

INQUIRY INTO OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL

Organisation: Save Mona Vale Hospital Community Action Group
Incorporated

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**Inquiry into the operation and management of the
Northern Beaches Hospital
Legislative Council
Portfolio Committee No. 2 – Health**

**Submission by the Save Mona Vale Hospital
Community Action Group Incorporated (SMVH)**

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Inquiry into the operation and management of the Northern Beaches Hospital

Executive summary

Mona Vale Hospital was opened in 1964. Development of the facility had been initiated by the community, which had lobbied and fundraised to build the hospital. When a plan was announced in 1999 to close Mona Vale and Manly Hospitals to build a new hospital at Frenchs Forest, the community was outraged and so Save Mona Vale Hospital Community Action Group Incorporated (SMVH) was formed in 2000 to fight to save the local hospital.

While evidence supports the relationship between scale and outcomes in areas such as trauma, transplant, stroke and cardio-thoracic surgery, **evidence does not support the centralisation of all acute services.**

The impact of the closure of acute services at Mona Vale Hospital includes:

- the increased distance residents and visitors to the northern end of the peninsula need to travel to access acute care
- the difficulty in accessing Northern Beaches Hospital (NBH)
- the increased demand for ambulances and the slow response times
- the privatisation of previously public services
- the disparity of services between private and public patients
- the lack of transparency at NBH and
- the community's lack of trust in the hospital's ability to provide quality health care.

NBH has been beset with problems since it opened. These include staff shortages, senior staff resignations, a lack of basic supplies, communication issues and care that is not patient centred.

When fully operational, NBH will have 50 fewer public beds available than the number that were at Manly and Mona Vale public hospitals combined.

However, NBH is drawing from a larger catchment than that of Manly and Mona Vale Hospitals. The catchment of NBH, at a time of increasing population density, includes the North Shore. It seems likely that with the closure of Mona Vale and Manly Hospital, NBH will not meet future community needs.

The Pittwater community overwhelmingly wants Mona Vale Hospital re-opened as a level 3 hospital providing acute services in a network with NBH and Royal North Shore Hospital (RNSH).

Community concerns include that people will die before reaching an emergency department and that more babies will be born en route to hospital. The community is also opposed to the imminent demolition of significant public assets at Mona Vale Hospital – its main and other buildings – and their replacement with private health services, probably with 99-year leases.

The SMVH committee also recommends that the state and federal governments take control of NBH to rectify its systemic problems, restore community trust and reverse the privatisation of health services.

Introduction to the Campaign to Save Mona Vale Hospital

Mona Vale Hospital, one of the Northern Beaches' most important and beloved institutions, was completed in 1964 to serve the then population of 109,000 (now 269,000). The project was initiated by the community and the main building was originally constructed as a 152-bed acute care hospital. Twelve years later, its role was extended to include community health services and a comprehensive range of clinical services and facilities.

For over 50 years the hospital has served the local community, growing and evolving to meet its changing needs. With its skilled and dedicated staff, the hospital enjoyed very strong community support, including generous gifts and donations as well as the active involvement of many volunteers.

However, in 1999 Dr Stephen Christly, CEO of Northern Sydney Area Health Board (NSAHB), held a public meeting in Mona Vale and announced a plan to close Mona Vale Hospital (MVH) and Manly Hospital (MH), and to build a new centralised hospital at Frenchs Forest.

There was a public outcry - and in 2000 a community group, Save Mona Vale Hospital Community Action Group Incorporated (SMVH) was formed to fight to save the local hospital. Its committee aimed to examine the claims made by NSAHB and distribute factual information to the community.

NSAHB responded to the new group by calling a community consultation but did not invite the SMVH committee.

SMVH's response was to hold a rally to which the community was invited at Pittwater Rugby Park. More than 6,000 people attended demanding the retention of MVH. Thirty-six thousand people also signed petitions to save our hospital.

SMVH received tremendous support from individuals and other community groups. Membership swelled and donations poured in. The group now had support and funds to pursue a strong campaign. Six major rallies, many community consultations and forums throughout the area attracted significant media attention. Large advertisements were placed in The Manly Daily newspaper. Radio interviews and letter writing campaigns were conducted. We had an army of letter box droppers who leafleted the whole of the Northern Beaches multiple times.

The committee also commissioned and published several in-depth studies of matters related to location and health provision with independent expert input, for example:

- Traffic problems with the site for the proposed new hospital at Frenchs Forest.
- Bushfire and flood on the Wakehurst Parkway – the most direct route from Pittwater to the Frenchs Forest site.



- Demographic studies – that predicted patients would come to the Frenchs Forest site from north west Sydney as well as the Northern Beaches and overwhelm the new hospital.
- Environmental consequences.

Such was the community support for MVH and anger at its proposed closure that an Upper House Inquiry (MVHPI) was held in 2005.

Finally, in 2013, after much confusion, the Liberal Government announced Frenchs Forest as the preferred site. MVH was to enjoy a role complementary to the new hospital. “Complementary” was not defined.

Since 2000 the Pittwater community has shown remarkable solidarity and strength. Some outstanding wins included:

- Maternity reopened at MVH 2012
- Intensive Care retained at MVH

In 2005 an independent state MP, Alex McTaggart, was elected on a platform to save the hospital. He was replaced in 2007 by a Liberal member, Rob Stokes, who had also promised to save the hospital.

