

**Submission
No 705**

INQUIRY INTO MONA VALE HOSPITAL

Organisation: Greater Metropolitan Clinical Taskforce

Name: Ms Kerry Goulston

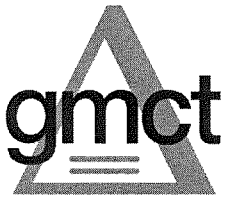
Position: Chair

Telephone: 9887 5728

Date Received: 31/01/2005

Subject:

Summary



greater metropolitan clinical taskforce

31 January 2005

To the Director, GPSC #2,
Legislative Council
Parliament House
Macquarie Street
Sydney 2000

Dear Sir or Madam

Re: Parliamentary Commission on Mona Vale Intensive Care

Please find attached a submission from the Greater Metropolitan Clinical Taskforce regarding Intensive Cares services at Mona Vale Hospital.

I would be pleased to provide any further information required.

Yours sincerely

Kerry Goulston
Chair

Our Ref:

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Greater Metropolitan Clinical Taskforce

Submission to Parliamentary Commission on Mona Vale Intensive Care

31/01/2005

1. General Introduction about the Greater Metropolitan Clinical Taskforce

The Greater Metropolitan Clinical Taskforce was established by the Minister for Health to promote clinician (doctors, nurses and allied health professionals) and public involvement in health policy planning and delivery. The organisation has its genesis in two earlier taskforces – the Greater Metropolitan Services Implementation Group (2000 – 2001) and the Greater Metropolitan Transition Taskforce (2001 – 2004) which were both charged with making recommendations to improve acute hospital clinical service delivery in the greater metropolitan region of Sydney. The GMCT and its predecessor organisations have worked closely with clinicians and patients to improve clinical services and to advise on appropriate roles for the smaller metropolitan hospitals.

2. Why was GMCT involved in clinical services planning on the Northern Beaches

In 2004, the Minister for Health asked each Area Health Service to prepare a comprehensive clinical service plan for submission in 2005. The Greater Metropolitan Clinical Taskforce (GMCT) was asked to assist Areas with that task. Northern Sydney Health sought support from GMCT to further discussions with clinicians, consumers and community leaders particularly about appropriate clinical integration of services on the Northern Beaches.

The Area recognised the need for an interim plan which would ensure that high quality clinical services could be provided until the new Northern Beaches hospital was built.

3. Response to Term of Reference 1(a)

Concerns had been expressed regarding the care of patients at Mona Vale Hospital Intensive Care Unit and in the Emergency Department during the Australian Council on Hospital Standards (ACHS) recent survey. These concerns were reinforced during consultations with Northern Beaches clinicians led by Prof Kerry Goulston, Chair of the GMCT, during October, November and December 2004. (See Attachment 1)

Senior clinicians (doctors, nurses and allied health) on the Northern Beaches believed that the present arrangement of acute hospital services was not sustainable. Workforce shortages of specialist staff at Mona Vale Hospital Intensive Care Unit and Emergency Department had resulted in difficulty filling out-of-hours rosters and a heavy reliance on locum staffing. The Mona Vale Emergency Department was being run with only one ED specialist.

4. GMCT Proposal

The GMCT believed that to make the best use of scarce clinical resources the option of combining clinical departments across the two Northern Beaches hospital campuses should be pursued. This concept was in line with international experience, experience in other states and in other areas of greater metropolitan Sydney and in line with the recommendations outlined in the Greater Metropolitan Transition Taskforce *Metropolitan Hospitals Report, August 2002*.



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Rather than closing services this approach of developing a “critical mass of clinicians” offers scope to better cover out-of-hours demands and similarly, by bringing a “critical mass of patients” to one site allows provision of more comprehensive back-up services for the benefit of patients.

The GMCT believed that a combined Northern Beaches Intensive Care Service should be established to help alleviate the difficulties in maintaining current standards of care and attracting and training medical and nursing staff.

The GMCT proposed that the ICU at Manly Hospital should be a Level 5 unit with additional intubated beds and that Mona Vale Hospital should be a Level 3 High Dependency Unit - each unit serving patients from both hospitals. Only patients requiring life support would to be transferred to the Level 5 Unit, with some patients from Manly ICU being transferred to the Mona Vale High Dependency Unit as their condition became less critical.

