

INQUIRY INTO THE OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL**Macquarie Room, Parliament House, Sydney****Tuesday 5 November 2019****QUESTION 1.**

The Hon. WALT SECORD: Have you investigated or do you have concerns about the Northern Beaches Hospital creating a three-tier system: private patients, public patients, and then country patients at the bottom of the rung? Are you concerned about that?

Ms PEARCE: I will make a comment and I am sure Ms Willcox has further comments to make. Of course, any such notion would be concerning to us. However, what we do know about the Northern Beaches Hospital and other hospitals, in fact, in the metropolitan area of Sydney is that there is a fairly strong inflow from rural hospitals when needed for people that do need a higher level of service. The Northern Beaches Hospital, I believe, is receiving patients from outside of the northern beaches catchment, as did Manly and Mona Vale. So there is no questioning the data: There are patients coming to Northern Beaches Hospital—

The Hon. WALT SECORD: From country areas?

Ms PEARCE: —from outside of the catchment of the northern beaches. I cannot answer you specifically from—

The Hon. WALT SECORD: Would you have data to show if they are coming from outside of Sydney?

Ms PEARCE: I would have to take that on notice, Mr Secord.

The Hon. WALT SECORD: If you could provide that in the last year: how many patients were treated from outside of Sydney. Not the catchment area, but outside of Sydney and country and rural regional areas.

ANSWER

From October 2018 to September 2019, 373 patients with a residential address outside of metropolitan Sydney were admitted to Northern Beaches Hospital. The rate of patients attending Northern Beaches Hospital who reside outside Northern Sydney Local Health District is closely aligned with the rate previously observed at Manly and Mona Vale Hospitals.

QUESTION 2.

Ms Cate FAEHERMANN: Community Care Northern Beaches said that despite its best endeavours they have not had opportunities to meet with the hospital and discuss better community pathways. They talk about a lack of formal support and communication protocols, meaning the client-patient outcomes are dependent on personal relationships between individual hospital staff and Community Care Northern Beaches. Some of the examples they gave are incredibly distressing. One was about a person they call Harry, who has a history of drug and alcohol addiction. He was admitted to Northern Beaches Hospital following a suicide attempt. The hospital social worker referred to Community Care Northern Beaches Seasons Program; however, he was not referred to that. They were told that Harry would be in hospital for a week, but he was discharged the following day and unfortunately suicided a day later. There are a couple of examples like that. If you are suggesting that the hospital will be asked to look at its referral pathways, could you provide on notice the Northern Beaches Hospital's referral pathways for people presenting with suicidal ideation and what the formal process is?

Ms WILLCOX: Yes, I can see no problem with sharing that with the Committee. Again, I would like to offer to meet with Community Care Northern Beaches. I would be very pleased to do so.

ANSWER

Northern Beaches Hospital policy document NBH-08047 for people presenting with suicidal ideation aligns with the NSW Health Policy Directive PD2016_056 *Transfer of Care from Mental Health Inpatient Services* for discharging consumers of NSW Health Mental Health Services. Consistent policies assist the specialist mental health workforce to provide integrated and connected care across community, inpatient and emergency settings.

Under this policy, people presenting with suicidal ideation are triaged, assessed and treated according to risk as they enter Northern Beaches Hospital.

These consumers are then referred to the local public Mental Health Acute Care Team for follow up within seven days which is consistent with the NSW Health Policy as above.

The Northern Beaches Hospital also refers consumers presenting with suicidal ideation for community follow up to Brookvale Community Health Centre if they reside locally, or to the appropriate service in their local area.

Northern Beaches Hospital have implemented a Discharge Checklist to ensure all referrals to local community mental health services are consistent and made in collaboration with both the consumer and their carers. The checklist ensures that on discharge the consumer and carer are aware of the referral pathways for community support.

QUESTION 3.

The CHAIR: In relation to the issue of transparency and reportage, with respect to the matter of the hospital failing to meet KPIs and matters of abatements having to be dealt with accordingly because there has been a failure to actually achieve what is required of them under the deed, is that information published by NSW Health in the public domain? Bear in mind that this is different from a public hospital. This is a separate new entity called a PPP. This morning we had evidence that people use that the language that this is a private hospital contracted to provide a public service so it is different from anything else that you have in the system. But with respect to the failure to meet the KPIs and the requirements for abatements to be accounted for, is that published by NSW Health?

