

MINISTER FOR HEALTH

OVERVIEW

Agency	2007-08 Budget \$m	2008-09 Budget \$m	Variation %
Department of Health*			
Total Expenses	12,518.7	13,150.7	5.0
Capital Expenditure	654.3	779.5	19.1
Health Care Complaints Commission			
Total Expenses	10.6	10.8	1.9
Capital Expenditure	0.2	n.a.
Cancer Institute NSW			
Total Expenses	134.3	153.0	13.9
Capital Expenditure	2.0	3.0	50.0
Total, Minister for Health**			
Total Expenses	12,529.3	13,166.8	5.1
Capital Expenditure	656.3	782.7	19.3

* Total Expenses for 2008-09 include Commonwealth funding of \$165 million to meet Commonwealth election commitments as agreed through the Council of Australian Governments.

** The Ministerial total has been reduced to exclude grant payments from the Department of Health to the Cancer Institute NSW.

DEPARTMENT OF HEALTH

The Department of Health is responsible for State-wide policy and planning, performance management and monitoring, and strategic financial and asset management for the NSW public health system. The NSW public health system comprises the Ambulance Service of NSW, eight Area Health Services, five statutory health corporations, 21 affiliated health organisations and a range of health support and health infrastructure services provided by the Health Administration Corporation. The Department and the NSW public health system are known collectively as NSW Health.

The Department is also responsible for supporting the NSW Minister for Health in the administration of around 40 Acts allocated to the Health portfolio. This includes undertaking licensing, regulatory and enforcement functions, under Acts such as the *Health Services Act 1997*, *Mental Health Act 1990*, *Private Hospitals and Day Procedure Centres Act 1988*, *Poisons and Therapeutic Goods Act 1966*, *Public Health Act 1991* and *Smoke-free Environment Act 2000*.

RESULTS AND SERVICES

The Department has lead agency responsibility for coordinating with partner agencies to ensure the delivery of the following State Plan priorities:

- ◆ S1: Improved access to quality healthcare.
- ◆ S2: Improved survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care.
- ◆ S3: Improved health through reduced obesity, smoking, illicit drug use and risk drinking.
- ◆ F3: Improved outcomes in mental health.
- ◆ F5: Reduced avoidable hospital admissions.

NSW Health's overarching vision of Healthy People - Now and in the Future is being advanced through the State Health Plan by working towards the following results:

- ◆ Prevention is made everybody's business.
- ◆ Better experiences are created for people using health services.
- ◆ Primary health and continuing care in the community is strengthened.
- ◆ A fair and sustainable health system is ensured.

Key services provided by NSW Health which contribute to these results include:

- ◆ health care to patients admitted to hospitals
- ◆ ambulatory, primary and community-based services in outpatient clinics and community health centres, and in the home
- ◆ emergency transport and emergency treatment
- ◆ community-based and admitted mental health services
- ◆ rehabilitation and long-term care services
- ◆ public health promotion and regulation to protect health and
- ◆ professional training and investment in research.

The key services provided by NSW Health and the way in which they are expected to contribute to results are set out in the following table:

Service Groups	2008-09 Budget Expenses \$m	Results			
		Make prevention everybody's business	Create better experiences for people using health services	Strengthen primary health and continuing care in the community	Ensure a fair and sustainable health system
Population Health Services	391.1	✓			✓
Primary and Community Based Services	1,024.1	✓	✓	✓	✓
Aboriginal Health Services	63.8	✓	✓	✓	✓
Outpatient Services	1,373.4		✓		✓
Emergency Services	1,401.6		✓		✓
Overnight Acute Inpatient Services	5,353.0		✓		✓
Same Day Acute Inpatient Services	784.0		✓		✓
Mental Health Services	1,092.4		✓	✓	✓
Rehabilitation and Extended Care Services	1,100.8		✓	✓	✓
Teaching and Research	566.6	✓	✓	✓	✓
Total Expenses Excluding Losses	13,150.7				

RECENT ACHIEVEMENTS

NSW Health's projected expenditure for 2007-08 is \$12.7 billion, an increase of around \$3 billion since 2003-04. Key initiatives introduced in 2007-08 include the following:

- ◆ New Medical Assessment Units have been established to provide better access to care for older people and those with chronic diseases. Fifteen Medical Assessment Units will be operating in New South Wales by May 2008, offering an alternative to treatment in emergency departments, and allowing older people and those with chronic diseases to be seen by a specialist medical team so they can commence treatment earlier and return home as soon as possible.
- ◆ The capacity of emergency departments has been expanded through the provision of funding for additional emergency department beds and emergency staff specialists.

- ◆ A new model of maternity care has been introduced, including the establishment of early pregnancy assessment services; expansion of existing ante-natal care; and the introduction of a designated telephone line staffed by midwives.

Health System Performance

Emergency care

Despite ongoing increases in levels of demand, performance in key emergency care performance indicators has been maintained during 2007-08.

- ◆ The Triage Category 1 national performance benchmark of 100 per cent of patients receiving care within two minutes continued to be met. National performance benchmarks were also achieved in categories 2, 4 and 5.
- ◆ The total number of emergency department patients receiving care within benchmark times in the nine months to March 2008 was in excess of one million, which is more than 4 per cent higher than the same period last year.
- ◆ In the nine months to March 2008 the monthly average number of patients transferred off-stretcher from ambulance to hospital care within 30 minutes of arriving at hospital was 27,806, the highest it has ever been.
- ◆ Emergency Admission Performance State-wide for the nine months to March 2008 was 77 per cent compared to 79 per cent for the same period last year. The number of patients admitted from the Emergency Department increased by 2.8 per cent compared to the same period last year.
- ◆ The average time patients spent in the Emergency Department has also been reduced from 4.1 hours to 3.9 hours over the past two years.

Elective Surgery

The Predictable Surgery Program facilitates access to surgery for urgent and non-urgent elective patients on the waiting list. In 2007-08, an additional \$18.5 million was allocated to ensure access to surgery was sustained despite the increasing demand, particularly for joint replacement and cataract surgery.

- ◆ The average wait time for elective patients on the waiting list has decreased from 3.6 months (June 2005) to 2.2 months (December 2007).
- ◆ The average waiting time for patients on the elective surgery waiting list has been substantially reduced across all categories. The number of patients waiting more than 12 months for elective surgery has dropped from over 10,000 in March 2005 to 153 in February 2008.

