



LEGISLATIVE COUNCIL

PORTFOLIO COMMITTEE NO. 2

## BUDGET ESTIMATES

### Responses to Questions taken on Notice

Portfolio Committee No. 2 – Health

**Health, Regional Health, the Illawarra and the South Coast**

Hearing: 10 September 2024

**Answers due by: Tuesday 8 October 2024**

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**The Hon. NATALIE WARD:** Minister, when did the State pass on to the Federal Government any notifications from its suppliers of IV fluids that they were unable to meet their contracts?

**Mr RYAN PARK:** Yes, big issue – IV fluids.

**The Hon. NATALIE WARD:** When?

**Mr RYAN PARK:** The issue around IV fluids and the shortage of them has been caused by a range of different manufacturing and supply chain issues. I've actually met with the representatives –

**The Hon. NATALIE WARD:** Minister, I have five minutes. My question was quite specific. When did the State pass on to the Federal Government any notifications from the suppliers that they were unable to meet their contracts?

**Mr RYAN PARK:** I think we were liaising with the Commonwealth from August. But, Ms Ward, I respect this Committee and if you want a specific date, then I'd want to take that component on notice. Just so you know, this has been something that I've been getting daily and weekly briefings on. I've met with the company responsible to make our case. I'm pleased these shortages are now being resolved. I'm not saying we're out of the woods yet; I'm saying that largely they have been resolved.

**RESPONSE:**

I am advised:

IV fluid shortages were first discussed at the TGA-coordinated Medication Availability Working Group (MAWG) meeting held on 13 May 2024. This forum included representations from state government health departments, including NSW Health.

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**The Hon. NATALIE WARD:** ....so I'm going to move on. I'm going to move on to the Lung Foundation. Minister, why did you reject the Lung Foundation's request for \$6 million over three years to fund specialist lung cancer nurses in New South Wales?

**Mr RYAN PARK:** The work that those organisations do is important. I'm not denying that. I'd need to get some clarity around the question that you're asking.

**The Hon. NATALIE WARD:** The question is: Why did you reject Lung Foundation Australia's request?

**Mr RYAN PARK:** I'd need to get that clarified and then I can come back to the Committee. I think you'd agree that I haven't taken virtually any questions on notice.

**The Hon. NATALIE WARD:** I appreciate that. You've made a valiant effort. But it is very specific. Why was it rejected?

**Mr RYAN PARK:** I'd need to clarify that. I need to check that. I'll take that one on notice for the Committee because I want to give you an accurate answer.

**The Hon. NATALIE WARD:** Certainly. Lung cancer is the leading cause of cancer death in New South Wales. Why could you not find \$6 million to help fund them?

**Mr RYAN PARK:** There is a lot of pressure on our budgets across the board. Yes, the work that all of our not-for-profit and partner organisations do is important. To be clear on this, we've also lost billions of dollars in GST payments, much of which would go to Health and Education. This is a challenge. I'm more than happy to look at the situation.

**The Hon. NATALIE WARD:** Have you called your Federal counterpart to talk about that? Have you called Albo?

**Mr RYAN PARK:** I think everybody would have seen my public commentary about what I think of this. I don't think I've missed —

**The Hon. NATALIE WARD:** Minister, is it a disgrace and a slap in the face to not fund \$6 million for these nurses? Those are the words of the CEO of the Lung Foundation. Is he incorrect to call it a disgrace?

**Mr RYAN PARK:** I'll leave other people's comments to them. I'm not going to pass judgement on them. That's not the way I was brought up. I'll leave that to them. But I will say to you that I will have a look at the correspondence and I'll have a look at the situation.

**The Hon. NATALIE WARD:** So it's not a disgrace?

**Mr RYAN PARK:** I would like to provide a more detailed response. I would like to take that one on notice, if that's okay?

## **RESPONSE**

I am advised:

Funding for tumour-specific cancer care nurses is challenging and not scalable across all cancer types. Lung Foundation Australia has recognised this issue. The Cancer Institute NSW emphasises that coordinated care from integrated, multidisciplinary teams is key to improving cancer outcomes. This care model ensures patients' needs are met by various professionals, not necessarily specialist nurses, as support needs vary.

The Australian Government is investing in the Australian Cancer Nursing and Navigation Program. Led by the McGrath Foundation and bringing together many non-government organisations, including the Lung Foundation Australia, the program will fund a large number of new non-tumour specific, or 'all-cancer' nurses. Lung cancer patients in NSW will benefit from this investment.

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**The Hon. EMMA HURST:** We have another issue at the moment, and I understand it's Federal, when we're looking at privately practising midwives and insurance. The concern is that federally if that is quite limited, that will increase the number of freebirths, so without having any kind of healthcare practitioner around. Is that something that you have been briefed on and is that something that you're sort of advocating on within New South Wales?

**Mr RYAN PARK:** "Briefed" might be a bit of an exaggeration, which I don't want to do. I've certainly been made aware that this is a challenging component. Deb, are you aware of anything in this space around the insurance?

**DEBORAH WILLCOX:** Not at the moment. I can take that on notice.

**Mr RYAN PARK:** Susan, do you want to –

**SUSAN PEARCE:** Ms Hurst, this issue of privately practising midwives and their insurance has been going on for a number of years. There have been exemptions under the national law for them for probably at least 15 years, which has enabled them to continue to practise safely. It is a priority that we continue to work on, but it very much is a discussion with the Commonwealth. It's really not necessarily a matter for the State on its own.

**RESPONSE**

I am advised:

NSW Health welcomes the announcement that the Australian Government will expand the Midwife Professional Indemnity Scheme to include indemnity insurance cover for privately practising midwives to provide low-risk homebirth.

NSW Health is committed to facilitating women's options for maternity care in line with the Australian Government's maternity reforms.

NSW Health has provided feedback to the Australian Government on the consultation paper which will define the care inclusions and exclusions.

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**The CHAIR:** My colleague Emma Hurst already asked some questions about midwifery group practice. My question is how many of those midwifery group practice models of care have been shut or ceased to operate in New South Wales in the last year?

**Mr RYAN PARK:** I would have to take that one on notice. I'm not aware of those. We are trying to — MGP, midwifery group practice, is the gold standard because of the continuity care model. It is sometimes challenging because it's fairly demanding on midwives, in terms of the nature of the work, and in particular settings you might not have midwives who are able to do that volume of work. It can be a workforce challenge at times. It is not through deliberately — I'll clarify the exact, but it's not because we don't believe in midwifery group practice. We 100 per cent do. It's just that we've also got some challenges with workforce in this space. That's all.

**The CHAIR:** I understand the challenges with the workforce; pay for midwives is one of them. The birth trauma inquiry recommended expansion of continuity models like the MGP, and I appreciate that the Government supported that recommendation. It's important to expand them. But I've also heard from members of the community about services that have closed, like in Ryde, and other services that are listed as existing but where no-one in the community can find any evidence that it's happening....

**RESPONSE**

I am advised:

Midwifery continuity of care models are available in every local health district.

NSW Health has started work to improve the data capture of maternity models of care, including midwifery continuity of care. Once completed, this data will provide an overview of the number of women who access each maternity model of care in NSW.

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**The CHAIR:** .... But I've also heard from members of the community about services that have closed, like in Ryde, and other services that are listed as existing but where no-one in the community can find any evidence that it's happening. To put that one on the record, that's Tamworth Hospital that I have received those concerns about. It worries me that there's a recommendation, which is supported, to expand these services but, meanwhile, ones that were functioning are actually being pulled back or have recently been pulled back.

**Mr RYAN PARK:** I'm glad you asked about Tamworth. The secretary and I are, to be honest, looking at that issue. As late as the end of last week, the secretary and I had a discussion around the Tamworth issue that's been raised. I haven't got a resolution just yet, but I can guarantee you I am happy to report back when we do. The midwifery workforce is a challenge, but just because it's a challenge doesn't mean that we're not trying to work through these things. I am advised – but I'll take it on notice to make sure I don't mislead – that the MGP has not closed at Tamworth, but we're working through some staffing issues there. That's being as transparent as I can.

As late as last week, I received some correspondence – I think the week before last – from I think a community member, or it might have been a staff member, asking me about this Tamworth one, which triggered a conversation between myself and the secretary, who had also been made aware of some challenges, and we're working through it. I just don't have the complete answer yet, but we are working through it. From memory, I've also met with midwives at Tamworth in the hospital. When I visited there, they raised issues broadly around workforce in that particular area. I'll come back with some clarity around that.

**The CHAIR:** I'm pleased to hear that you're across it.....

## RESPONSE

I am advised:

The Tamworth Midwifery Group Practice has not closed however it was temporarily suspended in June 2022 by the former Government, due to ongoing and widespread midwifery workforce challenges.

Tamworth Hospital continues to actively explore the possibility of recommencing a Midwifery Group Practice in a way that is safe to operate this model of care.

In September the Minns Government announced an attractive \$20,000 sign on bonus for midwives commencing immediately across all rural, regional and remote locations (within MM3-MM7 facilities), which includes Tamworth, under the Rural Health Workforce Incentive Scheme.

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**The CHAIR:** .... I appreciate this will be taken on notice as well, but I'm interested to understand how many hospitals in New South Wales don't offer continuity of care where – and I'm not talking about multipurpose services where you've got a nurse in the bush. I'm talking about places where you would reasonably expect to deliver a baby or where you can deliver a baby but there's no continuity of care or midwifery group practice.

**Mr RYAN PARK:** Yes, larger hospitals. I'll take that one on notice to give you a specific amount. I want to assure you very quickly that that model of care is very, very important to me and it will be part of the reform we do in this space.

**RESPONSE**

I am advised:

Midwifery continuity of care models are available in every local health district, however these vary in the way the models are delivered and also recorded in data capturing.

NSW Health has commenced work to improve the data capture of maternity models of care, including midwifery continuity of care. Once completed, this data will provide an overview of the number of women who access each maternity model of care in NSW.



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**The Hon. SUSAN CARTER:** Minister, the Stroke Foundation asked you for \$250,000 in the budget to spend on preventative community education programs, which makes sure that people –

**Mr RYAN PARK:** Yes, it has a specific name. It's called –

**The Hon. SUSAN CARTER:** F.A.S.T.

**Mr RYAN PARK:** – F.A.S.T, the navigator, I think.

**The Hon. SUSAN CARTER:** F.A.S.T. – make sure people get to the hospital faster and get treatment in the appropriate time. You know about the program and you know how good it is, but you said no. Why aren't you funding stroke prevention education in New South Wales?

**Mr RYAN PARK:** We are funding stroke prevention education. It might not be exactly through that program.

**The Hon. SUSAN CARTER:** What is the program that you're using then, Minister?

**Mr RYAN PARK:** Can I just finish this one, because this one I have engaged a little bit on. The work that we are doing across the board, we are doing in relation to stroke. We are aware of that and we do a range of different programs. That specific one, I'm having a look at that proposal because I'm actually aware of that proposal. I'm having a look at that to see if we are able to consider that in the coming months. I'm not there yet, so I don't have an exact answer for you yet, Ms Carter.

**The Hon. SUSAN CARTER:** But you'll take it on notice and get back to us?

**Mr RYAN PARK:** I'm confident that we might be able to get to a resolution in that space on that particular program.

**RESPONSE**

I am advised:

NSW Health invests in a range of statewide initiatives that contribute to the reduction of stroke risk in the community including promotion of healthy living. In addition, local health districts conduct a range of community education programs in relation to stroke. NSW Health representatives also meet regularly with the Stroke Foundation to discuss alignment in priorities and opportunities for collaboration.

NSW Health funded the Stroke Foundation's F.A.S.T. Community Education Program for metropolitan Sydney in 2023 and as part of the implementation of the NSW Telestroke Service in rural and regional NSW from 2020 to 2022.

