Submission No 231

THE SAFETY AND QUALITY OF HEALTH SERVICES PROVIDED BY NORTHERN BEACHES HOSPITAL

Organisation: PALM BEACH & WHALE BEACH ASSOCIATION (PBWBA)

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The Palm Beach & Whale Beach Association Inc.

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SUBMISSION FROM THE PALM BEACH & WHALE BEACH ASSOCIATION (PBWBA) LEGISLATIVE COUNCIL INQUIRY INTO NORTHERN BEACHES HOSPITAL (NBH) May 2025

Submitted by:

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Introduction

I, Adjunct Associate Professor Richard Hugh West AM, submit the following statement to the Legislative Council Inquiry into Northern Beaches Hospital on behalf of the **Palm Beach & Whale Beach Residents Association**. With over 40 years of experience in the NSW hospital system, including my tenure as a VMO Surgeon at Royal Prince Alfred Hospital and my work as a surveyor for the Australian Council on Healthcare Standards (ACHS), I am deeply familiar with the structure, performance, and governance of public hospitals in New South Wales.

As a resident of Palm Beach and current President of the Palm Beach & Whale Beach Residents Association (PBWBA), I continue to receive direct community feedback about ongoing shortcomings at NBH.

	I respectfully request the opportunity to appear before this current
inquiry.	

Main Concerns

Chronic Underfunding and Understaffing:
 Since its inception, the Northern Beaches Hospital has been chronically understaffed, under-resourced, and underfunded. These systemic shortcomings have severely limited its ability to meet community expectations and fulfil its mandate as a major regional hospital. Importantly, I wish to acknowledge the dedicated staff who continue

to provide care under challenging and often under-supported conditions. Their commitment deserves recognition, despite the operational limitations imposed on them.

• Insufficient Medical and Surgical Services:

NBH does not deliver the scope or standard of services expected of a Level 5 hospital, particularly for public patients. Significant gaps in surgical capacity and access to specialist care persist.

Access Limitations:

Travel time from the Pittwater region to NBH is excessive, often exacerbated by closures of Wakehurst Parkway due to adverse weather—posing serious risks in emergency situations.

• Inadequate Ambulance Coverage:

Ambulance response times in Pittwater remain unacceptably slow, with limited availability of local units and growing delays in reaching critical care.

• Loss of Community Trust:

There is entrenched community dissatisfaction with NBH. Many residents report a continued preference to seek treatment at Royal North Shore Hospital or other facilities, despite the added inconvenience, due to a lack of faith in NBH's service delivery.

Systemic Failures and Service Gaps

- No thrombolysis stroke service is available locally, delaying life-saving care in timecritical cases.
- The promised paediatric mental health beds were never delivered—despite announcements—and funding has been diverted elsewhere.
- Interventional cardiology services for public patients were significantly delayed and remain limited in contrast to private patients.
- Essential specialties such as neurosurgery, cardiothoracic surgery and interventional cardiac radiology remain un available for public patients, even though infrastructure exists for private care on-site.
- The NSW Health and Healthscope partnership lacks transparency, community input, and robust accountability mechanisms.
- The absence of a public hospital board or local advisory council leaves the community without a voice in governance.
- Public patients often face out-of-pocket costs or must travel significant distances due to restricted access at their local hospital.
- These limitations place further pressure on ambulance services and emergency departments at Royal North Shore Hospital.

Comparative Failures and Missed Opportunities

The current public-private partnership model has previously failed in NSW, notably at Port Macquarie Base Hospital. Many of the systemic issues seen at NBH today mirror those earlier failures. It is increasingly clear that this model does not support equitable, accountable, or community-responsive healthcare.

Regional Growth and Demand

The Northern Beaches Local Government Area now supports a population exceeding 300,000. With continuing growth, the case for a fully public, fully funded Level 6 tertiary hospital within the region is undeniable. The physical infrastructure at NBH could meet this need—if properly governed and resourced.

Recommendations

1. Full Public Ownership:

The NSW Government must assume complete ownership of all components of Northern Beaches Hospital.

2. Upgrade to Level 6 Tertiary Referral Hospital:

Match the service capabilities of Royal North Shore Hospital, ensuring advanced, comprehensive care.

3. Transparent Governance:

Establish a local hospital board and community advisory council to improve accountability and restore public trust.

4. End the Two-Tier System:

Remove service restrictions that disadvantage public patients and prioritise equal access for all.

5. Prioritise Local Service Delivery:

Reduce patient transfers by investing in the full suite of core services within NBH.

6. Invest in Staffing and Training:

Ensure the hospital is adequately staffed and resourced to deliver safe, high-quality care.

7. Improve Access to Critical Interventions:

Guarantee timely treatment for stroke, myocardial infarction, trauma, and acute mental health crises.

Conclusion

The Northern Beaches community deserves a hospital that is capable, accountable, and equitable. The current model fails on all three fronts. Patients continue to suffer unacceptable delays, restricted access, and a lack of confidence in their local facility. It is no longer acceptable to place the burden of care on overstretched neighbouring hospitals or on residents forced to seek private alternatives. The current model is unsustainable - comprehensive reform is urgently required.

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