Submission No 725

INQUIRY INTO MONA VALE HOSPITAL

Organisation: Beaches
Name: Dr Graham Robards
Telephone:
Date Received: 31/01/2005

Subject:

Summary

Parliamentary Inquiry – Mona Vale Hospital

Submission from BEACHES:
(Better & Equitable Access to Community Health & Hospital Services)

Table of Contents:

Parliamentary Inquiry – Mona Vale Hospital

This submission will address the issues being raised by the General Purpose Standing Committee No 2.

1. Summary of BEACHES submission

BEACHES was formed to lobby for a new Metropolitan Hospital at the demographic centre of the Northern Beaches. The demographic centre is Cromer and surrounds.

BEACHES does not believe that Mona Vale and Manly Hospitals are adequately catering for the acute needs of all the residents of the Northern Beaches and that the diseconomies that arise from a duplication of services for a relatively small population catchment results in a sub optimal outcome.

BEACHES supports an ongoing complementary hospital services role for Mona Vale Hospital and the current Manly Hospital site dedicated as an aged care facility with ancillary public health services.

The thrust of this submission is that maximum benefit for all of the residents of the Northern Beaches will be derived from a new facility at the demographic centre.

2. What is BEACHES

BEACHES (Better & Equitable Access to Community & Hospital Services) was formed in 2001 to support a major upgrade of hospital services on the Northern Beaches, and in particular a new Metropolitan Acute Services General Hospital at the demographic centre.

BEACHES is a non party-political group comprising concerned individuals including medical and nursing staff, elected representatives and community members.

Our hospital infrastructure is in a run down state and BEACHES believes it is time for a major new facility with an ongoing community health role for the two existing hospitals. Many areas have had new hospitals built or received significant upgrades of existing facilities. These include Bankstown, Blacktown, Canterbury, Coffs Harbour, Gosford, Wyong, Liverpool, Nepean, Royal Prince Alfred, Sutherland, Prince of Wales, St Vincent's and Westmead. Our turn has come!
Government has an obligation to provide up to date hospital facilities for our community.

3. The need for a new hospital at the demographic centre

BEACHES does not believe the two hospitals are adequately catering for the acute needs of all the residents of the Northern Beaches and that the diseconomies that arise from a duplication of services for a relatively small population catchment results in a sub optimal outcome.

Smaller District Hospitals, such as Manly and Mona Vale, generally do not have the numbers of patients needing complex treatment and do not have access to all of the technology required for complex procedures and care. With health professionals not able to care for appropriate numbers of patients to maintain skills, and equipment too expensive to duplicate in every hospital, we are faced with a problem of lack of 'critical mass'. This directly impacts on the type and quality of service each hospital can provide safely to the community.

The Greater Metropolitan Services Implementation Group (GMSIG) in its Report of June 2001 (Appendix A) made the following comment about District Hospitals:

" There is, of course, always the conflict between having a critical mass population, staff and equipment for whom to provide a safe and high quality service and the need to provide access to health services for smaller population groups. District Hospitals are clearly subject to these tensions and for smaller hospitals there is a risk that because of lack of appropriate human or technical resources, health outcomes may not meet community expectations. Communities are not always aware of these issues and in many cases have a strong allegiance to their local hospital and will on occasion feel that these Hospitals should be able to provide a range of services which may not be realistically possible."

The report noted that planning should include among other things:

....." The need to maximise appropriate clustering of patients into an appropriate speciality area (vascular patients in vascular wards etc) to prevent nurses with specialist qualifications being asked to participate in general nursing duties and therefore leaving the hospital."

In relation to District Hospitals the report made the following recommendations:

- that the use of the term "District Hospital" be discontinued and replaced by the terms Metropolitan General Hospital, Specialty Hospital, Growth Area Hospital and Community Hospital.

- Metropolitan General Hospitals would serve defined populations of between 200,000 – 250,000 people and should provide a reasonably extensive range of services including stroke, cardiac services, maternity, Emergency Department and Intensive Care Unit. These hospitals would be networked to major referral hospitals. Current examples of these Metropolitan General Hospitals include Canterbury, Blacktown, Bankstown and Sutherland Hospitals.

The proposed new Northern Beaches Hospital would fit into this category.

The Greater Metropolitan Services Implementation Groups position is based on the overriding principle of a population-based approach to planning allowing for fairer access of patients to the acute hospital system.

Planning for a new Northern Beaches hospital should be viewed within this context.

4. Demographics

According to the Australian Bureau of Statistics as at June 2003 the population for Manly stood at 38,868; Pittwater 56,829 and Warringah 137,652.

The reality is that with a population of 233,350 people on the Northern Beaches there is scope for only one Metropolitan General Hospital and to oppose this for parochial interests negates the huge benefit that can be derived for the people of the Northern Beaches. The bulk of the population, 176,000 people, live in the southern part of the peninsula with the minority of 56,829 living in the northern part.

The new facility should be located at the demographic centre, that is a triangular area covering Brookvale, Dee Why and westwards to Frenchs Forest. Neither of the current hospitals is well positioned to serve as the centralised facility.

5. Capital Works Funding

Northern Sydney Area Health Service (NSAHS) in the past decade has received very limited Capital Works Funding. This is changing now with the upgrade of Royal North Shore Hospital and commitment to building a new hospital on the Northern Beaches.

Comparative Capital Funding Table NSW Budget 1989 – 2001

A cursory glance at the table below clearly illustrates the level of Capital Works under-funding to Northern Area Health:
The figures represent total budgeted capital spending July 1989 to June 2001.
Figures are expressed in 1999 dollars.

(Figures derived from NSW Budget Papers)

AHS	$M*	% SYD $	% NSW $	% POP'N Greater Sydney
CS	368	12.0	7.6	9.9
SES	624	20.4	12.9	15.6
WA	511	16.7	10.5	6.3
SWS	474	15.5	9.8	15.3
WS	567	18.5	11.7	13.5
HA	190	6.2	3.9	10.9
IA	148	4.8	3.0	7.0
CC	96	3.1	2.0	5.7
NS	79	2.6	1.6	15.8
TOTAL	**3058**	**100.0**	**63.0**	**100.0**

KEY

CS Central Sydney Area Health Service
SES South East Sydney Area Health Service
WA Wentworth Area Health Service
SWS South Western Sydney Area Health Service
WS Western Sydney Area Health Service
HA Hunter Area Health Service
IA Illawarra Area Health Service
CC Central Coast Area Health Service
NS Northern Area Health Service

The figures indicate that over the 12 years from 1989 to 2001 in terms of Capital Works Funding, Northern Sydney Health was the most under funded health service in the Sydney Metropolitan Area. The 16 percent of Sydneysiders who live in the northern sector received only 2.6 percent of health capital funding, compared with SWS with 15.3% of the population being allocated 15.5% of the budget.

There has been no equity in these funding allocations. BEACHES has not only pushed for equity in terms of access to health services on the peninsula, but also equity between the health services.

From the outset the position taken by some was that we were never going to get a new hospital and all that was going on was a sham exercise to withdraw hospital services on the Northern Beaches. BEACHES never subscribed to this position and has pushed hard for a new facility with an ongoing complementary role for Mona Vale Hospital and the current Manly site used as a dedicated aged care facility with ancillary public health services.

The focus must always be on providing an accessible service for all the residents of the Northern Beaches.

6. The Terms of Reference are addressed as follows:

(a) the closure of the intensive care unit and the reasons behind its transfer to another hospital

BEACHES believes that the Intensive Care Unit issue at Mona Vale Hospital parallels the situation of the Paediatrics Ward at Manly Hospital. The paediatric ward was a six-bed facility with 47% occupancy rate. It was closed in January 2001 following the adverse comments of the coroner after examining the death of a young boy.

Two professorial studies by paediatric experts reaffirmed the unsustainability of the unit. Manly has not had a paediatrics ward for three years. The new hospital will include a paediatrics ward.

BEACHES strongly adheres to the view that only with a new centralised facility can these sorts of services and others such as maternity be guaranteed. This is because they will have the critical mass needed to attract clinical staff on an around the clock basis. Neither Manly nor Mona Vale is large enough to do this and, if the two hospitals are kept going as they are, there will inevitably be further rationalisation at both hospitals, leaving neither as an Acute General Hospital.

