Witness Statement

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Occupation: Senior Pharmacist at NSW Poisons Information Centre and Senior Pharmacist at the National Poisons Register (SLHD)

1. This statement contains evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness.

2. The statement is true to the best of my knowledge and belief.

A. My role

3. I am currently a Senior Pharmacist – Poisons Information (also known as Senior Specialist in Poisons Information or Senior "SPI") in the NSW Poisons Information Centre ("NSW PIC"). And a Senior Pharmacist at the National Poisons Register, which is based at RPA.

4. I registered as a pharmacist in 1994. I started my career in pharmacy as a community pharmacist. I started working in the NSW PIC in 2003, returning in 2014 and moving to the position of Senior Pharmacist in 2015.

5. I was the Operations Manager of the NSW PIC from April 2019 to September 2019.

B. Overview of the NSW PIC

6. NSW PIC is a service based at the Children's Hospital at Westmead.

7. The main function of the NSW PIC is to provide free telephone advice to members of the public and health professionals on the assessment and management of poisoning or suspected poisoning events, through the national '13 11 26' number.

8. All calls are managed in the first instance by a SPI, who is generally a pharmacist. More complex cases are referred to a specialist consultant clinical toxicologist (who is a doctor). Approximately 2-3% of calls are transferred to a clinical toxicologist after initial consultation.

9. The operating hours of the NSW PIC are 6am to midnight, 4 days a week and 24 hours the remaining 3 days each week. Outside these hours, coverage is provided by PICs in other states as I describe further below.

10. Currently there are approximately 30 staff members working as SPIs in the NSW PIC. All call taking staff members work part-time. Since COVID-19, most staff work remotely most of the time. There is also a medical director and approximately 30 clinical toxicologists employed as VMO by the NSW PIC.

11. Depending on the time and day, there are two to four people on the phones at a time. The busiest time periods are 6 am to 8 am and 9 pm to 12 am.

12. In addition to taking calls, SPIs perform a range of other functions including delivering education and training, research, resource development, media advocacy, advice on rehabilitative work and rescheduling medicines in the context of poison prevention.

13. PICs have demonstrated effectiveness in reducing hospital presentations and associated costs. For example, in a study published in 2020, Huynh et al found that PICs in Australia delivered an estimated minimum cost saving of at least $10 million annually. A copy of the paper by Huynh et al is annexed to this statement and marked "**GA-1**".

C. Relationship with other PICs

14. There are four PICs in Australia: in NSW, Queensland, Victoria and Western Australia. Together the PICs provide 24/7 coverage for the whole of Australia. No single PIC operates 24/7; rather, the PICs share a roster of the midnight to 6am shift with only one PIC opening during this overnight period.

15. Calls to the '13 11 26' number are routed based on the location of caller and time of day. Calls originating in NSW, ACT or TAS are directed to NSW PIC, calls originating in WA, NT or SA are directed to WA PIC, calls originating in Qld are directed to the QLD PIC and calls originating in VIC are directed to the VIC PIC. When the responsible PIC is closed, the call goes to NSW PIC, if the call

is between midnight and 6 am Mon, Tue, Wed and Sat when NSW PIC is closed the call is diverted to the PIC who is rostered to cover that overnight period.

16. The NSW PIC operates for the longest hours of any of the Australian PICs as it is open from 6am to 8 am and 9 pm to midnight when the other PIC are closed. As a consequence, the NSW PIC takes over half the calls nationally and provides roughly 50% of out-of-hours services.

17. There are informal cross-jurisdictional arrangements between the various PICs so that, for example, the NSW PIC is paid a fee per call taken from another jurisdiction. The fees are fixed per call – they do not depend on the length of the call but are higher for calls after midnight. States and Territories that do not host a PIC pay the same per call but do not bear any of the expense of hosting a service. Because the NSW PIC takes more out-of-hours calls than other PICs, this results in the NSW PIC bearing a disproportionate financial and workload burden compared with other PICs as these times are the busiest with the most complex calls.

18. In my view, there is a lack of co-ordination between each of the PICs on the one hand, and jurisdictional health authorities in each state and territory on the other, in relation to the manner in which the service is structured and delivered, and also how funding is allocated. This means there are inconsistencies between jurisdictions in matters such as:

    a. clinical governance models – for example:

        i. the NSW and Queensland PICs are based in and governed in the context of children's hospitals (which I address further in the context of the NSW PIC below), while the PICs in Victoria and Western Australia are based in and governed in the context of adult hospitals; and

        ii. the Victorian and Western Australian PICs are co-located with clinical toxicology units while the NSW PIC is not;

b. training models – for example, NSW invests in substantial training for SPIs to ensure they have the specialised skills needed to deal with the diverse range of poisons-related issues they may need to deal with, whereas, as far as I am aware, some States do not invest in the same level of training;

c. rostering practices; some states allow a SPI to work alone overnight which we no longer do in NSW.

d. triaging and referral pathways to clinical toxicologists; and

e. scope of services provided by PICs other than call-taking – for example, research and toxicovigilance.

