

**Submission
No 111**

**INQUIRY INTO OPERATION AND MANAGEMENT OF
THE NORTHERN BEACHES HOSPITAL**

Organisation: Palm Beach and Whale Beach Resident Association

Date Received: 26 July 2019

SUBMISSION FROM THE PALM BEACH & WHALE BEACH ASSOCIATION (PBWBA)
TO THE UPPER HOUSE ENQUIRY INTO NORTHERN BEACHES HOSPITAL (NBH)

26 July 2019

I, Adjunct Associate Professor Richard Hugh West AM VMO Surgeon at Royal Prince Alfred Hospital Camperdown, am presenting this submission on behalf of the members of the Palm Beach & Whale Beach Residents Association. The Association has represented members of Palm Beach and Whale Beach for more than 100 years and has a current membership of more than 250 families.

I have worked in NSW hospitals for over 40 years. I am very familiar with how the NSW health system works.

In presenting this submission I am also using my experience as a surveyor for the Australian Council Health Care Standards (ACHS), accrediting hospitals all over Australia.

I am now a resident of Palm Beach and President of the Palm Beach & Whale Beach Residents Association (PBWBA).

THE MAIN CONCERNS OF THE PBWBA MEMBERS ARE:

1. Clinical Services: The lack of appropriate medical and surgical services at the Public/Private Level 5 Northern Beaches Hospital (NBH) for all Public and Private patients.
 2. Mona Vale Hospital: The downgrading of medical services at the Mona Vale Hospital Site.
 3. Access to NBH: The distance to be travelled, and therefore the time to travel from Pittwater to the NBH is excessive, either by public transport or private car. The distance and time are markedly increased in bad weather when The Wakehurst Parkway is closed.
 4. Ambulance services: Lack of Ambulance services and poor response times in Pittwater.
- My conclusions and recommendations to address these concerns are set out at the end of this submission.

A HISTORY

In 1999, Dr. Stephen Christly, CEO of Northern Sydney Area Health Board (NSAH) and later Central Coast Northern Sydney Area Health Board (CCNSAH), held a public meeting in Mona Vale and announced a plan to close Mona Vale and Manly hospitals and build a new centralised hospital at French's Forest.

In May 2005 an Upper House Parliamentary enquiry was established to look into the operation of Mona Vale Hospital.

The recommendations of the enquiry included:

RECOMMENDATION 7: That, whatever site is chosen for the new Northern Beaches Hospital (NBH), MONA VALE HOSPITAL is to be funded, staffed and equipped to provide an on-going effective 24-hour emergency department service.

RECOMMENDATION 9: That the Minister for Health publicly announce a commitment that all Mona Vale Hospital land will be retained and will only be sold or used for Health Services CCNSAH called senior clinicians from the Department of Health and members of The Greater Metropolitan Clinical Taskforce (GMCT) to provide expert opinions.

The conclusion of the GMCT was that French's Forest was the preferred site and in March 2006 that was confirmed when the Premier Morris Iemma, announced a \$250m, 350 bed public hospital and a co-located 120 bed private facility at French's Forest. Manly was to close and Mona Vale was to have a "complementary role".

COMMENT

The recommendation, for a 350-bed public hospital and a co-located 120 bed private facility at French's Forest was ignored. This model has worked well at other health campuses. The recommendation should have been followed.

No definition has ever been provided for a "complementary role hospital" at Mona Vale.

AN UPGRADE of the intersection of Warringah Road and Wakehurst Parkway was identified as ESSENTIAL as well as FLOOD PROOFING WAKEHURST PARKWAY.

The upgrade to the intersection is years behind schedule and the flood proofing of Wakehurst Parkway has not been done, resulting in the ongoing frequent flooding and closure of the parkway blocking direct access to the hospital for the residents of Pittwater.

The state Budget delivered by NSW Treasurer Andrew Constance in July 2014 included \$400 million in road funding to fix congestion and access to the new hospital site.

Recommendation: The hospital is to be built and managed by a private operator, on a long term contract with the government.

The Northern Beaches Hospital will be built on a 6.5-hectare site at French's Forest, bounded by French's Forest Road West, Warringah Road, Wakehurst Parkway and The Forest High School. This is known as the Northern Beaches Hospital precinct.

In May 2014, Ramsay Healthcare and Healthscope submitted proposals to design, construct, operate and maintain the hospital. When open in 2018, the new facility will deliver level 5 hospital with 488 Public / Private beds, services to the local community, with increased beds and theatres, a larger mental health facility, as well as a large, modern Emergency Department.