In March 2008, funding of \$14.4 million was received from the Commonwealth Government. This funding will target specific patient groups to ensure that no elective surgery patients are overdue their recommended timeframe by the end of December 2008. A further \$28.9 million is to be provided in 2008-09.

Hospital in the Home

In response to the increasing demand for acute services, services providing care to acutely ill patients in the patient's normal place of residence have been expanded by \$13 million per annum. Hospital in the Home type services avoid the need for hospitalisation for a range of specific diseases and conditions, including cellulitis, deep vein thrombosis, urinary tract infections and blood conditions such as anaemia.

In addition, community based services are being enhanced to help patients who no longer require hospital care to return home sooner. Provided by Community Options providers, these services include assistance such as meals on wheels, showering, cleaning, and shopping for up to six weeks. This allows hospital beds to be used for other acutely unwell patients.

Oral Health

Additional funding from 2007-08 has supported a number of initiatives to address the oral health needs of the NSW community, specifically:

- ◆ additional registrars employed in the areas of oral medicine/oral pathology and in special needs dentistry
- ◆ establishment of the Rural Dental Scholarship Scheme
- ◆ development of resources including the Early Childhood Oral Health Guidelines for Child Health Professionals and the Lift the Lip brochure to support child health professionals and
- ◆ provision of additional treatment sessions to improve access for children to oral health services.

Mental Health

Mental Health continued as an important area of focus in 2007-08:

- ◆ The Housing Accommodation and Support Initiative (HASI) program has expanded to provide a further 240 packages of medium and lower support across NSW, bringing the total number of HASI places to over 1,000.
- ◆ The Family and Carer Mental Health Program, which provides funding to non-government organisations and mental health services for the education and support of family and carers of people with mental illnesses and disorders, has expanded to include 48 full time non-government workers at a cost of \$6.5 million.
- ◆ An additional 56 mental health professionals were employed across the State at 22 locations to increase the capacity of mental health services to respond to out-of-hours emergency and acute mental health situations in the community, at a cost of \$6.8 million.
- ◆ An additional \$4.1 million over four years announced in the 2007-08 Budget has funded additional mental health professionals in four Area Health Services to help build referral pathways and collaborative treatment capacity between inpatient and community care to ensure continuity of treatment and avoid unnecessary readmission.
- ◆ A budget enhancement of \$2 million in 2007-08 has funded an additional 19.6 equivalent full-time clinical positions established in child and adolescent mental health services to address local needs-based priorities.

Chart 12.1: Long Wait List (Patients waiting >12 months)

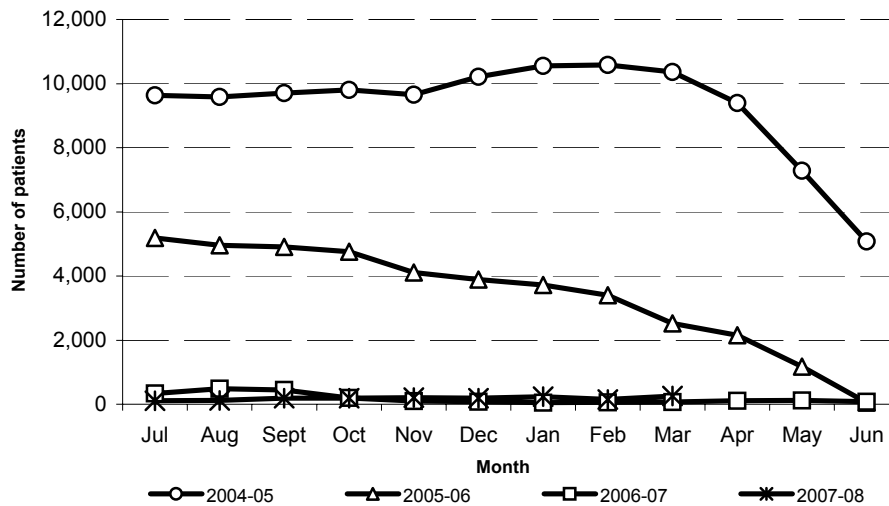
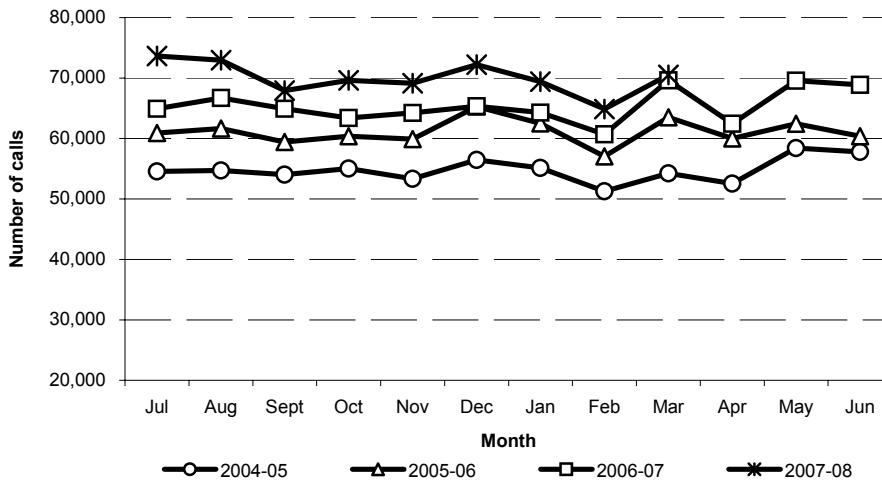
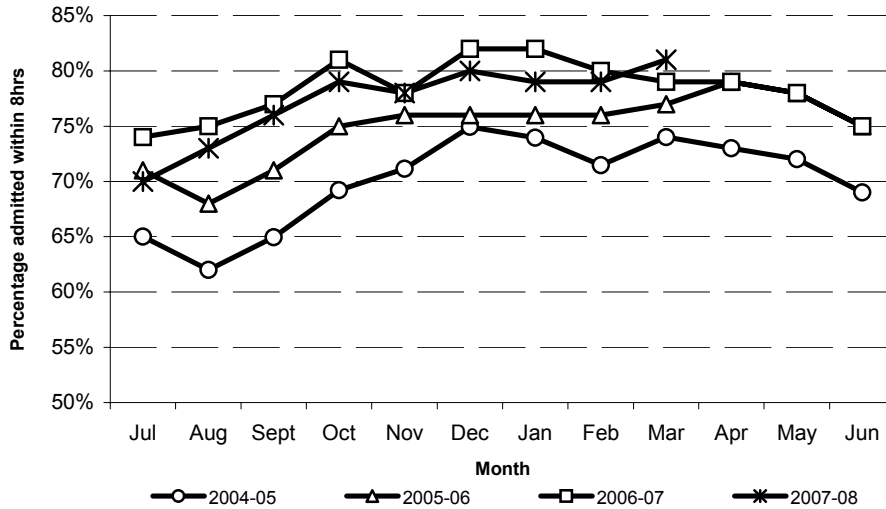


