

INQUIRY INTO MONA VALE HOSPITAL

Organisation: Pittwater Council
Name: Cr Lynne Czinner
Position: Mayor
Telephone:
Date Received: 31/01/2005

Subject:

Summary

Parliamentary Inquiry

Mona Vale Hospital

Submission by

Pittwater Council

January 2005

Table of contents

i. Executive Summary	3
1. Recommendations.....	5
2. Introduction.....	6
2.2 Scope of the Submission.....	6
3. The closure of the intensive care unit and the reason behind its transfer.....	7
3.1 Introduction.....	7
3.2 Limited consultation.....	7
3.3 Impact of downgrading/closure	8
3.5 Why Manly and not Mona Vale?	11
3.6 Conclusion.....	12
4. The level of funding given to Mona Vale Hospital compared to other hospitals in the area	13
Table 1: Comparison between funding allocation and hospital admissions.....	14
5- The level of community consultation in relation to changes proposed by NSW Health to the hospital.....	15
5.1 Introduction.....	15
5.2 Phase One of Consultation	15
5.3 Phase Two of Consultation	19
5.4 Phase Three of Consultation	22
5.5 Phase Four of Consultations.....	23
5.6 Conclusion.....	23
Table 2: - Summary of Northern Sydney Health consultation process and the community's response.....	25
6- The reason why the hospital has not been made a general hospital for the Northern Beaches area.....	26
6.1 Mona Vale Hospital- The Perfect Site	26
6.2 The site is supported by Pittwater Council	28
6.3 The site is supported by the community.....	29
6.4 Announcement of Dee Why Site	30
6.5 Dee Why is not an appropriate site.	31
6.6 Mona Vale site hasn't been acknowledge by NSH and the Minister for Health	32
7- Failure of Management of Mona Vale Hospital by Northern Sydney Health ..	33
8. Conclusion	35
Appendices	36

i. Executive Summary

Mona Vale Hospital is the perfect site for the new Metropolitan General Hospital. The land on which Mona Vale Hospital sits is 8.8ha, providing an abundant amount of space to provide a modern health precinct including a level 5 Metropolitan General Hospital and a new co-located Private Hospital. The site is the geographic centre of the Peninsula that not only offers a serene and beautiful environment to recover from injury, but also provides access for helicopters, ambulances and fast transfers of patients.

The community overwhelmingly supports a two-hospital one-network strategy for the Northern Beaches, with Mona Vale as the General Hospital and Manly as a Speciality Hospital. The community has shown its strong support for this strategy through numerous rallies, petitions and submissions to Northern Sydney Health consultations. Despite this support the management of Northern Sydney Health clearly haven't listened. Instead they continue to plan the rebuilding of Manly Hospital as a General Hospital on the Civic Centre site at Dee Why, which is opposed by an overwhelmingly majority of the community.

Northern Sydney Health, NSW State Government, Local Government and the Northern Beaches community have been debating the future of health services on the Northern Beaches for the last 5 years. Whilst debate is healthy and provides opportunities for everyone to have their say, the debate on the Northern Beaches has been fraught with misleading and biased information and inadequate consultation from Northern Sydney Health.

More recently, Professor Kerry Goulston, with his 'Interim Proposal for Northern Beaches', has perpetuated this inadequate consultation. The recommendation of

Professor Goulston to downgrade the Intensive Care Unit at Mona Vale will force most clinicians to conduct many of their operations elsewhere because of patient safety. Again, there has been no adequate consultation or explanation for this recommendation provided to the community.

1. Recommendations

Pittwater Council makes the following recommendations to the General Purpose Standing Committee No 2:

a) That the recommendation made by Kerry Goulston in the GMCT Interim Proposal for Northern Beaches be reversed. That is, Mona Vale Hospital should be upgraded to have a level 5 Intensive Care Unit and Manly Hospital be a level 3 High Dependency Unit;

b) That Mona Vale Hospital be made the site for the new General Hospital (level 5, with approximately 350 beds) for the Northern Beaches and that a speciality hospital be provided in the southern end of the Peninsula either on the existing Manly Hospital site or another agreed site with the community.

c) That the Mona Vale Hospital site be developed into a modern health precinct including a co-located private hospital and community health centre.

d) That immediate planning begins for Mona Vale Hospital to be upgraded to a Level 5 General Hospital and for the site to be developed into a modern health precinct including opportunities for a co-located private hospital.

2. Introduction

2.1 Pittwater residents have stated strongly and consistently over the last 5 years that they require high quality, and reliable health care, which is cost effective, well managed, sustainable and easily accessible. This expectation of the community, along with the Council's responsibility to represent community concerns informs Council's decision to make a submission to the General Purpose Standing Committee No. 2, Inquiry into Mona Vale Hospital.

2.2 Scope of submission

2.2.1 The Minister for Health, Hon. Craig Knowles M.P. made a commitment in September 2002 to a two hospital- one-network strategy for the Northern Beaches, with Mona Vale Hospital being retained on its existing site and Manly Hospital rebuilt on another site at the southern end of the Peninsula. Since this commitment there has been no clear planning or direction for Mona Vale Hospital. In fact many of the decisions and actions made by Northern Sydney Health have resulted in the complete lack of trust by the community and the belief that Mona Vale Hospital will be significantly downgraded and eventually closed.

2.2.2 This submission addresses all four areas outlined in the Terms of Reference with an additional area of concern focusing on the mismanagement of Northern Sydney Health. The arguments presented in this submission substantiate Pittwater Council's and the Pittwater community's reason for believing that Northern Sydney Health is working towards significantly downgrading and eventually closing of Mona Vale Hospital.