The number of patients who would require transfer was, from past experience expected to be low (approx. average one to two per week from a total of 475 Northern Beaches hospital admissions and 18 Northern Beaches ICU admissions per week).

At no stage did the GMCT propose the removal or closure of the Mona Vale Intensive Care service. It proposed rather, that the number of intensive care beds available on the Northern Beaches should be increased and that critically ill patients at both Northern Beaches hospitals should be supported by Northern Beaches Intensive Care specialists 24 hours a day, with a daily ward round at Mona Vale.

Manly Hospital was proposed as the site for the higher level ICU because the hospital offered better backup. The Medical Retrieval Unit rarely transferred critically ill patients to Mona Vale ICU because of the low level of care it was able to provide. Patients were however, transferred to Manly ICU from other hospitals.

Improved patient and carer transport was also part of the GMCT proposal.

The GMCT proposal to this effect (see attachment 2) was presented to the Area Chief Executive Officer and to the Minister for Health in December 2004 and copies sent to all clinicians at both Northern Beaches hospitals. The GMCT believes that a speedy resolution of the ICU issues and the other proposed enhancements at Mona Vale should be addressed as soon as possible.

GMCT Manly/Mona Vale Hospital Consultations to 19 January 2005

OCT 8	Stephen Christley (Area CEO), Frank Bazik M/MV Exec Director
OCT 12	Paul Phillips (ICU Director) Jonathan Page & David Jollow (MSC Chairs).
OCT 15	Manly ICU & ED Clinicians
OCT 18	Frank Bazik
	Manly Hospital Physicians
	N Beaches Cardiologists
OCT 21	ED Manly- orthopaedics. M Vale
OCT 22	Michael Morris Senior Surgeon, Manly
	Pam Rawlings NUM Manly
OCT 27	Stuart Boland, Senior Surgeon, Mona Vale
OCT 29	Paul Phipps (ICU Dir), David Jollow, Jonathon Page (MSC Chairs)
	James Ferry Manly
	Lyn Hooper ICU NUM Manly
	Frank Bazik
NOV 1	Paediatricians Manly, Mona Vale (5)
NOV 2	Mona Vale Physicians (6)
	Mona Vale Surgeons - including Anaesthetists & Surgical Subspecialists(25)
NOV 5	Stephen Christley & Frank Bazik
NOV 9	Jonathan Page, Paul Phipps, Brian Collits, Tony Morrow, David Jollow
NOV 11	Joint meeting MSC Manly/ M Vale with Louis McGuigan (Chair), Graham Reece, David Ruppin
NOV 12	Nursing and Allied Health Maternity & ICU units, ED Manly & Mona Vale
NOV 15	Northern Beaches Nurses Forum (65)
	Northern Beaches Allied Health Forum (12)
NOV 16	Minister for Health, Stephen Christley, Jonathan Page, Michael Copeman, Paul Phipps, David Beard
NOV 23	Minister for Health, Mona Vale Surgeons, Intensivists, Chairs of both MSCs, Paul Phipps
NOV 24	Mona Vale Heads of Departments meeting (25 - 50)
NOV 25	Manly Heads of Departments meeting (40 - 50)
NOV 25	Manly Mona Vale Surgeons meeting with Minister
DEC 1	Metropolitan Hospital Reference Group (14)
DEC 2	John Brogden, Brad Hazzard (Local members)
Dec 3	Peter McDonald (Mayor Manly)
DEC 6	G Stewart with Manly MSC
DEC 6	Andrew Humpherson (Local Member)
DEC 9	Minister for Health
DEC 9	Teleconference Malcolm Fisher, Frank Bazik, Stephen Christley, Kerry Goulston, Todd Haywood, Paul Phipps
DEC 10	Northern Sydney/Central Coast Clinical Service Planning
	Manly Daily
	Save Mona Vale Hospital Committee members
DEC 16	David Barr (Local Member)
DEC 16	Patricia Giles, Pittwater Council, with Minister & Stephen Christley
DEC 15	Manly & Mona Vale Hospitals Senior Nursing Staff

GMCT Interim Proposal for Northern Beaches* December 2004

"Clustering acute care services in regional hubs leads to improved retention of health care staff, better access to quality services for patients and better patient outcomes." (*The Picture of Health; British Columbia, Canada 2002*)

"Redesign of the delivery of services is in our view inevitable." (*Securing the New Medical Workforce; Scotland, 2003*).