COMMENT

It has taken 19 years for the NBH to be operational. This is a disgrace and it shows a total lack of commitment by various NSW Governments and NSW Health to the provision of Health Services in the Northern Beaches. During this period Manly and Mona Vale Hospitals were allowed to run down.

B. THE CONTRACT AND QUESTIONS ON IT

The contract with operator Healthscope was signed by Health Minister Jillian Skinner on December 11 2014.

The Northern Beaches hospital is a PRIVATELY LICENSED LEVEL 5 HOSPITAL, providing the highest level of care to both public and private patients

The hospital is operated by a consortium led by private firm Healthscope under a 20-year, \$2.2 billion contract.

COMMENT

Healthscope was taken over by a venture capital company Brookfield a Canadian investment company in February 2019.

The community is concerned that their local hospital has been taken over by a company based in Canada and Bermuda, a company that is more concerned with profit than patient care.

What control does NSW Health have over the NBH, particularly regarding public patients?

Under the contract, the state will purchase services for public patients from Healthscope on an annual volume basis, and ensure capacity exists for all patients. Healthscope is obliged to

appropriately manage everyone who presents to the facility and will be responsible for managing patient risk in accordance with Key Performance Indicators.

COMMENT

Has Healthscope met the Key Performance Indicators?

PUBLIC PATIENT SERVICES.

The contract states:

- a. Throughout the long-term partnership with Healthscope, public patients will not be required to pay for their treatment and there will be no change to the way public patients access free health services.
- b. Patients will retain the right to choose whether or not to use their private health insurance when they are admitted to the NBH. Patients will be prioritized according to their health needs and not according to whether they hold private health insurance.

COMMENT

There is good evidence that Healthscope has been prioritising patients according to their private health insurance status.

LEVEL 5 HOSPITAL.

The Northern Beaches hospital is a PRIVATELY LICENSED LEVEL 5 HOSPITAL for both public and private patients.

The functions, staffing, and clinical services to be provided by a level 5 public hospital are clearly stated in NSW Health Documents. "Guide to Role Delineation of Health Services Third Edition and Role Delineation of Clinical Services."

COMMENT

The inquiry needs to benchmark the services provided by the NBH against these delineation guidelines.

The contract states A2.7: The extent to which the respondent's proposed service delivery model for the Facility will satisfy the State's specifications for clinical services.

The NBH is the only Public hospital on the Northern Beaches and must function at the same level as every other level 5 public hospital in the state.

NBH is supposed to be 488 bed. How many beds have been opened?

C. DETAIL ON KEY CONCERNS AND SOLUTIONS

ACCESS to NBH

ROAD ACCESS

Mona Vale Hospital (MVH) is 12 km from Palm Beach, a 15 minute car trip and easily accessible by public bus. The NBH at French's Forest is 30 km away from Palm Beach (the same distance as driving from Bondi to the NBH) along narrow congested roads. Wakehurst Parkway, the most direct road to NBH is one lane only each way for the length of the Parkway.

The upgrading of Warringah Road intersection with Wakehurst Parkway has not been completed resulting in major traffic delays around the NBH.

The Wakehurst Parkway has not been made flood proof. Since the opening of the NBH there has been regular closures of the road due to flooding and accidents on the single lane road.

PUBLIC TRANSPORT

A direct bus from Pittwater via the Wakehurst Parkway to the NBH is essential. At present it is necessary to change buses and the journey can take from 1hr 30m to 1hr 50m.

AMBULANCE SERVICES

The Northern Beaches covers a large area of narrow coastline with only one road in and out of Pittwater.

It is essential that there is an efficient Ambulance service located in Pittwater. Ambulance response times in Pittwater are problematic.

The latest set of independent ambulance figures published by the Bureau of Health Information are the most detailed yet.

They state:

Ambulance crews saw a massive increase in calls on the northern beaches compared with the same period last year and an increase in response times

For the first time, the northern beaches have been divided into three areas; Manly, Warringah and Pittwater.

They revealed that the number of responses in the period from January to March 2019 increased by 22.7 per cent in Pittwater compared with the same quarter last year. Warringah saw a 15.8 per cent rise and Manly, 5.8 per cent. That compares with a 10.2 per cent increase across NSW overall.

The median response times for emergency calls was highest in Manly at 12 minutes, up two minutes from the same time last year.

Pittwater's median response time was 11.8 minutes, up 1.4 minutes and Warringah's was 11.5 minutes, up 0.4 minutes.

Ten per cent of patients deemed as emergencies waited more than 22.4 minutes in Pittwater for an ambulance to arrive. In Manly it was 22 minutes and Warringah 21.4 minutes.