3. The closure of the intensive care unit and the reason behind its transfer

3.1 Introduction

3.1.1 The Pittwater Community greeted Professor Kerry Goulston's recommendation to downgrade/close the Intensive Care Unit at Mona Vale Hospital with anger and disbelief. The recommendation was made following limited consultation with clinicians at Mona Vale and Manly Hospitals and no community consultation involved in the decision. The report presented by Professor Goulston, (Appendix 10) was lacking in detail, and did not supply clear argument or evidence to support the decision to downgrade Mona Vale to a level 3 (HDU) and upgrade Manly to a level 5.

3.1.2 *'The intensive care unit is a pivotal component of the hospital and in a broader sense, the critical care system'. – NSW Government Action Plan for Health, Intensive Care Services Plan- adult services 2001. Without intensive care services at a hospital, many other services such as 'elective and acute orthopaedic, general and vascular surgical services will suffer..... In other words only medically well, low-risk patients will get their operations at Mona Vale Hospital. Everyone else will need to go or be taken elsewhere'. (Dr Nicholas Robson, Balgowlah, letter to the editor- Manly Daily, 2004)*

3.2 Limited consultation

3.2.1 The recommendation to downgrade the Intensive Care Unit at Mona Vale to level 3 (HDU) and upgrade the Intensive Care Unit at Manly to level 5 was made following what appears very limited consultation. As reported in the GMCT Interim Proposal for Northern Beaches, Dec 2004, *'senior clinicians (doctors, nurses and allied health) on the Northern Beaches agree that the present arrangement of acute*

hospital services is not sustainable'. Whilst this may be true, and a solution to the present arrangement needed, such an important decision should be made with the support from the majority of hospital staff and following inclusive consultation. It is clear from the GMCT report that consultations surrounding the decision were very limited. Only those particular seniors clinicians who thought the present situation was not sustainable were consulted. This is very concerning, particularly as there was no indication in the report to whether those senior clinicians supported the recommendation, it only indicated that they agreed the present situation is not sustainable. Subsequently, a letter sent to Professor Goulston from Dr Stuart Boland, Convener Combined Surgeons and Anaesthetists Mona Vale Hospital shows that they don't support the recommendation. In his letter, Dr Boland states that it is *'unsafe to process and accept Acute Surgical Emergencies from the Emergency Department if the Intensive Care is moved or downgraded.'* (Appendix 11)

3.2.2 Other concerning issues of the Interim Proposal include the fact that the consultation outcome has a potential bias in that only a small group of senior clinicians were consulted and there was no community consultation. This omission of community consultation is contrary to a recommendation from the Minister for Health where he said there should be *'greater community involvement in health system planning and decision-making and better information for people to make decisions about their lifestyles and health care'* (Consumer and Community Participation- NSW Government Action Plan, 2001)

3.3 Impact of downgrading/closure

3.3.1 Kerry Goulston's report recommends the Intensive Care Unit at Mona Vale Hospital be downgraded to a level 3 (High Dependency Unit) with 4-6 non-ventilated beds. According to the Guide to the Role Delineation of Health Services- Intensive care extract, Third Edition 2002, a level 3 Intensive Care Service *'provides a recovery*

area for post-operative patients and a different high dependency area for general ward patients requiring observation over and above that available in general ward areas. A level 3 ICU must also include 24hr access to Medical Officer (does not require experience specific to the area of practice and may be a career medical officer) on site or available within 10 minutes. It is desirable that the HDU unit has a registered nurse equivalent to 6 hours/patient/day and a NUM. A separate recovery area is preferable. If children are requiring management then a specialist paediatrician is essential'. (Appendix 12) This level of service is considerably less than that of a level 5 ICU, particularly in mechanical ventilation, the level of expertise of staff working in the unit, invasive monitoring and length of care able to be provided to patients.

3.3.2 To downgrade Mona Vale Hospital ICU to a level 3 is alarming for both patients and doctors. While it was recommended in the Interim Proposal that those patients requiring a high level of care would be transported from Mona Vale Hospital to Manly Hospital to receive the necessary care, the number of patients requiring transport (50-70 per year) as reported in the Interim Proposal is questionable. In a document produced by Northern Sydney Health, it is stated that *'Around 2% of all people attending Northern Beaches Health Services Emergency Departments are transferred to the critical care area of the hospital'.* (Intensive Care Services on the Northern Beaches, Background Paper, November 03). Mona Vale Hospital had 21,743 emergency attendances in 02/03 (Northern Sydney Health Annual Report 2002/2003), this equates to 434 Emergency patients requiring Intensive Care Services. Assuming that 25% of these patients require high level Intensive Care Services, about 108 patients would require transfer to Manly Hospital for Intensive Care Services, not 50-70 as stated by Professor Goulston in the the interim Proposal.

3.3.3 Transferring patients between hospitals for ICU services also poses a question for doctors around their duty of care. Doctors assessing a patient as being at risk of needing high level Intensive Care Services following surgery, would have to consider, out of duty of care, to transfer that patient before surgery rather than after surgery. It would be much safer to transfer a patient before surgery than after surgery as they are in a more stable condition. This would therefore have a severe impact on the level and variety of surgery conducted at Mona Vale Hospital and raises the question as to whether Manly Hospital could cope with the additional surgical demand.

