

Special Commission of Inquiry into Healthcare Funding

Statement of Pamela Garrett

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Occupation: Director of Planning, Sydney 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 as a witness. The statement is true to the best of my knowledge and belief.
2. I have been asked to respond to question 11 (Concord Hospital) in the letter from Mr S Jacobs, Principal Solicitor, SCOI dated 19 April 2024 as follows:

“11. The adequacy of current processes for consulting with staff about and evaluating major changes, including the extent to which NSW Health does and should adopt ‘evidence-based’ approaches to policy and process implementation.”

My Role

3. I am the Director of Planning for the Sydney Local Health District (**SLHD**). I have held this role since 2011.
4. As the Director of Planning, I am responsible for strategic, corporate, facility, service (including clinical service plans, also referred to as service plans), capital, precinct and intersectoral plans and strategies, consistent with the vision and agreed directions of the SLHD and NSW Health. Effective health planning requires the integration of relevant research and evidence, models of care (including those developed through the Agency for Clinical Innovation (**ACI**)), current health policies and plans, quantitative and qualitative data, forecasts, and staff (including clinical), stakeholder, and community views.
5. This outline responds to Question 11 above within the limitations of my role, addressing the clinical service planning processes undertaken to inform Concord Hospital Redevelopment Stage One (Concord Clinical Services Plan 2014 - Volumes 1 and 2) and the (proposed) Concord Hospital Redevelopment Stage Two (Concord Clinical Services Plan Stage 2, 2023, Volumes 1 and 2). These clinical service plans detail the case for the major redevelopment of the Concord Hospital.

Strategic Planning

6. The initial phase of planning at the SLHD level is the District Strategic Plan which provides the overarching framework for delivering healthcare to the defined catchment population. The Strategic Plan, like all health plans, is developed through a comprehensive planning process which integrates population level data (i.e. "needs"), current and forecasted activity data and the views of Board, executive, staff, and community members. The most recent plan, the 2024-2029 Strategic Plan, is at final draft stage. The process has included consultation with over 1,000 stakeholders including two face-to-face consultation forums with Concord Hospital staff as at 2023. Multiple opportunities are provided for staff, community members and other stakeholders to provide feedback through emailing the Planning Unit and via surveys. All consultations are documented and sent to all those who attended the consultation for amendment or additional comment. All consultations are carefully read and considered in the plan development process. Consultation reports are forwarded to the Chief Executive and the Executive Steering Committee for the Strategic Plan.
7. The SLHD Strategic Plan identifies those facilities and services which require more detailed planning over the coming five-year period. Such plans include: a suite of District "enabling" plans to "dive deeply" into key areas such as workforce, community engagement and digital health; facility and clinical stream plans; service plans; and the plans that are required to develop and upgrade particular facilities such as Concord Hospital or community-based health services.

Concord Hospital Stage One Planning

8. In 2014, the SLHD Chief Executive, consistent with the then SLHD Strategic Plan, requested that the SLHD Planning Unit work with Concord Hospital executive and staff to develop the Concord Clinical Services Plan (CSP). The process for developing this plan included over 50 face-to-face consultations with Concord Hospital departments and services. Each of these meetings was usually attended by 3 to 10 staff members, including the head of department, medical staff, senior nursing, allied health, and business manager staff. Each department completed a 6 to 8 page "pro-forma/questionnaire" detailing the current services, challenges, co-locational preferences, and new models of care. Data was generated on the inpatient and outpatient activity, flow patterns, and patient age groups, which was discussed at meetings. The drafted proforma for each department was then sent back to each department for amendment and to ensure agreement.

9. The final plan, as well as the compiled departmental service plans, was circulated to Clinical Stream Directors, the District executive and then all staff for comment. Amendments were made to the Plan based on these comments and the final plan was issued to the SLHD Board for consideration and then the NSW Ministry of Health (MoH).
10. The Plan made the case that there was a service to capital mismatch at Concord Hospital and that the current infrastructure was unsuitable for implementing new models of care. Both acute, critical care and sub-acute services were forecasted to be growing and the infrastructure of a number of services was noted to be inadequate. Aged health and rehabilitation services were described as accommodated in “inappropriate outlying facilities...poor line of sight, no nurses station...pose a security risk at night,” as per page 5 of the 2014 CSP.
11. In 2014, the NSW Government approved a funding grant of \$341 million for the Stage One Redevelopment of the Concord Hospital. Priorities for expenditure of this capital were set within the SLHD/NSW Health facility planning process, in consultation with all levels of the planning process. Priorities were ultimately the conjoint responsibility of the SLHD Chief Executive, the Health Infrastructure Chief Executive and the Secretary NSW Health. The SLHD Director of Planning’s role does not include this phase of capital planning.
12. Aged Health and Rehabilitation, Cancer Care and the Defence Force Centre of Excellence were prioritised within a new building that linked to the existing hospital. This redevelopment was designed to meet the forecasted needs of these selected services to 2031. It was recognised that there were significant other important infrastructure needs not able to be addressed with the available capital.

