

INQUIRY INTO MONA VALE HOSPITAL

Organisation: Save Mona Vale Hospital Committee

Name: Mr Parry Thomas

Position: Chairman

Telephone:

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Subject:

Summary

Mona Vale Hospital Parliamentary Inquiry

Submission by

**Save Mona Vale Hospital
Committee**

CONTENTS

1.	Executive Summary	3
2.	Recommendations	5
3.	Background.....	6
4.	Response to Terms of Reference	8
	4A. The Closure of The Intensive Care Unit.....	8
	4B The reason why the hospital has not been made a general hospital for the Northern Beaches area.	10
	4C. Level of community consultation in relation to proposed changes	19
	4D Funding levels.....	25
4.	Conclusion	30
5.	Attachments.....	32

1. Executive Summary

Many documented studies have demonstrated that environmental factors, both built and natural, have significant impacts on patient recovery. The better the environment the better the outcomes for the Patient.

Mona Vale Hospital has to be in one of the best environments in the world for improving patient outcomes. This great strength is also its greatest threat, the high land value is a very seductive drug to an ailing Area Health. The only value that is being placed on the site is the dollar value. There is a complete failure to recognise the long term returns from improved community health and better patient outcomes that can be realised by upgrading and supporting this wonderful hospital.

Years of mismanagement and under funding have taken their toll on Mona Vale Hospital and its staff. This cannot continue.

Hard nosed economic rationalism does not have all the answers, hospitals are at the core of what turns a group of individuals into a community and an economy into a society. Governments are not elected to rationalise economies, they are elected to build societies.

The heavy handed, exclusive and secretive manner that has been adopted by Northern Sydney Health (NSH) throughout the years this process has been going on, has appalled us. The truly frightening thing is that we are sure that NSH believe that they have been cooperative, inclusive and open. The truth is NSH have seen our community and its representatives as a threat and an obstacle that needs to be dealt with to achieve their goals. If you agree with them you are on the inside, if not, you are out. There has been no effective planning, consultation

or management. Large sums of taxpayer funds have been wasted achieving nothing. Large sums of community donations have been expended trying to get a fair outcome. If only these funds could have been directed into our hospital.

The recent process that recommended the closure of Intensive Care at Mona Vale Hospital was no better and has been condemned by the community and many clinicians.

Mona Vale Hospital is the perfect site for the Northern Beaches Metropolitan General Hospital. Planning must start immediately and funding must be fast tracked for the upgrading of the hospital. The community will accept nothing less.

The Mona Vale Hospital Intensive Care Unit must be immediately upgraded to a Level 5 Intensive Care Unit, the community will accept nothing less.

The community is ready to work with NSH to achieve these aims.

It is a matter of life or death.

2. Recommendations

The Save Mona Vale Hospital Committee makes the following recommendations to the General Purpose Standing Committee No 2:

1. That Intensive Care Services be retained and upgraded to level 5 at Mona Vale.
2. That the new Northern Sydney Central Coast Health Service should be directed to confirm Mona Vale as the site for the new Metropolitan General Hospital.
3. That opportunities for a co-located Private Hospital on the Mona Vale site be actively pursued.
4. That the community be active participants in the future planning of health services on the northern beaches.

3. Background

The Save Mona Vale Hospital Community Action Group was formed in late 2000 as a direct result of the community's grave concerns over the continued downgrading of services, the total lack of any capital improvement, the lack of basic maintenance, the concern of the staff and real community fears that all these issues were part of a plan to close Mona Vale Hospital.

The community support for this committee and its aims has been overwhelming and ongoing. They have donated and donated and donated to fund the Committee's programme. They have rallied in their thousands. Time and time again, they have written thousands of letters, made hundreds of calls to Talk Back radio, put nearly forty thousand signatures on petitions and been available in large numbers to deliver the hundreds of thousands of Newsletters and information sheets that have been distributed on many occasions.

Four and a half years on they are still as determined as ever to ensure that Mona Vale Hospital is upgraded and continues to meet the hospital needs of the Northern Beaches.

The committee operates in two ways. We, like many similar groups, protest, critique, publicise and lobby. In addition we have, from the very beginning, been constructive in our approach. We have consulted with clinicians, allied health workers, nurses, consumers, the community and, on numerous occasions, we have attempted to work with NSH. We have developed our own Planning documents for the delivery of Hospital services on the Northern Beaches and we were recommending the Co location of private health facilities when NSH were saying "over our dead body".