Ms WILLCOX: Those particular performance measures are not published by NSW Health although, as Ms Pearce indicated, the Bureau of Health Information will be publishing a full suite of performance activities now that the internal systems within Healthscope have been resolved and will enable that to be independently published.

The CHAIR: In terms of the failure to meet these requirements which will invoke the abatement requirements to be adhered to, though?

Ms PEARCE: I guess the point is, Mr Donnelly, that through the KPI reporting that Vhi [BHI] does for all of our hospitals you can clearly see hospitals that are meeting their KPIs and those who are not. The Northern Beaches Hospital will be treated in the same way as everyone else in that regard. The matter of abatements is obviously contractual and to some extent separate, even though the two relate.

The CHAIR: No. That is what I am getting at.

Ms PEARCE: Yes. But, in the interests of transparency, obviously reporting against KPIs for the Northern Beaches Hospital will be the same.

The CHAIR: But NSW Health does not publish information specifically. This hospital is a unique situation. With respect to the deed and requirements under the deed, as opposed to KPIs in general, you do not publish the issues whereby abatements need to be accounted for; in other words, the KPIs physically under the deed are not being accounted for.

Ms PEARCE: That is correct.

The CHAIR: Right. Is there any requirement on Healthscope to publish that in the public domain in any way?

Ms PEARCE: We would have to take that on notice, but not that I am aware of.

ANSWER

Specific results against identified key performance indicators are confidential information under the Project Deed, and are not published.

However, under the Reporting regime of the Project Deed, Northern Beaches Hospital is required to supply performance data to NSW Health. This data is then published through established public communications, including the Bureau of Health Information.

Healthscope also publishes a range of performance data on its own website (<http://www.healthscopehospitals.com.au/quality/my-healthscope/northern-beaches>), but the Project Deed does not require Healthscope to publish specific data in the public domain.

QUESTION 1.

The committee is concerned to ensure that public patients are not disadvantaged in access to timely, quality care, especially in an emergency. Emergency coronary procedures have emerged as a particular area of concern, noting the distance that patients must travel in order to access care at Royal North Shore Hospital.

- (a) What coronary care services for public patients are in the deed, and what are outside?
- (b) What steps is the LHD taking to monitor and ensure that all patients requiring acute coronary care receive it in a timely way?
- (c) Beyond coronary angiography services, are negotiations taking place to extend other coronary services to public patients, and if so, within what timeframes?
- (d) In practical terms, how are you ensuring that there is no inequity of access for public patients in respect of any care?

ANSWER

- (a) Northern Beaches Hospital is delivering a Level 5 Cardiology Service, as defined in the NSW Health Guide to the Role Delineation of Clinical Services, and includes diagnostic angiography (assessment of heart vessels).

This covers the management of acute and chronic heart disease, including acute coronary syndromes, rhythm disturbances, valvular heart disease and heart failure. As part of this, Northern Beaches Hospital must provide:

- *an Emergency Department to treat acute and chronic cardiac conditions;*
- *a coronary care unit; and*
- *a diagnostic angiography service;*
- *transthoracic and transeosophageal echocardiography, stress testing, Inpatient elective cardioversion services as well as Inpatient telemetry beds.*

- (b) The Northern Sydney Local Health District monitors the treatment of emergency presentations (including patients requiring acute coronary care), principally through daily reporting of emergency presentations and real-time ambulance arrivals.

Northern Sydney Local Health District also monitors the quality of care for patients outside of the Emergency Department through a range of clinical indicators, including the reporting of all adverse event and the rate of patients requiring unplanned re-admission to intensive care.

- (c) Yes, these negotiations are underway. It is expected that further services will be available in early 2020.
- (d) Northern Beaches Hospital is required to honour and observe the principles and commitments set out in the National Healthcare Agreement 2012, including as to a person's right to choose to be treated as a public patient.

