

**Submission  
No 2232**

## **INQUIRY INTO MONA VALE HOSPITAL**

**Organisation:** Mona Vale Hospital Staff Council

**Name:** Dr David Jollow

**Position:** Chairman

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**Subject:**

**Summary**

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Legislative Council  
GENERAL PURPOSE  
STANDING COMMITTEES

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RECEIVED

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Patricia Forsythe MLC  
Committee Chair  
Mona Vale Hospital Inquiry

Dear Patricia,

I am writing in response to your letter dated 20/12/2004 regards the inquiry into Mona Vale Hospital. I am the Chairman on the Mona Vale Hospital Medical Staff Council (MSC), being elected to this position in January 2004. I have been an Obstetrician at Mona Vale since January 2003, and at the nearby Manly Hospital since January 2004. I previously did my O&G training at King George V Hospital at Camperdown from 1996-2002.

Because of the time of year, and our usual meeting calendar, I have not been able to directly discuss the inquiry with members of the Medical Staff Council. However the comments I will make have all been previously aired by members of the MSC. Because of my work at Manly Hospital, I am also a member of Manly MSC, but I will not comment on any discussions at Manly as I have no official capacity. If you are seeking comments from Manly MSC then I suggest you write to Dr Jonathan Page who is chairman of Manly MSC.

In regards to the closure of the Intensive Care Unit at MVH: there has been much debate on this topic since I first started working at MVH. As you may be aware, there is a general shortage of ICU specialists in Australia, which has led to several ICU departments closing. According to the present ICU specialists that work on the Northern Beaches, the level of work performed and the population on the Northern Beaches only justifies having one main ICU for ventilated patients. The proposal put forward by the Director of ICU, Dr Paul Phipps, was to have one main ICU on the Northern Beaches, and for the other hospital to have a downgraded ICU (also called High Dependency Unit or HDU). This would lead to a critical mass of patients and specialists to give the patients the best of care. The argument is hard to flaw.

However, what is less understandable is the decision to have the main ICU at Manly Hospital. Manly Hospital is geographically sited very poorly, at the southern most point on the peninsula. It can also be extremely difficult to access Manly Hospital as it is on the southern side of Manly Village, meaning that traffic problems in Manly can make access even worse, especially in an emergency. There are also several times of the year when Manly Hospital is

essentially on bypass for ambulances because of activities in Manly eg. New Years Eve and the several festivals held in Manly during the year. On the other hand, Mona Vale Hospital is sited in the centre of the Northern Beaches on a major 6 lane highway. Public Transport to Manly hospital is almost non existent, with an irregular bus service to Manly Wharf, and walking to Manly Hospital is extremely arduous with a large uphill climb, making it incredibly difficult to access for elderly or infirm people. Most of the upper Northern Beaches does not have direct public transport to Manly Village, meaning that a visitor from north of Mona Vale may need to catch 3 separate buses to reach Manly Hospital. This is incredibly important for visitors to the ICU. On the other hand, Mona Vale Hospital is on several major bus routes to the City, North Sydney and Chatswood, as well as most points on the Northern Beaches (north and south). Road access is also much better to "inland" areas of the Northern Beaches, being very close to Mona Vale Rd and the Wakehurst Parkway. Mona Vale Hospital is also on the routes for several of the proposed express cross regional bus routes planned for greater Sydney. Manly Hospital is not on any of these routes (nor is Manly Village itself).

Medical transport is also harder to Manly Hospital, with no helicopter pad. Mona Vale has a helicopter pad already in regular use, with air access over the ocean leading to no resident complaints. If the enlarged ICU is linked to the state wide register of ICU beds, then it is more likely that transfers will occur into the new ICU as well as out to other hospitals, meaning that a helicopter pad would be essential for this purpose.

From a medical point of view, the decision for Manly is also hard to understand. The Emergency Department at Mona Vale is significantly bigger than Manly (23000 presentations vs. 17000) and my understanding is that the amount of major surgery requiring ICU admission is higher at Mona Vale. My understanding from the Intensivists is that Mona Vale has better outcomes for ventilated patients, with lower lengths of stay.