This committee is absolutely committed to ensuring that Mona Vale Hospital is the key component in an integrated network of public and private health facilities delivering high quality health/hospital services to all those who live or visit the northern beaches, we deserve nothing less.

The long history of neglect of Mona Vale Hospital coupled with its mooted closure has been marked by growing community support for retention. Mona Vale was only built in 1964 and all the planned stages have never been completed. There was a vision when it was built but that appears to have been lost by planning committees since then. The background section of this submission highlights the depth of concern drawn from the community to fight for the retention of Mona Vale Hospital.

4. Response to Terms of Reference

4A. The Closure of The Intensive Care Unit

Northern Sydney Health (NSH) is planning the closure of the Intensive Care Unit (ICU) at Mona Vale Hospital and transferring it to Manly Hospital. This decision is incomprehensible for the following reasons:

1. The two worst places to place an ICU facility are at the extremities of the Northern Beaches i.e. at Barrenjoey Headland and at North Head.
2. According to NSH's own Procurement Feasibility Plan (PFP), Manly Hospital is hampered by poor road access, limited public transport and inadequate parking.
3. It will be many years before the current Manly Hospital is replaced by a new facility (providing, of course an appropriate site can be found).
4. Mona Vale Hospital is centrally located and easily accessible to all of the northern beaches community, including the offshore Pittwater residents.
5. Mona Vale Hospital has a well functioning ICU in an excellent facility with room for expansion.

The core aim of the Greater Metropolitan Clinical Task Force (GMCT) is to optimise clinical resources across the NSW public hospital system so as to ensure the delivery of quality care and to ensure patient safety. The Task Force's interim proposal to the Minister "is for acute care specialists to work as a team to manage patients" at both sites, cross appointments being made for both Mona Vale and Manly Hospitals, coupled with a system of staff rotation.

However, these “proposed Interim changes” cause great concern and raise many questions. Over the 2004 Christmas period no intensivists were available at Mona Vale Hospital and this forced the closure of maternity and other services.

What happened to the proposed team approach?

Why did Manly ICU staff refuse to service Mona Vale?

Why did NSH management take the line of least resistance and close Mona Vale ICU over this period?

Both NSH and the GMCT continue to blame lack of adequately trained staff prepared to work at Mona Vale Hospital. However, when recent expressions of interest for employment were made by specialists to work at Mona Vale Hospital, they were told they were not required. It is interesting to consider that a shortage of specialists does not occur suddenly. Therefore what have been the long-term plans for maintaining an adequate intensive care service?

The GMCT proposal seeks to upgrade the Manly Hospital ICU to Level 5 (currently Level 4) by increasing the number of ventilated beds to 6 to provide a higher level service for acute patients needing life support. At the same time, the Mona Vale Hospital ICU will be downgraded to Level 3 (currently Level 4) with no ventilated beds, thus making it necessary to transfer acute care patients.

As only Manly Hospital will have ventilated beds, the community is gravely concerned that having to transport very sick patients from Mona Vale Hospital will require an appropriate Intensive Care Ambulance. In the current climate of Access Block in our Public Hospitals, many Ambulances are tied up in

Emergency Departments across the metropolitan area waiting to off-load patients. Transport delays will be inevitable, with potentially fatal consequences.

The interim solution put forward by GMCT and accepted by NSH is another short-term and crisis-driven bandaid solution. It will not improve quality of care and it will most certainly endanger the safety of many patients.

This approach has been typical of NSH planning and management over many years. Indeed, it has brought about the current crisis.

The removal of ICU services from Mona Vale Hospital will lead to the reduction and demise of other clinical services. This will mean that the Hospital will not be able to retain or attract the necessary medical personnel which will result in the total decline and ultimate closure of this hospital.

Dr Stuart Boland refers to it as “Dumbing down” Mona Vale Hospital

4B The reason why the hospital has not been made a general hospital for the Northern Beaches area.

Northern Sydney Health has not considered Mona Vale as the site for the General Hospital on the Northern Beaches. In fact they have actively worked against anyone who has attempted to support the Mona Vale site.

