

Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Hearing – 16/06/2021

Questions on Notice

QUESTION 1 – Page 32-33

The Hon. WALT SECORD: How many hospitals and MPSs are in your local health district?

Mr DiRIENZO: Can I take the exact number on notice? We have up to 100 facilities across our district.

The Hon. WALT SECORD: Up to 100 facilities? Why would you say up to 100 facilities? You are including MPSs—

Mr DiRIENZO: Yes, if I can help you here, we have three tertiary referral hospitals. We have a number of—we heard earlier—rural referral hospitals, of which one has now been changed to being referred to as a base hospital, but it has basically the same role delineation as a rural referral hospital. We have a range of district hospitals. We have a range of community hospitals. We have a range of MPSs. We have a range of community health services, a number of outreach services. We have a number of remote health services. So I do apologise. The number is a large number. I do not know the exact number but I am happy to—

The Hon. WALT SECORD: Can I ask you a question? Why do you not know the exact number? Is it because it changes? Does a hospital suddenly close and reopen?

The Hon. WES FANG: Point of order—

The Hon. WALT SECORD: This is a fair question.

The Hon. WES FANG: I am going to take a point of order there.

The CHAIR: Stop the clock. What is the point of order? It seems to me the line of questioning was reasonable, but go on.

The Hon. WES FANG: Chair, the witness has already taken it on notice. He has provided an explanation as to why he is going to take it on notice. For the Hon. Walt Secord to continue down this path of questioning is only wasting his time but also it is badgering the witness. There is a procedural fairness resolution that we have all got to adopt. So I would ask the Hon. Walt Secord to move on.

The Hon. WALT SECORD: I take the Hon. Wes Fang's point. Mr DiRienzo, you can take the exact number of hospitals and medical facilities that you are in charge of on notice.

The CHAIR: I will intervene here because I am quite unsure about this. The question started off with hospitals. Then you went through and named a number of establishments, if I could describe it that way, or facilities, and then towards the end you added in community et cetera.

Mr DiRIENZO: Yes, because we provide a wide range of services.

The CHAIR: You need to be clear about what the question on notice is for the purposes of actually answering. So it goes beyond bricks and mortar to other things. Is that what you are actually asking for in terms of—

The Hon. WALT SECORD: I would like both. I would like to know the number of hospitals, MPSs and facilities that you are in charge of. I would like to move on. Dr Roberts gave evidence earlier involving Dr Emil Gayed. You have been around for 10 years.

ANSWER

Hunter New England Local Health District manages:

- 26 Hospitals
- 17 dedicated Community Health Service facilities
- 12 Multi-purpose Services
- One Residential Aged Care Facility not attached to an MPS.

QUESTION 2 – Page 33

The Hon. WALT SECORD: Of the around 100 services, hospitals and everything you have under your purview, last weekend—and if you do not know this now, you can take it on notice—how many of those facilities relied on telehealth and had no doctor on the premises?

Mr DiRIENZO: I would have to take that on notice. I am better off taking that on notice.

ANSWER

Six.

QUESTION 3 – Page 34

The Hon. WALT SECORD: Mr DiRienzo or Dr Choi, have there been occasions when deaths have been certified by nurses with doctors through telehealth, meaning they have put a person who has clearly passed away in front of the camera to indicate to the doctor so the doctor can then certify that the person has passed away?

Mr DiRIENZO: I will take that on notice. Not that I am aware—

The Hon. WALT SECORD: Can you also tell me how many times that occurred in 2020?

Mr DiRIENZO: Sure, I can do that.

ANSWER

There are no records of instances that relate to the use of telehealth to certify a death. The District's information systems do not capture this information.

QUESTION 4 – Page 34-35

The Hon. EMMA HURST: We heard today that often when there is funding provided, there is little or no consultation with local healthcare professionals on where that money should specifically be sent. We heard evidence that new beds were purchased that do not actually fit in the radiology rooms and that millions was spent on a car park that added just 12 new car spaces. What is going on here? Where is that communication collapsing?

Mr DiRIENZO: I am not really sure why the communication is collapsing. I think what you are talking about is the last two major capital works, or major expansions, to Manning Hospital. They were the last two projects. The first one I think people were talking about was our chemotherapy and renal dialysis units that we built. Following that, the most recent one is the much larger and expanded diagnostic and pathology centre that was built. Again, we did community consultation. They both had service planning as part of the establishment of those two projects. We had a number of staff involved; everybody was involved. If I can talk about the renal dialysis—

The Hon. EMMA HURST: It sounds like you are saying that there was consultation. But if there was consultation and people were working in those spaces, then how did these things happen? How are we now hearing reports that beds do not even fit in the rooms? Have you done any investigation? Are you planning to do any kind of work to find out what went wrong?