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**The Hon. SUSAN CARTER:** I have one more quick question. You'd be aware that more people in New South Wales die from eating disorders than on the roads, so can you commit to ensure that the New South Wales Service Plan for People with Eating Disorders, which expires in 2025, will continue and will continue to be funded to support those with eating disorders in New South Wales?

**Mr RYAN PARK:** Yes — I mean I've got no reason why it wouldn't be. Minister Jackson takes the lead in this. The Hon. Emily Suvaal, who is a part of this Committee, does important work in this space as well. I can assure you, those of us who were privileged enough to see her inaugural speech would understand her passion around this. I'm going to say yes, but the lead on this, Ms Carter, is Minister Jackson, so I'll get some clarity.

**RESPONSE**

I am advised:

This is a matter for the Minister for Mental Health.

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**The Hon. SARAH MITCHELL:** Could you take on notice how many Health Infrastructure projects you've opened? I'm happy for you to supply it on notice.

**Mr RYAN PARK:** Yes, I'm happy to.

**RESPONSE**

I am advised:

Information relating to the opening of Health facilities can be found on the NSW Health website.

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**The Hon. SARAH MITCHELL:** In terms of cuts, I want to go to a few issues that have been raised with us. Do you have any information on how many staff have been cut from Health Infrastructure over the last 18 months?

**Mr RYAN PARK:** No, but I'm happy to have Emma Skulander from HI to talk about any specific changes if you like. We've got a big program running out in terms of our capital, following on from the work that the former Government did in this space. But probably our focus has to be slightly different in terms of health this time around, which has to be around how we properly staff those facilities and the new facilities. It's not a criticism of Minister Hazzard or Minister Taylor at all. They had a priority around building and upgrading some of our health infrastructure, which was needed. My priority has probably been focused on the operational side, which is a challenge and expensive. But would you like me to see if —

**The Hon. SARAH MITCHELL:** Maybe this afternoon or even on notice — how many staff are in Health Infrastructure now, last financial year and the year before on notice would be great.

**Mr RYAN PARK:** Sure.

**RESPONSE**

I am advised:

September 2024:	289
30 June 2024:	294
30 June 2023:	332

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**The Hon. SARAH MITCHELL:** Talking about services, are you aware that Armidale Mowing, who have been contracted to provide lawnmowing services at Armidale ambulance station since 2017, had their contract cut with no notice last month?

**Mr RYAN PARK:** I'm probably a bit of a micromanager, but I think even for me I might not be across the lawnmowing service at individual hospital sites.

**The Hon. SARAH MITCHELL:** It's the ambulance station.

**Mr RYAN PARK:** I'm not aware of that one at the ambulance station, but I'm happy to look into it. Dom? Dom is. Dom is also the commissioner of lawnmowing.

**DOMINIC MORGAN:** My alternative career.

**The Hon. SARAH MITCHELL:** I am just conscious of time, Mr Morgan, but if you wanted to add something briefly –

**DOMINIC MORGAN:** I'll be super quick. We went to an emergency services contract that has allowed us to leverage across the State. So it's a single contract that has been done by Public Works and they're still free to engage subcontractors across the State to do that work.

**The Hon. SARAH MITCHELL:** Minister, just picking up from that answer, will you have a look at that particular issue and then other small businesses in regional areas that have been cut and make sure of that engagement? It's a big part, as you'd appreciate, of their business to have that government contract.

**Mr RYAN PARK:** It's a very big part and out in regional, rural and remote, the presence that Health has had traditionally is significant. I've spoken to former Minister Taylor about some of these issues, where the footprint is significant and we've got to look at it more than just a health service but the economic activity that it can drive, as you know, over multiple years in terms of builds. But, yes, I'm happy to –

**The Hon. SARAH MITCHELL:** Well, this was more about ongoing maintenance. But if you could make sure that that communication is –

**Mr RYAN PARK:** I'm happy to through the commissioner, yes.

**RESPONSE**

I am advised:

NSW Ambulance, the State Emergency Service, and Fire and Rescue NSW collaborated to formulate a new contract for the delivery of facilities management services across the State.

The Public Works Advisory was engaged to develop and procure the Multi-Agency Facilities Management Contract for the 3 agencies to provide strategic and effective

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facilities management services that mitigate risks, including those related to statutory, legislative, compliance and safety requirements.

NSW Ambulance now uses the Multi-Agency Facilities Management Services Contract. This contract is administered through the Public Works Advisory. NSW Health will explore Whole of Government contract options to enable the system to leverage facilities and contract management efficiencies and opportunities.

Questions relating to the Multi-Agency Facilities Management Services Contract are a matter for the Minister for Agriculture, Minister for Regional New South Wales and Minister for Western New South Wales.

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**The Hon. SARAH MITCHELL:** That would be good. I also want to take you to another procurement issue. Were you or your office consulted prior to the milk supply contract for the Mid North Coast and northern New South Wales health districts being taken off the local farmer co-op, Norco?

**Mr RYAN PARK:** Can I have more than 30 seconds on this one? Just because I just want to be clear with the Committee. Obviously – and you've been a Minister, Ms Mitchell, so you would know – I don't and should not get involved in the procurement at that level in terms of the supply and the procurement regulations. That's done through the agency. When I was made aware through the local member and two Nationals members, I did ask to have a look at the process just to satisfy myself of the completeness of that procurement process. I'm working through that information that I've got. There is certainly nothing that indicates anything other than completely normal in terms of the way in which we procured those services. I have got a discussion locked in with the local member, Ms Saffin, the Norco CEO and our procurement team next week. But I just want to be careful – and I know you completely understand this, but just so the Committee's aware. I don't make individual procurement decisions around suppliers who bid for government contracts. That would be highly inappropriate.

**The Hon. SARAH MITCHELL:** I understand.

**Mr RYAN PARK:** I know that you know that, I'm just making sure that everyone – I don't make the decision of where they go to. They have to satisfy criteria, then a decision is made by our procurement team with Alfa and others involved. That's not a decision for me. I am looking at the process and it's not that I'm not satisfied, I just wanted to assure myself that this had been done in a way that had taken into consideration all of those things.

**The Hon. SARAH MITCHELL:** Will your office or yourself also invite the concerned National Party MPs to that meeting you're briefing next week, because I'm sure they would like to be part of it?

**Mr RYAN PARK:** I'm happy for them to have a discussion as well – probably separately but maybe together if that works.

**The Hon. SARAH MITCHELL:** Thank you. I appreciate that. Do you know, and I am happy for you to take it on notice, but was there a cost saving from this decision? Was that the driver of the change?

**Mr RYAN PARK:** I'm going to say I will take that one on notice.

**The Hon. SARAH MITCHELL:** That's fine. I'm happy for you to take it on notice.

## **RESPONSE**

I am advised:

Due to the expiry of the previous agreement, HealthShare NSW recently undertook an open and competitive procurement process to renew the C801 NSW whole-of-government food contract.

HealthShare NSW manages tenders in accordance with strict procurement guidelines and probity measures. Suppliers are evaluated on a range of criteria's that include price and non-price factors that supports a value for money outcome for the State.

To ensure a decision-making process based on merit and fairness, only suppliers who fulfilled all mandatory tender requirements were considered during this procurement process.



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**The Hon. SARAH MITCHELL:** Coffs Harbour and Oxley, and I think there are a few up there who would be interested, Minister. I am sure they'd appreciate that. Ms Saffin might ask you to sign her petition when you meet with her. See how you go with that. I want to take you to the issue of paramedics in regional and rural areas. I note there was an announcement just late last month from you about the additional 125 paramedics.

**Mr RYAN PARK:** Yes, 125. That's a start.

**The Hon. SARAH MITCHELL:** Can you tell me how many of them are brand-new paramedics?

**Mr RYAN PARK:** They're all brand-new paramedics.

**The Hon. SARAH MITCHELL:** I guess my second question then is how many of those 125 are intensive care or extended care paramedics?

**Mr RYAN PARK:** I'd need to probably take that one on notice. Unless Commissioner Morgan has it?

**RESPONSE**

I am advised:

Our regional paramedics commitment was for boosting the workforce by 500.

We are delivering this commitment and have already rolled out the first tranche of 125 regional paramedics.

In addition to this commitment, we are also boosting the number of Intensive care paramedics (ICP) and Extended Care Paramedics (ECP).

Since March 2023 we have trained an additional 60 regional Intensive Care Paramedics and we have trained an additional 5 regional Extended Care Paramedics.

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**The Hon. SARAH MITCHELL:** ....Dr Cohn spoke about this a little bit earlier, but the issues around midwifery services in regional areas — I know you talked about Tamworth before. But can I just put some questions to you. Obviously, you know I live in Gunnedah. This is a massive issue, not just for Tamworth but, frankly, all of our surrounding areas, where you've got the Tamworth maternity unit being placed on bypass. There have been multiple reports, Minister, of women having to drive many, many hours, in labour. There's an example of somebody I know, in Gunnedah, who went from Gunnedah to Tamworth to Armidale to Inverell. There's been front-page papers about women in Tamworth turning up at the hospital, in labour, several centimetres dilated, and their partners have to drive them to Maitland Hospital.

You're a dad. If you went to your local hospital and they said, "Can you drive up to Maitland?" — it's about the same distance from your electorate up there. These are not great situations that women are finding themselves in. What can you do, that is tangible and real, to support some of the workforce challenges and to make it so that women and their families still feel safe giving birth in rural areas, particularly Tamworth and Gunnedah? I'm telling you, Minister, this is a huge issue that the entire community is very, very worried about.

**Mr RYAN PARK:** And so am I — I'll be perfectly blunt — and so is the secretary. I don't want to go into every private discussion that's taken place, but the secretary's also had a number of discussions with the chief executive of that local health district and made it clear that this is an issue that we need to try and resolve as quickly as possible. Workforce, as you know, in regional and rural areas is a challenge, so I'm not saying that it's going to be resolved quickly. But I can give you this assurance: that, having read pieces of correspondence around this and people being generous enough to write to me about this, it's critical that we resolve it. You would be aware the program that was started under you and increased under us, around the rural incentive scheme to try and attract more staff to some of these areas, 10,000 and 20,000 in hard-to-fill —

**The Hon. SARAH MITCHELL:** But are midwives in Tamworth and Gunnedah eligible for that?

**Mr RYAN PARK:** They would be eligible, as I understand, for, probably, the \$10,000 component. I'm not 100 per cent sure whether they would reach the \$20,000. Phil, did you want to just quickly add something to Ms Mitchell's question?

**PHIL MINNS:** Yes, Minister. The team has been working, in the last fortnight, on making available a \$20,000 sign-on bonus for midwives commencing anywhere within the Modified Monash level three to level seven facilities. We'd make it a specific campaign under the rural health incentive scheme. It'll initially be a six-month campaign. We've canvassed it with all the regional chief execs. They support the initiative. They believe it will assist them in attracting people and getting them on board, and we'll do an evaluation at the end of six months to look to learn what we can and continue if appropriate.

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**The Hon. SARAH MITCHELL:** Mr Minns, when should that start being made available?

**PHIL MINNS:** The work's been done to design the approach, in the last fortnight. I don't actually have a commencement day, but I can try and get one in the course of the day.

**RESPONSE**

I am advised:

The \$20,000 sign-on bonus for midwives relocating and starting work in a Modified Monash Model (MM) level three to level seven location will commence on 30 September 2024 and end on 31 March 2025.

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**The Hon. SARAH MITCHELL:** That would be great, thank you. Minister, I'm aware you visited the region, and I respect that. I think, to be frank, compared to some of your colleagues you are very good at engaging with local members about these issues. I do just want to put that on the record.

**Mr RYAN PARK:** I do my best.

**The Hon. SARAH MITCHELL:** But can I say particularly that the figures that we're getting from some of our local midwives — Tamworth, Gunnedah Hospital operating with a 60 per cent deficit. I appreciate what Mr Minns has just said. The other issue that's been raised with us is that the registrar and gynaecology program from John Hunter has actually stopped in Tamworth. Is that correct?

