Special Commission of Inquiry into Healthcare Funding

Statement of Dr Shirley Alexander

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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.

My role

2. I am a Staff Specialist and Head of Department of the Children's Hospital Institute of Sports Medicine (**CHISM**) and Weight Management for the Sydney Children's Hospitals Network (**SCHN**). I have held the staff specialist role since July 2008 (and Head of Department since October 2016).

3. In this role, I am responsible for operational and strategic planning to deliver weight management (**WM**) and CHISM services. Historically WM and CHISM were only based at The Children's Hospital at Westmead (**CHW**) however over recent years, with the increase in prevalence of obesity, and concussion injuries seen at CHISM, plans are underway to have both services across the Network. Extension of service across the Sydney Children's Hospital at Randwick (**SCH**) has already commenced with dietitian weight management clinics, including servicing the Aboriginal population who attend the La Perouse clinic. Having a Network has enabled such these plans to progress. Both services also treat patients out of area and have developed models of care to enable virtual outreach clinics to support patients/families and clinicians in regional and rural areas.

4. This outline addresses:

    a. The benefits and limitations of the SCHN Network Structure; and

b. SCHN's clinical operations structure and service provision.

Benefits and Limitations of Network Structure

5. SCHN is a tertiary and a quaternary paediatric service that delivers services locally and statewide. Both the SCH and the CHW deliver services to their local community including having an Emergency Department (**ED**) as well as providing specialist services across NSW and in some cases nationally such as oncology services and liver transplants (nationally funded centre).

6. One of the benefits of the network structure is that it supports greater coordination and collaboration across particular clinical areas in both hospitals noting that there are differences due to sharing of some services (for example, theatres and imaging at SCH) but which are separate departments at CHW.

7. Since the development of the Network, more services have collaborated and shared knowledge processes to support each other. Some departments, for example, Dermatology, Adolescent Medicine and Endocrinology have staff specialists who work at both sites. This enables sharing and distributing of knowledge and clinical skills across sites and builds on relationships within and across sites. Some departments hold joint meetings such as the Deafness Centre (CHW) and Hearing Services (SCH), and also including the hearing service at John Hunter Children's Hospital. Other examples of Network services that have shown great collaboration, and equity in access is in Palliative care, and Rehabilitation with development of a statewide Model of Care.

8. Services such as Hospital in the Home (**HiTH**) and Integrated Care (which includes Kids GPS and Rural Kids GPS) function across both sides and in the latter supports patients/families/clinicians in rural areas. A Network approach enables the services to balance staff resources with patient needs more readily.

9. One of the limitations of the network structure is the cultural impact caused by the creation of the network itself. Since CHW and SCH had historically operated individually, they had developed their own unique culture and identity and the process of integrating the two hospitals has taken a long time in some areas of the Network.

10. While SCHN operates to provide support for regional and rural communities for example through virtualKIDS and to outreach clinics, and deliver tertiary level services across NSW, the Network is not always best placed or resourced to deliver paediatric services across the whole of the state. The current approach to care is to treat the right person at

the right place at the right time, where possible. This includes treating families closer to home and which requires developing services locally to avoid travel for certain outpatient clinical appointments or for just general advice and support. Network services can provide support to local services through services such as virtualKIDS and Rural Kids GPS.

11. Sometimes a grey area exists around whether a patient should be referred and treated by one of the specialist hospitals within SCHN or whether their care can be managed within their LHD. Sometimes families choose where they want to take their child for emergency care so children from across Sydney may still present at the two EDs or may seek care at places, for example, where there may be workforce constraints in the LHD in which they live. Departments within SCHN determine appropriateness of referrals received from referring GP's or specialists. Generally speaking a department would only accept referrals for tertiary or quaternary services (other than for patients within the proximate geographic area of SCHN's co-located hospital - Prince of Wales Hospital and Westmead Hospital). If referrals are accepted, services should appropriate alternative treatment routes / suggestions for the referrer to action.

12. The challenge around outpatient referrals, which occurs across all LHDs, has been identified by NSW Health and as such NSW Ministry of Health (**MOH**) is piloting the state-wide referral criteria (**SRC**) which has been introduced to standardise and streamline the process of referring patients to public specialist outpatient services. SCHN is involved in the implementation of piloting SRC for the referral of specialist paediatric services offered across SCHN. The departments that have commenced or are about to commence implementing SRCs include ophthalmology, gastroenterology, ENT and orthopaedics.

13. A difficulty faced by SCHN is that because each hospital has their own ED, it might be seen by the public that the hospital services all children and young people. Sometimes families might bypass their local hospital to go to SCH or CHW because it is a specialist hospital and perceive they are getting the best care without realising they can receive appropriate paediatric care within their LHD.

SCHN's Clinical Operations Structure and Service Provision

14. SCHN's executive structure operates across both SCH and CHW and all clinical streams work across both sites. The aim is for the Network to be equitable for all children requiring tertiary level care across NSW.

15. Under the Network structure, clinical streams and services generally operate across both sites, although sometimes to varying degrees. For example, weight management and CHISM has traditionally only been offered at CHW. However, we are now developing a service at SCH due to need as mentioned previously.

16. SCHN delivers a range of services including virtualKIDS which is a virtual healthcare service which operates to reduce the need for children to present to Emergency Departments in the network and statewide. Families are able to be connected to the service through a New South Wales Healthcare hotline and receive support for the child by consulting with specialised paediatric clinicians and nursing staff. VirtualKIDS was set up during COVID-19 and has expanded since then. VirtualKIDS provides support to families and patients by determining whether to recommend the family and patient is safe to remain at home or determine the appropriate service for that patient, including whether they should present to hospital or another healthcare provider. Families may also maintain contact with the clinician as the child's symptoms develop or change. Where visual examination is required, the child may be reviewed over video conferencing, or the clinician may recommend the child be seen by a nearby healthcare provider for a face-to-face examination.

17. Clinicians working throughout NSW and other Network clinicians may also contact virtualKIDS depending on the condition and acuity of the patient. Cases are discussed through the phone helpline and may remain in contact with virtualKIDS as the situation evolves. In practice however, clinicians wanting advice on an inpatient from their own regional hospital often contact the specific teams within their own LHD relevant to the condition. For example, a clinician wanting advice on a neurological issue would contact the neurology department within their own LHD.

18. SCHN has implemented an e-referral system through a company called Consultmed. This is a digital referral system which is designed to increase efficiency and improve the patient experience by allowing GPs, specialists, allied health professionals and primary care providers to send e-referrals in a streamlined way. Referrals may be received from patients locally and regionally and it is up to the individual department to determine whether they accept the patient who is referred to them in accordance with the criteria they set.

Dr Shirley Alexander

6th June 2024

Date

Witness: LAURYE BIRRELL.

6th June 2024.

Date