There are however several compelling reasons why Mona Vale Hospital should be the General Hospital for the Northern Beaches: -

1. The Mona Vale campus provides ample land (8.8 ha) for growth and flexibility. It is a site that can cope with developments in medical

technology, changing population patterns, and can satisfy the health needs of its diverse community for the foreseeable future.

The flexibility achieved from having the space to plan is the greatest opportunity for quality care and sustained success in health service delivery. The Manly Hospital site has been used to cram in too much infrastructure with the result being a patchwork of inadequate and inefficient buildings. The Mona Vale site has the existing well thought-out main structure to grow from, with efficacy. Its intensive care facility has space to expand and a special room for radiology work is already in place.

2. The Hospital is located on a designated hospital site that is not surrounded by high-density residential and commercial buildings. The site does not suffer from the NIMBY syndrome, (Not In My Back Yard) of so many “Greenfield” sites. Traffic congestion and car parking are not issues of concern. A basic infrastructure of gas, water, electricity, sewage is in place.
3. The original design of Mona Vale Hospital has never been fully exploited, although modern concepts in the design of diagnostic centres, wards, operating theatres, offices, lighting, waiting areas etc. need to be upgraded as do electronic entry points, lighting, air conditioning and the like. New buildings could be erected while existing care programs can continue with minimal disruptions. All this at a fraction of the cost of a new Greenfield-site hospital – it is the most cost-effective solution. Considering all aspects, Mona Vale is indeed the “perfect site” for the major hospital.

4. It provides easy and convenient access by road and air ambulance for people from the west, the north, the south and for the offshore communities. It is located at the geographic centre of the peninsula. Additionally, during the summer season from October to March, the population on the coastal fringe, where Mona Vale Hospital is situated, is greatly inflated by seasonal holidaymakers and a regular influx of weekend and day visitors.
5. As we have argued above, the hospital's location and potential is well suited not only for treatment and healing but also for providing health professionals with a pleasant work environment and a high quality of work life. However, enlightened management is needed to achieve and sustain quality service and to transform Mona Vale Hospital into a world-class health care facility. What is needed is a clear vision for its future, a long-term plan (created and reviewed periodically with community involvement) and, most importantly, the competent management of Hospital and other resources within the health care network. A continuing problem for Mona Vale Hospital has been NSH management's sole focus on quick fixes, ad hoc planning and lack of decision-making. This has led to the steady decline of the Hospital and to confusion, anger and frustration among staff and the community.
6. Site capabilities are not questioned and are supported by the history of patient numbers and results. Mona Vale Hospital treats 5,000 to 6,000 more patients than Manly Hospital per annum and two per cent of these patients need intensive care.

As stated in the PFP on page 50, Mona Vale Hospital was able to service an increase in acute activity even with fewer available beds over the time surveyed. Mona Vale Hospital has demonstrated time and time again that it can efficiently and effectively deliver high quality services even when starved of facilities and resources.

7. The community has always demonstrated strong support for its Hospital. Yet NSH management has never seriously investigated the site as a cost-effective and workable alternative for a “new” hospital.

The Hospital Auxiliary has been active raising funds for the hospital and massively supplement government expenditure. At a recent event \$87,000.00 was raised on one night.

With such community and tax payer investments, it is difficult to understand why NSH has not given serious consideration to Mona Vale Hospital as being the site of the general hospital for the northern beaches area.

8. The NSW Government has failed to significantly upgrade and re-equip Mona Vale Hospital. Further, there has been no strategy or definition as to the type of hospital Mona Vale would become.

As a community we contend that the Minister for Health and his health administrators should have an economic, as well as a moral commitment to the community and to the patients of Mona Vale Hospital.

Further to the above, the following questions arise to which the community needs answers: -

- Why has NSH not conducted more extensive/in-depth research into Mona Vale being the “perfect site” for a modern hospital?
- Is there strong support among the medical profession for a change in the configuration of services and for modernising health care delivery and not necessarily for a new hospital on a Greenfield site?
- How much money has been spent on improving the quality of patient care as compared with spending on the NSH administrative infrastructure?
- The real decisions about a new hospital on a Greenfield site seem to have been made in the “shadows”, a long time ago and without community participation – why?
- Has NSH management made a conscious decision some time ago to systematically reduce or downsize the scope of Mona Vale Hospital?
- In early 1999, \$9 million was allocated to NSH (Manly Daily 9 March 1999) – what amount had been invested in MVH?
- Why transfer ICU to Manly Hospital, a location that inhibits easy and rapid access by ambulance, that has restricted parking, and that is located at the southern extreme of the northern beaches?

