NSW GOVERNMENT | Health

Question on notice

CURRENT AND FUTURE PROVISION OF HEALTH SERVICES IN THE SOUTH-WEST SYDNEY GROWTH REGION

15 July 2020 Hearing

QUESTIONS ON NOTICE

QUESTION 1 -

Dr LYONS: If I could just add: Ms Larkin is the Chief Executive of the local health district and the mental health team in my division have regular contact about ensuring that the appropriate support is provided. We have had a lot of advocacy from Ms Larkin and her team about some of the challenges that are faced and they are issues around workforce, particularly around senior medical specialists in the public sector in south-western Sydney and the ability to attract and retain those psychiatrists in our workforce. We have had strategies in place to improve that and I think it has improved over the last 12 or 18 months.

Ms LARKIN: Significantly around medical staffing. Our medical staffing is probably the strongest it has been.

Dr LYONS: Yes. We have been very closely working to address those issues.

The Hon. EMMA HURST: Do you mean that the number of medical staff has increased?

Ms LARKIN: Increase, but we have retained them in terms of the health service and that is very important.

The Hon. EMMA HURST: How much have they increased by?

Ms LARKIN: I could not—

The Hon. EMMA HURST: You can take that on notice, of course.

Ms LARKIN: I am happy to do that.

Dr LYONS: I think the issues around the constraints in terms of beds is well recognised and we have planned for additional services. Ms Larkin has talked about the Campbelltown Hospital redevelopment. There will be a 33 per cent increase in the number of inpatient beds so there will be 62 extra inpatient beds when that redevelopment is complete. We recognise the need for us to continue to support those services in the interim, though, so the focus will be on how we can support better care in the community setting, given that the inpatient services are at capacity at the moment. That will be a continuing focus of investment over the years between now

and when Campbelltown comes online.

The Hon. EMMA HURST: Can I put on notice any data around those retention rate changes as well? That would be really useful.

Ms LARKIN: Yes.

ANSWER

Medical staffing in South Western Sydney Local Health District has increased between June 2012 and June 2020 by 41 per cent.

Of medical staff employed by South Western Sydney Local Health District between July 2016 and June 2020, approximately 49 per cent were retained for four years or more within the District.

QUESTION 2 –

The Hon. WALT SECORD: Ms Larkin, why are patients at Liverpool Hospital waiting 300 days for hip replacements when they can get a similar procedure at the Royal Prince Alfred Hospital in 22 days?

Ms LARKIN: There is a significant volume of surgical activity in south-western Sydney. In relation to wait times, we have increased the amount of care that we have provided and that is obviously come about through growth, but there are wait times for particular surgeries in the south-west, yes.

The Hon. WALT SECORD: What are other wait times? For example, hip replacements is 300 days. What would be the average wait for cataract removal?

Ms LARKIN: Can take that on notice in terms of the specific wait times?

The Hon. WALT SECORD: Okay. If you are going to take that on notice, then could you also, when you take that on notice, show the average wait for cataract removal? When you are placed on the list, when does the meter start running in the sense of the wait? Is the wait from the referral to the specialist or when you meet your GP for the first time?

ANSWER

There is a significant volume of surgical activity delivered in south western Sydney. *The Surgical and Procedural Services Plan to 2031* is guiding the development and enhancement of surgical services in the South Western Sydney Local Health District to ensure the current and future needs of the community are met. The Plan provides a staged approach to build cohesive and network service provisions across the District.

Patients requiring elective surgery are prioritised by their treating clinician. Clinical priority categories are assigned based on the patient's clinical condition and the urgency in which they require surgery.

The use of clinical priority categories ensure that patients receive care in a timely and clinically appropriate manner. If a patient's condition changes, their specialist can alter their clinical priority category.

The categories used in NSW Health are:

Category	
Category 1 – urgent	Procedures to be completed within 30 days
Category 2 – semi-urgent	Procedures to be completed within 90 days
Category 3 – non-urgent	Procedures to be completed within 365 days

Note: Category 3 and most Category 2 surgeries was temporarily suspended due to the COVID-19 pandemic. The District is currently working to decrease waitlists internally and through referrals to private facilities.

The average wait times for hip replacement surgery in the District for financial year (FY) of 2019-20 were within the above NSW Health clinical timeframes for all categories. The Bureau of Health Information reports on elective surgery wait times, including by facility and Local Health District.

