Supplementary Submission No 622a

INQUIRY INTO MONA VALE HOSPITAL

Organisation: Mona Vale Hospital

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Subject:

Summary

HOSPITAL SERVICES

SYDNEY NORTHERN BEACHES

SUBMISSION BY SURGEONS AND ANAESTHETISTS

MONA VALE HOSPITAL

INTRODUCTION

The general malaise in the Public Hospital System associated with the loss of morale and loss of public confidence is, undoubtedly, due to governments failing
1 to deliver their promise of providing timely access to a convenient, caring, high quality service. On the Northern Beaches, an Area Health Service that has allowed the hospitals to be run down and be poorly staffed has exacerbated the problem.

At the same time communication with hospital staff has involved manipulation and finesse and at times threat, rather than a transparent two way consultative
2 process. Community groups similarly are angered that the Area Health Service fails to effectively consult, appears to be working to an agenda different to what is stated.

The result of these deficiencies leads to the question as to whether the Area Health
3 Service has the capacity, and the confidence of the stakeholders, to address and manage the short and long term issues that need urgent resolution.

LONG TERM ISSUES

All evidence reveals overwhelming community support for the northern beaches
4 hospitals in spite of the dismay and anger at the poor administration of the hospitals and the lack of consultation regarding the current crisis.

Equally, it is well known that many peninsula residents leave the area for specialist treatment because of the lack of public (and private) services and
5 facilities. To reverse this trend, Health Care Planners require the vision and the commitment to provide a well-resourced facility that enables the Medical Profession to provide quality specialist services locally for the community.

6 The vast majority of the Medical Staff at both hospitals agree on the need for a single complex to cater for hospital and specialist services and provide appropriate outreach services.

Given the broken promises, the blighted expectations, the lack of an effective consultation process, the feeling of the medical staff at both hospitals is to refuse
7 to consider any of the current short-term proposals until a long term solution is agreed and set in stone.

What is required is an open transparent process to choose the best possible site, big enough to comfortably house and support a facility containing a new
8 combined Northern Beaches General Metropolitan Hospital as well as a well-resourced high quality Private Hospital and a Specialist Medical Centre containing appropriate diagnostic and therapeutic services. Ideally the facility should also house the administrative base to coordinate outreach services.

9 Other parameters for the site selection that need to be agreed include ease of access (including helicopter access), geographic and demographic considerations, as well as timely availability including ease of acquisition of the site, community support and an estimation of the time to get the development started

10 There must be recognition that the Northern Beaches catchment area extends in the north from the Palm Beach Lighthouse to North Head. (Mona Vale Hospital is situated almost exactly half way between the extremities!) Clearly demography and projected population shifts are also important.

11 Given the seriousness of the situation, clearly the new hospital needs to be announced and built as soon as possible to take the heat out of the current crisis and to show the government has the will to provide a long-term solution to the current problems.

12 Many possible sites, are not supported and will be opposed by local residents and community, others will involve delay because of the need to purchase or acquire land. Therefore any site where the local community supports hospital development should be a strong candidate. The claim for the site is stronger if it is government owned and is already dedicated for hospital use

13 The Mona Vale Hospital site offers the following features that should be taken into consideration in the site selection process—

- **NO DELAY--**
  Surrounding residents will not oppose (they will support) ***hospital development*** on the site.
  The site is Government owned so there will be no delay associated with land purchase or acquisition
- **APPROPRIATE SIZE--**
  The site is about 8 hectares. Any smaller area would be associated with crowding and other difficulties
- **GEOGRAPHIC POSITION**
  Situated half way between Southern and Northern tips of peninsula. With the bigger picture in mind, the Mona Vale Hospital site along with Hornsby Hospital and Royal North Shore Hospital almost exactly form the points of an equilateral triangle providing almost perfect geographic coverage for North shore residents
- **DEMOGRAPHY**
  Mona Vale Hospital Accident and Emergency Department currently accepts significantly more presentations with less access block than Manly Hospital. Mona Vale will become considerably more popular as demographers forecast that Pittwater Council Area will provide virtually all the population growth on the Northern Beaches over the next 15 to 20 years.
- **ACCESS, PARKING and PUBLIC TRANSPORT**
  Ideal. Off Pittwater Road between Mona Vale Road and Wakehurst Parkway. Site has excellent **helicopter** access.
- **INTANGIBLE**
  Significant and important but not easily quantifiable benefit to patients,

staff and visitors of proximity of site to coastal views and ambience of environment. Development of the site for the new Northern Beaches Hospital complex would finally consummate the vision and wishes of the Jenkins family and Salvation Army when they bequeathed the land for use as a hospital.

