

INQUIRY INTO OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL

Organisation: Healthscope Ltd

Date Received: 29 October 2019

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The Hon Greg Donnelly MLC
Chair
Portfolio Committee Number 2 – Health
Parliament of NSW
By email: portfoliocommittee2@parliament.nsw.gov.au

Dear Mr Donnelly,

Re: Supplementary submission

Thank you once again for the opportunity to participate in the Committee's inquiry into the *Operation and management of the Northern Beaches Hospital*. It was good to meet you and your colleagues during your visit to the Hospital on 27 September 2019.

I want to provide further information to the Committee by way of a brief supplementary submission, to address a number of issues that have been raised over the course of the Inquiry to date. I trust this will assist the Committee with its deliberations.

By way of background, the Northern Beaches Hospital is a Public Private Partnership with the Northern Sydney Local Health District (LHD) through which public and private health services are provided to the people of the Northern Beaches. The hospital is one of five in the Northern Sydney LHD (Local Health District) and the services provided by NBH to public patients are determined by the LHD as part of its district-wide planning. Public health services are purchased from Healthscope, to meet the needs of the community. The range and volume of services is determined by the LHD, based on the assessed community need, the capabilities of the hospital and the capacity and capability of the other services within the area.

The public services required of NBH are broadly defined as those consistent with a Level 5 hospital, as per the 'Guide to the Role Delineation of Clinical Services (2018)', produced by the NSW Ministry of Health. Role delineation defines the complexity of services a healthcare organisation can safely provide. These range from Level 1 where services, such as those provided under mild sedation are provided through to Level 6, where the most complex and acute services such as major trauma and transplant procedures are provided. As a Level 5 hospital, NBH can provide a range of services across many disciplines up to Level 5. This differs from the previous Manly and Mona Vale hospitals which had role delineations of Level 4. Although the previous hospitals had emergency departments, intensive care, special care nursery and a range of other services across the two hospitals, they were unable to support the complexity or acuity now provided by NBH. It should be noted that role delineation relates to public hospitals only and is not applicable to Healthscope's private hospital operations.

Healthscope is here for the long term and we work cooperatively with the LHD to provide services consistent with our role delineation and in line with what the LHD requires from us to meet the needs of the Northern Beaches community now and into the future.

1. Outpatients

Healthscope notes that the range of outpatient services provided at NBH has been raised during the Inquiry. It is important to note that the current public outpatient clinics provided are, again, defined by the Deed. In most cases, the services are designed to align and support inpatient service i.e. to provide appropriate follow up of inpatients or preadmission management such as antenatal clinics.

Healthscope supports the LHD's right to plan outpatient services strategically across the District and notes its decision to leave some of these at Mona Vale.

2. *Emergency Department Stays*

During our previous appearance before the Committee on 26 August, Mr Stephen Gameren advised “In November we had 17 incidences where patients stayed over 24 hours” (see *Transcript*, p. 17). This statement is factually correct. Subsequently, this statement appears to have been misunderstood by a Committee member and later repeated as follows: “This morning we heard evidence from Healthscope that in the last quarter 17 patients waiting (sic) longer than 24 hours in the emergency department”. I wish to be clear that the timeframe Mr Gameren was referring to in his evidence was November 2018, which was the first month of the Hospital’s operation.

3. *Coronary angiography services*

There was discussion at the 26 August hearing about the provision of coronary angiography services at NBH. We wish to clarify the following:

- NBH is not contracted to provide coronary angiography services as part of its public hospital services at this time.
- People requiring these services continue to receive them at Royal North Shore Hospital, where they were provided prior to NBH’s opening. These services were not previously available at Manly or Mona Vale hospitals.
- NBH has the capability to treat patients who present with cardiac symptoms and require urgent assistance. In the interests of patient safety and care, a number of public patients have undergone emergency coronary procedures at NBH, when it was deemed safer to offer the care at NBH than risk transfer.
- As with all clinical matters, the NSW Ambulance Service has protocols, which guide them in transferring patients to the most appropriate facility.

4. *Thrombolytic treatment for stroke*

There was discussion at the 23 September hearing about stroke services at NBH. I would like to take this opportunity to clarify the following:

- NBH plays an important role in the treatment of stroke patients, from the time of stroke, through to rehabilitation and discharge home.
- Thrombolysis treatment, or the provision of clot-busting therapy, to the proportion of stroke patients who benefit from this treatment, continues to be provided at Royal North Shore Hospital where it was provided prior to NBH’s opening. These services were not previously available at Manly or Mona Vale hospitals.
- This is consistent with both NBH’s role delineation and our role within the District. The Deed specifically requires NBH to provide a “non- thrombolytic” stroke service, at this time.

5. *Junior medical officers treating private patients*

There was also discussion during the 23 September hearing that junior medical officers (JMOs) were treating private patients at NBH. Healthscope pays for these services in addition to the role of JMOs in treating public patients.

It is important to recognise that JMOs are all paid for by Healthscope. Some are employed directly by Healthscope and others are employees of the LHD. For the latter, NBH is invoiced for their services. Healthscope is remunerated by the LHD for the clinical services it provides. There is no subsidy for the JMO salaries or funding for training.

Health Education and Training Institute (HETI), who recently returned for a formal accreditation visit, has indicated that they have no issue with supervised JMOs attending private patients as occurs at NBH. The situation is no different to that which exists in all public hospitals, which also treat a significant volume of private patients.

6. *Discharge summaries*

We do acknowledge early difficulties with transmission of discharge summaries. These are steadily being worked through and we have objective data on this process, which is reported on regularly to the LHD.

Since 13 March 2019, all discharge summaries which are finalised in the hospital's Electronic Medical Record are electronically shared with a patient's nominated GP – where the patient has consented for this to occur. If the GP doesn't have the facilities to receive the discharge summary electronically, it will automatically be sent to the GP's fax. This has been a complex process because different GPs use different electronic systems to receive information. We welcome the ongoing engagement and feedback of GPs.

We note the concerns raised by a GP during the inquiry hearings that patients had to “opt in” in order for discharge summaries to be provided electronically to their GP. I can advise that the reverse is the case and in fact, patients instead “opt out” if they do not wish for this to occur.

Discharge summaries are also uploaded to the MyHealth Record, unless the patient opts out.

7. *Health Education Training Institute*

Thank you for your letter dated 26 September 2019 relating to the Health Education Training Institute (HETI) full accreditation report. I can advise that along with colleagues, I met with representatives of HETI during their accreditation site visit in the week beginning 23 September. At the time of writing this submission their report is yet to be finalised, however we had productive discussions and I am advised that the assessors were encouraged by the progress they witnessed during the accreditation assessment. I understand that the report will be finalised approximately six weeks after the visit and I would be pleased to provide a copy to the Committee when it becomes available.

I trust this information is of assistance. Please do not hesitate to contact me if you require further information.

Yours sincerely

[signed]

Andrew Newton
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Northern Beaches Hospital
Healthscope Ltd