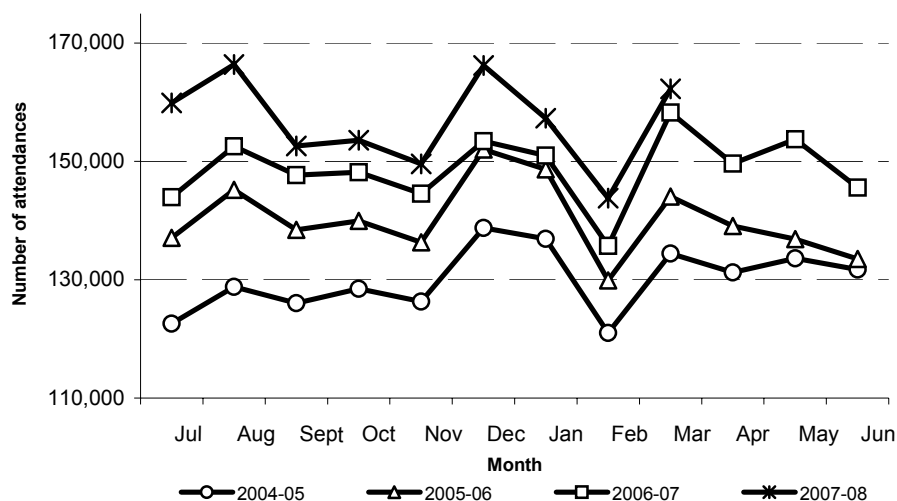
Chart 12.2: Number of Ambulance Responses to 000 Calls



**Chart 12.3: Emergency Admission Performance
(Ward admissions transferred from ED within 8 hours, Greater Metropolitan AHS only)**



**Chart 12.4: Emergency Department Attendances
(EDIS hospitals only)**



STRATEGIC DIRECTIONS

The NSW Government has responded to the pressures on the health system through key initiatives pursued within an integrated strategic planning framework developed to guide the NSW health system over the next 10 to 20 years.

This framework is built around the following seven strategic directions:

- ◆ make prevention everybody's business
- ◆ create better experiences for people using health services
- ◆ strengthen primary health and continuing care in the community
- ◆ build regional and other partnerships for health
- ◆ make smart choices about the costs and benefits of health services
- ◆ build a sustainable health workforce and
- ◆ be ready for new risks and opportunities.

The NSW Government has established a Special Commission of Inquiry into Acute Care Services to enquire into and report upon a number of matters including systemic or institutional issues in the delivery of acute care services, and to recommend any changes which will improve existing models of patient care.

Area Health Services have prepared five year strategic plans which will deliver Government and State Health Plan priorities.

Health System Demands

Increasing demand and rising costs confront health systems in all developed countries and are being driven by:

- ◆ increased presentations at hospital emergency departments of patients with chronic and complex conditions
- ◆ increasing rates of obesity, diabetes and other lifestyle related illnesses
- ◆ a growing and ageing population
- ◆ changes in health technology, including the availability of new and more advanced procedures
- ◆ community expectations including higher standards of care and
- ◆ worldwide skill shortages for clinical staff.

Increases in chronic disease

It is estimated by 2020 chronic disease will be responsible for around 80 per cent of the total burden of disease in Australia, up from 70 per cent today. This increase is driven by a combination of population ageing and lifestyle factors including smoking, levels of alcohol intake, obesity, and physical activity.

Evidence from the US, Europe and Australia indicates that a proactive, coordinated approach to chronic disease prevention and management in non-hospital settings produces better patient outcomes and is more cost effective than current approaches.

NSW Health is investigating a number of strategies to support this approach, including consolidating referral and assessment points to community health and community-based services for people with chronic illness; streamlining the processes of assessment, care and treatment for patients with chronic conditions that require non-critical care; and promoting effective population based chronic disease risk management and prevention strategies.

Ageing population

Population projections estimate that over 20 per cent of the NSW population will be aged 65 and over by 2026, representing an 87.3 per cent increase in this population segment between 2001 and 2026. By 2011, persons aged over 65 will account for 38 per cent of New South Wales public hospital admissions and 52 per cent of bed days.

With the ageing of the population there has been a concurrent increase in the prevalence of chronic disease. More than half of the burden of chronic disease in Australia is attributable to diabetes, cardiovascular disease, chronic obstructive pulmonary disease, musculoskeletal conditions and dementia. These increases will create more demand on our emergency, acute and chronic care services.

Increasing pressure on emergency and acute care services

New South Wales public hospital emergency departments continue to experience high growth in demand for unplanned care.

Between July and March 2008, 1,487,002 people were treated in New South Wales emergency departments, an increase of 6.5 per cent compared to the previous year. Over the nine months to March 2008, ambulance responses increased by 183 per day or 6.4 per cent compared to the same period last year.

Upgraded emergency medical helicopter services in the Sydney region, the introduction of 24-hour operations at Wollongong from January 2008 and new contractual arrangements for regional Emergency Medical Service helicopter operators are improving patient safety and access for people throughout New South Wales to emergency medical care.

A pilot of extended care paramedics in the Nepean area is helping to reduce avoidable hospital admissions using specialist paramedics to provide safe initial treatment, discharge and referral for patients with non-acute presentations.

NSW Ambulance has commenced a four year program to train 400 paramedics in clinical assessment and referral – using paramedics to assess patients with low acuity conditions and initiate alternate care programs to reduce emergency department presentations.

