you as a government—I do not think you were actually part of it at the time—but, nevertheless, your colleagues—

The Hon. COURTNEY HOUSSOS: Minister, it has been a decade and it is time to talk about your record and not Labor's record—

Mr BRAD HAZZARD: Good. Okay, I will talk about our record, thank you.

The Hon. COURTNEY HOUSSOS: —and I am asking you—

Mr BRAD HAZZARD: A billion dollars at Westmead, \$700 million at Blacktown-Mount Druitt, \$630 million—

The CHAIR: Order!

The Hon. COURTNEY HOUSSOS: Minister, I am asking you—

Mr BRAD HAZZARD: You asked me about the record.

The Hon. COURTNEY HOUSSOS: I am asking you about whether you will build a hospital—

Mr BRAD HAZZARD: I have answered that question.

The Hon. COURTNEY HOUSSOS: —in this enormous area of Sydney—

Mr BRAD HAZZARD: I have answered the question.

The Hon. COURTNEY HOUSSOS: —that is going to have massive growth.

Mr BRAD HAZZARD: Logically and obviously, if there is a population growth that we expect, there will be, in all likelihood, new hospitals, but those will be done as part of a sensible development through Health Infrastructure, and being political and asking for answers just like that ain't gonna happen.

The Hon. COURTNEY HOUSSOS: Minister, your government has been quick to get out to the aerotropolis and make announcements about it—

Mr BRAD HAZZARD: Are you not happy with the aerotropolis?

The Hon. COURTNEY HOUSSOS: —and the community is asking—

Mr BRAD HAZZARD: Are you not happy with the aerotropolis?

The CHAIR: Order, Minister!

The Hon. COURTNEY HOUSSOS: Minister, I will be asking the questions.

Mr BRAD HAZZARD: I can ask rhetorical ones; I do not expect answers because you are a member of the Labor Party.

The Hon. COURTNEY HOUSSOS: Minister, why was it not in the master plan then? Why did your government, when planning out what was going to happen in this massive growth area, not say this is where the hospital is going to go?

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Mr BRAD HAZZARD: There are vast tracts of land there which we can build hospitals on. You guys did not want us to build the Tweed hospital where we are building it. We took the hospital land, we are building a hospital—

The Hon. COURTNEY HOUSSOS: Minister, I did not ask you about Tweed hospital, and we can talk about free parking at Tweed hospital later.

Mr BRAD HAZZARD: And we will continue to do what is necessary. I have answered the question.

The Hon. WALT SECORD: Minister, your predecessor, Mrs Skinner, and I were in agreement on her approach to palliative care. I think providing assistance to people in the final days of their lives is a very important part of the health system. What is the status of the palliative care ward at Westmead Hospital?

Mr BRAD HAZZARD: Specifically on Westmead, I am waiting for the final advice, but they tell me that they have facilities there that are available for palliative care patients, but I need to get that in writing.

The Hon. WALT SECORD: Can a member of staff assist on the latest information? How many of the beds are actually reserved for palliative care?

Mr BRAD HAZZARD: I am not sure that either one of the staff who are here could because that is a Western Local Health District issue, but I will ask. Is there anybody here who could answer?

The Hon. WALT SECORD: Is Ms Larkin here?

Mr BRAD HAZZARD: No, that is South Western.

The Hon. WALT SECORD: Sorry.

Mr BRAD HAZZARD: I do not think we can, but I will take it on notice for you. But I can tell you I was speaking to someone at the LHD not so long ago because someone raised that question—obviously that is why you have got it, they raised it with you as well—and I have asked exactly the same question. There does need to be palliative care facilities in our hospitals. Obviously you would know this, but there is a range of responses to palliative care. The Grattan Institute in 2014 produced a magnificent report. I do not know whether you have read it, but it talks about the need for palliative care and it identifies that there has become a gradual hospitalisation approach to palliative care, when most people actually want to die at home.

It is the precise reverse: about 80 per cent of people die in hospital, when in fact 80 per cent, they say, would like to die at home—and I suspect that is the truth—and in some areas that has been very well picked up. There is a fantastic palliative care service outreach from Broken Hill hospital, for example, but in some of the areas we still have to do a lot more work, but I think you will find, if you talk to Yvonne McMaster and the team that have been working with us on this, that the New South Wales Government has done more than in history in relation to palliative care, and we will continue to do that.

The Hon. WALT SECORD: But would you concede that Westmead Hospital—one of the largest hospitals in Australia—can do more with palliative care? There are simply not enough palliative care beds. It is one of the largest hospitals in Australia.

Mr BRAD HAZZARD: What I would say is this: I raised it with the chief executive there and I have asked for details of it. I am committed to it—and I do not think there would be anybody who would say I am not—and I am trying to make sure I understand what the issues are that have been raised. That is all I can tell you at this point.

The Hon. COURTNEY HOUSSOS: Minister, how many emergency departments in New South Wales currently do not have a physical doctor available 24/7 and, instead, rely on telehealth?

Mr BRAD HAZZARD: I cannot answer that straight off the top of my head, but I will tell you this: Clearly, any of the major hospitals in both the metro area and the regional cities have generally extremely competent emergency department specialists, multiple ones. So it would not matter whether you were at south-eastern region or Wagga, Tamworth, Tweed, Broken Hill—most of them. But the question that you are asking could be broken down to saying there are obviously very small regional hospitals where you simply cannot attract, as was identified earlier, sometimes any doctors at times. Talk to Janelle Saffin about what has happened up there at Tenterfield from time to time. So it is not as clear as all that to be able to answer that question. But I can ask for you and try to find out.

The Hon. COURTNEY HOUSSOS: Minister, my time has expired. Is there anyone else that is present today that is able to answer that?

Mr BRAD HAZZARD: I will ask, but I do not think anybody would know the answer to that question.

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The Hon. WALT SECORD: Can you at least take it on notice so we can have the material as part?

Mr BRAD HAZZARD: Yes, sure. But what I am saying, Walt, is that some of the smaller hospitals rely on GPs, as you would know, and I think Courtney would know, and GPs may or may not have additional general training that would allow them to do it, but the question is: if they are working in their own general practice they are under the Federal Government domain and we rely on them to come in and help us, which is one of the reasons why—I saw a really ridiculous press release go out from, I will not say who but it was someone on your side—I will be respectful on that front—saying that we are putting virtual health care or telehealth care there instead of GPs, which is complete rubbish. What we are doing though is where we cannot get a doctor into a small regional hospital, we are certainly bringing in technology, which is what is happening in every Labor State across the country as well. I have those conversations with my Labor colleagues. We are all trying to make sure that people in a small regional hospital can get the very best emergency treatment, but sometimes, when there is no doctor available, we have to actually resort to using that twenty-first century technology.

The Hon. COURTNEY HOUSSOS: Minister, my time has expired but can I also ask you to take on notice how many hospitals do not have a doctor? You mentioned that earlier in your answer.

Mr BRAD HAZZARD: I will ask the question, yes.

The Hon. COURTNEY HOUSSOS: Thank you.

Mr BRAD HAZZARD: Can I also say that it will vary. It will depend on the point in time.

The Hon. COURTNEY HOUSSOS: We can take it at today's date. Thanks.

The Hon. EMMA HURST: Just to continue on in regards to palliative care, you announced a new palliative care unit at Mona Vale Hospital. Are there any further upgrades planned for Mona Vale Hospital?

Mr BRAD HAZZARD: A lot of work has been going on at Mona Vale Hospital, but I did not just announce it; I opened it.

The Hon. EMMA HURST: Yes.

Mr BRAD HAZZARD: I announced it a couple of years ago and I just opened it maybe a month or so ago. It is actually not just palliative care. I think it was about a 24-bed unit, from memory, and there are about 12 beds that are committed to palliative care and 12 to rehab. I met amazing staff there, too. There is all sorts of work going on down there. They have established a new drug and alcohol unit, a new helicopter base and a new community health centre. A lot of stuff is going on there.

The Hon. EMMA HURST: You would be aware that at the Northern Beaches Hospital inquiry there was a lot of community support to upgrade Mona Vale Hospital to a level three emergency hospital. Is that something that is getting any further consideration?

Mr BRAD HAZZARD: There would be no more than a handful of people now who would still argue about that. There are always people who argue such cases, but they are marching with their feet in great numbers to the Northern Beaches Hospital. I have even had some Labor colleagues—no Independents at this stage—who have been there and reported back that it is an amazing hospital. The services are there; we have amazing specialists across all the specialties and recent upgrades in heart care and other areas. It is incredible. The emergency department [ED] at Mona Vale will continue to operate. They can respond to the sorts of matters that are likely to occur on a Saturday or a Sunday, a boy or a girl falling over and breaking a bone and so on. They have access to CAT scans and so on, so they can do what is necessary. But as we hear regularly, people obviously prefer to go to big hospitals. We would all like to have one. I would love to have a level five or level six hospital on my street. That is what everybody wants, but it does not work that way.

The Hon. EMMA HURST: Just to go back quickly to the vaccines, I have one or two more questions. The Federal Government stated that meat processing workers will be in phase 1B, so they are the second highest priority category for the vaccine. As the Minister, are you able to provide us any insight into why slaughterhouse workers are such a high-risk category?

Mr BRAD HAZZARD: Yes, sure. It has been in the media a lot, Emma. Last year there were some big problems with breakouts in abattoirs, particularly in Victoria, and that was actually a very major contributor to the very sad time they had down there. The logic is that abattoir workers work very closely together. They too often do not necessarily have a great command of English and were not getting the messages around the measures that you could take to keep yourself safe. There have been problems and it is one of the highest priorities.

The Hon. EMMA HURST: I have read about various things that could be done to help reduce that risk. For example, there were reports that if you reduce the animal kill rates then that would reduce the risk of

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transmission because of the close confinement with dead animals and body parts and things like that in slaughterhouses. Has anything been done to improve the conditions in New South Wales to lessen the risk of COVID-19 transmissions?

Mr BRAD HAZZARD: I do not think there has been any suggestion that COVID was transmitted as a result of carcasses, so I am not sure that there is a logical sequitur to that. In terms of the broader question about carcasses, that is not for me as the health Minister but maybe you could ask that of the agriculture Minister.

The Hon. EMMA HURST: This is specifically in regards to COVID-19. There was a journal article, which I do not think I have on me, that was talking about the close confinement of carcasses and the kill rates as being a higher transmission risk. But if you are not familiar with that, I can—

Mr BRAD HAZZARD: Sorry, Emma, I am not. Actually, if you get it, I would be interested to read it.

The Hon. EMMA HURST: I will send that on to you.

Mr BRAD HAZZARD: Yes, drop it up to the office and I will have a look at it.

The Hon. EMMA HURST: Thanks, Minister.

The CHAIR: Ms Cate Faehrmann, Mr Justin Field has arrived too. He has some questions so they might share. We have 15 minutes.

Ms CATE FAEHRMANN: Yes, totally fine. Minister, could we just get back to the dancing? There are a lot of people in this State, particularly young people, who right through COVID have for the most part behaved reasonably well. There are event promoters who I understand have things on hold, waiting to potentially be able to hold events where people can dance. I would like to know what research is being undertaken by the department. Who if anybody is working on a COVID-safe dance plan, for example? I think in December, in relation to school formals, there was discussion about dancing from Dr Chant. That was before that kind of outbreak over the new year.

Mr BRAD HAZZARD: Avalon.

Ms CATE FAEHRMANN: But considering where we are at now, what is the department doing to see if people are able to undertake dancing safely, as a lot of people want to do?

Mr BRAD HAZZARD: I think it is fair to say Dr Chant and her team think that dancing and intermingling of larger groups is a particularly risky activity in the context of a one-in-100-year pandemic and this particular virus.

Ms CATE FAEHRMANN: At that time she did make mention of a COVID-safe dancing plan. It is a genuine question. For example, at the moment people are getting on trains and standing very close. I am catching trains most mornings and people are standing around with masks.

Mr BRAD HAZZARD: I acknowledge it is a genuine question, Cate.

Ms CATE FAEHRMANN: By wearing masks and having people rotate on dance floors, for example, is it possible and is work being done to allow people to do it?

Mr BRAD HAZZARD: First of all, I will ask Dr Chant and her team. I will take that on notice and get you a written answer.

Ms CATE FAEHRMANN: Thank you.

Mr BRAD HAZZARD: But I think it is important to say that Dr Chant and her team are not deliberately trying to put restrictions on us and certainly the Government is not; none of the governments around the country are. But when you have an experience like Avalon RSL, it became a superspreader event. It was a great night from the look of the video I saw, with dancing and a lot of aerosols as people were singing at the same time. They do not tend to just dance; they sing when they have good music going on. It brought an entire community to a halt for a number of weeks. I think the view is: Why risk events that we know historically, here and overseas, have been highly problematic when we are so close to getting the vaccine rolled out?

Ms CATE FAEHRMANN: Have family gatherings not been superspreaders? Have people being in a pub not been superspreaders as well, with respect? They are both allowed now. There is a sense that maybe getting dancing back on track is not everybody's priority, but it is a priority for a big group of people. I understand the position in terms of some of the science but again, is there some kind of COVID-safe plan if it can be done? Some countries are looking at different ways to have festivals and some young people are even worried that they will not be able to dance for a few years. There is no signal from the Government that it is its intention to see if they can get back to a situation where they can dance with their friends.

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Mr BRAD HAZZARD: If Dr Chant were here, I would ask her to answer that question, but I will say that she has talked to us many times about the proportionate response. We and Victoria are the two States that had the most challenges in relation to COVID. Victoria basically shut down. We have tried to avoid that. We have been the freest State in the context of States that have kept their borders open and we have tried very hard to have a proportionate response. But at the end of the day, whilst I can challenge and advocate, as you are doing, my role is still to listen intently to what our public health position and physicians say and in the end to balance that as best as I can. I have tried to do that earnestly for now 14 months.

Ms CATE FAEHRMANN: Yes.

Mr BRAD HAZZARD: I cannot give you a clearer answer than that because sometimes clearer answers just are not possible in a one-in-100-year pandemic, but I will happily ask Dr Chant on the specific issue of: Has she considered or has her team has considered in what circumstances there might be increased dancing? Can I say—

Ms CATE FAEHRMANN: Sure, Minister, that is fine; I have got other questions to ask.

Mr BRAD HAZZARD: Okay. I was just going to say quickly: Do not forget that weddings now do have some dancing, but limited to 30 people rotating, and the assumption there is that they will be distanced, hopefully. Because, if they are sensible, after a year, they do not want to get COVID. Stay separate and don't sing.

Ms CATE FAEHRMANN: That would be good to see what your Government is planning because, again, when you are talking about New South Wales and Victoria having those outbreaks, just to be clear, the outbreaks were not as a result of dancing.

Mr BRAD HAZZARD: Yes, they were.

Ms CATE FAEHRMANN: The outbreaks were a result of breaching—

Mr BRAD HAZZARD: Avalon was absolutely—

Ms CATE FAEHRMANN: Not, for example, Victoria. You mentioned Victoria. Victoria was not a result of—Victoria was a result of hotel quarantine and family gatherings, Minister.

Mr BRAD HAZZARD: Government ain't that easy.

Ms CATE FAEHRMANN: It was not a result of dancing, was it?

Ms KOFF: But there were quite a few other international evidence of nightclubs causing transmission in South-East Asia.

Ms CATE FAEHRMANN: Sure. However, the Minister's response, I just wanted to be clear that dancing is not the culprit and a lot of the other things that were the culprit are still going on in terms of family gatherings. I will move on.

Mr BRAD HAZZARD: You are getting my asthma stirred up here, Cate.

Ms CATE FAEHRMANN: We will change the focus to regional drug treatment and rehabilitation programs. Firstly, thank you because, after many years of advocacy from Uniting, the Fair Treatment program—a lot of drug and alcohol service sector networks—the Government has agreed to fund the drug and alcohol rehabilitation treatment program at Dubbo. However, if I look now at Broken Hill, for example, we know that Dubbo is a long way from Broken Hill and people who have drug and alcohol addiction issues still have to travel quite a few hundred kilometres from Broken Hill. When I look at the Health website for Australia and try to find drug and alcohol treatment services in Broken Hill, the only ones that come up are in Victoria and South Australia, so there is none in New South Wales.

Mr BRAD HAZZARD: None in Broken Hill in New South Wales.

Ms CATE FAEHRMANN: Sorry, in Broken Hill—thank you. There are two questions. One is in relation to the—

Mr BRAD HAZZARD: I am not saying that as a statement; I am saying that as a question because I am not sure about that. I will check.

Ms CATE FAEHRMANN: What is the time line for the Dubbo program? Possibly actually we could get that later this afternoon. But is it on your agenda, Minister, to increase the number of drug and alcohol treatment services in regional New South Wales beyond Dubbo's?

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Mr BRAD HAZZARD: Can I say the drug and alcohol treatment issues obviously can be in bed or in a facility, or they can be outreach, and there are outreach facilities. They can also be, these days, to a degree, telehealth in some of the regional areas.

Ms CATE FAEHRMANN: What I am hearing is that there is a three- to four-month wait for serious—say, for example, if someone has an ice addiction, obviously the commission of inquiry heard this last year—

Mr BRAD HAZZARD: I was going to say, Dan Howard's inquiry has heard a lot of that and we still have some more responses to announce in due course. All I can say is that personally I am very committed to trying to increase services. The question is: How is that best done? The department and the Ministry are working on those issues and giving the Government advice and in due course we will make some more announcements on that, but very supportive of what you are saying.

Ms CATE FAEHRMANN: Okay. I will keep asking these but I will throw to Justin now.

Mr JUSTIN FIELD: Minister, I have some questions about the redevelopment of the Shoalhaven District Memorial Hospital. There is a bit of a push in the community to consider a greenfield option for that site for a range of reasons. Was the option for a new greenfield site ever considered as part of the expansion of hospital services in the region?

Mr BRAD HAZZARD: There has been a whole lot of consideration given to that but obviously our Government is committed to the redevelopment. I am just not sure—what are you actually suggesting?

Mr JUSTIN FIELD: When there was a recognised need to expand hospital services in the region, was there an options paper done, some consideration of the alternatives for how we could do this—redevelopment versus a greenfield site?

Mr BRAD HAZZARD: Health Infrastructure and the Ministry of Health were asked to give us advice and we accepted their advice.

Mr JUSTIN FIELD: Is that advice available? Can that be put on the record?

Mr BRAD HAZZARD: Let me take that on notice.

Mr JUSTIN FIELD: Given the constraints at the current site, particularly the limitation for expanding services—it is also in the backstreets of the Nowra CBD, there are some accessibility issues, it is right up against residential communities—I would have thought that those things were an active consideration in terms of the ability for a new and expanded hospital to operate there. Has there been any analysis done of how that will affect the redevelopment?

Mr BRAD HAZZARD: Obviously. I mean all those issues are taken into account and, again, I will get a written response.

Mr JUSTIN FIELD: That would be great. Has an architect for the design of the redevelopment been appointed?

Mr BRAD HAZZARD: Again, I will take that on notice.

Mr JUSTIN FIELD: Certainly the local member announced that. I was not able to see evidence of a tender for that on the eTendering website, so if someone could give me an indication of when that work was tendered for and when that appointment was formally made by the department, I would appreciate that.

Mr BRAD HAZZARD: Happy to give you a written explanation. I apologise that I cannot give you the precise detail on that at the moment, but you have got to understand I have more than 100 developments going on around the State at the moment.

Mr JUSTIN FIELD: I was not expecting it from you, Minister, to be honest, but happy for it to be put on notice. Just \$4 million was allocated in this year's budget and that was directed at buying a neighbouring park to expand on that.

Mr BRAD HAZZARD: It is the preparation, getting the land and then of course after that, whilst all of that has been going on, there are clinical services plans being developed with the physicians, and then there will be groundworks done, preparation, and then the actual contract, so you do not need to have the entire—I think that was about \$300 million, give or take.

Ms KOFF: Yes, \$438 million.

Mr JUSTIN FIELD: Yes, \$438 million actually. My point being—

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Mr BRAD HAZZARD: Oh, \$438 million—okay. So it is a very big commitment and to get a hospital like that built is normally around about a five- to six-year exercise in the sense of site acquisition, because you have to go through all that process.

Mr JUSTIN FIELD: The site is there already, but yes.

Mr BRAD HAZZARD: Yes, okay, but I am just telling you normally site acquisition, a clinical service plan, ground preparation, master planning, building and then commissioning, so it is not like building a house, trust me.

Mr JUSTIN FIELD: I know, but you would not appoint an architect at the start of that process, would you, Minister? That is my point.

Mr BRAD HAZZARD: You would appoint the architect usually at the master planning stage.

Mr JUSTIN FIELD: That is right, probably not at the stage where we have not yet even acquired the land or done the clinical services plan.

Mr BRAD HAZZARD: I cannot comment on that.

Mr JUSTIN FIELD: The frustration in the community is that this announcement was made to try to say, "No, locked in, the decision is absolutely made." It seemed to be a political announcement, because I do not think the clinical services plan has been completed, the community has not been engaged in any way, shape or form in consultation on the redevelopment, and there is no master planning process in place, but we have an announcement of an architect.

Mr BRAD HAZZARD: I have just been reminded—normally I do not actually have the entire Health Ministry in here, but today, as a result of the excellent advice of the Committee, I have them, so: Rebecca, would you like to come and take my seat?

Ms KOFF: The Chief Executive of Health Infrastructure.

Mr BRAD HAZZARD: There is a seat up here. Come and give us the benefit of your infinite wisdom. Please come forward. Rebecca Wark is the Chief Executive. She can answer your questions gleefully.

Mr JUSTIN FIELD: I thought we might have gotten there a bit sooner, but thank you, Minister. I did not want to waste your time, but I was keen for you to hear this strange order of process that seemed to be going on with this redevelopment. Thank you.

Ms WARK: Good morning.

Mr JUSTIN FIELD: Ms Wark, I am not sure if you heard those questions?

Ms WARK: I did.

Mr BRAD HAZZARD: I am sure she did, but you repeat whichever you would like to ask her, or she can just give you a rundown.

Mr JUSTIN FIELD: Has an architect been appointed?

Ms WARK: Yes, an architect has been appointed.

Mr JUSTIN FIELD: That was a tender process for that?

Ms WARK: Yes, it was.

Mr JUSTIN FIELD: I think you have already taken on notice the details in terms of when that was advertised.

Mr BRAD HAZZARD: But she might be able to give you the answers now, to save you doing that. Go for it.

Mr JUSTIN FIELD: Could you give us an indication of where the planning is up to, as the Minister was pointing out, the clinical services plan, the master planning process? Where are we up to in this process?

Ms WARK: The master planning process has indicated a preferred site for the new development. It includes the land that you referred to at Nowra Park, which we are in the process of talking with local council about the acquisition of that land. The architect has been—

Mr BRAD HAZZARD: Sorry, I will just interrupt. The fact that it is a parliamentary inquiry, because I do not think you have appeared before one before, does not mean that you have to disclose matters that are commercial-in-confidence or any matters that would pertain to that.

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Ms WARK: Understood.

Mr BRAD HAZZARD: So you disclose what you should disclose, but balancing those aspects, please.

Ms WARK: Understood.

Mr JUSTIN FIELD: I have a couple of seconds left, if I could finish. If a greenfield site more centrally located in our region is not being considered, is there any consideration of an expansion of services in the Milton-Ulladulla area—for example, the return of maternity services to that hospital?

Ms WARK: I understand that is not an infrastructure question.

Mr JUSTIN FIELD: Maybe that is a Minister question or a future planning question.

Mr BRAD HAZZARD: Do you want to ask any infrastructure questions first? You can ask me that later.

Mr JUSTIN FIELD: Whoever you would like to point it to, Minister. But I am happy—

Mr BRAD HAZZARD: Do you want to ask me that?

Mr JUSTIN FIELD: —for you to take that on notice.

Mr BRAD HAZZARD: I will take that on notice.

Mr JUSTIN FIELD: That would be great, thank you.

Mr BRAD HAZZARD: Do you want anything else, or is that it?

