Witness Statement

Name: Amanda Carter

Occupation: Department Head of Dietetics at Children's Hospital Westmead

1. This statement sets out the evidence that I would be prepared to give as a witness to the Special Commission of Inquiry into Healthcare Funding.
2. The content of this statement is true and correct.

A. My Role

3. I am the Head of Department ('**HoD**') of Dietetics at The Children's Hospital Westmead ('**CHW**'). I have worked for the Sydney Children's Hospital Network ('**SCHN**') principally at CHW since March, 2016.

B. Dietetic Services at CHW

4. Dietetic services at CHW including dietitians and support staff totals 34.25FTE.
5. From my experience at CHW, the service provides inpatient consultations and outpatient clinics for paediatric nutrition and feeding concerns including:
    a. nutritional assessment and diagnosis;
    b. nutritional intervention including provision of special diets, enteral, parenteral, and infant formulas;
    c. dietary counselling and
    d. education on breastfeeding and healthy nutrition for infants, children and adolescents.
6. I have oversight of the delivery of the following outpatient clinics at CHW:
    a. Coeliac Group Education: held monthly;
    b. Weight Management clinics: held weekly;
    c. Feeding and Nutrition Support Service ('**FaNSS**'): Held ad hoc during Monday – Friday between 8am and 4.30pm.

7. In addition, the dietitians provide consults for a number of clinics including Allergy, Bone Marrow Transplant, Cystic Fibrosis, Diabetes, Dysphagia, Feeding, Gastroenterology, Inflammatory Bowel Disease, Ketogenic, Lipid, Liver, Oncology, PKU/Metabolic, Rett Syndrome, Renal and total parenteral nutrition.

C. Challenges facing the Dietetic Service at CHW

8. While the inpatient dietetic services at CHW have expanded in response to increased demand across the network over the last 10 years, there has been a minimal increase in FTE. The increased workload is compounded by the ongoing drive for the same cohort of staff to increase outpatient services. In my view, that situation has arisen because specialised services like dietetics and other allied health services are often overlooked in the funding model as they do not fit in with typical Activity Based Funding assessments.
9. While dietetic services may be seen as tangential to direct patient care in the context of current funding models, we complement and collaborate across all appropriate models of care in paediatrics in support of the SCHN's tertiary and quaternary care services.
10. One of the aims of the dietetic services across the SCHN is to support NSW Health's priority to offer provision of care closer to home for the families requiring ongoing assistance.
11. For those chronic or complex needs patients who reside outside the CHW local area, as part of our discharge planning pathway for ongoing outpatient allied health, we refer patients to their closest hospital allied health services outside the SCHN.
12. The service has experienced an increase in rejections to provide care to these patients and families by their local hospitals. I know of other similar occurrences for general paediatric clinics and other allied health services. I think that many of these services, which were previously provided by local health districts ('**LHDs**') are no longer being operated due to either lack of resources and / or funding, or due to the perception that all specialty paediatric services should be provided within SCHN. I know of instances where funding has

been diverted from paediatrics to adult services which I understand to be due to chronic widespread under-funding.

13. Often the expectation is that SCHN will fill the gap for any service that does not exist at a local hospital, particularly in the LHDs surrounding CHW. At other times, there will be too long a delay before they can be seen locally. For example, a child with a new gastrostomy tube should be reviewed within a month, but may not be able to get an appointment locally for six months. In these circumstances, our service at CHW will provide the service in order to ensure the child receives the required care and to also prevent unnecessary additional presentations to the hospital.
14. As the HoD, I cannot see how the current FTE can support any further growth of outpatient clinics to meet the increase in demand.
15. In order for patients and families to access any outpatient services at CHW, a referral from a Hospital medical officer or paediatrician with admitting rights to CHW is required. Referrals are submitted through the digital online portal 'Consultmed' or paper based referrals and are triaged based on the department's Prioritisation Matrix.
16. In my role as HoD, I am responsible for the consideration of referrals and allocation of patients into outpatient clinics upon escalation from Dietitian leads in the outpatient services. Many are chronic care patients who reside in the LHDs surrounding CHW, and who are seeking services that were once more readily available and provided by their local hospital service. In 2021-22, 69% of patients seen and 59%of occasions of service provided at CHW for outpatients in the FaNSS general outpatients service were for patients who resided outside the CHW local area.
17. For example, the FaNSS has approximately 350 active patients and is serviced by 2.6 FTE staff. Because of this ratio, our service is being stretched beyond its capacity as staff are overburdened by the workload to properly meet the needs of the patients.

18. I have raised my concerns regarding workload with the site based Allied Health Director, Clare Klimes and placed the risk on the Hospital's risk register.
19. Our service has recently received one additional FTE position for a dietitian dedicated to supporting the current food service reforms happening across the SCHN. This FTE is funded solely through the SCHN Foundation on a temporary arrangement.

Signature: 

Name: Amanda Carter

Date: 7/6/24