Health Investment and Reinvestment

Consistent with the Government's fiscal strategy, since 2005-06 NSW Health has been reprioritising certain expenditures for reinvestment in frontline health services. This is reflected in the clinical staff ratio, which has increased from 63.6 per cent of the total health workforce in June 2003 to 65.5 in July 2007, with medical staff increasing by 1,206 (19.7 per cent) and nursing staff by 5,551 (17.1 per cent) over this period.

Funding reform and opportunities

Continuing reform of health support services will deliver efficiency savings for redirection to frontline health services in 2008-09, with initiatives including:

- ◆ consolidating accounting transactional activity to two locations and standardising practices
- ◆ operating all NSW Health linen services under the one structure
- ◆ integrating a number of Information Technology Data Centres and introducing a coordinated approach to IT contract management and
- ◆ further consolidating procurement and logistics activities.

From 2008-09 all major NSW public hospitals will have their budgets set for inpatient services using episode funding (casemix) principles. This will align New South Wales with the agreement reached by the Commonwealth and the States in March 2008 for jurisdictions to move to a more nationally consistent approach to activity-based funding for hospital services.

Episode funding will be introduced in New South Wales public hospitals in 2008-09 with the following features:

- ◆ It will be used for funding of acute (overnight, same day), emergency department, intensive care, and sub and non-acute patient activity only.
- ◆ It will apply only to hospitals which have inpatient activity greater than 5,000 case weighted separations per year.
- ◆ All hospitals subject to this policy in 2008-09 where costs are over peer average costs (PAC) will develop a four year transition plan to align costs to PAC, commencing in 2008-09.
- ◆ Any hospitals which are below PAC will be required to maintain current cost performance.
- ◆ Commencing October 2008, budget and activity reviews of all participating hospitals will occur twice a year and quality reviews at least once a year.

Capital Asset Charging

From 1 July 2008 all Health Services will be required to recognise their cost of capital explicitly through an annual internal charge, based upon the value of assets (including land, buildings and building infrastructure but excluding plant and equipment) available for service provision. A funding contribution equivalent to the total value of the charge will be redistributed between health services through a capital equity adjustment to their budgets, based on population and other socio-economic need factors. There is no impact, in aggregate, on the resources devoted to NSW Health.

Making capital costs real and transparent will create improved incentives at health service level to obtain better value for money from the resources allocated to the health sector.

Australian Health Care Agreement (AHCA)

At the Council of Australian Governments (COAG) meeting held on 26 March 2008, the Commonwealth agreed to commit an immediate allocation of \$1 billion nationally in 2008-09 to relieve pressure on public hospitals, comprising \$500 million of continuing indexation from the 2003-08 AHCA and \$500 million in additional funds. COAG also:

- ◆ agreed to review the health care agreement indexation formula from 2009-10 onwards
- ◆ agreed that the new health care agreement should move to a proper long term share of Commonwealth funding for the public hospital system
- ◆ agreed to sign the new health care agreement in December 2008 for commencement from 1 July 2009 and
- ◆ agreed with jurisdictions to move to a more nationally consistent approach to activity based funding for public hospital services, which will also reflect the Community Service Obligations required for the maintenance of small and regional hospital services.

The NSW Government regards these decisions as a significant and very positive change in Commonwealth policy. For the four year period to June 2007, due to inadequate growth in Commonwealth funding under the 2003-08 AHCA, the State exceeded its matching commitment by \$2.8 billion.

2008-09 BUDGET INITIATIVES

Total Expenses

In 2008-09 the NSW Government will continue to deliver first class health care to the people of New South Wales through the provision of a comprehensive range of services and innovative models of care.

The 2008-09 NSW Health recurrent expenditure budget will be \$13.2 billion, an increase of \$632 million or 5 per cent over the 2007-08 Budget. Health spending represents around 27 per cent of the total NSW State Budget, up from 24 per cent in 1996-97. In per capita terms, health expenditure in the 2008-09 Budget equates to approximately \$1,850 for every person in the State.

Better Integrated Healthcare

After-Hours General Practice Services

To meet the NSW Government's 2007 election commitment, an additional \$1.2 million will be spent in 2008-09 to continue the expansion of after hours GP clinics to further locations including Mona Vale and Canterbury hospitals.

HealthOne

The 2008-09 Budget will provide \$3.3 million to further develop the HealthOne program. HealthOne services involve the integration of public and private sector general practices and other health care services. HealthOne also focuses on health promotion and protection to ease the burden of ill health, especially that of chronic disease.

Council of Australian Governments – Health Reform

In March 2008, COAG agreed to roll over the existing 2003-08 Australian Health Care Agreement for one year (2008-09), with the Commonwealth committing \$500 million additional funding above normal indexation. New South Wales is expecting to receive \$167 million as its population share of the \$500 million additional funding.

In addition, New South Wales is expecting approximately \$75 million in Commonwealth funding in 2008-09 to implement the Australian Government's election commitments in relation to the Commonwealth Dental Health Program, the Elective Surgery Waiting List Reduction Plan, and the Transition Care Initiative.

New South Wales also continues to roll out health reform initiatives agreed by COAG in February 2006, including expansion of health prevention programs, development of services supporting early detection of lifestyle risks and chronic disease, enhancement of aged care services particularly targeting older people in public hospitals, and rollout of the National Health Call Centre Network.

Increased Capacity

Mental Health Improvements

The 2008-09 Budget is the third year of the Government's five year plan to provide earlier and better access to a greater range of mental health services to the people of NSW through the A New Direction in Mental Health plan. The 2008-09 budget provides an additional \$29 million to expand the following services:

- ◆ \$2.1 million to enhance specialist mental health services for older people including recruiting specialist staff such as old age psychiatrists, psycho-geriatric nurses and allied health professionals
- ◆ \$3.9 million to expand 24-hour community mental health emergency care by recruiting additional mental health professionals at over 20 locations across the State
- ◆ \$3.1 million to fund increasing mental health rehabilitation in the community through recruitment of an additional 16 clinicians for the Mental Health Community Rehabilitation Program and
- ◆ \$19 million to fully fund the operational costs of the new Forensic Hospital at Long Bay.

In addition to the A New Direction in Mental Health plan a further \$2.6 million has been provided in 2008-09 for the expansion of the child and adolescent mental health program.