**Mr RYAN PARK:** I haven't been made aware of that. Let me try and find out something during the day. But you are right, Ms Mitchell. Birthing services are challenged in all areas, but they're particularly challenging in regional and rural, and it is not lost on me the fact that people have to spend an enormous amount of travel and distance to access these. When I hear of concerns or pressures in these in the bush, it is pronounced, not because one group is more important than the other but just that the challenges that women and families have to access that care are far more difficult in rural and regional and remote, compared to metropolitan, hospitals.

**The Hon. SARAH MITCHELL:** With respect, when your level four tertiary hospital unfortunately at times has to turn women away — and the staff do an amazing job — what happens is you lose that reassurance. I had both my kids at Gunnedah Hospital. Tamworth was your backup. People don't have that confidence anymore. It's not in any way a reflection on the staff, but it's a real problem when they're not getting the support services and the numbers that we need. So we will continue, with respect, to talk to you and work with you on this because it's a huge issue.

**Mr RYAN PARK:** I think it's a big issue and so does the secretary, to be fair.

**The Hon. SARAH MITCHELL:** In terms of midwifery group practice in Tamworth and Gunnedah — you talked about that in relation to the birth trauma inquiry — can you give me an update on the program in that area?

**Mr RYAN PARK:** Yes. I understand in Tamworth that continues to be in place, but we are having some challenges with staffing broadly, and we are engaging with them. If that answer is a bit grey, over the course of the day I'll just doubly make sure that that is the case for Tamworth. Did you say Gunnedah —

**The Hon. SARAH MITCHELL:** It's not there at the moment, but if that's an option in the future it would be good if you could provide any info on that.

**Mr RYAN PARK:** At Gunnedah?

**The Hon. SARAH MITCHELL:** At Gunnedah.

**Mr RYAN PARK:** Okay.

## **RESPONSE**

I am advised:

The Tamworth Midwifery Group Practice has not closed however it was temporarily suspended in June 2022 by the former Government, due to ongoing and widespread midwifery workforce challenges.

Tamworth Hospital continues to actively explore the possibility of recommencing a Midwifery Group Practice in a way that is safe to deliver this model of care.

There are currently no plans to commence a midwifery group practice at Gunnedah, however Hunter New England Local Health District will continue to actively explore opportunities to use this model of care, where appropriate and there is enough staffing to run the service safely and consistently.

In September the Minns Government announced an attractive \$20,000 sign on bonus for midwives commencing immediately across all rural, regional and remote locations (within MM3-MM7 facilities), which includes Tamworth, under the Rural Health Workforce Incentive Scheme.

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**The Hon. TANIA MIHAILUK:** Can transwomen who are biological men access the services of the milk bank as well?

**Mr RYAN PARK:** I'm not sure. I'd have to take advice, sorry, Tania. I'm not sure on that one.

**The Hon. TANIA MIHAILUK:** Can transwomen who are biological males donate milk to the service?

**Mr RYAN PARK:** Dr Chant?

**KERRY CHANT:** In terms of the other comment, I can probably just give you some information in relation to who could access it. Basically, in accessing the milk bank, it's really based on the need —

**The Hon. TANIA MIHAILUK:** It's a yes or no answer.

**KERRY CHANT:** It's based on the child. If the child is eligible —

**The Hon. TANIA MIHAILUK:** Okay, it's based on the child.

**KERRY CHANT:** It's about the child because the reason we use the milk, particularly, is to avoid some of the complications.

**The Hon. TANIA MIHAILUK:** So the women themselves don't request it? You make a decision?

**KERRY CHANT:** I'm just saying that it's —

**The Hon. TANIA MIHAILUK:** Perhaps take my questions on notice. That might be better, so I can get a more accurate answer. Minister, do you believe that parents have a right to permit and oversee any medical treatment their children receive?

**Mr RYAN PARK:** Sure. They're part of the decision-making process as children develop.

**RESPONSE**

I am advised:

The Australian Redcross Lifeblood milk bank is responsible for breastmilk donations. Information on breastmilk donations is published on the 'Milk' page of the Australian Redcross Lifeblood website ([www.lifeblood.com.au/milk](http://www.lifeblood.com.au/milk)).

Information on babies who are eligible for pasteurised donor human milk is published on the NSW Health website page 'Pasteurised donor human milk' ([www.health.nsw.gov.au/kidsfamilies/MCFhealth/child/Pages/milk-bank.aspx](http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/child/Pages/milk-bank.aspx)).

**TRANSCRIPT PAGE 30 & 31**

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**The Hon. TANIA MIHAILUK:** Do we still pay more than \$5 million a year to the Sax Institute?

**Mr RYAN PARK:** I'm not sure.

**The Hon. TANIA MIHAILUK:** Could you take that on notice, how much money we provide to the Sax Institute?

**Mr RYAN PARK:** Yes, I'm happy to, Tania.

**RESPONSE**

I am advised:

The Ministry of Health has a grant agreement with the Sax Institute for 5 years (July 2023 to June 2028), with an annual funding amount of \$1.8 million (excluding GST).

The Sax Institute may be engaged to perform other work as needed. The funding amount will vary according to the work required.

**TRANSCRIPT PAGE 31**

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**The Hon. NATALIE WARD:** Minister, how many elective surgeries were cancelled today?

**Mr RYAN PARK:** I got an earlier report from Jo Edwards that it would have been several hundred, I would have thought. We can give you that more updated figure maybe later on in the day, but I can't guarantee that because the strike action is not over. I don't want to give —

**The Hon. NATALIE WARD:** But they would have been cancelled — we're not waiting for them to be cancelled; they would have been already cancelled.

**Mr RYAN PARK:** I don't want to give something misleading, though.

**The Hon. NATALIE WARD:** So several hundred?

**Mr RYAN PARK:** I might not have all of the data coming in, so I don't want to give this Committee misleading figures. But there has been substantial cancellation and rescheduling of elective surgery today, without a doubt.

**The Hon. NATALIE WARD:** In the several hundreds, as we understand it at this point in time?

**Mr RYAN PARK:** I would say so, yes.

**RESPONSE**

I am advised:

520 surgical patients were rescheduled.



**TRANSCRIPT PAGE 35**

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**The Hon. NATALIE WARD:** You don't have an answer today. We'll move on.

**The Hon. SUSAN CARTER:** Minister, can I take you to Camden Hospital? Your Government's land audit has identified a site on Menangle Road opposite the hospital. Are you aware of what that site is currently used for?

**Mr RYAN PARK:** No. Did you say Camden Hospital?

**The Hon. SUSAN CARTER:** Yes. It's being used for parking. As a result of the housing development on that site, what alternative arrangements are in place for staff and visitor parking at Camden Hospital?

**Mr RYAN PARK:** I'm happy to take that specific one on notice. I can't recall. I may have received some correspondence via the HSU or the local member on that. I'm not 100 per cent sure. I'll stand corrected and try to provide the Committee with advice during the course of the day if I can.

**The Hon. SUSAN CARTER:** That would be appreciated. Can you also advise whether alternative arrangements, especially for the safety of staff on night shifts who are walking to their cars, will be in place before that parking closes?

**Mr RYAN PARK:** Yes.

**RESPONSE**

I am advised:

There is staff and visitor parking at Camden Hospital's main site (in between Menangle Road and Broughton Street), in designated areas, a close walk to the main hospital. A parking plan of management is being developed for staff and visitors while the site continues to be considered by Homes NSW under the NSW Government Property Audit.

**TRANSCRIPT PAGE 36**

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**The CHAIR:** Order! I indulged a couple of follow-up questions. I'm not going to give you a third. Minister, there are serious community concerns in Bellinger about the closure of the Hartley House ward at Bellinger River District Hospital. I understand that the new lift installation that caused the closure of the ward is due to be complete imminently, but there has been no indication from Mid North Coast LHD of when those beds are going to be reopened. Can you provide some certainty to that community about when they can expect their hospital to be back to full capacity?

**Mr RYAN PARK:** Let me take that specific one on notice if I can. If I can get an accurate answer to you today, I will, just so that you don't have to wait a period of time because I know it's an interest to the Committee and it's an interest, obviously, to that community. I will try to get that answer as quickly as possible.

**The CHAIR:** I appreciate that. While we're talking about Bellinger, locals also have concerns that there might be plans through that local health district to turn what is currently a 24-hour emergency department into an urgent care centre that only runs 10 hours a day. Can you confirm if that is or isn't the case?

**Mr RYAN PARK:** I'm not aware of it. I'm happy to have a look at it. The only thing I'll say is that we need to make sure that we are providing services in a safe way, an effective way and an efficient way that meets community needs but also meets the expectation of taxpayers' money. It's not government's money; it's taxpayers'. But we don't have any plans, from my understanding, to reduce the ED in that area, but because I want to be complete in my answers to the Committee, let me make sure that is absolutely the case.

**RESPONSE**

I am advised:

Late last year, temporary bed changes were implemented at Bellinger River District Hospital to align with local health district staffing levels and to prepare for the lift replacement at the site. Installation of the new lift is now complete.

The Mid North Coast Local Health District is actively recruiting into vacant roles at Bellinger River District Hospital and will welcome five international nurses at the site this year. To ensure patient safety, Hartley House medical ward will re-open once sufficient staff have been recruited.

Bellinger River District Hospital works closely with Coffs Harbour Health Campus and Dorrigo Multi-Purpose Service, as part of the Coffs Clinical Network, to provide patients with the appropriate level of care at the right time. The 24-hour emergency department remains operational within this network.

**TRANSCRIPT PAGE 40**

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**The Hon. SUSAN CARTER:** The NHS is looking at potentially £1 billion of negligence claims. What are we doing in New South Wales?

**Mr RYAN PARK:** I'll throw to my CFO, because it's very specific. I'll throw to Alfa about that.

**ALFA D'AMATO:** The annual report discloses how much we pay for insurance altogether, which is both of our self-insured through the TMF and the icare. I think there is a component in that that refers to the medical indemnity. In terms of whether they will cover specific cases like that, I need to take that on notice, because also it depends on who is the —

**The Hon. SUSAN CARTER:** Could you take that on notice because a number of insurers are now refusing to provide that medical insurance claim and it would be good to know what our exposure is as a State.

**ALFA D'AMATO:** Sure.

**RESPONSE**

I am advised:

The Treasury Managed Fund provides cover for a claim of medical negligence against NSW Health facilities and staff who are providing medical treatment to a public patient in the public health system.

**TRANSCRIPT PAGE 41**

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**The Hon. NATALIE WARD:** How have wait times in emergency departments been affected by today's industrial action?

**JOANNE EDWARDS:** I don't have that information at hand but I can take that on notice.

**RESPONSE**

I am advised:

The Bureau of Health Information (BHI) reports publicly on emergency department waiting times. Any impact from the industrial action will be reflected in the next BHI Quarterly report.

**TRANSCRIPT PAGE 42 & 43**

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**The Hon. NATALIE WARD:** Ms Pearce, just confirming – was 30 July this year the first time that you were made aware that dialysis services were being rationed in the three local area health districts in Western Sydney, South Western Sydney and Nepean Blue Mountains?

**SUSAN PEARCE:** Did you say 30 July?

**The Hon. NATALIE WARD:** Yes.

**SUSAN PEARCE:** I'd have to take that on notice. I don't recall that information on 30 July. I certainly became aware of it when we received media inquiries in respect of it. I know there was a letter to the Minister. I don't recall seeing that letter. But I would have to take the specifics of 30 July on notice and come back to you. I will try to do that today if I can.

**RESPONSE**

I am advised:

On 5 August 2024, the Minister for Health received correspondence dated 30 July 2024 from nephrologists from South Western Sydney, Western Sydney and Nepean Blue Mountains local health districts. The Secretary, NSW Health was not made aware of the concerns prior to this time.