3.3.4 Recent events over the Christmas period at Mona Vale Hospital provides an example of what impact downgrading Intensive Care Services at Mona Vale Hospital could have. Over the 2004 Christmas period, Northern Sydney Health was unable to find a qualified Intensivist to work at Mona Vale Hospital. As a result, obstetricians refused to work at Mona Vale during this time. This meant many Northern Beaches residents had to make alternative arrangements and travel much further to give birth to their child. This event over Christmas highlights the impact downgrading Intensive Care Services would have for just one service. It is felt that the downgrading of Intensive Care Services would have a severe impact on many other services as well. For example- elective surgery for patients with chronic heart and lung disease, moderate surgery for the elderly, urgent surgery for kidney problems or possible airway problems.

3.3.5 Comments received from doctors and nurses at Mona Vale Hospital leave little doubt that removal of Intensive Care Services would have a serious impact on the viability of the hospital and could reasonably be viewed as the beginning of the end for Mona Vale Hospital. (Appendix 1)

3.5 Why Manly and not Mona Vale?

3.5.1 The GMCT Interim Proposal for Northern Beaches does not provide clear evidence to support the decision for upgrading the Intensive Care Unit at Manly Hospital to a level 5 and downgrade Mona Vale to a level 3. While the report supports the decision by stating that only '*one to two patients per week (50-70 patients per year) may require transfer*' from Mona Vale to Manly', this figure is questionable and particularly if clinicians decide for safety reasons not to undertake many operations which could require a level 5 ICU.

3.5.2 A number of questions are raised regarding the decision to upgrade Manly Hospital to a level 5 ICU. Firstly, why locate a level 5 ICU at the southern most end of the Peninsula and expect it to service the majority of the Peninsula. Why not locate it at Mona Vale, which is a more central location, is serviced by public transport, and is located on a major road linking the entire Northern Beaches. As stated in the Northern Beaches Accessibility study by Dr Poulsen in 2000, '*Mona Vale Hospital is more accessible than Manly Hospital.*' Secondly, why locate a level 5 ICU at a hospital, which is to be demolished in the next few years and rebuilt somewhere else? The level 5 ICU should be located at Mona Vale Hospital, which the Minister for Health has committed to retaining on its current site.

3.5.3 Recent population projections announced by the Department Infrastructure Planning and Natural Resources (DIPNR) predicts that by 2031 the population of Pittwater will grow by 20,460 compared to Warringah where there will be a reduction by 1,310 and Manly where there will be a slight increase of 6,830. (DIPNR Population Projections 2001-2031 for the Greater Metropolitan Region, 2004) This data provides strong support for locating the level 5 ICU at Mona Vale Hospital.

3.5.4 The GMCT Interim Proposal for Northern Beaches states, *"If patients are sick enough to need Intensive Care, they need the most expert team. It is not the address that counts"*. This comment by Professor Goulston supports the notion that the level 5 ICU could be located at either Mona Vale or Manly Hospital. In addition to this, there are more older people living in the northern half of the Peninsula and older people are more likely to require significant ICU support. (Appendix 7)

3.6 Conclusion

3.6.1 The recommendation to downgrade the Intensive Care Unit at Mona Vale Hospital is flawed. Clearly there are difficulties with the way services can be currently offered, however the proposed course of action is not the most appropriate.

3.6.2 Mona Vale Hospital is the best location for a level 5 Intensive Care Unit for the Northern Beaches as a commitment has been made to retain Mona Vale Hospital; it is a more central location and as recent data shows is located in an area of the Northern Beaches that is predicted to have substantial growth.

4. The level of funding given to Mona Vale Hospital compared to other hospitals in the area

4.1 The level of funding given to Mona Vale Hospital compared to other hospitals within Northern Sydney Area Health Service is difficult to obtain and review. Over the years, Council and the Save Mona Vale Hospital Committee have made numerous attempts to obtain information from Northern Sydney Health on funding allocation within the Area Health Services, but this has been fraught with difficulty.

4.2 Recently Council was able to obtain additional funding information, which was supplied by Frank Bazik, General Manager Northern Sydney Health. The information outlined financial figures on actual expenditure from 94/95 to 03/04. This data shows that a smaller percentage of funding has been spent at Mona Vale Hospital compared to other hospitals within Northern Sydney Area Health. This is despite the fact that Mona Vale Hospital had more hospital admissions and emergency attendances in 02/03 than Ryde. Similarly Hornsby Hospital received double the amount of funding to what Mona Vale Hospital received, but did not have double the admissions and emergency attendances, in fact Hornsby only had around 5,000 more admissions and less emergency attendances than Mona Vale. (see table 1 over page)

Table 1: Comparison between funding allocation and hospital admissions.

	02/03 Admissions	02/03 Emergency attendances	02/03 % of actual expenditure
Mona Vale	11,680	21,743	6.7%
Ryde	10,835	21,003	7.6%
Manly	12,937	17,247	9.4%
Hornsby	16,964	21,204	13.0%

4.3 Mona Vale hospital has received substantial support from its community through the efforts the Hospital Auxiliary. The Auxiliary have raised over \$2 million, but made the decision not to hand over the money to the Hospital administration, where it could have got lost, rather they allocated the money to buying vital medical equipment needed by the hospital.

4.4 Staff at Mona Vale Hospital has reported that Mona Vale Hospital is so inadequately funded, they have difficulty in purchasing materials to simply maintain the hospital and supply necessities to patients such as soap. Information received revealed that maintenance staff have had to purchase materials from a local hardware store in the past, but are now not able to because the accounts are not being paid. This lack of funding to maintain the hospital, gives strength to Council's opinion that the hospital is being run down for its eventual closure.