Increased Access

Emergency Department Services

Demand for emergency services is increasing at a rate greater than population growth and community ageing. In addition to the 456 beds and bed equivalents announced in the 2007-08 Budget, an additional 180 acute beds were added in 2007-08 to ease the pressure on the busiest emergency departments. The annual expenditure budget for the additional 180 beds will be \$48.9 million.

As part of this initiative, 35 full-time equivalent staff specialist positions have been allocated across the eight Area Health Services. The annual expenditure budget for these positions is \$9.84 million.

The combination of more beds and senior medical staff will help relieve pressure and ensure that patients requiring hospital admission are moved out of the emergency department to hospital beds in a timely manner.

New models of care have also been developed and implemented in our emergency departments to ensure that patients receive the best quality care available. These include fast track zones to provide access to timely care for those with minor injury or illness.

Elective Surgery Funding

The \$18.5 million funding provided by the NSW Government in the 2007-08 budget for elective surgery will continue in 2008-09 and thereafter.

The Commonwealth has provided NSW Health with \$28.9 million in 2008-09 under the Elective Surgery Waiting Times Reduction Plan (Stage 1). This Plan aims to provide surgery for waiting list patients within their recommended urgency timeframe. In New South Wales, the majority of patients not meeting their recommended timeframe are in category 2 (admission desirable within 90 days) and dental patients. The Commonwealth funding will target these patients to ensure that no elective surgery patients are over their recommended timeframe by the end of December 2008.

The Commonwealth has proposed that if this target is met and sustained through to 2011, additional funding will be available to New South Wales from the Commonwealth's \$300 million funding pool. The Elective Surgery Waiting List Reduction Plan has commenced in New South Wales and the trajectory to the zero target for overdue patient numbers is being continuously monitored.

Investing in Oral Health.

Provision of public oral health services and the prevention of dental diseases is a key focus for the Government.

Water fluoridation is a well proven strategy for reducing dental disease. From 2008-09, the Government will provide \$7.5 million over three years in capital subsidies for local councils and water supply authorities to expand water fluoridation in NSW communities. This is a key disease prevention strategy of the State Plan.

In addition, a further \$4 million will be invested in the recruitment and retention of public oral health practitioners state-wide. This will be achieved via a package of related initiatives including rural dental scholarships, a NSW Dental Therapist Reconnect Program, state-wide clinical conferences, upgraded clinical facilities and an expansion of the NSW International Dental Graduate Program.

Expanded Renal Services

Demand for renal services continues to increase across New South Wales. To meet this demand growth, the NSW Government is spending an additional \$5.1 million in 2008-09.

Better Ambulance Services

NSW Government strategies to enhance ambulance operative numbers have already seen the number of frontline on-road staff rise to 2,843 by March 2008, an increase of 13 per cent on July 2004.

The 2008-09 Budget includes a further \$7.2 million to recruit approximately 75 additional full-time equivalent staff in the Sydney area.

Sustainable Workforce

Investment in Nurses

In 2008-09, the NSW Government will spend \$3 million as part of its \$14 million commitment over four years to create a further 80 clinical nurse educator positions across the State to increase nursing workforce skills and enhance patient safety.

The roll out of the 10-hour night shift continues to be an important initiative for the NSW Government. In 2008-09, an additional \$3.5 million will be provided to fund 10-hour night shifts in John Hunter, Blacktown, Mt Druitt, Gladesville/Macquarie, Dubbo and Macksville hospitals.

Addressing Changing Demand and Priorities

Aboriginal Health

In 2008-09 the NSW Government will redirect health funding to address changes in demand and emerging priorities in health care delivery. The NSW Health budget will provide specific funding for Aboriginal communities through:

- ◆ providing \$19.1 million over four years (commencing with \$2.7 million in 2008-09) for the Building strong foundations for Aboriginal children, families and communities strategy. This strategy will extend services already provided under the Aboriginal Maternal and Infant Health Strategy to ensure that all Aboriginal families in New South Wales with young children have quality access to early childhood health services and
- ◆ enhancing the existing Housing and Accommodation Support Initiative (HASI) to include a more culturally appropriate HASI program for Aboriginal people. The NSW Government will spend \$15.2 million over four years (commencing with \$1 million in 2008-09).

This commitment to the health of Aboriginal communities in New South Wales is in addition to existing initiatives approved by the Minister for Health which will be expanded in 2008-09 to include an additional \$1.5 million for chronic renal care.

CAPITAL EXPENDITURE

The NSW Government is committed to a capital works program for NSW Health of \$2.3 billion over the next four years. The approved 2008-09 capital program totals \$839.5 million. This includes \$60 million capital expensing, and recognition of \$85.8 million for the Mater Hospital redevelopment and \$81.6 million for the Forensic Hospital at Long Bay Correctional Facility as Privately Financed Projects.

- ◆ Major new works include commencement of the Lismore Hospital Stage 2 Integrated Cancer Care Centre and redevelopment of Narrabri Hospital. New works will also include investment in major medical equipment throughout the State.

- ◆ Mental health remains a NSW Government priority and accordingly the Mental Health Capital Program continues in 2008-09. The 2008-09 Budget will allow construction to commence for the redevelopment of the Mandala Mental Health Unit at Gosford Hospital, forensic and tertiary mental health units at Bloomfield Hospital, and non-acute mental health units at St George and James Fletcher Hospitals. In addition, 2008-09 funds will support ongoing planning for child and adolescent units at the Sydney Children's Hospital and at Shellharbour, as well as a psychiatric emergency care centre at Prince of Wales Hospital.
- ◆ Large scale projects progressed in 2007-08 will continue, including Auburn Health Services redevelopment, Liverpool Hospital redevelopment stage 2 and the Royal North Shore Hospital redevelopment.
- ◆ Major projects in regional New South Wales will also continue, including the Orange Campus redevelopment (as a privately financed project) and Queanbeyan Hospital redevelopment.
- ◆ The Rural Hospital and Health Service Program Phase 4 will continue in 2008-09 with Coonamble and Manilla multi-purpose services commencing construction and the planning process commencing for Stage 4b.
- ◆ The Radiotherapy Services Strategy will continue with development of services at Orange Base Hospital.
- ◆ A cyclic maintenance program will be implemented to meet NSW Health's contractual obligations for privately financed projects (PFPs).
- ◆ The Ambulance Service capital enhancement program will provide for construction of new ambulance stations at Batemans Bay and Byron Bay. There are also funds for the Electronic Health Record and Government Radio Network and private mobile radio networks. There is an ongoing commitment in 2008-09 to progress:
 - construction of new ambulance stations at Auburn, Deniliquin, Liverpool, Nelson Bay and Ryde
 - replacement of the ambulance fleet and
 - acquisition of new medical equipment and maintenance.
- ◆ The following PFPs will be completed in 2008-09: the Newcastle Mater Hospital redevelopment and the Forensic Hospital at Long Bay Correctional Facility.

