

**Submission
No 641**

INQUIRY INTO MONA VALE HOSPITAL

Organisation:

Name: Dr & Mrs Ian & Deborah Hendy

Telephone: 9997 8836

Date Received: 30/01/2005

Subject:

Summary

**23 BUNGAN HEAD RD,
NEWPORT NSW 2106.**

PHONE: 9997 8836

FAX: 9979 1505

MOB: 0414 442 188

0414 470 913

January 30, 2005.

The Director,
General Purpose Standing Committee No. 2,
Parliament House,
Macquarie St,
SYDNEY NSW 2000.

Dear Sir / Madam,

We, as residents of the Northern Beaches of Sydney, and who have worked at Mona Vale Hospital for a combined total of 28 years, wish to make the following submission to your inquiry into the current operation of, and future proposals for, Mona Vale Hospital.

Thank you for your assistance with this.

Yours Sincerely,

DR IAN HENDY
(Specialist Anaesthetist)

MRS DEBORAH CARTER-HENDY
(Registered Nurse)

We wish to submit the following comments to your committee, with specific reference to the reduction of services at Mona Vale Hospital, and the choice of sites for the proposed new major hospital on the Northern Peninsula.

1. REDUCTION OF SERVICES AT MONA VALE HOSPITAL

Despite a commitment from the current State Government that Mona Vale Hospital would be significantly upgraded, recent years have seen nothing but a reduction of services, ranging from decreased bed numbers and available operating theatre time, to the reduction in Intensive Care Services (with its flow-on impact on other services).

Attempting to run a “single health service” on two geographically separate campuses just does not work. Medical, surgical, obstetric, emergency, and intensive care services are interdependent, and thus cannot function adequately in the two campus model to provide optimal patient care. Should the policy of a single major hospital on the Northern Beaches be implemented, then full services at Mona Vale Hospital must be maintained until a new/upgraded hospital is fully functional. The GMCT itself states that “Significant upgrading of transport between Manly and Mona Vale Hospitals for both patients and carers would also be required” (Ref: GMCT Interim Proposal for Northern Beaches). The lack of any proposals for funding for these significant upgrades must generate scepticism of the adequacy and validity of the whole proposal. To re-iterate from above, a single health service of this type, spread across two separate campuses, just does not work.

2. THE CONSULTATION PROCESS BY THE GREATER METROPOLITAN

CLINICAL TASKFORCE (GMCT)

The methods used by the GMCT in their “community consultation” process require your in-depth examination. There are many similarities in the Taskforce’s recent examination of services at Mt Druitt and Blacktown Hospitals – indeed, it was headed by the same Professor. Specialist colleagues involved have verified that this process was littered with sham consultation, deliberate distortion of information directed up the administrative chain to the Minister, and obvious bias of groups proclaiming the interests of the community, but more concerned with self-interest.

The process involving the Peninsula’s hospital services has been very similar – a process manipulated to achieve an apparently pre-determined outcome. In consultation meetings with health care workers, the Taskforce representatives have been deliberately evasive, not only in providing specific information, but especially in responses to probing questions. Attempted reasonable input from some of these health care workers has been treated in a very dismissive manner, suggesting that the true purpose of these “consultation meetings” was to be seen to be consulting, rather than seeking helpful and meaningful input.

3. SITE CHOICE FOR THE NEW / UPGRADED MAJOR HOSPITAL

Should the policy of a single major hospital for the Peninsula be implemented, then the site choice is of vital importance for the community.

Important issues for consideration should not only include the obvious demographical

and geographical aspects, but also the important considerations of:

- available land area at any proposed site.
- ease of access by public transport and private vehicle.
- local road / parking / traffic congestion.
- the capacity to enlarge in the future should community needs require.
- the possibility of a co-location of private hospital facilities (e.g. as done with Royal North Shore and North Shore Private Hospitals). This requires sufficient land availability to be viable.
- helicopter access – if the policy of a smaller number of better equipped hospitals is to be pursued (i.e. take the people to the hospitals, rather than the hospitals to the people), then the availability of helicopter access, and the upgrade of such services, is vital, for both the emergency retrieval of critically ill or injured patients to the new hospital, and for any required inter-hospital transfer. These same requirements add vital significance also to road and traffic congestion considerations.

The proposal to locate a new major hospital on the Warringah Council site in Dee Why satisfies few of the above criteria.

- it is small (interestingly, the State Government recently lowered its recommended minimum size to an area the same as the proposed Dee Why site), and has minimal capacity to expand to cater for any future needs of the community.
- road congestion and parking in Dee Why are already at difficult levels.
- the site is not conducive to easy helicopter access for critically ill patient retrievals

and transfers.

The current Mona Vale Hospital site, however, satisfies many of the criteria for site selection for a new / upgraded major hospital for the Peninsula.

- the land is already acquired for hospital purposes.
- its geographical centrality to the region it is to serve.
- ample land for the current proposed needs, and for any future growth.
- land availability should co-located private hospital facilities be contemplated.
- excellent access by road transport.
- excellent access for helicopter services.
- superb position near the ocean makes an ideal environment to aid patient healing, recovery, and recuperation after illness or surgery.

Additionally, the active role currently played by a government-appointed administrator to Warringah Council (who has had a previous role in the Health Department), in advocating the Dee Why council site for a new hospital, generates an enormous amount of potential for conflicts of interests. His advocacy of the Dee Why site must thus be treated with significant scepticism, particularly when previously elected councillors oppose the Warringah Council Dee Why site as the preferred site for the proposed new hospital.

In summary, we believe that:

1. The gradual reduction of services at Mona Vale Hospital must be reversed, and services upgraded, to ensure the maintenance of adequate patient services until any single major hospital for the Peninsula is fully functional.
2. The consultative process by the GMCT is flawed, characterised by misinformation, evasiveness, and conflicts of interest.
3. The Dee Why council site for a new major hospital is totally unsuitable for the purpose.
4. The current Mona Vale Hospital site is the preferred site for a new / upgraded major hospital, as it satisfies more of the requirements for such a facility than any other currently proposed site.

DR IAN HENDY

(Specialist Anaesthetist)

MRS DEBORAH CARTER-HENDY

(Registered Nurse)