BEACHES is persuaded by the comments of Professor Malcolm Fisher, who is Senior Staff Specialist in Intensive Care, Royal North Shore Hospital & Area Director Intensive Care Services NSAHS. In a letter (Appendix B) to Manly Independent MP, David Barr, Professor Fisher made the following points:

" *Throughout NSW there are major problems with staffing small intensive care units. Many of these units, like Mona Vale, were run in the gentler days by a single individual who virtually covered the unit 24 hours a day and provided a service. Such individuals, rightly or wrongly, no longer exist. The problem with smaller units is that they provide neither the critical mass of patients needed to provide satisfactory career opportunities and skills maintenance to people who wish to practise intensive care, nor a sufficient critical mass to enable an environment to be created where a functional team and effective educational audit and quality programmes to be introduced.*

...." There is absolutely no doubt that the Manly, Mona Vale Hospital area would be better serviced by one intensive care service with a critical mass to attract specialists, trainees and develop the infrastructure to be sure that the service provides excellent care. It would obviously be best to concentrate the sickest patients in such an area. I believe strongly that the statements that "People will die if the unit at Mona Vale closes", are very misleading and incorrect. People are more likely to die if a mediocre intensive care service exists on the peninsula."

The comments of Professor Fisher are consistent with those in the Draft Report by the Greater Metropolitan Clinical Taskforce (GMCT) of 17 December 2004. (Appendix C)

The GMCT was established by the Minister for Health to promote clinician (doctors, nurses and allied health professionals) and public involvement in health policy planning and delivery. The GMCT works with clinicians and patients to improve clinical services and to advise on appropriate roles for the smaller hospitals. The Report made the following comments in relation to the Intensive Care Unit:

" In talking to clinicians at Manly and Mona Vale hospitals it became clear that in Intensive Care and Emergency Medicine it has been difficult to maintain medical staffing 24 hours a day, 7 days a week. This is not just a Northern Beaches problem. Around the world, medical workforce shortages are affecting the provision of hospital care for patients and it is certain that this situation will get worse over the next few years. To provide complex health services safely and efficiently a critical mass of clinicians and a critical mass of patients are needed. This can more readily be achieved by combining forces across the two Northern Beaches hospitals. No longer can metropolitan (district) hospitals expect to offer every service for every patient. Through better service co-ordination across the Area and by adopting innovative solutions, Northern Beaches patients can access the full range of public health services they need.

If patients are sick enough to need intensive care, they need the most expert team. It is not the address that counts. By combining specialist clinical resources across the two hospitals a better service will be possible for all Northern Beaches residents. Staff recruitment and retention will improve and junior staff will receive the

guidance, supervision and training they need to acquire strong clinical skills. This will help to assure better patient care into the future."

In summary the thrust of these two documents is that it is not possible to maintain a full Intensive Care Unit at Mona Vale Hospital, because it is not possible to attract medical staff 24 hours a day, seven days a week. Because of this there is an inherent safety issue and it is doing a disservice to the community to run a so-called Intensive Care Unit which cannot offer adequate safety and the full complement of Intensive Care Services at a satisfactory or safe level. This is a matter of public safety and not parochial concerns.

The Intensive Care Unit has been operating de facto as a high dependency unit for some time and the recent announcement is simply a formalisation of what has been happening. In reality, things are not changing at Mona Vale Hospital as far as the Intensive Care Unit is concerned.

The recent changes are an interim arrangement adopted where there are safety issues. BEACHES supports such short-term rationalisation to maintain services in the period until a new Metropolitan General Hospital is operational. As was the case with paediatrics, ICU services will be located at the new hospital.

There was also a proposal to combine maternity at Manly Hospital with that at Mona Vale Hospital. BEACHES did not support this because there was no safety issue involved. And given that maternity will move to the new hospital it made no sense to have two changes over a relatively short time frame when the issue was not safety.

BEACHES supports rationalising where there are safety issues, as to do otherwise does a grave disservice to the community. Local representatives may gain popularity in being seen to champion the local cause but in reality they are working against the greater public good.

(b) the level of funding given to Mona Vale Hospital compared to other hospitals in the area

BEACHES does not wish to comment on funding given to Mona Vale Hospital in particular, but believes the focus should be on the rational use of scarce resources for the benefit of all Northern Beaches residents.

BEACHES accepts that neither Mona Vale Hospital nor Manly Hospital as they are currently operating can be funded for all services when there is inconsistent local demand for them. It makes no sense to have under utilised and under staffed facilities operating at both hospitals when centralising would bring the benefit of greater public safety and optimum allocation of scare resources.

Funding is not the issue with the Intensive Care Unit at Mona Vale Hospital. The issue was rather that of a small facility which was not operating at a safe level. The issue is not merely funding, it is the matter of distributing resources in a way that brings maximum benefit to the maximum number of people.

It is not a matter of Mona Vale versus the others; it is a matter of how you can have a hospital and community health system that satisfies the demands of patients across all of the Northern Beaches.

The Capital Works Funding Table on page 4 clearly demonstrates the capital under funding of Northern Area Health. It's not just a Mona Vale issue. It is an issue for Northern Area Health vis à vis the other area health services. Ultimately it is a matter of the Government allocating resources fairly and equitably.

(c) the level of community consultation in relation to changes proposed by NSW Health to the hospital

Northern Sydney Health has undertaken extensive community consultation. BEACHES has supported this.
It is important to gauge the expectations the community has about hospital services. Public or parochial interests should not dictate how it is delivered. Ultimately clinicians and health experts have to determine how health care is to be delivered in the context of clinical needs and these public expectations.

The bringing together of community representatives, a diversity of specialists (medical, nursing and para-medical) and planning professionals, is an important part of the consultation on such complex matters. This process, supported by independent, professional facilitators, has been a significant part of NSH consultations.

A community group is not in a position to make clinical decisions and the Intensive Care Unit issue at Mona Vale Hospital is a good example of this.

Attached is a Community Attitudes Survey undertaken by Northern Sydney Health on Health Services in Manly/Warringah Local Government Areas from 2002. (Appendix D)

This document also details and provides a summary of the extent and type of community involvement and public consultation that was undertaken.

(d) the reasons why the hospital has not been made a general hospital for the Northern Beaches area.

BEACHES has not supported the centralised facility being located on the current Mona Vale Hospital site because it is not at the demographic centre and because it is too far removed from the demographic centre.

From the outset BEACHES has recognised neither hospital could go on functioning under the present arrangement for much longer, and further, that neither the Manly nor the Mona Vale sites was suited for the centralised facility.

Access to Manly is difficult and it is at the wrong side of the CBD with no catchment south, east or west. Similarly Mona Vale is too far north and too far away from the bulk of the Northern Beaches population. It has been argued by the Save Mona Vale Hospital Community Group that it is at the geographical centre of the Northern Beaches. This may be true on a north/south axis but it is not true on an east/west axis.

The geographic centre argument in any event makes little sense. Ayers Rock is at the geographic centre of Australia but we don't put our national facilities there. The issue is equity and access and as such the site should be local for the benefit of the maximum number of people not for the benefit of a minority lobby group. BEACHES has consistently supported a hospital located within the triangular area bordered by Dee Why, Brookvale and Frenchs Forest.

A Northern Beaches Accessibility Study and subsequent Report from 2000 undertaken by Macquarie University Consultant, Dr Michael Poulsen who is an expert in geography and population studies concluded:

- The demographic centre of the Northern Beaches population is located in Cromer.

- The centre of population moves by a very small distance over time. Sensitivity analyses of different access groups confirm that similar centres of population to that of total population are located in close proximity.

Dr Poulsen concluded that the most accessible locations by road for most Northern Beaches residents are along Warringah Road corridor between Pittwater Road in the east and Wakehurst Parkway in the west. This corridor is located close to the demographic centre.

In relation to travel times he concluded in the morning peak hour:

- It takes up to 60 minutes for residents to drive to Royal North Shore Hospital;

- Eighty percent of all of the northern Beaches residents can reach their local hospital in Manly or Mona Vale within 15 minutes and all residents can reach one or other of the hospitals within 30 minutes. Dr Poulsen found that access times to a centralised hospital would be comparable to these times.

These figures should be viewed as preliminary only – A peer study of the report undertaken by Professor John Black, who is Professor Emeritus of Transport Engineering at the University of New South Wales following criticism from the proponents of Mona Vale Hospital, indicated travel times from the study required further research.

Professor Black concluded that the methodology used in the Northern Beaches Accessibility Study was appropriate for the purposes of preliminary planning.
He also concluded that the report with appropriate editing to ensure it was directed to the wider community, would be, "a worthy document of investigation at a very preliminary stage in the on-going planning process."

It is reasonable to infer that if you locate the hospital where the majority of the population live, travel times will compare favourably with travel times to the two existing hospitals.

The preferred site is at Dee Why, which BEACHES believes on the face of it, to be an appropriate site, subject to expert evaluation, including traffic and transport accessibility, heritage, and environment/landscaping issues. The site is located close to the demographic centre.

Mona Vale is not perceived by residents in the Southern part of the peninsula to be their appropriate hospital. As a demonstration of this, when the maternity ward was shut down for an upgrade in 2000 and the services were combined with those at Mona Vale Hospital there was not a corresponding increase in maternity numbers at Mona Vale. Rather, mothers went to Royal North Shore Hospital.

