

Women's, Children's & Adolescents Services Clinical Advisory Group

Gynaecology Services

Response to Green Paper

The Gynaecologists as members of the WACs CAG is pleased to have this opportunity to provide this response to the Government's Green Paper.

Service Profile

Current Service Overview

Based on the Service Descriptions provided in the draft Tasmanian Role Delineation Framework (TRDF) the CAG believes that the following levels of service are being provided in Tasmania:

- Royal Hobart Hospital – Level 6
- Launceston General Hospital – Level 5
- North West Regional Hospital – Level 5
- Mersey Community Hospital – Level 5

Please note: The future determination of role is heavily dependent on the presence or absence of an on-site FRANZCOG roster and therefore cannot be determined unless linked to the Maternity document.

Gynaecological surgery is an integral part of the training of a FRANZCOG. Hence, where there are specialists employed, it is expected that there would be provisions for major elective gynaecological procedures to be performed. However, various degrees of specialisation of services exist and there needs to be an expectation that appropriate levels of service be available at the right location but also be accessible for the population from the more remote areas.

Recommendation I:

Please refer to Attachment I for proposed changes to the TRDF.

ROYAL HOBART HOSPITAL

The Gynaecological Services at RHH encompass the Gynaecological Oncology service, which provides a statewide service (*please refer to Gynaecology Oncology Submission*).

The services have access to elective and emergency operating theatre and 24/7 access to specialised imaging, general and specialised surgical and medical support, Critical Care Unit, Blood Transfusion Service, Pharmacy, Allied Health services etc.

The full range of emergency gynaecology service is also provided at RHH with the Early Pregnancy Service providing the follow up management of such problems.

Specialised services such as Fertility services are provided with good links to the private IVF centre. Whilst there are no subspecialists, the Urogynaecology service caters for complex urogynaecological procedures.

Other specialised services include the Adolescent Gynaecology service which is provided by Visiting Medical Practitioners and an Outpatient Hysteroscopy Service.

Specialist services

Recommendation 1 That Gynaecological Oncology services remain a statewide service based at RHH with outreach services to the north but there needs to be development of outreach services to the North-West (*please refer to Gynaecology Oncology Submission*).

Please note: The present Gynaecological Oncology service provided is unsustainable at a consultant level with only 2 specialists. If Tasmania wishes to maintain a comprehensive Gynaecologic Oncology Service then this problem needs to be urgently addressed.

Recommendation 2

Fertility Services remain linked to the private provider with the public hospitals providing basic investigations and referring to the private service according to agreed pathways.

This has the potential to be extended to a 'hub and spoke' type model thus allowing for some elements of patient care to be located nearer to their home.

Recommendation 3

Gynaecology clinics need to be organised across the state to be more focussed on outpatient procedures in order to streamline clinics for minor procedures e.g. Mirena clinics.

Recommendation 4

There is a need to develop more outpatient procedural clinics such as the Outpatient Hysteroscopy Clinic at RHH. *This is an example of contemporary gynaecological practice which should be encouraged.*

These types of clinics help to encourage hospital avoidance and have relieved the pressures on theatres from women needing hysteroscopies.

LAUNCESTON GENERAL HOSPITAL

The Gynaecology Service at LGH is a generalist service but does provide a special interest clinic for vulval problems.

Whilst there are no subspecialist gynaecologists at the LGH, practitioners have special interests including complex laparoscopic surgery, urogynaecological and prolapse surgery.

There are no specialist nursing staff for gynaecology. Further there is no dedicated gynaecology inpatient ward. The nursing staffs are provided through outpatient services for both maternity and gynaecology.

The LGH would like to further develop local urogynaecological services, in partnership with Urologists in the Department of Surgery, recognising the increasing demand, and need for better access, both publicly and privately, for this service by patients in all geographical areas of Tasmania.

The LGH does provide any outreach services for gynaecology to the North West but does accept referrals for more complex gynaecological cases.

