

Submission
No 112

INQUIRY INTO OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL

Organisation: Sydney North Health Network

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INTRODUCTION

The Sydney North Health Network welcomes the opportunity to provide this submission to the NSW Parliamentary Inquiry into the Operation and Management of the Northern Beaches Hospital.

Who we are:

Sydney North Health Network (SNHN) operates one of 31 Primary Health Networks (PHNs) established by the Australian Government in 2015, to increase the efficiency and effectiveness of medical services for the community. Our focus is on patients who are at risk of poor health outcomes and we work to improve the coordination of their care, so they receive the right care, in the right place at the right time.

SNHN plays an important role in leading strategic, regional level commissioning to drive service improvement and achieve the quadruple aim - better population health, better experience of care, and better value for the health system, done in a way that sustains the workforce. This involves understanding the health status and needs of our local population, the services available within the region, identifying where the gaps are and working with services to ensure they meet the needs of the community. SNHN does this by working together with a network of health professionals including general practitioners, primary care nurses, allied health providers, the Northern Sydney Local Health District (NSLHD), private hospitals, private health insurers and other health and social care service providers. This partnership approach and community focus is reflected in our vision:

Achieving together – better health, better care.

Scope of the submission:

As defined by the review's Terms of Reference, this submission response covers aspects relating to the following:

- (a) the contract and other arrangements establishing the hospital,
- (d) standards of service provision and care at the hospital,
- (f) the impact of the hospital on surrounding communities and health facilities, particularly Mona Vale Hospital, Manly Hospital and Royal North Shore Hospital,
- (g) the merits of public private partnership arrangements for the provision of health care, and
- (h) any other related matter.

This submission has been informed by consultation with the local community. We received 74 responses to our requests for feedback, the majority from General Practice, and the main themes have been summarised below.

Key Recommendations:

- ***SNHN recommends expediting connection to and upload of discharge summaries to My Health Record, whilst continuing to pursue solutions to increase two-way secure electronic communication between NBH and general practice, to improve patient safety during handover of care.***
- ***SNHN recommends the reinstatement of access to previously available public specialist clinics, with a priority on cardiology and neurology.***
- ***SNHN recommends that NBH service information is included within the HealthPathways platform to improve communication to GPs about available services and reduce confusion on how to refer to them. We also suggest using the collaborative HealthPathways development process to refine access to specialist services so that they are more patient-centred and provide the best value for the resources available within local health system.***
- ***SNHN recommends the establishment of proactive and regular communication from the hospital to local GPs on jointly identified matters of importance via mechanisms to be jointly agreed.***
- ***SNHN recommends appointing a dedicated GP Liaison role with clinical background to support communication regarding individual patients or troubleshooting access issues for GPs.***

Continuity of Care

A major concern raised by most GPs who have provided feedback has been the lack of information provided about their patients on discharge from hospital and an inability to adequately provide relevant clinical information to the hospital in attempting to refer patients. Examples included difficulties with contacting the hospital's Emergency Department, either by phone or fax.

The provision of discharge summaries from hospitals to GPs is considered critical to the safe handover of care. GPs reported not receiving discharge summaries for the first 6 months of the hospital's operation. Investigation by SNHN led to the discovery of a Healthscope policy which required patients to "opt-in" to agreeing to have discharge summaries sent to their nominated GP. We understand that this policy is in the process of being amended to "opt-out", in line with current practice across the rest of the district's public hospitals.

Another concern has been the way in which discharge summaries have been received. Secure, electronic communication is considered best practice; however the hospital's current electronic medical record system is only capable of communicating with 40% of the General Practices on the Northern Beaches, due to lack of interoperability between secure messaging systems. The rest can be sent by fax or post. NBH is connected to and capable of sending discharge information to HealtheNet, which is an eHealth NSW program that connects disjointed clinical information systems. It provides NSW Health clinicians with secure and immediate access to a patient's recent medical history from across all NSW Local Health Districts and a patient's My Health Record¹. It is also capable of brokering discharge summaries through various secure messaging delivery systems, so that GPs can receive electronic discharge summaries regardless of which system they use. Currently only public patient information is being sent to HealtheNet as there would be cost and consent implications to utilising this infrastructure for private patients as well. Healthscope has chosen to use the secure messaging capability (ARGUS) via their own clinical information system instead of utilising eHealth NSW HealtheNet infrastructure. Had Healthscope adequately consulted with the primary care sector prior to making this decision, we believe many of the current issues limiting secure electronic communication with GPs could have been prevented or at least minimised.

NBH has since taken steps to provide GPs with outstanding discharge summaries, but this has led to a significant administrative burden on local practices, with some GPs reporting the need to hire casual staff, at their cost, to file the information appropriately.