5- The level of community consultation in relation to changes proposed by NSW Health to the hospital

5.1 Introduction

5.1.1 Northern Sydney Health has attempted to conduct comprehensive consultations with the Northern Beaches community over the last five years with the aim of obtaining a clear understanding of community need and accurate, reliable information for detailed planning of Health Services on the Northern Beaches. Unfortunately throughout most of the consultations Council and the community were consistently frustrated and dissatisfied with processes conducted by Northern Sydney Health.

5.2 Phase One of Consultations

5.2.1 Northern Sydney Health undertook phase One of the consultations with the assistance of consultants GHD. This process included a phone survey, newsletter with feedback form and a Health Summit. This occurred during late 2000 and into the first half of 2001. These consultations were flawed and are comprehensively critiqued in the staff report to Council on the 5th of March 2001 (Appendix 4).

5.2.2 Phone survey

5.2.2.1 A resident phone survey was used as the first consultation method. The major flaw with the survey was that residents were not provided with ample information, making it difficult to answer the questions. If supporting information was distributed to residents prior to the survey being conducted, or the survey was held towards the end of the consultation phase, residents would have had the benefit of the debate that had occurred in the local media during the consultation and therefore

would have been able to make more informed decisions when answering the survey questions.

5.2.2.2 The other major problem with the telephone survey was the wording of one of the questions. Residents were given a choice of two options for future hospital services: - a new hospital built at a central location and Manly and Mona Vale Hospitals would be closed; or, Manly and Mona Vale Hospitals be maintained, although the services provided may change. While the first option is clear and unambiguous, the second option is qualified at the end and would more than likely have caused doubt in the minds of those being surveyed

5.2.2.3 Overall the inherent nature of the telephone survey, particularly as no additional information was provided to interviewees, its timing and the wording of one of the key questions makes any results from this consultation extremely unreliable.

5.2.3 Newsletter and Feedback form

5.2.3.1 Following on from the phone survey, a newsletter and feedback form was distributed to the approximately 85,000 households on the Northern Beaches. The content and format of the Newsletter was confusing and misleading for many residents; biased in favour of the stated position of Northern Sydney Health (i.e. a new hospital on a new site) and lacking in detail in key information areas.

5.2.3.2 The Newsletter had two major problems. Firstly the feedback form that accompanied the Newsletter providing residents with 3 options to choose from were listed differently to how they appeared in the Newsletter. Clearly someone reading the Newsletter believing that Option C was their preference (i.e. upgrade Mona Vale)

may have been confused when completing their feedback form which listed Option C as being a preference for a new hospital on a new site. (Appendix 15)

5.2.3.3 The second problem with the Newsletter was that only one feedback form was included for each household. Council and the Save Mona Vale Hospital Committee received numerous complaints and requests from residents who believed they were being disenfranchised because Northern Sydney Health and GHD had only provided the opportunity for one person per household to express an opinion.

5.2.3.4 Overall the Community Newsletter provided a biased presentation of the information and was a confusing document. Significant information was left out and the distribution of the package to Pittwater Households was seriously flawed with many residents not receiving the Newsletter.

5.2.4 Health Summit

5.2.4.1 The third part of the community consultation strategy was a Health Summit, where 60 residents from across the Northern Beaches were selected to attend a two-day weekend workshop. Participants of the workshop were to have information provided to them by health experts and this information was to be discussed and debated by the participants.

5.2.4.2 The original concept of a Health Summit may have had some merit if it had been promoted as a way of identifying key issues for local residents. These issues could then have been part of a wider community consultation process. Unfortunately the Summit was consistently portrayed as a representative sample of Northern Beaches residents deciding on the preferred option for future hospital services. These claims need to be treated with the utmost caution, as a sample size of 60 is not a very reliable indicator of what the population at large may think on a particular

issue. This situation is exacerbated by the fact that GHD and Northern Sydney Health only had a total of 37 residents participate in both days of the Summit. Furthermore, to have any meaning, small samples of large populations such as the Northern Beaches (i.e. approx. 223,000 people) need to be genuinely random. In the case of the Summit it is highly questionable that the participants in the Summit were a random sample of the Northern Beaches population. Clearly, of the residents contacted by ACNielsen only those who could afford the time to spend an entire weekend expressed an interest in participating in the Summit.

5.2.4.3 A number of Pittwater participants have indicated that there was insufficient time allowed for debate and discussion of the many varied and often complex issues, which were being presented by a range of health and other professionals. Finally, the participants were extremely concerned that their numerous requests for additional information throughout the weekend often went unanswered.

5.2.5 Community response to Phase One consultation

5.2.5.1 The consequence of the first phase of community consultation was a lack of confidence and trust in Northern Sydney Health, which resulted in the Save Mona Vale Hospital Committee conducting a public Rally at Pittwater Rugby Park, Rat Park.

5.2.5.2 Over 6,000 people attended the rally and overwhelmingly called for the retention and upgrading of Mona Vale Hospital. In addition over 15,000 people signed a petition asking the State Government to retain and upgrade Mona Vale Hospital.

5.3 Phase Two of Consultations

5.3.1 The failure of the first phase of community consultations meant Northern Sydney Health had to establish a new consultation framework. In late 2001 Northern Sydney Health began a process, which effectively commenced its second major phase of community consultation.

5.3.2 Northern Beaches Community Consultative Health Planning Group

5.3.2.1 A key element of this new phase of community consultation was the establishment of a Northern Beaches Community Consultative Health Planning Group (NBCCHPG) by Northern Sydney Health. This group comprised five community representatives from each of the three Councils of the Northern Beaches.