NORTHWEST REGIONAL HOSPITAL/MERSEY COMMUNITY HOSPITAL

Both the NWRH and MCH hospitals currently provide a 24/7 Gynaecology service with access to elective and emergency operating theatre, imaging, general surgical and general medical support.

NWRH - This unit is supported by 3 full time Staff Specialists, 4 Registrars and 2 RMO's and 1 VMO. The service currently has the required facilities and staff to deliver care at Level 4 as defined by the framework. A Staff Specialist post remains vacant at the present time.

MCH- The service is supported by 2 full time Staff Specialists and by 2 Registrars who all work on a 1 in 2 roster.

Gynaecology patients are cared for in single bays or same gender four bed ward and are cared for by general surgical nurses. The standard of care is of a high standard at both NWRH and MCH.

Support services are provided for women who require more acute care at both sites. The MCH has a HDU (which is currently staffed by nurses yet supported by anaesthetists) whilst NWRH has a Level 4 ICU. Both units have access to clinical support services such as pathology, Blood Transfusion Service, Pharmacy, Radiology, and applicable services provided by Allied Health professionals.

Additional clinics/services:

The North-West region is in the early stages of developing an Early Pregnancy Service necessary for providing the follow up management of problems such as miscarriage and suspected ectopic pregnancy.

Both the NWRH and MCH have developed specific condition related clinics such as Mirena and Urogynaecology (including a urodynamic service). The Colposcopy service is based only at MCH and has established links with the Gynaecological Oncology Service in RHH.

All North-West Gynaecologists engage with the Gynaecological Oncology Service at RHH and refer cases appropriately.

- All patients whose complex gynaecologic surgery may require colorectal or urological expertise are transferred to a higher level service at either LGH or RHH.
- Patients with multiple co-morbidities or in whom there is likelihood for the requirement of more than a Level 4 ICU support service, are referred to LGH or RHH.

It is essential for the North-West in terms of recruitment, retention, patient safety, and education and training; to maintain a robust gynaecology service which includes major in-patient gynaecology surgery. Without this the North-West Obstetric Service will have difficulty attracting staff.

Recommendation 5

Early Pregnancy Services need to be reviewed to ensure that women with early pregnancy problems (such as miscarriage) are provided with a good service and support across the state.

Please Note:

The service model at MCH does not align with the suggested TRDF.

Gynaecology is always linked with Obstetrics. If births remain at MCH it is essential that inpatient gynaecology remains to aid with recruitment, maintain the skill base and the ability to manage gynaecological emergencies.

If the Federal Government agrees to ceasing births at MCH then inpatient gynaecology would move to NWRH along with the births.

Service Description – Levels 3 to 6

The CAG has reviewed the service descriptions for Gynaecology Services within the TRDF for Levels 3 - 6 and considers the descriptions to be appropriate.

Service Requirements – Levels 3 to 6

The CAG has reviewed the service requirements for Gynaecology Services within the TRDF Levels 3 - 6 and considers the descriptions to be appropriate.

The North-West would encourage the further development of a statewide 'Hub and Spoke' model for the future management all gynaecological conditions.

- This would enable patients to receive most of their care close to home, with only complex care being referred and delivered at a higher level service.
- The North-West does not have the capacity issues of RHH and LGH and therefore, inpatient major gynaecology surgery can and should be delivered at NWRH or MCH whenever possible.

Service volumes

For training purposes, RANZCOG requires that the core trainees be the primary operator for 30 major gynaecological cases per year.

- This could be set as a minimum standard as there is currently no minimum standard for gynaecological procedures.
- It is recommended that each unit set up a robust database which will allow for regular audit of clinical patient outcomes and a mechanism for reviewing poor outcomes for the purpose of continuous quality improvement and learning within the service.
- Tasmanian specialist trainees value highly the gynaecology exposure they receive in the North-West as this allows them to meet the required education and training targets.

Future Demand

With an ageing population, the demand for Urogynaecology Services is likely to increase. Likewise, with the rise in the incidence of obesity, there is likely to be more women presenting with the whole spectrum of gynaecological problems from menstrual disorders to subfertility and cancer.

