

LEGISLATIVE COUNCIL

C364

QUESTION WITHOUT NOTICE (Of which some notice has been given)

Wednesday, 25 March 2015

Hon Amber-Jade Sanderson to the Parliamentary Secretary representing the Minister for Health.

I refer to the Midland Health Campus Services Agreement (**Services Agreement**), and I ask:

1. Will the Minister release the *Provision of Services Relating to Conception, Contraception & Gynaecology Services Plan* in Attachment 4 of the Services Agreement?
2. If not, why not?
3. Which services are listed as excluded in Part 3 of the Services Specification?
4. Which services are currently listed as "restricted" by the Department of Health for the purposes of the Service Agreement?
5. Will the performance of screenings for foetal abnormalities be restricted in any way by the conditions in:
 - a. the Services Agreement; or
 - b. any of the attachments to the Services Agreement?

I thank the Hon. Member for some notice of this question.

I thank the honourable member for some notice of this question. The following information has been provided to me by the Minister for Health.

(1) Yes, and I table that plan.

(2) Not applicable.

(3) Excluded Services have been defined as per the Operational Directive to all public hospitals which are:

- abdominal lipectomy;
- liposuction;

- bilateral breast reduction;
- bilateral breast augmentation;
- male circumcision;
- gender reassignment surgery;
- lengthening of penis procedure;
- insertion of artificial erection devices;
- reversal of sterilisation;
- varicose vein procedures;
- hair transplant;
- facelift;
- reduction of upper or lower eyelid;
- correction of bat ear(s) (>16 years old);
- total rhinoplasty; and
- tattoo removal procedures.

Note: subject to certain approval processes it may be possible to undertake the procedures in a hospital on a patient by patient basis.

(4) Restricted Procedures are:

- termination services (medical or surgical);
- sterilisation services (male or female);
- artificial conception procedures and reproductive technology; and
- contraception services.

(5)(a-b) No.

Criterion B3: Health Campus Service Delivery
Section B3.54: Provision of Services Relating to Conception,
Contraception & Gynaecology Services Plan

Project 12053:
Response to Request for Proposals for the
Development and Operation of the Midland Health Campus

As one of Australia's leading health care providers, St John of God Health Care has a strong track record in delivering quality health care services in the public and private sectors.





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Health Care

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B3: Health Campus Service Delivery
Section B3.54



Our Mission is to continue the healing mission of Jesus Christ through the provision of services that promote life to the full by enhancing the physical, intellectual, social and spiritual dimensions of being human.

St John of God Health Care presents the Midland Health Campus in conjunction with:



Our vision to deliver excellent construction projects across the private and public sectors is supported by our solid corporate history and proven capability, capacity and certainty in project delivery.

HASSELL

Our vision to be a global leader in designing a sustainable future is underpinned by a commitment to a strong design culture, collaboration across disciplines and the responsibility of architects to contribute to the public good.



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B3: Health Campus Service Delivery
Section B3.54



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1. INTRODUCTION

As a Catholic health care organisation, St John of God Health Care (SJGHC) abides by the teaching and medico-moral principles of the Catholic Church.

Our focus is on providing compassionate and holistic care that respects the dignity and needs of each person. As a Catholic health care organisation, we follow the Catholic Health Australia Code of Ethical Standards (2001) that requires us to provide the highest standard medical care while precluding the provision of certain services such as termination of pregnancy, in-vitro fertilization (IVF) and sterilisation procedures.

During the "Expression of Interest" phase of its Midland Health Campus (MHC) bid, SJGHC was reassured that the inability to provide: termination procedures, sterilisation procedures, IVF and contraception; would not render the SJGHC bid non-conforming.¹

Many of Australia's leading public teaching hospitals are run by Catholic health care providers, and non-provision of such services is not problematic for them or the communities they serve.

This is largely as a consequence of working closely with their communities so that they understand this, and because these services, are readily available in other proximate locations, as will be the case for the Midland catchment population.

In addition, these services make up a very small proportion of the services that are otherwise provided in the general public hospital setting, most often being provided in general and specialist practitioners' consulting rooms, day surgery facilities, or specialist centres (such as KEMH).

We fully respect and support the individual's right to exercise their choice of treatment. We will work closely with the community and health care providers to ensure awareness of the range of services we will provide.

2. CONSULTATION

During the RFP period, SJGHC consulted widely with doctors, nurses, the local community and other public hospital Catholic health care providers. Via this consultation, SJGHC is confident that all patients in Midland and surrounding areas will have ready access to an appropriate range range of services.

3. STRATEGIES

SJGHC already provides a broad range of obstetric and gynaecology services in nine of its private hospital facilities around the country (delivering over 9,000 babies per year). In relation to our obstetric services, our focus is on ensuring the best possible health outcome for the mothers and their babies, regardless of the method of conception. We will be offering a similar range of services to the community served by the St John of God Midland Public Hospital.

