

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

Name: Name suppressed

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Partially
Confidential

The provision of government services by a private for profit organisation, particularly health services is inherently conflicted. Businesses exist to make money for their workers, mostly the executives in the case of large public businesses and dividends for shareholders.

The costs of providing for the needs of sick or injured is unpredictable, demands multiplicity of inputs from a team of highly trained and skilled personnel across a range of knowledge and abilities. Predictable algorithms of management that allow corporations to evaluate and manage the costs of caring for patients are extremely difficult to establish. The inherent variability is enormous and leads to patient assessment and evaluation that focuses on the immediately identifiable problem ignoring the other things that need to be done to ensure a full recovery for the sick individual. With an aging population the number of problems requiring solutions in every individual escalate in number, but the requirement for cost effective medical care gets in the way of effective medical care. The private health insurance providers have distinct limits on what they will pay

Sick patients need an unquantifiable input of care and making what business managers would deem a satisfactory profit from sick patients is a nonsense.

Northern Beaches Hospital has a computer system that cannot interact with the other Public Hospital computer systems in the NSW Public health system, this makes obtaining pertinent medical information from other health facilities difficult and often time consuming.

It should be noted that the private public partnership hospital in Port Macquarie failed to deliver and the NSW government had to buy it back and re-integrate it in the NSW Health system

The geographic positioning of the new hospital has left a large number of people in the Northern Beaches much further away from emergency care and the health services that need to be organised after a patient is discharged.

There are no plans for public outpatient clinics that can followup after the acute hospital episode.

The whole project has not, in my opinion been adequately thought through, and I predict ongoing issues will continue to emerge