

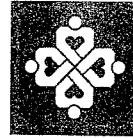
## INQUIRY INTO MONA VALE HOSPITAL

**Organisation:** Northern Sydney Central Coast Health  
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**Position:** Chief Executive  
**Telephone:** 4320 2333  
**Date Received:** 18/03/2005

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**Subject:**

**Summary**



Northern Sydney  
Central Coast Health

better health: caring for our communities

NSH05 / 1750

Legislative Council  
GENERAL PURPOSE  
STANDING COMMITTEES

18 MAR 2005

RECEIVED

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16 March 2005

Director  
Legislative Council General Purpose  
Standing Committee No 2  
Parliament House  
Macquarie Street  
Sydney NSW 2000

Dear Sir/Madam

Please find attached for your consideration, a supplementary submission from Northern Sydney Central Coast Health which clarifies a number of issues discussed at the Public Hearing of the Legislative Council General Purpose Standing Committee No 2 regarding the Inquiry into Mona Vale Hospital. Issues that have been addressed include:

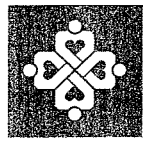
1. Community feedback regarding the preferred location for a new general hospital
2. Use of population projections to 2031 and their impact on the siting of the new hospital
3. Travel accessibility
4. Purchase of Mona Vale Hospital land from the Salvation Army
5. Participation in the recent accreditation process by surgeons
6. Consultation regarding maternity and ICU
7. Time to transfer patients between intensive care services
8. Helipads

I understand that the NSW Health Department, on behalf of the Department and Northern Sydney Central Coast Health, has forwarded to you a response to the Questions on Notice, and that this clarifies other matters discussed at the Public Hearings on 28 February 2005.

If you require further information regarding this matter please do not hesitate to contact me on 4320 3219.

Yours sincerely

Stephen Christley  
Chief Executive  
Northern Sydney Central Coast Area Health Service



Northern Sydney  
Central Coast Health

**better health:** caring for our communities

## **Supplementary Submission**

**to**

**Legislative Council General Purpose Standing  
Committee No. 2**

**Inquiry into Mona Vale Hospital**



## Introduction

Further to the submission of the NSCCH submission to the Legislative Council General Purpose Standing Committee No 2 regarding the Inquiry into Mona Vale Hospital a number of issues have been raised or discussed at the hearings on Monday 28 February and Tuesday 8 March that require some clarification. These issues include:

1. Community feedback regarding the preferred location for a new general hospital
2. Use of population projections to 2031 and their impact on the siting of the new hospital
3. Travel accessibility
4. Purchase of Mona Vale Hospital land from the Salvation Army
5. Participation in the recent accreditation process by surgeons
6. Consultation regarding maternity and ICU
7. Time to transfer patients between intensive care services
8. Helipads

In considering these issues, we ask that the committee note that under the Health Services Act (1997) Area Health Services have a responsibility to consider the health service needs of the whole population, and to provide a breadth of health care services that:

- Provide relief to sick and injured people, and
- Promote and protect and maintain the health of the community.

It is incumbent upon the Area Health Service to provide health services that are safe and effective, and that these services are provided fairly and equitably.

Accordingly, in planning health services on the Northern Beaches, NSCCH has focused on meeting the needs of the entire Northern Beaches population in a fair and equitable manner. The consultation processes have been extensive and impartial. The population and travel accessibility studies undertaken to guide the location of the new Northern Beaches hospital have been robust and willingly made available for public scrutiny.

It is the Area Health Service's responsibility to provide safe and quality critical care services for the people of the Northern Beaches. Extensive planning and consultation around the issue of intensive care services has been undertaken in pursuit of this responsibility.

## 1. Community feedback regarding the preferred location for a new general hospital

It is important to note the breadth of community consultation that was undertaken during the development of the Northern Beaches Procurement Feasibility Study in 2002. Information regarding community attitudes came from a variety of sources. The table below identifies the range of data sets that were considered as part of the Northern Beaches Health Planning in 2002:

Data set	Feedback
Feedback at presentation by the Northern Beaches Community Consultative Health Planning Group to community groups	46 groups, 1,267 people
Market research	886 telephone surveys
Written responses	899 responses
Petitions	7 (total for three LGAs ranging from 9 to 67 signatures)
Feedback from community information displays	833 people

The information gained through presentations and consultations at community forums, written feedback, petitions and feedback from community information displays was particularly useful in gaining insight into the breadth of opinion, the range of issues of concern, and the reasons behind people's opinions. However, these data sets are not reliable predictors of the proportion of people in the broader population who hold one opinion over another. Researchers advise that participants in such consultations are generally self-selected, and do not proportionally represent the community. For instance, the Pittwater local government area population makes up approximately 25% of the Northern Beaches population, but comprised 70% of the written responses.

Market research that randomly selects survey participants to respond to standardised questions provides the best data in relation to predicting how the population would vote on different options. Accordingly, NSCCH engaged Taverner Research, a highly regarded market research company, to undertake market research to get an indication of the proportions of the Northern Beaches community that favoured different options for the location of a new general hospital.

In the original submission by NSCCAHS to the committee, market research results are provided on page 4 of Appendix 9 in relation to the Manly and Warringah local government areas (LGA), and on page 3 of Appendix 10 in relation to the Pittwater local government area. The market research results demonstrated:

- among **Manly** LGA residents (17% of Northern Beaches population), a clear preference for Brookvale (50% of respondents) as the location for a new general hospital

- among **Warringah** LGA residents (58% of the Northern Beaches population), a clear preference for either Frenchs Forest (35% of respondents) or Brookvale (30% of respondents) as the location for a new general hospital
- among **Pittwater** LGA residents (25% of Northern Beaches population), a clear preference for Mona Vale (82%) as the location for a new general hospital.

## 2. Use of population projections to 2031 and their impact on the siting of the new hospital

In December 2004 DIPNR released New South Wales Statistical Local Area Population Projections for 2001 to 2031. These figures showed the following population change projected for each LGA:

Year	Warringah	Pittwater	Manly	NB Total
2001	136,180	56,410	38,690	231,280
2006	138,120	60,010	39,700	237,830
2011	137,980	60,570	41,180	239,730
2016	135,480	61,370	42,230	239,080
2021	135,550	65,000	43,380	243,930
2026	135,280	71,170	44,530	250,980
2031	134,870	76,870	45,500	257,240
<b>Change 2001-31</b>	<b>-1.0%</b>	<b>+36.3%</b>	<b>+17.3%</b>	<b>+11.2%</b>

DIPNR projections are based on a set of assumptions that accord with past trends, current patterns and demographic judgment as to future patterns. The margin for error when using long term population projections for decision making increases consistent with the longer projection timeframe. The long-term projections, for services planning purposes, should therefore be taken primarily as a guide to what “may” eventuate. The DIPNR website provides the following advice to users of population projections:

“These population projections should not be regarded as predictions, forecasts or targets, but **are projected using particular assumptions**. These assumptions have been developed to assess change in different components of population change. Changes in social policy, behaviour, or economics can have a significant effect on the direction of population change in the future. Consequently, **it is not certain that these assumptions will hold for the projections period**. For this reason DIPNR intends to update these population projections regularly, taking into account the latest available data.”

It is important to note that although the current figures show that the population in the Pittwater Statistical Local Area is predicted to increase at a greater rate than the Manly and Warringah areas, the growth is on a substantially lower base. The DIPNR figures indicate that in 2001, Pittwater LGA residents made up approximately 25% of all Northern Beaches residents, and that this would grow to approximately 30% of the predicted Northern Beaches population in 2031.

Population projections have bearing on health planning in two main ways. The first is to determine the current and future distribution of the population. The second is to identify the likely future activity volumes of each of the hospitals.

In terms of the first component, Associate Professor Mike Poulsen, from the School of Earth Sciences at Macquarie University, has provided data to clarify the impact of projected population changes in Pittwater on the siting of the new Northern Beaches hospital. Professor Poulsen, who conducted the original study showing where the centre of population was on the Northern Beaches, was asked in 2002 to provide data on the impact on the weighted population centre of large increases in population on the Northern Beaches.

Professor Poulsen's study demonstrated that:

- An increase of 10,000 people in the Warriewood Valley, without other population growth in the rest of the Northern Beaches, would move the population centre 250 metres towards Mona Vale from Cromer.
- There was no realistic level of population growth that could occur in the Warriewood Valley that would lead to Mona Vale Hospital becoming the population centre of the Northern Beaches, even assuming no growth elsewhere on the Northern Beaches.

In terms of the second component (activity volumes), it is important to note that clinical trends do not allow reliable projections beyond about a 10-15 year horizon. Changes are likely to occur in relation to, for example, day only procedures, home based care, remote monitoring and new therapies which will render projections of bed numbers very uncertain over longer time periods. Activity projections take into account changes in age cohorts, previous admission rates and clinical opinion. A revised version of the Department's APPI projection tool will be used in the next stage of service planning to update medium term projections. At the design stage flexibility in physical facility use will be an important component to allow for future changes in service provision.