The main elements of Urogynaecology such as Urodynamics, day case sling procedures and prolapse surgery form part of basic gynaecology practice and as such can be safely performed by generalist gynaecologists.

- This has the advantage of care delivered close to the patient's home, given that many of these patients are elderly.
- A population of 500,000 people in Tasmania may not justify a specialist Urogynaecology service.
 - However the State would benefit from specialist expertise in this area as there is too much demand for this service with an ageing population and the need for infrastructure, including urinary incontinence assessment and involvement of urologists.
 - A specialist Urogynaecology service could be co-ordinated from (but not based in) RHH. Currently Urogynaecology services are provided by Gynaecologists.

Gynaecology is changing with the shift towards laparoscopic surgery for major procedures and to the outpatient setting for more minor procedures.

- This allows for hospital avoidance and for shorter length of hospital stay. However, laparoscopic surgery tends to take up more theatre time but allow a quicker throughput in bed occupancy.
- The vast majority of surgery can be safely performed by a general gynaecologist and does not require a tertiary type specialist.

- RANZCOG (and RCOG) has a system for classification of a surgeon's ability in this regard enabling credentialing committees to ensure that surgeons operate within their scope and defined level.

Clinical and Service redesign

Tasmania needs to develop Gynaecology outpatient and short stay facilities in all 4 hospitals.

Recommendation 6

Consideration should be given to the development of a single Urogynaecologist position based in RHH with responsibility for developing statewide protocols, audit and clinical governance.

It is recommended that this individual would form part of the general Obstetrics and Gynaecology team at RHH to perform the more complex Urogynaecology procedures and review more difficult cases that the general Gynaecologist are experiencing difficulty with.

Recommendation 7

Hospitals review current bed and theatre capacity, recognising that the shift towards laparoscopic procedures that take more theatre time, yet allows for high volume, short stays for gynaecological patients.

Recommendation 8

Consideration should be given to the development of a statewide guideline and audit system for Gynae Oncology, Urogynaecology, colposcopy etc coordinated from RHH, with responsibility for developing statewide protocols, audit and clinical governance.

Workforce Requirements – Levels 3 to 6

The workforce requirements for Gynaecology Services within the TRDF Levels 3 - 6 are appropriate

All the hospitals across the 3 regions should provide the whole range of generalist gynaecological services and also provide 24/7 emergency cover.

Support Service Requirements – Levels 3 to 6

The support service requirements for Gynaecology Services within the TRDF for Levels 3-6 are appropriate.

Tasmanian Clinical Service Profile Considerations

Gaps, issues or barriers that need to be considered to ensure the successful implementation of the Tasmanian Clinical Service Profile (TCSP)

Integration of services across regions/hospital campuses:

- There must be good clinical leadership in the engagement of the public and politicians. Any reason to rationalise, change or reconfigure services should be led by evidence based clinical outcomes.

Clinical redesign/alternative models of care:

- Increase the number of outpatient procedural clinics to meet the needs of the population.
 - For example the North-West wishes to develop outpatient clinics for Hysteroscopy, Large Loop Excision of the Transformation Zone (LLETZ) facilities etc.
- Better linkages with general practice to improve referral processes and follow up of postoperative patients.
- Improved outpatient clinic processes; to reduce the need for follow-up of patients in specialist clinics by improving the new to follow-up ratio so that more new referrals can access the clinics with shorter waiting times.
- Consideration for all elements of a complex patient's journey, with all efforts for care to be undertaken locally where ever possible.

Telemedicine/Telehealth:

- It is essential that Robust Telecare facilities are established state-wide. This will also support GPs within remote areas.
- The importance of a good clinical information system cannot be overemphasised.

Patient pathways:

- Development of *HealthPathways* in collaboration with Tasmanian Medical Locals.
- Improved referral processes from primary care providers.
- Improved discharge processes from acute hospitals for primary care providers.
- Utilising GPs to improve follow-up care for patients.