Senior clinicians (doctors, nurses and allied health) on the Northern Beaches agree that the present arrangement of acute hospital services is not sustainable. Following consultation with those clinicians GMCT is proposing change under the condition that this is an interim solution only and that the Minister commits to building the new Northern Beaches Hospital and expedites the announcement of the site and building timetable. GMCT proposes that clinicians from both hospitals, together with community members be authorised to implement this proposal and to develop plans for the new hospital.

To find the best solution, we've asked the people doing the job

In talking to clinicians at Manly and Mona Vale hospitals it became clear that in Intensive Care and Emergency Medicine it has been difficult to maintain medical staffing 24 hours a day, 7 days a week. This is not just a Northern Beaches problem. To provide complex health services safely and efficiently a critical mass of clinicians and a critical mass of patients are needed. Around the world, medical workforce shortages are affecting the provision of hospital care for patients and it is certain that this situation will get worse over the next few years.

A shortage of skilled doctors is driving this change

The shortage of skilled nurses has been widely publicised. Australia is now facing problems in staffing acute medical positions in public hospitals. Shortages threaten the provision of safe and effective hospital care for patients.

Why are there not enough doctors?

- Not enough medical students are being trained in Australia. Recognising this, the Commonwealth Government has increased medical student places by over 400. It will however, be 10 years before these students graduate as specialists or general practitioners.
- Workplace culture has changed, with young doctors now demanding a better work/life balance resulting in fewer available work hours.
- The growth in private hospitals provides many more jobs for doctors and nurses outside the public system.

Where to from here?

The GMCT proposes an interim plan to take us through to the opening of the new Northern Beaches Hospital. It is not cost-cutting, nor a political exercise, indeed it would involve substantial capital and recurrent funding. Significant upgrading of transport between Manly and Mona Vale hospitals for both patients and their carers would also be required as part of the proposal.

No longer can metropolitan (district) hospitals expect to offer every service for every patient. To assure high quality patient care we are working towards integrating clinical services - combining forces across the two Northern Beaches hospitals. Through better service co-ordination across the Area and by adopting innovative solutions, Northern Beaches patients can access the full range of public health care services they need.

If patients are sick enough to need intensive care, they need the most expert team. It is not the address that counts. By combining specialist clinical resources across the two hospitals a better service will be possible for all Northern Beaches residents. Staff recruitment and retention will improve and junior staff will receive the guidance, supervision and training they need to acquire strong clinical skills. This will help to assure better patient care into the future.

*** The Greater Metropolitan Clinical Taskforce was established by the Minister for Health to promote clinician (doctors, nurses and allied health professionals) and public involvement in health policy planning and delivery. The GMCT works with clinicians and patients to improve clinical services and to advise on appropriate roles for the smaller hospitals.**

Contact us: gmct@doh.health.nsw.gov.au

A team approach is necessary for the best possible care of patients. To maintain clinical expertise and to provide adequate training, specialised health services need a certain volume of patients and an adequate supply of clinicians. If there are not enough doctors to cover the shifts 24 hours a day 7 days a week, the workload becomes unmanageable. Staff members leave and are difficult to replace. It is also important for senior staff to have sufficient time to provide on-the-job training.

That's why we are proposing to boost acute services across both Northern Beaches hospitals.

GMCT's Proposed Interim Changes

The proposal is for acute specialists to work as a team to manage patients at both sites through new Northern Beaches clinical departments of Medicine, Surgery, Women's and Children's Health, Critical Care, Aged Care and Rehabilitation - with a single Northern Beaches Medical Staff Council. Cross-appointments would be offered to all doctors at both hospitals.