Mona Vale is also a more recent hospital, being 40 years old. There is more physical room in the current ICU for expansion. Many parts of Manly Hospital are 100 years old and very difficult to renovate. There has been arguments that Mona Vale ICU is difficult to renovate due to the presence of asbestos, but my understanding of this is that there is no asbestos at Mona Vale ICU as this was a more recent expansion of the hospital. Apparently there is enough room to renovate the current ICU at Mona Vale for the increase in beds required.

I cannot comment on the level of funding for Mona Vale compared to other hospitals in the area, as I am not privy to this information, and is also well out of my area of expertise. This information should be readily available from Northern Sydney Health.

The level of community consultation to the recent proposals has been non existent. The latest forum for community consultation was in November 2003 ( at which I was present as Maternity services were being discussed as

well), at which stage the community made it clear that they did not support any proposal to downgrade either ICU.

On the subject of a new general Hospital for the Northern Beaches (which I will call the Northern Beaches Hospital) the site of the current Mona Vale hospital would be ideal. I have already dealt with the transport advantages of Mona Vale over the current Manly site, but Mona Vale also has major advantages over the other sites being considered on the Northern Beaches for a new hospital. It is demographically almost at the centre of the Northern Beaches, and will become more so as more land is released at Oxford Falls and north of Mona Vale road. The other point that seems to have been lost in the debate is that of choice. People on the lower Northern Beaches have a choice of several hospitals to attend to, so if they feel that Mona Vale is too far away, then they have easy access to Royal North Shore Hospital. However, in the upper Northern Beaches, there is no such choice. The nearest public hospital (besides Mona Vale and Manly) is Hornsby, which would take at least 45 minutes to get to from Mona Vale, and significantly longer from the rest of the Pittwater district. There are no public transport links whatsoever to Hornsby, so a Northern Beaches Hospital sited at the southern end of the peninsula would make it difficult for patients and visitors to access any hospital (at all times). Mona Vale Hospital is an easy 25 minutes drive from everywhere in the Northern Beaches.

There is also ample land at the Mona Vale site, with approximately 9 hectares available to be used. The Manly site has around 6 hectares, and the proposed site at Dee Why has only 3 hectares. The Dee Why site would need a high rise building to be built to consolidate all of the services required, especially if a private hospital was built as well. Mona Vale has ample space to expand the current hospital, as well as adding services like a private hospital and/or medical centre. Because Dee Why is at sea level, there is no ability to have extensive underground parking as these tend to flood, as has been found by several nearby apartment blocks which have dug only 2 floors down. This would necessitate the building of a large high storey car park - this would seem counter to the quoted town planning benefits that a new hospital at Dee Why is supposed to induce.

The current hospital at Mona Vale is currently 40 years old, but was planned as a much larger hospital. The infrastructure in the present hospital is designed to be added to easily and without significant disruption to current services. As stated previously there is also ample room for extra facilities and above ground parking. There is already a significant medical workforce in the area that revolves around the current hospital.

Most importantly, the state government already owns the land, and as such there would be no need for a large expenditure simply to acquire land. Selling the land at the current Manly Hospital would raise enough capital to expand the services at Mona Vale, so the Northern Beaches community would receive a new hospital for very little outlay on behalf of the government. This technique has been used several times in the past with very little community

backlash as they could see the positives gained by shifting services eg Royal Hospital for Women moving to Randwick, as well as the Children's Hospital to Westmead. The Dee Why site is quoted to be costing around \$40 million just to acquire the land. The same technique could not be used to sell the Mona Vale site, as this site was a donation from the Salvation Army on the condition it was used for a health care facility. Selling the land at Mona Vale would not reap much reward because moving the hospital would mean that it could effectively be only used for an Aged Care facility. It is unlikely that a private hospital would seek to start on the site if the main general hospital for the Northern Beaches were located in a different location. However, if the main Northern Beaches Hospital were sited at Mona Vale, some of the excess land could be sold or leased to a new private hospital reaping some reward for the government.

In summary, not only it is completely unacceptable that the ICU be downgraded, but in the long term the Mona Vale site is the most appropriate for a new Northern Beaches Hospital. If you have any queries please don't hesitate to contact myself personally.