DUE TO THIS 22% INCREASE IN DEMAND THERE NEEDS TO BE MORE AMBULANCES AND AMBULANCE OFFICERS STATIONED IN THE NORTHERN BEACHES.

THE AMBULANCE OFFICERS NEED TO BE CONGRATULATED. THEY DO AN EXCELLENT JOB UNDER VERY STRESSFULL AND DIFFICULT CIRCUMSTANCES

There is an Ambulance station at Avalon. We are told that it is a fully functioning station however this is not the case.

The ambulance officers at the beginning of their shift, park their cars at the station, pick up an ambulance and go roving all over Sydney. The station is then unmanned.

The Avalon station should be manned 24 hours per day and the ambulances must stay in Pittwater and not go roving all over the city.

At night ambulances are often dispatched from the St Ives ambulance station to Pittwater.

THE AVALON AMBULANCE STATION MUST STAFFED AND BE FULLY OPERATIONAL 24 HOURS A DAY.

THE AMBULANCES MUST REMAIN IN PITTWATER AND NOT GO ROVING ALL OVER SYDNEY

A recent article in the Manly Daily reported, the case of an elderly trauma patient in severe pain. The ambulance took 90 minutes to respond. This is unsatisfactory and could be life threatening. This is not an isolated incident. We have reports of similar response times for trauma patients lying on the roadside in Pittwater.

These ambulance issues have been raised with the Minister of Health with little response.

MONA VALE HOSPITAL SERVICES

The nearest Emergency Department from Pittwater is now located at the NBC at Forest's Forest following the down grading of the Mona Vale Emergency Department.

The focus of the Mona Vale "Hospital" now is to provide aged care, rehabilitation, palliative care and community health. It has a complementary role to the NBH.

However, this by definition is NOT a hospital. A hospital must have an Emergency Department, medical and surgical beds and operating theatres.

It is misleading to call Mona Vale Hospital a hospital. This gives the community a false sense of security.

The MVH site should be called The Mona Vale Health Campus.

The land must be retained and used for public health services and must be not sold or leased for private health services.

MONA VALE "HOSPITAL" URGENT CARE CENTRE. (UCC)

The Mona Vale "Hospital" Urgent Care Centre" (UCC) treats minor injuries and illnesses such as minor burns, minor sports injuries, minor cuts, minor fractures.

Patients with more serious or life-threatening conditions have been told by NSW Health to call an ambulance or to take themselves to the Northern Beaches Hospital at French's Forest which is 30 km and a 40-50 minute trip by car from Palm Beach. That is the same distance as driving from Bondi to the NBH. Mona Vale Hospital (MVH) is 12 km from Palm Beach.

A mother who called for an ambulance for a sick child received a bill for is \$550.00 for the trip from Avalon to the NBH.

The Minister for Health recently informed us that the UCC has been upgraded to a Level 1 Emergency Department.

"A Level 1 Emergency Department will provide emergency care within a designated area of a REMOTE OR RURAL HOSPITAL. It is the minimum level of service that can be defined as an Emergency Department."

This level of care is unacceptable in metropolitan Sydney. It is equivalent to level 1 emergency department in a small country town such as Werris Creek.

WE BELIEVE THE UCC MUST BE UGRADED TO A LEVEL 3 EMERGENCY DEPARTMENT.

The UCC is seeing over 50 patients per day. It is providing a very good service at the appropriate medical level.

The Nursing and Medical Staff are providing an excellent level of care to the patients who present to Mona Vale UCC. They must be fully supported.

However, patients with serious emergency conditions have been self-presenting to the Mona Vale UCC. 6 % of the patients have needed to be transferred to NBH or other hospitals.

There have been major delays transferring patients from Mona Vale UCC to NBH and Royal North Shore Hospital. Ambulances must be readily available to make these transfers and the heliport should be used for helicopter transfers given the distances involved.

The staff need to be trained and certified in emergency medicine to resuscitate and manage patients with acute conditions such as Acute Anaphylaxis, Acute Myocardial Infarcts, Strokes, Trauma, etc. and stabilise them before they are transferred to the appropriate hospital.

A functioning level 3 emergency department should be available to the residents of Pittwater at Mona Vale UCC (12 kms away) rather than at NBH (30 kms away).

CLINICAL SERVICES

There is a lack of confidence by the community in the NBH due to the failure of the NBH to provide the expected services.