Mr DiRIENZO: I have not heard of any reports where the beds do not fit and so on, so I am happy to have a talk to the general manager and get more information.

ANSWER

The District is not aware of any complaints or concerns about beds not fitting into rooms at Manning Hospital, in the radiology department or elsewhere.

Manning Hospital was designed to meet and comply with all Australasian Health Facility Guidelines (AusHFG).

Extensive consultation was undertaken as part of the planning process for the Manning Hospital redevelopment Stage 1. Information from consultation is used in conjunction with population data, health activity projections, and an analysis of how local services operate in the District's network, to determine the clinical service requirements for redeveloped facilities.

In June 2020, Stage One of the \$40 million Manning Base Hospital Redevelopment was completed. Stage One delivered a new, purpose-built facility providing:

- a purpose-built eight chair renal dialysis unit
- An eight chair chemotherapy unit
- Six shared consultation spaces for visiting specialists
- A new car park for renal dialysis and chemotherapy patients
- Refurbishment of the main hospital entrance
- Six new consult rooms, including a dedicated plaster room, and
- A new, expanded Medical Imaging Department, complete with new MRI and a new hospital-owned CT scanner to replace the privately-owned machine.

QUESTION 5 – Page 36

Ms CATE FAEHRMANN: With respect, your evidence is suggesting that what the Manning Valley Push 4 Palliative is doing is something that they wish to do, just to volunteer for something to do. But their evidence was cleared today that the LHD is not funding palliative care to the needs demonstrated in this community. Do you accept that?

Mr DiRIENZO: No. All I am saying is that that group is working with us to ensure that we have appropriate and timely equipment to people with palliative care.

Ms CATE FAEHRMANN: The reason that they submitted to us today that they are fundraising—I am sure a lot of them would prefer to be having cocktails in the sun—is because there is not the funding provided in the services for palliative care. It is a very detailed submission. So you do admit that they have potentially requested to the LHD to fund certain things that you have not been able to fund? Is that correct?

Mr DiRIENZO: I am happy to take that on notice to make sure that it is correct. What I do know is that we provide equipment to palliative care patients requiring palliative care in the community.

ANSWER

The Manning Palliative Care Service appreciates the efforts of local support and advocacy groups, including Manning Valley Push 4 Palliative.

The palliative care service provides equipment to patients who wish to be cared for at home, if they are not eligible for equipment through other means. Patients on a level 3 or 4 package under the Home Care Packages Program will have their equipment funded by this package and provided by their aged care provider.

The hospital works closely with Manning Valley Push 4 Palliative to enhance the palliative care equipment loan pool so that responsive care can be provided to meet people's needs, and when people wish to be at home at the end of life.

From 1 July 2021, Manning Hospital can also access six-week personal care packages for non-clinical end of life supports for patients of all ages who wish to be cared for at home through the NSW Health Out of Hospital Care Program.

QUESTION 6 – Page 37

The Hon. TREVOR KHAN: We heard some evidence by I think it was Kate Ryan, a nurse practitioner.

Mr DiRIENZO: Right.

The Hon. TREVOR KHAN: I am not trying to put you on the spot, but she in a sense put, I think you could say, a business case for the use of nurse practitioners, particularly in the area of diabetes, and that that be an outreach service into Gunnedah. I am from Tamworth. Are you attracted in terms of the proposition of nurse practitioners? I suppose the second question is: Where do you get the nurse practitioners from if that is going to be the model going forward?

Mr DiRIENZO: Good question. It is a challenge in itself. The answer is yes, of course. Hunter New England has the largest number of nurse practitioners across any other local health district.

The Hon. TREVOR KHAN: Again, can I just stop you there. What I would be interested in, either in your evidence here now or later, I think I am not being unfair when I say Ms Ryan was sceptical about the proportion of those nurse practitioners in terms of their location. Are they all in Newcastle? If they are not in Newcastle, where are those nurse practitioners?

Mr DiRIENZO: I can tell you that of the 50 or so, I think—I am happy to provide the exact number, but over 50—there are of the order of over 20 in rural areas.

ANSWER

Hunter New England Local Health District currently employs 51 Nurse Practitioners. 16 of these positions are located in rural and regional areas. A further 16 Nurse Practitioners that are based in Metropolitan areas also provide District wide services, including to rural and regional areas.