AGENCY RESULT INDICATORS

Make prevention everybody's business

Result Indicator	Units	2005-06 Actual	2006-07 Actual	2007-08 Budget	2008-09 Forecast
i) Adult immunisation– People aged 65 yrs and over immunised against:					
- Influenza	%	75	75	73	76
- Pneumococcal	%	54	61	59	60
ii) Fall injuries – Hospitalisations for people aged 65 yrs and over (age adjusted hospital separation rate per 100,000 population)					
- Males	no.	2,226	2,334	2,334	2,334
- Females	no.	3,007	3,173	3,173	3,173
iii) Children fully immunised – At 1 year	%	90	91	> 90	>90
iv) Chronic Disease Risk Factors (16+ yrs):					
- Alcohol (risk drinking behaviour)	%	32	33	31	30
- Smoking (daily or occasionally)	%	20	18	18	17
- Overweight or obese (%)	%	50	50	52	50
v) Potentially avoidable deaths – People aged <75 yrs (age adjusted rate per 100,000 population)					
- Aboriginal persons	no.	381	380	377	377
- Non-Aboriginal persons	no.	156	155	150	146

Notes: The desired outcomes for the above indicators are:

- i) Reduced illness and death from vaccine-preventable diseases in adults by targeting 80 per cent immunisation rate for people aged 65 yrs and over against influenza and 60 per cent against pneumococcal.
- ii) Reduced injuries and hospitalisations from fall-related injury in people aged 65 years and over.
- iii) Reduced illness and death from vaccine preventable diseases in children by targeting over 90 per cent rate of full immunisation.
- iv) Reduced prevalence of chronic diseases in adults by reducing the rate of risk drinking behaviour to 25 per cent by 2012, smoking by 1 per cent annually to 2010, and preventing any increase in the percentage of adults who are classified as overweight or obese.
- v) Achievement of the State Plan target of 150 per 100,000 population for all persons aged under 75 years by 2016.

Create better experiences for people using health services

Result Indicator	Units	2005-06 Actual	2006-07 Actual	2007-08 Budget	2008-09 Forecast
i) Ambulance response time - Potentially life threatening cases					
- 50th percentile Response Times - NSW	mins	9.5	9.8	9.8	9.9
ii) Off-Stretcher time < 30 minutes	%	76	78	81	80
iii) Emergency department cases treated within benchmark times					
- Triage 1 (within 2 mins)	%	100	100	100	100
- Triage 2 (within 10 mins)	%	80	87	86	84
- Triage 3 (within 30 mins)	%	61	71	76	75
- Triage 4 (within 60 mins)	%	66	74	74	73
- Triage 5 (within 120 mins)	%	86	89	89	89
iv) Emergency admission performance – patients transferred to an inpatient bed within 8 hours	%	75	78	79	78
v) Booked surgical patients seen within recommended waiting time					
- Urgent (within 30 days)	%	77	87	100	100
- Non-urgent (within 12 months)	%	84	96	100	100
vi) Unplanned and unexpected hospital readmissions within 28 days of separation – all admissions	%	7.1	7.0	7.1	7.0
Notes: The desired outcomes for the above indicators are:					
i) Reduced response times for cases requiring urgent pre-hospital treatment and transport, resulting in improved survival, quality of life and patient satisfaction.					
ii) Transfer of 90 per cent of patients from ambulance to hospital emergency departments within 30 minutes, resulting in improved survival, quality of life and patient satisfaction, as well as improved Ambulance operational efficiency.					
iii) - iv) Treatment of emergency department patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction. National triage performance benchmarks are 100 per cent for Category 1, 80 for Category 2, 75 per cent for Category 3, and 70 per cent for Categories 4 and 5. Target for emergency admission performance is 80 per cent transferred to an inpatient bed within 8 hours.					
v) Treatment of all booked surgical patients within recommended timeframes, resulting in improved clinical outcomes, quality of life and convenience for patients.					
vi) Minimal rate reflecting improved clinical outcomes, quality of life, convenience and patient satisfaction.					

Strengthen primary health and continuing care in the community

Result Indicator	Units	2005-06 Actual	2006-07 Actual	2007-08 Budget	2008-09 Forecast
i) Antenatal visits – Percentage of confinements where first antenatal visit was before 20 weeks gestation:					
- Aboriginal women	%	70	70	73	75
- Non-Aboriginal women	%	88	89	89	89
ii) Low birth weight babies - Weighing less than 2,500g :					
- Aboriginal babies	%	12.5	12.3	12.0	11.8
- Non-Aboriginal babies	%	6.0	6.0	6.0	6.0
iii) Postnatal home visits - Families offered and receiving a Families NSW visit within 2 weeks of the birth:	%	44	42	45	50
iv) Avoidable hospital admissions relating to the 8 conditions identified in the State Plan					
- Aboriginal persons	no.	2,104	2,452	2,459	2,216
- Non-Aboriginal persons	no.	47,768	53,727	51,809	48,520
v) Mental health acute adult readmission within 28 days to same facility	%	11.2	11.1	11.0	11.0
Notes: The desired outcomes for the above indicators are:					
i) Improved health of mothers and babies through increased antenatal visits.					
ii) Reduced rates of low weight births and subsequent health problems.					
iii) To solve problems that might arise with children before they become entrenched, resulting in the best possible start in life.					
iv) Reduced avoidable hospital admissions through early intervention and prevention and better access to community based services for conditions that can be appropriately treated in the community. The State Plan target is 15 per cent reduction by 2012 on the 2005-06 baseline.					
v) Minimal rate, reflecting improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.					