- **COMMUNITY SUPPORT**
  It is obvious that none of the suggested sites (Dee Why, Beacon Hill and Frenchs Forest) have local community support whereas the Mona Vale site has almost unanimous support from Pittwater residents.

14 The Surgeons and Anaesthetists will support the site for the new Northern Beaches Hospital that best fits agreed parameters. If the process of site selection comes up with an available site, with better credentials than that offered by the Mona Vale Hospital site, the community will be well served.

THE WAY FORWARD

15 The current site selection process is part of NSW Government two-hospital 'Procurement Feasibility Plan', which involved the rebuilding of Manly Hospital and refurbishment of Mona Vale Hospital.

16 The plan became hopelessly discredited because of an unsatisfactory process that ensured the 'new Manly Hospital' would become the Hospital where Acute Services were consolidated and where the Mona Vale Hospital role would be downgraded to deal with the more Chronic and Rehabilitation services.

17 Residents, particularly of the northern half of the peninsula and the staff at Mona Vale Hospital felt betrayed that the two-hospital Procurement Feasibility Plan had, without consultation, become a plan to downgrade Mona Vale Hospital.

18 Because any attempt at short-term proposals depends on agreement to acceptable long-term solutions, as a matter of urgency, the two-hospital Procurement Feasibility Plan needs to be abandoned and Government and Area needs to demonstrate commitment to a single Northern Beaches Hospital complex. This will involve an open consultative process with the Medical Staff at both hospitals and with the community over site selection (as mentioned earlier) and subsequent development.

SHORT TERM ISSUES

19 The main issue of concern is the threat to the ongoing provision of Intensive Care Services at Mona Vale Hospital.

20 The Surgeons and Anaesthetists were first advised of the threat to Intensive Care Services at an emergency meeting with Dr Paul Phipps and Mr Frank Bazik on 28th August 2004.
Attachment 1

21 The Surgeons and Anaesthetists noted the Area promise to keep Manly and Mona Vale Hospitals functioning at their present levels until the long promised new hospital is built. Management was advised of the inevitable downgrading of both emergency and elective services with flow on recruitment issues if the Intensive Care was downgraded.

GREATER METROPOLITAN TASKFORCE

22 The Surgeons and Anaesthetists met with Professor Kerry Goulston on 2nd November 2004. The outcome of the meeting was—

- The proposal to downgrade Intensive Care Services was unanimously rejected.
- The rationalisation of Obstetric and Paediatric Services, as agreed by the Obstetricians in the area was supported
- The Procurement Feasibility plan that allowed an upgraded Manly Hospital within the Mona Vale catchment area was rejected.

Attachment 2

23 A small group representing the Surgeons and Anaesthetists met with the Health Minister, Dr Stephen Christly, Prof. Kerry Goulston and Intensivists on the 24th November.
The resolutions of the 2nd November meeting were reinforced in detail including the abandonment of the two-hospital Procurement Plan. We also indicated that as a consequence of a lack of trust in management, the group would only consider any further proposals if submitted in detail and in writing.

24 The 'GMCT Interim Proposal for Northern Beaches' was received with a covering letter from Professor Goulston on 20th December 2004. The Surgeons and Anaesthetists response, again rejecting the Proposals particularly those relating to Intensive Care Services were communicated to Prof Goulston, Mr. Bazik and the Minister by Facsimile in late January.

Attachment 3

There was no further contact with the group until; we were outraged to hear of a
25 series of 'implementation meetings' being scheduled over the next few weeks, with the first to be held on 16th February 2005 at Manly Hospital. The decision not to invite the Convener of the Surgeons and Anaesthetists, and the implication that there was substantive agreement with the proposal, were seen as typical of Administration playing loose with proper process.

The GMCT process fell considerably short of the ideal of securing an agreed
26 outcome with effective consultation with Clinicians. There was no communication or consultation with the Surgeons and Anaesthetists, after the meeting with the Minister on the 24th November.

The only agreement secured with the Clinicians— 'To consolidate Obstetric Services' was not recommended and the proposal to downgrade Intensive Care
27 Services was recommended without agreement and without any care for the safety issues involved.

28 The Surgeons and Anaesthetists position is the ICU proposal does not solve the stated problem and creates other problems that make the situation intolerable.