Mr JUSTIN FIELD: I am here all day, Minister. We will get to it.

Mr BRAD HAZZARD: Okay.

Mr JUSTIN FIELD: Thank you.

Mr BRAD HAZZARD: Thanks, Rebecca.

The Hon. WALT SECORD: Minister, you would be familiar with work involving the National Justice Project involving the tragic death in January 2016 of 27-year-old Indigenous woman Naomi Williams, who died while she was 22 weeks pregnant after visiting Tumut hospital, I think, almost 20 times. After that I think Coroner Harriet Grahame made a number of recommendations. What has happened with the NSW Health and the local health district's response to those recommendations?

Mr BRAD HAZZARD: I am familiar with the case. I know it was a very sad case. I think one family member was involved in that hospital as well, which made it even more tragic.

The Hon. WALT SECORD: That is correct, Minister.

Mr BRAD HAZZARD: But anyway, I will ask Susan to answer the question.

Ms PEARCE: I do not have all of the recommendations before me, Mr Secord, but certainly the local health district has been engaging not just with the Aboriginal community in the Murrumbidgee but also with Naomi's family, who have been very keen to see improvement in the treatment of Aboriginal people in that area. So the district has certainly indicated its full willingness to improve those services. Those recommendations were all accepted and are being worked on.

The Hon. WALT SECORD: Ms Pearce, I understand if you do not have the answer now, but you could take it on notice. What is the status of the local health district and NSW Health's response to all of the recommendations? If you could, a bit on the implementation.

Ms PEARCE: I can probably get that for you this afternoon, Mr Secord.

The Hon. COURTNEY HOUSSOS: Minister, will the Government accept all of the recommendations of the south-west Sydney Health inquiry that heard from residents and doctors about the urgent need for increased resources across south-western Sydney?

Mr BRAD HAZZARD: The Government is obviously considering the recommendations. Was that the one where there were about 100 recommendations? Anyway, we are considering all of the recommendations. I would say this: That south-west Sydney has one of the biggest budgets in the State. I think its budget is \$2 billion a year. Of course, in addition to that there is massive amounts of infrastructure going in. I was down at Campbelltown only the week before last at the topping out ceremony and talking to the doctors there who have been very involved in the preparation of a new clinical services building there. I think that is about another

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\$630 million. It is off the top of my head, but it is around about \$630 million, and there is a new car park as well. A lot of work is going into that area. There will be increased paediatric services, cardiac services, emergency services and imaging services. Of course, there is the Bowral hospital in the same south-western region. Yes, there is a lot of work going into it, but we will make formal responses in due course.

The Hon. COURTNEY HOUSSOS: Minister, south-western Sydney has the second most populous local health district but the lowest annual budget. In fact, if you compare—

Mr BRAD HAZZARD: That is not right.

The Hon. COURTNEY HOUSSOS: —the South Western Sydney LHD—

Mr BRAD HAZZARD: That is not right.

The Hon. COURTNEY HOUSSOS: —they are budgeted \$800 less per resident than people living in the Sydney LHD.

Mr BRAD HAZZARD: That is not right because you cannot make those sorts of comparisons. They are not a well-based comparison. The hospitals in the area—each LHD is based on an estimate of its activity, and it is an activity-based budget. People who are in that area may be using other services. I mean, not everybody who goes to Royal Prince Alfred [RPA] lives in Sydney. They are actually highly specialised services that people from the south-west, the west and the north-west use—all across the area. I am happy if any of the senior people sitting next to me would like to give us the benefit of their knowledge. I think Susan—

The Hon. COURTNEY HOUSSOS: Minister, I might come back to it with them this afternoon, but I just have another question for you.

Mr BRAD HAZZARD: No, I am interested to hear it. I would like to hear it. Consider this as my answer. Susan?

Ms PEARCE: With respect to the budget for South Western Sydney Local Health District, they have the highest budget of any metropolitan local health district in Sydney.

The Hon. COURTNEY HOUSSOS: Yes. That was not my question, though. It was on a per head, per capita. But I am going to move on. Minister, that might be the case, but south-western Sydney patients are waiting 300 days for surgery while those in the east wait just a few weeks.

Mr BRAD HAZZARD: But you cannot make those sorts of comparisons. Again, I will ask the deputy secretary to make a comment about that.

The Hon. WALT SECORD: Why can't you?

The Hon. COURTNEY HOUSSOS: Well, Minister—

Mr BRAD HAZZARD: I will ask the deputy secretary to make a comment about that.

Ms PEARCE: Look, the comparison often gets made between the performance of districts in respect of their surgery programs, but not all surgery programs are equal.

Mr BRAD HAZZARD: They are not the same.

Ms PEARCE: The issue is that where you have a surgery program, for example, that has a larger component of non-urgent surgeries, that will obviously adjust the time for which people are waiting as determined by their clinicians. Having said that, all districts are obviously required to meet targets around their surgery program. Those targets exist right across the State in an even way, and they are held to account in respect of those.

The Hon. WALT SECORD: So how do you hold them to account then? Three hundred days waiting for surgery in Sydney's south-west. So what happens when you, as the senior official in the department of NSW Health, discover that in western Sydney families are waiting 300 days for elective surgery?

Mr BRAD HAZZARD: She has just indicated—

Ms PEARCE: Mr Secord, that is a broad generalisation. The reality of it is that in non-urgent surgery it is a 365-day category, as determined by the person's treating clinician. So that does not mean that people are waiting longer than they need to be for their surgery.

Mr BRAD HAZZARD: On a clinical basis.

Ms PEARCE: You are talking about median wait time as opposed to surgery on-time performance. They are not the same thing. The clinicians determine those programs of work. What I can say about south-western Sydney in particular is that in response to the challenges presented by the COVID-19 pandemic and the slowing

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down of surgery, they have done exceptionally well to bring their surgery back online and get as much surgery done as possible against their peers—very well.

The Hon. WALT SECORD: Ms Pearce, it was put to the committee investigating south-western Sydney that the LHD prided itself—

The Hon. COURTNEY HOUSSOS: Took pride?

The Hon. WALT SECORD: —took pride in being on budget and meeting budget constraints, rather than getting patients the surgery that—

Mr BRAD HAZZARD: Who put that?

The Hon. WALT SECORD: Who put that? I do not have the report in front of me, but it was very clear from the evidence put to us. The members of the local health district spoke with pride about how they kept the department and how they kept the region in budget. They did not talk about the patients; they talked about meeting the benchmarks.

Ms PEARCE: I was present at that inquiry—

Mr BRAD HAZZARD: Very unfair.

Ms PEARCE: —Mr Secord. I was present at that inquiry myself.

Mr BRAD HAZZARD: Very unfair.

Ms PEARCE: My recollection of the evidence that was given at that inquiry was that, yes, of course districts are expected to adhere to their budget. You would be highly critical of us, I am sure, if they were not. But it was also noted that the care and treatment of patients was equally as important. There was no suggestion, as I recollect from that inquiry, that one was of more importance than the other.

The Hon. WALT SECORD: I felt that the evidence showed otherwise, that there was an obsession by the LHD to meet benchmarks rather than worrying about patients.

Mr BRAD HAZZARD: I actually find that quite objectionable. I think, on behalf of the health staff and the management, that is a really horrible, repulsive comment to make.

The Hon. WALT SECORD: You are twisting my words.

Mr BRAD HAZZARD: No, I am not. I am just hearing them.

The Hon. WALT SECORD: I did not reflect on healthcare staff. I was talking about the bureaucrats in the LHD, the pen-pushers and the pencil-sharpeners.

Mr BRAD HAZZARD: Excuse me, I object to that too. Heaven help us and thank heavens you will never be the health Minister. That is appalling. But anyway, I have got no further comment.

The Hon. COURTNEY HOUSSOS: Minister, I wanted to come back to your comment about how people are driving past their local hospital to go to centres like RPA. That was certainly the evidence that was received in the inquiry. Shouldn't all districts have access to adequate localised facilities though?

Mr BRAD HAZZARD: They do, but the issue is that hospitals—it is a bit like what I said earlier, Courtney. Everybody would love to have a tertiary quaternary hospital on their street corner. It is not practical. You need to have a network of hospitals. Every State and Territory, every nation in the world, does that. Particular hospitals have particular specialties. If you wanted to go for paediatric cardiac surgery, you would go to one of two hospitals. If you wanted to go for transplant surgery, depending on the organ, you would go to a particular hospital. If you had a young person with sarcoma, you would go to a particular hospital. That is just not the way the real world works. It is not even theoretical; it is pie in the sky.

The Hon. COURTNEY HOUSSOS: With respect, Minister, the examples that you just gave were specific one-off examples where you would certainly travel to receive the best possible health care. What I am asking you is about ongoing treatment, particularly for chronic conditions, where residents across south-western Sydney are forced to travel on a regular basis to receive such treatment.

Mr BRAD HAZZARD: Again, I am sorry. It is still a network and there is a limited amount of dollars that goes into it, as Mr Secord was just observing in a pejorative sense. Roughly about a third of the State budget goes into Health in New South Wales. Compare us to places like Tasmania: Our budget is nearly \$30 billion and theirs is \$2 billion. You have to actually use a sensible balance between dollars, but also trying to make sure people have first-class care. I remember, going back to what Emma asked earlier, that there was a stage down there at Mona Vale Hospital where we simply could not get an intensive care unit [ICU] specialist because there

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were only a couple of beds there. You need a core number of beds and a core number of services to attract certain specialties.

Thinking about the north-west and the west, if you have, for example, chronic illness—pick one—say it is obesity. Yes, there are limited services; but, for example, there is a magnificent service right opposite Nepean Hospital that has a multidisciplinary team. It costs a fortune but it is doing productive things and people come back to the north-west because they want to get that service. So it is not a one-way street—and there is another one that is similar. You cannot make those sorts of analogies; it is playing into the parochial "we must have every service". You will not get every service, because there will not be the specialists or the allied health staff to be able to do it. It is just not realistic.

Can I say another example? Trauma hospitals—we have five hospitals that are trauma hospitals just around Sydney. There are various hospitals that would love to be trauma hospitals, but it is not practical. In Victoria, in Melbourne, they have two trauma hospitals for a similar population. You have got to understand—yes, there are always opportunities. I am not saying there are not opportunities to have additional services in some areas, but you have got to balance that against what the budget is and what the priorities are at the time.

The Hon. COURTNEY HOUSSOS: Yes. But, Minister, what we see across south-western Sydney—

Mr BRAD HAZZARD: So we are focusing on south-western Sydney?

The Hon. COURTNEY HOUSSOS: That is exactly right. In an incredibly populous and growing area we actually see worse health outcomes for people, in particular those who are forced to travel. I appreciate what you saying about the budget, but this actually means that people in south-western Sydney—

Mr BRAD HAZZARD: Look, I have said what I will say, but I will ask the secretary if she would like to add anything to that.

The Hon. COURTNEY HOUSSOS: —are getting worse health outcomes than those across the rest of the city.

Mr BRAD HAZZARD: I do not actually accept that, but I will ask—let me say, our Government—

The Hon. COURTNEY HOUSSOS: That was the evidence that was received by the inquiry, Minister.

Mr BRAD HAZZARD: The New South Wales Liberal-Nationals Government has spent more money in south-western Sydney, western Sydney and the north-west than your government ever dreamed of—and, in fact, never even vaguely promised.

The Hon. COURTNEY HOUSSOS: Minister, it is a decade in government; come on. You have been a decade in Government.

Mr BRAD HAZZARD: And we are building new hospitals in Campbelltown, new hospitals in Bowral, new hospitals in Westmead, upgraded Mount Drutt, upgraded Nepean—

The Hon. COURTNEY HOUSSOS: Excellent. How many people is your Government slating—

Mr BRAD HAZZARD: I mean, seriously. I will ask the secretary to specifically answer your question, Courtney—

The Hon. COURTNEY HOUSSOS: —to move into those areas?

The Hon. NATASHA MACLAREN-JONES: Point of order: There are too many people speaking. I think it is very hard for Hansard to record what is being said accurately.

Mr BRAD HAZZARD: Just record mine.

The Hon. NATASHA MACLAREN-JONES: The Hon. Courtney Houssos has asked a question of the Minister and the Minister has responded but also indicated that Ms Koff would like to speak. I ask that you allow the member to say a few words.

The CHAIR: Yes, Hansard needs to be able to record the answers. Ms Koff?

Mr BRAD HAZZARD: Thank you. Ms Koff?

Ms KOFF: Thank you. Look, to draw the assumption that the health outcomes that are existing in south-western Sydney are relative to the level of healthcare service provided is a bit spurious. Health outcomes in general are determined by a number of factors—socio-economic status, nationality. There is a broader multicultural diversity out there in south-western Sydney. Obviously there is a high Aboriginal population too. Health outcomes are determined by a range of factors there. I think the Government and we as a health system

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have been very committed in investing in south-western Sydney in delivery of health care. The Minister alluded to the investment at Liverpool Hospital, at Fairfield Hospital, in Bankstown-Lidcombe Hospital, in Campbelltown Hospital—

Mr BRAD HAZZARD: Bowral.

Ms KOFF: —and Bowral Hospital. The challenge for the health system is to develop these services so they can provide a comprehensive range of clinical services. The maturation process of hospitals as they go from district hospitals to teaching hospitals to tertiary hospitals to quaternary hospitals is a time factor. You cannot just establish leading, world-class services overnight. I think the investment in Liverpool in particular and the associations with the universities of New South Wales and Western Sydney—

Mr BRAD HAZZARD: And the institutes.

Ms KOFF: And the research institutes, such as Ingham, that go there—these things take time and maturation to be actually able to deliver the most comprehensive and complex array of services that will be able to be delivered to the local population. I think the trajectory that south-western Sydney is on—as was mentioned, the highest budget. We will continue to grow and develop and strengthen the services there over time in response to the population needs.

The Hon. COURTNEY HOUSSOS: But, Minister, that is because—and I am only quoting from the Liverpool Hospital Medical Staff Council, who have described the funding shortfall in south-western Sydney as being so bad that they are at:

... the point that we cannot continue to provide safe access for our community.

Mr BRAD HAZZARD: Look, there are varying views amongst various doctors because of a variety of reasons, which I do not propose to go into. I will say that there is a commitment just at Liverpool of \$740 million, which is progressing, and that is amongst all of the other billions that have just been talked about. So I will leave it at the answer we have given.

The Hon. WALT SECORD: Minister, you and the officials have talked about the pressure that south-west Sydney is facing. Would you acknowledge that Camden Hospital is one of the hospitals that is under pressure in the region?

Mr BRAD HAZZARD: Across the State, all hospitals and MPSs are under stress.

The Hon. WALT SECORD: Yes. Does the Government have plans to enhance or expand Camden Hospital?

Mr BRAD HAZZARD: We don't not have plans. All we are doing at the moment, though, is on the public announcements. At this stage, that is all I am prepared to say.

The Hon. WALT SECORD: And what is the public announcement?

Mr BRAD HAZZARD: The public announcements are that we are focusing on all of the hospitals that the secretary just went through.

The Hon. WALT SECORD: Can any of the officials add to plans underway involving Camden Hospital?

Ms KOFF: No. I am not aware of any, but I will take it on notice.

The Hon. WALT SECORD: Thank you.

The Hon. COURTNEY HOUSSOS: Minister, I wanted to come back to the issue of telehealth. Do you calculate how many patients have died in the presence of a telehealth doctor? Do you collect that data?

Mr BRAD HAZZARD: No. That is not something which would be done anywhere in the world. Can I say why it is a silly question. I sat with an ICU specialist in Israel and he made a decision that a patient in north-west America—they had 68 hospitals that they were managing from Israel because of a lack of physicians. He sat there and he talked to the family by telehealth and advised them that they should switch off his life support. So it is just a pointless exercise. I do not know what you are getting at, but it is a pointless question. There could be all sorts of reasons why someone dies and the fact that it is a telehealth doctor has nothing whatsoever to do with it.

The Hon. COURTNEY HOUSSOS: Well, Minister, there are serious questions about the role that telehealth is playing in the system—

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Mr BRAD HAZZARD: They are questions that one of your shadow Ministers put out, which is quite reprehensible actually.

The Hon. COURTNEY HOUSSOS: Minister, there is the story of Dawn Trevitt, who died at Gulgong hospital. I am interested to know what change is going to be prompted by that. Have you seen that review?

Mr BRAD HAZZARD: Obviously I know about that one, yes.

The Hon. COURTNEY HOUSSOS: And what is going to change?

Mr BRAD HAZZARD: Can I say that was a very sad situation for her and the appropriate review has been and is being done by Health. I must say, I passed publicly before my condolences to her family. But the fact that she was in a particular service and passed away is not a reflection on either the staff necessarily or on the capacity. People die. It is an unfortunate situation. It may have been that she would pass away in another facility. But to draw conclusions as you are attempting to do, and using that death to somehow be negative about something which every Labor government in the country thinks is a good idea when you cannot have a doctor available on the site, is just ludicrous.

The Hon. COURTNEY HOUSSOS: Minister, let me be clear: I am very excited about the opportunities of telehealth, but there are also limitations, and I am interested in pursuing those with you today. I want to ask you about what has been learnt from that review. What is going to change as a result of this?

Mr BRAD HAZZARD: I will take that on notice.

The Hon. COURTNEY HOUSSOS: Okay. Could you provide us with what the recommendations are and what is going to be implemented?

Mr BRAD HAZZARD: Again, can I say, without reflecting on an individual patient, and it was very sad and I know about the case very well in terms of—the ambulance chose to take her to Gulgong, and there have been some requests from me, to say the least, that NSW Ambulance should look at some of the criteria that decisions are based on as to what facility they should go to. But that does not necessarily mean—whilst I raise that in my mind—sadly, that that lady would have survived even if she had gone, for example, to Mudgee Hospital. That is an entirely different issue. I am happy to talk about the general issues. I am not happy to talk about individual patients. I do not mean to be rude on that, Courtney. It is just that it is not possible, it is not appropriate to talk about individual patients. To give you the details is not really appropriate either. I will have to think about that, but if the family wants something on that, that is a different ball game.

The Hon. EMMA HURST: Minister, last year I obtained documents from your office regarding the funding of the Australian national baboon colony, the primate research facility in New South Wales. Those documents revealed that it was going to cost about \$650,000 a year to continue to fund the primate breeding facility after it lost its funding that used to be coming from the National Health and Medical Research Council. Can you confirm whether any alternative funding has been obtained for the facility since the financial year 2019?

Mr BRAD HAZZARD: Emma, can I take that on notice please? But I can assure you that the last report I had was the baboon who escaped with his—

The Hon. EMMA HURST: Alfred.

Mr BRAD HAZZARD: Well, he had various names. I think all people gave him a name. He is very happy and doing well.

The Hon. EMMA HURST: So, he is alive? He is still being used, I assume, in medical experimentation?

Mr BRAD HAZZARD: I do not know, but he has all his friends—his female friends who accompany him and others—and last I heard he is doing very well, but I will find out for you.

The Hon. EMMA HURST: Thank you. If you could find out if he is still being used in experimentation, that would be useful as well. Do you know if the Sydney Local Health District—perhaps somebody else here can help answer this question as well. Is there an intention to continue to fully fund the—I know that the Sydney Local Health District actually stepped in with some funding, but it was unclear at the time whether it was going to continue, particularly as the National Health and Medical Research Council pulled its funding. Do you know if the Sydney Local Health District will be filling that gap?

Mr BRAD HAZZARD: Emma, I will find out for you. I do not know the answer.

The Hon. EMMA HURST: Thank you. That is alright. In previous budget estimates hearings you were unable to say how much specific taxpayer funding was going into animal research. You said that it was not being

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tracked. Can you tell me why that is something that the New South Wales Government is not tracking—as to how much taxpayer money is going into these industries?

Mr BRAD HAZZARD: I am not sure that we would consider that an industry. We would consider that as part of the vital research to keep people alive. But it would fall within a range of different programs, so there is no specific, single program that I can answer that question on.

The Hon. EMMA HURST: Would you support measures to improve the level of transparency, including making publicly available how much taxpayers' money is actually being used in animal experimentation?

Mr BRAD HAZZARD: The money might not be—money for research is publicly available. It is just that, obviously, that research is right across the board, so the fact that there is an animal as part of it—a small part of it—is not necessarily something that would warrant, in my view, setting up separate structures for, so at this stage I cannot give you that undertaking.

The Hon. EMMA HURST: There are some bodies within animal experimentation people who actually work in the industry who are calling for more transparency, including being able to talk about how much funding is going into that. If they were to approach you, would you be open to the suggestion?

Mr BRAD HAZZARD: As a matter of just professional interest and courtesy to you, if you want to bring one of them or a couple of them to my office, we will talk about it and I will have a look at it, sure.

The Hon. EMMA HURST: That would be fantastic. Thank you, Minister. Is there any government funding available in New South Wales aimed at promoting alternatives to animal testing? There has been a lot of progress in this space, particularly overseas, showing computer in-vitro modelling et cetera is actually more accurate in some instances and, obviously, more cost-effective as well. Is that something that we are investing in in New South Wales?

Mr BRAD HAZZARD: I cannot answer that, Emma, but I will find out.

The Hon. EMMA HURST: If you could take it on notice, that would be useful.

Mr BRAD HAZZARD: Yes, I will take it on notice.

The Hon. EMMA HURST: Thank you.

The CHAIR: Ms Abigail Boyd?

Ms ABIGAIL BOYD: Thank you very much.

Mr BRAD HAZZARD: Hello, when did you come in?

Ms ABIGAIL BOYD: I snuck in when you were not looking. Good morning. I want to talk to you about a few of the issues around the Hunter Valley, in particular, and the Hunter communities. Are you aware that a number of major population centres in the Hunter Valley are frequently subjected to a failure to meet the national standards for particulate pollution?

Mr BRAD HAZZARD: I am aware—more from my planning days, I have to say, Abigail—that there are issues around particulates coming from coal, for example, and the transportation of coal.

Ms ABIGAIL BOYD: Yes, it is a couple of things.

Mr BRAD HAZZARD: What particular aspect are you interested in?

Ms ABIGAIL BOYD: There were a number of towns in the Hunter region in January that were exposed—over 10 times in January—to particulate pollution from open cut mining.

Mr BRAD HAZZARD: Do you mean 10 separate cases or 10 times the limit?

Ms ABIGAIL BOYD: On 10 separate occasions.

Mr BRAD HAZZARD: On 10 separate occasions, sorry.

Ms ABIGAIL BOYD: On 10 separate occasions it was well above the limit. Are you also aware of the growing body of evidence that is coming out, both in Australia and globally, that is linking these high particulate matter levels with increased risk of serious diseases: stroke, cancers and respiratory illness?

Mr BRAD HAZZARD: Obviously, I have a general awareness of those sorts of issues, but I think it has been difficult for them to separate out other factors as well, such as socio-economic issues, sociological issues and so on. But, yes, I am aware that it has certainly been talked about as a factor, and it would not surprise me.

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Ms ABIGAIL BOYD: Are you also aware—

Mr BRAD HAZZARD: Is this a test for me or are you leading somewhere?

Ms ABIGAIL BOYD: No, I am leading somewhere.

Mr BRAD HAZZARD: Is it a multiple-choice questionnaire?

Ms ABIGAIL BOYD: No, I am giving you the chance to come with me on this journey.

Mr BRAD HAZZARD: Come with you on the journey, alright.

Ms ABIGAIL BOYD: Have you been following the coal ash inquiry that we have been running through the Public Works Committee and the upper House at all?

Mr BRAD HAZZARD: No, I am sorry, I have not. You would be surprised to know I have been trying to keep us all safe from COVID for the last—

Ms ABIGAIL BOYD: No, that is alright. That is why I am here putting this—

Mr BRAD HAZZARD: To broaden my knowledge.

Ms ABIGAIL BOYD: That is right—putting this to your attention. As part of that inquiry into coal ash repositories, a body of evidence has been presented in relation to the health risks that neighbouring residents are exposed to as a result of the toxins present in coal ash dams. These are the suburb-sized coal ash waste dumps that sit next to coal-fired power stations.

