

19 April 2021

Ms Lindsey Gough
Chief Executive Officer
Women's and Children's Health Network
72 King William Road
North Adelaide SA 5006

ATT: Ms Wendy Rowell
Director, nWCH Commissioning and Engagement

Dear Ms Gough

Re: WCH GENETICS DEPARTMENT – FUNCTIONAL DESIGN BRIEF AND TREATMENT SPACES

We confirm the WCH has received in addition to the information below, a direct submission by the service outlining significant points relating to the FDB and Treatment Spaces.

SASMOA has met with the doctors in the service. SASMOA confirms the service is a state-wide service.

SASMOA confirms the attached Genetic Service Delivery Model highlights the current clinical services provided and thus future space and inpatient facilities required for the service.

SASMOA confirms that the Association cannot support the current proposed treatment spaces and FDB as it pertains to this service for the following reasons.

Treatment Spaces

The Genetics Department (“**The Department**”) is principally an outpatient service however because of the nature of the clinical work performed has significant linkages to many clinical services within the hospital.

Currently the proposed outpatient rooms are made on the premise of 20% growth, 1% drop ins, 85% occupancy and 5% extended hours and the service will be based in Cluster 5. All services in cluster 5 have stated that the rooms allocated (17) for outpatient services is insufficient

The service provides outreach services to Mt Gambier, Port Augusta, Whyalla, the Lyell McEwin Hospital and Flinders Medical Centre. Outreach services are expected to increase in the future.

The service conducts research and clinical trial as well as some private clinics. Education, clinical trials, and training will expand over the coming years. Research within this field will be a priority for the Women's and Children's Health Network, and generic therapies are expected to magnify.

There are legislative requirements for new technology and treatment that impact on the provision of this service.

All these elements need to be considered when determining outpatient services and spaces for this Department.

The service requires suitable treatment space for genetic diseases in an ambulatory setting. This is a major growth area and is expected to rapidly expand and significantly impact on patient care over the next 5 to 10 years. This change needs to be captured in building a "world-class, state of the art," Women's and Children's Hospital where genetics will be a primary focus of many therapies.

Waiting list for genetic services are around 18 months and the service has key dependencies with many other services and specialities. These dependencies are expected to increase with expectations that genetics will play a much larger role as the service presence increases in other Departments. Referrals for the service have multiplied over the last 10 years and because of advancements in genetics the need for the service is expected to increase significantly over the next decade.

How the service performs the clinical work in the outpatient setting has not been accurately captured by the data. Additionally, those who are determining the number of outpatient spaces (consult rooms) are not clinicians and do not practice in the specialist area. There is no understanding of the work underpinning the usage of the service and the modelling is inappropriate.

Currently the data to determine the treatment spaces for this service is flawed as the data captures only face-to-face consults and does not encapsulate the number of telephone consults which are undertaken by the service. Almost all these calls are highly confidential and require a private setting for the patients and the clinicians. To provide appropriate care, the doctors (both senior and junior) require privacy and planning and preparation time to best do their work. This needs to be considered in the provision of treatment spaces and individual office space for the doctors in this service.

The doctors advise that whilst face-to-face outpatient numbers provided are accurate, the data only consider, physical patient presentations and not the patient /doctor clinical care performed in addition to direct face-to-face contact. SASMOA confirms this additional data has been provided to WCHN and modification and the outcomes must be changed and incorporated in the planning for spaces in the new hospital. Can you confirm the information will be considered and modification to spaces confirmed in the treatment spaces and FDB?

Additionally, the spaces proposed by the employer have been determined for an adult setting, rather than a paediatric setting. In particular, the planning for space must include a room size that provides for an entire family (can be up to 20 members) to sit in the consult room. The size of this is extremely important for the work undertaken. Again, the failure to provide such space indicates to the writers a failure and clinical knowledge of the planners involved in the development of treatment spaces for specific services. SASMOA understands the doctors in the service have provided this feedback. Can you confirm that the additional space and room will be provided for in the planning for treatment spaces and the FDB?

The Department supports the use of telehealth, and the nature of its accessibility to the consumers. Doctors in this service routinely utilise telehealth to perform consults, however the professional consensus of the medical officers requires these consults must be undertaken in a private and confidential setting due to the nature of genetic services. Failure to support a private and confidential service will breach requirements for the provision of this service.

Research will increase dramatically over the coming years requiring the employment of more genetic counsellors, intake assistants, geneticists and administration support. Treatment space for an MDU theatre has not been included, to the best of SASMOA's knowledge, in the documentation currently for consideration.

Clinical trials will also increase, there is no planning in this documentation that provides for increasing clinical trials for this service.