It is important to note that Mona Vale Hospital has been identified in the planning process to play a continued role in the provision of health care to its growing local community.

### **3. Travel accessibility**

In August 2000 Northern Sydney Health engaged Associate Professor Mike Poulsen from Macquarie University to undertake a travel accessibility study. This study, titled the *Northern Beaches Accessibility Study*, is located on our website. He concluded that the most accessible locations by road on the Northern Beaches are the intersections along Warringah Road and the central section of Pittwater Road. Professor Poulsen identified the most accessible location to be the intersection of Warringah Road and Pittwater Road.

Some sections of the community were critical of the study. In response to this criticism – and to ensure that planning decisions are based on sound data – NSH in mid 2002 engaged Professor John Black, Professor Emeritus of Transport Engineering at the University of NSW, to critically appraise the study. In addition, Professor John Black met with members of the Northern Beaches Community Consultative Health Planning Group



(NBCCHPG) to discuss community concerns and reviewed community views articulated in the media, so that he could gain an understanding of community issues that would be important in reviewing the study.

Professor Black concluded that the report "is a worthy document of investigation at a very preliminary stage in the ongoing planning process", and should be retained on Northern Sydney's web site. He did support community criticism regarding aspects of the input data, and supported the community's view that public transport access should have been considered.

Professor Black proposed that an additional accessibility study be undertaken by another consultant to address the identified shortcomings of the earlier study. Professor Black developed the terms of reference for this subsequent study in consultation with the NBCCHPG, and briefed the consultants, Computing in Transportation. The study by Computing in Transportation was completed in October 2002, and is available on our web page. It is titled, *Northern Beaches Accessibility Study: Travel Time Analysis and Mapping*. This latter study is included as Appendix 26 in the NSCCH submission to your Committee.

There has been some confusion regarding the interpretation of the data presented in this 2002 study. To clarify this issue, the Committee's attention is drawn to the following concluding statement by the consultant:

"...the Brookvale sites are easily the most accessible of all the hospital sites, especially from the perspective of the study area residential population within the 10 minute travel time band. More people can reach this site in a shorter travel time than the other sites both now and in the future years 2011 and 2021 during the AM and PM time periods." (Page 8, Appendix 26 of NSCCH submission to the Parliamentary Inquiry Standing Committee).

#### **4. Purchase of Mona Vale Hospital land from Salvation Army**

The Committee is advised that the land in question was resumed in 1955 and that the Salvation Army was paid the sum of 34,162 pounds 9 shillings and 9 pence including interest in 1959. This amount was determined by the Valuer General at the time as representing market value for the land.

#### **5. Participation in the recent accreditation process by surgeons**

The organisational-wide Australian Council of Healthcare Standards (ACHS) Survey for the Northern Beaches Health Service (including Manly and Mona Vale Hospitals) was held over a five-day period in September 2004.

Appointments for all clinical departments were co-ordinated through the Quality Improvement Department, and Dr Boland as Head of the Surgery Department was invited to meet with the surveyors at 8am on Thursday 16 September 2004. Dr Boland replied that he would be overseas on that date and nominated Dr Michael Stephen to represent the Department of Surgery which Dr Stephen agreed to and did meet on that date.

The ACHS offered to conduct a further on-site review of Manly and Mona Vale Hospitals on 17 January 2005 to review the two 'high priority recommendations' made at the September 2004 inspection. This one-day inspection included only a 30-minute timeslot for discussions with clinicians. Given time constraints, the co-ordinating surveyor requested this be undertaken at Manly Hospital only (the Mona Vale time would be taken up with documentation review) so four clinicians were found available to meet with the surveyors on that date at Manly. Clinicians present included an intensive care specialist who works at both Manly and Mona Vale Hospitals, and a general physician, a surgeon and gastroenterologist all from Manly Hospital. It should be noted that the program for the day is determined by the surveyors from the ACHS and not the Northern Beaches Health staff.

## **6. Consultation regarding ICU**

In November 2003, a Health Panel was convened over a two-day period to discuss intensive care services and maternity services. This Health Panel is discussed in section 7.4 of the Northern Sydney Central Coast Health submission to your Committee. Attending the Health Panel were clinicians and community and consumer representatives.

In line with recommendations of the Health Panel a Northern Beaches Intensive Care Implementation Group was formed in June 2004 to consider the recommendations emanating from the Health Panel. Representation was sought from surgeons and anaesthetists. An Anaesthetic representative who works regularly at both campuses attended at least one meeting. A surgical representative who is based at Manly but works occasionally at Mona Vale also attended at least one meeting.