Whilst BEACHES respects the commitment of the Mona Vale community to its hospital, BEACHES does not support the outcomes sought by the Save Mona Vale Hospital community because fundamentally it would not lead to the fairest outcome. Public health decision-making cannot be dictated by local lobby groups at the expense of the greater public good.

The public debate about a new public hospital has been going on for more than five years with a clear difference of opinion between the Pittwater end and the rest. BEACHES was formed to lobby for a new centralised facility and its members believe the push to have Mona Vale as the site for the new hospital has deflected the focus away from where it should be, that is providing a hospital system on the Northern Beaches for the benefit of all its residents, North, South, East and West.

7. MPs Agreement of Understanding

The four local State MPs, John Brogden, Brad Hazzard, Andrew Humpherson and David Barr signed an Agreement of Understanding on 11 November 2004.

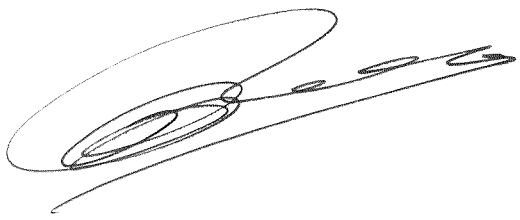
The MPs agreed on the need for a new hospital at the demographic centre with a complementary role for Mona Vale Hospital and an aged care facility on the current Manly site. A copy of this is included (Appendix E) along with a newspaper article and editorial in the Manly Daily.

8. Conclusion

BEACHES has always supported this position and stresses that Mona Vale supporters have repeatedly been given guarantees by the Government and Northern Area Health that Mona Vale would be upgraded to perform a complementary range of services. The issue then becomes the nature of services it will provide.

BEACHES cannot express strongly enough that a new Northern Beaches Metropolitan General Acute Services Hospital at the demographic centre is about access, equity and quality.

The imperative now is to build a new Metropolitan General Hospital and related public health network for the benefit of all of the residents on the Northern Beaches. Mona Vale is part of this and it is misguided to focus on it in isolation.



Dr Grahame J Robards
MBBS FRCOG FRANZCOG MBA
Deputy Chair
BEACHES

David Barr MP
Convenor
BEACHES

Signed on 28 January 2005

June 2001 Report of the Greater Metropolitan Services Implementation Group

A series of principles was established and a larger group met in February 2001 to which all of the Chairs of the Medical Staff Councils and Hospital Managers from District Hospitals were invited. The principles were then reworked and a final report prepared by the working party.

DISCUSSION

As stated above the District Hospitals are a heterogeneous group some of which provide a sophisticated service backed up by adequate staffing levels and equipment, whilst others provide more of a primary health care role to the local population. There is, of course, always the conflict between having a critical mass of population, staff and equipment for whom to provide a safe and high quality service and the need to provide access to health services for smaller population groups. District Hospitals are clearly subject to these tensions and for smaller hospitals there is a risk that because of lack of appropriate human or technical resources, health outcomes may not meet community expectations. Communities are not always aware of these issues and in many cases have a strong allegiance to their local hospital and will on occasion feel that these Hospitals should be able to provide a range of services which may not be realistically possible.

The District Hospitals themselves felt that they were excellent providers of a range of services including the delivery of clean, elective surgery, rehabilitation, palliative care, geriatric and general medicine. Smaller Hospitals felt that the lack of high-tech equipment and/or services was problematic for them, particularly where the facility did not have a spiral CT scanner.

In principle the working party agreed with the notion that a critical mass of population and human and technical resources was relevant and should be taken into account when describing the role and function of a District Hospital. They also agreed that the term "District Hospital" was unhelpful in that it covered a broad range of hospitals with clearly different roles and concurred that a new nomenclature was required. Other principles agreed to included that smaller Hospitals needed to be networked with larger Hospitals, particularly in relation to emergency services and that it should be made clear what the Hospital's role was in relation to the area-wide Emergency Department network to be set up under the recommendations of the Emergency Department Implementation Group. Further, District Hospital Clinicians would need access to major metropolitan Hospitals to ensure there was an equitable distribution of workload and resources between clinicians at all institutions, and that teaching and research should be continued and developed at District Hospitals.

DISTRICT HOSPITALS

5

Areas should accept the principles outlined in our recommendations and immediately establish working parties which will report on their progress and planning to date by October 2001. Such planning and analysis would involve among other things:

- casemix data for each hospital, concentrating on the number of occasions of service for a particular DRG where evidence suggests volume affects quality and outcome
- data on the utilisation of any given hospital's emergency department so that the recommendations from the GMSIG Working Party on the "Efficient Use of Emergency Services", can be applied
- the need to create the specialised inpatient facilities that must be integrated with community efforts to better care for patients with chronic and complex cardiac, respiratory and cancer problems. In many hospitals, such responsibilities see an increasing number of hospital beds utilised by emergency admissions for such patients making efficient use of surgical inpatient facilities difficult
- the need to create surgical and medical inpatient facilities with guaranteed availability by freeing those beds from emergency department pressures
- the need to analyse and report on efficient use of infrastructure at major tertiary institutes in an Area. Any plan for better use of smaller hospitals must facilitate better use of major hospitals
- while there is alteration to the role of our hospitals, it is essential that clinical staff have guarantee of access to other facilities through networking and cross-appointment. Plans must facilitate the maintenance of clinical interest and skill
- the impact of flow reversal
- the need to maximise appropriate clustering of patients into an appropriate specialty area (vascular patients in vascular wards etc) to prevent nurses with specialist qualifications being asked to participate in general nursing duties and therefore leaving the hospital
- the appropriateness and need to discuss plans with adjacent Areas where considerable cross-border flows see smaller hospital services being relied on by patients from two or more Areas
- an appropriate timetable for change

- a communication strategy for all clinicians and the public served by these hospitals
- methods to promote the concept of different roles for different hospitals representing a "first among equals" approach. Each hospital embracing a redefined role would provide a vital link in integration and networking of services and would be expected to participate fully in teaching and research programs.

The better use of our hospitals, as recommended here, is probably the most sensitive but most important of all GMSIG efforts to create greater quality, equity, fairness of access and cost effectiveness in our metropolitan hospital system. Many necessary changes will require commitment to the process and a major communication exercise to promote the benefits to all. Success will see unfair waiting times for surgery minimised, chronic and complex care improved and major hospitals using their expensive infrastructure efficiently. These improvements will result in an increase in patient satisfaction and a significant reduction in clinician frustration.

Reports from the overseeing committee to the Greater Metropolitan Implementation Group (GMIG) should occur four times a year to allow the Clinical Council to guide the entire process and provide adequate and timely reports to the Clinical Council and the Minister.

Finally it was agreed that there should be a public education process in which the community was provided with information in relation to the role and function of their District Hospitals, and that the whole issue of District Hospitals be reviewed again in five years time.

RECOMMENDATIONS

1. That the use of the term "District Hospital" be discontinued and replaced by the terms Metropolitan General Hospital, Specialty Hospital, Growth Area Hospital and Community Hospital.
2. **Metropolitan General Hospitals** would serve a defined population of between 200,000 – 250,000 people and should provide a reasonably extensive range of services including stroke, cardiac services, maternity, ED and ICU. These hospitals would be networked to major referral hospitals. Current examples of these Metropolitan General Hospitals include Canterbury, Blacktown and Sutherland Hospitals.

Royal North Shore Hospital
The University of Sydney

Intensive Care Unit
Level 6 Main Building
St Leonards, NSW 2065
Telephone: (+61) 2 9926 8656 Facsimile (+61) 2 9439 8418

9th December 2004

Mr David Barr
35 Sydney Road
MANLY NSW 2095

Dear Mr Barr

I am the Area Director of Intensive Care in Northern Sydney Area Health Service. I also have the distinction of being the only Intensivist who has worked at all the hospitals in the Northern Sydney Area Health Service.

Up until about a year ago I was actively engaged in attempting to solve the problems of the provision of intensive care facilities on the peninsula, ie. Manly Hospital and Mona Vale Hospital. I attended a number of community meetings and met with members of the *"Save Mona Vale"* group. I eventually had to put this aside, as I was unable to come to any resolution of plan acceptable to these groups. Subsequently Dr Paul Phipps, who is the AMC recognised trained Intensivist appointed to the Manly/Mona Vale Hospitals took over the attempt to negotiate a safe and excellent system of intensive care on the peninsula. Recently he has been joined by Professor Kerry Goulston of the GMCT to try and take this further. It looks as though we have floundered again for the same reasons as in the past. The reasons are an inability to come up with a proposal acceptable to the residents, and our ability to produce proposals which become items for political points scoring.

