

**Submission
No 718**

INQUIRY INTO MONA VALE HOSPITAL

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Subject:

Summary

MONA VALE HOSPITAL

Parliamentary Inquiry

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Executive Summary

The Terms of Reference for this inquiry focus on the Mona Vale Hospital and in particular the closure of the intensive care unit, funding, Community consultation and reasons as to the rejection of it to be the major general hospital on the Peninsula. This submission wishes to identify a major omission as to the circumstances now under inquiry. That is the inquiry is limited to the current position of Mona Vale Hospital but this is as a result of a much bigger concern regarding the desire to build a new public hospital at Dee Why.

Accordingly, this submission focuses fundamentally on the lack of constructive and proper consultation with the total Community affected by the proposed major changes in the delivery of public hospital services on the Northern Beaches Peninsula as well as the Terms of Inquiry.

In so doing, it will highlight the grossly inappropriate lack of planning for total health and hospital services to the entire Peninsula as will be required in the coming decades.

Essentially, the current attempts by NAHS (Northern Area Health Services) over the last five years to build a new public hospital, initially in Frenchs Forest and now at Dee Why, are the cause of major Community unrest and resistance from Manly to Mona Vale. Such attempts by NAHS have been grossly deficient, on any basis, as to improving and addressing the health and well being of the total Community living in the affected areas.

At best, the attempts are a simplified solution to the difficulties faced by NAHS and its bureaucracy to provide public hospital services on the Peninsula. Faced with rising cost pressures and workforce shortages, the attempts are (more likely than not), a grandiose effort by the senior bureaucrats at any cost, to create their own imprimatur on public hospital planning for personal reasons and aggrandisement. Events to date, with the complete lack of compromise or consensus with the Communities affected, add support to this concerning interpretation.

The lack of involvement of the Medical Community including General Practitioners and private hospital providers on the Peninsula raises significant concerns as to the rationale and reasons for the development of a "new" major facility in the surrounding Peninsula LGA's. NAHS has never outlined publicly the reasons for the closure of Manly Hospital and the devolution of Mona Vale Hospital let alone the total future health planning needs of the Community.

This submission requests that all decisions relating to the future of Mona Vale Hospital and also any changes to Manly Hospital or a new public hospital built at Dee Why or elsewhere on the Peninsula be suspended pending a complete, thorough and comprehensive review of all health and hospital services on the Peninsula, aligned to the current and future needs of the Community for the next 20 years.

Such a review must take into account all key stake holders, epidemiological facts, technological opportunities, cost pressures and workforce shortages as wells as ageing population trends and needs.

It is hoped this approach will be an opportunity for official or unofficial cooperation between Federal and State Departments providing health and hospital services to the Community, to jointly plan and coordinate their services with inclusion of the private sector such that any proposals resulting will be optimised as to cooperation between all parties, seamless in implementation for patients, and the best quality and value health and hospital care possible over the coming decades, at the least inconvenience and cost. Such a challenge is long overdue.

The Mona Vale Hospital dispute provides an opportunity to establish a much improved way forward in total Community health planning, as a microcosm, for all Australia.

Terms of Reference (TOR)

The devolution of services at Mona Vale and Manly Hospitals has and continues to incite community scrutiny and anxiety. The terms of reference identified for the inquiry include:

- The closure of the intensive care unit and the reasons behind its transfer to another hospital
- The level of funding given to Mona Vale Hospital compared to other hospitals in the area
- The level of community consultation in relation to changes proposed by NSW health to the Hospital and
- The reasons why the hospital has not been made the General Hospital for the Northern Beaches area

While the TOR's are fundamental to the community, in as much as the delivery of a quality health service, the underpinning concerns and issues identified through this submission is the lack of long term strategies and planning to negate the lack of funding, the lack of intensivists and the delivery of improved health services to the various LGA's shrouded in this controversy.

Although the lack of intensivists and specialist doctors attending these hospitals is of major concern, the lack of an appropriate planning model (long term) has culminated in the lack of specialist human resources and hospital funding.

This submission does not discard the TOR's and clearly embraces them as current key issues affecting the local communities and the delivery of vital and quality health services. However, this submission seeks to explore the underpinning reasons for the lack of long term strategies for the Northern Beaches and the Northern Area Health Service which is fundamental to the delivery of health and hospital services.

The lack of specialist human resources (Nursing and Physician) is not a new problem and has been identified by stakeholder groups throughout the hospital systems. To overcome these issues, the implementation of long term planning, training and recruitment and retention strategies must be implemented by hospital providers. The development of a new hospital does not reach the root cause of resource short falls.

The ongoing delivery of services and the success of these services must be reviewed both federally and at a state level. The delivery of health services is about care and provision, not cost shifting and/or political brokering. Doctors and Nurses can not continue to function or face resource poor facilities, long waiting lists, bed block or poor management planning and administration. The time for delivery strong strategic, long term goals with achievable outcomes is now.

Abuse of Process

Over the five year history of this saga, there has been a deliberate contrivance as to the administrative processes implemented. Dr S Christley, as CEO, appears to have run this path with preset outcomes. Initially, it was for the French's Forest site and now the Dee Why site. Each of these locations became the focus of all actions and Community reactions.

There has NEVER been an appropriate regional health planning process in place which would have rationally explored the health and hospital needs of the affected region (especially the Peninsula).

The focus on a location for a new public hospital has been an extravagant use (\$ millions) of public funds without an open and/or transparent process. The present proposal to close Manly Hospital and down grade, in part or whole Mona Vale Hospital, has been made in a secrecy of veiled arguments.

As yet, no one active in the community, medical or hospital providers, has knowledge of why Dr Christley began this crusade.