However, in mid-2018, NSW Health briefed residents about services that would be available at Mona Vale Hospital once Northern Beaches Hospital (NBH) opened. Many were appalled to discover the emergency department and other acute services would be closed. A public meeting was held at the Mona Vale Memorial Hall, on July 18, 2018, with an overflowing house unanimously passing the following motion for a new mission statement for SMVH as follows:

Mona Vale Hospital must be retained as a Level 3 Hospital to maintain the health services as appropriate for a Level 3 Hospital for the Pittwater community, either by:

- *the original Mona Vale hospital building being retained and renovated to a Level 3 standard*
- or*
- *the building of a new Level 3 hospital on the same site. To achieve this, no other buildings should be developed within the footprint of the original hospital.*

The committee is committed to following the wishes of the community expressed at that meeting.

We believe this can be achieved by renovating the existing buildings at MVH as has happened at Port Kembla Hospital. That hospital was built at the same time as MVH, by the same builder to the same design. Concerns about asbestos and concrete cancer were successfully dealt with at Port Kembla during the renovation.

After July 2018, the committee began a campaign for emergency and all acute services to be retained at Mona Vale Hospital. Since the closure of acute services the focus has shifted to reopening and restoring those services. Recent SMVH activities have included:



SMVH Picnic –September 16, 2018 Mona Vale Headland Park



Giant Rally to Save Mona Vale Hospital - October 14, 2018, Mona Vale Village Park followed by march to Mona Vale Hospital and rally on site. More than 1,000



"Mobile Maternity Tent" protest, October 24, 2018 - Wakehurst Parkway, Narrabeen



Silent protest outside Mona Vale Hospital on the day the Emergency Department closed - October 30, 2018



SMVH Hospital "Wake" – NSW Parliament House, November 21, 2018



SMVH Protest outside NSW Health Minister Brad Hazzard's office - December 12, 2018



SMVH Community Forum Pittwater RSL February 5, 2019



Re-open Our Hospital rally Mona Vale Village park March 16 2019 (More than 1000 attended)

Outreach to the community has also included running a Facebook page, regular emails to supporters, a number of letterbox drops and contacts with doctors, nurses and other staff.

SMVH was focused on MVH. However, from October 30, 2018, the night of the opening of the new hospital, our [Facebook page and email address have become conduits for the community to report their experiences at NBH](#) – (personal stories by email.pdf) and some of these have been extremely disturbing. The new hospital has been plagued with severe problems since opening. Many in the community have expressed concerns about serious problems encountered at NBH and access difficulties.

SMVH is seeking the re-instatement of MVH as a Level 3 public hospital and that the state and federal governments take control of the NBH from its private operator to remedy the hospital's systemic problems and to rebuild the community's trust in the delivery of hospital services on the northern beaches.

1(a) the contract and other arrangements establishing the hospital

Northern Beaches Hospital (NBH) is operated by a private company, Healthscope, for private patients and contracted by the NSW government to provide hospital care to public patients. Many of the services that have traditionally been supplied by the NSW Health department at public hospitals are provided by other private providers at NBH – e.g. X-ray and imaging and pathology and are not provided by Healthscope. Additionally, the hospital's car park is operated by a private company – whereas on street parking at Mona Vale Hospital was available for free.

Transparency and hospital closures

SMVH has seen a summary of the contract, although we believe the full contract has not been released to the public. As a result, we believe serious questions remain as to the terms of the contract – and in particular, whether the contract specified that the NSW government was required to close Manly Hospital and acute services at Mona Vale Hospital at the time that NBH began accepting patients. We find it hard to believe that these facilities would have been closed without some contractual obligation, when the new hospital and its systems were completely untried.

State step-in rights

Given the level of dysfunction at NBH, we also believe the terms of the contract should be carefully studied to ascertain if in fact, Healthscope has satisfied them. For example, the hospital has now been operating for nine months but questions must be asked as to whether it will be able to satisfy the contractual requirement for “operational readiness” that must be achieved within 12 months of the “date for”.

Section 44 of the contract, headed “State Step-In rights” says:

The State will have a right to Step-In to the role of the Operator and assume the Operator's service delivery obligations under the Project Deed if any the following occurs:

(a) an event or circumstance which:

(i) prevents the performance of the Operator's activities under normal circumstances;

(ii) poses a serious threat to, or causes or is likely to cause material damage or material disruption to:

- *the health or safety of persons;*
- *the environment;*
- *any real or personal property;*
- *the safe and secure performance of the Operator's activities and the operation of the Facility;*

Staff contracts

Under section 27 of Healthscope's contract, staff from Manly and Mona Vale Hospitals were to be offered employment contracts equivalent to “the award terms and conditions that applied to the equivalent position in NSW Health to that which the Migrating Employee accepts”. However, those new employment contracts could be terminated within two years.

SMVH has been told by nurses, that as a result of concerns over those contracts and loss of benefits, many staff from Mona Vale and Manly Hospitals have not taken up positions at NBH.

End of contract for public services

Section 4 of the contract covers the return of the public hospital service to the NSW government:

Once the hospital is operational, Healthscope will deliver free services to public patients for the next 20 years. At the end of the contract period, the public portion of the hospital will be handed back to the State. Healthscope will continue to provide services to private patients for another 20 years before the entire facility is returned to the State.

However, SMVH believes this will create serious issues for the government, given the hospital's design and construction. Public and private patients share core facilities at the hospital, such as operating theatres, and public and private wards are located on the same floors – the different sections differentiated, for example, by different coloured doorways.

Questions must arise about how the public and private sections will be separated and how equipment will be distributed.

In 20 years' time, all sections of the hospital will be well-worn – will the government be expected to pick up the tab for refurbishment of public facilities and new equipment at that time? These issues would not have arisen if a private hospital had been co-located in a separate building from a major public hospital for the Northern Beaches.

