

**Submission**

**No 53**

## **INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL**

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13 November 2007

Reverend The Honourable Fred Nile ED, L. Th,  
MLC, Leader, Christian Democratic Party

Dear Reverend Nile,

**Re: Spinal Injuries/Surgery Services**  
**Royal North Shore Hospital**

I thank you for chairing the enquiry into services at the Royal North Shore Hospital. I write to you in my capacity as a Spinal Surgeon and immediate past President of The Spine Society of Australia at this hospital to inform you of the steady decline in services at the hospital and I request that you consider this letter in your deliberations.

The Royal North Shore Hospital Spinal Injury Unit and Spinal Surgery Services have a national and international reputation. This service is a state wide service but unfortunately we believe it is largely funded from general revenue allocated to the hospital. Budget constraints have led to a steady erosion of the ability to provide services which are vital to the community and which are not available at other hospitals. In recent times the provision of this service has become increasingly difficult. The predominant reasons for this include an ever increasing demand for the service and lack of surgical manpower and resources and in particular operating theatre access to provide the service. This has placed great stress on those involved in providing this vital service to the community.

The increased demand for the service is multi-factorial. Whilst there has not been any significant increase in the number of spinal cord injuries presenting to the Royal North Shore Hospital, there has been a dramatic increase in general spinal trauma, surgery for metastatic cancer involving the spine and referral of patients from peripheral hospitals with spinal conditions for management. Coupled with these factors is improved technology which has enabled more conditions to be treated surgically which were unable to be treated in the past. The aging of the population has also increased the demand for services. The medical indemnity crisis and increased trend to specialisation by surgeons has meant that many spinal conditions which were previously managed in the peripheral hospitals are no longer catered for at these institutions, but are referred to the Royal North Shore Hospital.

Many of the patients who have sustained spinal injuries require further surgery following initial surgery to relieve spinal cord pressure and to stabilise the spine. These patients develop secondary problems including pressure areas, pain and urological disorders which require further surgery. Many of these patients have prolonged delays in obtaining a bed and consequently they

continue to experience problems and suffer the consequences of delay in treatment. These problems are the direct result of spinal injury and should be funded by statewide funding and not from the general hospital budget.

There has been a steady decline in the standard of surgical equipment available for use in these very difficult and prolonged surgeries. Even basic instruments are worn or broken and do not function correctly. I can provide you with numerous examples of this occurrence. There is a lack of appropriate operating tables for the surgery and the hospital frequently has to borrow an operating table from the neighbouring North Shore Private Hospital. The surgery also has to be performed without appropriate spinal cord monitoring which is used internationally by all major spinal units. Fifteen years ago spinal cord monitoring was available in the hospital, but is now unavailable due to lack of funding.

Patients with spinal cord injuries frequently experience significant delays in receiving appropriate surgery due to lack of emergency operating time in the hospital. Many minor cases from other specialities are undertaken prior to surgery for spinal injuries as the spinal injury cases are often of a duration of 3 to 6 hours.

The exact number of patients admitted to the spinal injury/surgery service cannot be ascertained readily due to inconsistent data collection. Until six months ago patients admitted under my care were classified as Orthopaedic patients and not documented as spinal injury/surgery service patients.

In the past I and other clinicians have approached Dr Stephen Christley who was the Chief Executive Officer of the Royal North Shore Hospital and Northern Sydney Area Health Service regarding these issues despite assurances given, this was to no avail. The situation at the hospital has continued to decline steadily. We also experience lack of manpower to undertake our duties. Professor Lali Sekhon resigned in view of the decline in ability to provide services at the hospital. Professor Michael Ryan has also retired and consequently there is not enough manpower to undertake the ever increasing work load referred to the hospital. The Royal North Shore Hospital Spinal Injury/Spinal Surgery Service provides invaluable treatment to patients from the entire state of New South Wales. Although there is another spinal injury service at The Prince of Wales Hospital, patients who have multiple injuries in association with their spinal cord injury are unable to attend this hospital as it is not a Level 1 Trauma Hospital. Consequently the major load of spinal injuries and associated problems are referred to the Royal North Shore Hospital. In view of the state wide nature of the service provided, I believe that funding should be provided as a state wide service rather than being provided from general hospital revenue. This requires administrative admission that a problem exists. We require more funding for staff and equipment to provide the services expected of us as a statewide service.

Yours sincerely

IAN D FAREY  
SPINAL SURGEON  
On Behalf of Drs. S J Ruff, W Sears, and A Cree (Spinal Surgeons)