¹ July 2010 letter received from Dr Amanda Frazer, North Metropolitan Area Health Service (NMAHS)



3.1. INFORMATION AND COMMUNICATION STRATEGIES

The information and communication strategies that will be employed will focus on four key areas, being:

1. Education of local GPs and specialists;
2. Patients presenting at St John of God Midland Public Hospital
3. Our caregivers who engage with patients and clinicians; and
4. The information that will be provided to the general community.

3.1.1. EDUCATION OF LOCAL GPs AND SPECIALISTS

St John of God Midland Public Hospital representatives, including the Director of Medical Services, will visit each of the major GP practices and clinical specialists in the hospital's catchment area, prior to the commencement of operations. These visits will start early in the D&C phase and will be repeated during the 6-month period before opening.

The visits to GPs and specialists will include presentations and FAQ-style brochures relevant to our clinical services. These brochures will provide information regarding clinical services provided at the hospital as well as those clinical services not available at the hospital (including IVF, sterilisation procedures and termination of pregnancy).

Local GPs and clinical specialists will already be aware of the availability of these services in proximity to the new St John of God Midland Public Hospital – including their availability at secondary hospitals (such as Osborne Park for those in the north of the catchment) and local clinics (such as Marie Stopes International Clinic in Midland) and health services (such as the GP Super Clinic directly across from the Midland Health Campus).

3.1.2. PATIENTS PRESENTING AT THE ST JOHN OF GOD MIDLAND PUBLIC HOSPITAL

Patients presenting to the Emergency Department (ED), the outpatient clinics, or contacting the hospital with an enquiry will also be provided with information regarding clinical service provision at the hospital. Should a patient request a clinical service which is not available at the hospital, our trained caregivers will provide relevant information and recommend further consultation with their GP or treating specialist. ED patients requiring urgent life-saving treatment will of course receive the appropriate care at St John of God Midland Public Hospital.

3.1.3. TRAINING OF OUR CAREGIVERS

Before the opening of the hospital and at regular intervals during their employment, all caregivers will receive full information on which services are available at the hospital and which are not available, and the reasons why they are not provided at the St John of God Midland Public Hospital. They will also be trained in how to assist patients who may enquire about services that are not available, including contraception, IVF, sterilisation procedures and termination of pregnancy. Caregivers will at all times respect the rights of the patients and will work with the GP or treating specialist to ensure the provision of appropriate clinical care.

Advanced training relevant to Catholic clinical ethical issues will also be provided to caregivers working in the ED, outpatient clinics and those who will be responding to patient enquiries, such as telephone calls, and will be available on an ongoing basis to all other carers.



3.1.4. INFORMATION FOR THE GENERAL COMMUNITY

Within the six months leading up to the opening of the hospital, information brochures, including FAQ-style sections, will be provided to community groups and will also be available at the hospital on opening. These brochures will include details of the services available at the hospital as well as those that are not available, including contraception, IVF, sterilisation procedures and termination of pregnancy. These brochures will also direct patients to their GPs or treating specialists for specific healthcare advice. This communication strategy will be consistent with the framework detailed within the Communications Plan B3.73 and the Community Engagement Plan B 3.70.

3.2. CLINICAL SCENARIOS AND STRATEGIES

Strategies have already been developed to deal with any possible clinical scenarios in which a relevant clinical issue might arise, which will be reflected within the operational policies and quality and risk framework for the St John of God Midland Public Hospital. In summary, in all circumstances the following care and treatment will be provided:

- Patients with a life threatening event will always receive appropriate, respectful, high quality care;
- Staff will always fully respect and support the individual's right to exercise their choice of treatment and will not hinder them in that respect;
- Counselling will be offered to the patient, partner, other key family members and carers through the treating consultant or pastoral services;
- Counselling will include discussion on relevant treatment options;;
- Staff will direct patients to their GP or treating specialist for appropriate care, or patients may always elect to be transferred to the care of an alternative medical practitioner for ongoing medical management;
- Any health conditions or complications arising from a pregnancy, or a procedure undertaken at another facility will be treated appropriately at St John of God Midland Public Hospital;
- Pastoral care and support for patients, partners, other key family members and carers will be provided;
- Bereavement support services will be provided to cope with pregnancy loss at any stage;
- Close liaison and relationships will be developed with other relevant public facilities;
- Post discharge support for inpatients may be facilitated either through outpatient services or transfer to appropriate community services; and
- Pastoral support and counselling will be available for staff.

Some examples of clinical situations that would be expected to be encountered and how they will be dealt with are as follows:

- a. Where foetal death has occurred and spontaneous labour has not occurred.
When foetal death has occurred there is no longer a pregnancy. In this circumstance induction will proceed to deliver the deceased foetus.

Substantial pastoral and psychological support will be provided to the mother, partner, other key family members, carers and staff, through pastoral services.