5.3.2.2 The second phase of community consultation also proved to be a total failure and lead to a decision by the five Pittwater delegates to withdraw from the process in protest in July 2002. A detailed critique of this consultation process is provided in a staff report to Council on the 22nd of July 2002 (Appendix 3). The staff report in part concluded the following *"Council and the community's total lack of confidence with the management of Northern Sydney Health to adequately manage the planning for future health care services on the Northern Beaches."* And *"The overwhelming support across the Northern Beaches for the upgrading and refurbishment / redevelopment of Mona Vale and Manly Hospitals."*

5.3.3 Procurement Feasibility Plan (PFP)

5.3.3.1 A Procurement Feasibility Plan (PFP) is part of a structured process that Area Health Services across the State must undertake as part of seeking endorsement and funding for major capital projects from the Health Department and ultimately Cabinet. Phase 2 of the community consultations by Northern Sydney Health was

also to be a key component in their development of a Northern Beaches Health Services Procurement Feasibility Plan.

5.3.3.2 Just prior to Northern Sydney Health submitting their PFP to the Health Department for consideration in the 2003 State Budget, the Minister announced a two-hospital decision for the Northern Beaches with Mona Vale Hospital remaining on its current site and Manly Hospital being relocated to a more accessible site. The announcement by the Minister in September 2002 gave Northern Sydney Health staff very little time to adapt the PFP document from their preferred direction of a single hospital to the community's preferred position of two hospitals. Northern Sydney Health did not provide any community input into the finalisation of the PFP post the Minister's announcement. The PFP was submitted to the Health Department in November/December 2002.

5.3.3.3 The PFP proposes a new major Metropolitan General Hospital in or around Brookvale and a refurbishment of Mona Vale Hospital. This is clearly not consistent with the community feedback Northern Sydney Health received when they consulted the Northern Beaches community. The Community overwhelmingly supported a Metropolitan General Hospital at Mona Vale and Manly Hospital rebuilt as a Community Hospital at the southern end of the Northern Beaches. When asked if the PFP could be significantly altered Northern Sydney Health staff have provided mixed responses and have created an impression that whilst some fine-tuning may be possible the broad thrust of the PFP is not negotiable.

5.3.3.4 This clearly is a major concern for the Pittwater community as the PFP does not reflect their desires for the future of Mona Vale Hospital and even more concerning does not provide a vision for Mona Vale Hospital that would ensure it

remains a viable hospital as part of a One Network – Two Hospital strategy for the Northern Beaches.

5.3.4 The Value Management Study

5.3.4.1 The Value Management Study (VMS) was another component in developing the PFP. The delegates selected to participate in the VMS clearly reflected a potential bias with most delegates being senior staff employed by Northern Sydney Health or from other State Government Departments.

5.3.4.2 Furthermore the draft materials presented to the NBCCHPG for the VMS were clearly biased and skewed in favour of Northern Sydney Health's preferred option of a new centralised hospital at Frenchs Forest. Pittwater Council believed that the VMS appeared to be little more than a "mini summit" except this time the community had even less representation.

5.3.5 Community response to Phase Two consultations

5.3.5.1 Following the second phase of consultations the community was again extremely concerned that Northern Sydney Health and the State Government were still committed to a single centralised hospital strategy for the Northern Beaches. In response to this the Save Mona Vale Hospital Committee with the support of Pittwater Council organised a rally for late September at Brookvale Oval.

5.3.5.2 One week prior to the Rally the Health Minister announced the two-hospital strategy for the Northern Beaches. The Save Mona Hospital Group proceeded with the Rally at Brookvale Oval on Sunday 22nd September. This was an enormous success. The rally of over 3000 people unanimously endorsed a resolution that Mona Vale and Manly Hospitals be maintained as upgraded Metropolitan Hospitals, that the land on which they are situated is kept as public land and that there be community

participation in the planning process. The rally also called on the Minister to immediately make funding available to the Northern Beaches.

5.3.5.3 In addition to the Rally, over 20,000 people signed a petition supporting “One Network – Two Hospitals”.

5.4 Phase Three of Consultation

5.4.1 Phase three of the consultations was carried out to assist with the selection of the preferred site for the new Manly Hospital. However, Northern Sydney Health again conducted minimal consultation particularly with the broad community. It appears that the only consultations that were held, was in late 2002 in the form of a workshop to focus on the Manly-Warringah options. Participants in the workshop included *‘Manly Warringah participants from the NBCCHP, health care workers, Northern Sydney Health service managers, Department of Health representatives and specialist consultants.’* (Proposed New Manly Hospital Phase 1 Report-site selection process, August 2004). Clearly, the community consultation involved in this phase was extremely poor and limited.

5.4.2 Community Response to Phase Three Consultation

5.4.2.1 The community responded to this lack of consultation and also showed it opposition to Dee Why Civic Centre as the preferred site by attending a public rally at the Dee Why site. 2000 people attended the Rally and called upon the Administrator of Warringah Council and the NSW Minister for Health to abandon any plans for building a new major hospital on the Dee Why Civic Centre site. The Rally also called upon the NSW Minister for Health to abandon any plans to sell land at either Manly or Mona Vale Hospitals.

5.5 Phase Four of Consultation

5.5.1 The fourth phase of consultations, held by Professor Kerry Goulston and the GMCT were held as part of making recommendations to the Minister for Health regarding the Northern Beaches. These recommendations made by Professor Goulston, particularly the recommendation to downgrade the Intensive Care Unit at Mona Vale Hospital were again made following limited consultations. Only senior clinicians at Manly and Mona Vale Hospitals were consulted and there was no community consultation at all.

5.5.2 Community Response to Phase Four Consultation

5.5.2.1 In November 2004, the community responded to Professor Goulston's recommendation to downgrade the Intensive Care Unit at Mona Vale Hospital with a Rally at Village Park, Mona Vale. 3000 people attended the Rally and overwhelming supported the motion that Intensive Care Services be maintained and upgraded at Mona Vale Hospital and that Mona Vale Hospital is the perfect site for the new General Hospital.

5.6 Conclusion

5.6.1 The NSW Health Department's framework for community participation, 'INFORM'; states that health consumers should receive accurate, current and understandable information in which to base a decision about their own health and health care.

5.6.2 In 2001, the Minister for Health announced a number of key areas for action, which included *'greater community involvement in health system planning and decision making, and better information for people to make decisions about their*

lifestyles and health care'. (Consumer and Community Participation- NSW Government Action Plan, 2001).

5.6.3 Clearly Northern Sydney Health have not met these areas of action or followed the framework for community participation. This has resulted in blemished and inconsistent consultation outcomes. The Northern Beaches community have not been given clear and accurate information about the future of Mona Vale Hospital and the network of Health Services for the Northern Beaches.

5.6.4 Community consultation has been flawed, information presented to the community has been incorrect and future directions have not been consistent. Northern Sydney Health cannot be relied upon to make adequate decisions on Health Services for the Northern Beaches community when their community consultation process has failed.

Table 2: - Summary of Northern Sydney Health consultation process and the community's response.

Year	NSH Consultations and Actions	Response from Community
00/01	Phase 1: - <ul style="list-style-type: none"> o Phone survey o Newsletter and feedback form o Health summit 	<ul style="list-style-type: none"> o Rally at Rat Park: - 6000 people overwhelmingly called for the retention and upgrading of Mona Vale Hospital o 15,000 people signed a petition asking the State Government to retain and upgrade Mona Vale Hospital
01/02	Phase 2: - <ul style="list-style-type: none"> o Northern Beaches Community Consultative Health Planning Group (NBCCHPG) o PFP o Value Management Study 	<ul style="list-style-type: none"> o Rally at Brookvale Oval: - 3000 people endorsed a resolution that Mona Vale and Manly Hospitals be maintained and upgraded; that the land is kept as public land; and that there be community participation in the planning process o 20,000 people signed a petition supporting "one-network-two hospitals"
Apr 04	Phase 3: - <ul style="list-style-type: none"> o Announcement by NSH that Dee Why was the preferred site for the new Manly Hospital 	<ul style="list-style-type: none"> o Rally at Dee Why site: - 2000 people called upon the Administrator of Warringah Council and the NSW Minister for Health to abandon any plans for building a new major hospital on the Dee Why Civic Centre site; and o called upon the NSW Minister for Health to abandon any plans to sell land at either Manly or Mona Vale Hospitals.
Nov 04	Phase 4: - <ul style="list-style-type: none"> o GMCT recommendation to downgrade the Intensive Care Unit at Mona Vale Hospital 	<ul style="list-style-type: none"> o Rally at Mona Vale Village Park: - 3,000 people overwhelming supported that: - Intensive Care Services must be maintained and upgraded at Mona Vale; o that agreements with the State Government that Mona Vale Hospital be significantly upgraded must be honoured; o that Mona Vale Hospital is the perfect site for the new General Hospital on the Northern Beaches.

6- The reason why the hospital has not been made a general hospital for the Northern Beaches area.

6.1 Mona Vale Hospital- The Perfect Site

6.1.1 Mona Vale Hospital is the perfect site for the new General Hospital on the Northern Beaches. Why Northern Sydney Health and the Minister for Health have not given serious consideration to Mona Vale, as the site for the new general hospital is incredible. The site is not only a perfect location for a General Hospital; it has continued to be supported by the community through rallies, public submissions petitions and financial donations.

6.1.2 As stated by one resident during a survey in 2000, *"why build a new hospital when the current one can be improved and added to.... plenty of grounds"* (Mona Vale Hospital survey, 2000)

6.1.3 In 1965 the NSW Government determined that the current Mona Vale Hospital site was the optimal site for a new Northern Beaches Hospital. Having chosen the site, in 1961, the NSW Health Commission conducted a study into health needs of the Northern Beaches population to determine the size and facilities required. The study recommended a 350-bed hospital with major surgical and emergency support services. The commission then approved a development to meet these needs and designed a hospital with a three-staged plan.

6.1.4 Stage 1 opened in 1964, with 165 beds. As the hospital was build with expansion in mind, the fabric of the building has been constructed to accommodate newer additions. However the current hospital comprises Stage 1 only of the three-staged plan- stages 2 and 3 were never implemented.

6.1.5 The Mona Vale Hospital site is a central location as it is the geographic centre of the Peninsula. The site provides excellent access for helicopters in emergencies and allows fast transfer of patients to other specialist hospitals. In addition, Northern Sydney Health's Emergency Department Services Plan, states as one of its planning parameters that travelling distance by private care should be a maximum of 20kms. (see appendix 13)

6.1.6 The Mona Vale Hospital site offers a serene and beautiful environment in which to expedite recuperation and recovery from injury and operation. The Hospital's magnificent, calming views was recognised as a valuable criteria in the early development of hospital planning.

6.1.7 The land on which Mona Vale Hospital sits is 8.8ha. This provides an abundant amount of space to increase and upgrade the existing hospital, meaning it is a more cost effective choice than purchasing new land and building a new hospital. The location and design of the current Mona Vale Hospital was at the time based on forward thinking and demonstrated the progressive strategic planning of the State Government of the day. The foundations of the decision to locate the hospital at the Mona Vale site have not changed. On the contrary, this site still offers significant opportunities for both the Northern Beaches residents and Northern Sydney Health. It offers room for expansion and could be easily transformed into a health precinct incorporating private and public health facilities.

'There has been a strong historical mix of private and public hospital provision at the southern end of the Northern Beaches. A high percentage of Pittwater residents have private health insurance. This provides opportunities for future private facilities or services to be co-located at the Mona Vale site.'....' 79% of respondent to the Pittwater Council survey also said they would use a private medical centre, including

visiting specialist, at the Mona Vale site.' Pittwater Council Vision Statement-Northern Beaches Health Care Services-July 2002.

6.1.8 The potential to expand on the Mona Vale site allows to meet the growing population needs at the northern end of the Peninsula. Recent population projections produced by DIPNR showed that Pittwater LGA will have a 36.3% increase in population by 2031, compared to Warringah (-1.0%) and Manly (17.7%). This equates to a growth of 20,460 for Pittwater and 6,830 for Manly, and a reduction by 1,310 in Warringah. In addition, data shows that between 2001 and 2031, the number of older people aged 65+ will increase by 7,560 in Pittwater, 7,970 in Warringah and 1,830 in Manly. (DIPNR Population Projections 2001-2031 for the Greater Metropolitan Region, 2004)

6.2 The site is supported by Pittwater Council

6.2.1 Pittwater Council strongly supports Mona Vale as the site for the new General Hospital for the Northern Beaches. Council adopted a Vision for Northern Beaches Health Care Services in July 2002. The vision was prepared in response to Northern Sydney Health's invitation to present options for health services on the Northern Beaches. Council's Vision: -

The provision of two health precincts and three Integrated Community Health Centres on the Northern Beaches, together ensuring fast easy access to state of the art health care services for all residents. This would include a Metropolitan General Hospital and a Community Health Centre on the existing Mona Vale Hospital site, a Speciality Hospital with quality emergency services and a Community Health Centre on the Manly Hospital site and a Community Health Centre located in the Forest area. The two hospitals and community health centres must operate within an integrated health care network, under one highly motivated and progressive management and with a strong sense of community involvement.

6.3 The site is supported by the community

6.3.1 Northern Sydney Health in August 2002 asked the community to comment on three options for Health Services on the Northern Beaches. They distributed a newsletter to all households outlining the following three options: -

- a) Two Hospital Option – Metropolitan General Hospital South and Community Hospital North.
- b) Two Hospital Option - Metropolitan General Hospital North and Community Hospital South.
- c) One Hospital Option

6.3.2 The Community overwhelming supported option b – a Metropolitan General Hospital at Mona Vale and Manly Hospital rebuilt as a Community Hospital at the southern end of the Northern Beaches. In response to the Newsletter sent to all Northern Beaches households, 91% of respondents support option b. This appears not to be reflected in the PFP and is concerning in that Northern Sydney Health don't seem to be addressing the needs of the community in a major planning document.

6.3.3 In late 2004, 3,000 people attended a Rally at Village Park, Mona Vale organised by the Save Mona Vale Hospital Committee (SMVHC). Speakers at the Rally included members of the SMVHC, the Hon. Bronwyn Bishop, John Brogden MP, Dr Stuart Boland, Karen Draddy (nurse in charge of Maternity at Mona Vale Hospital) and Dr Tom Wenkart CEO Macquarie Health Corporation. The Rally overwhelmingly supported the following motion presented by the SMVHC.

- 1. Intensive Care Services must be maintained and upgraded at Mona Vale Hospital.
- 2. That agreements with the State Government that Mona Vale Hospital be significantly upgraded must be honoured.
- 3. That Mona Vale Hospital is the perfect site for the new General Hospital on the Northern Beaches.

6.3.4 Three days after the Rally, a delegation of over 100 people from the Rally took copies of the Motion to Parliament House calling on the Premier and the Health Minister to support the views of the community.

6.4 Announcement of Dee Why Site

6.4.1 On the 6th April 2004 the NSW Health Minister, Morris Iemma announced the Warringah Council Civic Centre as the preferred relocation site for Manly Hospital. Since the Minister's announcement there has been significant media coverage of the proposal. Unfortunately there have been little or no reported comments from the Minister or Northern Sydney Health confirming that the proposed relocation of Manly Hospital to Dee Why is part of a Two Hospital strategy for the Northern Beaches including a refurbished/redeveloped Mona Vale Hospital.

6.4.2 Both the Minister's statement and reporting of the announcement have implied that the proposed Dee Why site is centrally located for the Northern Beaches. This infers that the proposed new hospital is to be a large facility apparently serving the needs of the Northern Beaches with only a limited role at best for Mona Vale Hospital.

6.4.3 The absence of a clear role for and even acknowledgement of Mona Vale Hospital in the recent planning process shows either an incredible lack of understanding of the community's concern or a deliberate attempt to marginalise the future role of Mona Vale Hospital.

6.5 Dee Why is not an appropriate site.

6.5.1 Dee Why is not an appropriate site for the new General Hospital for the Northern Beaches. There is insufficient land available to build a large hospital, the traffic congestion in the area is terrible and the community opposes the site.

6.5.2 Since the Ministers announcement, Warringah Council Administrator has put a number of conditions on the sale of the land. This includes plans being based on *'leaving the Council building, the library and the whole front car park untouched.'* (Report of Warringah Council Meeting held on 23 November 2004). This raises a question as to the amount of land available and how a large General Hospital will fit on the available land. (Appendix 9)

6.5.3 Following the announcement of Dee Why Civic Centre as the preferred site, community opposition has grown to this site for a new General Hospital. The community of the Northern Beaches expressed its opposition to the site at a Rally attended by almost 2,000 people on the 18th September 2004.