GPs who can receive discharge summaries electronically via ARGUS have since reported that they are receiving them either inconsistently or in duplicate (via secure messaging as well as fax) – indicating ongoing technical issues. Other reported issues include incomplete discharge summaries, with information lacking regarding medications, imaging or pathology results, and GPs having to chase this information in order to follow up care. SNHN is continuing to work with

¹ <http://www.ehealth.nsw.gov.au/programs/clinical/healthenet>

NBH and the Northern Sydney Local Health District on possible solutions to increase the number of GPs able to receive secure electronic communication.

One simple and relatively short-term solution would be to upload summaries to the My Health Record. This is not currently happening, however SNHN understands Healthscope is in the process of updating the relevant security certificates to enable this to occur.

SNHN recommends expediting connection to and upload of discharge summaries to My Health Record, whilst continuing to pursue solutions to increase two-way secure electronic communication between NBH and general practice, to improve patient safety during handover of care.

Access to public outpatient clinics

Another major theme in the feedback provided by GPs has been the loss of access to several key public services. Those specifically named include cardiology, neurology, gastroenterology and respiratory.

The only public clinics available for direct GP referral are antenatal, gynaecology, oncology, paediatrics (very chronic & complex only) and osteoporosis refracture prevention
http://www.northernbeacheshospital.com.au/application/files/7115/6256/4801/NBH_GP_Referral_Pathway_Flyer_A4_0619_v7.pdf

Public access to all other clinics is available only via presentation to the emergency department (ED) or by specialist referral after admission as an inpatient. Where most international health systems are focussing on ways to keep people out of hospital unnecessarily, utilising ED as a single point of access for non-acute conditions in this way, appears to be an inappropriate use of these limited resources. This is echoed by GP sentiment with comments on the loss of clinical pathways that were previously established with Manly and Mona Vale; “We have spent years developing hospital avoidance pathways – now all wasted!” The NSW Premier has also identified improved outpatient and community care as a priority:
<https://www.nsw.gov.au/improving-nsw/premiers-priorities/improving-outpatient-and-community-care/>
hence the strategy to channel referrals through ED or inpatient care seems at odds with this.

SNHN recognises that there is a universal challenge within the Australian Health System where volume of services is financially rewarded over quality and value. SNHN is keen to work with NBH, NSLHD and other partners to develop innovative models of care that support delivery of care within the community and provide better value for the health system, such as specialist outreach in primary care, however progress on this has been slow. Potential reasons for this include the contractual agreement between NBH and NSW Health and the funding drivers that favour provision of services in the acute setting.

SNHN recommends the reinstatement of access to previously available public specialist clinics, with a priority on cardiology and neurology.

SNHN works in partnership with NSLHD and other local hospitals and services on the HealthPathways program. HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions for over 550 conditions. The target audience for HealthPathways is the primary care clinicians responsible for managing patients in the community, and for initiating requests (including referrals to hospital) for specialist assistance. <https://www.healthpathwayscommunity.org/About.aspx> Northern Sydney currently has 300 live pathways.

SNHN recommends that NBH service information is included within the HealthPathways platform to improve communication to GPs about available services and reduce confusion on how to refer to them. We also suggest using the collaborative HealthPathways development process to refine access to specialist services so that they are more patient-centred and provide the best value for the resources available within local health system.

Communication and consultation with local General Practice during establishment and after opening

Overall the communication with local General Practices in the lead up to and since the opening of the hospital has been sub-optimal.

Shortly after the PHN was established, NBH representatives sought assistance from SNHN to organise and promote an information evening for local GPs. This event was held in May 2016 with approximately 40 health professionals in attendance. Participant feedback indicated dissatisfaction with the allocated time available to ask questions and felt their concerns had not been adequately addressed by the speakers. This feedback was passed on to the NBH representatives, with limited follow up communication provided. This was subsequently published by SNHN:

<https://sydneynorthhealthnetwork.org.au/northern-beaches-hospital-update/>

No further communication or consultation occurred via SNHN until September 2018, when SNHN published information provided by Northern Sydney Local Health District about the hospital's impending opening:

<https://sydneynorthhealthnetwork.org.au/northern-beaches-hospital-to-open-late-october/>

And again in October 2018:

<https://sydneynorthhealthnetwork.org.au/northern-beaches-hospital-to-welcome-first-patients/>

Since the opening of the hospital, SNHN has been contacted by local GPs and their support staff on numerous occasions, expressing frustration at not being aware of what services were available or how to refer to them. SNHN then specifically requested feedback from all local

General Practices and received 57 responses. A subsequent request for information to inform this submission yielded a further 17 responses, bringing the total to 74.