Examples of the failures include:

- lack of surgical facilities for children
- problems with patients obtaining coronary angiograms and stents
- inadequate care in wards
- delays in the emergency department
- delays in transfer to other hospitals
- no thrombolysis facilities for stroke patients
- major trauma patients are taken directly to RNSH
- lack of benchmarked data for the emergency department
- lack of access to patient's medical records.

According to the contract Public patients must receive the same treatment, investigations and procedures as Private patients. This is not the case at NBH where preference is given to Private Patients.

NURSING STAFF

Many highly trained nursing staff are leaving the NBH. They are reporting nursing staffing shortages, poor morale, poor support from the administration, lack of training on new equipment, lack of equipment and drugs.

There is over reliance on agency nurses and a failure to recruit new nurses.

THE NURSING STAFF ARE WORKING UNDER VERY DIFFICULT CIRCUMSTANCES AND MUST BE CONGRATULATED ON THEIR COMMITMENT.

JUNIOR DOCTORS. HEALTH AND EDUCATION TRAINING INSTITUTE (HETI) REPORT

The report, written in December 2018 by the Health and Education Training Institute (HETI). HETI accredits hospitals to enable the institution to supervise and train junior doctors

The Key points:

The hospital report found fundamental flaws such as staff shortages after hours and a lack of senior supervisors

The hospital is being held together by over-worked and stressed junior doctors, the report's author said.

A statement issued by the hospital says it has boosted training and support for junior doctors and increased staff levels over the past six months

The report, which was made public seven months after investigators first visited the facility, catalogues a series of fundamental flaws in the hospital's first weeks of operation, such as:

Staff shortages on medical and surgical wards after hours

A lack of senior supervisors

An unreliable paging system

Delays in delivering abnormal test results, increasing the chance that abnormal results will be missed

Poor handover processes creating clinical uncertainty among junior doctors.

Issues at the hospital received widespread media attention in the weeks after its opening, but the NSW Government dismissed them as "teething problems".

The report's author, Dr Martin Mackertich, said over-worked and stressed junior doctors were holding the hospital together.

"The current situation is unsustainable," Dr Mackertich wrote.

"[It's] only working because of the significant commitment of JMOs (junior medical officers) to continue providing a service under adverse conditions.

"Morale amongst JMOs is low, and quick clear progress on issues will need to be demonstrated and maintained to regain their trust in the organisation.

COMMENT

This damning report only confirms the concerns of the community regarding the NBH.

Is there any evidence the issues raised have been addressed?

The Minister for Health must have been aware of the report and to still dismiss the issues as teething problems is misleading the community.

THE JMO'S MUST BE CONGRATULATED FOR THEIR COMMITMENT TO CONTINUE TO PROVIDE SERVICE UNDER ADVERSE AND DIFFICULT CONDITIONS

STAFFING

There have been many resignations of senior staff.

The chief executive Deborah Latta and the Medical Director resigned soon after the NBH opened.

The director of nursing Moran Wasson also resigned in June 2019.

There have been a number of VMO resignations due to concerns regarding patient safety.

This inquiry should request an audit to investigate whether all clinical services are adequately staffed by Staff Specialists, VMO and Nursing Staff. A similar audit should be performed of the staffing in ALL areas of NBH.

ACCREDITATION.

The Australian Commission on Safety and Quality in Healthcare is a government agency that coordinates national improvements in safety and quality in health care through the National Safety and Quality Health Service (NSQHS) Standards. Has NBH been accredited by the Australian Commission on Safety and Quality in Healthcare ?

CRITICAL CLINICAL SERVICES

Strokes.

There is a stroke unit at the NBH, however it cannot administer thrombolysis treatment. Patients requiring thrombolysis must be transferred to RNSH. If thrombolysis is going to be successful the sooner the treatment is given the better the outcome. It should be administered within three hours.

THE STROKE UNIT MUST BE UPGRADED TO A COMPREHENSIVE UNIT, ABLE TO PROVIDE THROMBOLYSIS TREATMENT TO ENSURE THE BEST OUTCOME FOR PATIENTS.

Cardiac services.

Coronary Angiograms and insertion of stents for patients with cardiac ischaemia must be performed for both public and private patients at the NBH 24 hours a day 7 days a week. The patients must not be transferred to RNSH. This causes unacceptable delays in treatment.

CEREBROVASCULAR DISEASE INCLUDING STROKES AND CORONARY HEART DISEASE ARE TWO OF THREE LEADING CAUSES OF DEATH IN AUSTRALIA. THERE MUST BE FULL FACILITIES AT NBH TO TREAT CEREBROVASCULAR DISEASES.

Major trauma.

Patients with major trauma are taken by ambulance directly to the Royal North Shore Hospital.