INTENSIVE CARE UNIT

On the 17th December 2004, Management issued a *Medical Administration*
29 *Memorandum* advising staff that there would be *no Intensivist cover on site at Mona Vale December22-December26 inclusive.*

30 The Surgeons and Anaesthetists met and instructed me to inform Management that under these circumstances it was unsafe to provide an emergency service.

Management reacted in part by making threats against the Doctors rostered on
31 over this period. The attempt to change a safety issue into an Industrial dispute further increased the mistrust of Management's willingness to address the concerns of the staff regarding the Goulston proposal.

32 The Surgeons and Anaesthetists believe the Intensive Care Unit should be maintained at Mona Vale Hospital for the following reasons—

- It is the best geographic site available. Transfer of the ICU to Manly Hospital means the sickest patients on the Peninsula are treated in the worst possible site. It follows, that access to Mona Vale is much easier for the 220000 residents than to Manly. Similarly access for patients requiring interhospital transfer is superior. There are excellent helicopter facilities at Mona Vale but there has been no helicopter access to Manly Hospital for 10 years.
- It is needed to support the Mona Vale Hospital Accident and Emergency Department which is the busier (23000 presentations annually with 17000 at Manly) and considerably more efficient (as measured by 'bed access block' or time on (Code Red).

- It would be easy and cheap to provide considerably more space for the ICU, if needed.
- The ICU is the heart of a General Metropolitan Hospital and any downgrading limits the scope of the work-both emergency and elective able to be safely undertaken. In turn, this inevitably leads to a destabilising loss of morale, resignations and difficulty in recruitment. The outcome is a rapid deskilling or 'dumbing down' of the hospital skill base.
- The physical facilities at Manly are poor and are not suitable for an enhanced Acute Services role.
- There is no proposal to maintain the Manly Hospital buildings after the new hospital is built. Therefore it is not cost effective to spend significant sums of money on a non-essential project only to pull it down when the new hospital is built.

NSH INTENSIVE CARE SERVICES ACTIVITY REPORT

33 Surgeons and Anaesthetists have, for the first time, seen the NSH Intensive Care Services Activity Reports for the Northern Beaches, Hornsby and Royal North Shore for the periods July-June 2002/2003 and 2003/2004.
Attachment 4,5 and 6

34 The report raises as many questions as it answers however it seems obvious that the Manly ICU has a different admission policy and a different treatment culture to the other ICU'S.

Admission Policy

35 The Emergency Department is the main source of admissions to ICU/HDU. Hornsby receives about 27,000 presentations to its Emergency Department, Mona Vale about 23,000 and Manly 17,000.

TOTAL ADMISSIONS

36 Manly ICU/HDU reported 772 admissions, 27% more than Hornsby and 41% more than Mona Vale

37 The report reveals that the disparity is mainly accounted for by Admission of increased numbers of non-ventilated patients, of low APACHE Score.

NON-VENTILATED PATIENT ADMISSIONS

38 Over the 2 years Manly ICU/HDU admitted 635 patients who were not ventilated, RNSH 599, Mona Vale 416 and Hornsby 254.

39 The figures strongly imply that the patients at Manly Hospital have a lower (Severity of Illness grading as measured by APACHE Score and implied by Length of Stay numbers) as those at the other 3 hospitals

40 The figures do not provide an explanation for Manly having so many non-ventilated patients, with low APACHE Scores in its ICU/HDU. The most likely reason for this massive disparity in the figures appears to be due to an idiosyncratic admission policy. It seems likely that the other hospitals look after similar patients in the normal ward environment.
The effect is to create a statistical anomaly of the Manly ICU/HDU activity levels relative to Mona Vale and the other hospitals.

Treatment Culture

41 Analysis of the figures relating to Ventilated Patients raises the possibility of a different (more interventionalist) treatment culture in the Manly ICU/HDU.

VENTILATED PATIENTS

42 In the absence of any offsetting factors, virtually all parameters relating to ventilated patients point to an interventionist treatment culture for patients requiring ventilation.
Ventilation days (mean) at Manly Hospital of 7.31 is about double the 3.67 at Mona Vale and considerably more than both Hornsby and Royal North Shore (all with higher APACHE Scores)
Similarly, Manly along with Hornsby has the highest proportion of patients (about 66%) ventilated> 24 hours
However with 47.3% of ventilated patients ventilated for >1week finds Manly alone at one end of the spectrum. The other three Hospitals lie in the range 21%-31%.
These figures provide the reason for Manly ICU reporting 1002 Ventilated days against Mona Vale's 489 even though they only treated 4 more patients (137 to 133).