1(b) changes to the contract and other arrangements since the opening of the hospital

Investigative reporter Michael West has written a series of articles exploring ownership of the Northern Beaches Hospital and its operator Healthscope. In his series about Australia's "Top 40 Tax Dodgers", West revealed that over the last four years, Healthscope paid zero tax in Australia.

(<https://www.michaelwest.com.au/companies/tax-dodgers/healthscope-ltd-2019/>)

In the following months, he tracked negotiations involving a \$4.5 billion takeover bid for Healthscope by the firm Brookfield. Brookfield is already a major investor in ports, railway lines and other infrastructure in Australia but over the past three years, with an income of \$9.9 billion here paid no tax in this country.

Furthermore, West traced its network of offshore subsidiaries and found that the one destined for the takeover of Healthscope, BPIH, was based in an offshore tax haven in the Cayman Islands.

(<https://www.michaelwest.com.au/brookfield-bid-for-healthscope-a-tax-haven-special/>)

Despite these irregularities, the Foreign Investment Review Board has approved the takeover bid. However, SMVH believes that this ownership structure is not in the public interest and a foreign company that pays no tax in Australia – and whose first responsibility is to its shareholders – should not be responsible for public hospital services here, let alone to be profiting from them.

For all these reasons, we believe the NSW government must step in and take control of NBH. The government should administer it as a public hospital, with public health and welfare its first priority.

1(d) Standards of service provision and care at the hospital

The opening of Northern Beaches Hospital (NBH) was preceded by a blaze of publicity about the services it would offer and its high standards. A local journalist was invited to spend a night there – as if it was a five-star hotel promoting itself. (“Patients Trial Northern Beaches Hospital, The Manly Daily, September 27, 2018.)

The reality has proven to be very different - and patients turned to Save Mona Vale Hospital (SMVH) from the evening of the new hospital’s opening to share their experiences.

Some issues with service delivery could have been expected due to planning oversights associated with the size of the NBH’s catchment. Problems with senior management and staffing levels have no doubt also affected the standard of care.

However, the NSW government’s explanation of serious medical deficiencies at the hospital as “teething problems” has been emblematic of a lack of transparency from before the hospital was opened.

Expanded catchment and bed shortages

A number of factors underlie problems with service delivery at NBH. SMVH believes one of these is that its catchment is significantly larger than that of Mona Vale and Manly Hospitals before November 2018.

The NBH website states: “Our catchment area is the same as the Northern Beaches Council Local Government Area.”

That Local Government Area covers the 52 suburbs of:

- Allambie Heights
- Avalon
- Balgowlah
- Balgowlah Heights
- Bayview
- Beacon Hill
- Belrose
- Bilgola
- Bilgola Plateau
- Brookvale
- Church Point
- Clareville
- Clontarf
- Coasters Retreat
- Collaroy
- Collaroy Plateau
- Cottage Point
- Cromer
- Curl Curl
- Davidson
- Dee Why
- Duffys Forest
- Elanora Heights
- Elvina Bay
- Fairlight

- Forestville
- Frenchs Forest
- Freshwater
- Great Mackerel Beach
- Ingleside
- Killarney Heights
- Lovett Bay
- Manly
- Manly Vale
- Mona Vale
- Morning Bay
- Narrabeen
- Narrabeen North
- Narrabeena
- Newport
- North Balgowlah
- North Curl Curl
- North Manly
- Oxford Falls
- Palm Beach
- Queenscliff
- Scotland Island
- Seaforth
- Terrey Hills
- Warriewood
- Whale Beach
- Wheeler Heights.

However, the vast majority of patients who attended Mona Vale and Manly Hospitals came from the coastal suburbs – from Manly to Palm Beach.

Other Northern Beaches residents were in the Royal North Shore Hospital (RNSH) catchment. (It is also worth noting that many residents from the coastal suburbs also attended RNSH, either because of their treatment requirements or as a personal choice.)

One of the primary considerations when the Frenchs Forest site was chosen for the NBH was the desire to relieve pressure on RNSH.

However, SMVH has received information that patients have also been attending NBH from many other suburbs outside the Northern Beaches Local Government area, including:

- Castle Cove
- Chatswood
- East Killara
- East Lindfield
- East Roseville
- Roseville

With a target of 300 public beds open when it reaches full capacity, the NBH will have at least 50 fewer public beds than Manly and Mona Vale Hospitals used to have combined. However, a report from the Health Education and Training Institute (HETI) after a site inspection on December 1, 2019 - six weeks after the public/private hospital opened – showed that:

“almost half of the hospital's 488 beds were closed, and elective surgeries were limited in response to staffing and operational issues”. (“‘Unsustainable’, ‘unreliable’: damning report for new Sydney hospital,”, The Sydney Morning Herald, July 9, 2019.)

<https://www.smh.com.au/national/nsw/unsustainable-unreliable-damning-report-for-new-sydney-hospital-20190709-p525fm.html>

Population

In addition to an increase in catchment size related to geographic area, the Northern Beaches population will grow by about 45,000 to just under 300,000 between 2016 and 2036. That is according to projections adopted by The Greater Sydney Commission’s North District Plan – part of its blueprint for Sydney released during March 2018.

These figures compare to a resident population of 231,280 in 2001 (according to the LC Operation of Mona Vale Report, p118, May 2005), when planning for future hospitals on the Northern Beaches had just begun. Further, Department of Infrastructure, Planning and Natural Resources (DIPNR) figures cited in that report showed that for 2031, the total population of the area would reach 257,240. That compares to a population of 252,878 at the 2016 census and an estimate of 271,278 in 2018.

By comparing the current figures with population projections for the Northern Beaches, it can be seen that

- planners have significantly underestimated the number of patients who are likely to try accessing treatment at NBH now
- plans for future capacity are totally inadequate.