Throughout NSW there are major problems with staffing small intensive care units. Many of these units, like Mona Vale, were run in gentler days by a single individual who virtually covered the unit 24 hours a day and provided a service. Such individuals, rightly or wrongly, no longer exist. The problem with smaller units is that they provide neither the critical mass of patients needed to provide satisfactory career opportunities and skills maintenance to people who wish to practice intensive care, nor a sufficient critical mass to enable an environment to be created where a functional team and effective educational audit and quality programmes to be introduced.

We uncovered these problems when members of the Intensive Care Implementation Group, which reports to the NSW Clinical Council, visited every intensive care unit in NSW. The problems of staffing small units led to the attached document. There are

Dr S Finfer MBBS MRCP FRCA FJFICM
Dr R Lee MBBS FANZCA FJFICM
Dr R Piper MBBS BMedSci MD PhD FRACP FJFICM
Dr R Raper MBBS BA MD FRACP FJFICM
Professor M Fisher AO MBChB MD FANZCA FRCA FJFICM
Dr H Low MBBS FRACP FJFICM
Dr N Ramakrishnan MBBS FRACP FJFICM
Dr R Wilson MBBS FRACP FJFICM
Dr G Doig BSC DVM MSc PhD

Northern Sydney Health

going to be different solutions to these problems in different areas. The reasons that these problems have arisen have been clearly described in the attached document.

There is a shortage of intensive care specialists. This has not yet become a problem in the large units, but it is increasingly heading in that direction. The main reasons for this are the failure of the specialty to attract Australian trainees (which surveys suggest is due to the hours and remuneration). It has been very fortunate that NSW has been a Mecca for training would-be intensive care specialists from overseas and this has been the only way we have been able to manage the workload. However, it has the disadvantage that as the need for intensivists expands and the ageing intensivists reduce activity there is no-one to fill those positions. There is better remuneration and rostering in other states.

In smaller intensive care units these problems are compounded in that there are few people who wish to work there full-time, as there is insufficient to do and an insufficient critical mass of patients to keep current. To have a reasonable roster to cover an intensive care unit requires 3-5 specialists, but there is insufficient work in smaller units to occupy them during the day. A solution to this in some places has been the option that has worked at Manly for some years where three respiratory physicians with some training in intensive care provided cover for the unit and worked there as respiratory physicians as well. However these three physicians no longer wish to work a 1:3 after-hours roster.

There is absolutely no doubt that the Manly, Mona Vale Hospital area would be better serviced by **one** intensive care service with a critical mass to attract specialists, trainees and develop the infrastructure to ensure that the service provides excellent care. It would obviously be best to concentrate the sickest patients in such an area.

I believe strongly that the statements that "People will die if the unit at Mona Vale closes" are very misleading and incorrect. People are more likely to die if a mediocre intensive care service exists on the peninsula. There is at this moment in time, with the appointment of Dr Phipps, an opportunity to provide a service in keeping with the best in Sydney and it would be a shame if it continued to be blocked by lack of understanding from the consumers and their representatives. While more patients will be transported from Mona Vale (about one a week) improving the quality of the service on the peninsula will hopefully mean less transporting of patients to Royal North Shore, Hornsby and out of the Northern Sydney Area altogether. Further, the success of Intensive Care in Australia is very much dependent on the superb services we have for transporting sick patients between hospitals.

Continued.../3

Putting "Intensive Care Unit" on the door of a hospital room and providing some expensive equipment does not make an intensive care unit. It is about having appropriately trained people providing a complete service. It is enormously frustrating that we have been unable to even approach this for the Northern Beaches and while the negotiations and arguments have been continuing the service has been deteriorating. Anyone who is sick is transferred out either to Manly, to other hospitals in the Area, or sometimes out of Area. To provide one service as outlined by Dr Phipps is the best medical solution for the peninsula, and there is agreement about that from everyone who knows anything about intensive care. A few surgeons will be inconvenienced. To me the sacrifice of some convenience to provide excellence is warranted.

Specifically, having a Level 5 ICU at Manly and a Level 3 ICU (High Dependency Unit) at Mona Vale with coverage by a group of Intensivists serving the Northern Beaches Critical Care Service is the is the best interim plan before the Northern Beaches Hospital is opened. Some patients who need ventilation will need to be transferred from Mona Vale to Manly - estimated to be 50 per year, ie one a week. Already similar arrangements have been operating successfully in other Northern Sydney Area Hospitals. Hornsby accepts 20 patients from Ryde and 20 from RNS each year who are on ventilation-assist (life support). Increasing numbers of patients from the peninsula are now going to Hornsby.

The proposal which is being considered at the present time has been put together by clinicians with expertise in intensive care. I assure you that they are motivated by providing and improving services to the people of the peninsula, and neither closing hospitals nor acquiring real estate for sale. There is an opportunity here to provide a world class intensive service integrated with the rest of the Area. I sincerely believe if we do not proceed with this soon we will condemn the intensive care services on the peninsula to mediocrity and that Mona Vale Intensive Care will die in the next few years, unable to attract doctors or nurses.

We would really welcome the support of the politicians on the peninsula.

Yours sincerely

Malcolm Fisher

Professor Malcolm Fisher AO MBChB MD FANZCA FJFICM FRCA 0409 788 492
Senior Staff Specialist in Intensive Care
ROYAL NORTH SHORE HOSPITAL
Area Director Intensive Care Services NSAHS

Circulation: Mr John Brogden, Mr Brad Hazzard, Mr Morris Iemma, Mr Barry O'Farrell, Mr Andrew Humperson

Attachment: 1

GMCT Proposal for Northern Beaches*

"Clustering acute care services in regional hubs leads to improved retention of health care staff, better access to quality services for patients and better patient outcomes." ***(The Picture of Health; British Columbia, Canada 2002)***

"There is now a unique opportunity to make radical and lasting changes in the way we deliver health services. Changes are in the best interest of patients and staff in terms of safety, best practice and quality. Change is both necessary and possible." ***(Report of the National Task force on Medical Staffing; Ireland, June 2003)***

Senior clinicians (doctors, nurses and allied health) on the Northern Beaches agree that the present arrangement of acute hospital services is not sustainable. They have indicated broad support for change under the following conditions: That this is an interim solution only. That the Minister commits to building the new Northern Beaches Hospital and expedites the announcement of the site and building timetable. That maternity services for the peninsula would be based at the new hospital. And that clinicians from both hospitals, together with community members be authorised to implement this proposal and to develop plans for the new hospital.

To find the best solution, we've asked the people doing the job

In talking to clinicians at Manly and Mona Vale hospitals it became clear that in Intensive Care and Emergency Medicine it has been difficult to maintain medical staffing 24 hours a day, 7 days a week. This is not just a Northern Beaches problem. Around the world, medical workforce shortages are affecting the provision of safe and effective hospital care for patients and it is certain that this situation will get worse over the next few years. To provide complex health services a critical mass of patients is needed as well as a critical mass of clinicians. Critical mass can more readily be achieved by combining forces across the two Northern Beaches hospitals. No longer can metropolitan (district) hospitals expect to offer every service for every patient. Through better service co-ordination across the Area and by adopting innovative solutions, Northern Beaches patients can access the full range of public health care services they need.

If patients are sick enough to need intensive care, they need the most expert team. It is not the address that counts. By combining specialist clinical resources across the two hospitals a better service will be possible for all Northern Beaches residents. Staff recruitment and retention will improve and junior staff will receive the guidance, supervision and training they need to acquire strong clinical skills. This will help to assure better patient care into the future.

Where to from here?

This is an interim plan to take us through to the opening of the new Northern Beaches Hospital in 4-6 years. We are working towards integrating clinical services to assure high quality patient care. It is not cost-cutting, nor a political exercise, indeed it would involve substantial capital and recurrent funding.

Significant upgrading of transport between Manly and Mona Vale hospitals for both patients and their carers would be required as part of the plan.

A shortage of skilled doctors is driving this change

The shortage of skilled nurses has been widely publicised. Australia is now facing problems in staffing acute medical positions in public hospitals. Shortages threaten the provision of safe and effective hospital care for patients.

Why are there not enough doctors?

- Not enough medical students are being trained in Australia. Recognising this, the Commonwealth Government has increased medical student places by over 400. It will however, be 10 years before these students graduate as specialists or general practitioners.
- Workplace culture has changed, with young doctors now demanding a better work/life balance resulting in fewer available work hours.
- The growth in private hospitals provides many more jobs for doctors and nurses outside the public system.

*** The Greater Metropolitan Clinical Taskforce was established by the Minister for Health to promote clinician (doctors, nurses and allied health professionals) and public involvement in health policy planning and delivery. The GMCT works with clinicians and patients to improve clinical services and to advise on appropriate roles for the smaller hospitals.**

Contact us: gmct@doh.health.nsw.gov.au

A team approach is necessary for the best possible care of patients. The workload becomes unmanageable if there are not enough doctors to cover the shifts 24 hours a day 7 days a week. It is also important that senior staff have sufficient time to provide on-the-job training.

That's why we are boosting acute services across both Northern Beaches hospitals. Acute specialists will work as a team to manage patients at both sites.

GMCT's Proposed Changes

The proposal is to create Northern Beaches clinical departments of Medicine, Surgery, Women's and Children's Health, Critical Care, Aged Care and Rehabilitation - with a single Northern Beaches Medical Staff Council. Cross-appointments would be offered to all doctors at both hospitals. Transport between the two hospitals would be enhanced.

A single Northern Beaches Department of Medicine is proposed

- The acute medical roster at both hospitals to be maintained
- Aged Care and Rehabilitation services to be maintained at both hospitals
- Cardiac Rehabilitation to be introduced at the Mona Vale site
- The Stroke Unit to continue at the Manly site.

A single Northern Beaches Department of Surgery is proposed

- The acute surgical and orthopaedic roster to be maintained at both sites
- A new outpatient clinic to treat patients with fractures to be established at the Mona Vale site
- Under a Northern Sydney Health initiative an additional orthopaedic surgeon is being recruited for 2005 to meet increased demand (especially in paediatrics)
- These initiatives would increase the availability of day-only surgery and reduce elective surgery cancellations and waiting times.

The proposal is for the main Maternity unit to be located at Mona Vale Hospital with a co-located midwife-led birthing centre, featuring refurbished private rooms with ensuites.

- A medical director of obstetrics to be appointed
- A new position of midwife coordinator to be established
- The accredited obstetric registrar position will be maintained
- Antenatal and postnatal clinics to continue at Manly with emphasis on midwife-led continuity of care for mothers and on community-based antenatal care.

A single Northern Beaches Department of Critical Care is proposed - incorporating Emergency Department (ED) and Intensive Care Unit (ICU) services from both sites.

- Northern Sydney Health Emergency specialists would rotate across both sites with recruitment of additional medical staff to increase the number of specialists at Mona Vale.
- The Emergency Department at Mona Vale to be significantly upgraded.
- Manly Hospital has recently opened a state-of-the-art Emergency Medical Unit to supplement its ED services and Mona Vale Hospital has submitted a proposal for additional funding for an Emergency Medical Unit through the NSW Health "Sustainable Access Plan"
- These initiatives would assist with alleviating Access Block.

A single Northern Beaches Intensive Care service is proposed. Specialist staff will provide services at both hospitals. Manly and Mona Vale hospitals currently each operate a Level 4 Intensive Care Unit.

- The proposal seeks to upgrade to Level 5 the unit based at Manly and to increase from 5 to 6, the total number of ventilated beds, thus providing a higher level ICU service for all patients needing life-support
- At Mona Vale a Level 3 ICU(High Dependency Unit) with 4 – 6 non-ventilated beds is proposed
- A new position of Critical Care Nurse Co-ordinator to be established
- Additional after-hours medical cover at Mona Vale is proposed, with video links between the two IC units
- Patients requiring more than short-term ventilation will be transferred to Manly Hospital. Data indicates that one to two patients per week (50 – 70 patients per year) may require transfer.

The GMCT aims to make the best use of clinical resources to provide top quality patient care in our public hospitals. It is working with clinicians and managers in Area Health Services across greater Sydney to help plan for the future. This interim proposal addresses the current staffing concerns in the Northern Beaches and will provide a smooth transition into the new hospital.

Table of Contents

APPENDIX D

NSH WEBSITE ACTIVITY

APPENDIX E

FEEDBACK FROM NBCCHPG PRESENTATIONS TO COMMUNITY GROUPS

APPENDIX F

COMMUNITY INFORMATION DISPLAYS

APPENDIX G

FEEDBACK FROM COMMUNITY INFORMATION DISPLAYS

APPENDIX H

NEWSLETTER

APPENDIX I

MARKET RESEARCH REPORT

APPENDIX J

TAVERNER RESEARCH REPORT ON WRITTEN RESPONSES

1 Executive Summary

Major conclusions

There were a number of community involvement activities undertaken to inform the Northern Sydney Health review of Health Services in the Manly and Warringah Local Government Areas (LGA s). These activities resulted in five data sets, the details of which are contained in this report.

The major conclusions of the five data sets are as follows:

- There is overwhelming support from both Manly and Warringah LGAs for two hospitals on the Northern Beaches.
- Brookvale is the preferred location as the southern hospital site for Manly residents, while Warringah residents displayed equal support for Brookvale and Frenchs Forest sites.
- Other key issues raised in the consultation program were:
  - traffic and transport
  - assess to emergency services
  - the future of the existing Manly Hospital site
  - the perceived increasing population of the Northern Beaches.

Purpose

The purpose of the Community Attitudes Report on Health Services: Manly and Warringah LGAs is to report on the consultation activities undertaken during the period from 6 June to 13 September 2002. This report is part of a community involvement process for the Northern Beaches community that commenced in January 2002 with the establishment of the Northern Beaches Community Consultative Health Planning Group (NBCCHPG). The community involvement activities from 30 January to 5 June 2002 are reported in a document titled Phase 1 Community Involvement Report. This report presents Phase 2 of this process.

This Manly/Warringah LGAs report has been prepared following the Northern Sydney Health announcement of 13 September 2002 that two hospitals would continue to be supported on the Northern Beaches. This announcement was predicated on the substantial community input received during the consultation process.

A separate report has been developed for the Pittwater LGA and both these documents will be included in a final proposal for government.

Summary of community involvement activities

The following community involvement activities were undertaken during Phase 2.

Table 1: Community involvement activities in Phase 2

Activities	Phase 2
Northern Beaches Procurement Feasibility Plan Steering Committee meetings	4
Northern Beaches Community Consultative Health Planning Group meetings	8
Development and evaluation of Health Service Configuration Options	15 options proposed by community groups and individuals 10 community representatives attended Value Management Study Workshop, where 3 options emerged
Advertisements during consultation period (3 August — 9 September)	11 half and full page advertisements
Website	Average 1,245/month between January and August 2002, peaking at 2,407 in August. Total number of website hits was 9961
NBCCHPG presentations to community groups	46 groups involving 1267 people
Community information displays	2 mobile displays were placed at various locations and staffed on 16 days with 833 people engaged in discussion of the options A further 3 static displays were available at local hospitals and libraries
Newsletters	100,000 four page newsletters were produced. A total of 88,000 were delivered to individual households on the Northern Beaches
Market research	A telephone survey of 886 Manly and Warringah LGA residents was conducted by an independent research company

Summary of community involvement activities

The following community involvement activities were undertaken during Phase 2.

Table 1: Community involvement activities in Phase 2

Activities	Phase 2
Northern Beaches Procurement Feasibility Plan Steering Committee meetings	4
Northern Beaches Community Consultative Health Planning Group meetings	8
Development and evaluation of Health Service Configuration Options	15 options proposed by community groups and individuals 10 community representatives attended Value Management Study Workshop, where 3 options emerged
Advertisements during consultation period (3 August — 9 September)	11 half and full page advertisements
Website	Average 1,245/month between January and August 2002, peaking at 2,407 in August. Total number of website hits was 9961
NBCCHPG presentations to community groups	46 groups involving 1267 people
Community information displays	2 mobile displays were placed at various locations and staffed on 16 days with 833 people engaged in discussion of the options A further 3 static displays were available at local hospitals and libraries
Newsletters	100,000 four page newsletters were produced. A total of 88,000 were delivered to individual households on the Northern Beaches
Market research	A telephone survey of 886 Manly and Warringah LGA residents was conducted by an independent research company

Summary of community response data sets

There are five data sets that have emerged from the community involvement activities, as below:

Table 2: Summary of community response data sets

Data set	Feedback
Feedback at NBCCHPG presentations to community groups	46 groups, 1267 people
Market research	886 telephone survey
Written responses	899
Petitions	7 (total for three LGAs ranging from 9 to 67 signatures)
Feedback from community information displays	833 people

Feedback at NBCCHPG presentations to community groups

Members of the NBHCCPG spoke to 46 community groups during Phase 2, comprising 1267 people. NBCCHPG members recorded the main comments made by the community groups during the presentation, and the record of comments was then verified by the Secretariat with the main contact within the community group.

The majority of groups supported two hospitals on the Northern Beaches, with the Brookvale site preferred over Frenchs Forest in the south.

There was general agreement from the community groups that the existing Manly Hospital site is best suited to aged care, but many expressed concern about the possibility of future development on the site.

The other issues repeatedly raised by the community groups were:

- Transport and traffic
- Access to emergency services
- More detail required on exact site locations

Market Research

A telephone survey was conducted of 886 residents (this was 0.5 percent of LGA residents aged 16 years and over) in the Manly (203 people) and Warringah (683 people) LGAs.

The majority of residents surveyed (77%) said that they would prefer two hospitals on the Northern Beaches while 19% indicated they preferred having only one hospital on the Northern Beaches.

Brookvale was the preferred location for a southern hospital by the majority of Manly residents, while Warringah residents showed equal support for Brookvale and Frenchs Forest as the preferred location (see table 3).

Table 3: Preferred location for a new general hospital by residents in each LGA

Preferred location:	Manly	Warringah	Total
Mona Vale	7%	24%	21%
Brookvale	**50%**	**30%**	**35%**
Frenchs Forest	19%	**35%**	32%
Manly	15%	3%	6%
Keep existing locations	4%	3%	3%
Other	2%	2%	2%
Don t know/care	2%	2%	2%
Total	100%	100%	100%

Source: Survey of Manly and Warringah LGA Residents, Taverner Research Company, September 2002

Written Responses

The Secretariat received 899 written responses from residents in the Manly and Warringah LGAs, in the form of either individual letters, form letters with comments or form letters without comments (see table 4).

Table 4: Types of responses by LGA

Type of response	Manly	Warringah	Total
Individual Letters (including faxes/emails)	211	391	602
Form Letters Without Comments	52	151	203
Form Letters With Comments	13	81	94
Total Submissions by LGA	276	623	899

Source: Analysis of Written Responses by Manly and Warringah LGA residents, Taverner Research Company, October 2002

Of those written responses that gave support for one of the advertised options, 91% preferred a two hospital configuration.

The other issues repeatedly raised in the written responses were:

- A view that there is an increasing population on the Northern Beaches
- Traffic and transport issues
- Access to emergency services
- Concerns about the future of Manly and Mona Vale hospital sites.

Petitions

Seven petitions were received by the Secretariat during Phase 2, containing between 9 and 67 signatures.

Five of the seven petitions supported a two hospital configuration for the Northern Beaches. Of the remaining two petitions, one gave support for retaining Manly Hospital and the other gave support for a single hospital on the Northern Beaches.

Feedback from community information displays

The Secretariat and members of the NBCCHPG spoke with 833 people at community information displays in the Manly and Warringah LGAs during the consultation period on options between 7 August — 9September 2002. The main issues raised by members of the community during these discussions were recorded, and this information forms a qualitative but unverifiable data set.

People from both Manly and Warringah LGAs supported a two hospital configuration for the Northern Beaches.

Traffic and transport was an issue in both LGAs, with concerns raised about public transport, congested roads and the possibility of the Wakehurst Parkway flooding. Concern about the future of the Manly hospital site was raised at display locations in both LGAs.

Group (continued)	Date	NBCCHPG member	Number of attendees
Forest High P&C	21/08/02	Carlo Bongarzoni	40
Balgowlah Heights P&C	26/08/02	Carlo Bongarzoni	25
Manly Rotary	19/08/02	Carlo Bongarzoni	45
Narrabeen Bridge Club	5/07/02	Marjorie James	5
Narrabeen Bridge Club	5/07/02	Marjorie James	3
Manly Auxiliary	12/08/02	Marjorie James	18
M.W.P. Aged Care Consumers	5/08/02	Marjorie James	5
Parkhill Cottage Day Centre	6/08/02	Marjorie James	7
Manly Probus	15/08/02	Marjorie James	103
Balgowlah/Seaforth Auxiliary Card Day	19/08/02	Marjorie James	40
Narrabeen RSL War Veterans Retirement Village	13/07/02	Tina Heath	15
Wesley Gardens Retirement Complex, Belrose	19/08/02	Tina Heath	35
Frenchs Forest Early Childhood Centre	12/08/02	Tina Heath	12
Narrabeen Early Childhood Centre	12/08/02	Tina Heath	10
Narrabeen Early Childhood Centre	16/08/02	Tina Heath	10
Narrabeen Tram Shed Playgroup and playground	16/08/02	Tina Heath	35
Harbord Early Childhood Centre	15/08/02	Tina Heath	10
Dee Why Early Childhood Centre	28/08/02	Tina Heath	11
Probus Club of Dee Why	21/08/02	David Solomon	35
Probus Club of Dee Why - Ladies	21/08/02	David Solomon	70
Probus Club of Harbord	13/08/02	David Solomon	70
Probus Club of Warringah	1/08/02	David Solomon	45
Marine Watch	15/08/02	Ray Matheison	21
Manly Corso Precinct	20/08/02	Ray Matheison	27
Little Manly Community Precinct Forum	14/08/02	Ray Matheison	27
Forest Toastmasters	22/08/02	Adam Johnston	16
TOTAL			**1267**

NBHCCPG members recorded the main comments and questions arising from the meetings with community groups. Copies of these notes were then returned by the

3.6 ADDRESSES TO COMMUNITY GROUPS BY NBCCHPG MEMBERS

Members of the NBCCHPG spoke to 45 community groups during Phase 2, representing a total of 1267 people. These are detailed in the following table.

Table 6: NBCCHPG presentations to community groups

Group	Date	NBCCHPG member	Number of attendees
Manly APEX	7/08/02	Sandy Hudspith	10
Association of Independent Retirees	16/08/02	Sandy Hudspith	40
Queenscliff Surf Life Saving Club	2/09/02	Sandy Hudspith	8
Warringah Mall Community Club	31/07/02	Sandy Hudspith	200
Stroke Recovery Group	7/08/02	Sandy Hudspith	11
Baby Health Centre, Manly	20/08/02	Sandy Hudspith	10
North Harbour Precinct Forum	7/08/02	Sandy Hudspith	18
Seaforth Precinct Forum	14/08/02	Sandy Hudspith	35
Manly Senior Citizens Club	14/08/02	Sandy Hudspith	12
Arthritis Group	20/08/02	Sandy Hudspith	10
Bantry Bay Precinct Forum	18/08/02	Sandy Hudspith	7
Balgowlah RSL	21/08/02	Sandy Hudspith	12
First time mothers group, Balgowlah	4/09/02	Sandy Hudspith	12
Fairlight Precinct	8/07/02	Carlo Bongarzoni	20
Fairy Bower Precinct	5/08/02	Carlo Bongarzoni	20
Balgowlah Heights Precinct	6/08/02	Carlo Bongarzoni	10
Ivanhoe Precinct	13/08/02	Carlo Bongarzoni	40
Fairlight Precinct	12/08/02	Carlo Bongarzoni	25
Manly West Precinct	13/08/02	Carlo Bongarzoni	25
St Mary s Church Parish, Manly	15/08/02	Carlo Bongarzoni	2

1. Executive Summary

A telephone survey was conducted of 886 residents (0.5 percent of all residents aged 16 years and over) in the Manly and Warringah Council local government areas (LGAs) of the Northern Beaches. The survey sought the views of residents regarding a number of options for improving health care services on the Northern Beaches. The interviews were conducted between the 2nd and 7th of September 2002 after a period of intensive public consultation by a number of different groups on the Northern Beaches.

Residents were asked their preferences for the location of a new general hospital on the Northern Beaches. In addition, their levels of satisfaction with a number of options for the building of a new general and community hospital were sought.

The majority of residents (77%) said they would prefer two hospitals on the Northern Beaches while 19 percent indicated they preferred having only one hospital on the Northern Beaches.

Residents from the two LGAs differed significantly as to which location they preferred as the site of a new general hospital.

Manly residents were more likely to nominate Brookvale as their preferred location (50%) with 19 percent nominating Frenchs Forest and only seven percent nominating Mona Vale. Warringah residents equally favoured Brookvale (30%) or Frenchs Forest (35%) areas as the site for a new general hospital. A further 24 percent of Warringah and seven percent of Manly residents nominated Mona Vale as their preferred location

In terms of health service priorities, the majority of residents (69%) nominated emergency services as the most important hospital service to have close to their home.

When asked to rank four services in terms of their relative importance for having them close to home, emergency services were ranked as most important by 91 percent of all residents. The second most important services were surgical services, followed by hospital aged care and rehabilitation services and then hospice care. Residents from the two LGAs did not differ in terms of the relative importance they attributed to these four types of hospital services.

The priority which residents placed upon the proximity of hospitals to their home was explored by asking residents to identify the features of a hospital which is most important to them in the case of an emergency and in the case of planned surgery. Not surprisingly, going to the hospital closest to home was the priority for the majority of residents (58%) in the case of an emergency. However, in the case of planned surgery, going to the hospital with the best reputation was the greatest priority for the majority (56%).

In summary, emergency services were the hospital services that most residents were concerned about having close to their home. Residents in each of the two LGAs differed in the location that they preferred for the site of a new general hospital. While Manly and Warringah residents were more likely to prefer Brookvale or Frenchs Forest as the site of a new general hospital over Mona Vale, they were also likely to say they would be satisfied with a new general hospital and a new community hospital in any of the locations currently being proposed.

2. Methodology

A telephone survey was conducted with residents in the Manly and Warringah Council local government areas (LGAs) of the Northern Beaches.

The survey was conducted between the 2nd and 7th of September 2002.

The survey was conducted during a period in which there was considerable media coverage about health care facilities on the Northern Beaches (e.g. Manly Daily, Alan Jones) and after a period of intensive public consultation and campaigning by various groups regarding the options for improving health care in the area.

2.1. Survey Sample

Electronic telephone directories were used to randomly select residents in the two LGAs.

Quota sampling was employed to select 0.5% of the population in each of the two LGAs. This is a total sample size of 880. An overall response rate of 65 percent was achieved. In total 886 residents were interviewed.

The numbers interviewed in each LGA are shown in the table below:

LGA	Population	0.5% of LGA	Number of residents surveyed
Manly	39,390	200	203
Warringah	136,662	680	683
Total	176,052	880	886

2.2. Questionnaire administration

Residents were contacted by telephone between 4pm and 8pm on a weekday and from 10am until 6pm on Saturday. If people were unable to participate at the time of contact, appointments were made to call them back at a more convenient time.

If calls were not answered, up to five callbacks were employed before the number was abandoned.

Residents who were able to participate in the survey were asked to answer a number of questions. A copy of the questionnaire can be found in Appendix I.

For questions where people were asked to nominate a preference from a number of choices, a rotation method was employed so that each choice was equally likely to be read out first, last or in any order in-between. This rotation method was used throughout the questionnaire in order to minimize any 'primacy' or 'recency' effects in which the first or last option read are more likely to be selected by respondents.

2.3. Confidence Interval and Power

The confidence interval for the sample was ±3 percent at the 95 percent level of confidence. The sample size provided sufficient statistical power to provide a 95 percent chance of detecting differences of at least 0.5 standard deviations between LGA's if those differences existed.

2.4. Analysis

Simple descriptive statistics are provided (percentages). Statistical differences were explored in the following demographic categories:

- residents of the two LGAs
- age group
- gender
- whether accessed a health service in the last three weeks
- whether have children under 16 living at home.

Tests to explore differences between demographic groups included Chi square, t-tests and ANOVA. A statistical significance level of _=0.05 (95% confidence limit) was employed. Differences between demographic groups discussed in the report denote a statistically significant difference.

3. Results

3.1. Preferences for new health care facilities

Residents were read the following and then asked which options they would prefer for new health care facilities on the Northern Beaches:

> *"There are currently three options on health services out for community comment. Two of the options have two hospitals: A general hospital which has a full range of services and a community hospital which specializes in aged care as well as having emergency services."*

3.1.1. Preference for one or two hospitals

Residents were asked whether they would prefer one or two hospitals on the Northern Beaches.

The majority of residents (77%) said they would prefer two hospitals on the Northern Beaches.

Nineteen (19) percent of residents said they would prefer one hospital. This percentage did not vary across council areas, or any of the other demographic variables (e.g. age, gender, recent hospital access).

Of the remaining residents, one percent indicated they would prefer three hospitals and two percent said they either did not know or did not care.

3.1.2. Preferred location of a new general hospital

Residents were asked which location they would prefer for a new general hospital. They were read out the options of Mona Vale, Brookvale or Frenchs Forest. These options were rotated so that each location was nominated in different order for each interview.

The preferred location for a new general hospital differed significantly depending on the council area in which residents lived (shown in the table below).

Fifty (50) percent of Manly residents nominated the Brookvale area as their preferred location while Warringah residents equally favoured Brookvale (30%) or Frenchs Forest (35%) areas. A further 24 percent of Warringah and seven percent of Manly residents nominated Mona Vale as their preferred location.

Fifteen (15) percent of Manly residents indicated that they did not prefer any of the three options but preferred a new general hospital in Manly.

Two percent of residents nominated other locations. These included, Dee Why, Collaroy and Narraweena as sites for a new general hospital. A further two percent said they did not know or did not mind where they were located

Table 1: Preferred location for a new general hospital by residents in each LGA

Preferred location:	Manly	Warringah	Total
Mona Vale	7%	24%	21%
Brookvale	**50%**	30%	**35%**
Frenchs Forest	19%	**35%**	32%
Manly	15%	3%	6%
Keep existing locations	4%	3%	3%
Other	2%	2%	2%
Don't know/care	2%	2%	2%
Total	100%	100%	100%

3.1.3. Satisfaction with two-hospital options

Residents who said they wanted two or more hospitals on the Northern Beaches (77%) were asked to rate their satisfaction with two options for building new hospital services[1]. The options were:

> *"A new general hospital on the Mona Vale site and Manly hospital rebuilt as a new community hospital in the Manly/Warringah area."* (General hospital at Mona Vale)

> *"Manly hospital rebuilt as a new general hospital at Brookvale or Frenchs Forest and a new community hospital on the Mona Vale site."* (General hospital at Brookvale or Frenchs Forest)

The levels of satisfaction for each option varied between residents of the two council areas. Warringah residents who wanted two hospitals were slightly more likely to express satisfaction with the new general hospital at Mona Vale and a community hospital in the Manly Warringah area (70%) than they were for the other option to build the new general hospital at Brookvale or Frenchs Forest and a community hospital at Mona Vale (63%).

An equal percentage of Manly residents who wanted two hospitals where satisfied with both options (60%) and an equal percentage were dissatisfied with both options (31%).

3.2. Health service priorities

Residents were asked a number of questions to ascertain what types of health care services they viewed as most important to have close to their homes.

3.2.1. Most important services to have close to home

Residents were first asked the following question:

[1] It is important to note that the percentages reported in this section are the percentage of those who said they wanted at least two hospitals on the Northern Beaches. Those who said they preferred one hospital only were only asked their preference for the location of the one hospital.

Preferred location:	Manly	Warringah	Total
Mona Vale	7%	24%	21%
Brookvale	**50%**	30%	**35%**
Frenchs Forest	19%	**35%**	32%
Manly	15%	3%	6%
Keep existing locations	4%	3%	3%
Other	2%	2%	2%
Don't know/care	2%	2%	2%
Total	100%	100%	100%

3.1.3. Satisfaction with two-hospital options

Residents who said they wanted two or more hospitals on the Northern Beaches (77%) were asked to rate their satisfaction with two options for building new hospital services[1]. The options were:

> *"A new general hospital on the Mona Vale site and Manly hospital rebuilt as a new community hospital in the Manly/Warringah area."* (General hospital at Mona Vale)

> *"Manly hospital rebuilt as a new general hospital at Brookvale or Frenchs Forest and a new community hospital on the Mona Vale site."* (General hospital at Brookvale or Frenchs Forest)

The levels of satisfaction for each option varied between residents of the two council areas. Warringah residents who wanted two hospitals were slightly more likely to express satisfaction with the new general hospital at Mona Vale and a community hospital in the Manly Warringah area (70%) than they were for the other option to build the new general hospital at Brookvale or Frenchs Forest and a community hospital at Mona Vale (63%).

An equal percentage of Manly residents who wanted two hospitals where satisfied with both options (60%) and an equal percentage were dissatisfied with both options (31%).

3.2. Health service priorities

Residents were asked a number of questions to ascertain what types of health care services they viewed as most important to have close to their homes.

3.2.1. Most important services to have close to home

Residents were first asked the following question:

[1] It is important to note that the percentages reported in this section are the percentage of those who said they wanted at least two hospitals on the Northern Beaches. Those who said they preferred one hospital only were only asked their preference for the location of the one hospital.

"What hospital services would be MOST important for you to have close to your home? "

Residents were prompted for more than one response but were not prompted as to possible services. This question aimed to obtain 'top of mind' responses as to which services were important to residents rather than generating a 'wish list' of all services they would ideally like close to home.

The majority of residents (69%) mentioned Emergency services as the most important to have close to home. Only four percent of residents interviewed were unable to nominate any hospital services.