Mr BRAD HAZZARD: Like selenium and so on, you mean?

Ms ABIGAIL BOYD: Yes, there is a bunch of really toxic chemicals.

Mr BRAD HAZZARD: Yes. That is not new of course. It has been going on—because I remember when I was shadow environment Minister, I used to raise the same issues, so, yes.

Ms ABIGAIL BOYD: Sure. Given that growing body of evidence, and particularly the concerns that some communities in New South Wales are being subjected to not only the air pollution impacts but now also potentially the coal ash impacts, and given what you were saying about us not really being positive about whether this is correlation or causation and what other factors are involved, will you do any independent research into those areas to try to give those communities some better knowledge about their health risks?

Mr BRAD HAZZARD: I am not sure that that is something that I have the capacity to do at the present time because I am actually at the moment currently looking after COVID, but I will ask the ministry to give me any advice on what they may have done somewhere on that issue. I am happy to let you know.

Ms ABIGAIL BOYD: I think that would be useful. I think it is perhaps going to be a recommendation coming out of the inquiry; we will see. But does it concern you that if there are additional health risks for communities around these coal operations—

Mr BRAD HAZZARD: There is a whole lot I have to say, Abigail. Obviously, your interest is this particular interest, but in Health it is much broader than that, and there is a whole lot of factors. During the horrific bushfire season, the particulate matter that came from the bushfires was extraordinary. I was not particularly happy with the level of information that we were getting on a daily basis around those particulates. I am interested in the broader sense in the health consequences, but I cannot give you a specific promise that I could spend a lot of time on the particular interest that you have at the moment because there are a whole lot of other interests in this particular portfolio.

Ms ABIGAIL BOYD: No, and I understand that.

Mr BRAD HAZZARD: But I am happy to ask questions for you. If you actually, quite apart from this inquiry—this is just the show trial, basically. If you actually come and see me I am happy to sit down with you and if you give me some thoughts on it—as somebody who started their life as an environmental scientist, I am more than happy to discuss the issues with you and to try to get any information that health might be able to give you.

Ms ABIGAIL BOYD: That is great to hear because, from my perspective, as you say, I have a particular concern about this but the research I am reading is quite alarming.

Mr BRAD HAZZARD: My first degree, when they really did not know much about environmental science, was actually a BA at Macquarie because in those days they were only handing out BAs. But it was

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environmental science, it was microclimatology, it was climatology, it was all of that. I am very interested in those issues so come and see me.

Ms ABIGAIL BOYD: Do you agree that industry should be doing what they can to prevent these sorts of incidents occurring?

Mr BRAD HAZZARD: Of course. But again it is a balancing act for them, isn't it, too. It is like the questions that Courtney was asking before. You cannot expect them to do everything overnight. It is a progression and an awakening awareness of a lot of the scientific data that is now becoming more and more available in these various areas.

Ms ABIGAIL BOYD: Are you aware that there are coal-fired power stations in New South Wales that are allowed to emit out of the stacks chemicals that are far in excess of what is allowed anywhere else in the world?

Mr BRAD HAZZARD: I am not across that detail but I am happy again to have a chat to you about it. Can I say from a health perspective, as the health Minister—if I were still the Minister for environment, for example, I would probably be interested just in the absolutes of that. But as the health Minister, I am interested in knowing, one, does it occur, and, two, what are the health consequences? Because I also remember from my microclimatology days that, if you have to look at what the plume dispersal is and look at the physics of that, it may be that in the end it may have little impact on health. I would need a lot more information than just what you are conveying to me.

Ms ABIGAIL BOYD: Understood, but are you concerned that the NSW Health budget could be meeting the costs of the health impact of coalmining rather than the industry itself?

Mr BRAD HAZZARD: A hypothetical question like that, I don't think I need—

Ms ABIGAIL BOYD: Have you sought to quantify the health impacts from coalmining on—

Mr BRAD HAZZARD: I think it is too difficult to do that. I am happy to look at all those issues for you but just not sitting here in a parliamentary inquiry trying to come up with—

Ms ABIGAIL BOYD: I will follow that up with you separately. Moving to something very different, are you aware of a motion that we passed in the Legislative Council on 18 February requesting that NSW Health, in consultation with Local Government NSW and sex industry representatives, provide the sex services educational briefings that had been recommended by the 2015 Select Committee on the Regulation of Brothels to councillors in this council term?

Mr BRAD HAZZARD: Sorry, to Legislative Council councillors?

Ms ABIGAIL BOYD: No, sorry, to local councillors.

Mr BRAD HAZZARD: The question sounds intriguing but it had a number of dimensions, so can you go back? Can I answer the first part by saying that I do not always focus on absolutely everything that is happening in the upper House.

The Hon. WALT SECORD: What?

The Hon. COURTNEY HOUSSOS: We are outraged!

Mr BRAD HAZZARD: I am sorry about that, but after 30 years I have not found a reason to yet. But back to the topic at hand, assuming there is something there that is of significance, I am happy to partake in listening to it. If I could hear the substance of the question—I am more interested in the substance of the question.

Ms ABIGAIL BOYD: That is fine. This motion was actually commended specifically to you and named you. Back in 2015 Select Committee on the Regulation of Brothels recommended that councillors be given briefings on their rights and responsibilities in relation to sex work premises.

Mr BRAD HAZZARD: Local government councillors?

Ms ABIGAIL BOYD: That is right, yes. That has not been done.

Mr BRAD HAZZARD: How do you know it has not been done?

Ms ABIGAIL BOYD: The educational briefings have not been done.

Mr BRAD HAZZARD: Who was supposed to do the briefings?

Ms ABIGAIL BOYD: You and local government.

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Mr BRAD HAZZARD: I was supposed to do the briefings on brothels?

Ms ABIGAIL BOYD: Yes, the Department of Health, that is right. When this was raised in the upper House, your colleagues in the upper House supported the motion on the basis that it was something that had slipped through. I wanted to make sure it was something which you are now paying attention to.

Mr BRAD HAZZARD: Were they all in the House at the time or did they just agree?

Ms ABIGAIL BOYD: Apparently not because you are not aware of it.

Mr BRAD HAZZARD: Again, come and talk to me. I work extensively some years ago when I was in opposition with groups like Scarlet Alliance and they are a very good group. I understand the significance of actually getting that sort of education to local government councillors if at all possible. I am happy to talk to you about that but I do not think this is the forum for that, I am sorry. But I am happy to do it; come and see me.

Ms ABIGAIL BOYD: That is fine. I can do that. That is all I have for now, thank you.

Mr BRAD HAZZARD: Abigail, I am actually interested to hear more about that. I am actually genuinely interested to hear more about that. Come and talk to me.

Ms ABIGAIL BOYD: I will come and see you. I wrongly assumed you would already know about it but that is fine.

Mr BRAD HAZZARD: Again, think about it. That was February and I have been trying to worry about COVID.

Ms ABIGAIL BOYD: I understand.

The Hon. COURTNEY HOUSSOS: Minister, I am mindful of your earlier comments saying you do not want to speak about specific cases but I am going to ask you: In the wake of the death of 85-year-old Allan Wells in Cobar, his family was asked to pay several hundred dollars by the LHD to have access to his medical files. I am sure you would be aware that there were horrific circumstances that led to his death.

Mr BRAD HAZZARD: I know of the circumstances.

The Hon. COURTNEY HOUSSOS: Minister, I do not want to ask about the circumstances of the death but I do want to ask whether the LHD is charging those kinds of fees to grieving families now.

Mr BRAD HAZZARD: If they are, I am not familiar with that. But, again, if you want to represent the family or the family write to me about that, I will personally take an interest in the fact that that has been charged.

The Hon. COURTNEY HOUSSOS: Minister, can I raise it with you now because it has been publicly reported.

Mr BRAD HAZZARD: Consider it raised and I will ask for a full report on that. And if it is appropriate—I will not make any commitments, but I will ask for a full report.

The Hon. WALT SECORD: This is in the public arena and your department is aware of it. Was there any investigation or examination by departmental officials into the claim?

Mr BRAD HAZZARD: Into what claim?

The Hon. WALT SECORD: Into the claim that family members were charged hundreds of dollars to obtain the medical files.

Mr BRAD HAZZARD: I will take it on notice, Mr Secord, I don't know. The issue is that it was a very sad case and it was also part of a *60 Minutes* program as well. I think Liz Hayes did some stuff on this and I actually spoke—what I did is not relevant to this Committee, but I am very familiar with it and I will look at the issue.

The Hon. COURTNEY HOUSSOS: I would appreciate that, thank you.

The Hon. WALT SECORD: Would you accept that rural and regional patients in New South Wales are part of a two-tier health system?

Mr BRAD HAZZARD: No, I would say that that trivialises what is a complex health system which existed and has existed forever. Our Government has tried, as far as is humanly possible, to address those regional issues that obviously exist and I am looking forward to the inquiry results. We will certainly look at that. But I think to put that sort of superficial, trivial label on it is political and is not appropriate, so I am not going to engage on that.

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The Hon. WALT SECORD: Minister, will you be advising or instructing departmental officials—LHDs—to allow health bureaucrats to provide evidence to the inquiry without fear of retribution or putting their jobs in jeopardy?

Mr BRAD HAZZARD: I know you will not be health Minister now because I saw that editorial from Brad Frankum, but I do know that the public servants in health—

The Hon. WALT SECORD: Written by his staff member.

Mr BRAD HAZZARD: —have an independent view on most things and they express it. They expressed it when Labor was in government, they will express it without fear or favour when a Liberal government is in power and I certainly will not be telling them to do anything other than tell the whole truth and nothing but the truth, as they have done here today.

The Hon. WALT SECORD: It has been raised with members of the Committee that there is fear that one particular LHD is advising members that if they cooperate, they will be in trouble.

Mr BRAD HAZZARD: You put all these anonymous assertions. I think we have seen in the last 24 hours that assertions have to have some substance. If you put that to me and give me the evidence, I will consider it.

The Hon. WALT SECORD: Thank you, Minister.

The Hon. COURTNEY HOUSSOS: Minister, I want to come back to some of these issues that have appeared in public and also have been raised in the inquiry.

Mr BRAD HAZZARD: Sorry, Courtney, just excuse me. Mr Chair, when do we finish this for this morning?

The CHAIR: Half past twelve. We will have a five-minute break.

(Short adjournment)

The CHAIR: We will get proceedings back underway.

The Hon. COURTNEY HOUSSOS: Minister, I wanted to come back to the limitations of telehealth. There has, again been some—

Mr BRAD HAZZARD: Can we talk about the advantages, too?

The Hon. COURTNEY HOUSSOS: Well—

Mr BRAD HAZZARD: We can, possibly.

The Hon. COURTNEY HOUSSOS: Perhaps, if the Government wants to ask you questions at the end. Minister, I would just like to ask you about—there was a situation that was publicly spoken about with an issue involving broken bones, which clearly showed the limitations. You would accept that there are some things that telehealth cannot address and broken bones would surely be one?

Mr BRAD HAZZARD: I have to say that telehealth, contrary to what the shadow Minister wants to announce in a press release, is not the preferred position any time. If you can get doctors there who have the qualifications and the expertise—but the problem is, of course, even if you have a GP, for example, in a small regional town who has the extra training to work in a hospital, they are not going to be a neurologist, they are not going to be an orthopaedic specialist, they are not going to be a cardiac specialist. So telehealth has an enormous capacity to bring incredible, first-class health services to the regions. The Labor Government in Western Australia in Royal Perth has the most amazing telehealth centre where they actually outreach up and down to the whole of the Kimberley and the regions there.

I have actually been in and had a look at it. I have seen, as I said earlier in passing, there are more than 60-odd hospitals in north-west America that do not have access to ICUs overnight—so Israeli, but American-trained, doctors are providing those services. All of these things are expertise that both Labor and Liberal governments have realised should be available to our communities across Australia. New South Wales is certainly doing its bit. You have to realise that, of course, there are limitations. But there are limitations in any system. We happen to have—I am trying to make someone do some work back there—Dr Nigel Lyons, who is the deputy secretary—

The Hon. COURTNEY HOUSSOS: He has actually joined us at the table.

Mr BRAD HAZZARD: —who would be enthusiastically wanting to tell us about what he is doing on telehealth. Can I say, one of the other things—recently, just three years ago, I strongly advocated for a telehealth

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telestroke service. That has saved lives left, right and centre already. It was a \$21.7 million investment and, in fact, I was up in Dubbo only about two or three months ago and I met a lady in her 40s who had had a stroke. If she did not have the telehealth stroke service, she would be dead. She actually faced the cameras and talked about it. I had never met her before—she just wanted to tell us about it. So do not underestimate the capacity but also do not overstate it. The Government certainly would not overstate it; that is not what I do. I just want to make sure that there is a balance about this and we do not send a message out to the community that it is a bad thing; it is a good thing in a challenged environment. Dr Nigel Lyons might have some more to say about it because he is a medico and he is an expert in it.

The Hon. COURTNEY HOUSSOS: Dr Lyons, I appreciate the lead-in from the Minister, but I am specifically interested around the limitations of telehealth and whether you have imposed any limitations on telehealth as a result of some of these very tragic—

Mr BRAD HAZZARD: What do you mean by "impose limitations"? What do you mean by that?

The Hon. COURTNEY HOUSSOS: Have you got guidelines? Do you say, "These are the things that telehealth should not be used for"? You did not want to talk about specific cases, Minister, so I am trying to ask you about the policies that have flowed from these tragic cases. What action has been taken by the department?

Dr LYONS: If I could just start off by saying that virtual care and telehealth—as the Minister has outlined—we do not consider this to be a replacement for having doctors or health professionals on site. It is there to support and enhance access to extra advice, expertise and specialism that may not otherwise be available. It is there to support the on-the-ground clinicians who are delivering the care. That is always done in the context of a model of care, which has got parameters around how health professionals deliver it, what backups are provided, when they should access that care and then what limitations are in place in relation to the services that can be delivered on the ground in the clinical environment where the care is being delivered. Those factors are considered and there is governance over the introduction of virtual care and telehealth, as well.

So people monitor what has occurred, what care is provided, when patients need to be transferred and why they needed to be transferred—all of those things are monitored as well. I think the benefit is very clear: It does allow access to expertise and services that would not otherwise be available in those environments. The Minister gave us the example of telestroke. After that investment that he advised, we have now had over 500 patients who have received the benefit of having access to a specialist stroke physician who can help diagnose the stroke and provide advice to the clinicians on the ground about the best treatment that should be delivered. We are now seeing, as a result of that—and that is being monitored by steering group, which I am involved in—examples of international best practice being delivered into rural communities, which would not otherwise be available except for the fact that that technology is supporting access to that advice and care.

The Hon. COURTNEY HOUSSOS: Can you tell me, Dr Lyons—I appreciate that, I appreciate there is a governance model and, like I say, I am excited about the opportunities of telehealth. But there are the limitations. I am interested to know whether—there was an example that was published in *The Sydney Morning Herald* of a plaster being applied to a broken hand with a doctor on a telehealth call. Do you have specific guidelines that will mean that this will not happen in the future?

Dr LYONS: I will not go into the specifics, but just to use that example of where telehealth has been used to help support clinicians with a diagnosis and treatment of fractures. It is actually a good thing that those X-rays can be taken in a rural facility, which may not have a radiologist on site or an orthopaedic surgeon, yet the clinicians who are there—the nurse, the doctor, it might be a GP attending that facility—can actually get the advice about what is the appropriate care. They could be advised that this patient needs to be transferred for surgical treatment because of the type of fracture that exists, or they could be advised it is appropriate to apply a plaster in that setting because it is safe to do so. That advice is then available as a result of access to telehealth. So it actually helps to make the right decision around the care that should be delivered at that point in time and can actually save people from needing to be transferred when there is no need to do so, which ties up health resources and leads to dislocation of families. There are lots of positive things that come from that and those are monitored to make sure that the care that is being delivered is appropriate.

The Hon. COURTNEY HOUSSOS: Thanks, Dr Lyons. Minister, I want to come back to you. There has been a number of, or a series of, articles that have really highlighted, particularly across western New South Wales, some very tragic cases. What steps have you been taking to ensure that the standard of care is appropriate in western New South Wales?

Mr BRAD HAZZARD: There is an enormous amount of work that has gone on across all regional areas to increase facilities and that is self-evident by the amount of money which is available through the budget papers. But if you wish to know about it, I can recount it again. I have recounted in the past and I do not think

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either one of you were terribly enthusiastic here. Infrastructure is one thing and the amount of money that has gone into and is going into places like Tweed, Dubbo, Mudgee, Cowra, Broken Hill—you name it—and then all the small MPSs in the south-eastern region. But the value of that is not just the infrastructure.

When I visited Dubbo four years ago, and they were just getting on with some of the building works—they had done some already by that stage—I remember talking to some of the staff. This message has been repeated numerous times since. When new infrastructure is built—and, of course, now this has been emphasised by the COVID circumstance as well—specialist doctors are sometimes attracted into these regional areas in ways that they have not been in the past. Under the Liberal-Nationals Government, the amount of money that has been spent on infrastructure is seeing a new attraction of specialist doctors into those major hospitals. It does not address—

The Hon. WALT SECORD: Minister, you talk about infrastructure and I acknowledge that infrastructure is important, but infrastructure is half the story. You have to have—

Mr BRAD HAZZARD: That is exactly what I am saying.

The Hon. WALT SECORD: —the staff and support. You have been talking about record infrastructure. Those are your words.

Mr BRAD HAZZARD: You were not listening to what I was saying. I said that that attracts people into those major hospitals, so Dubbo—

The Hon. WALT SECORD: Okay, you mention Dubbo. What steps are you taking to—

Mr BRAD HAZZARD: Hang on, I have not finished answering your question. You can't cut me off halfway.

The Hon. WALT SECORD: I can if I want.

Mr BRAD HAZZARD: No, you can't, actually, because I am the Minister and I am answering the question. You don't get to do that.

The Hon. WALT SECORD: Then tell us.

Mr BRAD HAZZARD: On top of that, the Federal Government and all State governments—Labor and Liberal—are working to develop doctors with regional skills. For example, the regional generalist specialists—we are going through programs that we are working with the university. I was at a forum only about two months ago in Dubbo where we brought in all the experts to talk about that, including Federal Government people. There was another one in Wagga Wagga about six months ago. As result of that, since 2011 we have doubled the number of doctors. It has gone from 75 to 150 in those training programs per year.

That is trying to address the shortfall in GPs because GPs, for a variety of reasons, have actually dropped off in terms of the total numbers in the regional areas. I could go through it for a couple of hours, as we did—actually, we went for a couple of days—to talk about all those factors. So the Government is actually doing a lot with the Federal Government, and I have got to say it is being reflected in every State and Territory. You cannot even imagine the work that is going on in all the States and Territories—Labor and Liberal—trying to get people into regional areas, including allied health staff. We support it.

The Hon. WALT SECORD: You mentioned Dubbo hospital, so I want to take you to Dubbo hospital.

Mr BRAD HAZZARD: Would you mind if I don't go to Dubbo with you, Walt?

The Hon. WALT SECORD: This is a very serious issue, Minister. You can make light of it but it is very serious.

Mr BRAD HAZZARD: Well, it has not got serious yet. But if it is a serious issue, I will treat it seriously.

The Hon. WALT SECORD: There are thousands of test results that have never been followed up at Dubbo hospital.

Mr BRAD HAZZARD: Where do you make that assertion from? And what tests?

The Hon. WALT SECORD: In *The Sydney Morning Herald*.

Mr BRAD HAZZARD: Oh, well, that must be right.

The Hon. WALT SECORD: You are attacking *The Sydney Morning Herald*?

Mr BRAD HAZZARD: I am just observing that what is put in the media does not necessarily have substance, but anyway.

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The Hon. WALT SECORD: What about the people who have come forward, individuals—

Mr BRAD HAZZARD: Who was the journalist, just out of interest, because then I will know if there was substance.

The Hon. WALT SECORD: No, I am not going to play that game.

Mr BRAD HAZZARD: He doesn't know.

The Hon. WALT SECORD: Prescriptions of wrong medications, missing broken bones—what is happening at Dubbo hospital? There has been widespread petitions in Dubbo, led by the mayor. I know that there is widespread community concern—

Mr BRAD HAZZARD: Is he Labor by any chance?

The Hon. WALT SECORD: He is a Liberal.

The Hon. COURTNEY HOUSSOS: A strong advocate for his community, though.

The Hon. WALT SECORD: He is standing up for Dubbo. Ms Pearce was going to respond.

Mr BRAD HAZZARD: I think she is enthusiastically wanting to respond. But a lot of money is being spent on Dubbo and it has attracted a lot more doctors into that area that would not have been attracted to that area.

The Hon. WALT SECORD: Enlighten me on Dubbo.

Mr BRAD HAZZARD: There is new capacity through new chemo chairs, new renal dialysis, a new emergency department—so everything that we can do to attract doctors, we are doing. But I will ask Susan Pearce, our deputy secretary, to share her knowledge about such matters.

Ms PEARCE: Mr Secord, talking more broadly than Dubbo, in respect of the health workforce in regional and new rural New South Wales there have been, despite the challenges that are presented, quite significant increases in the rural workforce between 2012 and 2020. For example, in those years the medical workforce in regional and rural areas increased by 1,483 full-time equivalent medical staff. The nursing and midwifery workforce had increased by 3,315 full-time equivalents. Also the allied health staff had increased by over 1,100 full-time equivalents. So it is a challenging issue for States and Territories and, in fact, internationally, but there has been a great effort to increase the clinical workforce in rural and regional New South Wales over those years.

The Hon. WALT SECORD: But what is happening at Dubbo Base Hospital? Why has Dubbo Base Hospital become a lightning rod for community concern up there?

Mr BRAD HAZZARD: I do not think that is right. I am very familiar with the fact that individual people, including individual politicians, can make much of one small component of a broader picture. But if you wish to give me the evidence of such matters I will follow-up on that. And I don't mean the Herald. I like the Herald, but I do not intend to rely on the advice of what is in the Herald.

The Hon. WALT SECORD: Minister, you mentioned the increase in cancer treatment chairs. What has been the response by NSW Health to the chemotherapy underdosing inquiry and the Grygiel affair? What has happened since that came to light? There has been very little discussion on the response to the recommendations of the inquiry into it.

Mr BRAD HAZZARD: Obviously, that particular practitioner which you and I have talked about a number of times in these wonderful forums has been appropriately dealt with, and all of the recommendations have been, as far as I am aware, adopted. Is that right, Ms Koff?

Ms KOFF: Yes, that is correct.

The Hon. WALT SECORD: And in particular into Central West New South Wales—Dubbo, Wellington, Orange. Orange was a particular area of concern.

Mr BRAD HAZZARD: As I said, they have been adopted.

The Hon. COURTNEY HOUSSOS: Minister, I wanted to come to the issue of junior doctors.

Mr BRAD HAZZARD: Which issue?

The Hon. COURTNEY HOUSSOS: I am about to explain, Minister. You might be aware that junior doctors are often on contracts for one year in duration with various different public hospitals and may move around during the course of their employment or training.

Mr BRAD HAZZARD: And?

The Hon. COURTNEY HOUSSOS: And this means that their access to specific types of leave, in particular maternity leave, can be limited.

Mr BRAD HAZZARD: I have held a number of forums since I became the Minister, and one of the first things that I did was to start working with junior doctors. There was a very sad case of a particular doctor who suicided, and it was reported in a medical journal in my first few months. As a result, I held a number of forums with junior doctors, even including dragging I think 14 of the 15 colleges, who I do not have any authority over. They are obviously professional bodies and regulated by the Federal Government, but they were kind enough to come along to the meeting. A rather large number of issues were raised, not just in relation to the colleges and their treatment from the colleges but also in regard to working conditions in State hospitals not just here but again in each State and Territory. Much has come out of those forums. I do not think it is anywhere near where it needs to be yet, but as the secretary was saying earlier, systems take a while to change. There are limits on working periods now, such that they have a reasonable gap between their—well, I would prefer it to be a bigger gap, but still, at the moment, that is what NSW Health believes is reasonable in terms of gaps between their working periods.