It has never been defined by what is meant by major trauma. What guidelines are used by the ambulance officers when deciding where to take patients with trauma?

What trauma patients are treated at NBH?

NBH MUST BE UPGRADED TO MANAGE ALL TRAUMA PATIENTS

Pediatric Surgery

There have been reports that children requiring an appendectomy for acute appendicitis and other surgical operations have been transferred to Sydney and Westmead Childrens Hospitals.

This is unacceptable. It causes undue delay in treatment. The clinical state of a sick child can rapidly deteriorate. They should not be transported all round Sydney to obtain treatment.

It has also been reported that the surgical registrar on duty is not allowed the see children with surgical conditions in casualty.

The NSW Health Delineation Guidelines state that a Level 4 hospital must have Surgeons and Anesthetists, who are certified to treat children. NBH is a level 5 hospital so these services for children must be provided at NBH.

The turf war regarding the surgical treatment of children must stop.

THE NBH MUST BE STAFFED SO SURGERY ON CHILDREN CAN BE PERFORMED.

D. CONCLUSIONS

Access to NBH

The access to the hospital is still a major problem.

Wakehurst Parkway must be upgraded to a two-lane road each way and flood proofed as a matter of urgency.

There must be a direct public bus service from Pittwater to NBH via Wakehurst Parkway.

2. Ambulance Services.

It is vital in the interests of patient care that the ambulance services in Pittwater must be upgraded so they are able to respond to calls within the bench marked response times.

There must be ambulances based at the Avalon Ambulance Station. They must not go roving all over Sydney.

3. Mona Vale "Hospital"

The UCC should be upgraded to a Level 3 Emergency Department. A functioning level 3 emergency department should be available to the residents of Pittwater at Mona Vale UCC (12 kms away) rather than at NBH (30 km away).

The land must be retained for use by Public Health Services.

4. Clinical Services.

The community of the Northern Beaches are concerned that they do not have a Public Hospital in the area administered by NSW Health.

They have a Public/Private Model run by Healthscope. This model has failed in the past in other areas and is failing again at the NBH.

Who is legally responsible for the treatment of Public Patients, Healthscope or NSW Health ?
Has Healthscope met its Key Performance Indicators ? How does NSW Health ensure that NBH does not prioritise patients according to their private health insurance status ?

The evidence available demonstrates that Healthscope is currently failing to operate the NBH effectively.

The community has a lack confidence in the NBH and critical clinical services are not available and consequently they are seeking treatment at other hospitals.

Critical clinical services are not available at NBH and must be upgraded including the following:
The stroke unit must be upgraded to be a comprehensive unit, able to provide thrombolysis treatment to ensure the best outcome for patients.

There must be full facilities at NBH to treat cerebrovascular diseases including coronary heart disease and stroke - two of the leading three causes of death in Australia.

The NBH must be upgraded to treat all trauma patients.

The NBH must be staffed so surgery on children can be performed.

In the interest of patient safety, the NSW Government should take over the NBH.

NBH should be upgraded to function as a Level 6 Tertiary Referral Hospital. The same level as the RNSH.

NBH is a large 500 bed state of the art hospital with all the facilities necessary to function as level 6 hospital.

NBH needs to be staffed so that it can function as a level 6 hospital.

NBH has a catchment area of over 300,000 people. This is large enough to support a level 6 hospital in the North Beaches.

The residents of Pittwater should be able to obtain level 6 hospital services without having travel to, or be transferred from NBH to, RNSH which is over 40 km by road or at least 57 minutes' drive in good conditions from Pittwater. Having to travel over 40 km in Metropolitan Sydney to RNSH to have access to critical life saving health services is simply unacceptable.

The vested interests of other medical communities should be ignored by the NSW Government.

It is well documented that the quicker patients with acute conditions such as myocardial infarcts, strokes, and major trauma, etc., receive definitive treatment the better is the outcome.

The emphasis must be on providing comprehensive high-quality patient care at the NBH and upgrading the services at Mona Vale UCC.

The residents of Pittwater and their families must have a fully functioning effectively run level 6 hospital able to provide critical care which is readily accessible within a reasonable time period. At the moment they do not, and it is incumbent on NSW Health to remedy that situation as a matter of urgency. At the moment the lives of the residents of Pittwater and their families are being unnecessarily and unreasonably put at risk.

A/Professor Richard West AM. MB BS(SYD) FRCS(ENG) FRACS

President BWBA

VMO Surgeon Royal Prince Alfred Hospital

Adjunct A/Professor Surgery University of Sydney

Surveyor ACHS