



## Special Commission of Inquiry into Healthcare Funding

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ST VINCENT'S  
HOSPITAL  
SYDNEY

# The Special Commission of Inquiry into Healthcare Funding

St Vincent's Hospital Sydney

Formal Submission – December 2023

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# Special Commission of Inquiry into Healthcare Funding

## St Vincent's Hospital Sydney – Formal Response

### Background

1. This is an initial submission made by St Vincent's Hospital Sydney Limited (SVHS), an Affiliated Health Organisation (AHO)<sup>1</sup> operating St Vincent's Hospital, Darlinghurst and the co-located Sacred Heart Health Service, and providing health care services within the New South Wales (NSW) Public Health System.
2. SVHS is the only AHO in NSW that is recognised as a Network<sup>2</sup>, and the only AHO with a direct Service Level Agreement (SLA) with the NSW Ministry of Health (MoH). This relationship with the MoH facilitates direct collaboration and is viewed as a positive arrangement.
3. This SLA is negotiated annually with the MoH, in line with NSW Health priorities and the process undertaken by Local Health District (LHD) counterparts. The SLA and related annual corporate attestation process recognise that SVHS is a subsidiary of St Vincent's Health Australia (SVHA) and operates under its Board governance, and mission, values and ethical framework.
4. The treatment of SVHS as a networked AHO recognises that it has more than one recognised establishment or service and provides Statewide services and services of State significance, per section 62B of the Health Services Act 1997.<sup>3</sup>
5. SVHA comprises 8 other not-for-profit companies in addition to SVHS and as a group is the nation's largest not-for-profit health and aged care provider. With over 180 years heritage, SVHA delivers care across NSW, Queensland and Victoria, with more than 30,000 staff, 23 aged care facilities, 2 public hospitals and 10 private hospitals and research precincts.
6. SVHS is predominantly publicly funded and operates within the strategic policy environment of the NSW Government and the MoH as well as SVHA's strategic aims, to contribute to better health outcomes relevantly in NSW.
7. The intention of this submission is to provide a high-level overview of challenges and opportunities related to funding and operation of public health services as they relate to SVHS as an AHO and reflecting SVHS's role within the wider SVHA group.
8. This submission will be supplemented by supporting material as requested during the Special Commission of Inquiry (Inquiry).
9. In alignment with NSW Health, SVHS sees this Inquiry as an opportunity for meaningful reform and intends to contribute throughout the duration of the Inquiry and beyond, to drive change and partner with Government on solutions.

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<sup>1</sup> SVHS is an Affiliated Health Organisation listed in Schedule 3 of the Health Services Act 1997 in respect of our establishments (St Vincent's Hospital, Darlinghurst and the Sacred Heart Health Service). SVHS is also treated as a Network in respect of these facilities, for the purposes of the National Health Reform Agreement.

<sup>2</sup> In line with section 62B of the Health Services Act 1997, the Minister may, by order published in the Gazette, declare one or more affiliated health organisations to be treated as a network for the purposes of the National Health Reform Agreement, should the AHO satisfy the criteria set out within section 62B. The most recent order providing for St Vincent's Hospital Sydney to be recognised as the St Vincent's Health Network in respect of its recognised establishments or services (St Vincent's Hospital Darlinghurst and the Sacred Heart Health Service) was made and published on 3 November 2023.

## Executive Summary

10. The NSW Health system stands at a crossroads. Workforce shortages, an aging population, more complex mental health needs, a primary care and aged care system under strain, acute pressure on admissions, more complex comorbidity presentations, and growing waitlists for elective surgery are all concurrently impacting the system, putting it under increasing stress.
11. The 'shifting burden of disease' will need to be met with an equal commitment to a shift in the placement of care. Making care more flexible, more accessible and more preventative.
12. As a group of health care companies spanning public hospitals, private hospitals, residential aged care, virtual and home care and research, SVHA exists as a microcosm of the health system in New South Wales – forming a network of critical support to the people of NSW.
13. As a result, SVHA is able to bring a 'full system' perspective to the challenges facing NSW public health services.
14. This submission details the pressures on the NSW public health system that SVHA, and SVHS in particular, experience daily – from mental health needs to the changing mix of diseases.
15. All of the challenges ahead lead to the same mix of required interventions. There are opportunities for reform and opportunities for improvements to the NSW public health system.
16. The key drivers of health reform will need to come from reorientating the provision of care closer to the patient and focusing on prevention, rather than treatment. Greater investments in virtual care, home care and community care – underpinned by electronic medical records and information connectivity– will result in more patient-centric care and will reduce the pressure being placed onto our hospitals.
17. Hospitals, and especially emergency rooms, should be a place of acute and last resort within the public health system.
18. The challenge is on finding fair, adequate, and sustainable funding for the delivery of the right care, in the right place at the right time. The current activity-based funding model is insufficient in capturing the changing health needs of the population.
19. With structural changes to the delivery, and sustainable changes to the funding of health care – leveraging the clinical expertise of one of the nation's oldest and largest providers of care – SVHA can support a NSW health system that is better and fairer for all.