**TRANSCRIPT PAGE 45**

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**The Hon. NATALIE WARD:** ... Ms Pearce, I have some further questions about Parkinson's. I know my colleague raised that quickly this morning. In relation to the \$8.6 million funding package in 2021, does the department have a breakdown on how that money has been spent to date and in which local area health districts?

**DEBORAH WILLCOX:** Thanks, Ms Ward. Yes, the \$8.6 million funding package was principally for specialist nurses and allied health staff. That funding is distributed to the relevant local health districts to recruit –

**The Hon. NATALIE WARD:** Which ones?

**DEBORAH WILLCOX:** I'll have to take which local health districts on notice, Ms Ward, and get that to you before the end of the session.

**The Hon. NATALIE WARD:** If you're able to, that would be helpful – just the breakdown of it and which ones....

**RESPONSE**

I am advised:

In the 2021-22 NSW Budget, \$8.6 million over 4 years was provided for people with movement disorders, such as Parkinson's Disease. Under this commitment:

- all 15 local health districts received funding for 1 FTE clinical nurse consultant or senior allied health worker
- two ad-hoc grants were provided to Parkinson's NSW and Huntington's Australia to a total value of \$876,000.

**TRANSCRIPT PAGE 45**

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**The Hon. NATALIE WARD:** ... I understand that funding in the Northern Sydney LHD upgraded an existing clinical nurse specialist to a clinical nurse consultant, as well as funded an additional clinical nurse consultant. Will these two full-time roles continue next year?

**DEBORAH WILLCOX:** Ms Ward, I was the chief executive of that local health district when we initiated that enhancement. We are looking at Parkinson's NSW's submission for ongoing funding. I can take on

notice in relation to what the local health district's plans are, ongoing, for those positions.

**RESPONSE**

I am advised:

Northern Sydney Local Health District will continue to fund 1.26 FTE nurses to support Parkinson's disease next year. The clinical nurse specialist role (level 1) was regraded to clinical nurse specialist (level 2).

**TRANSCRIPT PAGE 46**

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**The Hon. NATALIE WARD:** Forgive my pronunciation if I get this wrong – it's not my area – but has the department done any work into the links between paraquat and Parkinson's?

**DEBORAH WILLCOX:** The weed killer. Is that what you're referring to?

**The Hon. NATALIE WARD:** Yes, correct.

**DEBORAH WILLCOX:** That's outside of my skill set. I could take that on notice. I'm aware of the weed killer, but I'm not aware of its relationship with that disease.

**The Hon. NATALIE WARD:** There are some concerns out there, so whether that work is being done would be helpful.

**DEBORAH WILLCOX:** I'd be happy to do that.

**RESPONSE**

I am advised:

The Ministry of Health has not undertaken any work on the links between paraquat and Parkinson's Disease.



**TRANSCRIPT PAGE 47**

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**The Hon. TANIA MIHAILUK:** Has the health Minister appointed an individual in the past to represent Health on the board of the Sax Institute? Is that right, Dr Chant?

**KERRY CHANT:** There were occasions where there was a Health representative, but we removed ourselves from that position, given any perception of conflict of interest.

**The Hon. TANIA MIHAILUK:** When was that, Dr Chant?

**KERRY CHANT:** I would have to check the exact date.

**RESPONSE**

I am advised:

The Chief Health Officer resigned from the Board of the Sax Institute on 10 November 2023.

**TRANSCRIPT PAGE 48 & 49**

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**The CHAIR:** I have a question for Mr Sloane. As you know, I'm a huge fan of the single employer model for GP registrars. What's the progress with that model? What has the uptake been and what's the plan moving forward?

**LUKE SLOANE:** The plan is to keep going with it. We're just in the second round of recruitment in the second year. The first year we had a very rushed – I think I mentioned it last time – and compressed time period once the Commonwealth had approved the 80 exemptions for our two collaborative trial sites. In the second year – I've just been told by the team yesterday, actually – we've got 31 new applicants for this round, taking us up to a total of I think it was 52 people that will come on as single employer rural generalist trainees, and we'll continue to work on that. I'm not too sure how we'll fare with the October recruitment, but hopefully it will be quite positive as we work towards the 80 exemption spots throughout the program. The distribution, however, probably has been the only thing that's still a bit tricky, but we have been pretty positive with a lot of sites in getting not only GPs, who have been extremely supportive because they are the number one supervisors in the case around the single employer model. We'll continue to work with them and the primary health networks and the LHDs to get them distributed around the State.

**The CHAIR:** I would be interested – and I'm happy for it to be on notice – in the breakdown of what LHDs those 31 are being placed in.

**LUKE SLOANE:** Yes, for sure.

**RESPONSE**

I am advised:

Please refer to answers provided by Luke Sloane during the hearing at transcript page 59.

**TRANSCRIPT PAGE 49 & 50**

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**The CHAIR:** I asked a question on notice, probably a month or two ago, about vacancy numbers for doctors in training across different local health districts. The answer was essentially that that's not aggregated at a State level; that it couldn't be answered. Everybody is looking at Mr Minns, so I will as well. Please explain to me how this system works that means you don't have oversight. I'm just particularly confused because yesterday I asked a question at Minister Jackson's hearing about vacancies for psychiatrists, and the mental health branch was able to answer that question. They had the numbers for how many vacancies there are for psychiatrists across the State. How come they can answer that question and the doctors and training question can't be answered?

**PHIL MINNS:** Chair, what I might do is send you the transcript from the special commission of inquiry where this was pursued at length with both myself and Mr Richard Griffiths. The main issue is what is a vacancy?

If you take, for example, psychiatrists, if we were to say that there are 15 positions that are vacant, well, the fact is that there might be VMOs working in those positions on a temporary basis; there might be locums filling those positions. Are they vacant in the sense that they mean service can't be delivered? The answer to that is no.

To answer that question, for each and every role in our system — and there are 170,000 headcount roles — the question you're really trying to answer is who has got a permanent person sitting in that role or who has got a permanent part-time person or a permanent fractional person in that role? If they're not permanent, is it actually vacant or is there a temporary form of labour or — what do we call it? — a premium source of labour that's filling the role? Now, the only way we can answer that question and the way we answered it with respect to psychiatry is we go out and do a manual survey. The data that was discussed with you yesterday is only as accurate as it was about two months ago when it was struck. It's probably not accurate today in either the number of vacancies or the number that are vacancies that are actually not being filled with some form of contingent labour.

The payroll system, the rostering system, it can't produce the fidelity that answers that question. The point that we made to the special commissioner was: What actual help and use is it to know that instantaneously everywhere in the system? And the answer is it's not very useful in the sense that, if you've got a vacancy in a clinical role — be it in nursing or medical or allied health — you have to make a local decision about whether or not you use contingent labour to fill that or whether you find another way to make service delivery possible without filling the vacancy.

The main thing we want our local people doing is that operational decision-making about "How do I keep the service rolling?" Our HR people out in districts and facilities are pretty acutely aware already of where they have the biggest call on their time to produce contingent labour responses to gaps. So they know where they've got a problem. Getting them to not do what they need to, which is fill them, and instead do weekly surveys of "What is the nature of that vacancy?", "How long

has it been there?" et cetera, because that is what it takes; it's a highly manual process.

We were asked to do it by the Minister with respect to psychiatry, because she was seeking to understand the veracity of what was being put to her by various stakeholders about changes that were happening in the mix of the psychiatric workforce. To some degree, there is some evidence in that data, if you take it at two points a year apart, that we have seen more non-permanent situations happening in some staff specialist positions. But we've also seen an increase in the VMOs in the psychiatry workforce in that same time frame, suggesting that there is actually a bit of a swap going on.

**The CHAIR:** I suppose that example with psychiatrists, where you've got a snapshot a year apart, in my view that is very helpful data when you're looking at those sort of statewide trends to inform recruitment and retention. You're talking about that shift from staff specialist to VMOs. I'm very interested in that data for doctors in training, and I certainly would never expect a survey to be done weekly. But it makes sense for positions that are typically annual, that are typically hired for a calendar year, for that to be done once a year. Are you saying that I need to convince the Minister to request a manual survey to be able to get that data?

**PHIL MINNS:** I think what I would say to you is I'd very much like to provide you with the transcript, because we talked about for perhaps 40 minutes in the special commission of inquiry. My team's got a limited resource capacity for what it does, but it can't answer that question. So if we want to know anything about vacancy rates by any clinical group in the workforce, we actually have to go out there and require people in facilities to go through a quite detailed analysis. So it doesn't just impact my team, it impacts the frontline people who are otherwise trying to ensure that they are adequately planning for service delivery and dealing with any workforce gaps that they have.

**The CHAIR:** Did you quantify that for the psychiatrist question? How much work did it take to answer the psychiatrist question?

**PHIL MINNS:** We need to give the districts about six to eight weeks to do it. As I pointed out, it's accurate that day – the day they strike it. Otherwise it's not accurate.

**The CHAIR:** Sure. In the context of doctors in training, I can't imagine it varying wildly week to week. I'm more interested in that year-to-year period.

**PHIL MINNS:** There is data that we have available on new interns entering the system, and we know that because our systems tell us. So we run centralised recruitment for year one interns. We can point to the fact that we've got positions that have not been filled as we work through State-based graduates, interstate graduates and then international medical graduates. There was a period in Covid where there were no vacancies because no young doctors could leave the country. So we actually filled all our intern positions. This year we are filling slightly less than we did the year before. But our number of interns go up each year as well.

So that data exists, and it is there for the trend purpose that you're talking about. What gets more complicated about doctors in training is that you're then moving on to everyone at PY2, 3, 5, 6 et cetera. So it's a question of just what value do you get from it? It was put to me by the special counsel assisting the commission that "Surely you need to know this?" I said, "I'm pretty sure the people running nursing at Bombala know that they've got a problem attracting permanent nurses to Bombala. They don't need us making them fill in a survey regularly to answer that question; they know." That's why we did things like invent the Rural Incentive Scheme for sites like that.

**The CHAIR:** I suppose I'm interested in understanding not so much that gap when work is not being done, because I appreciate that will be a high priority for people locally, but those broader workforce trends in terms of doctors we are training here in New South Wales whether they are staying in New South Wales.

**PHIL MINNS:** Yes. What I might also provide to you, out of session and to the whole Committee, is the data analysis report that we prepared for the special commission because it does talk thematically about all of the major trends that reflect demand and supply issues in our workforce. There is no question that we have challenges associated with workforce distribution – we've referenced that – and we have areas and aspects of shortages. We are very aware of them, and it's in that report to the special commission. I'm happy to make that available.

## **RESPONSE**

I am advised:

Details of the transcripts are on the Special Commission of Inquiry website.  
[healthcarefunding.specialcommission.nsw.gov.au](http://healthcarefunding.specialcommission.nsw.gov.au)

**TRANSCRIPT PAGE 50**

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**The Hon. SUSAN CARTER:** I just wanted to clarify the position of the specialist international medical graduates. So they are operating in a hospital the way any other doctor of their level would be and there is no special supervision protocol? Is that what I am understanding?

**SUSAN PEARCE:** I might take that on notice if you don't mind, Mrs Carter? Just so I can provide you with an accurate answer. I think we've got it right but I just don't want to get it wrong, obviously.

**The Hon. SUSAN CARTER:** No, if you could take it on notice. Also, I wonder is there an IELTS requirement for these graduates?

**SUSAN PEARCE:** Yes.

**The Hon. SUSAN CARTER:** What level?

**SUSAN PEARCE:** I think for any international health professional they have those requirements. So I can't see that this group would be any different.

**The Hon. SUSAN CARTER:** If you could take that on notice – just what the level that is required is.

**RESPONSE**

I am advised:

Specialist international graduates have their qualifications assessed by the relevant specialist medical college for comparability to the standard of a specialist trained in that specialty in Australia.