INTENSIVE CARE ACTIVITY

43 Intensive Care Activity as measured by **ICU bed days** shows Manly ICU/HDU (3663 days) to be busier than the ICU at the much bigger Hornsby Hospital (3658 days) and Mona Vale (2530 days) even though Manly Emergency Department has the least attendances.

44 The increased ICU/HDU Activity reported at Manly Hospital seems to reflect an Admissions policy that allows admission of vastly increased numbers of low acuity, non-ventilated patients to ICU/HDU when compared to the other Units.

45 Also the effects of an interventionist treatment culture for the ventilated patients appear to significantly increase the ICU bed days.
The infrastructure to handle this enhanced activity in turn enables acceptance of transfers from other hospitals not so well staffed.

INTENSIVE CARE AND HIGH DEPENDENCY NEED

46 Manly ICU ventilated 137 patients over the two years to June 2004 while Mona Vale ventilated 133, however these figures include transfers from other hospitals. When the 57 hospital transfers to the Manly ICU and the16 to Mona Vale ICU are excluded **it is almost certain that Mona Vale generates a significantly greater number of its own patients requiring ventilation support.** This is not surprising given Mona Vale has a significantly larger Emergency Department load.

47 The figures seem to indicate that Mona Vale has a greater need for an ICU to provide ventilation support for its own patients while Manly processes more low acuity patients admitted to ICU/HDU. The Goulston proposals seem not to take these issues into account nor do the proposals address the other issues (including safety) documented earlier.

WORKFORCE ISSUES

48 Undoubtedly there are significant workforce issues involving Intensivists. Two documents reveal that other issues including disputes with Management over money, staffing enhancements for both the ICU and ED at Manly Hospital, new equipment, and attendance at conferences and overseas meetings form part of the mix.
Attachment 7 and 8

THE ROLE OF M ANAGEMENT

49 At a time when the ability of Area Administration is being seriously questioned regarding its handling of the 'new hospital' further concerns have been raised by its handling of the ACHS Accreditation of Manly and Mona Vale Hospitals. Also the management of Surgical Services at Royal North Shore and Ryde Hospitals has been criticised by a recent enquiry.
Management threats against VMO's concerned about patient safety, but not against Intensivists who wouldn't keep the ICU open over the Christmas period, mentioned earlier, has further raised concerns that the Area Health Service has the will and the capacity to resolve the crisis.

CONCLUSION

50 The Surgeons and Anaesthetists at Mona Vale Hospital believe any downgrading of ICU creates serious safety issues for patient care and vulnerability for both the Surgeons and Anaesthetists.

The proposal to downgrade the Mona Vale ICU is a repudiation of the promise from the Area to keep both hospitals functioning at their present levels until the new hospital is built.

The GMCT process was seriously flawed so it is not surprising the outcome was seriously flawed.

The NSH Intensive Care Services Report reveals surprising and disturbing figures that need explanation.

There are other issues as well as workforce shortages.

Mona Vale by all the parameters has an overwhelming claim to an on-site ICU Service

Management needs to redress deficiencies that have caused a serious loss of confidence in their ability to resolve both short and long-term issues.

Finally a meeting between representatives of management, Intensivists and the Surgeons and Anaesthetists on 21st February 2005, chaired by Dr Simon Willcock, provides the most promising (if only) initiative to keep the Mona Vale ICU open until the new combined Northern Beaches Hospital is opened.

Attachment 9

For and on behalf of surgeons and Anaesthetists at Mona Vale Hospital

Dr Stuart Boland
Convener
February 2005.

(1)

MONA VALE HOSPITAL INTENSIVE CARE UNIT

An emergency meeting of the Mona Vale VMO Surgeons and Anaesthetists was held on Saturday 28th August, 2004 to discuss issues relating to problems with ongoing provision of Intensive Care Services to the Northern Beaches.

Dr Paul Phipps, the Director of Intensive Care Services explained the issues involved. Frank Bazik provided a written summary of management's position. The effects of downgrading or closure of the Intensive Care unit on the Accident and Emergency Department was noted. The A and E Department handles about 23,000 presentations per annum with Bed block time at 30% while at Manly the figures are 17,000 presentations with a Bed block time of about 46%.

The meeting noted the 'Area promise' to keep both Manly and Mona Vale Hospitals functioning at their present levels until the long promised new Hospital is built. Doubtless the reason for this decision was to provide certainty and to prevent a destablising brawl between competing interests across the pensinula. To honour this commitment and to defuse the major threat this crisis presents, the meeting resolved that Management must do what it takes to keep the Intensive Care open. Without an Intensive Care Unit, Mona Vale Hospital will not be able to meet its obligations to the community as articulated in the Mission Statement proudly displayed in the front corridor.

There was no doubting the seriousness of the crisis. If unresolved and the ICU closes, the meeting heard of an inevitable down grading of emergency and elective services starting in A and E Department and involving all inpatient services.

VMO's expressed their concerns about their ability to provide cover in a substandard environment. Others signalled their intention to resign rather than submit themselves to an environment that wrecked such havoc in Camden and Campbelltown. Clearly in such an environment, recruitment of Resident, Registrar and VMO staff will become a problem across the board.

The Surgeons and Anaesthetists thanks Management for their concern, and will do all they can to assist Management to solve the problem. Under no circumstances is a downgrading or Closure of the ICU at Mona Vale Hospital, before the opening of the new Hospital, considered a solution - Such an outcome is seen as a disaster!

STUART BOLAND

CONVENOR

30th August, 2004

COMBINED SURGEONS AND ANAESTHETISTS
MONA HOSPITAL

5th November 2004

Dear Kerry,

Thank you, for meeting with the Surgeons and Anaesthetists at Mona Vale Hospital on Tuesday evening. The doctors appreciated the opportunity to frankly state their views and to robustly express their opinions on the current situation and the suggested possible short-term remedies.

At a de-briefing following the meeting I was authorised to write to you to summarise the feeling of the meeting.

All agreed that a rationalisation of hospital services on the Northern Beaches is inevitable. The development of a large well-resourced combined hospital complex is universally supported.

Dual appointments of VMO's, to peripheral district hospitals and to central teaching hospitals is supported, to facilitate networking and professional development

The rationalisation of Obstetric and Paediatric services, as agreed by the Obstetricians in the area, is supported.

There was unanimous rejection of a proposal to move ICU and all acute surgical services to Manly Hospital. It was noted that Mona Vale Hospital ED processes 25% more patients than Manly ED and, unlike Manly, accepts paediatric emergencies. It works significantly more efficiently than the Manly ED as measured by significantly less "bed access block" or time on 'Code-Red'.

The meeting unanimously felt –

- ICU and Acute Services should be maintained at Mona Vale and Manly Hospitals be maintained until a permanent solution to hospital services on the peninsula is implemented.
- Any rationalisation should ensure that ICU and Acute Services should be maintained on the best available geographic site, and the same site as the busier more efficient ED. The Surgeons and Anaesthetists have been repeatedly reassured, that staffing a combined peninsula ICU will not be a problem at any location.
- Manly Hospital, situated at the extreme southern end of the peninsula and with poor access through Manly village is a totally inappropriate site for the provision of Acute Surgical Services to over 220,000 residents across the whole peninsula.
- The physical facilities at Manly Hospital are poor and are not suitable for an enhanced Acute Services role.
- Manly VMO's would be made welcome to assist with any increased Acute Services role at Mona Vale Hospital.
- There was no objection to dual VMO appointments with Manly Hospital but there was no agreement from any of the doctors to regularly provide services to Manly Hospital. The reasons mentioned above and the fact that most of the doctors in the group already have extensive networking through multiple hospital appointments are the reasons for this position.
- There is a need to think laterally and the group will look to pursue the options mentioned at the meeting and will look for other alternatives.

You are already aware that the Procurement Feasibility Plan for the future development of hospital services on the peninsula, is a two hospital option involving the rebuilding of Manly Hospital and the refurbishment of Mona Vale Hospital on its present site.

A proposal, within the Procurement Feasibility Plan, to develop an upgraded Manly Hospital within the Mona Vale catchment area, clearly has untoward implications for the function and scope of services provided at Mona Vale. Such an outcome will outrage supporters of the "two hospital" proposal particularly at the northern end of the peninsula. The other unfortunate outcome of this process is that it has precluded an appropriate process for choosing and appropriate site for a new combined hospital (the option originally favoured by the Area Health Service and now supported by both medical staff councils).

Also it is obvious that the process has locked out any input and ownership from the Mona Vale end in the "back door" development of a de-facto combined hospital. Clearly any short-term solution needs to take into account all the consultation and effort expended by both medical staff councils in coming to their unified position in developing a proposal that should be supported.

Yours sincerely,

STUART L. BOLAND, CONVENOR

(3)

SURGEONS AND ANAESTHETISTS
MONA VALE HOSPITAL
CORONATION STREET
MONA VALE

Dr Kerry Goulston
Chairman
Greater Metropolitan Clinical Taskforce
PO Box 66
North Ryde NSW 2113.