Office Accommodation

It is clear from the information above and the SDM attached the Department requires in the performance of doctors' duties, responsibilities and accountabilities, in this service, single, enclosed office accommodation. Can you confirm doctors in this service will be provided individual office accommodation and included in the FDB?

Much of the work and the material which is undertaken is highly complex and the workspace should reflect this. To maximise staff efficiency disruptions ought to be kept to a minimum.

It is not only the calls to patients which are confidential, but also the work the calls generate for the clinicians, with each patient requiring a letter to explain the results. This is usually dictated by the clinicians who need time in a quiet environment to prepare and express their professional clinical opinion. Without this environment, the doctors cannot perform their role efficiently nor their duties and responsibilities.

SASMOA is yet to have confirmed that doctors will have individual, enclosed accommodation to conduct their duties and responsibilities. This information needs to be provided by the employer to SASMOA as a matter of urgency.

Links to other services

The Genetics Department has key dependencies with many other services and specialities. For the Genetics Department, links to other services are critical due to the nature of the work.

The Department has been informed that they will have a room within the Maternal Foetal Medicine area where they can undertake consultations. This is acceptable to the doctors but it is unclear if this space forms part of the 17 rooms requested.

The Department requires a molecular lab near the Department and doctors to ensure efficient performance of medical officers' clinical duties including rapid analysis of the results.

The Department requires both SA Pathology and SAMI to maintain specialised paediatric services and dilution of paediatric services in either of these facilities will reduce efficiency.

Both these services are needed on site close to the Department. Providing these services off site will disrupt the running of the efficiency of the Department and processing of patient results and response times to the patients will take longer and create delays. Providing the services via telephone is not efficient or effective.

Doctors within the Department also attend a significant number of inpatient meetings. There needs to be space throughout the new hospital to efficiently perform this function. The space needs to be functional, that is, the correct equipment within these spaces to coordinate with other services and access images and documents for these meetings. Information technology and the necessary hardware within this space needs to be comprehensive.

The Doctors within this Department collaborate closely with other Departments in particular, Metabolic and Neurology, these links will need to remain intact when moved over to the new hospital to allow for the appropriate clinical care. Treatment spaces need to be sufficient for collaboration and to meet demand.

Trainee Requirements

Trainee spatial requirements need to be considered within the Functional Design Brief for the Genetics Department. The writers could not locate specific spatial requirements for Registrars in the FDB, including space to perform their clinical duties, supervision, college requirements and clinical trial which are fundamental.

Currently trainees in this service are provided a single enclosed office which is necessary for the performance and preparation of their clinical duties.

For face-to-face clinics require on average one hour of preparation time prior to attending to each patient. For this serious and significant workload, an enclosed work space where this high-level work can be undertaken is required to be recognised in the FDB.

Current college accreditation requirements provide that trainees must have offices. This is to minimise noise and provide a suitable space for research and preparation to be undertaken.

There are also guidelines regarding acoustic levels, to provide privacy and an adequate environment where this complex work can be undertaken.

SASMOA expects all college requirements to be a minimum requirement.

Room for Expansion

Genetics therapies and services will expand over the next 10 years, with major advancements with research and technology having already occurred in the previous 5 years.

For the service to be a 'World Class, State of the Art' service, there needs to be consideration for a specific gene therapy theatre.

There needs to be included in the treatment spaces and FDB expansion for growth, the data which has been provided to WCHN. Currently expansion growth is insufficient in the FDB.

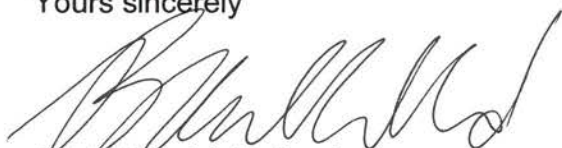
There is insufficient expansion for office accommodation for this Department this also needs to be included in the FDB.

SASMOA, as previously indicated, cannot support the treatment spaces and the FDB given the matters provided for above.

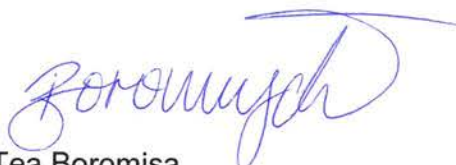
SASMOA has advised doctors not to sign off on any documents until all matters are attended to in the treatment space document and FDB.

Should you require further information or have any questions regarding the above mentioned please do not hesitate to contact the writer.

Yours sincerely



Berradette Mulholland
SASMOA, Chief Industrial Officer



Tea Boromisa
SASMOA, Principal Industrial Relations Adviser