The outcome of the assessment determines registration type. All colleges require the international graduate to undertake a period of supervised practice, which may include other requirements such as workplace-based assessments, training or examinations, before recommending that the international graduate be granted recognition as a specialist.

The Medical Board of Australia is undertaking public consultation on revised specialist registration standards. The expedited pathway will recognise specific overseas specialist medical qualifications and grant upfront specialist registration to eligible doctors. Initial conditions on their registration will be imposed as a safeguard to protect patients while the new recruits are inducted into Australia's healthcare system.

Under the draft expedited pathway registration standard, applicants will be required to undertake a period of supervised practice in the specialty and a comprehensive orientation to the Australian healthcare system, which includes cultural safety

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training. This will ensure that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner receive registration.

Specialist International Medical Graduates must achieve the required minimum scores in one of the following English language tests and meet the requirements for test results specified in this standard:

- a. the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the 4 components (listening, reading, writing and speaking).

The Medical Board will only accept test results:

- i. from one test sitting, or
- ii. a maximum of 2 test sittings in a 6 month period only if:
  - a person achieves a minimum overall score of 7 in each sitting, and
  - a person achieves a minimum score of 7 in each component across the 2 sittings, and
  - no score in any component of the test is below 6.5.

**TRANSCRIPT PAGE 51**

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**The Hon. SUSAN CARTER:** .... These questions are possibly for you, Ms Pearce, or to Dr Chant, just to follow up in relation to the vaccine procurement for the RSV. Dr Chant, what advice did you provide to the Minister when it came to the purchase and rollout of the vaccine Beyfortus?

**KERRY CHANT:** Perhaps I should answer in a slightly different way, if that is permissible? Just to confirm that in 2025 we are aiming to roll out a national immunisation program. Just to go back, there are two different ways in which immunity can be afforded to the new baby. That can be through maternal vaccination or it can be through the product that you are referring to, which is a monoclonal antibody termed nirsevimab produced by Sanofi. In terms of the advice I personally provided to the Minister, was that I certainly provided advice that a general approach to immunisation – and I'd have to go back to see the exact briefings that were the sequence – but perhaps if I could talk in generalities and then provide the specifics on notice. In general, from a policy position, we support a national immunisation program.

**RESPONSE**

I am advised:

Dr Chant provided a series of briefings on all current and emerging vaccines and immunisations for respiratory syncytial virus (RSV). A full synthesis of this information including rollout can be found via the website:

<https://www.health.nsw.gov.au/immunisation/Pages/respiratory-syncytial-virus.aspx>



**TRANSCRIPT PAGE 54 & 55**

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**The Hon. SUSAN CARTER:** If I could summarise, the hope is \$1.3 billion for hospital and TAFE, but it well may exceed that once the business case is developed.

**EMMA SKULANDER:** I think that I can't definitively answer the question with the available information at this point in time because I also don't have the full information from TAFE. But certainly we are collaboratively working on a process that will answer that question within the business case by the end of the year.

**The Hon. SUSAN CARTER:** By the end of the year we should have some understanding? And that business case will be made public?

**EMMA SKULANDER:** No, our business cases generally aren't made public.

**The Hon. SUSAN CARTER:** So how do we get the answer then?

**EMMA SKULANDER:** Potentially asking me the question again at a point in time where I've got more information.

**The Hon. NATALIE WARD:** Can I jump in on that? In your view on the current envelope, is that enough for both?

**EMMA SKULANDER:** On the current envelope is that enough for both facilities?

**The Hon. NATALIE WARD:** Yes.

**EMMA SKULANDER:** I think because we don't know what we're delivering within both of those, I can't answer that question.

**The Hon. NATALIE WARD:** But you must have an understanding of relocating the TAFE and the hospital, and whether that is sufficient given those two—

**EMMA SKULANDER:** I think there's a variety of parameters within options for both. TAFE, for example, is examining what it retains at Bankstown and what it moves to other locations, and they spoke about that too in their estimates. I think for the hospital as well we're reviewing what is critical to be within a new hospital at Bankstown and what is not, and I think that process is underway and has not yet determined an outcome.

**The Hon. NATALIE WARD:** But the business case would define what the options are. It never leaves an open-ended, go spend whatever you like option. It's a "these are the different options".

**EMMA SKULANDER:** Correct.

**The Hon. NATALIE WARD:** Of those options, is the \$1.3 billion sufficient in your view to cover off both facilities?

**EMMA SKULANDER:** I don't have that information at this point in time.

**The Hon. NATALIE WARD:** Can you take it on notice?

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**EMMA SKULANDER:** I won't be able to answer that question until the options analysis is undertaken in the coming months with the information that I need to be able to answer the question.

**RESPONSE**

I am advised:

Please refer to answers provided by Emma Skulander during the hearing at transcript pages 54 and 55.

**TRANSCRIPT PAGE 55 & 56**

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**The Hon. TANIA MIHAILUK:** I just wanted to ask a couple of questions on Bankstown hospital as well. I appreciate that you're waiting for a business case and so forth. There were a lot of discussions with stakeholders, including council, in making a decision about the site. Are there still discussions with the local council being undertaken by Health?

**EMMA SKULANDER:** Across our program we'll have ongoing discussions and briefings to council throughout a planning process. I don't know the answer specifically to when was the last time we would have met with council. But, certainly through the process, that occurs.

**The Hon. TANIA MIHAILUK:** At the moment, how much money have you allocated towards the business case specifically of the \$1.3 billion? Is there a figure of how much this business case or business cases are going to cost?

**EMMA SKULANDER:** No. I can take the question on notice.

**The Hon. TANIA MIHAILUK:** If you could take it on notice, I'm happy with that.

**RESPONSE**

I am advised:

The NSW Budget allocation to date and inclusive of this financial year will support ongoing planning activities required for the development of the business case.

**TRANSCRIPT PAGE 55**

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**The Hon. SUSAN CARTER:** I have a quick question for you, Mr Minns, if I may. If I'm employed by NSW Health and I want to seek political office, State or Federal, what are the protocols? Do I need to resign? What are the guidelines?

**PHIL MINNS:** We do have them. I just can't recall them off the top of my head.

**The Hon. SUSAN CARTER:** If you could take that on notice, that would be very helpful.

**PHIL MINNS:** Yes, and I think there's difference related to which jurisdiction. I don't think the requirement is as extensive for local government, for example. That's why I'd like to take it on notice.

**The Hon. SUSAN CARTER:** And perhaps also on notice, opportunities for re-employment, whether there's continuity of service and all of those things would be very useful.

**PHIL MINNS:** Sure, happy to do that.

**RESPONSE**

I am advised:

If a staff member is employed by NSW Health and wants to seek political office, they should refer to the Public Service Commission C2022-07 Contesting Elections circular.

**TRANSCRIPT PAGE 56**

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**The Hon. TANIA MIHAILUK:** Do you have any lobbyists that have been lobbying NSW Health in relation to Bankstown hospital?

**EMMA SKULANDER:** Not to my knowledge.

**The Hon. TANIA MIHAILUK:** Can you confirm if any registered lobbyists have met with NSW Health in the past 12 months in relation to Bankstown hospital?

**EMMA SKULANDER:** I can check. I think the answer is no.

**The Hon. TANIA MIHAILUK:** And take that on notice? Thank you.

**RESPONSE**

I am advised:

Health Infrastructure has not met with any registered lobbyists in relation to the New Bankstown Hospital project in the past 12 months.

**TRANSCRIPT PAGE 57**

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**The CHAIR:** I understand this is quite a long project, but particularly in terms of the interoperability with general practice systems, do you know what the time frame is for working out if that would be possible?

**DEBORAH WILLCOX:** I'd have to take time frame on notice. You're quite right: Rollout will start next year and run for up to three years. We'd need to make a number of – in fact, about 19,000 decisions, quite literally, over the next couple of months before the implementation takes place. But I'll get a timing for you around the general practice connectivity.

**RESPONSE**

I am advised:

The Single Digital Patient Record will integrate with MyHealthRecord to ensure continuity of patient information. MyHealthRecord is accessible to primary care and will be in place as part of each implementation of the Single Digital Patient Record across NSW Health with the first go-live is scheduled for March 2026 in Hunter New England Local Health District, Justice Health and Forensic Mental Health Network, and Laboratory Information Management Systems North (Pathology) in Hunter New England Local Health District.

**TRANSCRIPT PAGE 57**

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**The CHAIR:** I also have another question on behalf of GPs. There's been a lot of media coverage recently of initiatives increasing or expanding scope of practice for pharmacists and nurse practitioners. Is there any work being done to look at increasing the scope of practice of GPs? I'm particularly interested in things like Roaccutane prescribing, which happens in Queensland, like ADHD diagnosis and management in the ACT.

**KERRY CHANT:** I think we recognise that primary care is the stalwart and the important home for patients. I can speak in my area of drug and alcohol – recognising that primary practice does a lot in that area anyway but looking at how we can better support primary care, including access to additional training, acknowledging the important role of the college. I'm aware that there has been some work, but I would have to take it on notice in relation to the extent of prescribing, recognising access to paediatricians is very difficult for ADHD and those areas. I believe there might have been some developmental work considering the role of primary care in that. There would be examples across all of our portfolio areas where we'd be looking at upskilling general practice. I can imagine in mental health there would be similar work. If there are particular areas –

**The CHAIR:** I'm happy for that to be taken on notice. I raise those particular prescribing examples because there's of course regulatory barriers to that happening, even for a practitioner who has come to New South Wales from New Zealand or from Queensland where they may very comfortably have within their scope prescribing something like Roaccutane.

**KERRY CHANT:** I'd be certainly happy to take that on notice and talk to my colleagues in pharmaceutical services.

**RESPONSE**

I am advised:

NSW Health recognises the importance of reducing regulatory barriers to accessing care, where it is safe and appropriate to do so.

NSW Health enables GPs to prescribe isotretinoin (Roaccutane) for acne, and stimulant medicines for attention deficit hyperactivity disorder (ADHD), in co-management arrangements with relevant specialists, reducing the reliance on specialist prescribers for continuation of therapy. These arrangements are the same as those in QLD and the ACT.

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**The CHAIR:** I'm glad you agree this is something that needs an update. I suppose through the inquiry there's complexity in delivering the right antenatal education. Of course it's going to vary according to people's preferences and the context that they're in. A resource like this, a book that's available statewide, seems to me as strikingly low-hanging fruit that could be updated to be really broad reaching. So is updating that book part of that accelerated rollout?

**DEBORAH WILLCOX:** I can't speak directly on that book, but I can say that we are updating the communication more broadly. We do want to do a round of consultation with our consumers and women to make sure whatever we change actually meets the need. I can clarify on the specifics of that book, but I can with confidence say that this is an accelerated piece of work, and we all agree it needs to be done.

**RESPONSE**

I am advised:

Please refer to comments from Ms Deborah Willcox on page 59 of the transcript:

**DEBORAH WILLCOX:** Dr Cohn, could I just update you on the *Having a baby* book very quickly?

**The CHAIR:** Please.

**DEBORAH WILLCOX:** Just to let you know, it is undergoing review and it's not currently available in hard copy while it's under review, so that will happen expeditiously. Thanks for raising it.



**TRANSCRIPT PAGE 59**

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**The CHAIR:** I apologise that it's not a very exciting one. At previous estimates in February it was acknowledged that 4,000 people were waiting longer than the maximum recommended time for public dental services. Can you give an update on the current waitlist figures, particularly how many people are waiting beyond the maximum clinically recommended time?

**KERRY CHANT:** I'm happy to provide – as at 11 August there were 78,301 adults and 6,700 children on the general dental waitlist. Pleasingly, for general dental wait care we've got 96.3 per cent awaiting assessment and treatment have waited within the wait times. I'll have to get you the data on those that have exceeded in terms of global numbers. And then there's also a specialist area, which is our real strong focus, because those wait times were much longer – exceedances were much longer. So we're doing a piece of work –

**The CHAIR:** Happy to have that on notice and appreciate that that – basic arithmetic could work backwards from the figures you've just given me but not off the top of my head. I am interested in the specialist figures as well.

