Special Commission of Inquiry into Healthcare Funding

Statement of Susan Heyman

Name:	Susan Heyman
Professional address:	Hunter New England Local Health District, Regional Head Office, 7 Bligh Street, Tamworth, NSW 2348
Occupation:	Executive Director, Clinical Operations, Hunter New England Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary to give to the Special Commission of Inquiry into Healthcare Funding ("**the Inquiry**") as a witness. The statement is true to the best of my knowledge and belief.

2. It is provided in response to topics identified by the Inquiry in a letter to the Crown Solicitor's Office dated 14 August 2024 (**MOH.0010.0542.0001**), to the extent that such topics are relevant to my role, and to the Inquiry's letter to the Crown Solicitor's Office dated 22 August 2024 (**MOH.0010.0541.0001**).

A. INTRODUCTION

3. I am the Executive Director, Operations, Hunter New England Local Health District (**the LHD**, **HNELHD**). I have been in this role since February 2024.

4. My role provides leadership, strategy and oversight of management of health service delivery in HNELHD, focused on the delivery of high quality and safe health services. Prior to my current role, I was the Executive Director of Rural and Regional Health Services for approximately 12 years. A copy of my curriculum vitae is exhibited to this statement (**MOH.0010.0535.0001**).

5. I report to the Chief Executive, and I have the following direct reports:

    a. General Managers for each of the following hospitals: John Hunter Hospital, Maitland Hospital, Manning Base Hospital, Armidale Rural Referral Hospital, Tamworth Rural Referral Hospital and Belmont Hospital;

    b. General Manager, Integrated Care Services, Networks and Partnerships;

    c. General Manager, Rural and Regional Health Services;

d. District Patient Flow Coordinator;

e. Manager Surgical Access;

f. Senior Finance Manager Operations;

g. Diabetes Alliance Strategic Manager;

h. Senior Medical Rural Recruitment Consultant.

6. HNELHD invests in Calvary Mater Newcastle through a grant to administer essential public health services through a purchaser-provider model. Calvary Mater is the principal referral hospital for medical oncology, radiation oncology, haematology, toxicology, and specialist palliative care services. As such the General Manager Calvary Mater Hospital works very closely with me and my team and participates in all operational forums and performance meetings.

7. A copy of the HNELHD Organisational Chart, including my Directorate is exhibited to this statement (**MOH.0010.0533.0001**).

8. I formally meet individually with my direct reports on a monthly basis regarding any operational issues, work health and safety issues, human resources issues and any other issues. I also attend monthly finance meetings with each of the General Managers that report to me, and there is also a monthly executive meeting that the whole executive team attends.

9. I also attend a quarterly joint executive meeting with the Primary Health Network (**PHN**).

B. INITIATIVES

10. HNELHD has introduced a number of initiatives to address its vast geography, reduce the impact of workforce limitations, and to provide services as within local communities.

11. An example of an initiative in my portfolio is the introduction of virtual care services, particularly within rural and regional Emergency Departments (**ED**s). The service is provided by My Emergency Doctor and ensures communities have access to 24/7 medical coverage. This has also resulted in staff feeling better supported and has reduced travel for patients and has reduced unnecessary patient transfers. The Virtual Rural Generalist Services, provided by WNSWLHD and utilised by some other LHDs, was not suitable for HNELHD due to the scale and volume of services required at that

time. An additional benefit of My Emergency Doctor to HNELHD is that it caters to all triage categories.

12. Another initiative is the introduction of the Allied Health Reliever Program, which has allowed the LHD to maintain allied health services across rural parts of the LHD. HNELHD has recruited a pool of allied health staff, covering most allied health disciplines, who are able to travel to rural and regional areas to relieve staff taking leave and fill any vacancies. The program supports the rural workforce by facilitating leave for rural allied health staff and has reduced the need for rural patients to travel for these services. The program has been running for 7 years.