Concord Hospital Stage Two Planning

13. A Stage Two planning process was put in place in 2019, but was delayed due to COVID and finalised in 2023. This plan updated the 2014 Clinical Services Plan, including again consulting extensively with staff (76 departments/services), updating data, updating the service planning requirements including aligning the Plan to new strategies (e.g. Future Health), new MoH forecasting tools, a new approach to the early consideration of options for addressing the forecasted demand, and new MoH templates and guidelines. The horizon of the plan was amended to 2036. Multiple opportunities were provided for staff, community members, primary care providers and other stakeholders to attend face-to-

face or on-line consultations, comment on consultation reports sent to them or to provide other feedback to the Planning Unit.

14. The changes in the MoH requirements and the application of new planning tools led to, for example, the analysis of 277 new models of care for their impact on addressing the significant forecasted demand for Concord Hospital services to 2036. This included new virtual models of care, strengthened primary care approaches and a large number of ambulatory care service models.
15. Application of the newly released forecasting tools resulted in fewer projected beds than the previous tools due to different assumptions in the new MoH planning tools such as ongoing decline in hospital length of hospital stay and ongoing demand management strategies. Further, revised population projections, which are an integral part of the forecasting tools, were released in 2022, based on demographic trends established during the COVID-19 pandemic period. These assumptions included a reduction in international student numbers, lower overall migration rates and the internal migration of Sydney LHD residents to rural and regional areas.
16. The draft Plan was presented for comment at a full staff meeting and at the Medical Staff Council meeting.
17. Concord Hospital Stage Two redevelopment has been a SLHD priority in its Asset Strategic Plan since Stage One was funded. It is the highest SLHD priority for capital funding. The SLHD Capital Investment Proposals 2023 and 2024, for example, detail the major requirement for new acute and critical care infrastructure for the Emergency Department and Intensive Care Unit, new theatres medical and surgical inpatient facilities and new dialysis chairs. New Maternity and Paediatric services, virtual care and ambulator care services have also been scoped within these major capital proposals.

Evidence Based Planning and Evaluation

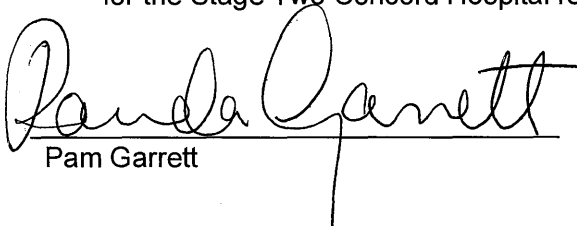
18. The MoH has developed a range of templates and guides for service planning which Local Health Districts are required to use. For example, in 2023, NSW Health issued "Guide to Service Plans: informing LHD/Specialty HN Capital Planning", and in 2024 the Template for Capital investment Proposals. These templates emphasise staff and clinician engagement and consultation, the centrality of patients and the needs of the community, with a focus on improving health and health outcomes. Other guidelines are available for radiotherapy, chemotherapy, chronic kidney disease, and cancer.

19. The MoH has also developed planning tools including the:
- a. Guide to the Role Delineation of Clinical Services which describes minimum support services, workforce, and other requirements for the evidence-based safe delivery of clinical care used to review roles and requirements at Concord Hospital.
 - b. Flow-Info which includes historic hospital admitted patient data sets, sub-acute data by hospital, District, and de-identified private hospital used as a base to understand the current activity and flow patterns at Concord Hospital.
 - c. Population Projections (Department of Planning 2022) used to project population growth and ageing for the Concord Hospital catchment.
 - d. HealthApp which uses historical hospital acute and subacute data to project Concord Hospital future activity to 2026, 2031, 2036 and 2041.
 - e. EDAA v23 which uses historical ED data to project Concord Hospital future Emergency Department data to 2026, 2031, 2036 and 2041.
 - f. NAP (Non-Admitted Patient) tool used to support planning for Concord's non-admitted services and for community health services.
20. Information sources which are also used to undertake planning to supplement these tools, such as for needs assessments, include:
- a. Census data – used to understand community demography of the Concord catchment.
 - b. Hospital data – used for reflecting current activity, length of stay, flows, trends, new models of care and operational issues such as discharge, wait lists, and surgical compliance.
 - c. Emergency Department data – used to understand activity, trends, triage categories and operational issues such as admission time.
 - d. Perinatal data - used to understand birth trends and to plan new Concord maternity beds and services.
 - e. Mortality/death data – used to understand population issues such as causes of death.

- f. Program data – a wide range of information collected from NSW/SLHD services/ programs used to inform patient experience, throughput, and outcomes.
 - g. Survey data – a sample of the population capturing information on health status, and behaviours used to inform models of care.
 - h. Information compiled by statewide services such as ACI which provides evidence on models of care and new technology, including virtual service delivery. The Bureau of Health Information, HealthStats NSW and Cancer Institute NSW also provide data and information by LHD and Local Government Area for planning purposes.
21. As for evaluating change after a major capital development, this would generally be the role of the redevelopment team who would undertake post occupancy evaluations, consider what were the goals of the plan, and how they were realised.


Consultation with Concord Hospital

22. From 2014, and then from 2019 to 2023, the Planning Unit has held numerous consultations with Concord Hospital's clinicians and staff as detailed above.
23. The provision of explanations and information about the Stage One priorities and redevelopment process was undertaken by the Hospital executive and the redevelopment team.
24. The Planning Unit emphasised in the meetings and throughout the consultation process that the Concord Stage Two planning was being undertaken in order to support the case for the Stage Two Concord Hospital redevelopment.


Pam Garrett

Date

6/6/2024


Witness: DORIS CHONG

Date

6/6/2024