Ensure a fair and sustainable health system

Result Indicator	Units	2005-06 Actual	2006-07 Actual	2007-08 Budget	2008-09 Forecast
i) Resources distribution formula – average variation from target for all Area Health Services	%	2.5	1.6	<2.0	<2.0
Note: The desired outcomes for the above indicators are:					
i) Meet the health needs of populations in the various geographic areas of the State on an equitable basis by ensuring the average variation from target for all AHS is less than 2 per cent.					

Build a sustainable health workforce

Result Indicator	Units	2005-06 Actual	2006-07 Actual	2007-08 Budget	2008-09 Forecast
i) Staff Turnover – Permanent staff separation rate	%	14.2	14.9	14.5	14.0
ii) Workplace injuries	%	6.7	6.0	5.9	5.5
iii) Clinical staff –i.e. medical, nursing, allied health and Ambulance clinicians as a proportion of total	%	65.1	65.5	65.6	65.9
iv) Aboriginal staff –as a proportion of total	%	1.6	1.6	1.7	1.8
Notes: The desired outcomes for the above indicators are:					
i) Increase staff stability and minimise unnecessary staff turnover.					
ii) Minimise workplace injuries as far as possible. Workplace injuries data for 2006-07 is for the period July to December 2006 only.					
iii) Increase proportion of total salaried staff employed that provide direct services or support the provision of direct care.					
iv) Increase the number of Aboriginal staff in the NSW Health workforce and create an environment that respects Aboriginal heritage and cultural values.					

HEALTH CARE COMPLAINTS COMMISSION

The Health Care Complaints Commission is an independent statutory body reporting directly to the Minister for Health and to the Joint Parliamentary Committee on the Health Care Commission. The Commission is responsible for dealing with complaints against all health practitioners, hospitals, institutions and health programs in New South Wales to protect the health and safety of the public. The Commission's governing legislation is the *Health Care Complaints Act 1993*.

RESULTS AND SERVICES

The Commission contributes to the protection of the health and safety of the public by working towards the following results:

- ◆ The community has confidence that health care complaints reported are being properly investigated and effectively prosecuted.
- ◆ Consumers and health providers have a positive and active role in health care complaint outcomes.
- ◆ Systemic health care issues are addressed through recommendations to health care organisations.

Key services provided by the Commission which contribute to these results include:

- ◆ assessing and resolving health care complaints
- ◆ providing community based complaint resolution services including facilitated conciliation processes and
- ◆ investigating and prosecuting serious cases of inappropriate health care.

The key services provided by the Commission and the way in which they are expected to contribute to these results are set out in the following table:

Service Groups	2008-09 Budget Expenses \$m	Results		
		Confidence that health care complaints are being properly investigated and serious cases effectively prosecuted	Consumers and health providers have an active role in health care complaint outcomes	Systemic health care issues are addressed through recommendations to health care organisations
Complaints Assessment and Resolution	4.3	✓	✓	
Investigation and Prosecution of Serious Cases	6.5	✓		✓
Total Expenses Excluding Losses	10.8			

RECENT ACHIEVEMENTS

The Commission continued to improve its assessment and resolution functions and investigate serious complaints about health service providers. It has substantially improved the handling and investigation of complaints.

The Commission has also expanded its promotion and education activities to promote improvement in the quality of health care through provision of information about the nature of complaints and the use of complaint data as a quality improvement mechanism.

STRATEGIC DIRECTIONS

In 2008-09, the Commission will focus on:

- ◆ continuing to improve and develop its complaint resolution, investigative and prosecution services
- ◆ further developing its capacity to make effective recommendations to improve the delivery of health services
- ◆ developing effective processes to manage complaints about unregistered health practitioners
- ◆ improving the Commission's business processes, particularly in the area of case management and performance tracking through enhancements to its Casemate computer system and
- ◆ developing a promotion strategy to encourage lodgement of complaints and their use by health service providers as a quality improvement mechanism.

2008-09 BUDGET INITIATIVES

Total Expenses

Estimated total expenses of the Commission in 2008-09 are \$10.8 million. The Commission will continue to maintain and improve its current level of activities.

Capital Expenditure

Total capital expenditure in 2008-09 is estimated at \$191,000 for the upgrade and replacement of computer equipment.

AGENCY RESULT INDICATORS

The community has confidence that health care complaints reported are being properly investigated and serious cases prosecuted

Result Indicator	Units	2005-06 Actual	2006-07 Actual	2007-08 Budget	2008-09 Forecast
i) Complaints assessed that are subject to a request for review	%	11.5	10.5	8.0	8.0
ii) Investigations completed within 12 months	%	63	69	75	80
iii) Prosecutions proved/upheld	%	95	91	90	90
Notes:					
iii) This indicator is a benchmark for the effectiveness of the HCCC in handling complaints. The percentage should reduce over time.					
iv) This indicator is a proxy for investigations being conducted in a proper and timely manner.					
v) This indicator is a benchmark for the effectiveness of the HCCC in prosecuting serious complaints.					

Consumers and health providers have a positive and active role in health care complaint outcomes

Result Indicator	Units	2005-06 Actual	2006-07 Actual	2007-08 Budget	2008-09 Forecast
i) Complaint resolution clients satisfied with resolution service	%	75	75	80	80
Note:					
i) This indicator shows the effectiveness of the HCCC in assisting the complainant and health provider to actively participate in the resolution process to achieve a satisfactory complaint resolution outcome.					

Systemic health care issues are addressed through recommendations to health care organisations

Result Indicator	Units	2005-06 Actual	2006-07 Actual	2007-08 Budget	2008-09 Forecast
i) Recommendations implemented to improve health care services arising from investigation cases in the previous year	%	42	80	80	80
Note:					
i) This indicator shows the effectiveness of the HCCC in providing sound and practical recommendations that improve long term health care services. Measurement of this indicator commenced in 2005-06 and results for 2005-06 only show recommendations made and implemented in that year.					

CANCER INSTITUTE NSW

The Cancer Institute NSW was established in July 2003 by the *Cancer Institute NSW Act 2003* as a response to the need to further decrease the devastating impact of cancer on our society. The lifetime risk of cancer is one in two for men and one in three for women. Under this legislation, the Cancer Institute NSW is charged with substantially improving cancer control in New South Wales.

As a general government non-budget dependent agency, funding for the Cancer Institute NSW is predominantly derived from a grant from the Department of Health.