19. There is also limited capacity for information-sharing between PICs. Clinical information from PIC calls is captured in local instances of PIC databases, which is not standardised, centralised or available to be shared between PICs in real-time. This means that, for example, a call from South Australia at 5:30 am on Wednesday will be answered by the Victorian PIC, a recall by the same patient at 7:30 am will be answered by NSW PIC, and a follow up call at 10:30 am will be answered by Western Australian PIC, but there is no way for the subsequent PICs to view the previous call records documenting the same patient's care.

20. There is currently a project underway to deliver a new national poisoning dataset, with mirrored databases for use by each PIC. The project is being conducted following a grant from the Australian Research Data Commons as a partnership between the PICs, NSW Ministry of Health and the University of Sydney. While the project is welcome, I understand it will not allow for real-time data sharing, and therefore not be useful for clinical handover. It depends on each State being willing to share their data, which I believe has been agreed in principle but no agreements have been signed. I am aware that Western Australia, for example, has not agreed to release identifiable data to be

used in the dataset. I also understand that while the project has been funded by a grant, there is no guarantee of ongoing funding.

21. Having regard to these issues, I believe consideration should be given to implementing a national poisons service with independent governance and links to a network of local toxicology services plus an accredited SPI training program. I believe this would help to ensure high-quality and sustainable service provision across the country. It would also promote increased poisons research, toxicovigilance and public health activities, where I believe PICs have the expertise to make an important contribution that saves health dollars but generally are not sufficiently funded to do so (including in the case of the NSW PIC). The National Blood Authority provides an example of a statutory body that could be considered as a model for the operation of a National Poisons Centre.

22. In the absence of a national service, I believe there should be more structured and formal coordination, funding and data-sharing arrangements between PICs with appropriate funding to support them.

23. I also think it is important to develop standardised training for SPIs, preferably with a recognised qualification or accreditation, to standardise the service provided and increase the attractiveness of the role and workforce mobility. We are currently experiencing skills and workforce shortages and I think having standardised, accredited training would help to attract people to the role. I believe diversity in work for SPIs, which involves non-call taking toxicovigilance and research activities, would help to retain staff and minimise burnout.

D. Funding and governance of the NSW PIC

24. The NSW PIC sits within the governance structure of the Sydney Children's Hospitals Network ("SCHN") and is funded by block funding provided through SCHN (supplemented by the fees-per-call from other jurisdictions that I described above).

25. We are governed by and funded through SCHN despite the fact that approximately half of our services are provided to or in relation to adults. This means we are required to fit within SCHN's strategic framework and budget priorities which may not be well-suited to our services because they are focused on paediatric care.

26. I have also experienced what appears to be a lack of understanding and engagement by SCHN management in relation to what the NSW PIC does. As far as I am aware, the NSW PIC is not mentioned in SCHN's current Service Level Agreement with NSW Health, and it was not mentioned in the 2023 SCHN annual report.

27. In light of these issues, I think it would be more appropriate if the NSW PIC did not sit under the governance structure of SCHN but was governed and funded in a more centralised way. Ideally, commonwealth legislation would be created to ensure Poisons Information services are secure, appropriate and funded for current and future requirements.

E. The National Poisons Register

28. All PICs including the NSW PIC rely on information contained in the National Poisons Register ("NPR"), which is a commercial-in-confidence register of products available for use in Australia that includes specific formulation and physicochemical properties as well as references to appropriate poisoning management advice provided by manufacturers. This is a national register, which is funded under a national funding agreement, but it is governed by the Sydney Local Health District ("SLHD").

29. In my view, there is no particular reason why the NSW PIC should sit under the governance structure of SCHN while the NPR sits under the governance structure of SLHD. I think it would make more sense for both to be centrally governed, preferably at a national level, but otherwise at a State level.

30. Another difficulty with the NPR is that manufacturers are not required to submit information about their products to the NPR. This is despite the fact that often manufacturers include on their labelling

a message to the effect that consumers should contact the 13 11 26 number if they need advice. In my view, manufacturers should be required to submit product information to the NPR.

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Signature: