

**Submission
No 357**

INQUIRY INTO MONA VALE HOSPITAL

Organisation:

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Subject:

Summary

SUBMISSION TO THE NSW PARLIAMENTARY INQUIRY INTO MONA VALE HOSPITAL

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Rationale for Submission

My submission is made from a background of strong personal interest and active community involvement over several years - trying to assist Northern Sydney Health to achieve improved hospital and healthcare services for the Northern Beaches.

As a Manly Council elected member of the Northern Beaches Health Care Planning Consultative Group (NBHCPCG), and a committee member of BEACHES (Better Equitable Access for Community Health and Emergency Services) – my knowledge on the subject is based on:-

- two years of community consultation re Northern Beaches Healthcare
- participation in healthcare and specialist medical/community workshops
- guided tours of other metropolitan NSW hospital sites
- exposure and access to volumes of relevant material re hospital design, modern healthcare services delivery and practice, and the logistical keys to siting hospitals
- participation in public forums and addressing a wide range of individual public/community groups
- assisting NSH staff with the preparation of material critical to its submission to the NSW government.

Against that background, I make the following submissions on each of the four questions that form the Inquiry's terms of reference.

1(a). Closure of the Mona vale Hospital Intensive Care Unit and reasons behind its transfer to another hospital

Apart from the NSH stated specific current reasons for closure of the MVH ICU, this issue has to be examined against a holistic perspective underlying 5-years of Northern Beaches ongoing community debate about the areas' healthcare services and in particular, the provision of a major new hospital.

Specifically, that perspective is the Northern Beaches population size and community spread – and its implications for siting and grading of hospital services.

The Northern Beaches population is approximately 230,000 plus and its relatively low projected growth rate limited by geographical factors, extensive dedicated national parklands, and comparatively scarce residential land for development.

In modern healthcare thinking and practice terms (let alone economics), **that population size and related demographics should be serviceable by one centrally accessible major hospital**. However, responding to community concerns and specific Peninsula issues eg topography and transport infrastructure, NSH is pursuing a two hospital option as set out

in their PFP to government on this matter.

Within that PFP framework and specifically relating to ICU services, it should be noted that in November 2003 a Northern Beaches Health Panel (including community representatives) agreed to “one ICU service across both sites providing a high quality, safe service that meets community needs on the Northern Beaches”.

Hence, four current reasons at least for the closure of the MVH ICU:-

- a November 2003 publicly stated policy of “one ICU service across the MVH and MH sites”
- inability to sustainably recruit specialist medical and related staff for MVH
- insufficient critical case need MVH
- lack of sufficient in situ technology and qualified specialist back-up.

Throwing money at this problem would not alter the second two bullet points, and remedying the last would be unjustifiably wasteful as well as not serving the overall needs of Northern Beaches residents.

Moreover, for these and subsidiary reasons MVH has been regularly bypassed for acute and emergency purposes for several years because of these factors and others and in the best interests of patient safety and care. To my knowledge, no patient’s safety or health has been compromised by this process.

1(b). The Level of funding given to MVH compared to other hospitals in the Area

The Area in this question is Northern Sydney Health’s geographic responsibility spread – before the recent inclusion of Central Coast Health services.

Assessing the evidence on this matter requires considerable background information and analysis. However, I feel confident that such research would probably show that both Manly and MV Hospitals have been “short-changed” in terms of funding levels over many years –by comparison with similar hospitals in Labor voting or marginal electorates.

Moreover, it is also likely that the research would demonstrate that as the larger of the two, Manly Hospital’s needs have been significantly more underfunded than MVH’s, bearing in mind its proximity to the area’s population centre and its year-round tourist influx needs.

In respect of funding to other area hospitals (other than RNSH), there is little merit in comparing funding because they respectively:-

- serve differing population density areas
- have different histories and development needs
- are earmarked to cater for different future needs and specialties.

Consequently, this question is not only of marginal value but more importantly is irrelevant in light of the Northern Beaches major underlying hospital/health care need outlined in #1(a)above.

1(c). The level of community consultation in relation to changes proposed by NSW health to the MVH

This question needs addressing at two levels as the aim is ambiguous because the changes are unspecified.

If it means the changes currently announced eg closure of ICU, then it would be fair to say that NSH last engaged in meaningful community consultation via the previously mentioned November 2003 Northern Beaches Health Panel(see (#1a above). Community Representatives of the northern end of the Peninsula were certainly present at that meeting.

Consequently, the current ICU changes reflect that publicly agreed approach which itself was predicated on patient care quality and safety as well as medically operational issues.

Moreover, late in 2004, the Greater Metropolitan Clinical Taskforce (GMCT), headed by Professor Kerry Goulston, proposed a single Northern Beaches ICU service whereby specialist staff would provide services for both MVH and MH. More specifically, the proposal provided for a Level 3 (High Dependency Unit) at MVH with 4 – 6 beds (non-ventilated) and a Level 5 unit at MH with 6 ventilated beds.

I understand that NSH intends to shortly reconvene the Northern Beaches Health Panel (including community representatives) to consider the above GMCT proposal and CEO Dr Stephen Christley has raised this impending consultation in the media.

In addition, the evidence clearly points to genuine operational need to make the changes based on the unavailability of adequately qualified and longer-term specialist ICU staff. All recruitment efforts have failed due to the perceived lack of critical mass in terms of associated back-up specialties, technology, and actual patient numbers ie need.

If the question aims at the level of community consultation for changes associated with the move to a new Northern Beaches metropolitan level 5 Hospital and the significance of such for MVH – then the level of community consultation has been high.

While NSH's approach to siting a new general hospital at Frenchs Forest some 5 years ago was somewhat unilateral and lacking in community consultation, its subsequent community involvement has been exemplary. For over three years, NSH has worked assiduously with Councils and Northern Beaches Community representatives to reach agreement on hospital and healthcare service changes for the Peninsula. Its example would have to be a healthcare benchmark in community consultation – if only for its level of intensity and continuity over such a prolonged period.

Details of this consultation process are on public record and I would be happy to iterate on and discuss them as required.

1(d). The Reasons why the MVH has not been made the general hospital for the Northern Beaches area.

Unfortunately, this is the only question that those supporting MVH are interested in and why they have pressured the NSW government into convening this Inquiry.

The answers, that Save Mona Vale Hospital supporters have tried for 5 years to refute, are common sensibly simple and as follows:-

- a new Northern Beaches General Hospital needs to be closer to the population centre

of the area – not the geographical centre, because it has to be reasonably accessible by all available transport needs to the greatest number both in emergency and general need. A Brookvale/Dee Why location best supports that need – as found by a Computing in Transportation travel study overseen by Professor John Black in liaison with Northern Beaches Community Consultation Health Planning Group.

- siting a new hospital on the existing MVH site would disadvantage the majority of residents because it would take them longer to access. Moreover, the extra distance to travel would cause many at the southern end of the Peninsula to journey to RNSH in preference – about the same travelling time for many – thereby placing greater pressures on that already over-strained hospital
- a major new general hospital sited in/near the area's population centre would improve the emergency and critical care needs of Pittwater residents by offering a higher level of advanced hospital care than currently or foreseeably available at MVH – which is frequently bypassed even now to reach more distant hospitals such as RNSH
- a new hospital gains little advantage from being near the sea and in a garden environmental setting except perhaps for longer term in-house rehabilitation because patient stays for even critical cases are a week at most and increasingly reducing as medical advances allow. The critical elements are: ready accessibility, environmentally pleasing, state-of-the-art technology, and a critical mass of quality specialists and staff.
- Market research conducted by Taverner Research in 2002 also indicated that 50% of Northern Beaches residents preferred a Brookvale area location for a new General Hospital

Unfortunately, Save Mona Vale Hospital supporters seem impervious to these common sense and obvious factors. While their rearguard actions in defence of MVH over 5 years are perhaps to be respected for parochial effort, political strategy and commitment, they have to be criticised for their narrow, selfish perspectives, the cost to the wider communities and their unwillingness to accept a majority conclusion arrived at through extensive community consultation to which they had more than equal inputs.

Their cause has also been marked by delaying actions, creating community fear and obfuscating expert opinions. From public "forum" work at the Pittwater end we encountered many northern Peninsula residents who privately favoured a new general hospital around Brookvale/Dee Why but were afraid to voice their opinion for fear of action from Save Mona Vale Hospital committee or its supporters.

Were it not for the Pittwater end's continuing parochial pressure to save MVH, a new Northern Beaches general hospital would have almost certainly been approved by now somewhere around Brookvale/Dee Why and a building start date nominated. Instead Northern Beaches residents are still without an approved new hospital and 5-years behind schedule.

If this enquiry resolves nothing else, I strongly implore it to examine its brief in the best interests of **all** Northern Beaches residents.