The only reason given by NSH, to support their total failure to properly consider Mona Vale Hospital as the site of the General hospital is one of access.

The following provides a discussion of issues related to access: -

In September 2000, Dr. Mike Poulson presented the “Northern Beaches Accessibility Study”, a report undertaken for Northern Sydney Health.

Its purpose was to determine:

- The geographical centre of population on the northern beaches
- The most accessible location for that population on the northern beaches for the establishment of a new single hospital for the northern beaches.

Following community criticism of certain aspects of the study, particularly in relation to travel times and the study projection period to 2011 only, an independent review of the Poulson study was undertaken by Prof. John Black, on behalf of Northern Sydney Health.

Prof. Black’s report was presented in May 2002.

Among many comments expressed by Prof. Black with reference to the Poulson study is¹ -

“The presentation of the findings in the Northern Beaches Accessibility Study does not bring out clearly the distributional consequences (the winners and losers in travel time access) of different options and combinations of options.”

Prof. Black points out further, in his recommendations, that -

“Equity is an important issue to decision makers. Further work identified must address the distributional consequences in terms of access by the main modes of transport of different options for locations for the delivery of health services and needs in the study area. Transport is only one aspect in the assessment of equity.”

As a consequence of the recommendations of Prof. Black, the company, Computing in Transportation (CiT), was commissioned to undertake a study to analyse and describe travel times under a variety of conditions within the northern beaches.

Two critical issues arise from this report titled “Travel Time Analysis and Mapping”.

1. “Distance”

At no point is distance considered in the CiT accessibility study. This is at odds with “NSW Health’s Emergency Department Services Plan” which lists as one of its planning parameters - “Travelling distance – 20 kms by private car (maximum)”. The ONLY current or proposed hospital site on the northern beaches that meets this distance parameter is Mona Vale Hospital

2. “Equity” (Winners and Losers in travel time access)

¹ Edwards N & Harrison A, “The Hospital of the Future: Planning Hospitals with Limited Evidence: A Research & Policy Problem”. British Medical Journal, 20 Nov. 1999, Vol. 319,

The CiT study clearly shows the vast differences (inequities) in travel time between the “averages” and “maximums”. Coupled with this is the disproportionate increase in travel times from the northern end of the peninsular when compared with the southern end. Using averages ignores the critical risks that will arise for those whose travel times will be at the maximum, should Mona Vale Hospital not be the site of the General Hospital.

At no time has any travel study been done on actual travel times, all studies have only used theoretical computer modelling with no actual journeys undertaken. Equity of access applies to ALL individuals and not just to those at the population centre. The DIPNR Population Projections 2001 – 2031 For the Greater Metropolitan Region show us that this inequity is going to grow.