This would indicate that there has been a planning failure when it comes to the capacity necessary at NBH. As a result, NBH and the NSW government were clearly broadsided by the number of patients going to the new Frenchs Forest facility when it opened and full hospital services were no longer available in the actual beaches area.

Staffing problems

Staffing problems exist at all levels of NBH including the executive. CEO Deborah Latta resigned two days after the official opening in November and Medical Director Louise Messara followed two weeks later. In early December, a number of anaesthetists, including the departmental head, Alistair Boyce, also left. In June, director of nursing, Moran Wasson, departed the hospital.



Regular media reports highlight the continuing staff shortages at NBH and the impacts these are having on the opening of additional beds and the delivery of a full range of services. These include accounts that, within hours of the hospital opening, doctors had called a crisis meeting and anaesthetists were threatening to cancel all elective surgery soon after. "Crisis talks under way amid threats to cancel all elective surgeries at new hospital," SMH, November 20, 2018

<https://www.smh.com.au/national/nsw/crisis-talks-under-way-amid-threats-to-cancel-all-elective-surgeries-at-new-hospital-20181120-p50h51>

Service delivery at NBH has been further hampered by a lack of other staff since its opening – also helping create a shortage of beds.

A review in December by the Health Education and Training Institute (HETI - see above), revealed chronic and significant staff shortages – with insufficient senior supervisors.

"The current situation is unsustainable and only working because of the significant commitment of [junior doctors] to continue providing a service under adverse conditions,' according to HETI - the organisation responsible for accrediting hospitals with junior doctors in their first two years after graduating medical school." ("Unsustainable', 'unreliable': damning report for new Sydney hospital," SMH, July 9, 2019.

<https://www.smh.com.au/national/nsw/unsustainable-unreliable-damning-report-for-new-sydney-hospital-20190709-p525fm.html>

The situation had improved by the time of a follow-up check in January but HETI still found NBH:

"had a 'less than ideal reliance on locum staffing particularly after-hours' and were concerned that the new cohort of inexperienced doctors posed 'a significant risk' in once all the trainees with 'corporate memory' would have left the hospital." (as above)

The two reports were only released in July after the Australian Salaried Medical Officers' Federation made Freedom of Information requests to secure them. The NSW Government had sat on the reports under pressure from Healthscope.

Even in July, doctor shortages remained, as was reported in the media:

"The Sydney Morning Herald understands senior and junior staff have been reporting a series of issues that compromise their ability to deliver optimal care to patients as recently as last week. (''Unsustainable', 'unreliable': damning report for new Sydney hospital," , SMH, July 9, 2019. <https://www.smh.com.au/national/nsw/unsustainable-unreliable-damning-report-for-new-sydney-hospital-20190709-p525fm.html>

Similarly, **Healthscope has been unable to attract enough nurses to fill all positions at the hospital.** NSW Nurses and Midwives Association (NSWNMA) General Secretary Brett Holmes revealed in February that Healthscope was relying on more than a hundred agency RNs per day to fill the rosters. ("Chronicle of a fiasco foretold," The Lamp, February 2019).

NSWNMA officer Dennis Ravlich also said the NBH had an inordinate reliance on large numbers of agency staff.

"As you can imagine, it is not ideal for the continuity of care or the familiarity of the delivery of that care to have different nurses coming and going who may never have worked at Healthscope. You need a permanent workforce there to provide that care to you." (Dennis Ravich, SMVH Community Forum, Pittwater RSL, February 6, 2019)

Meanwhile, nurses have told SMVH confidentially that NBH has been unable to attract many nurses who previously worked at Mona Vale and Manly Hospitals because Healthscope refused to match NSW Health wages and conditions, despite four years of negotiations.

Standards of service provision

From the day of NBH's opening, there were numerous reports from patients and staff regarding the shortage of even basic medical and hospital supplies, body bags, insulin, bandages and painkillers.



Clinical staff also voiced concerns over the apparent lack of proper processes in place for a public hospital with one describing what was going on inside the hospital in the first few weeks as a "war zone".

There were reports of staff bringing in their own supplies, securing equipment from visiting ambulances and even a report of staff raiding the skip bins at Mona Vale Hospital for supplies, unopened and unused.

Communication within the NBH was severely restricted by the failure of the pager system and lack of an internal telephone directory. It was reported that staff were provided with inadequate training on phone or computer systems.

SMVH first received notice of problems at the hospital on the night it opened. People continue to share with SMVH their experiences of health care at NBH.

Case studies ([see full accounts in Appendices](#))

Local resident, Hrac Mezoghlian,

recorded his experience on the Save Mona Vale Hospital Facebook page. He waited in Emergency at NBH on its opening night for four hours with intense stomach pain. He then gave up, went home still in intense pain preferring to consult his GP on the following day.

"I think we knew it would be a private business but it comes back to the issue that we were worried about - people having to triage themselves." (Emma Mezoghlian in "Patients Forced to Travel Out of Area After Mona Vale Hospital Downgraded," Pittwater Online News, November 4-10, 2018.)

Local resident John Whitehead

had been told by his cardiologist that he needed to have a mitral valve in his heart replaced and would require a pre-surgery angiogram. My Whitehead was booked in for the angiogram at NBH and had completed an admission form online that included details about his NIB health insurance policy.

However, he was informed by the hospital that Healthscope did not yet have an agreement with NIB.

Mr Whitehead elected to be admitted as a public patient but was told the procedure would cost him \$4,945 because NSW Health would not pay the NBH for angiograms or stenting on a public patient.

"So in their words, the services provided for public patients in the hospital are a Level 3 and for private, Level 5," he said.

The Northern Beaches community was promised a Level 5 hospital to replace the Level 4 hospital at Manly and acute services at Mona Vale.

Although Mr Whitehead's angiogram was eventually carried out at NBH, other doctors, patients and their families have told of being transferred to other hospitals for treatment. This includes both adults and children.

It thus appears that the new hospital is a Level 5 for private patients and a lower level for public patients.

Local resident Eddie Rivers

Eddie Rivers, 78, of Dee Why, contacted local Manly Daily journalist Julie Cross from his hospital bed with his story.

"His blood transfusion machine alarm had gone off and no-one came. After 10 minutes, he Googled the hospital's main switchboard to ring and ask the receptionist for help." Julie Cross' review of events at the hospital to that date, The Manly Daily, December 8, 2018



"Hiccups and teething problems"

NSW Health Minister Brad Hazzard and Premier Gladys Berejiklian described staffing and supply shortages at NBH as "hiccups" and "teething problems" at the hospital's official opening in late November, "Hiccups': concerns played down at Northern Beaches Hospital opening", SMH, November 19, 2018. (<https://www.smh.com.au/national/nsw/hiccups-concerns-played-down-at-northern-beaches-hospital-opening-20181119-p50gz6.html>)

As conditions failed to improve, junior doctors considered industrial action and anaesthetists threatened to refuse to operate on elective surgery patients unless staff shortages, supply shortages and systemic problems were fixed. "Dr Tony Sara says doctors are concerned about staff and patient safety," ABC News, November 18, 2018.

Resignations of senior staff (see Staffing Problems above) only added to the confusion and chaos that was emanating from the hospital.

NBH came under more scrutiny after the leaked email revealing that staff doubted the hospital's ability to assure patient safety (see Staff Shortages above). The email, which was reportedly viewed by the ABC, was sent by a senior anaesthetist who resigned from NBH and stated that the hospital "fails completely in its primary objective of patient safety".

Sent to the then head of the department, Dr Alistair Boyle, the email spoke of a patient who, "survived somewhat against the odds. This is clearly unacceptable."

This appears to refer to the case of new mother, Astrid McCrank, who nearly died during a caesarean birth on November 5, 2018.

Ms McCrank had not been told after the birth of the near-catastrophe or even on her discharge. “Patient not told of 'life-threatening' incident after caesarean at Northern Beaches Hospital,” SMH, November 25, 2018). <https://www.smh.com.au/national/nsw/patient-not-told-of-life-threatening-incident-after-caesarean-at-northern-beaches-hospital-20181123-p50hze.html>

We would like to believe Mr Hazzard and Ms Berejiklian that the “hiccups” at NBH in its first months of operation were just “teething problems” – however, SMVH continues to hear multiple stories every week – from doctors, nurses, pharmacists and patients - of dysfunction at the hospital.

In a recent case, a cancer patient had the wrong part – the healthy section - of his diseased bowel removed at NBH in June. Sydney Morning Herald medical journalist Kate Aubusson reported she understood “*the serious mistake was the result of an error in the patient’s pathology report supplied by NBH’s external pathology provider, Australian Clinical Labs*”. “Wrong body part removed from cancer patient at Sydney Hospital,” SMH, June 24, 2019

Aubusson went on to say:

“So-called ‘wrong-site surgery is one of the most serious, rare and preventable medical errors, known as a sentinel event. They must be reported at the highest levels of the health system.

Between 2011-2012 and 2016-2017, there were only four sentinel events recorded in NSW involving procedures on the wrong patient or body part resulting in death or major permanent loss of function, according to the latest official data.”

Stroke and fall patient ([see an extensive account of the experience of Mr Pennisi and his family is included in Case Studies](#)).

Mr Pennisi suffers from short term memory loss, partial brain damage from a stroke and his cognitive skills are extremely impaired. After a fall, Mr Pennisi was operated on at MVH and had a titanium rod inserted in his hip and leg. The surgery was successful and he was soon able to walk assisted a distance of at least 20 metres. His other medical problems, namely a bowel condition, did limit his physio treatment participation, but he was making progress. His expected time in hospital, including rehab, was thought to be about 3 months.

Mr Pennisi was transferred on 31 October 2018, the second day of operation of NBH, sometime during the day to Level 4 - High Care Ward. There followed a catalogue of systemic failures by NBH - including unexplained falls - in its care of Mr Pennisi, an extremely vulnerable patient.



Mrs Pennisi and her family are still waiting for the quality manager to contact them after investigating their complaints. They have heard nothing.

Heart attack patient (full story in [Case studies](#))

SMVH chairman Parry Thomas told the March SMVH rally about a woman who had a heart attack in Avalon, and after waiting for an ambulance to come from Balgowlah was taken to NBH. There she was placed in a ward but staff:

- failed to keep a Patient Record, writing notes instead on scraps of paper
- failed to keep her on a drip despite being “nil by mouth” for over 24 hours as she waited for surgery
- failed to monitor her condition
- failed to respond to her urgent calls for help.

24 hours later, after a second heart attack, a terrified wait and multiple requests while her regular cardiologist was standing by waiting for her at The San, she was eventually transferred.

This story raises the question: how many patients go to NBH and receive treatment that is problematic in some way, are discharged but then move on to another hospital so that their outcome is never properly recorded at NBH?

Retained placenta (full story in [Case studies](#))

A patient went to NBH as a public patient to give birth, very apprehensive because she had heard of so many problems there.