When you talk about the junior doctors, junior doctors would include interns who are obviously in their first year. It would also include residents who are not yet in a training program. It would also include registrars who have been lucky enough to get themselves into a training program, and it may also be people who are in the twilight zone between the resident and registrar and struggling to get to be—wanting to be but are not accepted into one of the college training programs. I am very aware—and NSW Health is now very aware, obviously—of the challenges that presents. In particular, some junior doctors are in more vulnerable positions, particularly those between the resident and registrar training program issues. But generally doctors should be getting all of the entitlements that they are entitled to. If there is some issue that maternity—that one has never been raised with me at any of those forums. If something is happening and they are not getting their maternity entitlements, give me the examples—not here, please, because it should be private, I think, to reflect the privacy of the doctors who have obviously spoken to you—and I will follow that up with NSW Health.

The Hon. COURTNEY HOUSSOS: Minister, this is an issue that often occurred in long-term contracts. Teachers who were granted a year-long contract that is renewed every year, it means that they do not have access to maternity leave. So this is a similar situation for junior doctors. Junior doctors are also only entitled to one week of paid paternity leave.

Mr BRAD HAZZARD: Obviously these are matters that were being negotiated through the industrial provisions, but let me have a look at it. I am not giving any guarantees on it, but give me some details. This is the first time anybody has raised it with me.

The Hon. COURTNEY HOUSSOS: In this day and age, one week of paid paternity leave is very, very low.

Mr BRAD HAZZARD: I am sympathetic but I am not guaranteeing that I would do anything. But I will ask the question because that is my role and I will form a view, but not just through three minutes in a parliamentary estimates committee. That is the sort of stuff that if you are really serious about it you should have come and talked to me about it. I accept that you are, but this is the wrong forum for that. Come and talk to me and I will work through it—or get Ryan to come and do it; make him do it.

The Hon. WALT SECORD: Minister, in November 20 obstetricians threatened to resign at Blacktown Hospital because of safety concerns. What has happened since then? Has Blacktown Hospital got additional staff?

Mr BRAD HAZZARD: Yes, they have, but—I will put it in the affirmative rather than the negative—I think the doctors' concerns were valid. It was not brought to my attention until they actually made that public statement. They withdrew that opposition, I think, a matter of about six or eight weeks later, because when I heard about it, obviously I raised the issue with all of the senior health ministry people and also the local western executive.

The Hon. WALT SECORD: Did they get additional staff?

Mr BRAD HAZZARD: Yes, they did, but what I am telling you is that they got—

The Hon. WALT SECORD: How many did they get?

Mr BRAD HAZZARD: Hang on. The problem was that Westmead is a bit like the mothership for Blacktown—

Mr DAVID SHOEBRIDGE: I did not know you were a sci-fi fan.

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The Hon. WALT SECORD: This is my time, David.

Mr BRAD HAZZARD: You are in and out. This is like a round robin here today. This is very exciting.

The Hon. WALT SECORD: I want to know about Blacktown Hospital, Minister.

Mr BRAD HAZZARD: Seriously, Blacktown Hospital had an increase of births over a number of years by about 500 and they were allocated out of the mothership, Westmead, essentially saying, "You will do more", but they did not necessarily back in the staffing arrangements. So I directed the ministry to work with the local health district to ensure there were additional staff put into place. I know, last time I heard, they had employed a number of other doctors. They have actually, very importantly, employed a new obstetrician/gynaecologist who works in both areas—that is, obs and gynae—and is now the head of the department there at Blacktown, and they have employed additional midwives as well. I think they advertised for 15 and a few weeks ago they had employed eight and they thought they were close to employing the other seven. So there is a lot of work being done and, as you would expect, it is progressing. Is it perfect? Probably not, but it is getting there.

The Hon. WALT SECORD: But, Minister, the slowness of Rouse Hill hospital getting built is putting pressure on Blacktown Hospital. Would you acknowledge that?

Mr BRAD HAZZARD: No, it is not.

The Hon. WALT SECORD: You would not acknowledge that?

Mr BRAD HAZZARD: No.

The Hon. WALT SECORD: You would not acknowledge that the population growth—

Mr BRAD HAZZARD: No, I am saying it is not a slowness. It involves a number of propositions which I do not agree with. You would be surprised that I do not always agree—in fact, I usually do not—with your propositions, but in this case it is multiple propositions I do not agree with.

The CHAIR: Mr David Shoebridge?

Mr DAVID SHOEBRIDGE: Minister, I know you were asked some questions earlier by Ms Cate Faehrmann about this coming Saturday's protest, the Mardi Gras protest, but I sent you some correspondence on, I think, 23 February. I have got a copy here which I can provide.

Mr BRAD HAZZARD: I think I saw that because I remember reading something or seeing something about you requesting increases from the 500 to 3,000.

Mr DAVID SHOEBRIDGE: I think many of us would acknowledge that getting it right about protests, so that we do not have unnecessary policing and potentially tensions between protesters and policing, getting the public health regime right is important. I think we agree on that, Minister.

Mr BRAD HAZZARD: I agree totally.

Mr DAVID SHOEBRIDGE: At the end of last year when there was the recurrence of community transmission, I assume you sought the advice from Health and from Kerry Chant and you reduced the numbers from 3,000 to 500 for protests.

Mr BRAD HAZZARD: Yes.

Mr DAVID SHOEBRIDGE: That was in the context of the community transmission at the end of last year.

Mr BRAD HAZZARD: Avalon, yes.

Mr DAVID SHOEBRIDGE: It is now—and correct me if I am wrong—45 days where we have not had any community transmission.

Mr BRAD HAZZARD: I think it is about 45 days.

Mr DAVID SHOEBRIDGE: Which I commend NSW Health for.

Mr BRAD HAZZARD: Thank you.

Mr DAVID SHOEBRIDGE: But now it is 45 days without community transmission and we have had a couple of very large events in that time. Some 25,295 attended the Sydney Cricket Ground [SCG] on 6 February and there was no community transmission; there were at least 6,000 people who attended the protest on 26 January and no community transmission. What steps are you taking to review that cap?

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Mr BRAD HAZZARD: As I explained a little earlier, so I will just repeat it, obviously everything that has been done and is currently being done is in concert with the Chief Health Officer and her team. Cate, I think, adequately explained her view and yours, no doubt, or similar, that you can draw comparisons—there are more people at a football stadium, there are more people here, there are more people there. The differences, of course, that Dr Chant and her team look at include aspects like what is the opportunity for intermingling. If you are seated in an outdoor environment, what are the risks? Some of those very logical underpinning assumptions are why we are actually able to have what is a very large group of people coming into the SCG on Saturday for the Mardi Gras.

So those issues are addressed and are considered by Dr Chant, the public health team, the epidemiologists. People can pick holes in it, but at the end of the day she gives her best advice and generally we accept it. We generally accept that advice, we work with her, we challenge those issues—as a government would—but if we accept it, then we accept it. Having said that, I also share the concerns about whether or not we are at the point where we could push further. But the question Cate asked me and you are asking me currently goes to an action that is currently in the Supreme Court by a protest group, as I understand it, a separate group. I said to Cate that the organisers of the Gay and Lesbian Mardi Gras have done an incredible job, fantastic—they work with Health really well to get as best a safe environment as we could possibly get in a COVID pandemic.

The other issue is obviously we have a separate group, as I understand it, who are not necessarily involved with that group who put together the SCG function, and they have a different view. At the moment Dr Chant has not given us the advice to change the 500; she thinks that is still appropriate because of the possibility of intermingling and the possibility that if we did get a breakout we would have a problem. That is not to say that it will not change in the next few weeks, but it is not going to change between now and Saturday. Add to that, you are a lawyer, you understand the relevance of a matter that is before the Supreme Court, and I am very aware of that, both as a lawyer and as a former Attorney General, and I do not intend to say anything that would act to prejudice or to influence anything to do with that court hearing.

Mr DAVID SHOEBRIDGE: Minister, I am not going to ask you about the specifics of the upcoming Mardi Gras march. You probably know my view: it would be appropriate to lift it before that. But I accept your position that you are not going to comment on a matter which is before the Supreme Court and I am not going to argue with you on that.

Mr BRAD HAZZARD: Okay, thank you.

Mr DAVID SHOEBRIDGE: When did you last seek advice from Kerry Chant about the cap on protests?

Mr BRAD HAZZARD: Because the matter is before the Supreme Court, I do not intend to answer that question. I will say this: I talk to Kerry Chant multiple times a day, so you can draw your own conclusions from that. But the matter is before the court, she may be called as a witness and I do not intend to make any comment in this forum. It is a wonderful forum, but it is not my opportunity when there is a Supreme Court matter on. I will not discuss it.

Mr DAVID SHOEBRIDGE: Alright. Will you advise the Committee if you have received—

Mr BRAD HAZZARD: David, I am not trying to be difficult.

Mr DAVID SHOEBRIDGE: Minister, I am not challenging the nature of the answers but I have some questions to put to you and you can answer them as you see fit.

Mr BRAD HAZZARD: As best I think appropriate.

Mr DAVID SHOEBRIDGE: Minister, have you received written advice this year from the Chief Medical Officer about the cap on protests?

Mr BRAD HAZZARD: I honestly cannot remember whether I have received written advice, but as I said we talk multiple times a day. Normally she would be here, but she cannot for reasons which—

Mr DAVID SHOEBRIDGE: She is busy; I get it. But Minister, do you accept that there is little if any evidence of outdoor protests being significant causes for transmission of COVID-19 either in Australia or globally?

Mr BRAD HAZZARD: I will not talk about outdoor protests. What I will talk about is that generally outdoors is a safer environment. That is well accepted; we all accept the fact that it is safer outside. Sitting in here is not so safe, so I would rather not be here for a whole day and I would rather not have my staff here for a whole day. But I am. It is safer outside, yes. The safest is if you are outside, seated and wearing a mask—but if not wearing a mask then at least seated. Some exceptions have been made to that to try to drive forward and keep the

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balance for life, but risks come with that and it is a matter of weighing up the risks. I am sure that whichever esteemed Supreme Court justice hears the appropriate evidence from the experts, rather than a humble politician—okay, a politician—will be able to make the necessary decisions.

Mr DAVID SHOEBRIDGE: But one of the real risks we face this weekend is that, if police vigorously enforce the 500-person cap, we will see a return to the police violence at Mardi Gras that we had hoped was decades behind us. That is one of the real concerns and that is why I was asking.

Mr BRAD HAZZARD: I said to Cate before, David, that I think it has been a really difficult time for everybody in the community. Young police officers have been put out the front day after day for 14 months to try to balance the way they enforce health orders, which are really designed to give guidance and direction but with some capacity to enforce. In my life, I have not always agreed with everything the police do but I have to say that I think the police have been extraordinary in their balanced approach. I remember the last Black Lives Matter demonstration only a few weeks ago. You would appreciate my position and I am very supportive of a lot of those issues. But the police actually negotiated on the ground on the day and acknowledged and made it work with the groups of 500, even though I think they had about 2,500 or 3,000 people. I think the law is being followed and it will be practically dealt with. I am not sure that you spending your energy with me is a productive exercise.

Mr DAVID SHOEBRIDGE: It would be productive if we had the cap lift. That would resolve many of those concerns, Minister.

Mr BRAD HAZZARD: It will not happen today, David.

Mr DAVID SHOEBRIDGE: Minister, is there someone from NSW Health who can come and sit down with the police and the protesters to help talk about those kinds of practical arrangements—breaking up into groups of 500 and social distancing? Is there an officer from NSW Health who can be made available to facilitate those kinds of practical arrangements?

Mr BRAD HAZZARD: Generally what has happened with all of those issues is that every single application is discussed with the Chief Health Officer's public health team and they have fallen over themselves to talk through those issues. I do not think this particular group has approached the public health team at all. That was the advice I got yesterday. The Mardi Gras organising committee have been excellent, as I said to Cate a little earlier. But this particular group, which is obviously a different group—I do not understand enough about it to know, but I do know that the advice I had in passing was that they had not actually approached anybody. If you want to give me the phone number of those people, I am happy to get some Health people to talk to them but there may be some limits.

Mr DAVID SHOEBRIDGE: I think that would be useful to progress offline.

Mr BRAD HAZZARD: I just do not know at the moment, on the basis that they are now in court. I am not sure because I think the police brought that application.

Mr DAVID SHOEBRIDGE: It is always brought by the police, yes.

Mr BRAD HAZZARD: Okay. I am not sure whether that is appropriate now. I agree with you that common sense says that should have happened earlier, but unfortunately it did not and the group may not have been appropriately advised. Did you advise them, David?

Mr DAVID SHOEBRIDGE: I have not been advising them but I have been in contact with them and I know that they have been trying to resolve it with police, which is the obvious front line. They have been trying to do the right thing.

Mr BRAD HAZZARD: I am only interested in it being resolved. I am not trying to be difficult. If you give me the number later on—or I will have a chat with you. Unfortunately I will be engaged here from 2.00 p.m. until 5.00 p.m., as I understand it, for some more insightful questions. But later on this afternoon I will talk to you.

Mr DAVID SHOEBRIDGE: Okay, that would be good. I will endeavour to get as much information as possible to help facilitate that.

Mr BRAD HAZZARD: Okay, cool.

Mr DAVID SHOEBRIDGE: Minister, the paramedics have been concerned about the number of long round trips they are doing, particularly in regional New South Wales, because of the—

Mr BRAD HAZZARD: "The paramedics" are concerned. Which are "the paramedics"?

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Mr DAVID SHOEBRIDGE: The Australian Paramedics Association [APA], who represent hundreds and hundreds of paramedics, are concerned about the long round trips that they are taking with patients because of the lack of declared mental health facilities in regional New South Wales. Has this issue come across your desk?

Mr BRAD HAZZARD: I am aware that in regional areas there are some real challenges around a number of services, as Mr Secord and Courtney were talking about a little earlier. It can be round trips if they do not happen to have an MRI or a CT scanner, but it can also be as you say. But what is your particular suggestion for me as to how to do it? Can I also say that we have a separate mental health Minister who is before estimates, so if at all possible I would prefer that these questions be directed to her. But I am happy to take it if it will help you.

Mr DAVID SHOEBRIDGE: I think the determination is made by you about declared mental health facilities, but I could be wrong. The request is for additional hospitals, particularly in regional New South Wales, to be declared mental health facilities and to have an adequate baseline of services there so that patients and paramedics are not doing six-hour round trips. That is the request.

Mr BRAD HAZZARD: First of all, I appreciate the challenges around paramedics whether that comes from the APA or the Health Services Union [HSU] in terms of the members. I know that the APA represents some people and I think the HSU represents even more paramedics. I have those discussions regularly about these issues and I am very concerned about the time, because it effectively takes them off their job. They are out on the road and are not able to do the broader job that they can do. But I would need to know what areas you are talking about and I would need to take advice from Health. It is not just a matter of saying, "This is a declared premise." If you have a premise, you need to be able to staff it with a full gamut of staff that can do it. As we have been talking about a little earlier, that is a very challenging issue. Send me a letter and give me the details. The APA have not raised it with me. They sit with me but they have not raised it. I am glad they have raised it with you. Please raise it with me in due course.

The Hon. EMMA HURST: There was an article in the ABC yesterday that listed the ingredients for the two different vaccines.

Mr BRAD HAZZARD: Sorry, "in the ABC"? What do you mean by that?

The Hon. EMMA HURST: Sorry, in an ABC article. I am just letting you know where I got that information from, Minister. We talked a lot about how it is really about where we can get the different vaccines, but there are different ingredients in the different vaccines to which some people might have allergies. For example, there is histidine in one of them, which is an allergen to some people. Will people know which vaccine they are taking? Will there be provisions put in place in New South Wales if people do have concerns with one vaccine or the other—allergies, for example?

Mr BRAD HAZZARD: Yes. For example, if you were one of the quarantine workers or hospital workers—when you go into a facility there is a medical history taken, in the same way as when you go to a GP. For most people, when you go in, your doctor will ask you all of the necessary questions to get a medical history and to make sure that if you have any allergies or anything else that you discuss those issues. That happens in our hospital system, hopefully it will happen with the GPs in regard to the non-mRNA vaccine, and those issues are just basic medical responses. It is what they do.

The Hon. EMMA HURST: Thank you, it is good to have that on the record. One of the vaccines is listed as chimpanzee adenovirus vector. I am assuming that is a cell that has already been taken; it is not something that needs to be continually taken. Is that correct, to your understanding?

Mr BRAD HAZZARD: It is the same argument that some people put in regard to foetal cells. There have been, in the past, obviously a range of ethical views about this, as you have with animals, but you do not take out a cell every time from a baboon or something, you actually have a line of cells which are developed from a cell.

The Hon. EMMA HURST: So when we are producing this vaccine in Australia, we do not have chimpanzees currently in Australia for medical research, so there would not be any involved.

Mr BRAD HAZZARD: I cannot say there might not have been a cell or cells taken at some stage, but they are generated effectively in a laboratory.

The Hon. EMMA HURST: Yes, so in Australia that will not happen because we have already brought vaccines in.

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Mr BRAD HAZZARD: I cannot actually guarantee that because I do not know the answer to that, but it is not happening for our friendly baboon and his two mates that bolted out of—I have forgotten, which hospital?

The Hon. EMMA HURST: Royal Prince Alfred Hospital.

Mr BRAD HAZZARD: Yes.

Ms PEARCE: Can I add that, with respect to the issue you raised in the first question, we have a booking system that we are using for all of those people that are coming through our hospital clinics and as part of that we are screening them for any issues of concern with allergies and the like. That is another safeguard we have put in place prior to them actually attending the clinic.

Ms CATE FAEHRMANN: Minister, I want to talk about safe drug use coming into the Mardi Gras weekend. I have asked you questions before at estimates in relation to pill testing.

Mr BRAD HAZZARD: I remember.

Ms CATE FAEHRMANN: We are not going to be having music festivals and dance parties this weekend but there will no doubt still be quite a bit of drug use going on in Sydney, as there is every single weekend. What is your department doing to inform people about ways to remain as safe as possible to ensure that harm is reduced as much as possible this weekend, also recognising that there have been instances of drugs that have been contaminated with deadly substances used in the wrong way, such as Fentanyl? Is there a safer drug use campaign going on and being increased in the lead-up to this weekend? I understand DanceWise is doing it.

Mr BRAD HAZZARD: I think I have said to you before—

Ms CATE FAEHRMANN: Yes, but that does not work, Minister. I know exactly what you are about to say and it does not work.

Mr BRAD HAZZARD: Can you tell me what I am about to say, so I know what I am about to say?

Ms CATE FAEHRMANN: "Just say no; don't take the pills, kids." That does not work, Minister, because as you have seen during COVID-19 in fact some drug use has risen because people will continue to take drugs. So let's make sure that they take them safely and that they do not die from them. What is your department doing to ensure that that does not happen this weekend?

Mr BRAD HAZZARD: In all seriousness, I think the best message is the one you just gave: Don't take it." Cate Faehrmann has said it, so it is out there for all of the public. Cate Faehrmann has said, "Don't take it."

Ms CATE FAEHRMANN: To be very clear, I was paraphrasing the Minister. Then I asked what are you doing to ensure that people stay safe and do not die, because they will—one in two, Minister.

Mr BRAD HAZZARD: I get that. Cate, it is almost 12.30, so let us get out of here for a little while. Can I just say this: NSW Health obviously understands your Government's position—

Ms CATE FAEHRMANN: One day.

Mr BRAD HAZZARD: Or not your Government, but the Labor Government and the Liberal Government, and obviously supports the Government perspective—Labor or Liberal—that you should not take drugs. They also have a degree of practical health realism about some of the issues you are taking, and they also therefore make sure that, in case people do not listen to the message—

Ms CATE FAEHRMANN: Not just me, also the special commission of inquiry into—

Mr BRAD HAZZARD: In case they do not listen to the message, there is a whole series of public messages that are done by Health in all circumstances. I cannot answer right now, but I can get it for you. It might be a little bit difficult because I do not know whether—

Ms CATE FAEHRMANN: If we could come back after lunch then and get some more information.

Mr BRAD HAZZARD: What I was going to say is that the public health team might be able to give you some more information.

Ms CATE FAEHRMANN: It is really important.

Mr BRAD HAZZARD: Yes, but just understand that they do this all the time. It is a matter of normal business for them. They do it all the time, and it would not matter whether it was the Mardi Gras or a dance festival or anything else, we have Health staff there, they have the warnings going out, they do it through social media and through every possible way. I was criticised by somebody or other—not The Greens obviously—when I challenged a group. I have forgotten the group, but they were wearing purple T-shirts and I wondered, maybe

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three years ago, whether it was appropriate to have a particular group employed by Health to come in and talk to young people about taking drugs safely.

Ms CATE FAEHRMANN: DanceWize, I believe.

Mr BRAD HAZZARD: That is it, thank you. I must say I was reluctant about that but I also, when I listened to it, understood that there were reasons to do it. So all those things are being done. Seriously, they are all being done. Anyway, I have enjoyed this. Can we now go and have lunch, please?

The CHAIR: You may.

Mr BRAD HAZZARD: I shall return at 2.00 p.m. for more fun.

The Hon. WALT SECORD: Are you coming back?

Mr BRAD HAZZARD: I look forward to it.

The CHAIR: The afternoon session will run from 2.00 p.m. to 5.00 p.m.

(Luncheon adjournment)

The CHAIR: Thank you, Minister, and everyone returning. We will press on for as long as we are able to do so. I am not sure about the configuration or who from the crossbench will come down over the course of the afternoon, but they all know what the time is.

Mr BRAD HAZZARD: Can I just say that if one of them does come down from The Greens, the secretary has indicated that she has a more comprehensive answer about the questions about the education campaign for the use of drugs at the Mardi Gras. So perhaps if they do come—

The CHAIR: Indeed.

Mr BRAD HAZZARD: —I will get her to address that.

The Hon. WALT SECORD: Can we be mindful that it should occur in crossbench time?

The CHAIR: Yes, sure. Thank you once again, everyone, for reassembling after lunch. It is just gone 2.00 p.m. so we will commence the afternoon session. We will commence with the Opposition.

The Hon. WALT SECORD: Minister, thanks for coming back this afternoon.

Mr BRAD HAZZARD: It is my great privilege.

The Hon. WALT SECORD: It is unexpected but welcome.

Mr BRAD HAZZARD: Thank you.

The Hon. WALT SECORD: You are always a man who breaks precedent.

Mr BRAD HAZZARD: No, I think this is appropriate.

The Hon. WES FANG: He sets precedent!

The Hon. WALT SECORD: Okay, he sets precedent. Sorry.

The Hon. COURTNEY HOUSSOS: Sets, breaks—same thing.

Mr BRAD HAZZARD: Is that a good thing or a bad thing?

The Hon. WALT SECORD: It is good. This morning we touched on COVID. This morning there were public comments by the Premier where she said, "There needs to be a radical shake-up in how the coronavirus pandemic is managed." The Premier would not have made a comment like that—talking about changing how the New South Wales Government would approach the virus—without consulting you. Is that correct?

Mr BRAD HAZZARD: The Premier is the Premier. She can make any comments at any time without consulting with me.

The Hon. WALT SECORD: Did she consult with you on this radical shake-up of responding to the COVID virus?

Mr BRAD HAZZARD: Did she elaborate on what it was? You have obviously paid a lot more attention. I have been a little busy in here. I do not actually know what she said.

The Hon. WALT SECORD: It was on page one of *The Australian* this morning.

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Mr BRAD HAZZARD: It must be right. Tell me what she said.

The Hon. WALT SECORD: She said, "There needs to be a radical shake-up in how the coronavirus pandemic is managed," and she "will raise with National Cabinet the possibility of stopping daily infection rate updates." I figure that she would have consulted with you on that. Can you elaborate on what your plan is to change that?

Mr BRAD HAZZARD: Did she have anything more to say in the paper?

The Hon. WALT SECORD: It says, "A substantive paradigm shift like this would—"

Mr BRAD HAZZARD: I do remember a famous Labor MP once saying they agreed with whatever the Prime Minister said or whatever the Premier said.