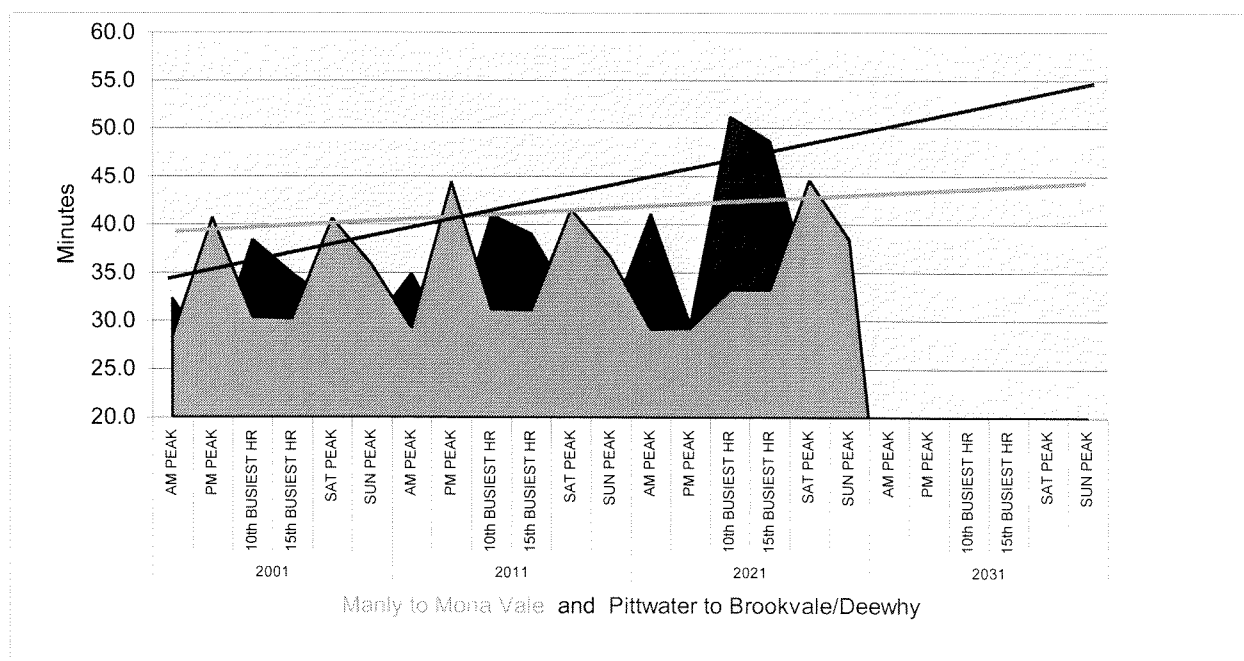
The following graph illustrates that: -

In 2011 (only six years away and about the time any new hospital would be completed), average peak travel times from Manly to Mona Vale are 35.7 mins with a maximum travel time of 30 to 45 mins. If the northern residents had to travel to the Brookvale/Dee Why area, their maximum peak travel times would be 35 to 55 minutes, that is up to 10 minutes longer!

By 2021 (just 16 years from now), some residents of Pittwater would take between 60 to 65 mins. to reach a hospital in the Brookvale/Dee Why area. That is, up to 25 minutes longer than residents living in Manly and travelling to Mona Vale.

Add to this the fact that the ONLY other hospital access for residents at the northern end of the northern beaches is between 55 and 90 minutes travelling time.

By 2031 (well within the planning life of a hospital), average peak travel times for residents of Pittwater to the Brookvale/Dee Why area are likely to increase to approximately 55 minutes with maximum travel times approaching 65 to 70 minutes.



It can be clearly seen from the travel data that the location of the Metropolitan General Hospital for the northern beaches MUST be on the Mona Vale site so as to provide equity of access for ALL residents.

4C. Level of community consultation in relation to proposed changes

If consultation is the process of genuinely seeking the views, aspirations and concerns of the community on the plans, policies and decisions concerning health issues on the Northern Beaches in general and Mona Vale Hospital in particular, then the process NSH had undertaken since 1999 has been a failure.

It is this failure to consult that has caused the Northern Beaches community to lose faith in NSH's ability to provide a rational, equitable and cost effective solution to the problems of delivering quality and sustainable health services in this area.

John Menadue AO, in his role as chair of the NSW Health Council states that "...the key issue ...is informing consumers and involving the community in their health care "and "...planning must involve extensive consultation with communities if services are to reflect local needs and priorities". Finally there must be "an openness about options and costs".

NSH has failed in its consultative role for the following reasons:

- It did not, or refused to understand true community consultation.
- It assumed community opposition was due to ignorance that needed to be overcome by providing "technical information".
- It appointed consultants/facilitators to smooth the way and to get the community to recognise that NSH proposals are in the best public interest.
- It used persuasion to show that the way forward was to agree to NSH health care delivery models.

- It stacked meetings and workshops with “technical” experts and allowed discussions to be dominated by a group of clinicians (intensivists) with vested interests.
- It played the game of consultation without showing genuine interest in community concerns.
- It tried to win acceptance for proposals that had been prepared well before meetings and workshops.
- It used a divide-and-conquer communications strategy and tried to exploit the differences between dissenters, supporters and fence-sitters and between residents at the northern end and those at the southern end.
- It sent conciliatory messages in an attempt to stifle community opposition while at the same time it took actions to develop yet another agenda.
- It manipulated the findings of its surveys to suit its own objectives.
- It denied information to the community and was most reluctant to comply with FOI requests.

The following provides a chronology of a flawed community consultation process: -

In July 1999, 1000 residents at a public meeting protested at the threatened closure of their Hospital. Dr Stephen Christley the CEO of NSH, addressed the meeting and said that a review of hospital based or acute care services at Manly and Mona Vale Hospitals had begun in April and that an options paper would be available in November for public comment.