- b. Where the mother's health is severely at risk;
In any circumstance where there is imminent danger of maternal death, lifesaving procedures will be undertaken. Where time allows, the patient may be transferred to



specialist women's health services at KEMH, which is the standard approach taken when such situations arise in public hospitals in this State.

Substantial pastoral and psychological support will be provided to the mother, partner, other key family members, carers and staff, through pastoral services.

- c. Where the foetus is severely deformed or has a condition known to be incompatible with life These cases generally allow time for the clinical staff and the patient to discuss options for medical management and for the patient to choose the most appropriate option.

Patients may elect to be transferred to an alternative healthcare facility for ongoing medical management and in complex pregnancies such as these, further antenatal care would usually be provided at a tertiary hospital such as KEMH.

Any health conditions or complications a mother may experience during pregnancy will be treated.

Counselling will be provided to the mother, partner, other key family members, carers and staff.

Counselling will include discussion of all relevant treatment options, particularly counselling, advice and support relevant to continuing the pregnancy.

Substantial pastoral and psychological support will be provided to the mother, partner, other key family members, carers and staff.

Terminations will not be provided at the St John of God Midland Public Hospital.

- d. Where the pregnancy is unwanted and the woman seeks a termination
It is most likely that any patient seeking a termination of pregnancy will present first to a General Practitioner (GP) and the GP will refer them to a facility that provides these services.

It is noteworthy that Marie Stopes International, the largest termination clinic in Western Australia, is located in close proximity to the MHC. We also understand these services are available at Osborne Park Hospital, as well as other of Perth's public hospitals.

In the unlikely event that a patient should present at the St John of God Midland Public Hospital's ED, with a request for termination of pregnancy, counselling will be offered to the woman. Counselling will include discussion of all relevant treatment options

The patient may elect to be transferred to the care of an alternative medical practitioner for ongoing medical management at another facility.

Terminations will not be provided at the St John of God Midland Public Hospital.

- e. Where there is a request for a sterilisation procedure

These cases generally allow time for the patient to consider all options for medical management and to choose the most appropriate option. Patients may elect to be transferred to an alternative healthcare facility for ongoing medical management.



Male sterilisation procedures (vasectomy) are generally office-based and are dealt with by GPs and Urologists in their rooms or in day surgery centres. Female sterilisation (tubal ligation) is generally a hospital day case procedure. In these cases the doctor will advise the patient that it is not a procedure undertaken at the St John of God Midland Public Hospital and will also advise the patient's GP. We also understand these services are available at Osborne Park Hospital, as well as other of Perth's public hospitals. We also understand that the Marie Stopes International Clinic in Midland offers vasectomies.

Elective sterilisation procedures will not be provided at the St John of God Midland Public Hospital.

f. Sexual Assault

When a female who has been sexually assaulted presents to the St John of God Midland Public Hospital 's ED, in keeping with our ethical principles, clinical staff in consultation with the patient would be prepared to offer the morning after pill, provided a pregnancy test confirmed she was not already pregnant.

A patient who has been sexually assaulted will always receive appropriate, respectful high quality care at the hospital. Our clinical staff would discuss treatment options with the patient, including a transfer to the WA Sexual Assault Resource Centre (SARC) which is open 24/7. Protocols for this process will be available.

Education of caregivers will be provided relevant to transfer to SARC and any reporting obligations.

Pastoral support for victims of sexual assault will be provided in close liaison with expert facilities such as SARC.

g. Emergency Contraception (The Morning After Pill)

Female patients may present to ED requesting the "Morning After" Pill. Given the complex medical, psychological and other issues that may be involved, it will generally be more appropriate for patients to present to a GP for broader discussion relevant to sexual health matters.

Knowledge and communication regarding local GP services and hours of operation will be made available to ED caregivers. There are several GP practices within a short distance of the St John of God Midland Public Hospital.

h. Ectopic Pregnancy Management.

Ectopic pregnancy is a potential life threatening emergency and requires immediate management. (Refer to Item b above "where the mother's health is severely at risk" and the management options in this scenario). This situation is encompassed in St John of God Midland Public Hospital's ethical principles and appropriate medical treatment will be provided, potentially including the use of methotrexate.



4. CATHOLIC HEALTH CARE / PUBLIC HOSPITAL SERVICES

It should be noted that multiple Catholic health care organisations have been providing outstanding public hospital services in a number of Australian states (outside of WA) for many decades², a number operating as a public-private partnership³. These Catholic health care organisations, like SJGHC, not only provide excellent clinical services, but also contribute to their local communities well beyond the walls of the hospital facilities.

5. REVIEW HISTORY

DATE	REVIEWED BY	AMENDMENTS/REVIEW
13 October 2011	Robyn Sutherland	First issue
09 May 2012	Fiona Clark	Amendment

² Examples include St Vincent's Hospitals in Melbourne and Sydney; Mater Brisbane; Little Company of Mary Canberra.

³ Mercy Hospital Werribee; Hawkesbury Hospital; and St. Vincent's Hospital, Robina (Qld).