Re—GMCT Interim Proposal for Northern Beaches

Dear Kerry,

I acknowledge receipt of the "GMCT Interim Proposal for Northern Beaches" along with your covering letter dated 30th November 2004 that were received in my office by facsimile at 7:15 AM on 20th December 2004.

Following discussion within the group, I am authorised to respond in the following terms.

The Surgeons and Anaesthetists position on the proposals you put to them at a meeting on 2nd November 2004 was summarised in my letter to you dated 5th November 2004. A further meeting of the group on the 16th November resolved -

- To endorse the content of my letter to you dated 5th November 2005;
- To support the view, articulated by the General Surgeons, that it is unsafe to process and accept Acute Surgical Emergencies from the Emergency Department if the Intensive Care is moved or downgraded.
- To insist that all future proposals be in detail and in writing to enable proper scrutiny and consideration of specific initiatives. This will provide the best chance to avoid adoption of any proposal that may make the work environment less safe.

  Surgeons and Anaesthetists are increasingly aware of the importance of a safe working environment and are concerned that Government and Health Managers first reaction is to deflect scrutiny and criticism of systemic problems by blaming (unsupported) individuals.

  You are aware of the general perception of crisis and lack of trust in the Public Hospital System. On the Northern Beaches this general environment is worsened by, a secretive, non-transparent and manipulative Area Health Service that is perceived to be working to an unstated agenda.

  Also the importance of Clinicians assessing and being involved in safety-issues is magnified at a time when the ability of the Area administration in this area is being seriously questioned.

  The management of Surgical Services at Royal North Shore and Ryde Hospitals have been criticised by a recent inquiry. Probably more important is the concerns expressed by the ACHS during the recent Accreditation. It is strongly rumoured that, as a consequence, both Manly and Mona Vale Hospitals are likely to fail Accreditation.

Your proposal that the new Peninsula Hospital be a combined Northern Beaches Hospital not a re-sited Manly Hospital is appreciated. However the hopelessly compromised "two hospital Procurement Feasibility Plan" needs to be abandoned and replaced with an open, transparent process that reflects the wishes of the community, to choose the best site available for the new single hospital, rather than merely endorse the preconceived prejudices of the Area. A "feasible" site for a rebuilt Manly Hospital may well not be the best site for a combined Northern Beaches Hospital.

Once the site (that should be big enough to house a complex containing a large Private hospital, a comprehensive Medical Centre and appropriate outreach services), is agreed, the Minister and Government needs to commit to fast tracking of the development, building and commissioning of the project.

This position was raised at a meeting with the Health Minister on the 24th November 2004. As you know the Minister acknowledged some potential political difficulties in merely changing the "two hospital procurement feasibility plan" to a single Northern Beaches Hospital (complex). In an attempt to diffuse any local community hostility to this change the delegation of Mona Vale Surgeons and Anaesthetists offered to speak to and seek the support of the Save Mona Vale Hospital Committee for the single hospital option.

I have since met with the Save Mona Vale Hospital group as promised. They have welcomed the contact and endorsed the idea of a transparent process and have agreed to look closely at the proposal and have indicated their wish to be included and involved in the process of site selection, planning and development.

You are aware of the general view of the Surgeons and Anaesthetists at Mona Vale Hospital that, given the history of broken promises, the cynical manipulation of process, the lack of any effort at effective consultation with the community and with medical staff, it would be madness to agree to any short term change until the Government commits to a satisfactory long term solution to hospital services on the Northern Beaches.

Therefore the Surgeons and Anaesthetists at Mona Vale are not in a position to endorse and are likely to resist the other "GMCT Proposals for Northern Beaches" at least until the Minister agrees to and the Government demonstrates its commitment to the process of developing a new hospital.

You should be aware of some of the commonly expressed views regarding the announcement of the "GMCT Interim Proposal for Northern Beaches".

- Surprise that the only proposal to attract Clinician Support at the two hospitals -- "the centralising of Maternity Services to provide a critical mass of maternity clinicians and patients and support obstetric training" -- apparently has been abandoned.
- Outrage that with respect to Intensive Care Services that ***"it is not the address that counts"***. This is seen as an apology for failure in a system that allows a patient requiring Intensive Care to be transferred from Mona Vale to Penrith and another requiring Psychiatric Help to be transferred from

Manly to Gosford on the same day in December.

