

Submission
No 100

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

Name: Name suppressed

Date Received: 24 July 2019

Partially
Confidential

INQUIRY INTO THE OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL

I am an Emergency Physician who transferred from Mona Vale Hospital to the Northern beaches hospital. My concerns relate to the decrease in both inpatient and outpatient services available to the community

Impact of the hospital on surrounding communities and health facilities.

The Northern beaches has a high proportion of residential aged care facilities. During the operation of MVH and Manly hospital, these were served by a range of outpatient geriatric services including a geriatric 'flying squad' (Beaches Rapid Access Care of the Elderly team: BRACE) which would attend to acute conditions that were beyond the scope of the visiting GP's. There were also outpatient clinics which managed common geriatric problems such as falls, balance and cognitive impairment. With the merger to NBH, these services have been drastically reduced. The BRACE team are no longer operation. Leaving some of our most vulnerable members of the population without adequate community based care and resulting in numerous unnecessary transfers to hospital. Those who are transferred to hospital and deemed suitable for discharged, are often left without sufficient follow up due to lack of public geriatric clinics.

The Aged Services Emergency Team (ASET), a group of specialized nurses that manage social aspects of acute geriatric presentations in the emergency and support safe discharged into the community, have had their numbers reduced and their hours of cover are sometimes insufficient to support the demands of patients within the ED. This results in prolonged hospital stays and can lead to inadequate discharged plans with resultant representation to hospital within a short time frame.

The deficiency of public clinics extends beyond the field of aged care. I am aware that the availability of such clinics varies greatly from LHD to LHD, yet basic services such as an early pregnancy assessment services, to manage women with complications of pregnancy in their first trimester, remain unavailable over 9 months since opening. Members of the public are required to seek specialist follow up at their own cost.

The merits of public private partnership arrangements for the provision of healthcare

There is a distinction in the ranges of services available to public patients presenting to NBH ED compared with private patients. What is deemed to be a 'public' emergency department, does not always function as such. The strongest example of such is in the provision on cardiac services. A patient presenting with a time critical ST elevation myocardial infarction (STEMI), where all guidelines support minimal delay to treatment in a cardiac interventional suite are transferred to RNSH , at the cost of the tax payers, and with a 20 – 30 min delay to treatment, when compared with their private counterparts, who are able to receive this potentially lifesaving treatment at NBH.

It seems grossly inefficient, an unnecessary use of tax payer dollars and not in the interest of patient care to transfer public patients to another facility when the care required is available at NBH.