The Hon. WALT SECORD: No, Brad, but this is—

Mr BRAD HAZZARD: So I agree with whatever she said.

The Hon. WALT SECORD: Minister, this is serious. I am curious, if you are changing the way the community is informed on the daily infection rate updates, what is the basis of that and why are you deciding to get rid of the daily updates?

Mr BRAD HAZZARD: I think what she is actually just addressing—it has been a common discussion. I mean, if *The Australian* thought it was worth the front page, that is excellent. But really what she is saying is that as we progress in management of the virus—I will put it another way. I withdraw that. I am not going to impute words to the Premier. My interpretation—

The Hon. WALT SECORD: No, Brad. To assist you—

Mr BRAD HAZZARD: —of what we would need to do at some point, as a result of the excellent consultation from the Chief Health Officer, who is not here—but my view is, certainly, that just simply reporting the number of cases each day as you progress and as it becomes quite a normal virus to have circulating—the same way as you had SARS, MERS and so on, and the flu—becomes a bit redundant as we progress. Not right now, but progressively it will become more redundant and less efficacious, to use another term, to actually highlight those sorts of issues. It is a matter of management.

The Hon. WALT SECORD: I do acknowledge that we have now gone 45 days with zero locally acquired cases or infections. Could the Health officials elaborate on when we would go away with or dispense with the daily updates? Do they have advice or do they—

Mr BRAD HAZZARD: I mean, I will not stop either one of them, or any of them, from making a comment on it, but there have been no specifics at this point yet because we are not there yet. But as I said, if you think about it, flu—

The Hon. WALT SECORD: But National Cabinet is tomorrow. She is proposing this for National Cabinet tomorrow.

Mr BRAD HAZZARD: Yes, but not necessarily immediately. She is proposing it as a discussion with the Labor and Liberal Ministers and Premiers—

The Hon. WALT SECORD: Yes, I will give you that.

Mr BRAD HAZZARD: Do you want to add anything to that?

Ms KOFF: No. I have just had a look at the article—

Mr BRAD HAZZARD: You have read it?

Ms KOFF: Yes, I did. From the way I am reading and interpreting it, we have always reported case numbers. That has been the metric that we measure. I think with the vaccine rollout et cetera—I would not like to interpret what the Premier is indicating, but from what could be interpreted from that, we should be shifting away from case numbers because, unfortunately, in some jurisdictions the number of cases is causing the border closures, which then stymies economic growth, development, transfers across borders—

Mr BRAD HAZZARD: Labor States.

The Hon. LOU AMATO: True.

Ms KOFF: —and it is a very crude metric. So it seems to be saying, "If we have got the vaccine rolling out, and there potentially still may be cases, but we need to consider how we manage it going forward in a more sensible way."

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Mr BRAD HAZZARD: It really is not of great moment—I mean, it is momentous in the sense that it is actually saying, "At some point you have got to think about how you deal with a virus that is going to circulate forever."

The Hon. WALT SECORD: I understand that.

Mr BRAD HAZZARD: Some people actually think the virus is going to go away. It is not. No virus just completely goes away. It metamorphoses along the way. Sometimes it becomes, as we know, the current variant of concern—that is how the Australian Health Protection Principal Committee has defined the ones out of Brazil and England and various places. But there are also variants that are not of concern. I mean, that is what happens with viruses. As it circulates through the community, once we actually have got everybody across the world with their vaccines, then it is going to have to be a different way of looking at it.

The Hon. WALT SECORD: Thank you, Minister.

The Hon. COURTNEY HOUSSOS: Minister, I wanted to come back—

Mr BRAD HAZZARD: That was my pleasure, Mr Secord, to illuminate that.

The Hon. COURTNEY HOUSSOS: I don't want to interrupt that nice exchange. Minister, I wanted to come back to the issue of palliative care at Westmead Hospital and more generally in western Sydney. I understand there is a 16-bed palliative care ward at Mount Druitt Hospital and a 20-bed ward at Liverpool Hospital. Is that the extent of palliative care beds in western Sydney?

Mr BRAD HAZZARD: I will have to take that on notice, but the ones—we have actually put a lot of money into it. For example—you should go and have a look at some stage—the one at Mount Druitt, which is obviously a smaller hospital, but the facility there is amazing because it has been done in a way that actually allows a homely environment, if you like, a really homely environment. Families can actually stay there with the person who is receiving the palliative care. It is quite incredible. It is worth having a look. As I said earlier this morning, I will get some more information on that for you.

The Hon. COURTNEY HOUSSOS: I understand my colleague—

Mr BRAD HAZZARD: Sorry, I am just being told that, seeing as it is also the public servants' opportunity—I would not want to deny it—Dr Lyons has presented himself with enthusiasm to comment.

The Hon. COURTNEY HOUSSOS: Excellent.

Dr LYONS: Thanks, Minister. Just in relation to palliative care in western Sydney, there is a service that is offered across the community and inpatient facilities. There is access to inpatient beds in Westmead Hospital. It is a combined oncology and palliative care ward. There are around seven designated palliative care beds in that unit.

Mr BRAD HAZZARD: This is at Westmead, is it?

Dr LYONS: At Westmead, yes. But the district offers a palliative care service that goes across Westmead, Auburn and Mount Druitt in terms of inpatient care. But there is a very strong focus also, in addition to the specialist inpatient services, to having community-based care. They have good arrangements with Silver Chain, which is providing those in-home palliative care services. We have actually invested—

The Hon. COURTNEY HOUSSOS: Silver Chain is the one that provides it?

Dr LYONS: Silver Chain is the—

The Hon. COURTNEY HOUSSOS: That is across Westmead, Auburn and—sorry?

Dr LYONS: That is across the Western Sydney LHD. That is all those three hospitals into the community. That is serviced by western—

The Hon. WALT SECORD: Isn't there also a presence in the Campbelltown region?

Dr LYONS: There is. We have got a range of services that are offered across metropolitan and rural areas. The focus of investment in palliative care, in addition to the specialist services, has been to strengthen the community care and particularly to provide support for in-home palliative care. There is a strong desire to ensure that people have options and choice, and there are many people who would like to choose to have palliative care in their own home where that is possible. The investment has been around how that has been supported with strengthening up community-based services and also providing access to 24/7 support to enable that to occur.

The Hon. COURTNEY HOUSSOS: But, Dr Lyons, the seven beds that are available at Westmead are not dedicated palliative care beds, are they? They are in the oncology ward.

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Dr LYONS: It is a combined oncology and palliative care ward. That is right. It is not a designated, separate area.

The Hon. COURTNEY HOUSSOS: Do you track how many patients are missing out?

Dr LYONS: It is not about missing out. I think the important point here is that the arguments around being in a specialist palliative care service are that the care that can be delivered there is not the care that can be delivered elsewhere. In fact, if you are in an inpatient bed in a hospital, there could be a range of different specialties that are providing care into your particular environment, whether that is in a dedicated palliative care ward or in another bed. So we have got examples—

The Hon. COURTNEY HOUSSOS: But, Dr Lyons, I am just going to stop you there. The Minister was telling us about how fantastic the service was at Mount Druitt because it allowed families to stay with the patient in those very difficult final days. The situation at Westmead is very different, isn't it?

Mr BRAD HAZZARD: But it is in the same LHD and, as I said to you earlier, it is a network of services. Not every hospital has to be exactly the same. Again, Courtney, the issue—I referred you this morning to that report from the Grattan Institute and it was actually, I think, called *Dying Well*. It highlights—and the Productivity Commission has highlighted—that 10 per cent of the Australian health budget, not just the New South Wales budget, is actually spent on people at the palliative care stage. Managing how you use the money and also provide the services is an important component of how it has been developed, again, across Australia. And it is networked. I understand that everybody would like everything in every hospital, but it is not always possible. But there is in that LHD what he is saying is the range of services. There is at home, there is together, there is oncology and there is dedicated. So it is all there.

The Hon. COURTNEY HOUSSOS: Minister, I will pose the question to you then: Are you keeping track of the people who want to go to that palliative care unit either at Mount Druitt or the beds at Westmead—

Mr BRAD HAZZARD: What do you mean by keeping track?

The Hon. COURTNEY HOUSSOS: Let me say this, Minister: We are receiving representations that people are missing out, that they do not have access to the service. I am asking you whether—

Mr BRAD HAZZARD: Sorry, which service?

The Hon. COURTNEY HOUSSOS: The palliative care service.

Mr BRAD HAZZARD: You might get some there, but a lot of people obviously do get the service. I do not know what the reasons might be that they did not. It could be for a number of other comorbidity reasons. It could be psychological or psychosocial. It could be a whole lot of reasons. Sometimes what you might receive does not reflect—if and when your party becomes in government again and you start getting all of the complex reports come from—

The Hon. COURTNEY HOUSSOS: Minister—

Mr BRAD HAZZARD: No, let me finish. Andrew Refshauge taught me this. You will then get representations from your department that will give you the full ambit of reasons why sometimes these things do not happen, and they are not as simple as perhaps what you get. I think it is fair to say we have a full complement of services. Is there room to do more? Of course there is. Yvonne McMaster and others—

The Hon. WALT SECORD: Minister, you talk about competing priorities, and I know that, I have worked in government. How many dedicated palliative care nurses are there at Westmead Hospital, Dr Lyons, one of the biggest hospitals in Australia? How many dedicated palliative care—

Mr BRAD HAZZARD: I do not know that you can answer that off the top of your head.

Dr LYONS: I think the specifics around how many palliative care nurses are there will need to be taken on notice.

The Hon. WALT SECORD: I think it is one.

Dr LYONS: I will need to take that on notice.

Mr BRAD HAZZARD: Ask not what you already know. Allow him to send you the answer.

The Hon. WALT SECORD: Sometimes the key to asking a good question is knowing the answer. And the answer is—

Mr BRAD HAZZARD: Fortunately, I will never be in opposition again so it will not matter. I will not have to worry.

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The Hon. COURTNEY HOUSSOS: That might be the revelation of the day. Minister, we are receiving—

Mr BRAD HAZZARD: I was thinking because a Liberal government is going to be in power for another 12 years.

The Hon. COURTNEY HOUSSOS: We are receiving information that palliative care patients are actually shuffled from ward to ward around the hospital instead of being just provided—and that those seven beds are not quarantined just for palliative care. So people are missing out. People are being denied this service. Can you tell me, Dr Lyons, how much face-to-face time does Silver Chain provide each patient at home?

Dr LYONS: I have not got the detail of how much face time is provided by that service. I could not tell you how much face time is provided by community health nursing in western Sydney either because those are not the sorts of things we measure on a routine basis. What we do is we provide the services, and then the clinicians involved in providing the care will make decisions about what is required in conjunction with the patient and their carers and family.

The Hon. COURTNEY HOUSSOS: Are you then able to provide how many patients are receiving the in-home care?

Dr LYONS: I will take that on notice about the detail.

The Hon. COURTNEY HOUSSOS: Are you able to provide us with the numbers of transfers to other hospitals from Westmead to either Mount Druitt or—for palliative care?

Dr LYONS: Specifically palliative care?

The Hon. COURTNEY HOUSSOS: Yes.

Mr BRAD HAZZARD: Over what period?

The Hon. COURTNEY HOUSSOS: Do you track it over financial years or do you track it over—

Mr BRAD HAZZARD: They do not track it. The Productivity Commission on this particular area talked about the fact that it is not money and it is not individual services, it is the range of services that are available to people. You are focusing on an area that would take an enormous amount of time out of the very people that you want to be looking after—that is, the medical staff in those hospitals. They would have to sit down and go through files and work this out. It is just nonsensical. I am sorry. If there is anything—I do not believe it is—that is easy, but I am sure you would not want them to waste the time that they would otherwise be spending looking after palliative care. I do not think it really goes to your issue. What you are really saying is you would like to see more palliative care services. So let us see. We will talk to Western Sydney Local Health District. If it is readily available and they do not have to take nurses and doctors away from doing what they should be doing and looking after patients, I will happily give it to you. If not, I will let you know. Okay?

The Hon. COURTNEY HOUSSOS: So that was a long way of saying you will take it on notice.

Mr BRAD HAZZARD: But I want you to understand it is not something that I would want them all to—

The Hon. COURTNEY HOUSSOS: I appreciate what you are saying, Minister. I am just seeking information.

Mr BRAD HAZZARD: No problem.

The Hon. COURTNEY HOUSSOS: And if you can see how much face-to-face time and how many nurses provide support through Silver Chain—

Mr BRAD HAZZARD: Can I just say, the face-to-face time—

The Hon. COURTNEY HOUSSOS: Sorry, just to be clear, the last 12 months. Whether you track it over the last financial year or the last—

Mr BRAD HAZZARD: The face-to-face time, they get paid—for example, in Broken Hill if you ask for face to face, how unproductive that would be. Broken Hill would have a very good palliative care outreach service. I sat with the nurses and the doctors and people who were receiving the service. Sometimes they have to drive for three and four hours to get there to provide the service and come back.

The Hon. COURTNEY HOUSSOS: To be clear, Minister, I am asking about western Sydney. I am not asking about Broken Hill.

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Mr BRAD HAZZARD: But I am saying—

The Hon. COURTNEY HOUSSOS: I understand your point.

Mr BRAD HAZZARD: —even in western Sydney they can be driving between patients so it is not really helpful, but anyway. We will ask.

The Hon. COURTNEY HOUSSOS: Are you able to tell me what the allocated budget is for palliative care in western Sydney?

Mr BRAD HAZZARD: We can find that out, yes.

The Hon. COURTNEY HOUSSOS: Great. Thank you.

The Hon. WALT SECORD: I think memory serves me right because I follow this quite closely. I think the access to medicinal cannabis or medicinal cannabinoid products became legal in 2016. Afterwards, there were concerns about access and an onerous regime to get access to the cannabinoids. What is the status of the cannabis oil, cannabinoid and access to medicinal cannabis?

Mr BRAD HAZZARD: New South Wales has actually led the country in terms of the use of medicinal cannabis. I think it is fair to say that doctors, traditionally, have been reluctant to use cannabis. They still see it as being not good because they see the psychoactive factor—the THC—in the cannabis as being counterintuitive. But, of course, I think there are 112 cannabinoids in the various species of cannabis and only about 12 of those cannabinoids have actually been analysed to any great degree. Countries like Israel are actually leading with startup companies as well, but not only startups. They have a regulatory regime there where they use cannabis, but they are looking at devices—you probably saw me using my puffer before.

Instead of, say, three grams, you can get down to 0.03 milligrams in some cases, if you deliver it through a different device. That is what we were told from the Israelis. What we have found and what we know now is that there is at least some primary evidence—not completely confirmed—that in some cases it helps some patients, provided it is not the psychoactive factor and it is one of the cannabinoids and it is how it is delivered. There can be oils, there can be puffers, there can be all sorts of things. We are limited here in Australia at the moment in terms of the delivery mechanisms. But what we did in New South Wales was we recognised that the primary problem was that we had the TGA—the Therapeutic Goods Administration, which is the Federal regulatory body—and that each of the States and Territories also had their own regimes.

It meant that patients who might benefit from the use of a cannabinoid—say, a little child with epileptic fits—would be excluded. So what we did was we removed the double handling. It is largely now left to the TGA to do the approvals. There are also a lot of other things going on. I think there were about 60 children at one stage on clinical trials to see what the benefit of the non-psychoactive factor cannabinoids were in their efforts to try and stop them fitting. A lot of work has been done. You will find the numbers have actually gone up quite dramatically in the past two years for doctors becoming more confident about actually prescribing the use of medicinal cannabis. Does anybody else here want to add anything to that?

Ms KOFF: Yes, I can add some issues, Minister. It was in July 2018 that the single online application process was launched by the TGA because previously, as the Minister indicated, there were parallel processes which were quite complicated and caused delays in their approval. Then on September 2019 the Poisons and Therapeutic Goods Amendment (Cannabis Medicines) Regulation came into effect, which streamlined the application process. Due to those refinements then it simplified the process in New South Wales, where authority is required. New South Wales confines itself to the review of the applications and to checking the credentials of the prescribing doctor and patient history, as with any other schedule 8 group. In terms of the increasing numbers, as the Minister mentioned, as at November 2020 NSW Health received 5,680 applications to prescribe a schedule 8 cannabis product, of which 5,572 were received since the streamlining process. So, you can see the reduction in complexity and red tape did significantly enhance the prescription.

Mr BRAD HAZZARD: Another great effort from a conservative Liberal-Nationals Government to free up things that people would say we would not do.

The Hon. WES FANG: Hear, hear!

Ms CATE FAEHRMANN: Thanks, Minister. I just wanted to turn to the Special Commission of Inquiry into the Drug 'Ice' report once again. There were 109 recommendations from that, as you are aware, and I think the Government has committed to some extent to 104 of them, which we might get to a bit later. I just wanted to touch on one of those to begin with—that is, the medically supervised injecting centre recommendation to have more of those centres. Do you agree that the Kings Cross medically supervised injecting centre, which is a Uniting-run injecting centre, has been a success?

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Mr BRAD HAZZARD: Yes.

Ms CATE FAEHRMANN: So why will the Government not agree to more medically supervised injecting centres if that one is a success and in fact has saved a hell of a lot of lives over the last decade or more?

Mr BRAD HAZZARD: The Government's position is clear through our written confirmation that we will not agree to it, and that is the decision of the Government. The Government consists of everybody and collectively the view was that they will not.

Ms CATE FAEHRMANN: It sounds like you are disappointed in that decision.

Mr BRAD HAZZARD: I am delighted to be part of a Liberal-Nationals government where collective decision-making is made in a very socialistic way.

The Hon. WES FANG: Hear, hear!

Ms CATE FAEHRMANN: Do you think that medically supervised injecting centres in, for example, western Sydney, where there have been calls for a medically supervised injecting centre—in fact, I have spoken with people from the drug and alcohol sector who say it is badly needed. For example, one place that has been talked about is Mount Druitt. Do you think that would make a difference to the situation in Mount Druitt?

Mr BRAD HAZZARD: I was here when the original drug summit was here. You were not here then.

Ms CATE FAEHRMANN: No.

Mr BRAD HAZZARD: I am probably one of the few that are left here, I suppose. It was difficult and challenging. Ingrid van Beek was the lady who was the founding person and she was brilliant. In that particular environment in that particular location—which was, of course, the Cross—there were many solid arguments for it. But there was still a variety of views, as there is in most complex and difficult issues, and I think that it has certainly proved itself during the majority—to put it another way: It has proved itself, full stop. During the period of its time, there have been continuing debates about the appropriateness of it in an absolute term, but also in its location. That highlights that you really have to take the community with you on these issues. The Government—and I think the Labor Party as well—believes that another such facility is not appropriate at the moment, but who knows what will happen in the future?

Ms CATE FAEHRMANN: What was the process for those recommendations from the commission? So, 109 recommendations—

Mr BRAD HAZZARD: I cannot comment on that because I was not in the commission.

Ms CATE FAEHRMANN: Sorry. In terms of the Government's response and to which recommendations the Government would move ahead with, was it that the recommendations came to different departments? I am assuming you as Minister had a look at those recommendations, including your department, and had to make comment as to which ones would be agreed to. Did that happen—which ones NSW Health could say, "We can do this?"

Mr BRAD HAZZARD: I will answer the broader question rather than that specific one because you are asking me to disclose matters that are Cabinet-in-confidence, so I will not do that. But more broadly on any inquiry there is a broad seeking of information from a range of government agencies, who often have—frequently, anyway—either very radically different views or at least slightly different views. That is usually such that it has to go to the elected officials. That is usually done in the process. Labor or Liberal, it goes to the Cabinet and the Cabinet makes a collective decision, and then it goes to our party room because all those major decisions go to our party room. There is a debate and a discussion that occurs and eventually a decision is taken.

Ms CATE FAEHRMANN: So you as health Minister, in terms of the medically supervised injecting centre, which I am sure you have visited and—

Mr BRAD HAZZARD: Many times.

Ms CATE FAEHRMANN: Yes, I have visited it as well—you understand how it works and what an excellent model it is. You would be the leader of that. You would be in charge of that in terms of your portfolio, would you not, in terms of pushing for that and advocating for that within government in terms of more injecting centres? Is that your responsibility? It fits within the Health portfolio, is that correct?

Mr BRAD HAZZARD: Cate, I think I have answered the question as best as I can.

Ms CATE FAEHRMANN: But it does fit within the Health portfolio?

Mr BRAD HAZZARD: I have answered the question.

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Ms CATE FAEHRMANN: Okay. Does it fit within somebody else's portfolio?

Mr BRAD HAZZARD: Well, obviously there are a whole lot of issues. There are local government issues. There are policing issues. There are health issues. There are roads issues. There are a lot of things. There are ambulance issues and there are emergency services issues. We have 23 Ministers and they cover the ambit of all sorts of things that would normally reflect a broader community ambit of issues. They all have a say and a collective decision is taken. I am really telling you—I am thinking of "telling grandma how to suck eggs" but that is not what I mean. It is the Cabinet process and if you are asking me to disclose what I, as health Minister, said to the Cabinet, that is not good and I will not.

Ms CATE FAEHRMANN: No. I was just trying to work out if you have advocated for it as health Minister, that is all. That is fine. You have answered—

Mr BRAD HAZZARD: You know me well enough to know probably what I was saying or not saying, but I am not going to go beyond the Cabinet process.

Ms CATE FAEHRMANN: Okay, alright. Thank you, Minister. We will leave it there with that one although there are, as you are well aware, people in the drug and alcohol space thinking how essential it is to save lives in that part of—

Mr BRAD HAZZARD: I understand what you are saying.

Ms CATE FAEHRMANN: Yes. Let us move to—just in relation to nurses and midwives. Last month, I understand it, you announced that 2,500 graduate nurses and midwives will be starting in 130 public hospitals. I understand one quarter of that amount will be in rural and regional areas—that is a good thing. We have got the remote and regional services health inquiry coming up soon, which will be extremely interesting.

Mr BRAD HAZZARD: Are you on that inquiry?

Ms CATE FAEHRMANN: Yes, I am—lots of heart-wrenching submissions about what people are experiencing. Firstly, back to midwives: **How many of those graduates will be midwives? Has that been worked out?**

Mr BRAD HAZZARD: I cannot answer that, but we can find that out for you. Midwives can either follow a separate stream and be trained as midwives or they can be nurses who then do additional training to be midwives, and sometimes they do both. Actually, why don't I ask? We have an expert not only lawyer but nurse.

Ms CATE FAEHRMANN: We have got to allow the public servants to be able to—

Mr BRAD HAZZARD: Say something, yes. Madam Deputy Secretary, would you care to broaden my mind on these issues and let me know what the answer should be?

Ms PEARCE: With respect to your question, Cate, we can get the breakdown for you of the number of midwives who are graduating and entering our workforce. The Minister is quite right; you can either be a direct entry midwife and come straight out of that program as a graduate or you can be a registered nurse who does midwifery. New South Wales has one of the biggest training programs for midwives who wish to enter the workforce in that way and it has been very popular.

Ms CATE FAEHRMANN: Thank you. In terms of the information you are getting on notice, part of that could also be if you know how much you are aiming for any midwife graduates to be placed in regional and rural and remote locations.

Mr BRAD HAZZARD: They are like gold. Can I tell you—what I will say on that, if that is what you are actually asking, is that in this four-year period there are 8,300 new staff being additionally funded, of which 5,000 are actually nurses and midwives—

Ms CATE FAEHRMANN: Do you mean in the forward estimates, when you are saying this—

Mr BRAD HAZZARD: Yes, in the four-year period of this Government. Of that 5,000, 45 per cent are earmarked to go to the bush.

The Hon. WES FANG: Hear, hear!

Mr BRAD HAZZARD: Sorry, I will just double-check that I am not wrong on that. Is that correct?

Ms PEARCE: That is correct.

Ms KOFF: Yes, 45 per cent in regional New South Wales. Well done.

Mr BRAD HAZZARD: I love to hear that—"You're correct, Minister." That is good.