A single Northern Beaches Department of Medicine is proposed

- The acute medical roster at both hospitals to be maintained
- Aged Care and Rehabilitation services to be maintained at both hospitals
- Cardiac Rehabilitation to be introduced at the Mona Vale site
- The Stroke Unit to continue at the Manly site.

A single Northern Beaches Department of Surgery is proposed

- The acute surgical and orthopaedic roster to be maintained at both sites
- A new outpatient clinic to treat patients with fractures to be established at the Mona Vale site
- Under a local initiative an additional orthopaedic surgeon is being recruited for 2005 to meet increased demand (especially in paediatrics).

A single Northern Beaches Department of Critical Care is proposed - incorporating Emergency Department (ED) and Intensive Care Unit (ICU) services from both sites.

- Northern Sydney Health Emergency specialists would rotate across both sites with recruitment of additional medical staff to increase the number of specialists at Mona Vale.
- The Emergency Department at Mona Vale to be significantly upgraded.
- Manly Hospital has recently opened a state-of-the-art Emergency Medical Unit to supplement its ED services.
- These initiatives would help to reduce Access Block.

A single Northern Beaches Intensive Care service is proposed. Specialist staff will provide services at both hospitals. Manly and Mona Vale hospitals currently each operate a Level 4 Intensive Care Unit.

- The proposal seeks to upgrade to Level 5 the unit based at Manly and to increase from 5 to 6, the total number of ventilated beds, thus providing a higher level ICU service for all patients needing life-support
- At Mona Vale a Level 3 ICU(High Dependency Unit) with 4 – 6 non-ventilated beds is proposed
- A new position of Critical Care Nurse Co-ordinator to be established
- Additional after-hours medical cover at Mona Vale is proposed, with video links between the two IC units
- Patients requiring more than short-term ventilation will be transferred to Manly Hospital. Data indicates that one to two patients per week (50 – 70 patients per year) may require transfer.

Maternity Services should be based at the new Northern Beaches Hospital when built

The GMCT initially considered centralising Northern Beaches maternity services at Mona Vale Hospital with a new co-located Birthing Centre. After listening to the clinicians and to the community, the GMCT proposes that maternity services continue to be reviewed locally to ensure ongoing high standards of care, but no change be implemented at this stage. When the new Northern Beaches Hospital is built, maternity services should be based there to provide a critical mass of maternity clinicians and patients and support obstetric training. Community based ante- and post-natal services would continue.

The GMCT aims to make the best use of clinical resources to provide top quality patient care in our public hospitals. It is working with clinicians and managers in Area Health Services across greater Sydney to help plan for the future. This interim proposal would address the current staffing concerns in the Northern Beaches and help to provide a smooth transition into the new hospital. An ongoing process of development and review of clinical services will continue on the Northern Beaches over the next 12 months.

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The Director,
General Purpose Standing Committee No. 2,
Parliament House, Macquarie St,
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24th January 2005

Re **Parliamentary Inquiry into the operation of Mona Vale Hospital**

We, the undersigned medical practitioners, General Practitioners in Mona Vale, wish to make the following submission in support of the retention and augmentation of the hospital at Mona Vale.

Re **Closure of Intensive Care Unit (ICU) and transfer to Manly Hospital.**

Closure of Mona Vale Hospital ICU will inevitably seriously downgrade services available at Mona Vale Hospital.

Surgeons will be unwilling to perform anything other than minor surgery without ICU backup.

Absence of ICU will undermine public confidence in accepting admission to Mona Vale Hospital for elective and emergency surgical and medical procedures and lead to a drift of patients "out of area" to larger public and private hospitals on the north shore. This will create a trend that will further downgrade services available at Mona Vale Hospital.

Elderly patients are the predominant consumers of health services in this area. Elderly friends and relatives of patients transferred from Mona Vale to Manly Hospital for ICU care will face an arduous trip from the Northern Beaches to Manly Hospital if they are to rely on public transport, given that there is no STA service up Darley Rd, only a separate shuttle service .

Re **Level of Mona Vale Hospital funding compared with other hospitals in the area**

It is clear that Mona Vale Hospital is being allowed to fall into a state of disrepair. Not only has there been no capital expenditure to upgrade the hospital services, there has been a failure to perform basic maintenance such as painting etc. leading to consistent and regular feedback from our patients that while the nursing & medical staff are clearly working "beyond the call of duty", the hospital itself is looking run down.