**RESPONSE**

I am advised:

Public dental services are prioritised in emergency situations and for patient groups in most need and at highest risk of disease. Patients with urgent dental conditions are given immediate appointments and are not placed on a waiting list. Waiting times may apply for patients with less urgent conditions.

NSW Health publishes the number of patients waiting for dental care according to priority code at the state level on its website. Data for the number of child and adult patients waiting for assessment and treatment is regularly updated and can be accessed at [www.health.nsw.gov.au/oralhealth/Pages/public-dental-care-waiting.aspx](http://www.health.nsw.gov.au/oralhealth/Pages/public-dental-care-waiting.aspx).

As of 9 September 2024, there were 3,561 general dental patients not seen within the recommended wait time.

Data on Specialist Dental Services is not publicly available, however, the median wait time for specialist dental care has reduced from 309 days in January 2024 to 192 days as of 9 September 2024.

As of 9 September, 28.6% of specialist dental patients have waited longer than 365 days. NSW Health does not have comparative data for this from August 2024.

**TRANSCRIPT PAGE 59**

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**The CHAIR:** ...I might go to Health Infrastructure. I'm interested in, firstly, Royal North Shore Hospital. It's my understanding that in 2020 there was a parcel of land that's been called lot 4B that was given to lands and property that's no longer in the possession of Health. Speaking to clinicians in Royal North Shore, I also understand there is a need for expansion of that hospital, particularly outpatient departments. I also appreciate as a rural resident that that is a retrieval and a referral hospital for a huge number of people across the State – and not just serving that local area. When you look at a map, block 4B is right between the hospital and St Leonards train station. It seems like a really optimal place to put a very accessible outpatient clinic for people that might have impaired mobility. I'm interested in the work that's happening for potential future expansion of Royal North Shore and if there is any work being done to reclaim block 4B for Health purposes.

**EMMA SKULANDER:** I know which lot you're referring to. Some of that I can answer. I think in relation to the master planning for the Royal North Shore Hospital, there was a master plan developed in 2023 that reviews the future planning for that precinct. In relation to lot 4B, I understand that there is a proposal at the moment on exhibition in relation to development of that, with Property NSW taking the lead on that component. As Health, the proposal that's been put forward isn't consistent with what we hoped for for that site. In relation to its use within the master plan, my understanding is that it's not necessarily a prime site for the core clinical activities of Royal North Shore, but it's certainly a location that we would like to be complementary to the North Shore activities.

**The CHAIR:** Can I ask you to expand? You said it's not what you would have hoped for. What would you see as the optimal use for that site?

**EMMA SKULANDER:** I would have to take that on notice in relation to our specific request in relation to that site.

**RESPONSE**

I am advised:

Please refer to answers provided by Emma Skulander during the hearing at transcript page 80.

**TRANSCRIPT PAGE 60**

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**The Hon. TANIA MIHAILUK:** But they're saying they're relying on the previous findings. They're making it clear that the evidence that's before them isn't really reliable, and I'm trying to understand where NSW Health – what's your evidence that you're relying upon suggesting that this puberty suppression treatment is safe?

**DEBORAH WILLCOX:** The Sax Institute haven't given us direct clinical information. What they've done is an analysis of the available literature, which – your point is well made. There are low volumes of patients so we don't have vast pieces of evidence and population studies. That's something, clearly, as it evolves, we will do. We've taken this work to our clinical advisory group, who are clinicians that work in this field and understand it. They've utilised the advice and feel that what we're doing here with multidisciplinary teams and patient-centred care is absolutely appropriate and aligns with the findings of the Sax Institute. There is a lot of alignment with the Cass as well.

**The Hon. TANIA MIHAILUK:** But this point made in page 141 –

**The CHAIR:** The member's time has expired.

**The Hon. TANIA MIHAILUK:** – is not in the summary, though. So I'm trying to understand.

**DEBORAH WILLCOX:** Could you repeat that?

**The Hon. TANIA MIHAILUK:** What was summarised in page 141 –

**The CHAIR:** Ms Mihailuk, I already let you ask another question at the end of time. I've been really generous.

**DEBORAH WILLCOX:** I can take on notice the commentary on page 141.

**The Hon. TANIA MIHAILUK:** Take on notice why this particular commentary is not in the four-page summary report that took us seven months extra to submit.

**DEBORAH WILLCOX:** I'll come back to you with the detail on that.

**RESPONSE**

I am advised:

The Evidence Check Update includes summaries of international and domestic peer-reviewed literature between 2019 and 2023 and builds on a previous Evidence Check conducted

in January 2020. The Summary Evidence Brief provides a high-level overview of the 193-page Sax Evidence Check Update report.

In the Summary Evidence Brief, the section titled 'What did we find?' discusses issues around evidence quality for all interventions, including puberty suppression treatment. The section notes that since 2019 there has not been a significant

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increase in the use of use of gold-standard research methods, such as randomised controlled trials.

Further information on the limitations of gender dysphoria research is discussed in the 'Recommendations for further research' section. The available evidence still provides insights into effectiveness and risks of treatments that will be further considered by a Clinical Advisory Group.

**TRANSCRIPT PAGE 61**

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**The CHAIR:** I have a quick question for whoever is representing the environmental health branch. Thank you, Dr Chant. I wrote a letter to the Minister back in April on behalf of an air pollution expert, particularly regarding the fact sheet on the NSW Health website on wood burning heaters and your health, noting that there's been new research published this year, including in the MJA, on impacts of wood heater smoke in particular. Is that fact sheet going to be updated?

**KERRY CHANT:** I'm happy to address that and would like to put on the record that NSW Health acknowledges the important contribution that wood fire heaters do contribute to Sydney's air pollution, so we certainly want people to be aware of the impacts of indoor and outdoor air pollution. I'm happy to review that fact sheet if there's a particular section on it.

**The CHAIR:** I suppose there's two bits to the question. I appreciate your acknowledgement of the issue.

It wasn't already under review that you're aware of?

**KERRY CHANT:** I would have to check with environmental health. Obviously, we review our policies indirectly, but I would have assumed it had already highlighted the significant health impacts. But it's important that we do frequently review the fact sheets to incorporate any new evidence that might give strength to that. I will take that on notice.

**RESPONSE**

I am advised:

The 'Wood burning heaters and your health' fact sheet on the NSW Health website ([www.health.nsw.gov.au/environment/factsheets/Pages/wood-smoke.aspx](http://www.health.nsw.gov.au/environment/factsheets/Pages/wood-smoke.aspx)) was updated on 7 May 2024.

**TRANSCRIPT PAGE 66 & 67**

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**KERRY CHANT:** They were determined by Government as appropriate places to reflect rural and regional issues.

**Ms CATE FAEHRMANN:** Just to be clear, was there a process in terms of calling for communities, councils, members of Parliament or organisations to submit their interest in hosting a summit? Was there any formal process in that way?

**KERRY CHANT:** There was no formal process in relation to the selection of those, or I can't comment on, but there were — obviously a number of NGOs did advocate for various sites, but those two sites were selected, and they reflect geographically rural areas, Griffith and then Lismore.

**Ms CATE FAEHRMANN:** Because the drug summit is being held in December — as in the final two days in Sydney — is there an expectation of when key recommendations will come out of those two days in terms of a report and a time frame?

**KERRY CHANT:** I think those issues would be best directed to the Minister. I think there is on the record, though, the view that the chairs will do a report and summarise their findings, but the matter is for —

**Ms CATE FAEHRMANN:** Is there a timeline?

**KERRY CHANT:** I think this is really a matter —

**Ms CATE FAEHRMANN:** Dr Chant, it is in two months time. That's when those first regional hearings are held, mini summits or whatever they are. Two months will go extremely quickly, and then in another month there are a thousand people or however many going to the convention centre. Then there's Christmas, and then there's a big break, and then eventually we get back to Parliament in mid-February. The reason I'm asking is because I'm sure there is some kind of time frame established for this. The summit, the event itself, is fantastic, but it's what happens after that that I think most people are concerned about. Is there a time frame? Has anything been set up in terms of a framework for what happens afterwards? Is there a report due at a particular time? Hopefully recommendations that come out of that report, which — the sector is very keen to see some recommendations. When can the sector and the community expect to see that? Is that being discussed? I think that's the question.

**KERRY CHANT:** I think they're matters for Government.

**SUSAN PEARCE:** I think, Ms Faehrmann, it really is a matter for Government, and we'll have to take it on notice. We can't speak for Government in regard to those dates and what you're asking. It's not a call that Health can make.

**Ms CATE FAEHRMANN:** Just to be clear, it's a question for Government? I'm not asking a political or policy question here, Ms Pearce, with respect.

**SUSAN PEARCE:** And we're not —

**Ms CATE FAEHRMANN:** I've just been told that that there's an inter-agency committee that is going to be established, and that committee hasn't even been

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established yet. There doesn't seem to be any time frame for any reporting and the time frame itself, you're saying, is a Government decision, even though we're now at the logistics, aren't we?

**SUSAN PEARCE:** In the normal course of things, when there are summits or there are inquiries, the Government would generally stipulate their reporting time frame for that. The Minister was here this morning.

**Ms CATE FAEHRMANN:** So it hasn't been established?

**SUSAN PEARCE:** If we could take it on notice, we would obviously be very happy — I'm sure Minister Park would be very happy to provide a response to that.

## **RESPONSE**

I am advised:

The 'Inter-Agency Reference Group: Drug Summit 2024' has been established. It will be meeting in September 2024. Further details will be provided in due course.

I am advised that my office set a meeting up with Ms Faehrmann to discuss the details of the Drug Summit on 25/09/24. Regrettably, this was cancelled by Ms Faehrmann's office.

**TRANSCRIPT PAGE 68**

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**Ms CATE FAEHRMANN:** In relation to the First Nations comment that you made, the data obtained from my office suggests that there is an over-representation, which of course I'm sure you have access to, in terms of the First Nations community who are – I don't have the data in front of me, but in terms of the people who are basically diverted into the court – not diverted into the court; charged. When I visited Broken Hill about three months ago now, I spoke with the local area command superintendent there. They weren't aware of EDDI at all, which is not great. He said he would alert all of his officers to it and seemed genuinely pleased that there was something like that available, but he said it was the first time he'd heard of it. With the BOCSAR evaluation, when is that occurring?

**KERRY CHANT:** I just need to say that I know the program is being evaluated, I just need to check what is the mechanism for that. So I will double check that, just to be clear. But I would understand that we need a bit of a period for it to run before we would have sufficient data.

**RESPONSE**

I am advised:

Questions relating to the BOSCAR evaluation are a matter for the Attorney General.



**TRANSCRIPT PAGE 68**

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**Ms CATE FAEHRMANN:** I'm getting a bit of an impression that there might not be a formal group that is Health and police that is working on ensuring this scheme is a success. But you have committed to making inquiries with the police department?

**KERRY CHANT:** I'm aware there is a cross-agency implementation working group led by DCJ that is overseeing this work. But separate to that, I'm happy to take up the issue that you've raised. I'm sure that has come to the attention of us as we've looked at the data.

**Ms CATE FAEHRMANN:** Thank you, Dr Chant. I appreciate that. Earlier, I think you said you had — I'm sorry if you reported back when I wasn't here — NSW Health advice in relation to the Bowdens lead mine at Lue. Did you say you had some information there?