Suspicious have been manifold. Personal master plans, personal aggrandisement, strange coincidences why some Intensivists are withdrawing their services from Mona Vale and why some Specialists acquired land very early in this matter in the French's Forest area for a collocated private hospital. The land sell off at Manly and Mona Vale ranks highly with the Community.

The totally inadequate and improper planning of health and hospital needs on the Peninsula, no proper public independent processes and a complete lack of any substantive acceptable medical and health based arguments for such a major change with absolutely no costings of any kind of a capital or ongoing operational nature, create significant disquiet.

As such NAHS, Dr Christley and the NSW Health Department have acted unacceptably to further a preset outcome on any basis without consideration of the total Community health needs and wants.

Public Documents Issued are Flawed

There have been a number of publicly released documents costing hundreds of thousands of dollars. All are grossly deficient for the purposes of hospital planning, let alone public hospital or indeed any health planning for a Community of up to 300,000 people.

Each submission has essentially been used to justify an authoritarian, bureaucratic decision of a pre-determined location for a public hospital.

As has been stated above, there is a strong case to suggest an abuse of process has occurred. Consequently, when reviewing the tabled documents, it is difficult to see a logical and rational approach, as NO clarity and terms of reference are stated.

Even with terms of reference unstated, there has never been a reason given for the initial proposal to build a new public hospital in French's Forest, let alone Dee Why now.

The documents themselves are self-serving. They do not disclose the conflict of interest of some of the persons involved and their other interests. The focus on justifying one location against another camouflages proper hospital planning.

Hospital planning of any type, public or private, must consider the Community needs now and for at least 20 years times (as much as it can be done).

There is No justified content at all as to the real hospital needs of the community, now and into the future.

No epidemiological data, No technological review, No evaluation of health delivery trends, No assessment of work force needs and trends, NO case mix studies, NO demographic review, No honest consultation with the private sector, No involvement of General Practitioners, No private hospital operator involvement, No costings at all, plus other deficiencies.

All these elements are fundamental in hospital planning. Why were they never done or if so, were they done purely as a window dressing exercise?

History of Confrontation

This submission does not wish to restate what is publicly known. The duration of this battle highlights a major issue which required consideration in itself, by this Inquiry.

It is one thing to have an authoritarian person in control of the destiny of hospital services (as is the case currently); it is another to establish a proper and durable independent process which addresses total Community health needs now and into the next 10 – 20 years.

To a large degree the confrontation is an example of the gross deficiency in the current hospital system where by the State of NSW is primarily interested in Public Hospitals whilst the remainder of Medical and Health services are federally influenced. This separation is aggravated by the dominance of public hospital beds in NSW compared to other States. NSW public hospitals have about 75% of hospital beds (including private), whereas other States have 50% or less public beds. Consequently, NSW, due to the huge political and social sensitivity of public hospital services, is public hospital focused at all levels, including the Minister.

Without separating Mona Vale and Manly (the whole Peninsula) issues, the angst clearly shown by all the Community reflects their lack of “know how” to affect constructive solutions to their realistic expectations for future health and hospital services in their Region. There is NO acceptable process catering for their views.

This is also a major problem for many Communities throughout NSW and possibly Australia.

Neglect of Total Community Health Needs

It is a fact that Public Hospitals dwarf all other public sector health services. Yes, there are significant statutory requirements for the State to oversee for most hospital (private and public), and medical and health providers amongst others. They are not service driven but administrative.

Community based services, home care and nursing homes are either Federal or privately funded, with attendant regulatory controls.

Such a mish-mash creates major separations in the provision of all health services. Increased costs, duplication, confusion for providers, access blocks, difficult processes, work force problems and shortages, etc. etc. are all aggravated and indeed aggravating to providers and users.

In the Mona Vale Hospital saga, the separation of State and Federal responsibilities has been paramount. The Community is remarkably alert and aware of what it feels is the best way forward to provide the appropriate hospital and health services, now and into the next generation.

The Community has the greatest vested interest to ensure the best use of all resources required to maintain their health care optimally, not just public hospital services.

Emergency services and Intensive Care services are important. They form the current focus of this Inquiry. However, they are the dramatic, acute front end of the issue. In total and cost, they are small.

Ageing populations, increased co-morbidity, work force shortages, personal costs of health care, lack of access to available services, increasing opportunities for use of technology at a personal level for health care, single persons, costs of nursing homes and their availability, are the huge and constant issues which the Community face daily.

It is these and other such issues which are dominant. Yet they are totally excluded in ALL documents issued to date by NAHS.

The public hospital focus is fundamentally flawed as it now exists, for political reasons. It is also a major budgetary situation and dominates decision making and institutionalises power and influence. However, it does not dominate daily living and health needs of the Community.

Until total health and hospital services, public and private, are considered as a seamless and integrated system with acceptable flowing processes, there will be continuing major confrontation and burdens on all the persons involved.

Recommendations

1. First and foremost – STOP all actions pending an appropriate process taking place.
2. Establish a process, involving Federal and State representatives, ALL Communities affected including Manly, Warringah and Pittwater Council catchments to identify a VISION for any future planning of hospital and health services in the region. This process must also include private health and medical providers, including GPs, private hospital and nursing home representatives, Community health providers. In particular, the DVA should be represented due to its large resident population in the region.
3. Once the VISION has been formalised then an appropriate planning process, involving a broad range of stakeholders should be selected to recommend a plan of action. Independent leadership of this process is essential. Terms of reference can be determined as relevant when required, for future implementation.
4. Federal/State separation must be removed for the sake of better health service provision to the Community at the lowest cost.