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The Hon. COURTNEY HOUSSOS: How often does that happen?

Ms KOFF: We would have corrected you if you were incorrect.

Mr BRAD HAZZARD: I am sure you would.

Ms KOFF: Not very often.

Mr BRAD HAZZARD: Not very often!

Ms CATE FAEHRMANN: Okay, that is good because some of the submissions that the inquiry has received—as I said, one of them was from the NSW Nurses and Midwives' Association—

The Hon. WES FANG: An impartial group then.

Ms CATE FAEHRMANN: No, fact-based actually. It says that there are 14.8 full-time equivalent midwives per 100,000 population in small and rural towns, compared to 56.4 full-time equivalent, which is—

Mr BRAD HAZZARD: But keep in mind that in some rural—look, some unions are focused more on factual matters. I am not going to reflect on whether this one is focused on factual matters, but I will just say this: You need to look at it in a broader context. So, for example, if you are at Gulgong, there is no maternity service there. If you are in that general vicinity, there is nothing, so it is a bit of an irrelevancy in that sense. If you are in Dubbo, well, how many midwives are there? Because they do do services. In Bourke, they used to, but it stopped years ago, and they now transport—which I do not particularly like, I must say—women off country to Dubbo. The issue is not Bourke, but Dubbo. How many midwives have they got there? That is not really all that informative, but it sounds good for a union the hierarchy of which is anti the Liberal Government.

The Hon. WES FANG: The Liberal-Nationals Government.

Mr BRAD HAZZARD: The Liberal-Nationals Government.

The Hon. WES FANG: Thank you.

The Hon. WALT SECORD: Junior partner.

Mr BRAD HAZZARD: And whilst I like Brett personally, he was in a nurse's uniform handing out Labor brochures very efficiently in the seat of East Hills, I think, for quite a number of days.

Ms CATE FAEHRMANN: Interesting.

The Hon. WALT SECORD: Geez, I think he might be a member of the Labor Party.

Mr BRAD HAZZARD: It is amazing, is it not? Which I respect, as a member of a political party, but nevertheless I am just pointing out that information that may come from that union with his endorsement may or may not have a political component to it.

The Hon. COURTNEY HOUSSOS: Far be it for unions to campaign for the interests of their members.

Mr BRAD HAZZARD: Actually, I am totally supportive of that. In the case of the HSU, they do, and they will back their members 100 per cent without being purely political.

The Hon. COURTNEY HOUSSOS: I also endorse the actions of the HSU. Minister, which dust diseases have been made notifiable by NSW Health?

Mr BRAD HAZZARD: There have been some recent changes to that.

The Hon. COURTNEY HOUSSOS: That is right. I am interested in those.

Mr BRAD HAZZARD: I might ask—who is the best person to talk about that? Anybody here? Anybody out there? I might have to take that on notice, but I think silicosis was one of the ones from memory.

Ms KOFF: Silicosis was the one we—

Mr BRAD HAZZARD: But I will get it on notice for you.

The Hon. COURTNEY HOUSSOS: Okay. If there is any chance we could get it back this afternoon, that would be useful.

Mr BRAD HAZZARD: I do not think we will get it today because the experts are not here for that, but we will get it for you.

The Hon. COURTNEY HOUSSOS: Okay. Also, are you able to tell me if there are any plans to make any other dust diseases notifiable?

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Mr BRAD HAZZARD: Nothing—

The Hon. COURTNEY HOUSSOS: I understand there were some recent additions. I am just interested to know if there are any future plans.

Mr BRAD HAZZARD: Yes, okay.

The Hon. WALT SECORD: Minister, intensive care paramedics: Can you explain to me the difference between an intensive care paramedic and a paramedic?

Mr BRAD HAZZARD: Yes, sure. Paramedics are—no matter what they are, they are incredible people. Paramedics normally undergo a university-based program for about three years. The intensive care paramedics do additional courses. The whole training has varied over the years. That is not to say all of them because there are some paramedics who still come through the old system who are really trained on the job. They are a diminishing number. There used to be, I think, advanced care paramedics, and there are still some of those in the system. But, yes, obviously, they are higher trained, and that is basically it.

The Hon. WALT SECORD: Are there more or is there a higher percentage of intensive care paramedics outside of metropolitan Sydney?

Mr BRAD HAZZARD: I have heard commentary about this but, according to the commissioner, they are appropriately allocated in areas where they are needed. I will have to take that on notice and get the details for you.

The Hon. WALT SECORD: While you are taking it on notice, can you also provide me with a number of intensive care paramedics who are employed in New South Wales statewide as of close of business yesterday?

Mr BRAD HAZZARD: That should not be a problem.

The Hon. WALT SECORD: Does the Government have any plans to increase the number of intensive care paramedics?

Mr BRAD HAZZARD: There are more paramedics constantly being trained. Currently, the budget for NSW Ambulance alone is \$1 billion a year, so there is a massive amount of money going into recurrent and capital in—

The Hon. WALT SECORD: But what about intensive care paramedics?

Ms PEARCE: Part of it. If I can assist, Minister?

Mr BRAD HAZZARD: Yes, that is part of it. The deputy secretary would like to assist.

Ms PEARCE: Mr Secord, as at February the information I have is that there are 338 intensive care paramedics in regional locations and 366 in metropolitan locations.

The Hon. WALT SECORD: Thank you.

Mr BRAD HAZZARD: That saves me having to do it later. Well done.

The Hon. COURTNEY HOUSSOS: Minister, I want to move on to the issue of salary packaging by hospital workers. Are you aware of how much money the New South Wales Government has received in the last two financial years?

Mr BRAD HAZZARD: I think the starting point is that the salary packaging arrangements that are currently in place were put in place by the former Carr Labor Government.

The Hon. COURTNEY HOUSSOS: Yes, I am aware of that, Minister, but I am just interested in—

Mr BRAD HAZZARD: But I just thought you might like to know that I put it out for the Committee just to help and to give them a broader—

The Hon. WES FANG: Thank you, I find it interesting.

Mr BRAD HAZZARD: Having said that, can I also say that one of the great advocates for varying that salary packaging arrangement is, I think, one of the best union leaders in the country, and that is Gerard Hayes.

The Hon. COURTNEY HOUSSOS: I would endorse those comments.

Mr BRAD HAZZARD: I think he leads the fifth biggest union in the country. He has certainly entered discussions with me about whether it is possible to get that varied, but at this stage it is too early for me to comment on that, although personally I am sympathetic to the task because, particularly for some of our lower income workers—for example, cleaners and so on—it would be an excellent outcome if it were achievable. But, of course,

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that has to be looked at, as we have discussed many times today, in the context of budgets, money and so on. We have to look back and understand why the Labor Government put it in place in the first place.

The Hon. COURTNEY HOUSSOS: Yes and, Minister, you would understand, in the context of not being awarded a pay rise this year, that a step like this would be a way that these workers would effectively be given a significant pay rise.

Mr BRAD HAZZARD: I think I just answered in as supportive a way as I can at this point.

The Hon. COURTNEY HOUSSOS: I understand. Can you take on notice how much has been made in the last two financial years?

Mr BRAD HAZZARD: Yes, of course, but the issue is—

The Hon. COURTNEY HOUSSOS: Okay, thanks.

Mr BRAD HAZZARD: —more substantive around what I have just talked about.

The Hon. COURTNEY HOUSSOS: No, I understand. I have been well briefed also by the HSU on this issue. Minister, are you planning on introducing legislation to increase the powers of frontline security officers at the State's hospitals?

Mr BRAD HAZZARD: I am sorry. Can you ask that question again?

The Hon. COURTNEY HOUSSOS: Are you planning on introducing legislation to increase the powers of frontline security workers in our State's hospitals?

Mr BRAD HAZZARD: I am not sure that—look, security staff often find their job to be extremely challenging, particularly in this era of drugs. Not that I would—Anyway, I think that there have been some really challenging incidents for security staff and health staff, and I am certainly having discussions with the HSU, and I have met on a number of occasions with security staff to look at what may be possible to make it easier for security staff to do what we expect them to do. Whether that requires legislative change or regulatory change—it may do, but it is a moot point, and it is under discussion.

The Hon. WALT SECORD: Minister, I would like to take you down to the Illawarra, near Wollongong.

The Hon. WES FANG: He wants to take you to a lot of places.

Mr BRAD HAZZARD: It is quite a walk, is it not? You wanted to take me out somewhere else earlier. Now you want to take me to the Illawarra!

The Hon. COURTNEY HOUSSOS: Dubbo!

The Hon. WALT SECORD: A bit of a stroll. Bulli Hospital, an urgent primary care centre: Are there doctors employed in the Bulli Hospital?

Mr BRAD HAZZARD: I will ask—Ms Koff, have you got any comment on that?

Ms KOFF: It was set up as an aged care centre of excellence, and there was an urgent care centre at Bulli Hospital.

The Hon. WALT SECORD: Okay. How does an urgent primary care centre—what are the parameters? What is the responsibility? How does that differ from an aged care facility and a hospital?

Mr BRAD HAZZARD: No, she was saying that it was set up as that initially—

The Hon. WALT SECORD: Set up, okay.

Mr BRAD HAZZARD: —but now it is more aged care at Bulli.

The Hon. WALT SECORD: Now it is more aged care?

Ms KOFF: But Bulli was—

Mr BRAD HAZZARD: If you want to know the details, ask Ryan or Paul. They both know the answers to these questions.

The Hon. WALT SECORD: No, I want to educate myself.

Mr BRAD HAZZARD: But they are your factional colleagues. They are happy to help.

The Hon. WALT SECORD: Ms Koff?

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Ms KOFF: If I reflect back on the history—

Mr BRAD HAZZARD: He knows all about it.

The Hon. WALT SECORD: Ms Koff?

Ms KOFF: —there was—

The Hon. COURTNEY HOUSSOS: Who do you think briefed us?

Mr BRAD HAZZARD: Huh? He briefed you? Did he?

The Hon. WALT SECORD: Ms Koff?

Mr BRAD HAZZARD: He has already asked me, and I have given him the answers. He knows all about it.

The Hon. WALT SECORD: No, no, no. Ms Koff?

Ms KOFF: There was an investment made to redefine what the role of Bulli Hospital was. Obviously, the concerns of many residents in the area was access to care for urgent injuries there. It was an aged care centre of excellence. Then it was repurposed and an urgent care centre was also positioned at Bulli Hospital. The centre operates from 7.00 a.m. to 10.00 p.m. every day and is staffed by a senior registered nurse and a medical officer. With that urgent care centre, the mechanism of operation is patients are triaged to determine a treatment plan or referral to the appropriate service. That is the way it operates.

The Hon. WALT SECORD: Can I take you back in your answer. You said that it is staffed by—what were the descriptions?

Ms KOFF: A senior registered nurse and a medical officer.

The Hon. WALT SECORD: What is a medical officer? A doctor?

Mr BRAD HAZZARD: A doctor.

Ms KOFF: A doctor, yes.

The Hon. WALT SECORD: So is there a doctor at the Bulli urgent primary care centre now?

Mr BRAD HAZZARD: Today? At this minute? He could be out to lunch.

The Hon. WALT SECORD: Working there in general.

Ms KOFF: I would not know at the moment but the advice from the district said from time to time there are shortages in the availability of doctors at the urgent care centre.

The Hon. WALT SECORD: So from time to time there is not a doctor.

Mr BRAD HAZZARD: If you had a doctor who was sick and that happened urgently then obviously that is the practicality of running a huge hospital system. But is Mr Park indicating that there is not one there today?

The Hon. COURTNEY HOUSSOS: Frequently.

Mr BRAD HAZZARD: Frequently, he has just informed me. I will look into that and see what we can do. He has an excellent relationship with the chair of the board and he can ask that question and express his concerns and I will share his concerns.

The Hon. COURTNEY HOUSSOS: Minister, this is budget estimates and we are saying—

Mr BRAD HAZZARD: The chair of the board and the chief executive will know that both Ryan Park and I share our concerns and hopefully it will be addressed, if possible.

The Hon. WALT SECORD: What about the status of the old Bulli Hospital site?

Mr BRAD HAZZARD: It is being looked at as part of the overall restructure, where we are building again, as Mr Park and Paul Scully are very aware. They have been actively involved, and I thank them for that, in what the Government is trying to do to make sure that there are renewed facilities in the Illawarra and the South Coast for that matter.

The Hon. WALT SECORD: Thank you, Minister.

Mr BRAD HAZZARD: It is a pleasure.

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The Hon. COURTNEY HOUSSOS: Minister, I want to ask you about the new Eurobodalla hospital, which has been promised. Can you confirm exactly when construction will begin?

Mr BRAD HAZZARD: I think they are doing the clinical services planning at the moment. I will ask Rebecca Wark to share with us whatever the current arrangements are, but I can tell you that Health Infrastructure and the chief executive are under very firm instructions to move as quickly as possible but not to cut corners, just to do things as quickly as possible. Ms Wark?

Ms WARK: Thanks, Minister. A preferred site has been announced by the Government and we are in the process of doing that site acquisition with a willing vendor and in the process of planning that hospital for commencement within this term.

The Hon. COURTNEY HOUSSOS: Do you have a date for when the construction will commence?

Ms WARK: We are running through that planning process now.

The Hon. COURTNEY HOUSSOS: Do you have a date for anything more specific than "it will open before 2023"?

Ms WARK: We are running through the master planning now that we have identified the site and then we will continue with the next stage of appointing consultants.

The Hon. COURTNEY HOUSSOS: Do you have a deadline for that next stage?

Ms WARK: It just runs through the normal planning and delivery process.

The Hon. COURTNEY HOUSSOS: So you do not have a next stage. You cannot tell the community that this is when the next step is going to happen?

Mr BRAD HAZZARD: Could I ask the chief executive to explain? I think you have a disadvantage here and that is most of the local MPs who have got health facilities have actually had all these discussions about the processes. Could you just illuminate for the Committee what the normal process is and the rough timings for a hospital of this size, so at least there is some clarity around that?

Ms WARK: Yes, Minister. The clinical services plan is normally done by the local health district and not by Health Infrastructure.

Mr BRAD HAZZARD: It is done by the doctors in the hospital.

The Hon. COURTNEY HOUSSOS: I understand.

Mr BRAD HAZZARD: They work out what they would like to see there, not necessarily what will happen but what they would like to see there.

Ms WARK: Through that we then do a significant consultation about what that will look like as far as the services that are delivered. We identify what an appropriate site would be, whether that is on an existing hospital site or a new site. In the case of Eurobodalla, that has now been identified and announced as on a new site just south of Moruya.

The Hon. COURTNEY HOUSSOS: Great.

Ms WARK: Then we appoint consultants; run through the master planning process; run through, again, a lot of user consultation with both the community and clinicians and users about what that may look like, through the design process and concept design; and then run through all of both the statutory approval processes and internal approval processes.

The Hon. COURTNEY HOUSSOS: While you are there, Ms Wark, can I just ask you—actually, perhaps I should ask the Minister. Just while we are talking about clinical services plans, has one been developed for the Great Lakes hospital yet?

Mr BRAD HAZZARD: I cannot remember but I will take that on notice and check for you. Just to finish that conversation about the hospital at Eurobodalla, that is a \$200 million investment, another one in a regional area. Also, just out of interest, one of the challenges in these things, which sounds simple—a "clinical services plan"—is not simple. A clinical services plan can sometimes take a year or two to actually come up with. I have sat down with doctors in a particular hospital, who would like the Taj Mahal in that particular hospital and it is not practicable. They would like the services that the hospital just up the road is already doing, or they do not necessarily see that there could be other services there because they are already operating in their specialties.

It is a very comprehensive process that involves the clinicians, the community, the ministry and also possibly even looking outside at other clinicians and other community members, who come and say, "We would

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like this service down there as well to complement what is happening over there." So it is not a simple task. That is what I am saying. Rebecca is giving you the basics but it can be quite complex and I am thinking of a number of hospitals close by to each other where I have actually had, in that stage, massive complexity with physicians saying, "I do not think that the hospital should get this." So it is not easy. Nothing is easy in Health.

The Hon. COURTNEY HOUSSOS: Ms Wark, while you are there, could I just ask you for an update on Great Lakes hospital—Forster-Tuncurry Public Hospital?

Mr BRAD HAZZARD: Forster-Tuncurry. They are working through the clinical services plan at the moment.

The Hon. COURTNEY HOUSSOS: Do you have a conclusion date for that?

Mr BRAD HAZZARD: Not off the top of my head.

The Hon. COURTNEY HOUSSOS: They have been working through it for quite some time.

Mr BRAD HAZZARD: As I said, I have just explained to you.

The Hon. COURTNEY HOUSSOS: I understand. I am just asking. Ms Wark, do you have an update on the infrastructure side of the project?

Ms WARK: As described before, the clinical service planning comes first, which will then inform what we need to design and build there. That is also in consultation with the stage two, which has been announced for Manning hospital and as to how the network of Hunter New England will divide services across that part of the district.

The Hon. COURTNEY HOUSSOS: I understand that the two are obviously going to be very linked. Perhaps on notice, can you tell me which land the department actually owns in Forster-Tuncurry?

Ms WARK: Happy to take that on notice.

The Hon. COURTNEY HOUSSOS: I might just move on—just one final question. Minister, you might not be aware of this; you might need to refer this to someone else. Are you able to tell us what advice has been provided to New South Wales education about the mould situation at Wee Waa High School?

Mr BRAD HAZZARD: No, I cannot tell you. I suggest that you ask the education Minister.

The Hon. COURTNEY HOUSSOS: I actually asked the education Minister about this yesterday and Mr Scott, the secretary, said that he was operating on advice from NSW Health, so I was just wanting to see what that advice was.

Ms KOFF: It may have been from the local public health unit because in our default structure that is the local public health unit, but we will find out and take it on notice.

The Hon. COURTNEY HOUSSOS: That would be helpful, thank you.

Ms KOFF: Could I provide feedback on this morning's issue about when the Pfizer vaccine arrived in Australia and when we had the discussions about the dose phials? The Pfizer vaccine landed on 15 February 2021. In a meeting of what is called the Health chief executive officers and chief medical officers around the State on 19 February, a specific agenda item was the position on doses in phials, which goes to the issue of the five or six.

The Hon. COURTNEY HOUSSOS: I understand, thank you very much.

Mr BRAD HAZZARD: And I have just been handed, which I thought was answering the question you were asking, but it is not—it is also answering the question you asked before. Nevertheless, was it you who asked about silicosis?

The Hon. COURTNEY HOUSSOS: Yes, I did.

Mr BRAD HAZZARD: One of my trusty staff has said that following agreement between Health and the regulator, silicosis became a notifiable condition on 1 July 2020 and asbestosis became a notifiable condition on 18 December 2020, both under the Public Health Act. Further, under amendments to the Work Health And Safety Act 2011—which I think Kevin Anderson brought through, from memory—NSW Health will provide information on new notifications and deaths related to silicosis, asbestosis and mesothelioma through SafeWork NSW. That is all on the parliamentary record, anyway.

The Hon. COURTNEY HOUSSOS: Sorry, just to be clear, mesothelioma is a notifiable disease?

Mr BRAD HAZZARD: Oh yes, absolutely.

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The Hon. COURTNEY HOUSSOS: And you do not have the date when that commenced?

Mr BRAD HAZZARD: A long while ago.

The Hon. COURTNEY HOUSSOS: What about asbestos-induced carcinoma?

Mr BRAD HAZZARD: Well, asbestosis—you are talking about a subset of asbestosis. That was discussed in terms of whether or not that was needed but asbestosis was considered to cover that.

The Hon. COURTNEY HOUSSOS: Sorry, asbestosis covers asbestos-induced carcinoma?

Mr BRAD HAZZARD: That was the view that Health took, yes.

The Hon. COURTNEY HOUSSOS: Therefore, it would be—okay. That is very helpful.

The Hon. WALT SECORD: Minister, several years ago there was much attention paid to training accreditation and junior doctors and several hospitals having their accreditation for training of young doctors revoked. What is the status of New South Wales? Are there any hospitals that have lost their training accreditation in the past 12 months?

Mr BRAD HAZZARD: For young doctors?

The Hon. WALT SECORD: Junior doctors.

Mr BRAD HAZZARD: You mean in the sense of a specialist program or what?

The Hon. WALT SECORD: We touched on it this morning.

Mr BRAD HAZZARD: Yes, but I was talking about—no, we did not touch on that aspect. I took you through interns, residents, registrars and senior residents who are not registrars—or who sometimes are called registrars but they are on training programs. I am asking you: to which do you refer?

The Hon. WALT SECORD: I will give you an example. I remember at Northern Beaches Hospital there were issues involving accreditation.

Mr BRAD HAZZARD: I think that was—oh, no that did involve accreditation, you are right. Does anybody know the answer to that? Phil? Come on up, Phil.

The CHAIR: For the record, that is Mr Minns.

Mr MINNS: For the benefit of the Committee, medical colleges do the accrediting process for medical disciplines at different health facilities where they are accredited to or where they are judged to provide that service. The Health Education and Training Institute does the accreditation for our year one and year two doctors in training before they move to specialisation. We currently only have seven specialty units out of several hundred across the State where the respective college has withdrawn accreditation. Some of them did not happen in the past 12 months, they happened some period before—perhaps up to three years. They have been working on responses to see if they can organise the arrangements to continue training accreditation. That has been affected somewhat by COVID because accreditation visits have pretty much been cancelled. Anyone that had an accreditation expiring has had it extended for 12 months. I think the important thing to raise about college accreditation of training at facilities is that it does not mean that the service stops. If they still have a medical workforce who can deliver the service, that continues. It is just that they are not seen as viable training institutions by the relevant college at that time.

The Hon. WALT SECORD: In your answer you used the figure seven. What were you referring to when you said that there are seven that have issues—that have lost their accreditation?

Mr MINNS: We currently have seven in the period that—

Mr BRAD HAZZARD: He is saying seven out of the hundreds—

The Hon. WALT SECORD: Yes, but I still want to hear it. So, seven?

Mr MINNS: Just seven only, yes. In terms of any that have occurred in the past year, my information is not laid out in that manner, but I think it is only one in the past 12 months.

The Hon. WALT SECORD: What is that one?

Mr MINNS: That one from my sense is Maitland basic physician training.

Mr BRAD HAZZARD: Can I add to this that if you seek to draw a conclusion, which I think you might, that there is necessarily a—

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The Hon. WES FANG: A correlation?

Mr BRAD HAZZARD: Yes, a correlation or an import or—

Ms HARRISSON: Relationship.

Mr BRAD HAZZARD: Yes, or relationship with the withdrawal, I am not sure that you can do that adequately. In October 2019 I called together—not done before by anybody—all the colleges. They were good enough to come, which was good because they are actually not our domain—they apply for the whole country. Fourteen of the 15 came and it was a revelation to them the inconsistencies that they applied individually to the processes of withdrawing accreditation.

The Hon. WALT SECORD: Surely it is not done lightly?

Mr BRAD HAZZARD: I think that you could summarise by saying that some were done with less appropriate or not appropriate consideration of natural justice—and whether you want to call that fairness or not—but it was quite clear that some of them operated at a level where they took a particular decision that may or may not have been appropriate. Because it does impact on the young doctors themselves in the sense that suddenly they are in a program and they withdraw. So I had hoped to have a second round table. They all agreed that we could so we had some discussions last year but because of COVID that all came to a stop. But it was actually a very insightful—it was almost a day, was it not?

Ms HARRISSON: It was.

Mr BRAD HAZZARD: It was a full day. It is quite concerning. Obviously from time to time there are issues that can range from a lack of appropriate professional oversight. They can be bullying, harassment—they can be all the sorts of things you find in any workplace. But my view, as the health Minister now in this State, the biggest State in the country, for four years, is that there should be a uniformity of process of those colleges. What they should be seeking to do as an absolute priority is to assist, effectively, their own specialists. Remember, this is say a college of surgeons telling a group of their own members that they are not up to the task of training.