Northern Beaches Hospital must provide appropriate clinical treatment for all people who present at, or who are referred to the facility, irrespective of financial status and otherwise treat all public patients who present at the facility with a condition which is consistent with the service specifications and the role delineation.

Northern Sydney Local Health District has a strong and collaborative relationship with Northern Beaches Hospital to ensure that these obligations are fulfilled, and further, to ensure the safe and effective transfer of any patient whose condition requires treatment that cannot be provided from the facility.

QUESTION 2.

A number of stakeholders raised out of pocket costs for public patients as a concern.

- (a) What is the LHD's perspective on this issue?
- (b) By what mechanisms is it ensuring such costs are limited?

ANSWER

- (a) In previous responses, Healthscope has confirmed that a small number of administrative errors were made in the initial operating term, which resulted in public patients receiving invoices for imaging and pathology services. These issues have been rectified, and any patient who has concerns regarding out of pocket expenses is encouraged to contact Northern Beaches Hospital directly.
- (b) Public patients requiring in-hospital (admitted) care at Northern Beaches Hospital do not incur any out of pocket charges.

Consistent with practice across NSW, a range of non-admitted services such as private specialist, private imaging and private pathology may incur out of pocket expenses, and providers are required to gain informed financial consent before these services being provided.

QUESTION 3.

What is your response to the ongoing concern among stakeholders about some patients having to travel significant distances for trauma care?

ANSWER

All clinical services in the NSW public health system are provided through a network of linked facilities. For specialist care, such as complex paediatric surgery, significant burns, or spinal cord injuries, NSW Health provides specialist facilities.

Major trauma is also a specialist clinical service, which is only provided through identified major trauma centres, to ensure the best possible clinical outcome for these patients

Patients experiencing minor trauma are able to be managed at Northern Beaches Hospital, and since the transfer of acute service from Manly and Mona Vale Hospital, residents of the Northern Beaches are able to receive a greater level of complex care, closer to home.

QUESTION 4.

There was some discussion in your 5 November hearing about 'patient flow' towards Royal North Shore Hospital. Please provide more detail on the impact you have observed in demand at RNSH since the opening of Northern Beaches Hospital?

ANSWER

Since the opening of Northern Beaches Hospital in October 2018, acute admissions to Royal North Shore (for people from the Northern Beaches) has reduced by approximately 23 per cent. This reduction is in line with health service planning projections.

QUESTION 5.

With regard to maternity services:

- (a) How is the hospital tracking in terms of midwife-led births versus obstetrician led births, compared with public hospitals?
- (b) How is the hospital tracking in terms of rates of intervention in births, compared with public hospitals?
- (c) What is your view on whether targets would assist in ensuring that rates of intervention in births do not escalate?

ANSWER

- (a) The Northern Beaches Hospital Birthing Model ensures collaborative practice, so that all low risk women have pregnancy care with midwives. The midwives work under the midwifery consultation and referral guidelines, consulting and referring to obstetrician colleagues where indicated.
- (b) Based on available data, in 2018 Northern Beaches Hospital had lower rates of induction of labour, higher rates of instrumental delivery and caesarean section, and similar rates of pain relief using epidural-spinal analgesia, compared to hospitals in the same peer group and public hospitals overall (Table 1)

Table 1: Selected birth interventions for Northern Beaches Hospital and comparison hospitals, 2018

Intervention	Northern Beaches Hospital (n=272) ¹ %	Peer Group B (n=27,980) ^{2,3} %	Public hospitals (n=73,891) ² %
Induction of labour	26.5	34.0	33.8
Instrumental delivery ⁴	18.8	10.5	11.4
Caesarean section	35.3	29.4	30.9
Pain relief using epidural-spinal analgesia ⁵	44.9	45.4	48.3

Source: NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Notes:

1. Data for Northern Beaches Hospital covers the period 31 October 2018 to 31 December 2018.

2. Data for Peer Group B and Public hospitals covers the period 1 January 2018 to 31 December 2018.
 3. Peer Group B includes public hospitals with a peer grouping of Major hospitals group 1 (B1) and Major hospitals group 2 (B2).
 4. Instrumental delivery includes forceps and vacuum extraction.
 5. Epidural-spinal includes epidural, spinal, combined epidural and spinal, and caudal anaesthesia.
- (c) Northern Sydney Local Health District measures a range of clinical quality indicators to ensure safe and effective care is provided to birthing women at Northern Beaches Hospital. These measures are reviewed, initially each six months, to ensure that they continue to support safe and effective care, in line with NSW Health policies.

