

**INQUIRY INTO OPERATION AND MANAGEMENT OF
THE NORTHERN BEACHES HOSPITAL**

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To Whom It May Concern.

I am a local GP who has worked in Dee Why for 22 years. I have watched with increasing concern as the story of the Northern Beaches Hospital (NBH) has unfolded. Initially very positive about a new hospital, I was astonished by the complete lack of communication with local GPs and terrible stories I was hearing from my patients when the hospital opened. Hoping these were all “teething issues”, I have to come to the conclusion that the NBH is a sub-standard facility, with an inability to communicate with local GPs, with incompetent radiology and pathology providers, a substandard IT system and a culture that values and promotes private over public health. Many of my patients have reported wonderful treatment from caring hard-working staff, but many have reported terrible, sometimes dangerously bad or insufficient care.

I am going to outline in dot points just a fraction of what has concerned me. These will be divided into GP issues that I have faced, and just a few of the stories that I have heard from patients. I am trying to stick to the more factual stories I have heard. I am happy for the Committee to contact me about any of what I am writing.

Issues for local GPs:

- We have lost some of our public outpatients clinics. There is no longer a neurology or cardiology outpatients. There is a paediatric clinic but it is limited to extremely sick or socially disadvantaged clinics. So all the patients we previously sent to those clinics have to be seen privately. Many find the cost prohibitive, or we have to ask in our referrals that patients get bulk billed.
- For 6 months we heard absolutely nothing from the hospital. Primary care is an essential part of the health system and we previously had great communication from Manly and Mona Vale Hospitals. After many of us contacting the NBH, and trying to get the Primary Health Network to advocate, the first contact was a meeting for GPs on March 26, 6 months after the opening. For 6 months we had no idea what clinics were running, how to refer, who to refer to and what facilities were available.
- Discharge summaries are appalling. On March 26 at the NBH meeting, GPs were told that the reason there had been so few discharge summaries was that patients had to tick an “opt in” box if their GP were to get a discharge summary. How ridiculous!! Of course it should have been an opt out box if a patient didn’t want their GP to get a summary. We were reassured they would change the form. 3 months later I asked our practice manager to contact the hospital to ask why we aren’t consistently getting discharge summaries still. The answer was that the form still had an opt-in box to tick for GPs to get discharge summaries. It seems that if a patient is seen in

Accident and Emergency for something minor, we get a summary, but if something major has happened, for example a myocardial infarct, we don't get a discharge letter, we don't know what happened and we don't know what medications they were discharged on. This makes continuity of care difficult and compromises patient care. The quality of the letters is often poor, with many investigations, diagnoses or procedures omitted.

- Our practice was recently sent 650 discharge summaries in the mail that had not been sent previously from admissions up to 8 months ago. Apparently about a third were actually meant for doctors who were not in our practice. How can we trust a provider that gets this so wrong?
- With so many stories of misdiagnoses, poor treatment, inadequate staff numbers and qualifications and poor moral, it makes it very hard to encourage our patients to present to their local hospital. I have heard that there is an increasing strain on staff at Royal North Shore, having to see patients that either can't be managed at NBH or choose not to go there.

Issues for some of my patients – these are just some summaries of what my patients have experienced in the last 10 months:

- One patient was told she had gestational diabetes. She tells me she was sure the staff couldn't actually find her result, and she was not convinced they had the right person's test when she was finally given the result. I have a result of her blood sugar level and it does not show diabetes. This patient had to monitor her blood sugars for the whole pregnancy and they were never high. I believe she was given the wrong result and she never did have gestational diabetes.
- One patient was admitted with severe back pain. The resident in AEC thought they could see a mass on her chest Xray. She discharged herself against medical advice and brought me the discharge summary. I rang to get the radiology report. The formal report said the chest was clear so I told the patient there was nothing wrong with her chest. A few days later I ordered a CT scan, which showed a 7.2cm mass in her chest. I rang to discuss the issue with the hospital and was put onto a publicity officer who told me she didn't understand the medical issue and would get a clinician to call me back. No one called me back. I discussed the issue with a couple of specialists, including asking an oncologist at the hospital to look at the Xray again. He said there was a clear mass on the Xray. I never got any feedback about whether the mistake was even discussed with the radiologist.
- One of my patient's sons was admitted with severe psychosis and drug problems. According to her there were multiple instances of lack of communication. She feels the medication and care was mismanaged dangerously and she says he was admitted to intensive care with dehydration because of poor patient care. I am not going to comment on the actual medical treatment, but of the many things that concerned me about this case, it was that he was asked to sign a form changing him to being a private patient while he was acutely unwell and quite psychotic. Mum felt this was unethical. She tried to write a letter to the complaints department and got

no response. She then wrote to Brad Hazard. I have talked about this case to the head of psychiatry.

- I have many patients telling me of agency staff that don't know where things are and don't know how to use the IT system.
- One patient had a recent admission in June, with a bleed following an endoscopy in another hospital. His doctor that did the endoscopy wasn't informed by the NBH of the bleed or that he had been admitted and was furious. He was not given pain relief or sleeping tablets and was unable to sleep for 2 nights despite repeatedly requesting both. He told the hospital staff that he was getting quite severe symptoms of restless leg syndrome, that had started the same time as the bleed. One known cause of restless leg syndrome is a low iron level. I do have a discharge summary for this patient and his blood tests show that he was substantially anaemic. I can't see anywhere in the discharge summary that his iron was checked. After a 5 day admission at NBH, in which he was treated with fluids and medication to help stop the bleeding, he came to me with ongoing severe symptoms of restless legs. I checked his bloods and he was still anaemic and had a low iron level. I had to organise treatment for intravenous iron therapy as an outpatient to alleviate his symptoms. I feel that it is a very poor level of care that allowed this man to have symptomatic iron deficiency with no treatment whilst an inpatient.
- I also hear many stories of very good treatment at NBH. I admire the staff that are clearly working very hard to overcome the many obstacles. It's just that as a GP, I don't believe that it is fair on me or our community, that I have to really consider whether it is safe to send the patient in front of me to our local hospital. I certainly wouldn't go there if I got ill.

Dr Elana Roseth