The proposal to treat the sickest patients on the Peninsula, on the worst possible geographic site, provides the perfect argument that those who utilise a service should determine the appropriateness, effectiveness and safety of the service rather than those who promote or provide it.

- The Clinicians wait for detailed written information on the other proposals but note the ICU Proposals, as stated, appear to represent an unacceptable downgrading that inevitably will lead to a "***dumbing down***" of the hospital skill base.

The *process* adopted by the GMCT has fallen considerably short, of your promise to the Surgeons and Anaesthetists on the 2nd November, and the expectation of effective consultation with Clinicians, to secure an agreed outcome. The only combined meeting was held at the Harbord Diggers Club on the 11th November 2004, was poorly attended and the views of the Mona Vale Surgeons and Anaesthetists expressed to you on the 2nd November and recorded in my letter of 5th November were not presented. (These views have not changed.) Similarly there has been no engagement of or discussion with the community.

The fact your letter was dated 30th November 2004 inevitably leads to the conclusion that you had finalised the interim proposals by that date and any 'consultations' after that date were merely a charade.

Not surprisingly, a poor ***process*** has led to a poor ***outcome.*** The Surgeons and Anaesthetists see no evidence the ***outcome*** as expressed in the Interim Proposal "makes the best use of clinical resources, addresses their current staffing concerns in the Northern Beaches or helps provide a smooth transition into the new hospital".

The Surgeons and Anaesthetists see the inevitable outcome of these proposals, if implemented, to result in a further alienation of Northern Beaches community, a "dumbing down" of Mona Vale Hospital leading to a loss of the skills base and staff morale and a difficulty in recruitment.

Yours sincerely,

Stuart

Dr Stuart Boland,
Convener

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NSH Intensive Care Services - Northern Beaches Activity Report

July 2002 - June 2004

	Manly						Mona Vale					
	2002/03			2003/04			2002/03			2003/04		
	ICU/HDU	CCU	Total	ICU/HDU	CCU	Total	ICU/HDU	CCU	Total	ICU/HDU	CCU	Total
Total Admissions	412	181	593	360	147	506	279	266	545	270	182	452
ICU bed days	1606			2057			1367			1163		
Length of Stay (mean)	3.9			5.7			4.9			4.3		
Admit from: OT - emergency	81			39			30			37		
Admit from: OT - elective	49			51			39			53		
Emergency Dept	167			165			150			123		
Other Floor	94			66			52			49		
Other Hospital	18			39			8			8		
Ventilated Patients	58			79			70			63		
% admissions ventilated	14			22			25			23		
Ventilated > 24hrs	35			56			37			34		
Ventilated > 1 week	17			26			6			9		
Ventilation days (mean)	8.26			6.62			4.34			2.93	3.67	
Total Ventilated days/hrs	479/11496			523/12552			168/4032			185/4440		
CPAP/Bipap	53			54			29			32		
CVVHD	10			7			0			0		
APACHE Score (mean)	14.8			16.1			19.6			18.6		
Readmit within 72hrs				5						1		
Deaths in ICU	32			47			33			31		

Data Source: ICU data base

304/7296

(5)

NSH Intensive Care Services - RNSH Activity Report

July 2002 - June 2004

Royal North Shore Hospital								
	2002/03				2003/04			
	General	Neuro	Cardiac	Total	General	Neuro	Cardiac	Total
Total Admissions	767	397	554	1718	708	462	597	1767
ICU bed days	3912	2580	2271		3859	2613	1760	
Length of Stay (mean)	5.1	6.5	4.1		5.5	5.7	2.9	
Admit from: OT - emergency	140	74	28		117	94	21	
Admit from: OT - elective	119	153	517		141	184	559	
Emergency Dept	195	68	7		171	70	1	
Other Floor	174	29	2		178	46	13	
Other Hospital	131	70	0		94	68	3	
Ventilated Patients	454	144	546		422	168	557	
% admissions ventilated	59	36	98.5		60	36	93	
Ventilated > 24hrs	241	91	70		252	101	68	
Ventilated > 1 week	69	39	12		82	45	11	
Ventilation days (mean)	4.1	8.46	1		5.23	6.19	1.15	
Total Ventilated days/hrs	1861/44664	1218/29232	546/13107		2209/53016	1040/24960	664/15936	
CPAP/Bipap	95	7	23		109	9	17	
CVVHD	29	0	1		40	0	3	
APACHE Score (mean)					17	11	13	
Readmit within 72hrs					10	2	1	
Deaths in ICU	89	27	7	123	85	28	11	124

Data Source: ICU data base

(b)