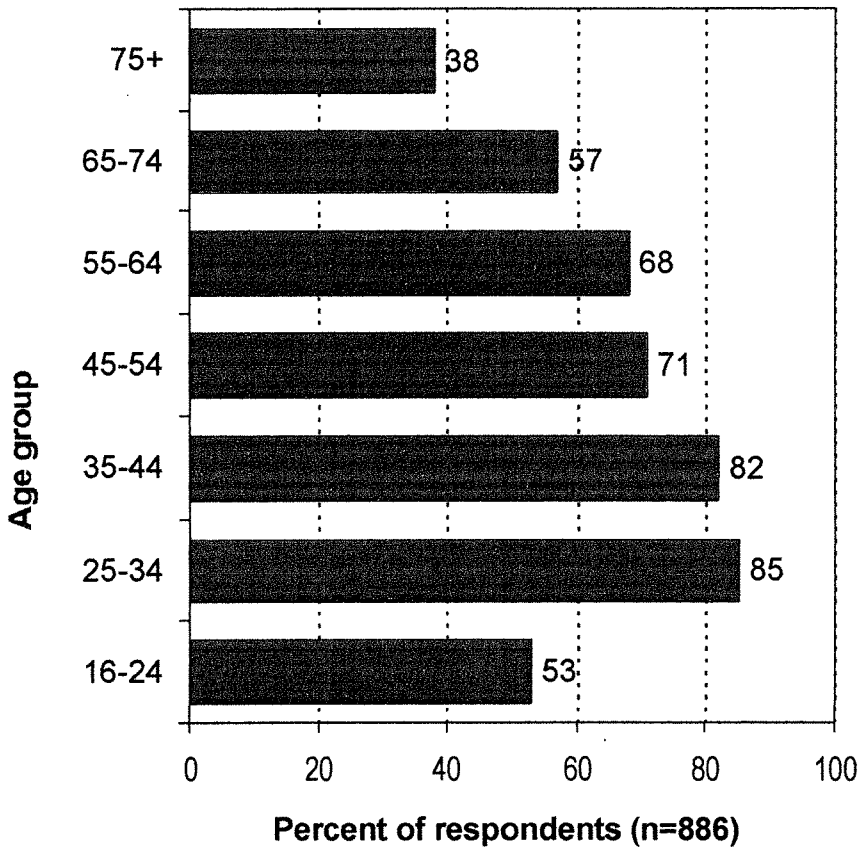
A list of services nominated is shown in the table below.

Table 2: Services nominated as the MOST important to have close to home

Service	Percent of residents
Emergency	69%
General Hospital	28%
Children's Services	18%
Obstetrics/Maternity	12%
Cardiac	12%
Surgery	12%
Aged Care	9%
Intensive Care	6%
Other	23%
Don't know	4%

'Other' services were services nominated by less than five percent of all residents. These included: medical specialists, physiotherapy and rehabilitation, mental health, cancer services, orthopedics, X-ray, allied health services, dental, ambulance and pathology.

Figure 1: Percentage of residents in each age group nominating emergency services as the most important service to have close to home



There were a number of differences in the responses provided by different demographic groups. Some of the more notable differences are summarized below:

- Residents between the ages of 25 and 44 were more likely to nominate emergency services (83%) than were residents between 16 and 24 (53%) and those over the age of 44 (61%). In particular, residents who were over 74 years of age were least likely to nominate emergency services (38%).

- Residents who had ***not*** accessed health care services in the last three weeks were slightly more likely than those who had accessed services to nominate emergency services (72% compared with 64%).

- Older residents were increasingly more likely to nominate 'general' hospital services as most important with 39 percent of those over 74 years of age nominating it compared with as few as 17 percent of 16 to 24 year olds.

- Similarly, older residents were more likely to nominate cardiac services as most important with a maximum of 25 percent of those in the 65 to 74 age group nominating this service compared with a low of only four percent of residents below 45 years of age.

- The 25 to 34 year age group were most likely to nominate maternity services as most important (32%). This did not differ between the two genders that were equally likely to nominate this service.

- Residents with children under the age of 16 at home were more likely to nominate children's services (40%) compared with only six percent of residents who did not have children under 16 years of age at home.

Executive Summary

The Secretariat of Northern Beaches Community Consultative Health Planning Group received 899 written submissions from the Manly and Warringah Local Government Areas regarding the community consultation process they were undertaking. TAVERNER Research Company was commissioned by the Secretariat to provide independent analysis of the written submissions.

The written submissions were in the form of:

- Individual letters (including faxes and emails) – 67%;
- Form letters without additional comments – 23%.
- Form letters with additional comments – 10%.

A summary of the written submissions follows:

- Of the 648 written submissions that expressed support for one of Northern Sydney Health options, 587 (91%) preferred the Two Hospital Options.

- Of written submissions that provided a comment on specific locations of hospitals (191), those from Manly tended to support a hospital at Brookvale (13%) rather than Frenchs Forest (4%), while submissions from Warringah supported both locations equally (4%).

- Other general issues that were expressed in the written submissions from Manly and Warringah LGAs, included:
    - Quality of healthcare and population issues (37% of submissions);
    - Traffic and transport issues (22%); and
    - Financial and funding issues (16%).

Statement of Understanding

State Members of Parliament agreement on Northern Beaches hospital services

The four State MP's on the Northern Beaches have agreed on a common position on the hospital issue and call on the State Government to progress with the enhancement of health services on the Northern Beaches.

We jointly call on the Health Minister, Morrris Iemma MP, to meet with us to outline our joint position to him and to discuss a timetable for action.

We support the right of the people of the Northern Beaches to have up to date health services and facilities. The two existing hospitals on the Northern Beaches are diminished in their capacity to serve the health needs of our local communities. This situation has dragged on for far too long.

We agree on the following future hospital service needs for our area:

1. There should be two hospitals on the Northern Beaches comprising a new General Hospital (to replace the existing Manly Hospital) and an ongoing complementary role for Mona Vale hospital serving its local community.

2. The new General Hospital should be located near the population centre in the Southern Peninsula area within the general precincts of Dee Why, Brookvale and Frenchs Forest.

3. The only point of difference between Mr Barr and Mssrs Brogden, Hazzard and Humpherson is that the latter oppose the current Dee Why Civic Centre site proposal. Mr Barr does not oppose the Dee Why Civic Centre site. But in the event of the site being rejected by the current assessment process, we all support a location in the precincts defined above in point 2.

4. The final choice as to site should be determined by experts with regard to the clinical needs of residents of the Northern Beaches, site area, vehicular access and convenience, traffic, transport and local heritage, environment and character. The final choice within the suggested precinct should be entirely subject to proper professional assessment of all issues in consultation with the community.

5. The Manly hospital site should support aged care services and accommodation in conjunction with other complementary uses.

The Northern beaches community has participated in a lengthy community debate on hospital services. There are strongly held views, which in some respects are irreconcilable.

We feel however, in the interests of ensuring that the health needs of residents take precedence, that a commonality of approach is required.

David Barr MP
Member for Manly

John Brogden MP
Member for Pittwater

Brad Hazzard MP
Member for Wakehurst

Andrew Humpherson MP
Member for Davidson

11 11 2004

A Realistic Approach for a New Hospital

Peninsula residents are currently involved in the final stages of a community consultation process that will decide the future of health care on the Northern Beaches.

There is a general agreement that a new hospital needs to be built. The contentious issues are where to put it and what to do with the existing hospitals at Manly and Mona Vale.

Two of the options on offer will see the new hospital located at Brookvale or Frenchs Forest. A third option will see the new hospital located at the northern end of the Peninsula at the existing Mona Vale Hospital site.

A vigorous and well-funded campaign has been mounted by activists from the northern end of the Peninsula to gather support for locating the new metropolitan hospital at Mona Vale. There have been numerous ads in the local press and mailouts to residents in support of this proposal.

The following letter appeared in the Manly Daily on the 23rd July and was written by a respected doctor and Mona Vale resident who works at both Manly and Mona Vale Hospitals.

Dr Shanahan strongly argues that locating the new hospital at Mona Vale would not be in the best interests of Peninsula residents.

As a specialist doctor at Manly Hospital who also has visting rights at Mona Vale Hospital, and is a Mona Vale resident, I would like to comment on the final plan from the 'Save Mona Vale Hospital Committee (under their confusing title of the Northern Beaches Health Planning Group).

It is good that their plan has at last been released, but sad that it is shallow, intellectually weak, economically ridiculous and makes no sense when applied to patient care.

It is helpful that the plan mentions a "metropolitan general hospital" and a separate "specialty hospital".

But this plan should be turned on its head: the new hospital should be in the population heart of Manly Warringah, and the smaller "specialty hospital" should be at Mona Vale with an emergency department capable of treating the relatively small population from Mona Vale north to Palm Beach.

When the Health Department has 'been starving the northern beaches for decades, this plan now asks to rebuild both Mona Vale and Manly hospitals?

Two new hospitals this plan calls for?

Asking for two we will get none; the realistic approach is for one new hospital, the only question is whether Mona Vale is the site best to serve all of Manly-Warringah. It is not.

Mona Vale may be the geographical centre, just as Alice Springs is of the country, but the population is elsewhere. Look at the map provided in the plan; discard all the bush of Ku-ring-gai Chase; we are left with the population mass heavily weighted well to the south of Mona Vale, and the thin peninsula stretching up to Palm Beach north of Mona Vale.

The demographic centre, where the people are, is in the Cromer/Dee Why area. Talk of a futher land release and a population growth (of just 17,000 people) at Warrieweood is balanced by the dramatic developments in Dee Why happening now.

We need a "metropolitan general hospital", defined as a 300-350 bed hospital serving a population of 200,000 – 250,000, and we only need one, and it should be where the population is. Not at Mona Vale.

Michael Shanahan
Mona Vale