So why would they not, even on a basic basis, say, "We will work with you to get your whatever the issues are up to speed"? That does not necessarily always occur. Some are better than others. There needs to be, in my view, a consistency of process. That comes to me as a lawyer that it is a denial of natural justice to the doctors who they reflect on—who are actually managing it—and it is also a denial of the training program for the young doctors. It can have major implications and should not be treated in a way that we do not quite know—a letter arrives today, you have lost your accreditation starting next week or next month or whatever. It should not be that way and sometimes it happens.

The Hon. WALT SECORD: Mr Minns, what was the issue that brought Maitland Hospital into the spear?

Mr MINNS: I can confirm that that is the only one of the seven that occurred in 2020—I had a chance to check that.

Mr BRAD HAZZARD: Can I say, what exercises my mind here, deputy secretary, is—and I cannot remember the particular reasons and I am not saying that he cannot say, but I am just going to say this: In some cases, if it reflects on an individual then he has to exercise caution in what he now says to you.

The Hon. WALT SECORD: Well, we will trust Mr Minns to exercise judgement.

Mr BRAD HAZZARD: Well, the Minister is making sure that he is exercising that because sometimes public servants come here and think this is an all-powerful group that can override everything. Well, no, it cannot. There are still basic rules that still need to be complied with.

The Hon. WALT SECORD: Mr Minns, do you have anything to share with us?

Mr MINNS: As a non-excited public servant I will share with you that the issues were about education and training, the supervision of trainees and the workload of trainees. It meant that we had to transfer seven first-year trainees to other parts of the Hunter New England district, which we did, so that they could continue in basic physician training. But we did not take on any year-one trainees into the discipline in 2021 as a result.

The Hon. WALT SECORD: Thank you.

The CHAIR: I did say that would have a five minute break at 3.00 p.m.

(Short adjournment)

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Ms CATE FAEHRMANN: I just wanted to check because I was out for a little bit at the other budget estimates hearing, which the Premier was at. Have you been asked questions about the very upsetting death of Ms Dawn Trevitt? Has that been asked today?

Mr BRAD HAZZARD: We have exercised great caution in questions but, yes, it was done this morning.

Ms CATE FAEHRMANN: You called for a full report into that incident and I just wanted to check where that was up to, firstly.

Mr BRAD HAZZARD: What happened this morning, Cate, was I just expressed sympathy. The lady passed away in a very small MPS about 23 minutes outside Mudgee—Gulgong, I think it was. And I expressed sympathy about the family. I think it was a terrible situation. I did comment that a report is always done in those circumstances for Health, but I would not comment on the personal situation of the medical report in regard to a particular deceased person. That is a matter between Health and the family. But I am happy to answer broader questions that might come out of it.

Ms CATE FAEHRMANN: That's right. I am going broader. I understand that potentially, as a result of that terrible situation where a GP was not at that hospital, the Western NSW Local Health District has just, I think in the last few days, announced Ochre Health as the new provider of medical services in multipurpose services in six communities in the district's north-west—that includes places like Bourke, Brewarrina, Collarenebri, Coonamble, Lightning Ridge and Walgett—from 1 March 2021. Is that correct?

Mr BRAD HAZZARD: I just did not follow what you said then. I heard the date and I heard the towns, but what did you say happened?

Ms CATE FAEHRMANN: Ochre Health has been announced as the new provider of medical services in, like, a multipurpose—

Mr BRAD HAZZARD: I see. Yes, Western NSW put out a tender process because what we are aiming to do, what the Government wanted them to do, is to try and get doctors into those services. Were you here when we were talking about the complexities of getting doctors into those services?

Ms CATE FAEHRMANN: No, I am sorry. I was at the other budget estimates.

Mr BRAD HAZZARD: Okay. We did all that this morning, but it has gone out and they have confirmed that they have entered into a service with Ochre and that they are trying to provide all those additional services. But the problem really remains in all the regional and rural areas that—you said you were on the committee?

Ms CATE FAEHRMANN: Yes.

Mr BRAD HAZZARD: The problem remains, as I was saying this morning, that there has been, I think, about a 20 per cent reduction in GPs in rural and regional Australia—not New South Wales, but Australia—in the last 15 to 20 years for a whole variety of reasons, which, if we wanted to be here—as I said this morning, all morning—all afternoon, I could go through. The New South Wales Government is doing its best to try and get more and more GPs into regional areas but it is challenging. We have got a specialist generalist program for GPs so they can learn some of the expertise that they might need. If you are a GP in a country town and you are quite remote from other areas, you have got a lot of responsibility, and it is not what GPs are generally comfortable with. It takes somebody who has a particular quality to work in a small regional town. Of course, often they are alone, they do not have any backup, no-one to talk to, so there have been specialist programs being done.

Also, as I was explaining this morning, just before the COVID outbreak and also since, there have been two major conferences—one in Dubbo, one in Wagga Wagga—that I attended for the whole day. The Deputy Prime Minister attended the one in Wagga Wagga. The Federal Government and the State Government—the Federal Government is doing this with other State governments as well—are working together to see how we can try to drive programs to get more and more GPs into the regional areas. But in New South Wales, in one regional training program there were 75 back in 2012, just after we came into government, and there are now 150. The problem is you do not lock them in forever. It is impossible. So they might actually get there and then they just cannot do it and might leave. So we have to rely quite often on services like Ochre to provide the doctors. It is not easy.

Ms CATE FAEHRMANN: Yes, I am sure it is not easy. I absolutely acknowledge how difficult it must be. I wanted to explore what seems to be a new funding model. So if you had this kind of private services in that part, so that—

Mr BRAD HAZZARD: Yes. I remember—

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Ms CATE FAEHRMANN: What is going to be the difference then? The question is you have suddenly got this medical service coming in and they are promising on your website, which would be great if it happened, "it is expected that face-to-face doctors under the new contract"—so there is a contract obviously—people in these places I mentioned before "requiring urgent care will be seen face-to-face any time of the day or night by a doctor who is either onsite or who is called in". Beforehand was it a different private health provider doing it before the death of Ms Trevitt?

Mr BRAD HAZZARD: I think it was, but I will ask Phil Minns because he is the head of—

Ms CATE FAEHRMANN: I suppose the question is: What is this company? Have they been offered more money? Is it a money thing that they are able to promise this?

Mr BRAD HAZZARD: Actually, that is an interesting point which I do not know that I really want to answer in too much detail in this Committee but I will happily talk to you privately. But money is a real challenge and sometimes, you can imagine—I will be very careful what I say here so I am not commenting specifically on the area you are talking about in my next comment—but I will say sometimes it is not unique that a doctor in a regional area could actually be charging extraordinary amounts of money to the Government or even to individuals to be there, and that is not really fair. One of the challenges for governments all around the country is to try and work out how you do that but also provide the service without ripping off the taxpayers. But on the topic you are talking about, which is about Western and Ochre, I will ask Mr Minns to talk specifically about that.

Ms CATE FAEHRMANN: Yes, please. Thank you.

Mr MINNS: Yes, the previous contract was delivered by Rural and Remote Medical Services and that was in place until 28 February of this year. The district commenced a tender process in the last quarter of last year and, as you indicated, Ochre was the successful bidder. In evaluating the tender process it was a focus on both value for money—as you always do in a government tender process—but also the spread and range of service provision and the availability of doctors to the six sites.

Ms CATE FAEHRMANN: Did Rural and Remote Medical Services voluntarily forego their contract or did their contract end?

Mr MINNS: The contract came to an end just last week, but I am pretty sure they re-tendered in the process but they were not successful.

Mr BRAD HAZZARD: Is that of particular significance?

Ms CATE FAEHRMANN: I just can see that the Rural and Remote Medical Services' chief executive did say that there is simply no doubt that if New South Wales replaces or disables GPs in local hospitals in rural areas more people will die. Their chief executive, Mark Burdack, was reasonably critical, I suppose, of the situation and I just wondered is there a reason why their consultancy—why they were not renewed?

Mr BRAD HAZZARD: I am going to be careful again what I say, but when people do not win a tender they sometimes make comments.

Ms CATE FAEHRMANN: This was before the tender. This was in November last year.

Mr BRAD HAZZARD: Anyway, I am not going to comment. I am just saying generally.

Ms PEARCE: Nigel has got something on it.

Mr BRAD HAZZARD: Nigel Lyons would like to say something else.

Dr LYONS: Just to add, it is my understanding in the assessment of the responses to the tender process one of the big issues was the extent to which the bidders were able to provide guarantees around face-to-face consultations in the towns and the extent to which they could guarantee having a workforce in those towns primarily. So that was a major factor in the assessment process as to who was successful. It was a real focus on trying to ensure that the towns would have an onsite doctor who could do face-to-face consultations mostly. But there is a combination of both face-to-face and virtual there.

Mr BRAD HAZZARD: Can I say this? GPs often in a rural town, in a little one, are not there to be in the hospital the whole time. I think in some of the little services you might see nobody in there the equivalent of an ED at all, or you might see three, four, five, six, seven people in a day. I think up in—I will not name it, but one up north, the average is 4.5 to seven a day. That is not enough to keep a GP even vaguely interested in a job, let alone there. So they tend to have their own practice and they have to be able to fit in within their own practice to come over to the hospital and preferably have done some generalist rural training as well, and that is a challenge. We do not employ GPs in their GP practice—that is Federal—but there are some deals being done at the moment,

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negotiations and outcomes that are joint Federal-State issues because we recognise there is a crossover in the problem.

Some of the GPs are amazing. We rely on GPs, we love GPs, we want GPs in rural towns, but sometimes human nature comes into it and perhaps they are more interested in being in their practice than coming over to the hospital, even when things are needed. So it is a tightrope that we walk and it is a tightrope that the world walks in regional areas. As I was saying earlier—I do not know whether you were in here—in Israel, ICU specialists trained in America—I did not say this this morning—in a back area of Tel Aviv in the most complex of circumstances are managing over 60 hospitals at night in the United States because there are no ICU specialists available. In Perth, Royal Perth Hospital has the most magnificent telehealth system where they are managing hospitals all up and down the Kimberley because there are no doctors available. So it is a challenge as to how we do this all the time. I know that the upper House has got an inquiry, and we are looking forward to the outcome of that, but it is not easy. I would expect that there will be some interesting recommendations and I hope there are some magic bullets, but I do not think there necessarily will be because there is a lot of work being done in this area; it is very challenging.

Ms CATE FAEHRMANN: I agree it is very challenging. I grew up in country Queensland myself and my dad was a pharmacist and had a fair bit to do with the local hospital there. I am very aware of the GPs coming backward and forward and all of that, not being there the whole time. I will probably leave my questions there and just look forward to probing this further in terms of the inquiry, to be honest.

Mr BRAD HAZZARD: In terms of your rural inquiry?

Ms CATE FAEHRMANN: Yes.

Mr BRAD HAZZARD: I think that is a good idea. And if you want to have a chat privately I am happy to have a chat to you privately too because there are a lot of factors that need to be looked at.

Ms KOFF: Can I just add a response to an earlier question from Ms Faehrmann about campaigns for the current Mardi Gras about harm prevention? The ministry funded the Aids Council of NSW [ACON] to develop and implement a social media drug harm reduction campaign during the 2021 Mardi Gras period. The campaign will appear on websites, social media posts, videos, blogs, as well as the print media. There is specific focus on reactivating an "Avoid the Drop Zone" campaign, which is about the harm caused by a drug called GHB and a focus on the harms related to MDMA use. In addition, there are messages that relate to staying safe at Mardi Gras events and promotion of peer-based and treatment support options for people concerned about their issues.

Ms CATE FAEHRMANN: Thank you very much. That is very good to hear.

Mr BRAD HAZZARD: As I said to you this morning, I guarantee our Health will be doing all that.

The Hon. WALT SECORD: Did it pass the Mark Latham test?

Mr BRAD HAZZARD: We will make no comment on that, madam, but thank you for your question.

Ms PEARCE: I can also update some earlier responses from this morning to, I think, a question from Mr Secord with regard to the charging of fees for medical records for Mr Wells. There was a charge but it was reimbursed to the applicant.

The Hon. WALT SECORD: Thank you.

The Hon. COURTNEY HOUSSOS: And that is no longer the policy?

Ms PEARCE: The policy is the policy. Obviously there is a requirement for health services to charge under certain circumstances because there is a lot of work required.

Mr BRAD HAZZARD: But with common sense.

Ms PEARCE: But in all circumstances when a complaint is raised it is reviewed, and in that case it was reviewed and reimbursed.

Mr BRAD HAZZARD: Can I say, if you did not have that policy then somebody could just come along and say, "I don't want all the files. I want this. I want that." The taxpayers will be paying for that. There has to be some sound basis for it. In that case, clearly there was a sound basis and someone made a decision, which was not the best decision as it turned out, and so it was rectified.

The Hon. WALT SECORD: You answered my follow-up.

Ms PEARCE: Also in regard to the coronial recommendations into the terrible death of Naomi Williams, there were nine recommendations the Coroner made in regard to Naomi's death. Of those, as at

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September, when we updated the Coroner the last time, six of those have been implemented already—they have all been supported—and the remaining three supported and work ongoing around those.

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

Mr BRAD HAZZARD: And there must be because that was a terrible, terrible situation.

The Hon. COURTNEY HOUSSOS: It really was. Minister, I wanted to come to some of your election commitments and just check in on the progress of those. Are you able to tell us, since 1 July 2019 how many of the pledged 5,000 additional full-time equivalent nurses and midwives have been recruited?

Mr BRAD HAZZARD: Were you in the room a minute ago when I talked about that?

The Hon. COURTNEY HOUSSOS: No, sorry.

Mr BRAD HAZZARD: This is a disadvantage in the ducking-in-and-out upper House, as I said, but anyway. I was saying earlier that we have—

The Hon. COURTNEY HOUSSOS: I did hear you say 45 per cent of them were going to go to country areas.

Mr BRAD HAZZARD: That is right. You were here?

The Hon. COURTNEY HOUSSOS: I heard that part of it.

Mr BRAD HAZZARD: There were 8,300 additional staff that were committed to. I think about 880 allied health, just over 1,000 medical officers—so doctors, Walt—and about 5,000 nurses and midwives, and 45 per cent of those are going to rural and regional areas. I think that the last advice I had from NSW Health was that they had employed—was it you that raised the fact that we announced 2,000-odd nurses and midwives, or did someone else raise that?

Ms CATE FAEHRMANN: I did.

Mr BRAD HAZZARD: Maybe you went out of the room, Courtney.

The Hon. COURTNEY HOUSSOS: No, I was here for that part, but I am asking you specifically how many have been—

Mr BRAD HAZZARD: That is the answer: We have just done another 2,000. So we are well advanced in terms of the progress on it.

The Hon. COURTNEY HOUSSOS: I am going to go through them specifically. How many of the 100 palliative care nurses have been recruited?

Mr BRAD HAZZARD: Does anybody know the answer to that or should we take it on notice?

Mr MINNS: Take it on notice.

Mr BRAD HAZZARD: They do not know, so we will take it on notice.

The Hon. COURTNEY HOUSSOS: How about the eight children's allergy nurses?

Mr BRAD HAZZARD: We are really getting into the details here, are we not?

The Hon. COURTNEY HOUSSOS: We are going down to the detail. That is usually what happens when Ministers stay back.

The Hon. WALT SECORD: This is what the bureaucrats experience in the afternoons.

Mr BRAD HAZZARD: This is a direct attack on my capacity to stay here as the Minister. You are trying to defeat me with the minutiae of detail. We will take it on notice.

The Hon. COURTNEY HOUSSOS: Minister, this is a useful information-seeking exercise for members of the upper House.

Mr BRAD HAZZARD: Could I just say: What is the not useful stuff then?

The CHAIR: Order!

The Hon. WALT SECORD: Press releases are going out as we speak.

Mr BRAD HAZZARD: Good, excellent.

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The Hon. COURTNEY HOUSSOS: Are you able to tell me how many of the 24 cataract surgery nurses have been recruited?

Mr BRAD HAZZARD: I will take that on notice. I need to see more clearly about that.

The Hon. COURTNEY HOUSSOS: These afternoon sessions can go one of two ways. Twenty-three mental health acute nurses?

Mr BRAD HAZZARD: Do we have the numbers to move this Committee be all over now? Is that possible?

The Hon. COURTNEY HOUSSOS: No, you certainly do not, Minister. That is why we are here.

Mr BRAD HAZZARD: I was just hopeful.

The Hon. COURTNEY HOUSSOS: Minister, 23 mental health acute nurses.

Mr BRAD HAZZARD: I can tell you that I am very committed to making sure we get a lot more mental health nurses. Does anybody have the current answer to that or shall we take that on notice as well?

The Hon. WALT SECORD: Mr Minns could help.

Mr BRAD HAZZARD: I do not think he can. We will take it on notice.

The Hon. COURTNEY HOUSSOS: There were 8.2 full-time equivalent paediatric nurses.

Mr BRAD HAZZARD: I will take it on notice.

The Hon. COURTNEY HOUSSOS: There were 24.36 emergency nurses.

Mr BRAD HAZZARD: I will take it on notice. It is probably a lot more than that, actually.

The Hon. COURTNEY HOUSSOS: Six McGrath Foundation breast care nurses.

Mr BRAD HAZZARD: We would have to ask McGrath for that. McGrath is an independent body. They fund them and we put in a lot of money.

The Hon. COURTNEY HOUSSOS: I understand.

Mr BRAD HAZZARD: But they have done an amazing job. In fact, did you see the amount of money they raised this year was more than ever before, when there was actually nobody at the cricket? Everybody brought chairs; it was amazing. I bought \$200 worth of chairs. I should have been sitting on 10 different chairs.

The Hon. COURTNEY HOUSSOS: Let us stay away from the cricket. Minister, how many of the 383 regional hospital-based nurses?

Mr BRAD HAZZARD: I think a lot more than that have gone in there already.

The Hon. COURTNEY HOUSSOS: Okay. How many of the six regional school nurses?

Mr BRAD HAZZARD: What are you reading from?

The Hon. COURTNEY HOUSSOS: A list.

The Hon. WALT SECORD: Off the top of her head!

Mr BRAD HAZZARD: What date is the media release?

The Hon. COURTNEY HOUSSOS: It is a list that I have here, Minister. How many of the 131 regional hospital-based nurses?

Ms KOFF: We track election commitment delivery from the Ministry of Health perspective every quarter. I am happy to give you the most current update on tracking against all those commitments.

The Hon. COURTNEY HOUSSOS: Beautiful. And the last one from my well-briefed notes: 48 midwives.

Mr BRAD HAZZARD: Very well briefed. I will again ask Health to provide you with the detail and I look forward to the detail as well.

The Hon. COURTNEY HOUSSOS: Thank you very much, Minister.

Mr BRAD HAZZARD: It is a pleasure, Courtney.

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The Hon. WALT SECORD: Minister, just to refresh your memory, remember several years ago there was an issue involving paediatric cardiac services between Randwick and Westmead?

Mr BRAD HAZZARD: It was not just several years ago, but thank you. Yes, I have more than a passing degree of knowledge of that.

The Hon. WALT SECORD: You do, so I do not need to refresh your memory and re-canvass it?

Mr BRAD HAZZARD: No, not at all.

The Hon. WALT SECORD: What is the status at the moment? Has everything been fixed?

Mr BRAD HAZZARD: Suffice to say a lot of work has been done.

The Hon. WALT SECORD: Can you bring us up to speed?

Mr BRAD HAZZARD: I will get Dr Lyons to address that in a moment, but I will just say this: Clearly very different views had developed over a number of years as to principally where the very complex paediatric cardiac surgery should take place. In New South Wales we have roughly up to about 450 cases of tiny little babies that require this cardiac surgery. There are currently about four or five physicians who are totally focused on paediatric cardiac surgery. The international best evidence is that each of those surgeons should be doing a minimum of around 125 a year in order to maintain their expertise and to ensure that the best outcomes are there for the babies. I think it is fair to say that the physicians at Westmead felt quite strongly that such surgeries should be at one location, which is as it is in Victoria and as it is Queensland.

However, the Randwick physicians, over a period of years, have felt that they have been denied the opportunity to have paediatric cardiac surgery there. There remains a strong view that they would like to have some role in that. I will ask Dr Lyons to expand on this, but a committee was established at arm's length from the Government to work with the disparate views. We had a conference at the International Convention Centre maybe in June or July, the middle of the year before last, and some very strong views were put at that conference. I suppose there were about 400 or 500 people there at the time, which included paediatricians from all across the State, and a range of views were expressed. Some of the paediatricians in the rural areas—this would be a good one for Cate's committee to look at—had a very strong view that the two camps, Randwick and Westmead Children's Hospital, had a focus that was a little too internal and not looking to the broader perspective of the network, if you like, as we talked about this morning, of cardiac services.

All of that has presented great difficulties and challenges. I think understandably there were some concerns from physicians at the Royal Women's Hospital that they felt there should be an ongoing capacity. When I say "understandably", I understand their perspective. I do not necessarily agree, but I am not commenting on that. But they felt that there should be paediatric cardiac services at Randwick as they sit on the same campus. The committee was tasked in that rather challenging environment to come back to the Government with suggestions as to how to move forward and ensure that the expertise of the very capable doctors in both hospitals was maximised for the best outcomes of our tiniest, littlest patients. On that note, I will turn to Dr Lyons and ask him to tell us where that has now got to.

Dr LYONS: Very good summary, Minister. I have almost nothing to add! No, there is a bit to add. The implementation panel that the Minister referred to was established and chaired independently by Professor Villis Marshall, who is the Chair of the Australian Commission On safety And Quality In Health Care. A number of cardiac surgeons and cardiologists from across the network and across the State were involved in that implementation panel. The work came to resolve a lot of things that were agreed and one thing that was not agreed. The things that were agreed were about an appropriate model of care that was patient and family centred, how referrals would be made into the service, what assessments would be made, the importance of a multidisciplinary team involved in that, that there would be a service that was across both sites and that it was a one service approach across the two hospital campuses. There was agreement about the fact that complex cardiac surgery needed to be consolidated to one site only.

Mr BRAD HAZZARD: The emphasis is on "complex" there.

Dr LYONS: Emphasis on "complex". There was agreement that the more minor cardiac surgery could occur at both sites. Where there was a disagreement was about the definition of the cases in the middle and where they should be done. So "complex" was clear and "minor" was clear. It was the moderate cases where there was disagreement about how that should be done. The tension revolves around the things that the Minister outlined, which is with the number of cases that we have in New South Wales and the requirements that exist internationally for guidelines for maintaining safety and quality and skills in delivering it, we only have about enough activity for four to five cardiac surgeons. If we were to run two sites, we would need a roster that had three or four on each site at a time. The tension exists around how we would provide a service in that context, with all of those

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parameters. At the moment there is still disagreement from each of the campuses about that middle level of cardiac surgery that could occur and where it should occur. It primarily revolves around the cases that would need to go on bypass.

The Hon. WALT SECORD: The dispute is about the moderate cases, of the 450 babies a year, how many are we talking about that would fall into the moderate—not complex and not simple?

Dr LYONS: The majority fall either into the complex and the moderate. The minor is a lesser amount. My understanding is it is about a fifty-fifty split between the complex and the moderate.

The Hon. WALT SECORD: So a lot—half?

Dr LYONS: Yes.

The Hon. WALT SECORD: Is this anywhere near being resolved?

Dr LYONS: There is agreement on a lot of things, as I said. The thing that has not been agreed to is this issue around the moderate cases. The Sydney Children's Hospital board and executive are working through with the clinicians involved about how this could be progressed with that being the intention. There is no doubt that there are still very strong views from both camps and those are being expressed.

The Hon. WALT SECORD: One thing you talked about was patient centred care.

Dr LYONS: Yes.

The Hon. WALT SECORD: But is that not what the health system means? Should patients not be the centre of care in the health system?

Mr BRAD HAZZARD: Of course, but what he is really doing is reflecting on the fact that sometimes, in a human system, humans start to focus not so much on the person over there, but on the person themselves.

The Hon. WALT SECORD: That is what I am getting at, so is this ongoing unpleasantness between the two institutions affecting the care of the 450 babies?

