

SELECT COMMITTEE ON OFF-PROTOCOL PRESCRIBING OF CHEMOTHERAPY IN NSW

Inquiry into off-protocol prescribing of chemotherapy in New South Wales

HEARING: SYDNEY, MONDAY 31 OCTOBER 2016

NSW Health – Professor David Currow, Karen Crawshaw, Susan Pearce

Questions taken on notice during the hearing

The Hon. WALT SECORD: So there are eight patients or their families in New South Wales who are unaware that they were underdosed at Macquarie University hospital.

Ms CRAWSHAW: The latest information is from 24 October. It is now 31 October. We will follow this up to see whether we can provide any assistance in locating the eight patients.

The Hon. WALT SECORD: So eight patients still have not been contacted?

Ms CRAWSHAW: That is correct. Of the 21, 13 have been contacted.

ANSWER:

Since the Hearing, the Ministry has been advised that the Hospital has contacted 18 patients or their families. The Hospital sought the assistance of the Ministry to confirm if there was any further and more up-to-date information held by the Ministry that could assist them in contacting the three remaining patients.

The Ministry provided assistance and confirmed that two patients were deceased and the information held by the Ministry matched exactly on name, address, sex and date of birth, to the information provided by the Hospital. The remaining patient was admitted to a public hospital in 2014 and was discharged home. The home address for the admission was the same as provided by the Hospital and there are no subsequent linked records for this person.

The Hospital confirms that it has not been able to contact any of the three patients or their families.

The Ministry is confident the Hospital has acted in all good faith and has made all reasonable efforts to contact these patients and their families and unless a family member comes forward all avenues for contact have been exhausted.

Mr JEREMY BUCKINGHAM: When you said that the ministry had nothing to do with it, you do not know whether or not the ministry had anything to do with the drafting of the terms of reference of this inquiry.

Ms CRAWSHAW: As a senior executive in the ministry and in an area I would normally be involved, if terms of reference of some kind were to be drafted that would normally be something I would be aware of. But, no, I would have to ask directly each of my colleagues to give you a hand-on-heart answer.

Mr JEREMY BUCKINGHAM: Could you take that on notice?

Ms CRAWSHAW: Yes.

ANSWER:

Ms Crawshaw advises that she has made relevant inquiries and to the best of her knowledge and belief the Ministry was not involved in drafting the terms of reference of the Inquiry.

Mr JEREMY BUCKINGHAM: One final question to Professor Currow. Was Dr Stephen Cooper one of the four clinicians that declined to give evidence to your inquiry?

Professor CURROW: Again, the basis of this report has not been about identifying individuals.

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Ms CRAWSHAW: We would want to take on notice any question that started to stray into the realm of wanting us to name individuals in the report or individual patients in the report.

Mr JEREMY BUCKINGHAM: Will you take that question on notice?

Ms CRAWSHAW: We will take on notice about whether we can stray into that area.

ANSWER:

The basis of the Section 122 Inquiry was not about identifying individuals. One of the reasons people felt that they could come forward generally and talk to the Inquiry was because there was a commitment to respect their confidentiality and it was made clear that their names would not be made public.

Mr JEREMY BUCKINGHAM: Thank you, it is my very last question. The report said that St Vincent's Hospital management did not appropriately escalate the issue to the Ministry of Health for a report of incident brief [RIB] as required by the incident management policy. It also says that the incident management policy under clause 2.5.6 of the Incident Management Policy—St Vincent's Hospital should have consulted the Ministry of Health when they determined to go to an external review, which they did not do.

Mr JEREMY BUCKINGHAM: It also states that St Vincent's did not activate the NCCC [sic] policy. What has been the outcome, other than a recommendation for more education at St Vincent's, of not activating those policies? How is that not a cover-up?

Ms CRAWSHAW: A cover-up by?

Mr JEREMY BUCKINGHAM: By St Vincent's, by not enacting those policies of reporting to the ministry. What is the outcome of that?

The Hon. TREVOR KHAN: We cannot allow you to have the last question again.

Mr JEREMY BUCKINGHAM: It is a pretty important one, Trevor.

The Hon. NATASHA MACLAREN-JONES: Is it a question or a statement?

Mr JEREMY BUCKINGHAM: There are policies in place. They completely ignore them. What is the outcome for them? Are there any punitive measures or any recourse for the ministry?

The Hon. BRONNIE TAYLOR: Take that on notice, that question.

Ms CRAWSHAW: Well—

The Hon. BRONNIE TAYLOR: You can take that on notice.

The CHAIR: You could take that on notice. It was a quite lengthy statement.

Ms CRAWSHAW: Okay.

ANSWER:

St Vincent's Health Network was escalated to a performance level of two under the NSW Health Performance Agreement Framework on 14 April 2016 in response to the Section 122 Inquiry Interim Report. This performance level indicates that the Network was Under-Performing. As part of the Performance Framework, any service categorised as Level two requires that service to undertake an in-depth assessment of the relevant problem, identify options to address it, provide a detailed recovery plan and meet the Ministry of Health monthly to discuss progress. In this instance, the Inquiry Interim and Final Reports and their recommendations have served as the recovery plan. Updates on actions taken by St Vincent's Hospital to address Inquiry recommendations are provided at monthly meetings with the Ministry.

In relation to individual accountability, that is the responsibility of the HCCC as regulator and St Vincent's as employer.