## The Role of SVHS in the NSW Public Health System

20. SVHS includes SVHS and Sacred Heart Hospital (SHH), a palliative care and rehabilitation centre.
21. SVHS is a teaching and Principal Referral hospital<sup>4</sup> in the inner-city suburb of Darlinghurst, providing tertiary<sup>5</sup> and quaternary<sup>6</sup> healthcare services, a level 6 Emergency Department (ED) and Major Trauma Service, and sub-acute rehabilitation and palliative care.
22. SVHS delivers 2.5% of the state's activity through its comprehensive range of acute, sub-acute and non-admitted medical and surgical services.
23. In 2022, SVHS treated more than 40,000 inpatients, saw over 50,000 emergency department presentations, and delivered more than 400,000 outpatient service events through specialist clinics.
24. In addition to clinical service delivery, SVHS plays a crucial function as a cornerstone partner of the St Vincent's Sydney Health Innovation Precinct<sup>7</sup>, NSW's original health innovation precinct. The Precinct has an extensive history of translational research and clinical innovations, resulting in a material contribution to the social, economic and health advancements of NSW (see appendix 1).
25. Unlike LHD's, SVHS does not have a defined geographic catchment except for in the provision of some community services. As such, SVHS has a dual role in the public health system providing services to the local community<sup>8</sup> as well as highly specialised services for patients across the state.
26. This includes an extensive range of services for priority populations and those with health vulnerabilities in the inner city, including Aboriginal and Torres Strait Islander people, people experiencing homelessness, people in the correctional system and those seeking mental health and or alcohol and drug services.
27. In NSW, SVHS is the sole provider of:
  - a. Heart and Lung Transplantation
  - b. Haematopoietic Stem Cell Transplantation for Severe Scleroderma
28. It is one of three hospitals in NSW responsible for Organ Retrieval, and the sole recipient of all heart and lung organ retrievals in the state.
29. In line with NSW Health designation, SVHS also delivers:
  - a. Critical care services including Extracorporeal Membrane Oxygenation (ECMO) and Adult Intensive Care (ICU)
  - b. Transcatheter Aortic Valve Implantation (operating as the NSW referral centre)
  - c. Human Immuno Virus (HIV) Reference Laboratory
  - d. Bone Marrow Transplantation and Laboratory.

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<sup>4</sup> Principal referral hospitals are public acute hospitals that provide a range of highly specialised service units and large patient volumes. The term 'referral' recognises these hospitals have specialist facilities not typically found in smaller hospitals.

<sup>5</sup> Tertiary care is specialised consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment.

<sup>6</sup> Quaternary care is an extension of tertiary care in reference to advanced levels of medicine.

<sup>7</sup> UNSW Sydney, 'Health Precincts', December 2023, [Health precincts | Medicine & Health - UNSW Sydney](#).

<sup>8</sup> Encompassing Waverley, Woollahra, and Sydney Local Government Areas (LGA).

30. Consistent with its dual role, more than half of all patients come from the greater Sydney metropolitan area, with 7% of patients flowing from rural and regional areas for inpatient care.

### Increasing Demand for Tertiary Care

31. The City of Sydney LGA represents a global city and one of the largest local areas in NSW in terms of population density.
32. Significant growth is expected for the population of people aged 75+ in Sydney LGA, with the highest growth expected for those aged 80-84.
33. The demand on public hospitals as a result of changing demographics and population health needs is expected to continue to grow, as patients live longer with more chronic and complex health conditions.
34. The increasing volume and complexity of presentations is evidenced by patient flows to SVHS, particularly across the services referred to in paragraphs 36 to 40 below:

### 35. Mental Health

- a. Since the beginning of the COVID-19 pandemic, 13% of the NSW adult population developed a new Mental Health (MH) issue, placing unprecedented pressure on MH services across the state.<sup>9</sup>
- b. These pressures are reflected in the demand for SVHS ED and acute MH services:
- Overnight occupancy of SVHS acute MH ward has climbed to consistently >95% (FY 22/23), higher than the NSW average (86%), evidencing increasing service utilisation and creating additional challenges for inpatient flow and access.
  - SVHS received the sixth highest number of MH presentations in the state, accounting for more than 7% of ED presentations in FY21<sup>10</sup>.
  - MH activity has grown by 4% over the last 5 years to FY23, with a notable increase in the percentage of MH presentations to ED compared to pre-COVID levels (7.1% p.a. increase since 2016/17).
  - The number of MH patients staying in ED >24 hours has significantly increased as a result of the demand for acute type beds and inpatient activity without any increase in infrastructure to support this demand.
  - SVHS readmission rate within 28 days is consistently above the NSW target of 13%, likely driven by the high percentage of patients from out of area, those with no fixed address, patients with comorbid substance use which exacerbates mental illness, and an under-resourced community MH service.

### 36. Alcohol and Drug

- a. Excessive alcohol consumption is the leading contributor to the burden of illness and deaths for people aged up to 44 years.

<sup>9</sup> Mental Health Coordinating Council, 'Aftershock report: heavy mental health toll in NSW', Addressing the Economic and Social Costs of the Pandemic and Natural Disasters on the People of NSW, August 2022, viewed December 2023, <https://mhcc.org.au/2022/08/aftershock-report-illustrates-he-heavy-mental-health-toll-of-the-pandemic-and-natural-disasters-on-the-people-of-nsw/#:~:text=Aftershock%3A%20Addressing%20the%20Economic%20and%20consistent%20with%20depression%20or%20anxiety.>

<sup>10</sup> According to the most recent statewide data available in the EDAA v21.0 Historic ED Activity, Clinical Services Planning and Analysis Portal.

- b. In 2021 almost 2,000 deaths were attributable to alcohol, accounting for approximately 3.5% of all deaths of NSW residents.
- c. The total disease burden attributable to alcohol use is 1.9 times greater in the lowest (most disadvantaged) socioeconomic group, including those experiencing homelessness – a significant patient cohort at SVHS<sup>11</sup>.
  - i. SVHS ED receives the highest number of alcohol and drug related presentations in the state – more than double that of Westmead, Royal North Shore, and Liverpool.
  - ii. Alcohol and other drug inpatient activity is expected to continue to increase by 5% p.a. in line with demand, with investment in non-admitted and community settings necessary in proactively reducing inpatient admissions and readmissions.

### **37. Homeless Health**

- a. The local area has the highest population of homeless persons in NSW, accounting for approximately 14% of NSW's total homeless population.
- b. Sydney LGA alone has the highest rates of people experiencing homelessness in NSW, accounting for 10% of the total population in 2021.
- c. Despite the prevalence of homelessness, SVHS is the only public hospital in NSW with a dedicated Homeless Health unit, delivering a multispecialty service to support people in engaging in healthcare and accessing health services of their choice – enabling assessment, treatment, education, support and referral.
- d. Funding of community-based services, such as the SVHS Homeless Health outreach service, minimises the burden on the public hospital system and delivers better outcomes for patients.
- e. Without sustainable and targeted investment in such models, more patients will be driven to the acute setting, a higher cost environment which does not reflect the needs of the patient cohort.

### **38. Rural and Regional demand**

- a. SVHS plays a significant role in the delivery of healthcare to regional Australia. In FY22, around 7% of total separations were for patients from rural and regional Local Health Districts.
- b. Patient flows from rural and regional areas are substantially higher across SVHS specialised statewide services, accounting for 53% of Cardiothoracic Surgery, 25% of Interventional Cardiology, 16% of Neurosurgery, and 16% of Cardiology inpatient separations.
- c. As workforce availability becomes further constrained, and the growing burden of illness in rural and regional areas increases, as does the requirement for increased service provision from tertiary providers like SVHS, which delivers both virtual and outreach services - particularly in Murrumbidgee Local health District.

### **39. Cardiovascular health**

- a. Heart disease remains the leading single cause of death in NSW, with cardiovascular disease, including heart, stroke and blood vessel disease,

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<sup>11</sup> Australian Institute of Health and Welfare, 'Australian Burden of Disease Study 2018: Interactive data on risk factor burden'. November 2021. Viewed December 2023, <https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-risk-factors/contents/alcohol-use>.



accounting for almost 28% of all deaths in NSW and resulting in more than 110,000 hospital admissions a year.