13. The LHD also has a strong relationship with the Hunter New England and Central Coast PHN, as well as many of the Aboriginal Medical Services (**AMS**) in the LHD. This has facilitated opportunities to provide outreach clinics to provide medical treatment to remote and regional areas within the LHD, and particularly to the Aboriginal community.

14. An example of an outreach program provided by the LHD, in collaboration with AMSs and rural GPs, is the Integrated Chronic Care for Aboriginal People program. As part of this program staff, including a HNELHD Physician based in Newcastle, travel to communities across the LHD with a focus on providing care and treatment for Aboriginal and Torres Strait Islander people with/at risk of chronic illness.

15. Another example of an outreach program provided by the LHD, is the Little Ears, Deadly Care initiative which provides outpatient and surgical care for Aboriginal children with middle ear disorders, significantly increasing access to Ear, Nose and Throat services in the rural areas, and reduces travel time and costs for away from home for hospital visits.

16. The LHD's strong relationships with the PHN and local AMS has also created opportunities for the LHD and other service providers to co-locate services in a number of communities through lease arrangements. One example of this is the Gunnedah Rural Health Centre, which is co-located on the Gunnedah Hospital campus. The Federal Government transitioned responsibility for Gunnedah Rural Health Centre to HNELHD in 2020. Since this time, we have worked very hard to increase multidisciplinary health services available to Gunnedah and the surrounding community. The Tamworth AMS now provides services from the health centre, including a GP, Aboriginal Health Workers, Registered Nurses, a psychologist, and visiting allied health specialists. There is also a GP practice that operates from the centre, as well as a visiting surgeon, and community nursing and allied health services. HNELHD provides lease and support arrangements

to these services to ensure better continuity of care, and access to a range of primary and community health services, alongside the acute services offered by the hospital.

17. Finally, the LHD has created a structure of Clinical Networks and Streams to maximise its ability to meet the challenge of the vast geography of the LHD, and in the context of its combination of rural, regional and metropolitan areas. A copy of the Clinical Networks and Streams at HNELHD is exhibited to this statement (**MOH.0010.0534.0001**). In addition to the collaborative partnerships set out above, examples of outreach programs provided by HNELHD clinicians through its networks and streams also include:

    a. Outreach cardiology services for Aboriginal patients in Quirindi, Inverell, Forster and Taree, offering consultations, diagnostics and rehabilitation closer to home.

    b. Medical oncology outreach services to Muswellbrook, Moree, Armidale and Narrabri, providing specialised cancer care and allowing patients to receive consultations and follow-up care locally.

    c. Virtual Northern Stroke Outpatient Clinic, which provides services to Moree, Tamworth, Armidale and Taree and improves access to specialist stroke care for rural and remote patients. By ensuring timely follow-up, medication adjustments, and compliance monitoring, the program seeks to reduce the recurrence of stroke events and unplanned readmissions for our rural and regional populations.

C. CHALLENGES

18. In my view there are a number of key challenges which HNELHD faces.

19. The most significant challenge faced by the LHD is the shortage of medical, nursing and allied health staff, particularly those choosing to live and work in rural and regional areas. As a result, we have an increasing reliance on the use of locum and agency staff to ensure service delivery continues for our communities. This has been compounded by the fact the HNELHD shares a border with Queensland, where health workers receive more favourable remuneration than in New South Wales. To maintain services, locum medical officers and agency nursing staff are required which add a considerable expense, compared to permanent staff.

20. In an attempt to combat workforce challenges in the rural and regional areas, the LHD has undertaken a strategy of recruitment of nurse practitioners. HNELHD currently employs over 100 nurse practitioners. Many of the LHD's nurse practitioners work in specialty areas, however in the last few years we have also increased the recruitment of generalist nurse practitioners and nurse practitioners in EDs, particularly for rural areas.

21. There is an excellent retention rate for our nurse practitioners and we have also seen an increase in retention of other nursing staff as the program created a good career pathway for local nurses.