Outrage at the meeting would have left Dr Christley in no doubt as to how strongly the community felt about its public amenities. Any downgrading of services would not be tolerated.

Prior to the release of the promised options paper, Dr. Christley said that workshops with clinicians in various specialties would be held. Focus groups with members of the community would try to identify what the issues were and explore possible health care delivery configurations .He advised that further meetings would be held after the options paper had been distributed for public comment. Many residents thought that the review was an excuse for the State Government to sell the extremely valuable land on which our hospital stands.

In September 2000 NSH commissioned Gutteridge Haskins and Davey [GHD] to undertake a consultation program with the residents of Manly, Warringah and Pittwater consisting of:

- A random telephone survey,
- A newsletter to residents,
- A deliberative poll ("The Health Summit"), and a community-wide information and feedback process aimed at involving all interested parties.

The Telephone Survey

There were two deficiencies with this survey.

When residents were given a choice of options of future hospital services only two options were presented. The first option was of a new hospital to be built at a central location, with both Manly and Mona Vale hospitals to be closed.

The second option was that both Manly and Mon Vale hospitals would be maintained, although the services and service delivery might change.

The overall design of the telephone survey was deficient. No additional information was given to interviewees and its timing and the wording of one of the key questions makes any results from this consultation unreliable and therefore inconclusive.

Newsletter to Residents

During December 2000 a 12-page newsletter was delivered to approximately 85,000 households. The content and format of this community newsletter was confusing and misleading for many residents. It was biased in favour of the stated position of NSH, i.e. a new hospital on a new site and it lacked the necessary options and information to enable informed evaluation of the possible future hospital configurations.

Deliberative Poll "The Health Summit"

The original concept of the Summit had merit but it was presented as the end result rather than as a means to an end. That is, it was tabled as a representative sample of Northern Beaches residents deciding on the preferred option for future hospitals services.

Only 37 people turned up to participate in the weekend long seminar (out of 60 invited). For such a small sample to have any meaning it must be randomly chosen. Only those who could afford the time to attend this weekend summit participated. The summit was conducted behind closed doors with observers and the press shut in another room with no contact allowed between them and the participants.

The speakers, who were all health professionals, presented a lecture advocating NSH's preferred option of one hospital on a new site. Questions were limited and requests for additional information were ignored.

To sum up, the first phase of consultation conducted by GHD on behalf of NSH was thoroughly flawed. Through all stages there appeared a clear bias in the way information was presented in favour of the preferred option of NSH. The process was poorly conceived, poorly designed and poorly implemented.

In late 2000 the SAVE MONA VALE HOSPITAL COMMUNITY ACTION GROUP (SMVHC) was formed and invited Dr. Christley to a meeting at which he was persuaded to go back to square one and begin a process of true community consultation.

In 2001 NSH began a second stage of community consultation. A key part of this was the establishment of a Northern Beaches Community Consultative Health Planning Group (NBCCHPG) by Northern Sydney Health. The group comprised five community representatives from each of the three councils on the Northern Beaches.

Again this phase of community consultation proved a failure and led to the Pittwater delegates deciding to withdraw from the process in July 2002.

Prior to submitting a Procurement Feasibility Plan (PFP) to the Health Department for consideration in the 2003 State Budget, the Health Minister announced a two hospital decision for the Northern Beaches. Mona Vale Hospital was to remain on its current site and Manly Hospital was to be

relocated to a more accessible location. The announcement by the Minister allowed very little time for NSH staff to adjust the PFP document from their preferred direction of a single hospital to the community's preferred position of two hospitals.

Once again there was no community input into the finalisation of the PFP following the Minister's announcement.

The PFP submitted proposes a new Metropolitan General Hospital in or around Brookvale and the refurbishment of Mona Vale Hospital. This is a major concern for the community as it does not reflect the community feedback Northern Sydney received when they consulted the Northern Beaches community.

While there has been a number of "consultation" activities undertaken, the methods and conduct used for these have demonstrated that NSH learnt very little from their first failed attempt at community consultation.

The only clear message that came from every process was that the community demands the upgrade of Mona Vale Hospital.

While NSH was failing in its dealings with the community our committee was being overwhelmed with support.