RESULTS AND SERVICES

The Cancer Institute NSW contributes to decreasing the impact of cancer on our society by working towards the following results:

- ◆ The incidence of cancer in the community is reduced.
- ◆ The likelihood of cure and longer survival is increased.
- ◆ Quality of life for cancer patients and their carers is improved.
- ◆ Research discoveries are translated into effective clinical practice, preventative and early detection measures.

Key services provided by the Cancer Institute NSW to contribute to these results include:

- ◆ preventative campaigns targeting reductions in risky behaviours, and funding of programs to support smokers seeking to quit smoking
- ◆ managing screening services to detect breast, cervical and bowel cancers early to enable early intervention and treatment
- ◆ promoting improvements in clinical practice by developing, coordinating and funding strategic programs to redesign clinical care
- ◆ funding research programs to enable translation of research discoveries into more effective clinical practice and
- ◆ collecting and analysing of cancer information to support improvements in clinical practice.

The key services provided by the Institute and the way in which they are expected to contribute to results are set out in the following table:

Service Groups	2008-09 Budget Expenses \$m	Results			
		Increased likelihood of cure and longer survival	Improved quality of life for cancer patients and their carers	Reduced incidence of cancer in the community	Improved health outcomes from the translation of research discoveries into practice
Cancer Services and Education	31.9	✓	✓		✓
Cancer Information and Registries	10.9	✓	✓	✓	
Prevention	20.2			✓	
Research	31.1	✓			✓
Screening	58.9	✓	✓	✓	
Total Expenses Excluding Losses	153.0				

RECENT ACHIEVEMENTS

Additional funding and effective management of screening programs have resulted in:

- ◆ an increase of 8 per cent since July 2005 in the proportion of women aged 50-69 who have had a mammogram using the BreastScreen NSW facility. This is an increase of over 55,000 NSW women aged 50-69 participating in biennial screening
- ◆ a reduction of 18 per cent in breast cancer and 47 per cent in cervical cancer mortality rates over the last 10 years, mainly due to screening and advances in treatments and
- ◆ development of web-based modules on cancer incidence, mortality and treatment (containing more than 350 cancer treatment programs) which are currently receiving over 300,000 hits per month by patients, doctors, nurses and carers.

The Cancer Prevention Division's Tobacco Program continues to contribute to tobacco control in New South Wales and deliver significant results.

- ◆ Smoking rates in New South Wales have fallen to the lowest levels on record. The New South Wales Population Health Survey estimated that in 2006 around 18 per cent of NSW adults smoked. Only 13.9 per cent of people smoked daily, including 12.9 per cent of women and 15 per cent of men.
- ◆ Since 2003 more than 155,000 smokers have quit.
- ◆ Since 2005, social marketing campaigns have contributed to an increased demand by smokers for the NSW Quitline. In 2007, over 40,000 calls were received, up 47 per cent on 2005.
- ◆ The proportion of NSW secondary school students who reported being current smokers declined significantly from 14.6 per cent in 2002 to 10.3 per cent in 2005.
- ◆ The 4.6 per cent decline in smoking rates between 2003 and 2006 is estimated to save the community between \$2.2 billion and \$5.3 billion over the next 20 years.

STRATEGIC DIRECTIONS

A NSW Cancer Plan for 2007-10 has been developed by the Cancer Institute NSW following a consultative process with relevant stakeholders. The initiatives from this plan will enable the Cancer Institute NSW to achieve the planned results in cancer services and outcomes. Key initiatives include:

- ◆ a continued strong focus on proven tobacco control programs with savings in health cost
- ◆ expansion of other cancer prevention programs with an increased focus on melanoma awareness and lifestyle cancers, caused by alcohol, obesity and lack of physical activity
- ◆ a continued focus on increasing participation rates through the promotion of the benefits of screening for breast and cervical cancers and a new focus on the Commonwealth Government's bowel cancer screening program to detect small curable cancers
- ◆ a State-wide rollout of digital mammography technology and the implementation of a BreastScreen business information system that will improve coordination of the program and provide a framework for a central repository of breast screen data
- ◆ development of smarter care models and a Cancer Services Accreditation Program to improve the depth, quality and efficiency of cancer services
- ◆ establishment of the NSW Cancer Trials Network to apply new research discoveries directly to more effective treatment as quickly as possible
- ◆ expansion of cancer information databases and reports to enable the capture of cancer screening and hereditary cancer data, and improved dissemination of information to researchers, government and practitioners and
- ◆ increased partnering with private sector organisations to leverage their skills and expertise and use their capacity to provide high quality care and to reduce health costs.

2008-09 BUDGET INITIATIVES

Total Expenses

Total expenses for the Cancer Institute NSW in the 2008-09 Budget are \$153 million. Of these expenses, \$136.2 million or 89 per cent will fund clinical initiatives in the Area Health Services and hospitals. Significant areas of expenditure in 2008-09 will include:

- ◆ \$20.2 million for prevention programs developed and coordinated by the Cancer Institute NSW
- ◆ \$58.8 million for screening programs
- ◆ \$31.9 million for cancer services and education, including approximately \$11 million for approved ongoing funding for positions such as lead clinicians, care coordinators and cancer service development managers in the Area Health Services for improved cancer treatments, and \$500,000 for rural patient transport subsidies
- ◆ \$31.1 million for translation of new cancer research discoveries into more effective clinical practice and
- ◆ \$10.9 million allocated to cancer information and registries, including the Central Cancer Registry, the Pap Test Registry, Clinical Cancer Registry and the Hereditary Cancer Registry.

The 2008-09 Budget will see the continued roll-out of the Government's commitment to expand BreastScreen services. The introduction of digital mammography imaging technology will provide faster results and improve breast cancer detection. The new technology will enable an x-ray or mammogram to be electronically sent across the state or elsewhere to ensure the doctor or patient can get the images and subsequent results of high quality as quickly as possible.

Capital Expenditure

The proposed capital expenditure for the Cancer Institute NSW in 2008-09 is \$3 million including:

- ◆ \$2.2 million for the redesign of the Cancer Registry, enabling electronic transmission and recording of case details to provide quicker, accurate and more enhanced information
- ◆ \$360,000 for an enhanced Cancer Institute NSW website
- ◆ \$200,000 for Cancer Institute NSW Standard Cancer Treatments upgrade which will provide an updated enhanced website for clinicians use in accessing treatment protocols and
- ◆ \$200,000 for other various proposed minor works.