SNHN requested a meeting with NBH executive to bring these matters to their attention, the first of which occurred in December 2018. SNHN has subsequently met with NBH executives bi-monthly (Feb, Apr, June) to troubleshoot issues and encourage collaborative development of solutions.

One of the first outcomes from these meetings was the organisation of an information event specifically for GPs which was held on 26 March 2019, 78 GPs attended. They were able to hear from a wide variety of specialists as well as key NBH executives and managers. Information about available clinics and services was provided and there was opportunity for GPs to ask for clarification on key issues. Participants were grateful to have received useful, albeit belated information regarding services. Many were also disappointed at the limited access to publicly available outpatient clinics.

SNHN recommends the establishment of proactive and regular communication from the hospital to local GPs on jointly identified matters of importance via mechanisms to be jointly agreed.

SNHN also recommends appointing a dedicated GP Liaison role with clinical background to support communication regarding individual patients or troubleshooting access issues for GPs.

Quality of Care

Both GPs and community members have reported variability in the quality of care provided by the hospital. Examples cited include:

- Lack of management plans provided on discharge from emergency
- Poor communication between staff
- Radiology reports not as good as they used to be
- Lack of follow up after discharge for mental health patients
- Incomplete medication reconciliation on discharge
- Nursing staff under resourced

However, SNHN acknowledges that examples like these are not uncommon from experiences reported in other hospitals. Positive examples were also provided:

- Accident and Emergency Care remains excellent
- Managed well with patients and relatives satisfied with the treatment received from junior through to senior consultant doctors
- All the onsite care from nursing, clinical and admin staff has been of a high standard

Out of pocket Costs

Despite the relatively high rates of private health insurance in the region, GPs report frustration in the inability to access public services *“We live in a suburb where majority of residents are elderly, immigrants, pensioners, carers or lower income earners most unable to pay for the medical treatments/ follow ups of private medical care. We need to be able to refer these patients to somewhere for their specialised care. We are in absolute darkness since Manly and Mona Vale Hospital have closed.”*

Others have reported “bill shock” from patients, who were under the impression that all of their care was being provided publicly. Examples included receiving bills for pathology or imaging, despite being admitted as public patients, through to one instance of “consent” being sought from a patient admitted to a mental health ward, who in the GPs opinion, did not have legal capacity to have made informed consent at the time.

Impact

The main impact seems to be reports that ambulances, GPs and the community are bypassing NBH in favour of presenting at Royal North Shore (RNS) Hospital. There are reports of GPs who have attempted to refer directly to RNS public outpatient clinics and have had referrals rejected due to patients being “out of area” despite there being no direct, GP accessible equivalent at NBH.

SNHN has also had requests from Mona Vale Urgent Care centre, on several occasions, to provide communication to local GPs about what conditions should or shouldn't be seen at that facility. This was due to anecdotal reports that patients were being referred to Mona Vale for things that should have gone to NBH.

SNHN does not have access to data which could objectively confirm any impact on referral patterns or presentations to NBH or NSLHD facilities.

Lastly, the negative media reporting seems to be contributing to the loss of confidence in NBH, with what are often “average” hospital system experiences, being amplified in the current context. Whilst SNHN believes there are opportunities for improvement, it also acknowledges that some of the reported issues are not unique to NBH. The following quote provided, summarises the sentiment:

“Morale within the medical community and primary care is at an all-time low due poor communication and previously well-established lines of communication”

Other Matters

In July 2013, the Grattan Institute published an article which outlined the key challenges of public-private hospital partnerships.

<https://grattan.edu.au/news/public-private-hospital-partnerships-are-risky-business/>

It stated “public-private partnerships for hospitals have a very high failure rate (probably in excess of 50%), which needs to be factored into any assumption of successful risk transfer”, citing 5 examples of hospitals which have since had their ownership and operations transferred back into the public system. It also stated “It is not clear that private-sector management necessarily leads to greater efficiency in hospital delivery, with a Productivity Commission report concluding that: After controlling for differences in services provided and types of patients treated, the efficiency of public and private hospitals is, on average, similar.”

And finally, it stated “Private-sector providers should be expected to demonstrate very clear benefits in terms of innovation, costs and quality, and be held to account for these claims, before new partnerships are developed”.

SNHN acknowledges the complexity of the situation and wishes to continue to work collaboratively with NBH executives, Northern Sydney Local Health District, the NSW Ministry of Health, local health professionals and the community to develop appropriate, patient centred solutions to these key identified challenges, with the quadruple aim of better health system value, better health outcomes and better patient experience provided by a sustainable workforce, being the ultimate goal.

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