- The SMVHC held a rally at Rat Park in Warriewood attended by 6000 people. They overwhelmingly called for the retention of Mona Vale Hospital.

- 15000 people signed a petition calling on the State Government to retain and upgrade their Hospital.
- Following a further petition (18 thousand signatories), numerous meetings and three more well-attended public rallies, the last of which was on 5th December 2004 at Mona Vale, NSH could be in no doubt about the community's wishes for the major hospital to be on the Mona Vale site.

4D Funding levels

The level of funding given to Mona Vale Hospital compared to other hospitals in the area is significantly lower.

The tables below show the relative funding for the area hospitals. These figures were reluctantly supplied by NSH.

<u>Hospital</u>	<u>1994/95</u>	<u>1995/96</u>	<u>1996/97</u>	<u>1997/98</u>	<u>1998/99</u>
RNSH	49.4%	51.7%	49.0%	48.2%	48.2%
Hornsby	12.8%	13.9%	13.7%	13.4%	13.4%
Manly	9.3%	10.0%	9.5%	9.3%	9.3%
Ryde	7.3%	8.2%	8.2%	7.9%	7.9%
Mona Vale	6.7%	7.0%	6.9%	6.7%	6.8%
Remainder	14.5%	9.2%	12.7%	14.5%	15.4%

<u>Hospital</u>	<u>1999/00</u>	<u>2000/01</u>	<u>2001/02</u>	<u>2002/03</u>	<u>2003/04</u>
RNSH	46.5%	46.3%	46.3%	47.2%	46.0%
Hornsby	13.4%	13.3%	13.3%	13.0%	13.0%

Ryde	7.7%	7.8%	8.0%	7.6%	7.6%
Mona Vale	6.8%	6.8%	6.8%	6.7%	6.7%
Remainder	16.0%	16.1%	16.1%	16.1%	17.2%

These figures were extracted from the NSW Public Hospitals Comparative Data Book.

Note: These figures do not include funding of a capital nature. The argument used by NSHS to support these figures was that Mona Vale is a smaller hospital than the others. This is only because it has had its medical units and patient beds eroded away by underfunding.

Fortunately, Mona Vale Hospital has a very active and dedicated Hospital Auxiliary which has raised over **\$2 million** for the purchase of vital equipment needed by the hospital. Rather than hand the money raised directly to the Hospital Administration, where it would have disappeared into the 'black hole,' to be used as the Administration saw fit, the Auxiliary, in discussions with the hospital allocated the funding to buy specific equipment.

Some years ago the Hospital Auxiliary started fundraising to build a Palliative Care Hospice within the Mona Vale Hospital grounds. The balance of Trust Fund as at the 6th December 2004 was \$241,254.27 (two hundred and forty-one thousand, two hundred and fifty-four dollars and twenty-seven cents). This was to be matched, dollar for dollar by the then Government, with a proposal to commence building the Hospice. This promise has not been honoured.

The Mona Vale Hospital Auxiliary has extensive community support from sporting clubs, social clubs, etc. for their fund raising. For example, a recent (August 2004) fundraising dinner hosted by our Federal Member, Bronwyn Bishop, raised in excess of \$85,000 to help fund equipment for the Casualty/Emergency Department.

A recent reorganisation of NSWAH expanded NSH's managerial domain to include the Central Coast. It was reported that Wyong Hospital has received funds of **\$29 million** and Gosford Hospital of **\$35 million**. The NSW Department of Health web site states that the NSW Government has allocated \$212 million to redevelop Gosford and Wyong Hospitals under the Area Health Access Plan (updated November 11 2004).

In contrast, Mona Vale Hospital has been promised \$800 thousand to expand its Emergency Department (the total capital funding for 2004 & 2005). There is now some doubt that this will proceed.

Other hospitals in the Northern Sydney Health received the following funds: -

- Hornsby Hospital: \$16.4 million for new facilities for Obstetrics, Paediatrics and Emergency.
- Royal North Shore Hospital: \$55.392 million for Obstetrics, Paediatrics and Emergency.
- Ryde Hospital: \$5.530 million for the redevelopment of the Operating Theatres and Perioperative Suites.

It is very difficult to obtain information on funding from Northern Sydney Health that is in an easily understandable form.