22. However, in some areas, recruitment and retention of nursing staff has remained a challenge. For example, at Wee Waa Community Hospital we have had to cease inpatient services and reduce ED opening hours, as we have been unable to recruit enough nurses for safe staffing. We have been actively recruiting in Wee Waa for approximately two years now without success. Recruitment efforts remain ongoing.

23. At Tamworth Hospital, our largest rural referral hospital in the New England Region, the maternity unit has had to operate at reduced capacity due to significant midwifery staffing shortages. Due to these shortages, Tamworth Hospital cannot safely maintain a 20-bed Level 4 maternity service, and regularly transfers birthing women to alternative facilities. There are currently 23.9 FTE midwives employed in the service, which is a 51% deficit within the required staffing profile. The ongoing and constant staffing shortages have regularly necessitated the activation of the Short-Term Escalation Plans, Business Continuity Plans (BCP), and a reduction in bed capacity from 20 beds to 12 beds. This can result in local Tamworth women being transferred out of town to deliver elsewhere, as well as women from smaller sites being redirected to alternate facilities across HNELHD.

24. However, it is not only our regional and rural facilities impacted by staffing shortages. John Hunter Hospital, the major tertiary referral hospital for HNELHD, also serves the broader north coast region, including the Mid North Coast and Northern NSW Local Health Districts.

25. Despite being in Newcastle and holding tertiary referral status, John Hunter Hospital faces significant workforce shortages, particularly in medical specialists, nurses and midwives. The most affected medical specialties include obstetrics, vascular surgery, neurosurgery, and anaesthetics.

26. The shortage of specialists in rural and regional areas, as well as in other local health districts, has led to an increase in patient transfers to John Hunter Hospital for specialist care. Unfortunately, much of this activity is not accompanied by extra funding.

27. The following services are provided to patients across HNELHD, as well as to those outside its geographic boundaries. Except for intensive care, transcatheter aortic valve implantation, and transgender services, these services are delivered to patients outside HNELHD without additional funding:

    a. Neurosurgery and neurology services, including inpatient, outpatient, and emergency presentations to MNCLHD.

    b. Vascular surgery - offered to MNCLHD.

    c. Interventional neuroradiology.

    d. Intensive care services - delivered as part of the State's critical care network.

    e. Termination of pregnancy services - one of three public providers in the state.

    f. Transcatheter aortic valve implantation (TAVI) procedures - offered as one of four providers in the state.

    g. Adult Transgender health outpatient clinics as a statewide service.

28. As the reliance on John Hunter Hospital increases, its capacity to meet demand is also strained by limited space and bed availability. The $835 million redevelopment of John Hunter Hospital will address some of these issues with an expanded footprint and some clinical services. However, it does not account for inpatient areas within the existing facility that also need to be refurbished and expanded to meet current and future demand.

D. OPPORTUNITIES

29. There are several opportunities to improve the service provided by HNELHD and to combat workforce issues and challenges related to the composition of the LHD (with both rural/regional and metropolitan areas) including:

    a. opportunities for further expansion of virtual care, for example to support inpatient services. We are currently in the process of developing a comprehensive Virtual Hospital model to enhance better-integrated care

between hospital and community-based services, including primary care. This will be a patient-facing service delivering hospital care in patient's homes;

b. better collaboration with Residential Aged Care facilities with the development of the Residential Aged Care In-Reach (RAC-I) Service. This model combines virtual and in-person services, ensuring that the risk of unnecessary transfer to hospital is significantly reduced for aged care residents;

c. opportunities to increase outreach clinics and support local services in rural and regional areas through collaboration with the PHN, local AMS and other service providers. An area of need at the moment is for outreach Obstetrician and Gynaecology clinics in rural and regional areas; and

d. opportunities to better address workforce challenges and incentivise health staff to work in the rural and regional areas.

Susan Heyman

5/9/2024
Date

Witness: Amanda Hopson

5/9/2024
Date