Dr LYONS: No, it is not, and I think this has been the focus of that group as well. The implementation panel made it quite clear that one of the key things, apart from agreeing on the model of care, is that it is critical for there to be a beefing up of the measurements of outcomes for babies, both in terms of mortality and morbidity, and there has been an agreement about how we enhance the data that is collected around the care to ensure that there is safe and high-quality care provided, wherever it is provided, and that is what is being implemented.

Mr BRAD HAZZARD: Can I just say that the doctors who do this are world's best. They are by far world's best. The fact that they might have some other issues does not affect, from anything that I have seen, the incredible capacity they have to work for their patients, and they are the world's best. They are amongst the world's best, no question. Doctors who are there regularly exchange, back and forth, with some of the leading hospitals and clinics in Europe and America. This is something that is primarily an interpersonal issue that overlaps into just the structure of how these services will be delivered, but not the actual operation skills.

Dr LYONS: Just to reinforce the Minister's comments, as part of the implementation panel process we reviewed all the mortality data from both sites and had that independently assessed by the College of Surgeons. The College of Surgeons also did an international literature review around how these services are provided around the world. There is no definitive issue around volume outcome relationships; there is no definitive answer around how these services should best be delivered, but the reassuring thing was that the mortality that we were seeing in our services was equivalent to world's best across the two hospitals.

The Hon. WALT SECORD: Where is the panel that you referred to based?

Dr LYONS: It is finalised now. It was a time-limited panel that was set up to reach agreement on the various factors and, as I said, it reached agreement on everything apart from this issue around moderate cardiac surgery and where it should be done.

The Hon. COURTNEY HOUSSOS: I want to ask about the Liverpool Hospital redevelopment. Has the design been finalised?

Mr BRAD HAZZARD: No, that is a \$740 million development and there is a lot of work going on behind the scenes as to the clinical services plan. My secretary has just reminded me, in view of the fact that the Committee insisted on having half the Health Department here, we may as well use them.

The Hon. COURTNEY HOUSSOS: We would love to hear from them, Minister.

Mr BRAD HAZZARD: And why not, because they have done no work all day.

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The Hon. COURTNEY HOUSSOS: I would not say "no work"; I would say important parliamentary business.

Mr BRAD HAZZARD: Amanda Larkin is the Chief Executive of South Western Sydney with a budget of \$2.1 billion and also a new hospital of \$740 million, plus a number of other new hospitals, but if you would like to ask her where it is up to—

The Hon. COURTNEY HOUSSOS: Certainly.

Mr BRAD HAZZARD: I do note that the level of enthusiasm is increasing as the hour advances, and we have the head of Health Infrastructure back to share the podium.

The Hon. COURTNEY HOUSSOS: Ms Larkin, can you tell us where it is up to in the design phase?

Ms LARKIN: Can I just go to Rebecca Wark first?

Ms WARK: The delivery of the Liverpool Hospital redevelopment is being done in a number of stages because of the complexity of the site. There are two early and enabling works packages which are all but completed. There is a car parking contract which has been awarded.

Mr BRAD HAZZARD: And the first sod turned by the Minister.

Ms WARK: And we are finalising the award of the main works contract, which will include design finalisation, the final design documentation, and delivery.

The Hon. COURTNEY HOUSSOS: And when do you expect that?

Ms WARK: The award, sorry, or the construction?

The Hon. COURTNEY HOUSSOS: The finalisation of the design.

Ms WARK: Over the coming year, and it will be progressive.

The Hon. COURTNEY HOUSSOS: So can we expect it by the end of the year? Can we say it will be underway by the end of the year?

Ms WARK: Or thereabouts, and the construction, because of the staging of those works, will be done in two parts. The first part will be in 2023 and the second part in 2026.

The Hon. COURTNEY HOUSSOS: So construction will commence in 2023 and 2026?

Mr BRAD HAZZARD: If I could just expand, the senior Health officials who are here almost take this for granted, but the reason is pretty simple. The easiest thing to do—and it is still very complex—is to build on a greenfield site. This is a major functioning hospital of enormous capacity. We cannot diminish that capacity while the work is being done, so we need the absolute expertise of Health Infrastructure and all the project engineers, designers and planners to be able to make it work. For example, Gosford was a similar, tight constraints site, \$348 million development, and everybody thought that it would be probably not possible. They achieved it, but it was damned difficult. What they are trying to do is a three-quarters of a billion dollar build on a massive hospital that is already working and trying to make sure they do not impact on that work. That is why she is just being a little bit qualified in what she is saying. Is that correct or not?

Ms WARK: Yes, but to clarify, that is construction completion, not commencement, which I think you mentioned.

The Hon. COURTNEY HOUSSOS: Do you have commencement dates for me?

Ms WARK: No, sorry, the 2023 and 2026 is construction completion, which would then be handed over to the district for their operational commission prior to commencement of new clinical services operations.

Mr BRAD HAZZARD: And commissioning can take anything up to four to six months because you have to make sure that the doctors, the nurses, the allied health staff—everybody—know how to operationalise the hospital.

The Hon. COURTNEY HOUSSOS: Do you have a date for commencing construction?

Ms WARK: It will be progressive, so we have commenced construction with the early and enabling works.

The Hon. COURTNEY HOUSSOS: Have there been some issues with the open space areas in view of COVID?

Ms WARK: I would need to take that on notice.

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The Hon. COURTNEY HOUSSOS: Okay, if you can tell me if there have been any issues raised about the open space areas and if that has pushed back the planning, construction and completion time lines.

Ms LARKIN: There have been some ongoing discussions with the clinicians and staff at Liverpool around open space arrangements, not solely with COVID, but just about the application of that in the design phase.

The Hon. COURTNEY HOUSSOS: Anything else on notice would be very helpful.

Ms LARKIN: Okay.

Mr BRAD HAZZARD: That could be as simple as something like, at Liverpool for example, off the emergency department, the open space issues there. Off the ED they wanted an open space where they can go out and get a bit of fresh air and sunshine. There could be a number of issues. It could be opening up because of what you are talking about, or it could be opening up because of what the doctors want. I am not quite sure what that is, and they obviously do not know, so—

The Hon. COURTNEY HOUSSOS: Yes, anything on notice would be helpful, thank you.

Mr BRAD HAZZARD: Anything else?

The Hon. COURTNEY HOUSSOS: My time has expired.

The CHAIR: We are continuing, if there are further questions.

Mr BRAD HAZZARD: Can we call a halt to this? Seriously, I would like these guys to go and do some work.

The Hon. COURTNEY HOUSSOS: I have plenty of questions. I want to ask about the pilot for body-worn cameras by paramedics.

Mr BRAD HAZZARD: Yes.

The Hon. COURTNEY HOUSSOS: That has been completed. Is that correct?

Mr BRAD HAZZARD: I announced that about two years ago and it has been very successful.

The Hon. COURTNEY HOUSSOS: I understand it was announced in November 2019 for a 12-month trial, so has it been completed?

Mr BRAD HAZZARD: I think so and, the last I heard, it was very successful. The paramedics are telling me it is.

The Hon. COURTNEY HOUSSOS: It looks like Mr Minns has further information for me.

Mr MINNS: It did commence in November 2019 and I cannot remember exactly when, but at some point in 2020 NSW Ambulance worked with the Ministry to request the Attorney General to extend the exemption to the Surveillance Devices Act so that we could continue the trial and complete evaluation in the life of the active trial. We did not see the utility of having to stop the trial, do an evaluation and then perhaps reintroduce it again if we felt it was viable and should be scaled across the whole service. So the trial now runs to November 2021. Ambulance is in flight on an evaluation internally, but they are also working with the University of Western Sydney on an external evaluation. Pending those results, that will be a matter for Health to take to Government around extension and, if that extension is supported, the extent to which it is done across the service.

Mr BRAD HAZZARD: I have got to say, talking to paramedics who were involved, they generally think it was pretty cool. Initially they were a bit worried because of their own privacy and so on, but they found that it is pretty good.

The Hon. WALT SECORD: Mr Minns, as of this morning there was national coverage of New South Wales Government departments, institutions and Service NSW being the subject of cyber attacks. Can you guarantee that NSW Health's data and information has not been subjected to cyber attacks?

Mr BRAD HAZZARD: It has been publicly stated that the cyber attacks occurred internationally, right across a range of companies, lawyers, government agencies, and Health was one of them. Certainly they have attacked, but we do not believe at this point that—there does not appear to be, anyway, at this point any negative outcomes from it. If there is, we will make a public statement about it.

The Hon. WALT SECORD: Could I seek a similar detail or reassurance from departmental officials?

Mr BRAD HAZZARD: Yes, sure.

Ms KOFF: Certainly.

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Mr BRAD HAZZARD: Is that an untrusting question, Walt? I am disappointed in that.

The Hon. WALT SECORD: Minister, earlier in the proceedings you said to me, "Walt, you were asking a question where you knew the answer to the question."

Mr BRAD HAZZARD: This is getting a bit too rhetorical for my liking.

Ms KOFF: It had been stated that there was an international attack relating to the package of Accellion FTA. That was widely documented and communicated. It was a cybersecurity attack from a foreign player. Actually they did attack a number of national and international organisations. From the NSW Health perspective, no medical record information was any part of where the attack was. We discovered the attack, I think, on 25 December. It was something like Christmas Day or Boxing Day that they did it.

Mr BRAD HAZZARD: Yes, it was. It was Christmas Day.

Ms KOFF: Yes. The files that were accessed related to corporate files in the Ministry of Health predominantly. Given that it is now part of a police investigation, obviously in these instances we have referred them both to Cyber Security NSW and national cybersecurity. Because it is considered a criminal act, it is the subject of police investigation.

The Hon. WALT SECORD: When you say "corporate files", is that tendering documents, or what kind?

Mr BRAD HAZZARD: Can I indicate here that the information you are asking for may assist those who we do not want to assist. For that reason I am going to decline to answer those questions and I will direct my staff not to answer those questions anymore. I will say that if there is anything that goes to a personal thing that turns out to be—it is not believed it is, but if it does then obviously Health will contact individuals. But right now anything that—I am happy to talk to you offline about it but just not in a public forum where others who might be overseas can see what is being said on this front. It is under a police investigation and the cyber agencies' investigation and that is where it should stay.

The Hon. WALT SECORD: But, Minister, you will know that if there have been information breaches in Service NSW involving driving records—

Mr BRAD HAZZARD: But that has been made public.

The Hon. WALT SECORD: What I am saying is that you could understand why there would be concern in the community.

Mr BRAD HAZZARD: That is why we made public comments about it. What I am saying to you, Mr Secord, is that if there is anything that we indicate to you, we are not talking just to you.

The Hon. WALT SECORD: But what I am saying to you is that you are making a—

Mr BRAD HAZZARD: I do not mean to be rude about that.

The Hon. WALT SECORD: No, I understand.

Mr BRAD HAZZARD: I do not mean not to talk to you. I am happy to tell you privately, but I just do not want to assist—

The Hon. WALT SECORD: But I am taking the liberty—

Mr BRAD HAZZARD: —any criminal forces anywhere about what may or may not be there.

The Hon. WALT SECORD: I understand that, but you could mount that argument for anything. I am just pushing the envelope a little bit. I just want—

Mr BRAD HAZZARD: These are health records. They are pretty sensitive if they were—

The Hon. WALT SECORD: I sought a commitment earlier and you answered by saying that it did not involve private health records. Is that correct?

Mr BRAD HAZZARD: It did not affect individuals as far as I am aware.

Ms KOFF: Personal electronic medical records.

Mr BRAD HAZZARD: Yes. As far as I am aware at this point.

The Hon. WALT SECORD: That was what I was pressing down upon. I was seeking an assurance that it was not private personal electronic—

UNCORRECTED

Mr BRAD HAZZARD: But I gave you that assurance.

Ms KOFF: Not the electronic medical records.

Mr BRAD HAZZARD: It is just that you progressed.

The Hon. COURTNEY HOUSSOS: Minister, can I ask for an update on the promised upgrade at Manning Base Hospital, please?

Mr BRAD HAZZARD: I think that is about a \$200 million development, isn't it? Again, I will get somebody to do that. Have you got something, Elizabeth? There has already been quite a lot of money spent on Manning Base Hospital. There was phase two. Phase one, the first section, has been completed. Section two is being worked on.

Ms KOFF: A hundred million.

Mr BRAD HAZZARD: About another \$100 million, yes. Rebecca?

Ms WARK: Thank you. There is not much—

The Hon. COURTNEY HOUSSOS: My apologies. I have made you walk backwards and forwards constantly this afternoon.

Ms WARK: No, that's alright. It is great for getting the steps up. There is not much to add other than what the Minister has already said. Stage one has been completed. Stage two has been announced. We are working with the district and the ministry around the clinical services planning, which will then inform what services will be provided in stage two.

The Hon. COURTNEY HOUSSOS: Do you have a date for commencing construction at Taree?

Ms WARK: Not at this stage.

Mr BRAD HAZZARD: But, again, it is the same issue because it is actually on a brownfield site that is pretty constrained.

The Hon. COURTNEY HOUSSOS: Yes, I am very familiar with that one. I understand the constraints. Sorry, so you do not have a date for construction. Do you have a date for finalising the design or have you got any key dates that you are working towards?

Mr BRAD HAZZARD: I think we said we were going to try and get it kicked off in this term. How far have you got on the clinical services—

The Hon. COURTNEY HOUSSOS: So commencing construction this term?

Mr BRAD HAZZARD: Sorry, how far have you got on the clinical—not you, but how far has the district got on the clinical services plan?

Ms WARK: I understand it is in a final draft form and is in discussion with the ministry. We are currently out to tender for consultants for the design.

Mr BRAD HAZZARD: What happens then, Courtney, is the clinical services plan, when it is finalised, will then come to the ministry and the ministry then vets that in the broader network sense, because sometimes it crosses over into another LHD.

The Hon. COURTNEY HOUSSOS: Yes, how it will interact with Port Macquarie or whatever it is.

Mr BRAD HAZZARD: That is it. You have got it.

The Hon. COURTNEY HOUSSOS: Excuse my ignorance, but is there a separate clinical services plan for the proposed hospital at Forster-Tuncurry that would be separate to the Manning Base one?

Mr BRAD HAZZARD: Yes.

The Hon. COURTNEY HOUSSOS: But it would be informed by the Manning Base one?

Mr BRAD HAZZARD: That is right, exactly.

The Hon. COURTNEY HOUSSOS: So the Manning Base one is in its final stages of being drafted or is in its final draft stage. The one for Forster-Tuncurry, do you have a—

Ms WARK: They are not done by Health Infrastructure. They are done by the local health district in consultation with the ministry.

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Mr BRAD HAZZARD: We will take it on board and give you an answer from the local health district, which is not here.

Ms WARK: And they are also informed by how the network of services are run by the district.

The Hon. WALT SECORD: I would like to switch to public dental waiting lists. How many people are waiting for dental surgery or dental treatment in New South Wales as of the end of last month?

Mr BRAD HAZZARD: I will take that on notice.

The Hon. WALT SECORD: Which local health district—

Mr BRAD HAZZARD: Sorry, could I say again, going back to what the deputy secretary said before, asking how many are on—not that I want to tell you. Actually, maybe I will not tell you. That was a good question. We will find out for you. The real issue, can I say, Walt—and Ryan knows this—is how many people are past the recommended clinical allocation for time. Some dentists, some doctors, whatever it be, will allocate a certain time for something to be done, but if that is the issue when does it go past that? Because the more effective you are, the more people—it is a bit like a public housing waiting list. If you clear it, more people come on because that is what you want to do. So you will always have a big list. Having said that, if you wanted to talk about waiting lists, I could compare them back to when the Labor Government was in office, but it is probably too late in the afternoon so I will not.

The CHAIR: It is never too late.

Mr BRAD HAZZARD: Well!

The Hon. WES FANG: That was quick.

Mr BRAD HAZZARD: I want to get out of here as quickly as possible.

The CHAIR: I know that.

The Hon. WALT SECORD: So you have taken on notice how many people are on the public dental waiting list. What is the longest time that someone is on that list? Could I have a breakdown by local health district on the time people are waiting in each local health district?

The Hon. WES FANG: You could just table these questions.

The Hon. WALT SECORD: The Minister wanted to share an afternoon and we are giving him the experience of what it is like to be—

Mr BRAD HAZZARD: It is a growing experience, Walt. It is a growing experience.

Ms PEARCE: I will comment—however, noting that we will take that on notice with regard to those specifics—that COVID last year did impact dental, as it did elective surgery, which we foreshadowed at this Committee hearing this time last year.

The Hon. WES FANG: This feels like dentistry. It is like having your teeth pulled.

The Hon. COURTNEY HOUSSOS: Minister, can I ask if you are aware if all frontline health workers in hospitals and aged care facilities will be required to be vaccinated? What is the current policy on that?

Mr BRAD HAZZARD: The Australian approach right across States and Territories is not to make it mandatory but certainly to encourage them. At this stage it is encouraging, I have to tell you. If you want to visit one of them, come out and see them all lined up. People are just desperate to get vaccinated—unless you are Pete Evans. Everybody else is there, seriously.

The Hon. COURTNEY HOUSSOS: I am not one to advocate for people taking advice from Pete Evans. Minister, I just wanted to see if there was a policy position—

Mr BRAD HAZZARD: I will ask the deputy secretary to comment on just what is happening out there at the immunisation Pfizer places, how it is being approached and the excitement that is going on.

Ms PEARCE: Briefly with regard to those three clinics, I think it is fair to say that there is a great deal of excitement from our clinical staff about being in receipt of the vaccine. They have turned up in droves, as we reported this morning, with almost 17,000 people vaccinated since we started just last week. In regard to the nature of it, we of course would consider if someone chose not to have the vaccine for whatever reason, or could not because of a pre-existing medical condition, and if they were working in what was considered to be a high-risk area—we would contemplate on a risk basis whether or not there was a problem with that. We would deal with that in the way we do any other year with flu vaccines and the like; it would be the same sort of principle.

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The Hon. COURTNEY HOUSSOS: Can I just ask: What is the current health position for frontline staff who are pregnant? Are they receiving the vaccine?

Ms PEARCE: I think the advice with regard to pregnant women at this stage is "not yet" in Australia.

Mr BRAD HAZZARD: It is not just frontline staff. There is a general advisory that they have not done enough—it goes back to what I was talking about earlier about the length of time for clinical studies normally in the development of a vaccine. They just have not had, at this point, enough clinical evidence to give them assuredness about saying to a pregnant woman, "You should have it." But I think that applies to other vaccines as well.

Ms PEARCE: We are also in quite a different situation—touch wood—very fortunately here because of the work we have done.

The Hon. COURTNEY HOUSSOS: Absolutely.

Ms PEARCE: We are aware in other countries, such as Israel, that they are administering the vaccine to pregnant women. But that is in the context of a large circulating volume of COVID, so weighing up those risks as to give the vaccine or get COVID would be part of their thinking. Fortunately we are not in a position where we need to do that.

Mr BRAD HAZZARD: Which, as I was saying this morning, is about a risk profile—proportionate risk.

Ms PEARCE: Yes.

Mr BRAD HAZZARD: That is what Dr Chant likes to talk about regularly. At the moment, because Australia would appear to have either nil or very little circulating, it has not been recommended to pregnant women. But—individual choice.

The Hon. COURTNEY HOUSSOS: And that is the only limitation? It is not on women seeking to become pregnant? What is the current advice for our frontline staff?

Mr BRAD HAZZARD: No, no. A woman seeking to become pregnant can have any vaccine.

The Hon. COURTNEY HOUSSOS: Yes, I understand vaccines change over time. I have two children; there were different rules at different times.

Mr BRAD HAZZARD: Health does that; medicine does that.

The Hon. COURTNEY HOUSSOS: I understand that.

The Hon. WALT SECORD: Minister, has there been a change in public hospitals charging people for electrocardiograms and echocardiograms since COVID?

Mr BRAD HAZZARD: Not that I know of, but I will ask. Does anybody—

Ms KOFF: No.

Mr BRAD HAZZARD: The answer is no.

The Hon. WALT SECORD: No? Okay, thank you.

The Hon. COURTNEY HOUSSOS: Minister, can I just ask you about the efforts to reduce elective surgery waiting times? Obviously elective surgery was paused during the height of the pandemic—

Mr BRAD HAZZARD: Well, elective surgery that was category 3 and category 2. Category 1 still proceeded because they are the most urgent.

The Hon. COURTNEY HOUSSOS: What is being done currently to reduce those waiting lists?

Mr BRAD HAZZARD: The deputy secretary on my right is showing enthusiasm for answering your question.

Ms PEARCE: I am enthusiastic to answer the question because we have worked incredibly hard to reduce the people who were impacted by that nationally applied slowdown of non-urgent and semi-urgent elective surgery at the end of March last year, as you well know. It has been well documented and reported through our Bureau of Health Information reporting process. Following that slowdown at the end of June, we did have a number of patients who were overdue for surgery. We have brought the surgical waitlist down considerably since the end of June last year.

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In fact, in the July to September quarter of last year we did more surgery than any other quarter on record. You will find that in the following quarter we also performed a very large amount of surgery compared to previous years. So, not only are we doing the people who were slowed down because of COVID—we have done those and then more. We have engaged with private hospitals and we do have a \$460 million Government commitment, which gives us the ability to get that work done in the interests of our patients.

The Hon. COURTNEY HOUSSOS: Thank you very much, Ms Pearce. Minister, can I just turn to some issues again from rural and regional health? I refer to a recent article about some issues that the New South Wales Medical Staff Executive Council and Orange doctors were concerned about in regards to notifications. Has something changed around notifications of serious incidents in hospitals?

Mr BRAD HAZZARD: I do not know, but I am getting more enthusiasm from the deputy secretary, so I will learn at the same time.

Ms PEARCE: Look, I understand the issue that you are raising and it has been raised in a submission from the Medical Staff Executive Council. The issue that they have raised is the downgrading of clinical incidents and the rating of those. It should be noted that clinical incidents and the rating can be downgraded and should be in some cases. What we have put in place in fact well before last year—I think it was the end of the year before. We have issued a direction to all chief executives across all local health districts that in the event that a clinical incident is to be downgraded, that needs to be done in a way that the chief executive has visibility of that, is provided the rationale for why that downgrading of the rating has occurred, and can be assured that that is reasonable under the circumstances. So, there is a process in place to ensure that that occurs.

Mr BRAD HAZZARD: The chief executive of the LHD or—

Ms PEARCE: The chief executive of the local health districts where these reports exist are well across what happens in terms of—and they can also be upgraded, so it goes both ways. But particularly in the case of the downgrading of a rating—which, again I repeat, can occur for various reasons—we just ask that the chief executive is across those reasons and is confident that that is reasonable under the circumstances.

The Hon. WALT SECORD: Mr Chair, with the Committee's indulgence, after consulting the other members of the Committee and a private conversation with the Minister—I understand that you have a meeting of health Ministers this afternoon?

Mr BRAD HAZZARD: I have the national meeting of all health Ministers shortly, yes.

The Hon. WALT SECORD: I think it would be appropriate that we discharge the Committee, with the concurrence of other members.

The CHAIR: Does the Government have any questions?

The Hon. NATASHA MACLAREN-JONES: No, we are happy with that.

Mr BRAD HAZZARD: I am grateful for that—thank you—so that I can take part in those discussions.

The CHAIR: Minister and accompanying staff, thank you all very much for attending. On behalf of the Committee and I am sure of the Parliament, we would ask you to please pass on our sincere thanks and gratitude to all those employed by NSW Health for the outstanding work they have done to protect us and look after us over this difficult time.

The Hon. WES FANG: Hear, hear!

The Hon. COURTNEY HOUSSOS: Hear, hear!

The CHAIR: We would like to have that passed on to them. Thank you very much.

Mr BRAD HAZZARD: Thank you very much, Mr Chair. I will ask the secretary to send that message out to all staff, saying that the Committee wanted that.

The CHAIR: Much appreciated.

Mr BRAD HAZZARD: Thanks very much, folks.

(The witnesses withdrew.)

The Committee proceeded to deliberate.