

**Submission
No 9**

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY
GROWTH REGION**

Name: Dr Neil Shaba
Date Received: 16 March 2020

Dear Sir/ Madam,

When I joined Fairfield hospital in 2006, it had upper and lower gastrointestinal surgery, urology in addition to the medical, orthopaedic, obstetrics & gynaecology and paediatrics. The hospital was denuded of most surgical services a few years later without staff consultation and hand surgery was added. We became a triage centre for Liverpool hospital. Prior to me joining the hospital I was informed that the emergency department was accredited for registrar training, but that was lost and I don't know why or how. I believe that we need to regain this status.

The substantial growth of population around the hospital and the arrival of a large number of refugees settling around the hospital area demands a larger better equipped hospital capable of providing a larger range of subacute specialised services. The number of beds has increased, but the equipment and staffing has not.

In the radiology department, we need to find space for a 3rd ultrasound machine (with three separate rooms, one for each machine to provide patient privacy, currently we have two machines in one room separated by a curtain) and most definitely an MRI scanner with a licence to bill Medicare (this is quite necessary as we are located in a lower socioeconomic part of Sydney and patients can't afford out of pocket payments which are about \$200). The Royal north shore hospital had an MRI scanner since the 80's of the last century and Mount Druitt hospital with significantly fewer beds has a state of the art 3T MRI scanner, but not Fairfield hospital which is a big shortfall.

Extra rooms and space should be included in case we need them for other equipment/ future technologies and a 4th ultrasound machine. An x-ray machine in the emergency department is beneficial to eliminate wasted time in patient transport and escort. Along with this much needed expansion, staffing should also be increased to help provide these services.

One other huge issue is that Fairfield hospital needs to encourage clinical research and study publications to earn a good reputation as a good educational facility. We already have medical students coming here for clinical training, so this is an area that we must develop. This means some research time and funding are required.

According to the South western Sydney local health district strategic plan Fairfield hospital falls into the highest population density in the area, but it's the oldest, least equipped and least funded. We have the land onsite between the car park and Polding street and we must put engage as soon as possible in building a new teaching/ research and training hospital with 500-600 beds capable of delivering a wider range of services. The current 44 year old building can house the rehabilitation and palliative care taken care of currently by Braeside hospital next door to us and keeping the Braeside hospital site for further future developments. Covered passage should be included in the planing to facilitate transport between the two hospitals and minimise relying on ambulance/ vehicle patient transport.

Thank you very much for allowing us the opportunity to state our point of view which does not usually get transmitted to the higher levels of decision making.

Please consider giving us further opportunities to point out what we think is wrong with health promotion and how to reduce red tape in the system at a state level.