6.5.4 All State and Federal politicians on the Northern Beaches except Mr David Barr, oppose the site. Manly Council resolved to support the Brookvale Bus Depot as their preferred site.

6.5.5 Objections raised over the last few months to the Dee Why Civic Centre site include but are not limited to some of the following:

- Potential loss of significant heritage buildings/precinct
- Traffic congestion
- Loss of civic open space
- Residential amenity conflict with future helicopter medical transport

- Limited space available, which would require any proposed hospital to be 'squeezed' onto the site.

6.6 Mona Vale site hasn't been acknowledge by NSH and the Minister for Health

6.6.1 Since announcing the Dee Why Civic Centre as the preferred site, Northern Sydney Health has had trouble trying to confirm it as the site. This is due to land size, community opposition, heritage issues and traffic issue. It is Council's belief that Northern Sydney Health is still looking for an appropriate site for the new hospital.

6.6.2 Northern Sydney Health has yet to seriously consider Mona Vale Hospital as the perfect site for the new hospital. Throughout it's consultation process Northern Sydney Health always presented Mona Vale Hospital as the General Metropolitan Hospital for the Northern Beaches as an option. (Appendix 15) Unfortunately following the completion of the consultations, Northern Sydney Health has neglected to consider Mona Vale Hospital as a site for the General Hospital. This can be seen from the fact that the community indicated a preference for a new General Hospital at the Mona Vale site and this was not reflected in Northern Sydney Health's PFP document.

7- Failure of Management of Mona Vale Hospital by Northern Sydney Health

7.1 Over the last 4-5 years during which Northern Sydney Health has been planning for Health Services on the Northern Beaches the community has increasingly lost confidence in the management of Northern Sydney Health to adequately maintain the current health system and plan for the future.

7.2 In October 2004, the Minister for Health announced a high level team of clinical experts to restructure the provision of surgical services at Royal North Shore and Ryde Hospitals. This followed the release of a report into surgical services at the two hospitals, which identified a number of shortcomings with the performance and management of existing services.

7.3 The recent meetings with staff to announce a plan to downgrade the Intensive Care Unit at Mona Vale Hospital are further evidence of the inability of Northern Sydney Health's management to adequately manage the community's health care service on the Northern Beaches.

7.4 Despite objects to the Dee Why Civic Centre site, Northern Sydney Health is continuing to pursue the Dee Why site for either political reasons and/or to avoid alienating some doctors who are opposed to Mona Vale Hospital being the new General Hospital. If this is the case it is a gross mismanagement of the health planning process for the residents of the Northern Beaches by the management of Northern Sydney Health.

7.5 Over the last four years both Council staff and the Save Mona Vale Hospital Committee have become increasingly frustrated and have lost confidence with the management of Northern Sydney Health.

7.6 Also over this time real concerns have emerged regarding an apparent culture of fear and intimidation created by management for staff working at Mona Vale Hospital. Numerous staff from the hospital has discussed privately with Council staff and Save Mona Vale Hospital Committee members alleged serious management and planning deficiencies at the Hospital. However due to what can only be described as seemingly poor management practises it appears that many of these problems have not been addressed nor been made public.

8. Conclusion

8.1 Despite all the consultations and apparent planning for health services on the Northern Beaches, Northern Sydney Health have not provided a clear direction for Mona Vale Hospital and a network of Health Services on the Northern Beaches. It is clear that Northern Sydney Health is working towards significantly downgrading Mona Vale Hospital and building one new major hospital at Dee Why for the Northern Beaches. A site, which is totally inadequate and overwhelmingly opposed by the community. This opinion has been formed by Council and the Pittwater community not only from the recommendation to downgrade the Intensive Care Unit at Mona Vale Hospital, but also from: -

- The flawed and biased community consultation by Northern Sydney Health;
- The inaccurate representation of the community's needs in a major planning document (PFP);
- The limited community involvement in decision making;
- The lack of funding supplied to Mona Vale Hospital;
- The lack of consideration given to Mona Vale Hospital as the General Hospital for the Northern Beaches;
- A recent email sent from Dr Christly to Northern Sydney Health staff on 14/11/04 which refers to Mona Vale as having a complementary role to the new Beaches Hospital; and
- The recent meeting with Dr Christly by SMVHC representatives, which confirmed the downgraded/closure of Intensive Care Services at Mona Vale and a complete lack of vision or plan for the future of Mona Vale Hospital.

Appendices

1. Mona Vale Hospital update – Report to Pittwater Council, 22nd November 2004
2. Northern Beaches Health planning update – Report to Pittwater Council, 21st June 2004
3. Northern Beaches Health Planning Process Crisis- Report to Council 22nd July 2002.
4. Review of Health Services on the Northern Beaches by Northern Sydney Health – Report to Community Services Committee of 5th March 2001.
5. Council Vision Statement
6. Map- Northern Beaches – Distance from Mona Vale Hospital
7. Map- Northern Beaches Suburbs, Population data 65+ Yrs
8. Aerial Photo of Mona Vale Hospital
9. Analysis of the constraints of the proposed Dee Why site, including the original consultants study of the Civic Centre Site
10. GMCT Interim Proposal for Northern Beaches
11. Letter from Dr Boland
12. Guide to the Role Delineation of Health Services- Levels of Intensive Care Services
13. NSW Health, Emergency Department Services Plan
14. Correspondence from State Government confirming commitment to upgrade Mona Vale Hospital and rebuild Manly Hospital
15. Northern Sydney Health consultation documents showing Mona Vale Hospital as an option as the Metropolitan General Hospital
16. DIPNR- Population project data