The birth went smoothly and she took her baby home the next day. However, later that day she experienced severe contractions over a period of six hours. She rang the hospital who told her to come in. Most significantly, they did not examine her. They told her she had an infection. She was kept in overnight on a drip and prescribed a course of antibiotics for five days - which she did not take because she was breastfeeding. Two weeks later, to her shock, she passed a 15cm piece of placenta. An examination when she expressed concern would have averted what could have been a life-threatening situation for her and her baby.

Childbirth concerns

Professor of Midwifery at Western Sydney University, Dr Hannah Dahlen, one of Australia's foremost childbirth researchers, has condemned maternity services at NBH.

The professor told a rally outside NBH in November that an eight year-long study she carried out, which followed every woman who gave birth in NSW during that period, showed interventions were almost double in the private sector – even when older and other higher risk women were excluded.



Professor Dahlen

"You have now got the fox in charge of the henhouse. You've got private health in charge of public health and they are not going to want you to look good. ... Do not be deluded, this is not about the best interests of the consumer, or of women in the case of maternity services."
(Recorded by SMVH).

Further, babies born in private hospitals were more likely to suffer a number of problems, including: needing some form of resuscitation; to be less than 40 weeks at birth; and to have Apgar scores of less than 7 at 5 minutes.

(See Dahlen, H Tracy, S Bisits, A, Brown, C and Thornton, C “Rates of obstetric intervention and associated perinatal mortality and morbidity among low-risk women giving birth in private and public hospitals in NSW (2000–2008): a linked data population-based cohort study,” BMJ Open, 2014, Volume 4, Issue 5.)

Prof Dahlen said the gold standard in childbirth services is midwife-led deliveries (known as Midwife Group Practice or MGP), which will be limited to only 200 deliveries per year at NBH.

Friends of Northern Beaches Maternity Services spokeswoman Helena Mooney, a doula, has also criticised Healthscope’s management of maternity services at NBH for “*putting profits before mothers and babies*”. (“Mothers fear new Northern Beaches Hospital puts profits before babies,” SMH, November 12, 2018).



Helen Mooney, Friends of Northern Beaches Maternity Service,

"We're worried NBH is not going to deliver good public maternity services because they want women to go with private obstetricians, which is more profitable,"

At the November rally, she condemned Healthscope’s management of maternity services at NBH over:

- Restricted access to proven safe pain relief, with birthing pools in only three of 10 birthing suites in the hospital.
- Restricted access to proven, safe, continuity of care through midwife-led birthing.
- Restricted access to postnatal support based on the day you happen to give birth – with none available on weekends.
- Restricted access to midwives in general with only three midwife antenatal clinic rooms at the new hospital. Healthscope has also axed midwife clinics that were meant to be set up at new facilities in Mona Vale and Brookvale.

Professor Dahlen was also concerned that statistics collected at the hospital would be saved in its own private database and released only after two to three years – rather than annually as in public hospitals.

Mental health

The NBH website says that the hospital provides 61 mental health beds across 4 specialised wards:

- A 20-bed ward for private health care admissions.

- A 20-bed ward for public health care admissions.
- A 15-bed ward for the care of older people (65-years and over).
- A 6-bed ward for short stay crisis mental health admissions.

However, doctors have told SMVH that despite the extreme shortage of public mental health beds that previously existed on the Northern Beaches – as across NSW – the number of public beds at NBH has not increased from those that existed at Manly Hospital (which was home to the Northern Beaches mental health unit.) Private mental health beds increased in number with the opening of NBH, the doctors say, but there was no shortage of them in northern Sydney anyway.

Public vs private patients

The issue of payment for what in other public hospitals would be a Medicare service as raised in John Whitehead's case (above), has been a continuing theme. SMVH believes that angiograms are now available for public patients at the hospital during business hours but it is unclear what happens outside these, and if they are then still available to private patients.

SMVH has also been told of many adult patients presenting at the NBH emergency department, some waiting long periods and then being transferred or in some cases told to make their own way to other hospitals when NBH did not have an operating theatre available.

We would like to know: how often this has happened and if Healthscope has satisfied the terms of its contract with the NSW government to provide hospital care to patients given this failure to treat all patients presenting at their emergency department?

We have also heard that emergency patients are steered towards admissions as private patients – so that the department effectively becomes a feeder for the private hospital.

Children have also waited long periods at NBH with conditions such as appendicitis, only to be told there isn't a paediatric surgeon available. (eg www.msn.com/en-au/news/australia/new-dollar600m-sydney-hospital-accused-of-turning-away-children/ar-BBUCuXF MSN News, March 11, 2019. However, some parents have reported on Facebook that their child has been operated on at NBH. Is this a case of families with private health insurance being able to access services unavailable to public patients?

GPs in April also expressed anger at the out-of-pocket expenses patients were being charged at NBH. The doctors said they thought NBH was providing patients with a poorer service.

"Patients are often thousands of dollars out of pocket with gap fees for pathology and private specialists.

"Previously it would all have been free." Dr Caroline Rogers ("GPs Anger at Out of Pocket expenses," The Manly Daily, April 9, 2019.)

Local actor Shane Withington in May sent SMVH a message to be posted to our Facebook page that raised the same issue:

"What is going on at the NBH?

... I had something in my eye last week and called casualty at NBH and was told \$200 to see a doctor and any treatment ... blood tests or anything would be billed on top of that!! I questioned this and said it was appalling and was told that 'we are a business'...Wow..."

Waiting times

In the first months of NBH's opening, patients waited very long periods in the emergency department. This trend appears to have continued according to recent figures in a Bureau of Health Information Quarterly Report:

"At the Northern Beaches Hospital, more than 40 per cent of patients in its ED waited longer than clinically recommended for treatment, the fifth-worst result of all major NSW hospitals. "Treatment times blow out at overcrowded emergency departments," **The Sydney Morning Herald**, June 12, 2019.