Concurrently, regular bi-monthly meetings of the Northern Beaches Health Service Management Committee have been conducted with senior medical staff and community representatives invited. Two community representatives have participated in the meeting for over two years, having been selected from a register of interested community people in health care, co-ordinated through the volunteer co-ordinator at Northern Sydney Central Coast Health.

With the exception of the emergency department director, the Mona Vale medical staff representatives, including the chairman of the Staff Council, do not attend the peak management committee, despite being invited members, but have continued to submit apologies. They do get forwarded copies of the minutes which discuss critical issues including intensive care concerns.

The regular Medical Staff Council meeting at Mona Vale is poorly attended by medical staff with an average 6 to 10 attending every two months from a pool of 60 doctors. It was at a Medical Staff Council meeting held in August 2004 that further intensive care matters were raised. As there were no general surgeons in attendance, a further meeting on the same subject was called by the general surgeons for Saturday 28 August 2004.

Ongoing discussions with surgeons and other medical staff have continued through the Greater Metropolitan Clinical Taskforce (GMCT) consultation process. There were specific meetings with surgeons at Mona Vale on 27 October and 2 November 2004.

Discussion with surgeons and other medical staff will continue through the GMCT Recommendations Implementation Group – the Group established to consider the GMCT proposal. The terms of reference (**attached**) of this committee are attached and include an openness to consideration of alternative options to those proposed by GMCT. The last meeting of this Group, which included intensive care specialists and Mona Vale surgeons, was on 21 February 2005. The next meeting of this Group has been scheduled.

## **7. Response time by Medical Retrieval Unit for transfer of patients between intensive care services**

An issue not specifically addressed in the NSCCH submission to your Committee but that requires clarification, is the time required for the medical retrieval unit to respond to a call to transfer a patient between intensive care services.

To clarify this issue, NSCCH contacted Dr Gary Tall, Acting Clinical Manager of the Medical Retrieval Unit of the NSW Ambulance Service, the unit that coordinates ambulance transfers between intensive care services in Sydney. The Medical Retrieval Unit advised that all calls for retrieval are triaged and, depending on clinical need, are responded to on a priority basis.

The Medical Retrieval Unit has also indicated that they give the highest priority to transfer of patients who are not in an ICU or are in an emergency department without specialist backup.

The Ambulance service has advised that in relation to Mona Vale Hospital during the 2002, 2003 and 2004 calendar years:

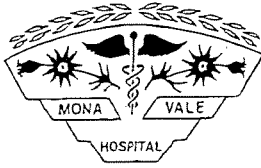
- High urgency cases are infrequent
- In 100% of the high urgency transfers from Mona Vale Hospital the medical retrieval team was in attendance at the bedside within 60 minutes
- All high and medium urgency cases were conducted in clinically appropriate timeframes
- There were no documented clinical incidents (deaths or clinical deterioration) with any of the patients transferred from Mona Vale Hospital by adult medical retrieval teams.

## **8. Helipads**

An issue discussed at the Inquiry hearing on Monday 28 February was a perceived lack of helicopter access at Manly Hospital, and the problem that this may present to the GMCT intensive care service proposal.

A helipad at the Quarantine Station at North Head, the nearby Artillery School and the local oval have been used in the past as helicopter landing sites. In these instances a road ambulance was used to connect with the hospital. Such arrangements are not uncommon at other hospitals that do not have a helipad.

It should also be noted that all of the sites under consideration for the new Northern Beaches Hospital have the capacity to accommodate a helipad.



**NORTHERN BEACHES HEALTH SERVICE  
MANLY AND MONA VALE HOSPITALS**

**Implementation Group to Consider GMCT Recommendations of  
16<sup>th</sup> December 2004**

**TERMS OF REFERENCE**

1. To review the GMCT Interim Proposal for the Northern Beaches dated 16<sup>th</sup> December 2004 which proposes:-
  - **A single Northern Beaches Medical Staff Council**
  - **A single Northern Beaches Department of Medicine**
  - **A single Northern Beaches Department of Surgery**
  - **A single Northern Beaches Department of Critical Care**
  - **A single Northern Beaches Intensive Care Service**
  
2. To consider implementation of the GMCT resolution on an agreed alternative that would provide the same level of sustainability for Intensive Care Services.
  
3. The work of the Committee to be completed by the end of March 2005.

**GMCT - GREATER METROPOLITAN CLINICAL TASKFORCE**