The average wait times for cataract surgery in the District for the financial year (FY) 2019-20 were within the above NSW Health clinical timeframes for all categories. The Bureau of Health Information reports on elective surgery wait times, including by facility and Local Health District.

QUESTION 3

Ms CATE FAEHRMANN: Just to get back to the request from health professionals working in the south-west, they particularly suggested that doing something like looking at the data, transparency and reporting would help address the historical inequalities in the system. They are referring specifically to, at the moment, reporting in relation to activity but that is not reported against the capacity such as the number of staff of a hospital, the funding they get or what have you. Is that correct?

Dr LYONS: The activity based management portal actually has that activity and the inputs so the staffing levels and the other components that are actually used to provide that care are counted as a part of that. So it is used to assess the activity and the resources used in providing that activity.

Ms CATE FAEHRMANN: Is that publicly available when you compare the funding of hospitals, their resources, beds and the numbers of staff? Is that all readily available?

Dr LYONS: Yes it is, and length of stay and readmission rates, the performance through emergency departments—all of those things are available and are able to be compared.

Ms CATE FAEHRMANN: Dr Lyons why would there be this impassioned plea? We had many excellent submissions yesterday and many, by the way, consulted so much of their medical staff within the hospital to compile the submissions, so they are incredibly considered. This is the plea from the Campbelltown-Camden executive. If the Committee were only able to do one thing then it requested that a data set be developed and reported that allowed for comparison of resourcing alongside performance then we would be well placed to address the historical inequalities of resourcing that exists in South Western Sydney. Why do they say that? Have you read that submission? Do you suggest it is incorrect?

Dr LYONS: I have not read the submission, no.

Ms CATE FAEHRMANN: I suggest that you read the submission and address their concerns on notice? I find it very surprising that I am trying to get a response. I am not suggesting you are avoiding that but it is clearly something they have asked the Committee to look at and it would be good to get to the bottom of their issues.

Dr LYONS: Let me acknowledge that those clinicians are working extremely hard in an environment which is under extraordinary pressure activity wise. There is ongoing growth and activity as we have reflected and that we are providing more resources based on the fact that there is that pressure. They are very busy and are working very hard and I want to acknowledge the work that they do. You can also see that the growth in those hospitals is actually higher than some other hospitals. They would be looking at the fact that they are working hard and there is more work coming and comparing that to hospitals which may not be growing in activity as fast and feeling like they are under pressure—of course they are. But we are responding by putting more resources in and planning for the future when more capacity will be required. I just make those general comments and I am happy to take the additional on notice.

ANSWER

NSW Health funds Local Health Districts (LHD) and Specialty Health Networks (SHN) based on a combination of Activity Based Funding (ABF) and block funding (where it is not appropriate to apply ABF). Approximately 82 per cent of the District's budget is ABF and includes Acute Inpatient activity, Emergency Departments, Sub Acute Inpatient services, Acute Mental Health and Non- Admitted (outpatient) patient services (excluding Mental Health outpatients).

Activity Based Funding is a way of funding hospitals for the number and mix of patients treated. ABF takes into account that some patients are more complex and resource intensive to treat than others. Under the ABF model in NSW, health services are funded at a unit price (weighted activity unit) based on activity agreed in service agreements with the Secretary of NSW Health.

ABF does not fund on a "per capita" basis but instead, pays for the work undertaken at the facilities within the District. Hospitals are funded for the work they undertake irrespective of the residential location of the patients. This is in line with the National ABF model introduced in 2012. The "per capita" comparisons and the reports referenced in the Campbelltown and Camden Emergency

Department Executive submission (Submission 25) are not appropriate under the current National and NSW ABF funding models.

Health systems across Australia have collected information on every patient interaction within the public health services for the past 23 years. This information is subsequently costed, with costs available at an individual patient level. NSW is at the forefront of patient level costing and currently undertakes the process twice a year. In 2013, NSW Health developed a tool (ABM Portal) to provide this information back to the health system. NSW also adopted an Activity Based Management (ABM) methodology to provide for a more evidenced based management approach. ABM, through the ABM Portal uses patient level costing to inform strategic and operational decision making.

The ABM Portal was a significant improvement to assist health executives, management, clinicians and other staff in understanding the cost and activity of healthcare in NSW. The Portal is an interactive web-based tool aimed at assisting in the evaluation of the efficiency and efficacy of health service delivery in order to review and improve care, leading to better patient outcomes.

Access to the ABM Portal is granted by the Chief Executive or delegate of the District or Network and access is available to all NSW Health staff.