- b. Aligned with the majority of developed health systems globally, NSW has a delineated model of service provision for low-volume, high complexity services such as HL transplant, with concentration of activity in a single (or two) centres.
- c. This recognises the critical volume-quality relationship for these types of services and the importance of interrelated research and teaching in provision of highly-specialised services.
- d. In line with the prevalence of disease, the projected demand for heart and lung services at SVHS is expected to be substantial as result of:
  - i. National reform strategies to increase organ and tissue donation, coupled with innovations to make more donations viable such as donation after circulatory death (DCD) technology (pioneered at SVHS) are driving increases in transplantation.
  - ii. Growth in HL transplant will impact demand for outpatient services and other critical transplant support services such as those provided across endocrinology, gynaecology, dermatology, immunology and infectious diseases, gastroenterology, rehabilitation and mental health.
  - iii. Rapid medical advances continuing, complex, multi- morbid patients are living longer, and the acuity of SVHS's inpatient cohort is likely to continue to increase.

### Constraints of Activity Based Funding

40. The 2011 National Health Reform Agreement (NHRA) committed to funding all public hospitals using Activity Based Funding (ABF) where practicable, and block funding for exceptions (typically smaller or rural hospitals).
41. ABF promotes technical efficiency and transparency in funding allocation; however, it is not the optimal funding model for all service models and types.
42. Cost weights do not adequately reflect the true cost of providing low-volume, highly specialised services nor for complex, multi-system services where social determinants of health are a key factor (e.g. homeless health, alcohol and drug services), resulting in an unsustainable negative contribution margin .
43. This is reflected in a costing study undertaken with SVHS and Alfred Health in Victoria (the only other heart lung transplant centre in Australia) (Alfred), which compared methodologies and funding regimes to identify whether the existing funding models adequately aligned with the costs incurred to support the Heart and Lung Transplant Services they provide on behalf of their respective states.
44. This analysis identified that:
  - a. Both acute admitted Heart and Lung transplant episodes incur a significant negative contribution margin compared to National Weighted Activity Unit (NWAU) revenue.
  - b. Given the variation and range of complexities affecting Heart and Lung transplant procedures, the funding formula parameters, including case weights and high boundary points used in the current Independent Hospital and Aged Care Pricing Authority (IHACPA) acute admitted formula are too narrow to cater for the differences in treatment and costs associated with both DRGs.

- c. The organ retrieval program delivered by SVHS also incurs a significant standby cost to health services, which does not readily align well with an episodic, separation activity-based funding formula. An alternative, fixed funding approach would best suit the support costs of the retrieval program. This includes the fixed and variable costs of the staff, travel/transport and fit-for-purpose

## Challenges and Opportunities

### **45. Sustainable recurrent funding to meet changing demand is necessary in ensuring the longevity of the NSW Public Health system, and those who provide services on the behalf of NSW Health:**

- a. As outlined in point 44, some statewide and specialist services are underfunded under an activity-based costing model leading to a material cost for providers such as SVHS.
- b. A more flexible approach to funding is needed to optimally deliver specialised care, whereby highly specialised services and services for priority populations attract a greater weighting within the ABF funding model, or where appropriate pursue a block funding approach.
- c. If adjustments to the existing ABF funding model are not feasible, an alternative funding model should be explored to ensure the sustainability of tertiary and quaternary services across NSW.

**Opportunity:** tailored funding models are required to account for the delivery of highly specialised designated services which play a vital role in improving health equity, access and outcomes for patients across New South Wales.

### **46. Capital investment to support growth and renewal is a key pillar of a leading health system:**

- d. Unlike LHD counterparts who receive budget allocation for capital, as outlined in the Capital Program Budget Schedule section of their annual Service Level Agreement (SLA), the SVHS SLA does not make a recurrent provision for capital funding or investment and relies on the Asset Refurbishment / Replacement Strategy (state-wide) for capital allocation. In 2022-23, SVHS received \$750,000 of capital funding via the SLA.
- e. This minor capital works allocation was not granted in the 2023-2024 SLA between SVHS and the MoH, despite the significant need for capital investment across existing and ageing assets as outlined in SVHS Strategic Asset Management Plan (SAMP) and Asset Management Plan (AMP) submitted to MoH.
- f. SVHS has also been unsuccessful in the last two rounds of capital funding from MoH via the Capital Investment Proposal process despite preparing submissions in 2022-23 and 2023-24.
- g. SVHS receives no funding for depreciation, creating critical challenges around sustainability of services.
- h. Despite a joint planning process with NSW Health and a strong value proposition including a co-contribution funding model, SVHS did not receive a funding commitment for the Cahill Cater redevelopment of West Street Redevelopment in the 2022-2023 State Budget.