Public transport

The distance from Palm Beach to NBH is the same distance as from Bondi to NBH.

For the residents of the northern beaches, Mona Vale Hospital was on a direct bus route, easily accessible for residents travelling north, south and east to the hospital.

However, there are no direct bus routes - either public or private - from the Northern Beaches to NBH. Examples of travel times by bus include:

- Public transport from Palm Beach to Mona Vale Hospital
 - Bus 199 every half an hour to the corner of Pittwater Road and Coronation Street. Travel time 30 minutes
 - Bus 155 stops directly at Mona Vale Hospital and goes from Narrabeen to Bayview every half an hour
- Public transport from Palm Beach to Northern Beaches Hospital
 - 199 to Mona Vale, B1 to Dee Why, walk 2 blocks, 136 to Frenchs Forest, walk 5 minutes to NBH. Travel time 1 hour and 19 minutes.
 - This sort of travel regime would be impossible for many older people visiting friends or family.

Vehicle access

The most direct vehicle access to NBH from the northern beaches is the Wakehurst Parkway which is limited to one lane either way. The Wakehurst Parkway is prone to flooding and bushfires and is regularly closed after heavy rain or accidents.

When the Wakehurst Parkway is closed, Northern Beaches' residents and ambulances must divert to Mona Vale Road which is also prone to closures and accidents.

Alternatively, they have to go via Brookvale along Pittwater Road, which is also delayed by heavy traffic in peak periods, then up Warringah Road to the hospital.

Parking at the hospital is no longer free – as it was at Mona Vale Hospital.

Fire and other building concerns

SMVH also believes the construction of NBH should be investigated, following the release of the Fire Safety Report into the building under Freedom of Information laws. In particular, we are concerned that although the building's cladding is made of steel, the public must be reassured that the insulating foam within is not flammable.

We are also concerned that the document indicates fire stairs are open to the elements and that this would present significant problems in evacuating patients in extremely smoky conditions and/or while the hospital is under ember attack – particularly those who are immobile or scared of heights. (The hospital is built next to bushland.)

These issues are discussed in a submission by the Friends of Mona Vale Hospital, with the associated documents attached.

Transparency

One of the key community concerns is the lack of transparency at NBH, regarding what services are available, fees payable, the seemingly different level of services available to private and public patients, the ownership of NBH and its relationship with Northern Sydney Local Health Service.

The NBH website has very limited information. In the “About Us” section, there is no information regarding the governance structure, the management structure, key executive staff, the ownership of NBH or its relationship with NSW Health.

The website lists 21 departments, with minimal information about the services they provide and their availability for patients, both public and private.

For example, there is no paediatric department listed, but paediatrics is listed as a service with an 18-bed ward which *“provides specialised medical and surgical care to infants, children and adolescents”*.

At the community forum held at Pittwater RSL club in February, Pittwater MP Rob Stokes was asked if the hospital provided surgery for children. He deferred to head of Emergency Dr Andy Ratchford, who responded saying that there is no surgery for children under 12 at NBH.

Yet it appears that surgery for children is undertaken. It has not been possible to discover if this is only for privately insured patients.

Another example is cardiac care. NBH has a cardiac catheter lab and an interventional lab – but it is not clear whether these are available to public patients. The website is clearer on the provision of bulk-billed imaging to public patients.

There is also a lack of transparency about ancillary services that were provided at no cost at MVH but now have a cost, either on or offsite. For example, it appears that stress tests previously available and bulk billed at MVH are not bulk billed at the new hospital.

Information about NBH is shared in community forums and on social media, as this seems the only way for the community to access important information. These are not appropriate channels for dissemination of information regarding our hospital services.

At a public hospital, patients are assured that their treatment is at no cost. At NBH, a private hospital that puts profit before patients as its business model – there is insufficient transparency for patients to gather information about the possible costs of their medical treatment.

It appears that as a privately-owned hospital, NBH has no obligation to provide performance information to the government or public. Detailed performance statistics were always available for MVH and Manly Hospitals, providing the community with up to date information on their local hospitals. <https://www.myhospitals.gov.au/>

This lack of information further undermines the community’s confidence in the NBH.

What now for Northern Beaches Hospital?

The problems plaguing NBH are not unusual for Public-Private Partnerships.

Grattan Institute program director Stephen Duckett says of the arrangements that: *“by and large, this has not been a good story”*.

In most cases, he says, governments have had to take over operation of the hospitals to sort out the problems. This has been the case at:

- Port Macquarie Base Hospital – set up in the early 1990s, despite opposition from community groups and unions, was bought by the NSW government in 2005.
- Another hospital offering public services but privately-run by Healthscope in South Australia, was opened in 1995 and was bought back by the state government at a cost of \$17.5 million after years of losses.
- Latrobe Regional Hospital, opened in Victoria 1998 as a PPP, was bought back by the state two years later after losses of \$8.9 million.

“Port Macquarie also suffered ‘teething problems’ — similar to those documented at the Northern Beaches Hospital — which happened to last over a decade. While privately run, Port Macquarie was the worst performing hospital in the state according to the NSW Department of Health, with waiting times for elective surgeries double the state average.” (“The echoing failure of public-private hospitals, Crikey, November 28, 2018).

Clinical Nurse specialist Lynda Binskin experienced the failed privatisation of Port Macquarie Base Hospital and has related that to the NBH. She describes how problems appeared early – including staff shortages, lack of accountability and transparency – and others such as long waits for elective surgery and multiple resignations of senior staff developed over time.

“The Port Macquarie privatisation experiment was bad for everyone. I believe the people of the Northern Beaches have a lot to be worried about.