**KERRY CHANT:** I did. I can confirm that the local public health unit assessed — didn't provide any comment in relation to the mine. It was actually reviewed by the commission. It's probably important to note that what I mentioned before was looking at the exposure pathways and the actual environmental health assessment. The commission who was the commission of inquiry looking at the environmental health —

**Ms CATE FAEHRMANN:** The Independent Planning Commission?

**KERRY CHANT:** Yes. That's correct. It found the total exposure to all metals, except manganese, would remain below the levels at which adverse health effects could be expected to occur. I can provide the advice to you, but they looked at air, water and its contribution to heavy metal exposure. It was looked at independently. It was done by environmental consultants, enRiskS, and validated. I'm happy to provide a question on notice and fulsomely go through that process with you.

## **RESPONSE**

I am advised:

Mining activities in NSW are regulated using the environmental protection licences under the Protection of the Environment Operations Act 1997 and planning approvals under the Environmental Planning and Assessment Act 1979 (the EP&A Act).

Environmental Risk Sciences Pty Ltd undertook human health risk assessment for the Environmental Impact Statement for this project. The risk assessment concluded that dust emissions from the project would make a negligible contribution to heavy metal (including lead) intakes and there would be no project-related exposures that are considered to result in any health impacts for any member of the community. Adverse health impacts from groundwater, surface water and noise impacts were predicted to be negligible.

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The Bowdens Silver Mine Project (SSD 5765) Environmental Impact Statement was referred to NSW Health during the assessment process for comment. Western NSW Local Health District reviewed relevant sections of the Environmental Impact Statement. The District's submission can be found on the major projects website. The NSW Independent Planning Commission was the consent authority for this project.

The Commission gave detailed consideration to the health risks associated with the project. It specifically considered the proponent's human health risk assessment (HHRA), an independent peer review of this assessment, and submissions made by and on behalf the community, including submissions by Honorary Professor Mark Taylor. The Commission determined that the project should be approved and was satisfied that the project can meet all the requirements to protect human health and safety.

**TRANSCRIPT PAGE 69 & 70**

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**The Hon. NATALIE WARD:** Could I ask about GPs and the payroll tax? I'm not sure, Ms Pearce, who you might direct that to?

**SUSAN PEARCE:** Probably Mr D'Amato.

**The Hon. NATALIE WARD:** Can I just ask what the current unmet demand for GPs is in New South Wales?

**ALFA D'AMATO:** I don't think I can answer that question. If you want some advice in regard to GPs and payroll tax, this is probably not the portfolio that controls that policy, from the financial point of view. In respect to GPs and GP numbers, it's probably not me as a CFO to provide that information.

**SUSAN PEARCE:** I think we would have to take that on notice.

**The Hon. NATALIE WARD:** The current unmet demand for GPs?

**SUSAN PEARCE:** We don't control the GP services. I don't know how we would assess unmet demand of GPs.

**RESPONSE**

I am advised:

GP workforce is a matter for the Australian Government.

**TRANSCRIPT PAGE 70**

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**The Hon. NATALIE WARD:** Do you have any data about the number of medical practices, understanding that Medicare is a Federal thing, that are currently bulk-billing versus not and how a rebate might lead to a change or an increase in the number of bulk-billing practices, looking at the issue around GP shortage here?

**SUSAN PEARCE:** Again, I think that we would have to take that on notice. The questions you're asking very much sit with the Commonwealth.

**RESPONSE**

I am advised:

The Australian Government Department of Health and Aged Care publishes Medicare statistics, including bulk-billing data, on its website ([www.health.gov.au](http://www.health.gov.au)).

**TRANSCRIPT PAGE 72**

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**SUSAN PEARCE:** What was the specific question?

**The Hon. NATALIE WARD:** There was commitment from the Government for \$7.5 million to provide a new CT scanner, an upgrade of the Community Cancer Services Centre. Has the CT scanner been installed?

**SUSAN PEARCE:** I don't know. Emma?

**EMMA SKULANDER:** The work is in progress. It is a project that Health Infrastructure is providing support to the district in delivering. We're currently planning that project.

**The Hon. NATALIE WARD:** Is that in relation to the Community Cancer Services Centre?

**EMMA SKULANDER:** The CT scanner, I'm referring to.

**The Hon. NATALIE WARD:** So how is the work in progress for a CT scanner? Either it's installed or it's not, isn't it? Is there other work that needs to be done?

**EMMA SKULANDER:** In relation to the installation of a CT scanner, ordinarily there are capital works associated with that because there are requirements, for example, for the weight of the scanner et cetera and there's often modifications to be undertaken.

**The Hon. NATALIE WARD:** How far away is it for that hospital getting the CT scanner that was promised 18 months ago?

**EMMA SKULANDER:** I do not think I've got that information here, but I'll check. Otherwise I will take it on notice.

**RESPONSE**

I am advised:

Options for an appropriate delivery mechanism are still under review. The community will be kept updated as information becomes available.

**TRANSCRIPT PAGE 72**

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**The Hon. NATALIE WARD:** There was commitment from the Government for \$7.5 million to provide a new CT scanner, an upgrade of the Community Cancer Services Centre. Has the CT scanner been installed?

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**The Hon. NATALIE WARD:** Is that in relation to the Community Cancer Services Centre?

**EMMA SKULANDER:** The CT scanner, I'm referring to.

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**The Hon. NATALIE WARD:** Has the upgrade of the Community Cancer Services Centre been complete?

**DEBORAH WILLCOX:** I'm aware that there was some funding allocated for some upgrades, but I don't know the status of those and we can take it on notice.

**The Hon. NATALIE WARD:** Can you take that on notice whether that's been completed or what stage it's up to?

**DEBORAH WILLCOX:** Most definitely.

**RESPONSE**

I am advised:

Planning for these works is underway. Timeframes will be confirmed following further planning and design work.

**TRANSCRIPT PAGE 73**

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**The Hon. NATALIE WARD:** We'll return to the regional vacancies. How many vacancies in the regions have been filled by agency nurses – sorry. Overall, how many vacancies have been filled by agency nurses?

**SUSAN PEARCE:** I might get Mr Minns to comment. In the regions –

**The Hon. NATALIE WARD:** No, sorry. Across New South Wales and then, of those, how many are in regional New South Wales.

**PHIL MINNS:** I would have to take it on notice.

**The Hon. NATALIE WARD:** Is anyone able to –

**PHIL MINNS:** I can take it on notice.

**The Hon. NATALIE WARD:** – get a number on how many vacancies have been filled by agency nurses?

**PHIL MINNS:** Not quickly, no. But we'll be able to get some kind of answer for you.

**The Hon. SUSAN CARTER:** If you're taking that on notice, are you also able to provide a breakdown of whether filling positions by agency nurses has a higher cost than filling them by regular employment?

**PHIL MINNS:** We should be able to use the budget system to answer that.

**RESPONSE**

I am advised:

For the financial year 2023/24, the average annual FTE of agency nurses across NSW Health was 793.7, with agency nurses representing approximately 1.4% of the total nursing workforce. On average 600.2FTE of that total number of agency nurses are working in regional and rural local health districts, representing about 2.3% of the nursing workforce in rural and regional NSW.

As the NSW Health payroll system does not capture the reason for agency nursing engagement, it is not possible to advise on the number of agency nurses engaged against vacant positions.

**TRANSCRIPT PAGE 74**

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**The Hon. NATALIE WARD:** In the 2023-24 financial year, Mr Minns, how much did NSW Health spend on agency nursing contracts across New South Wales?

**PHIL MINNS:** The Chief Financial Officer is advising me \$115 million.

**The Hon. NATALIE WARD:** What's the breakdown of that spend across each of the health districts?

**PHIL MINNS:** I'd have to get that on notice.

**The Hon. NATALIE WARD:** You will take that on notice?

**PHIL MINNS:** I think we will have that. Yes.

**The Hon. NATALIE WARD:** Just to be clear, you are coming back to the Committee with those numbers?

**SUSAN PEARCE:** We will take it on notice.

**The Hon. NATALIE WARD:** In the 2022-23 financial year, how much did NSW Health spend on agency nursing contracts across New South Wales?

**PHIL MINNS:** That year it was \$152 million.

**The Hon. NATALIE WARD:** What's the breakdown of that spend across each health district?

**PHIL MINNS:** We should be able to get it.

**The Hon. NATALIE WARD:** You will take that on notice?

**SUSAN PEARCE:** We will. Can I just add some context, though?

**The Hon. NATALIE WARD:** Certainly, bearing in mind I have one minute left.

**SUSAN PEARCE:** Sorry, but we have to acknowledge the impact of the pandemic with these numbers. You're comparing apples and oranges.

**The Hon. NATALIE WARD:** That's okay. You can put that in your answer. You're most welcome to put what you like in there, but we're just after the information if that's all right with you.

## **RESPONSE**

I am advised:

NSW Health has a new statewide contract for nursing agencies. This new contract gives NSW Health access to more nursing agencies, all of whom are under the same fee structure. The pricing model of the contract is commission fee payable to the agency.

The commission fee for nursing agencies is calculated as a percentage of the Public Health System Nurses' and Midwives' (State) Award, applicable for the role of each



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nurse and midwife supplied. The commission percentage is scalable according to the health organisation location, using the Modified Monash Model. This contract will bring costs back into line with the Public Health System Nurses’ and Midwives’ (State) Award.

The breakdown of agency nursing contract expenditure is as follows:

Local Health District	2022-23 (\$000)	2023-24 (\$000)
Central Coast LHD	328.0	383.2
Far West LHD	4,619.2	5,784.4
Hunter New England LHD	5,106.1	9,115.1
Illawarra Shoalhaven LHD	684.5	1,133.6
Justice Health and Forensic Mental Health Network	10,050.8	2,943.1
Murrumbidgee LHD	27,057.3	19,751.9
Mid North Coast LHD	4,287.3	3,593.9
Nepean Blue Mountains LHD	926.8	1,396.3
Northern NSW LHD	36,543.3	24,862.4
Northern Sydney LHD	4,496.8	5,992.9
Sydney Children’s Hospitals Network	285.9	151.0
South Eastern Sydney LHD	1,563.8	1,627.0
Southern NSW LHD	19,508.8	17,516.8
South Western Sydney LHD	833.9	617.1
Sydney LHD	7,901.4	7,571.8
Western NSW LHD	24,503.0	11,979.8
Western Sydney LHD	4,261.7	1,264.7
<b>Total</b>	<b>152,958.4</b>	<b>115,685.0</b>

**TRANSCRIPT PAGE 74**

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**The Hon. NATALIE WARD:** Thank you, Mr Minns. Can you advise how many patients in the Murrumbidgee Local Health District and the Western NSW Local Health District travel for renal dialysis and how many are assisted at home? Have you got those numbers?

**LUKE SLOANE:** We'd have to take that on notice because it actually changes. Some people will be travelling to do it. Other people, when spots become available, will be put into those spots so they don't have to travel as far. I'll probably mention that anyone who does travel, we support them through IPTAAS.

**The Hon. NATALIE WARD:** If you can provide those three options or however many you have, that would be helpful. Of those that travel in both health districts, how many are assisted with IPTAAS?

**LUKE SLOANE:** We would only be able to give you how much IPTAAS we provide to patients as a whole for an IPTAAS item. I'm not sure whether we can provide the actual breakdown for their treatment, because it's one of those things that we might not be able to pull out specifically because we're just providing it for the actual accommodation and/or travel reason.

**RESPONSE**

I am advised:

- Of the 183 Western NSW Local Health District patients receiving dialysis, 19 patients are assisted at home and 27 patients travel to receive dialysis treatment in hospitals outside of their local catchment.
- Of the 156 Murrumbidgee Local Health District patients receiving dialysis, 24 patients are assisted at home and 62 patients travel to receive dialysis treatment in hospitals outside of their local catchment.
- From **1 July 2023 to 30 June 2024**, IPTAAS assistance was provided to **383 patients** from Murrumbidgee and Western NSW local health districts undergoing treatment related to nephrology, including renal dialysis.
  - **213 patients** were from Murrumbidgee Local Health District
  - **170 patients** were from Western NSW Local Health District.
- The average subsidy payment from IPTAAS is \$482.