**Opportunity:** Capital investment, including in equipment, systems and minor capital works is essential in supporting operations, efficiency and sustainability of health services. Hospitals,

including AHOs providing public services on behalf of the State, need to be adequately funded for capital replacement and health infrastructure in a way that reflects the growing and changing needs of the population

**47. Long term engagement and funding partnerships create surety and continuity in the delivery of health care services:**

- a. A lack of long-term budget certainty creates challenges for AHO's such as SVHS, given the financial and solvency obligations that apply to companies and their directors as well as in the charity context and the need to take a long term view of clinical services and capital planning to optimise service delivery and community benefit.
- b. There is precedent for long term funding commitments via the SLA in addition to long-term partnership agreements for private companies providing public services in Victoria (St Vincent's Hospital Melbourne), as well in Queensland (Mater Hospital), which support assurance for both parties of commitment and incentivises long term investments made by both parties

**Opportunity:** There is opportunity for the State to invest in longer-term partnerships (inclusive of capital and operating funding) with private and not-for-profit providers such as SVHS and other AHOs to support provision of public health services for the NSW community. Structured optimally, these partnerships have the potential to incentivize innovation, novel workforce and service delivery and the provision of highly efficient and effective services.

## Partnering for a Sustainable Future

48. SVHS is well placed to contribute to a better and fairer healthcare system by leveraging unique efficiencies and impact:

- a. SVHS is part of the St Vincent's Sydney Health Innovation Precinct which has an extensive history of translational research innovations, resulting in a material contribution to the social, economic and health advancements of NSW.
- b. The Precinct is home to three prominent partners: St Vincent's Centre for Applied Medical Research (AMR), the Garvan Institute of Medical Research and Victor Chang Cardiac Research Institute (VCCRI), standing alongside SVHS and St Vincent's Private Hospital Sydney.
- c. Precinct partnerships extend to a range of leading universities, research institutes and clinical service providers, including Bionics Institute, The Clinical Research Unit for Anxiety and Depression, The Cunningham Centre, The Kinghorn Cancer Centre, Kirby Institute, NCCRED, RMIT University, St Vincent's Institute of Medical Research, Swinburne, The University of Melbourne, The University of New South Wales, The University of Notre Dame, The University of Wollongong Australia, and The Nursing Research Institute.
- d. Precinct translational research benefits patients across the state – with leading breakthroughs, such as:
  - i. A world first discovery around successfully transplanting a heart that has stopped beating achieved by developing a preservation fluid and machine that allows the heart to beat outside the body, known as 'heart in a box' (DCD). The revolutionary technology has increased the availability of donor organs by 20% and it is estimated could increase supply by up to 50% as it extends the amount of time a donor transplant heart can spend in transit.

- II. Research into Sudden Coronary Artery Dissection (SCAD), which accounts for 25% of all heart attacks in women aged 50 and less and women who are otherwise healthy. In partnership with Garvan and SVHN, VCCRI is screening the entire genetic makeup of SCAD survivors using whole genome sequencing with a view to identify a single gene mutation that may cause the disease.
  - e. Across a single site, public, private and community care is provided, along with research, training and education, enabling greater access for patients.
49. The scaling of virtual care across NSW will be crucial in ensuring equitable access for all patients:
- c. Virtual care is a fundamental component of a sustainable health system, embodying a commitment to delivering patient-centric, personalised, and digitally-enabled care.
  - d. Virtual care has proven crucial in improving healthcare access, efficacy, and value, particularly during the COVID-19 pandemic. Aligned with the NSW Health Virtual Care Strategy to 2026, there has been a significant shift toward integration of virtual care. This is reflective of technological advancements and changing consumer expectations.
  - e. Virtual and in home health and aged care services are a major area of growth in healthcare driven by an increasing desire from consumers to be cared for at home, or as close to home as possible.
  - f. In response to this demand, in 2022 SVHA established St Vincent's Virtual and Home (SVVH) to co-ordinate SVHA's national expertise in this area, maximise opportunities for growth and to provide the best patient care and experience.
  - g. The establishment of SVVH has created the opportunity for SVHS to partner with SVVH to drive the expansion and uptake of virtual and home healthcare services.
  - h. It will enable SVHS to drive equity of access across NSW as a key focus, with the enhanced provision of specialist care in rural and regional areas via virtual care and remote monitoring.
  - i. Remote monitoring in particular supports early identification of deterioration and ease of access to clinical escalation.
50. System wide challenges can be addressed through the establishment of enhanced partnerships between NSW Health and non-government organisations like SVHA:
- a. Leveraging the greater One St Vincent's for aged care delivery and referral/s from public to aged care services with benefits to hospital length of stay and patient experience
  - b. Ability to capitalise on a national scale with regard to the transfer of skills, capabilities and models of care (i.e., workforce and best practice operating models).
  - c. Ability for agility and flexibility in service delivery and workforce models to rapidly pilot or implement novel approaches (this was evidenced during the COVID-19 response during which SVHS stood up a range of supporting services for the State including testing, vaccination and service delivery).
51. The vision for continued partnership is underpinned by St Vincent's history of partnering with Government and the broader health sector in response to rapidly evolving health needs.

