



Submission on the options paper for the Children’s Hospital at Westmead (CHW) Pathology Services

The Health Services Union welcomes the opportunity to provide feedback from our members working in Pathology at the Children’s Hospital Westmead on the proposed options for delivery of Paediatric Pathology Services. The union looks forward to taking part in any future consultations in relation to the planning and development of the future of the Paediatric Pathology Service.

Option 1 - The “Do nothing” option

This overwhelmingly is the preferred option according to the feedback, comments include;

“I believe that all CHW services, including pathology, should remain separate from the adults’ hospital, therefore I prefer option 1. I don’t believe that services would remain independent if co-located, and I believe that incorporation with the adult services would result in poorer service delivery to paediatric patients.”

“We, as a department, pride ourselves on the specialised and depth of understanding that we have for Childhood Haematological diseases. We are renowned widely and already as a centre of excellence in paediatric pathology, and are routinely asked to consult, by general pathology services, on their occasional paediatric cases, often because it’s not ‘text book’ circumstances. It would be a shame to risk losing such unique skills in this delicate area of pathology.”

“In regards to the options presented to us, I am undoubtedly FOR Option 1, believing it would impact hugely on patient quality of care & service if option 3 & 4, especially, went ahead.”

“I feel the Executive is being short sighted in not acknowledging that CHW Pathology provides a unique paediatric pathology service within NSW and rather than demolish that service they should be fighting to enhance, improve and advertise the service so that we not only provide a paediatric

service to CHW kids but children state wide and beyond (which in part we already do as many hospital send their more difficult samples to us for analysis).“

Respondents acknowledge that the current onsite laboratories are in need of redesign and renovations but feel strongly that investment should be made. Retaining a separate identity and being onsite are strongly felt requirements for the service.

“Since opening, the pathology laboratory set up has been inadequate, poorly designed and too small. Historically this is because when the building was commissioned, staff were consulted but their suggestions and advice for the most part were ignored due to financial considerations. This same process of consultation is happening again but it is generally felt that staff concerns are being ignored or belittled by the Executive.”

“Option 1 do nothing, is appealing because it means that we carry on as we are. We are told that there is no money for any capital works and that improvement may only be considered in 10 years’ time. This shows the disrespect that the Executive at SCHN has for the services that the Pathology department offers. Add this to the fact that currently CHW does not get charged for the services provided by Pathology, as the individual units throughout the hospital are not responsible for their business unit. If Pathology moves out of CHW this will change, so it should change no matter which option was chosen. If CHW Pathology then had an income it could become responsible for its own development and capital works.”

“Option 1 is a possibility with some thought around how the pathology service buildings can be improved and re-organised with minimal capital outlay.”

Option 2 – Relocate CHW’s pathology service to the Acute Services Building. No integration with PathWest services. Both will be rebuilt.

As option 1 and 2 keep current governance arrangements, feedback was supportive of both options but there is hesitation around any offsite arrangements and a lack of detail of the operational concerns for option 2. Comments include;

“Option 2 is an outcome that I would welcome but we are told by Michael Brydon that this will probably not be allowed as it will not result in any efficiency/cost savings but it does allow the building of a state of the art pathology service for CHW.”

“Option 2 is a possibility and this would get CHW a new laboratory, off the CHW site but nearby, and release room in the hospital itself.”

Option 3 – Partial co-location of the CHW Pathology into the new Acute Services Building and partial integration into the PathWest service.

Options 3 and 4 raise concern about the possible dilution of paediatric specialties if the *modus operandi* is strategic rather than operational. If governance is not retained then staff fear that it will result in a lack of control. To move from a “not for profit” model to a “profit” model may result in services being cut if they fail to make a profit. Comments include;

“Option 3 seems overly complicated; basically it will result in all the routine work being performed in the new pathology service and the more specialised work staying under SCHN. I believe that the problem with this option is the cost of providing a very specialised service for a small number of patients plus the complication of having samples in different locations. Basically CHW pathology can only provide the specialised services if it also provides a general service.”

Option 4 – CHW Pathology services transition to complete integration with PathWest, removing the need for colocation.

None of the feedback received favoured this option. Comments include;

“Option 4 suggests that, by amalgamation of CHW Pathology with PathWest in the new building and the creation of a Paediatric Network Director to oversee the paediatric service as provided by the new PathWest amalgamated laboratory, plus the guarantee of each pathology discipline having a paediatric clinician and a specialist paediatric scientist in place, the delivery of pathology services to children at the Children’s’ Hospital at Westmead will not be compromised. I strongly disagree with this. In my opinion, the Paediatric Network Director will not have much influence on what paediatric pathology services are offered unless that roles mandate is very specific.”

“I do agree with the creation of a Paediatric Director to advocate for paediatric requirements but I do not understand why that cannot be created irrespective of which option is chosen. Michael Brydon continually tells us that we do not have a voice in NSW Pathology and that the majority of paediatric pathology is performed outside CHW pathology. For this reason a Paediatric Director post should be created to oversee all NSW Health Pathology providers to ensure the best possible service to children state-wide.”

“The Paediatric Clinicians will find it difficult to split their time between the 2 sites, ie the Children’s Hospital and the laboratories and eventually the role will either become too hard to fill or just a research role.”

A widely felt issue is of the role of Paediatric Scientists in complete integration with PathWest. Staff have genuine concerns that amalgamation will result in job losses, shift changes and location changes. PathWest, in recent years, has sought to reduce the number of staff in the laboratories located at Westmead Hospital. ICPMR Microbiology for example, has invested a great deal of money into an automated platform and staff have been informed that staff numbers will be reduced by positions being deleted as they become vacant and possible priority placement for staff electing to leave. Comments include;

“The Paediatric Scientists role may begin as an advice role with regard to the integration of the department but eventually, the cost of providing specific tests for paediatrics will become the driving force on whether a test is to be performed or not, the Scientist and clinician will be unable to argue against the financial demands of PathWest. Eventually I believe the paediatric scientist position will become redundant or too difficult to fill because scientists will not be trained in paediatric pathology specifically. Some senior scientists would be guaranteed jobs initially but when they retire which for most is within the next 10 years, there will be no one to fill their positions.”

“I am against Option 4 because it is not in the best interest of providing the best pathology services for children in the long term. Additionally Option 4 will result in job losses, particularly at the Senior levels, but also with this type of amalgamation, automation becomes more appealing and management do not think that qualified people are required to run instruments, this will result in the majority of employees being employed in T.O. or T.A. positions. This reduces job opportunities for new graduates and leads to a "dumbing" down of the service overall.”

“It is true that the majority of children’s samples may be dealt with in a routine pathology laboratory, but it is the minority of children, the difficult and rarer cases that will suffer with delays in diagnosis because of loss of expertise and tests not being available because of cost or low volumes of requests.”

“I do not believe options 4 and Option 3 are in the best interest of providing the best service for patients at CHW, criteria that Michael Brydon said is paramount. Both options will result in the reduction of specialised paediatric services in the long term. Either samples will have to be sent interstate or overseas or the test will not be available.”

Any questions or queries about this submission should be directed to Emma Williams at emma.williams@hsu.asn.au or by phone on 0409 744 165.

Submitted on 20th of November 2015.