We believe the General Purpose Standing Committee No. 2 must request that the NSW Department of Health and/or NSH must supply to the inquiry details of the capital funding for each of the hospitals under the administration of NSH.

Due to inadequate funding AT MONA VALE, there are many CASES coming from hospital staff of breakdowns and failures not being attended to or repaired, not enough money to buy basics such as stationary, local businesses refusing to supply on credit and staff buying urgently needed supplies out of there own pockets.

Possibly, Northern Sydney Health is waiting for the complete collapse of the hospital infrastructure which could lead to the eventual closure of this fine hospital.

There have been reports in the Manly Daily that Mona Vale Hospital administration is looking at ways to take the operation of the Kiosk away from the Hospital Auxiliary and lease it to commercial operators. The Kiosk has been one of the main fundraisers for the Hospital Auxiliary.

Possibly, the Administration realises that with the operation of the Kiosk by a commercial operator, the funding to purchase equipment for the Hospital would be greatly reduced, they, the Administration, would not be embarrassed by the high level of dependency they place on the Hospital Auxiliary to purchase equipment.

Without this steady flow of equipment the hospital would eventually become less effective, which again, could lead to closure.

The very successful fundraising by the Hospital Auxiliary and the community shows how important this health facility is to the people and highlights the lack of commitment shown by NSH, the N.S.W. Health Department and the N.S.W. Government to keep Mona Vale Hospital remaining viable.

Manly	9.6%	13.3%	13.3%	13.0%	13.0%
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4. Conclusion

The article by Edwards and Harrison "Planning hospitals with limited evidence: a research and policy problem" (attachment 12) highlights that planning, building and running hospitals are some of the most complex, costly and difficult to manage functions of a modern society. Indeed, many universities around the world now offer MBA courses in Hospital Management. Despite this there is a lack of research into running and planning hospital services. The article summarises that:

- Hospital planning is done on the basis of limited research
- There is little evaluation of completed plans
- Many of the assumptions used are not stated clearly and are often based on limited or poor evidence – this applies to many of the arguments for increased centralisation
- The paradox of increasing admissions and falling bed numbers has contributed to the problems of responding to emergency care
- Planning needs to take into account the limited state of knowledge

The dramatic pace of change in the methods used in the provision of clinical services often means that clinicians have trouble keeping up to date, let alone, hospitals being able to provide the appropriate environment to deliver these changing services.

If we are going to deliver the best hospital services available, we must have the best managers, planners and administrators running our hospitals. They must perform their functions in an open, unbiased, objective and inclusive manner.

The Mona Vale Hospital debacle is a direct result of the failure of those charged with the responsibilities of planning, running and administering our hospital to effectively meet the challenges of those responsibilities.

It is time for fundamental change.

Our community needs and deserves, now and into the future, Mona Vale Hospital to be a well funded and managed Metropolitan General Hospital with a broad range of acute and non acute services and a co-located Private Hospital to provide effective outcomes for patients and their families.

5. Attachments

1. Mona Vale The Perfect Hospital Site – Vision - July 2004 by the Save Mona Vale Hospital Committee (SMVH)
2. Options paper to Northern Sydney Health for the provision of health care services on the Northern Beaches prepared by the Northern Beaches Health Planning Group (A sub-committee of the SMVH Committee)
3. An Integrated Health Care System for the Northern Beaches Community Version 2 prepared by the Northern Beaches Health Planning Group (a sub-committee of the SMVH Committee) September 2001
4. Greater Metropolitan Clinical Taskforce Interim Proposal for Northern Beaches December 2004
5. Letter from Stuart Boland to Dr Kerry Goulston
6. Northern Beaches Health Services Procurement Feasibility Plan - November 2002 – Analysis and issues for discussion prepared by the Northern Beaches Health Planning Group (A sub-committee of the SMVH Committee)
7. The sorry history of Health Care Management – An analysis of headlines prepared by the SMVH Committee - January 2005.
8. A review of the health summit held by Northern Sydney Health Service Ingleside February 17-18 prepared by the SMVH Committee March 2001

9. Community Newsletters prepared by the SMVH Committee over the last four years
10. Postcard campaigns conducted over the last four years
11. Community attitudes towards health service changes on the Northern Beaches – Hunter Valley Research Foundation – July 2002
12. BMJ article – The hospital of the future: Planning hospitals with limited evidence: a research and policy problem November 1999