QUESTION 6.

Numerous inquiry participants voiced concerns about patient safety. How do the clinical governance mechanisms of the hospital compare with other public and private hospitals in the LHD?

ANSWER

The Northern Beaches Hospital Safety, Quality and Risk Management framework describes Northern Beaches Hospital's approach to clinical safety and quality, and the internal accountability for achieving high quality standards and the reduction of risk.

The Project Deed sets out specific key performance indicators (KPIs) used to measure performance of Northern Beaches Hospital.

A number of the KPIs are drawn from the Australian Council on Healthcare Standards (ACHS) dataset and results are benchmarked against peer reporting facilities. This includes clinical indicators measuring emergency, surgery, mental health outcomes (for example, seclusion), obstetrics, and hospital acquired infections (for example, staphylococcus aureus bloodstream infections).

Northern Beaches Hospital must also comply with quality and safety standards required to maintain their private hospital licence.

In addition to the KPI regime, Northern Beaches Hospital must work with NSW Health in providing data in line with the data provided by other NSW public hospitals. This includes data on Hospital Acquired Complications (for example hospital acquired pressure injury), Mental Health (for example, absconding, restraint and seclusion) and surgery (for example, Overdue Elective Surgery Patients).

Northern Beaches Hospital complies with relevant legislation or statutory bodies with respect to Reportable Incidents, Sentinel Events and Root Cause Analysis (RCA).

Northern Beaches Hospital was assessed against the National Safety and Quality Health Service Standards (NSQHS Standards) in November 2018 and interim accreditation was achieved (as per new hospital assessment). Northern Beaches Hospital underwent full assessment again in November 2019, and achieved full accreditation without recommendations.

QUESTION 7.

Inquiry participants also expressed a concern about the loss of public outpatient clinics. How is this being addressed?

ANSWER

Outpatient services mirror what was provided at Manly and Mona Vale hospitals and are required to be provided in accordance with the Services Specifications listed under Schedule 14 of the Project Deed.

For specialist services not part of the Services Specifications, initial consultations may be bulk billed, or there may be out-of-pocket costs for patients, depending on an individual specialists' fee structure.

Public patients who have received inpatient care at the hospital are not charged for follow-up consultations at the hospital or in the specialist's rooms.

Northern Sydney Local Health District is continuing to work closely with Northern Beaches Hospital to ensure that the clinical needs of the community are fully met, including through the availability of outpatient services.

QUESTION 8.

There was some discussion in the 5 November hearing of the ability to renegotiate elements of the deed of between Healthscope and the LHD. Noting that there may be some overlap with question 1 above in respect of coronary care:

- (a) What specific aspects of the deed have been renegotiated since it was originally signed and when will these changes come into effect?
- (b) What changes are being considered?
- (c) Please provide an overview of what KPIs are published, where and when.

ANSWER

- (a) No elements of the Project Deed have been re-negotiated since it was signed.
- (b) The Project Deed provides the mechanism for setting the activity profile at Northern Beaches Hospital on an annual basis. Each year Northern Sydney Local Health District issues an Annual Notice to Healthscope, setting out the type and volume of services that are to be provided at Northern Beaches Hospital.

This mechanism allows Northern Sydney Local Health to take into account matters such as changes in the need for clinical services in setting the activity profile at Northern Beaches Hospital.

- (c) The KPIs form part of the Project Deed which is available on the NSW Treasury website (in redacted form). Specific results against identified KPIs are classified as confidential information under the Project Deed, and are not published.

Northern Beaches Hospital is required to supply performance data to NSW Health. This data is then published through established public communications, including the Bureau of Health Information.

Healthscope also publishes a range of performance data on its own website (<http://www.healthscopehospitals.com.au/quality/my-healthscope/northern-beaches>).