

Report of NRH visit 6th to 11th December 2022

Professor Peter Hewett.

DAISI Solomon Island Programme Officer

Meetings held with

Dr Rooney Jagilly. Lead surgeon NRH

Dr Scott Siotta. Surgeon. NRH

Dr George Malefoasi CEO NRH

Dr Greg Jalini Under Secretary Health Services.

P.S. Health. Pauline McNeil

The purpose of the visit to the Solomon Islands was to have meetings with key personnel in NRH and Solomon Islands Health executive and DFAT in regard to future medical team visits by DAISI to the SI.

At the request of Dr Rooney I operated on 3 patients with low rectal cancers during my visit.

There has been a shift in the area of medical aid to SI since the pandemic restrictions have lifted. These can be best explained under the following headings.

Coordination (Logistics) and Geopolitics

Coordination (Clinical)

Move to the Provinces

Other areas of importance are

Equipment

DAISIs mission

Professionalism.

Coordination (Logistics)

With the end of the pandemic restrictions there has been a rush for AID agencies to restart visits to the Solomon Islands. This has resulted in a strain on the resources of NRH. China has started providing resident medical teams at NRH as well as visits of surgical teams (Urology). Chinese medical equipment has been delivered. I am told there have been language and cultural issues as a result of this but these are improving. A cardiac centre is scheduled to be built on the NRH site to be staffed by Chinese medical teams. This is scheduled to start next year. As many other agencies are visiting SI there is a desire by the SI surgeons to take control of who, when and where visits occur. The scheduling of 2024 visits will be initiated by Dr Rooney who wishes to pick the appropriate

subspecialties to visit. Equipment requests will also be forthcoming. DFAT also expressed concern about who was coming to SI from Australia on AID missions. In the last 4 weeks 4 AID teams from Australia had arrived in SI but my visit was the only one they were aware of. **My recommendation is that an email notification is sent to DEFAT the week prior to the Medical team arriving.**

Coordination (Clinical)

The concern expressed in my meeting with P.S. McNeil is that AID work in the SI occurs in a fragmented fashion. Probably the easiest example is diabetes where researchers and clinicians are working in niche areas without the interaction with other clinicians. The lack of ability to capture data is a huge problem as is identifying work being done by Australian and overseas agencies in this sphere. An active engagement with RACS Global Health and DFAT health may be of use. With other agencies sending teams it is important that there is liaison with the local clinicians to ensure similar teams have not visited recently. Also capital works at NRH will reduce OT availability in 2023.

Provinces

With the increased activity of visiting Aid groups plus capital works starting at NRH and in line with the just released SI Health strategic plan there is a wish for DAISI to work more in the Provinces. Many trips in 2023 are partly or wholly in Gizo this year due to a reduction in theatre capacity at NRH for OT renovations. There is as suggestion that visits to Killuffi hospital may be possible. I spoke to Dr Rex Maukera (Mickey) in Maleuk province Malaita by phone during my visit and he said he would welcome DAISI visit.

I suggest that subject to DAISI exec approval I arrange a visit in early 2023 to check facilities and survey needs.

Equipment. The state of the operating theatres and lack of equipment has worsened over the pandemic. It is recommended that all visitors define what instrumentation is required to achieve good clinical outcomes and check with NRH/Gizo surgeons as to its availability. It is highly likely that the team will need to take all equipment with them. The lap stack at NRH is operational with 1 30 degree and 2 zero degree scopes. Both Qantas and SI Air were receptive to my requests for excess baggage for the medical supplies. **A member of the visiting team must contact the surgeon at the site to determine what equipment is required for the visit,**

DAISIs mission

All groups I spoke to expressed that the provision of Aid by DAISI to SI is directed to fill a subspecialty need and not provide routine services that can be supplied by the current surgeons / physicians.

The other clear message is that there is a strong desire that DAISI is involved in training. This was mentioned to me in all of the meetings I attended including with P.S. McNeil. Training included both medical and nursing staff. At a visit level there is an expectation that lectures / tutorials are given during visits to junior medical staff and nurses with the topics to be discussed with NRH or Gizo surgeons prior to the visits. Over time there is a wish for sponsored visits to Australia for nurses (Diabetic wound care and stomal therapy) and observer positions for medical staff in subspecialty positions.

Research was discussed. There is a desire for this to occur but in the absence of any real data collection infrastructure the difficulties are obvious. However there is a wealth of clinical material

passing through OT and wards on a weekly basis that would be suitable for case reports. I have undertaken to produce two with the current junior surgical staff.

Attempts to improve outcomes from diabetic foot disease would be a great place to start and Prof Rob Fitridge is in dialogue with NRH surgeons.

Professionalism

The current geopolitical climate is such that there are many competing interests in the sphere of medical aid in SI. Political views need to be aired with this in mind. It was conveyed to me on a number of occasions by SI health that all aspects of the visit are professional. One adverse example that was given to me was a visit was of a DAISI team where children were running in and out of the OT during procedures.

During my meeting with Dr Greg Jalini and P.S. McNeil it was expressed that all applications to SI for temporary registration include whether the practitioner has had any adverse findings from the Australian Medical Board. Dr Jalini wishes to vet all applications.

In summary the visit I believe has laid the ground work for the 2023 visit schedule. Continued communication with local surgeons and assessment of each visit for its success is important in 2023.

Professor Peter Hewett

Solomon Island Coordinator

DAISI