

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

**Organisation:** Palm Beach and Whale Beach Resident Association

**Date Received:** 26 September 2019

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The Palm Beach & Whale Beach Association Inc.

[www.pbwba.org.au](http://www.pbwba.org.au) |

Upper House Inquiry  
Northern Beaches Hospital(NBH)

Supplementary submission. 26th September 2019

Thank you for the opportunity to address the upper house inquiry on Monday 22nd September 2019.

In view of my evidence and subsequent remarks by Northern Beaches Hospital (NBH) Director of Medical Services, Dr Simon Woods, which were reported in the Sydney Morning Herald Tuesday 23rd September 2019 (attached). I would like to submit a supplementary submission.

In my evidence I stated that patients at the NBH are not receiving thrombolytic treatment for strokes.

This has been confirmed by the Director of Medical Services NBH Dr Simon Woods

**“He said stroke treatment was centralised around a small number of hospitals due to its complexity.**

**It's something that technologically could be done at Northern Beaches but we're advised not to do it," Dr Woods told AAP.**

**It states in the contract ... we are precluded from (performing) thrombolysis.”**

There are 20 identified Acute Stroke Thrombolysis Centres in NSW hospitals. (Attached).

The NBH should be included in this list.

I believe the enquiry should recommend that the 500 bed \$ 600 million NBH develops a comprehensive Stroke Service so that patients are treated in a timely fashion.

Dr Woods has admitted that NBH has the technology to perform thrombolysis. Why is it not being

**I also stated that Level 6 services in Cardiac and Neurosurgery were available for Private Patients not Public Patients.**

Once again this has been confirmed by the Director of Medical Services NBH

“Dr Woods said the hospital was contracted to provide a "Level Five" service to public patients - which did not include "Level Six" procedures such as heart and brain surgery - and had fulfilled its obligations

used?It was equipped to provide "Level Six" procedures to public patients in the future if its contract with N Dr Woods said”

In view of these revelations the contract should be renegotiated to ensure that both public and private patients receive these “Level Six” services

I stated that there were other services not been provided at the Northern Beaches Hospital including paediatric surgery and the treatment of acute myocardial ischaemia.

The NBH management also needs to explain if the contract states that these services cannot be provided or if they are providing these services for Private Patients.

NBH management also need to state if there are any other services they are precluded from providing due to the contract.

There is a contract between Healthscope and the NSW Government that is available on the Internet, however it makes no reference to individual services.

The inquiry should obtain the contract, that Dr Woods has referred to limiting the services to be provided by NBH.

The enquiry needs to investigate why the contract has been drawn up in this way.

The public have a right to know what services they can expect to receive at the NBH.

It is essential that the referring General Practitioners know what services their patients can expect at the NBH.

The nursing, medical, paramedical and other staff have been providing excellent care under very difficult circumstances. They must be fully supported.

The problems referred to are systemic and administrative which are out of the control of the staff.

The community of Pittwater have lost confidence in NBH.

In order to restore this confidence the NSW Government must take over the management of the all patients at the NBH.

A/Professor Richard West AM. MB.BS (SYD). FRCS (Eng). FRACS

VMO Surgeon RPAH.  
President PBWBA.

# NSW Acute Stroke Thrombolysis Centres

There are currently\* 20 identified Acute Stroke Thrombolysis Centres in NSW. These include:

Central Coast Local Health District:

- Gosford Hospital

Hunter New England Local Health District:

- John Hunter Hospital
- Tamworth Hospital

St Vincent's and Mater Health Network

- St Vincent's Hospital

Nepean Blue Mountains Local Health District:

- Nepean Hospital

Murrumbidgee Local Health District:

- Wagga Wagga Hospital

South Eastern Sydney Local Health District:

- Prince of Wales Hospital
- St George Hospital

Northern Sydney Local Health District:

- Royal North Shore Hospital
- Hornsby Ku-ring-gai Hospital

South Western Sydney Local Health District:

- Liverpool Hospital
- Campbelltown Hospital
- Bankstown Hospital

Sydney Local Health District:

- Royal Prince Alfred Hospital
- Concord Hospital

Western NSW Local Health District:

- Orange Health Service
- Bathurst Health Service

Western Sydney Local Health District:

- Westmead Hospital
- Blacktown Hospital

## Surgeon says he would not send a stroke-suffering relative to Northern Beaches Hospital

September 23, 2019 – 4.01pm

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The Northern Beaches Hospital has rebutted a Sydney surgeon's accusation the public-private facility is not fully equipped to care for strokes, stating it is contractually obliged to refer some treatments elsewhere.

A NSW upper house inquiry into the hospital at Frenchs Forest, which replaced Manly and Mona Vale Hospitals, began in August amid claims it had "lurched from crisis to crisis" since its 2018 opening.



An inquiry into the Northern Beaches Hospital's management and operations is being held at NSW Parliament **BROOK MITCHELL**

The inquiry is examining the operation of the hospital including standards of service, staffing and public-private partnership arrangements.

Professor Richard West, a Royal Prince Alfred Hospital surgeon and president of local residents' group The Palm Beach and Whale Beach Association, on Monday addressed the inquiry in Sydney.

He claimed the hospital did not have all necessary equipment to deal with strokes, forcing patients to transfer 13km to Royal North Shore Hospital when rapid treatment should be paramount.

Professor West said he would recommend a relative suffering a stroke go to Royal North Shore as Northern Beaches Hospital may provide treatment too slowly and could not perform thrombolysis, a clot-busting procedure.

"The more rapidly the treatment is given, the better the outcome. The optimum is three hours - by the time they get to Northern Beaches, get investigated and transferred, that time probably will have expired," Professor West said.

However, the hospital on Monday hit back at Professor West's statement, saying it was technologically capable of performing the procedure but advised to refer thrombolysis to specialised "stroke care units".

Director of Medical Services Dr Simon Woods said stroke treatment was centralised around a small number of hospitals due to its complexity.

"It's something that technologically could be done at Northern Beaches but we're



advised not to do it," Dr Woods told AAP.

"It states in the contract ... we are precluded from (performing) thrombolysis.

"If we did it, we would be in violation of the contract."

Professor West also told the inquiry it was "appalling" some services, such as heart and brain surgery, were provided solely to private patients. He said this was a violation of contractor Healthscope's agreement with NSW Health.

However Dr Woods said the hospital was contracted to provide a "Level Five" service to public patients - which did not include "Level Six" procedures such as heart and brain surgery - and had fulfilled its obligations.

It was equipped to provide "Level Six" procedures to public patients in the future if its contract with NSW Health was revised, Dr Woods said.

"Healthscope has responded to what it's been asked to do - we do take issue with the concept that we have breached our contract," Dr Woods said.

Professor West said the NSW government should revoke Healthscope's hospital administration role, upgrade the facility to "Level Six", ensure public and private patients can access equal treatment and re-upgrade Mona Vale Hospital.

Australian Medical Association NSW chief executive Fiona Davies later on Monday said her organisation had "cautiously accepted" the decision to place the hospital under a public-private arrangement.

But Ms Davies said the philosophy that initially underpinned operations and guided the hospital planning process had failed.

"We felt that for the public-private partnership to work, the hospital needed to be built on an ideology it was a public hospital being run by a private operator, rather than a private hospital that's treating public patients," Ms Davies said.

"Unfortunately, in the planning stages and initial stages of this hospital, it was apparent that was not the ideology being pursued."

Nevertheless Ms Davies said it was too soon to deem the partnership a failure.

**AAP**

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