## Appendix A: St Vincent's Sydney Health Innovation Precinct

The Precinct's famed Medical Research Institutes, the Garvan Medical Research Institute (GMRI) and Victor Chang Cardiac Research Institute (VCCRI), and St Vincent's own Applied Medical Research unit (SVAMR) all depend upon access to patients and clinician-researchers to deliver research discovery breakthroughs.

Since its inception, the Precinct has garnered several achievements in key clinical areas, including:

### *Cardiac:*

- World-first DCD heart transplant
- Pioneering bridge-to-transplant and mechanical heart technology
- Leading site for minimally invasive valve surgery
- Home of VCCRI Innovation Centre to foster global collaboration and training in emerging technologies
- Home of Advanced Cardiac Imaging Centre with philanthropic funds matching NSW Innovation grant
- World-leading Cardiogenomics Program
- Industry collaborations include Telstra and Atlassian

### *Cancer:*

- Established The Kinghorn Cancer Centre delivering personalised medicine for cancer patients & access to clinical trials as standard of care
- Innovative clinical trials (Omico/Australian Genomic Cancer Medicine Centre)
- Landmark study accelerating the study of primary and metastatic breast cancers
- ACRF INCITe Centre to investigate and manipulate cancer-immune cell interactions in vivo in real-time
- World-renowned cancer research programs in pancreatic, breast, rare cancers and treatment of head & neck cancers
- Leading private hospital for surgical oncology particularly in prostate, head and neck and neurological.

### *Genomic Medicine:*

- Genome sequencing and cellular genomics are the key capabilities underpinning basic research through to personalised treatments
- Three dedicated genomics centres for the acceleration of clinical, cellular and population genomics
- St Vincent's Clinical Genomics Unit integrates public genomic services within mainstream healthcare
- Development of the most rapid COVID-19 genome sequencing method in Australia
- Capability for diagnosing difficult and rare genetic disorders

### *Immunology and Infectious Diseases:*

- Home to the CIRCA – brings together researchers and clinicians from across Australasia to diagnose and treat mysterious immune disorders in individual patients
- Internationally renowned research led clinical service for immunosuppression and immune-deficiencies
- Leading in the treatment of complex and debilitating autoimmune diseases and cancer immunotherapy

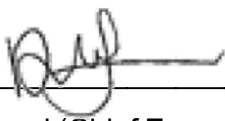
- HOPE research program –cellular genomics to find the ‘rogue cells’ that underlie all autoimmune disease
- Leading clinical and behavioral research programs through the St Vincent’s / Kirby partnership
- Decades of pioneering HIV research and clinical trials both nationally and internationally

*Care for the Vulnerable:*

- State-first Alcohol and Drug Telehealth Service to support regional and rural communities
- Landmark online cognitive behavioural tool – This Way Up - developed by Clinical Research Unit for Anxiety and Depression, a collaboration with UNSW
- First Private adolescent mental health facility “U-Space” established in Australia
- Australian-first psychogeriatric outreach service (SOS) for rural and regional NSW
- MRFF-funded pharmacogenomic trial for mental illness
- National Centre for Clinical Research on Emerging Drugs in partnership with UNSW, Curtin & Flinders
- NSW’s only dedicated hospital-based homeless health service

## Submission Contact

Name	Anna McFadgen
Position	Chief Executive Officer
Organisation	St Vincent’s Public Hospital Sydney



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Signed (Chief Executive)

13 December 2023  
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Date