Re Level of Community consultation in relation to changes proposed by NSW Health

With the exception of Drs Howland & Zerounian, we all reside in the Manly Warringah area. Despite our extensive community contacts, none of us is aware of any attempt being made to ourselves, or families, friends or neighbours or patients by NSW Health to seek community input with regard to hospital service planning. Indeed we are given the strong impression that planning decisions are being made with no reference at all to local needs or public opinion. This is of great concern to us particularly as General Practitioners, given our role at the interface the public hospitals and our patients.

On the public record the NSW Leader of the opposition (and local member) John Brogden, the Federal Member for Mackellar Ms Bishop, the Federal Minister of Health, Mr Tony Abbott and even the local branch of the state Labor Party have unanimously supported the retention and upgrading of Mona Vale hospital. This reflects the strong majority of local community opinion.

It appears that the only proponents of the downgrading and ultimate closure of Mona Vale hospital are the state Labor government and a small group of Manly Hospital Visiting Medical Officers.

Very little substance has been provided to further the debate over provision of local Health services. Issues of great concern to us as General Practitioners who are often at the interface between patients and the hospital system which we feel have not been addressed are:

The demographics of the area appear to be changing with a drift of younger families to the north coast of NSW or interstate in search of more affordable housing, and an influx of wealthier older retirees moving in. These patients tend to be older and more likely to suffer chronic illnesses and hence are heavier consumers of health care services. It follows logically that local services should be expanding rather than contracting to accommodate this.

In line with state government planning requirements to provide increased housing density in Sydney, townhouse type developments are rapidly replacing houses and large developments as seen in the Warriewood valley have increased the population density of the Pittwater area, while public infrastructure (sporting facilities, recreation areas, police services and hospitals) are all paradoxically declining.

For reasons upon which we can only speculate, we are observing an alarming trend in the rapidly increasing number of acutely unwell patients presenting at our practice and requiring transfer to hospital by ambulance.

Factors (we acknowledge that some of these factors are not within the control of NSW Health) we believe may contribute to this trend are;

- The aging population
- The increasing population
- The reduction in GP numbers in absolute terms (due to retirements and the inability to attract medical graduates into general practice due to relatively low remuneration) and the trend toward part time as opposed to full time practice.
- Increasing public reluctance to wait for long periods to be seen at understaffed overworked public hospital emergency departments.
- The increasing complexity of management of chronic medical disorders
- Public perception that they will not be able to be seen at their local hospital due to the

frequency of “code red” status at Mona Vale hospital requiring the diversion of ambulances to Manly or Royal North Shore hospital .

We can only assume that these problems will be exacerbated by downgrading and ultimate closure of Mona Vale Hospital.

We have seen the distress and dislocation caused by patients travelling long distances across Sydney for services not provided in this area (radiotherapy and oncology for example), and do not see the trend toward centralising services as being in the public interest.

Re Reasons Mona Vale Hospital has not been made the general hospital for the Northern Beaches area

The Save Mona Vale Hospital Committee have repeatedly stated that Mona Vale hospital is the perfect site for the new general hospital on the northern beaches for the following reasons:

- ample land for growth (8.8ha) including potential for co-location of private hospital facilities.
- central location as the geographic centre of the peninsula
- excellent access by road and helicopter
- ideal environment for healing, recovery and recuperation
- a committed community which has and will continue to support their hospital
- cost effectiveness

Additionally the site is ideally suited to the development of innovative outpatient community health programmes such as cardiac rehabilitation, Gutbusters, diabetes and weight management programmes based around outdoor exercise programmes.

We look forward to a more transparent and accountable process in the future planning of the provision of health services by NSW Health to the Pittwater area which is responsive to the local community needs.

(Signed original available at our practice) – submitted by email

Dr Peter Brennan (Practice Principal, Pittwater Family Practice)

Dr Maree Doherty

Dr Rowena Giard

Dr Lorna Hollis

Dr Michelle Howland

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