**TRANSCRIPT PAGE 74 & 75**

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**The Hon. NATALIE WARD:** Can you provide a list of ambulance stations, Mr Morgan, that are understaffed in each electorate or however you divide them, by postcode or by each area, in regional New South Wales?

**DOMINIC MORGAN:** I can actually tell you we're over. Across the entire State, we actually have 55 additional paramedics employed for the number of positions that we have.

**The Hon. NATALIE WARD:** So in every electorate you're overstuffed?

**SUSAN PEARCE:** We don't count numbers by electorate.

**The Hon. NATALIE WARD:** How do you count them?

**DOMINIC MORGAN:** By sectors, which is eight divisible areas: four within the metropolitan area and four within regional.

**The Hon. NATALIE WARD:** And they're all overstuffed?

**DOMINIC MORGAN:** Actually, there's minus one in one area of regional New South Wales.

**The Hon. NATALIE WARD:** Could you provide that breakdown by those areas as you define them and what the numbers are?

**DOMINIC MORGAN:** Sure.

**RESPONSE**

I am advised:

Please refer to answers provided by Dr Dominic Morgan during the hearing at transcript pages 81 and 82.

**TRANSCRIPT PAGE 76**

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**The CHAIR:** As I'm sure you're well aware, we passed two orders for papers through the Legislative Council on this subject —

**VINCE McTAGGART:** Yes.

**The CHAIR:** — which uncovered, amongst other things, a brief written by yourself to the former Treasurer. In that brief you wrote that a risk associated with a new hospital on a new site would be that New South Wales might not have operational control of the hospital once it was built. Did you similarly advise Government that, with a brownfield upgrade as currently planned, New South Wales still won't have operational control of that hospital?

**The Hon. GREG DONNELLY:** Point of order: In terms of the documents that that quote has come from, I'm wondering whether it is appropriate that there is some context around that. That's a quote from it and I understand that. But I think, in fairness to the witness — and it's obviously a time ago — it would, in my submission, be proper to enable himself to understand the full context around which that statement was made. Perhaps take it on notice if he needs to do so. I'm not trying to block the question. But it was a time ago.

**The CHAIR:** I appreciate your comment. If Mr McTaggart is happy to answer it, I'd like the answer. He is, of course, welcome to take it on notice and I'd be happy to provide that specific document as well.

**VINCE McTAGGART:** I'll take it on notice, Dr Cohn.

**RESPONSE**

I am advised:

The briefing to the former Treasurer highlighted the fact that the operational control of Albury Hospital is the Victorian health service under the *Victorian Health Services Act 1988*.

**TRANSCRIPT PAGE 76**

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**The CHAIR:** I have some questions about the helipad. This might be for Health Infrastructure now. The most recent version of this – what are you calling it? – concept design plan that just came out last month removes the helipad at Albury hospital. We had a helipad when I was a medical student in Albury. We had a helipad for years and that was removed during the peak of the COVID pandemic when there was a temporary basically a tent set up outside the emergency department for triage. It was an emergency and of course that had to be done. Since then, it got subsumed into the construction site and then the new ED. So that space is gone. Are you aware that the helipad was removed but also that Air Ambulance Victoria, who do retrieval from Albury to Melbourne, have opposed the removal of the helipad?

**EMMA SKULANDER:** I am aware that the helipad is not in the scope of the redevelopment now. And the concept images that you've referenced – it's correct that the helipad is not in the current project scope. However, we are futureproofing to enable a helipad at the site in future if required.

**The CHAIR:** To clarify, that futureproofing, is that a helipad that's part of the car park?

**EMMA SKULANDER:** I would have to take that on notice.

**RESPONSE**

I am advised:

The hospital campus is being planned to enable a helipad to be delivered in potential future stages. Suitable locations, such as the multi-storey carpark, have been considered as part of planning for the project.

Patients requiring more urgent complex care will continue to be safely and effectively managed and transferred to a more acute hospital setting from the nearby Albury Airport.

Through consultation, expanded clinical services have been prioritised to meet the immediate and growing health needs of the community.

**TRANSCRIPT PAGE 77**

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**The CHAIR:** When you say it is only being used two days a week at the moment, because of the capacity issues at Albury at the moment, a significant number of patients requiring interventional cardiology are taken to Melbourne. You can have a heart attack on the main street of Albury and be taken to Wagga Wagga, not to Albury, because of our capacity issues. Have you taken that into account when you are looking at figures like it only being used two day a week? If we had enough wards in our hospital, I imagine that it would be being far more utilised.

**EMMA SKULANDER:** I will take that on notice, because it is a specific service planning question, but I will say that those facilities that I have just referenced in relation to complimentary to that single cath lab should be delivering a model of care that improves that in line with the clinical services planning.

**The CHAIR:** Similarly, in terms of the underutilisation of the cath lab, I have a similar question with the helipad. I appreciate you will take it on notice as well. In the correspondence in the documents there is a statistic quoted about the number of retrieval transfers out of Albury being done by fixed wing. Obviously that is because we had a tent sent up across the helipad in the car park during COVID. I would really appreciate a clear understanding of whether that was explicitly taken into account or whether the assumption is they haven't been using the helipad, therefore they don't need the helipad.

**EMMA SKULANDER:** I will link that back to the previous question on notice but just to note that we have had consultation with New South Wales air ambulance in relation to the advice on the fixed-wing aircraft transfers.

**The CHAIR:** To clarify, with Victoria as well? I know that sometimes there is retrieval from New South Wales but the majority of our retrievals would be going to Melbourne?

**EMMA SKULANDER:** I will confirm that as part of that question.

**RESPONSE**

I am advised:

The project scope for the Albury Wodonga Regional Hospital project has been informed by the Albury Wodonga Health Clinical Services Plan Review 2022, which outlines what services and future capacity will be required to support health care delivery in the future.

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**The CHAIR:** We might do it once my time has stopped. I understand that there are psychologists employed by NSW Ambulance that are available to paramedics that they are encouraged to use.

**DOMINIC MORGAN:** Yes.

**The CHAIR:** Which is excellent, for the record. I have heard that some paramedics have had challenges with those psychologists not being able to provide records or reports to other external psychologists or health services if they end up seeing another provider. Can you confirm if that is the case?

**DOMINIC MORGAN:** They don't do therapy per se. Our staff psychologists don't have ongoing therapeutic relationships. They will do an assessment and make referrals, so I am not quite sure what records they would be referring to.

**The CHAIR:** I imagine in that scenario, results of an assessment or a record of that assessment.

**DOMINIC MORGAN:** We wouldn't do an assessment per se. There are 12 of them for a staff of nearly 8,000. Their role fundamentally is to determine "Is this someone who needs ongoing psychological therapy?", as distinct from someone who has experienced a traumatic event and can be linked up with peer support or chaplaincy, that sort of thing. There wouldn't be a record, per se, of an assessment.

**The CHAIR:** Is the challenge that I am hearing about with records being transferred is that that record doesn't exist in the first place?

**DOMINIC MORGAN:** I would say not a clinical record, not a therapeutic record. I am absolutely sure that they would say, "I have met Tim to discuss this difficult case." But there is not a clinical record in that sense. Maybe the safer way for me to do it is I will check with the chief psychologist as to whether there is any sort of clinical record. It might be to do with workers compensation, but I would be speculating, so I will check.

## **RESPONSE**

I am advised:

Staff psychologists support employees, contractors and volunteers based on their needs at the point of referral, which may or may not be work-related. This doesn't routinely include a thorough psychological or mental health assessment equivalent to the kind provided by a primary treating clinician.

Staff psychologists are not employed to provide primary treatment services, nor do they offer formal therapeutic intervention aimed at the treatment of any specific diagnosis.

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As a result, notes relating to clinical work kept by the staff psychologists are an assessment of needs, a summary of discussions or assistance provided, and an indication of future care directions. Staff psychologists do not write reports.

The Staff Psychology Service will release clinical documentation directly to the client if requested by them, assuming there are no risks to the client in doing so, which the client can choose to share with treatment providers.

Any requests to liaise or share information with third-party treatment providers requires informed written consent from the client and a clear direction on the scope of the information release.



**TRANSCRIPT PAGE 78**

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**The CHAIR:** Ms Pearce, I asked the Minister this morning about the sustainability initiatives. We were talking about the excellent work that Hunter New England is doing. I understand that in other areas of NSW Health there are various bits of good sustainability work happening, but it is quite siloed. Have you ever given consideration to having a chief sustainability officer, similar to a chief procurement officer – someone who ties all those bits of work together?

**SUSAN PEARCE:** I will get the correct title for you, but we do have that position. I wouldn't say the work is siloed, actually. I think the work is exceptionally widespread. Mr D'Amato commented this morning – I think you used the great example of the LED lights. That was something that Alfa drove through the system right across the State and encouraged all of the districts to take up that initiative. We have targets as well toward net zero. As I think the Minister made the comment this morning, we are – sadly – a heavy contributor to carbon emissions. We have got lots of work going on across the State. It is certainly not confined to Hunter New England. I can confirm that.

I would be very happy to provide you with more information on this because it is something that, as a system – what we are trying to do here is twofold. One is, obviously, reduce our impact on the environment. It is more than twofold; there are many aspects to this. We had a presentation from the chief environmental officer from the NHS, who in fact is an Australian doctor who is working over there. The positive impacts of the work we are doing is that it gives staff a sense of purpose and hope for the future, and their contribution to what they can do. It also helps to improve patient care. And, at times, it also saves money. So that's not the main driver of the work that we're doing. It is an outcome, at times, of the work we're doing. But there is a lot of endeavour, and we do have the wonderful Dr Kate Charlesworth, who's leading up our Net Zero Unit within the Ministry of Health right now.

**The CHAIR:** Can you clarify if chief sustainability officer is not the correct title, what is the correct title?

**SUSAN PEARCE:** I'll get her title for you. But, certainly, there is a team there, and it's headed up by Dr Kate Charlesworth.

**RESPONSE**

I am advised:

Dr Kate Charlesworth's title is Medical Director, Climate Risk and Net Zero Unit, System Purchasing Branch, Ministry of Health.

**TRANSCRIPT PAGE 79 & 80**

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**The CHAIR:** Is there a role of local government in any of that work?

**LUKE SLOANE:** Absolutely, and it's varied, I would have to say again, coming back to the whole place-based sort of thing. Some of the local governments are extremely involved in attracting, providing other bonuses through accommodation or actually building houses themselves and really investing. I could name a few, but I don't want to throw shade on any of the other local governments. But there's quite a few that are actually –

**The CHAIR:** That's all right. Can I let you take it on notice? And then you can not get yourself in trouble.

**LUKE SLOANE:** I'm not going to reach out to every local government and say, "Do you have a program in place?" I could only quote the ones that I would actually know now, that do have it, because we work with the local health districts to ensure those programs are in place, from a NSW Health point of view.

**The CHAIR:** Absolutely. I can reframe my question on notice. Which local government areas are working directly with NSW Health on those kinds of relocation programs?

**LUKE SLOANE:** Yes. I'm happy to take that on notice.

## RESPONSE

I am advised:

The Welcome Experience is the NSW Government's concierge program designed to attract and support key frontline employees to relocate and work in regional NSW, including NSW Health staff. The program is part of the NSW Government's commitment to reducing essential worker shortages in regional NSW and is run by the Department of Primary Industries and Regional Development in collaboration with local government.

More information, including the current locations where the program is based, is available on the Department of Primary Industries and Regional Development website at [www.nsw.gov.au/regional-nsw/makethemove/welcome-experience](http://www.nsw.gov.au/regional-nsw/makethemove/welcome-experience).

In addition to the Welcome Experience, NSW Health is aware of some additional relocation programs run by local government. This includes the Glen Innes Attract Connect Stay program which is available to all health professionals and some other skilled workers relocating to the region.