NSH Intensive Care Services - Hornsby Activity Report

July 2002 - June 2004

	Hornsby					
	2002/03			2003/04		
	ICU/HDU	CCU	Total	ICU/HDU	CCU	Total
Total Admissions	268	104	372	341	15	356
ICU bed days	1822			1836		
Length of Stay (mean)	6.8			5.4		
Admit from: OT - emergency	36			38		
Admit from: OT - elective	37			47		
Emergency Dept	76			89		
Other Floor	47			73		
Other Hospital	70			94		
Ventilated Patients	156			199		
% admissions ventilated	58%			58%		
Ventilated > 24hrs	113			122		
Ventilated > 1 week	28			31		
Ventilation days (mean)	7.04			4.8	5.1	
Total Ventilated days/hrs	1098/26352			955/22920		
CPAP/Bipap	36			49		
CVVHD	15			10		
APACHE Score (mean)				20.5		
Readmit within 72hrs				2		
Deaths in ICU	44			41		

Data Source: ICU data base

(9)

Northern Beaches Health Service

Meeting on February 21st, 2005

Objective: To seek consensus on the provision of Intensive Care Services to patients in the Northern Beaches Health Service Area

It is acknowledged that all parties have already participated extensively and in good faith in earlier planning exercises, and have all experienced frustration to some degree due to a number of factors.

The two significant comments of the consumer representative at last Wednesday night's meeting were:

- *It is disappointing when decisions where there is already consensus (e.g. maternity services) are not pursued due to pressure form external forces.*
- *If the clinicians can't agree, how can the public be expected to accept any particular proposal.*

Points of general agreement:

1. The Northern Beaches population will be best served by a single new public hospital facility in a location yet to be decided.

2. The Northern Beaches population will be best served by a single integrated Department of Critical Care at a level that meets accepted standards and satisfies the concerns of local clinicians.

3. Commitment to the principles contained in Points 1 and 2 (above) from NSW Health and from Northern Sydney/ Central Coast Health will be necessary before other issues can be satisfactorily resolved.

Points to be discussed:

1. Level of Intensive/Critical Care service to be provided at Mona Vale Hospital

2. Level of Intensive/Critical Care service to be provided at Manly Hospital

3. Resource implications for Points 1 and 2

4. Review protocols to be implemented to assess the efficacy of any system proposed today

Other Matters:

Northern Beaches Health Service - GMCT Implementation Group

At the meeting held on February 16th at Manly Hospital various opinions and concerns relating to the implementation of the full GMCT recommendations were expressed and noted. In particular concern was expressed about the recommended changes to Intensive Care Unit facilities across the Northern Beaches

Subsequent discussions with the consumer representative at the meeting confirmed that it is difficult for health consumers on the Northern beaches to decide which type of service is most appropriate if the providers are not themselves in agreement.

Summary of meeting discussion:

1. There is general agreement that the Northern Beaches population will be best served by a single new public hospital facility in a location yet to be decided.

2. There is general agreement that the Northern Beaches population will be best served by a single integrated Department of Critical Care at a level that meets accepted standards and satisfies the concerns of local clinicians.

3. Mona Vale clinicians are concerned that the current GMCT proposal represents an expectation that the functional status of Mona Vale Hospital is to be maintained but with a reduced level of on-site critical care resources. This potentially places patients at risk.

4. ICU clinicians are concerned that the current level of ICU resources in the Northern beaches is insufficient to safely provide a level 4 service at both sites.

5. Public commitment to the principles contained in Points 1 and 2 (above) from NSW Health and from Northern Sydney/ Central Coast Health is necessary. In particular, public commitment to a single new hospital in the Northern Beaches area is vital.

Dr Paul Phipps has agreed to draft a document that will outline the additional resources required (including staffing) for a modification of the GMCT proposal – specifically with no reduction in the status of the Mona Vale Intensive Care Unit. (i.e. Mona Vale to remain as a Level 4 Unit, Manly to become a Level 5 Unit, with a single Northern Beaches Department of Critical Care).

Some representatives among the surgeons and intensive care physicians have indicated that they would support the development of this proposal, and to this effect I propose to cancel the meeting scheduled for this Wednesday (23rd February). The plan is to circulate the document prepared by Dr Phipps to all members of the Committee prior to the next scheduled meeting on March 16th, with the opportunity for all participants to discuss the document at that time.

Thank you for your participation in this process. Please feel free to contact me (0413 601 393) should you have any queries or concerns.

Simon M Willcock, Chair