

**Submission  
No 37**

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

**Organisation:** Fairfield Hospital Medical Staff Council

**Date Received:** 22 May 2020

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## **Submission to the Legislative Counsel enquiry into Health Services in Southwest Sydney by Fairfield Hospital Medical Staff Council**

Thank you for your consideration.

The senior medical staffs of Fairfield Hospital are concerned about the lack of resources available in Fairfield hospital in order to manage a growing and ageing local population. In addition patients have become more complex to manage. Our local population are relying more on the public healthcare system as a large proportion of them do not have the mean to obtain private health cover or to see private health professionals.

These are the feedbacks from our doctors:

1. Inadequate medical staffs including junior and senior medical staffs leading to suboptimal care -
  - a. Our junior medical doctors, especially general medical interns/residents, have been staying back a lot of time in order to deliver safe and efficient care for the patients. Afterhours and weekend shift is particularly challenging for the junior doctors as there will only be one junior doctor to manage medical, surgical and MAU wards. In addition they could be called to assist an emergency operation and during this time, there is no junior doctors to look after these wards.
  - b. The feedback from our junior doctors are that they have been doing afterhours shifts very frequently (every 5 days) and this could lead to burn out and can impact their own health and wellbeing.
  - c. There is no General Medicine Advance Trainee to support the Basic Physician Trainee as there is not enough funding to employ an Advance Trainee, even though Fairfield Hospital has been accredited to have an Advance Trainee by The Royal Australasians College of Physician.
  - d. There is no Paediatric Advance Trainee
  - e. There are deficiency in Medical Specialist Service. We do not have a Gastroenterologist or a Rheumatologist working in our hospital and it is very challenging to manage these cases.
  - f. There is a need for more radiologists
  - g. There needs to be capability for 24 hr on site anaesthetic registrar cover.
  - h. There need to be a 24 hr Operating Theatre on site availability
  - i. At the moment CAT 1 LSCS such as prolapsed cord, severe foetal distress, ruptured uterus have to wait after hours for theatre team, anaesthetist, laboratory technician to be called in. This does not provide basic safe obstetric cover. As a result of the above we have a large exclusion list of patients who have to be transferred for care at Liverpool Hospital increasing the pressures there.
  
2. Inadequate facilities

- a. We require additional beds/wards such as a dedicated Coronary Care Unit, negative pressure rooms, increasing operating theatre capacity paediatric refugee clinic.
- b. Improving equipment such as operating theatre equipment, additional ultrasound machines, X-Ray machine and an MRI machine
- c. We need to upgrade our carer's space especially those for grieving relatives.
- d. We need electricity upgrade and electronic medical records
- e. Inadequate space – with limited access to conference and education facility – currently renting a demountable space. No space for Family conference
- f. We need a 24hr. pathology for immediate access for blood cross – match for urgent obstetric haemorrhage
- g. We need to expand our theatre number and have safe equipment that is not continually breaking down – again putting patient lives at risk.
- h. The outpatients copes, just, with antenatal patients but we have minimal if any gynaecological equipment to run even a basic clinic eg we do not even have a gynaecological examination couch let alone any colposcopic equipment , yet we have referrals from local GPs requesting treatment for their patients. At the moment most of the gynaecology in this area is carried out in specialists rooms thus depriving patients of their right to have free outpatient treatment
- i. Antenatal bookings need to be expanded to a minimum of 2000 per year (now only 1500) and to increase the senior staff with either VMO or staff specialists to cope with the more complex obstetric and gynaecological surgical patients.

Thank you for your consideration.