There needs to be clear accountability for the care of our public patients. Profits should never come before care. Health care in this country is a right not a privilege,” Binskin wrote in “Port Macquarie’s privatisation debacle,” November 3, 2014. <https://www.nswnma.asn.au/port-macquaries-privatisation-debacle/>

The NSW government itself has abandoned plans for PPPs at Maitland, Wyong, Goulburn, Shellharbour and Bowral Hospitals. The Northern Beaches community should not have to endure years of “teething problems” at NBH as occurred at Port Macquarie Hospital.

Given the size of NBH compare to the 160 beds at Port Macquarie, even more dramatic and rapid action is needed to sort out the dysfunction at NBH.

SMVH believes the NSW government should not play with the lives of Northern Beaches residents. Instead, it should take over the NBH now and return acute services to Mona Vale Hospital - on the actual coastal strip that is the Northern Beaches.

That Portfolio Committee No. 2 – Health inquire into and report on the operation and management of the Northern Beaches Hospital, and in particular:

(f) the impact of the hospital on surrounding communities and health facilities, particularly Mona Vale Hospital, Manly Hospital and Royal North Shore Hospital.

History of Mona Vale Hospital

The development of Mona Vale Hospital (MVH) was initiated by the community and supported by generous donations. Before its opening, patients and their families from the Pittwater area were forced to travel the length of the Northern Beaches to reach the closest hospital at Manly. A retired Manly Hospital nurse remembers the desperate rush to transport patients to that hospital before Mona Vale was built.

“As a 4th year nurse at Manly Hospital in 1954, I was certainly aware of patients who did not survive the emergency dash by ambulance or car from the northern beaches. We knew them as DOAs. It took much lobbying of the government and community fundraising before Mona Vale Hospital opened in the 1960s. Undoubtedly, Mona Vale Hospital emergency department saved lives. Now we have gone backwards, and again face a long drive to the nearest emergency department at the Northern Beaches Hospital. I fear that again nurses will be faced with an increase in people not surviving the long trip.” Elizabeth Aird, Retired RN, October 2018

Another resident recalls the stress placed on families forced to travel to Manly Hospital from the Pittwater area.

“The new hospital was a tremendous boon for Pittwater. Up until now, we’d all had to traipse into Manly, often having to walk up that bloody great hill to North Head, just as my father had done in army uniform in 1942; except that he’d ran all the way – but not fast enough to catch his dying mother’s last moments ...” John Illingsworth, in his film [“The Life of Rob and Death of Mona Vale Hospital”](#), published on YouTube Pittwater Pathways, June 2018.

After intensive lobbying by local residents, Mona Vale Hospital was founded in 1958 when a public meeting of about 500 people gathered at Brookvale Theatre to elect a board of directors. Tenders for the construction of the new building were called in 1961.

“Australia’s quietest and most advanced hospital is being built at Mona Vale, in Sydney’s northern suburbs ... The hospital ... will be a patient’s paradise ...” The Canberra Times, October 16, 1963

MVH was opened on February 22, 1964, by then NSW Health Minister William Sheahan. More than 20,000 people turned up to celebrate the opening, evidence of the new hospital’s importance to the local community. Initially the hospital accommodated 152 beds with acute speciality services in Emergency Medicine, Intensive Care, General Medicine, Orthopaedic Surgery, General Paediatrics, Obstetrics and Gynaecology, Geriatrics, Rehabilitation and Palliative Care.

The first Annual Report of the hospital described the great participation and financial support contributed by the Hospital Auxiliaries.

A dedicated 43 bed Paediatric Unit opened in 1974, then in 1976, community health services and a comprehensive range of clinical services and facilities were added. It was also a teaching hospital of the University of Sydney. The stages planned initially to be added have never been completed.



Major Stage 2 development was never completed

"Mona Vale Hospital has often been recognised as the most cherished public hospital in the state due to the donations fielded by its band of devout auxiliary volunteers." The Manly Daily, February 15, 2014

Upgrades to Mona Vale Hospital

Major upgrades to Mona Vale Hospital since 2011 include the hospital façade, renovation of the maternity and paediatric units as well as the emergency department. Asbestos was removed from two floors to facilitate these improvements.



In 2012, \$3 million was spent on the Maternity Unit. This included:

- extensive purpose-fit design
- demolition

- upgraded medical gas services
- mechanical ventilation
- new doors
- fire detection upgrades and hydraulic service upgrades
- a water birthing bath.

The electrical and data services were upgraded to meet operational hospital requirements and new lighting and joinery were installed. Asbestos was managed safely.

*“Since coming to government in 2011 we have been able to achieve vital improvements, including **almost \$20 million in capital improvements for basic building works** such as the refurbishment of the hospital’s façade, asbestos removal, new car parking and covered walkways, extra air-conditioning, the revival of dental services, the renovation of our maternity unit, the return of birthing services, the replacement of the hospital’s medical air system, the commencement of an innovative mobile digital X-ray service, purchase of new kitchen and surgical equipment, renovation of the paediatric ward, as well as new work such as the upgrade of emergency services, renovation of the community kiosk, a new wing on the rehabilitation unit and expansion of the palliative care unit. Also, work is due to be completed shortly on the construction of a brand new enlarged helicopter facility.”* (Rob Stokes, MP for Pittwater, NSW Legislative Assembly Hansard and Papers May 9, 2013)

Closure of Mona Vale Hospital acute services

As of October 2018, Mona Vale Hospital closed as a Level 4 metropolitan general hospital. All acute specialty services were transferred at one time to the newly built Northern Beaches Hospital before the new hospital was ready and equipped for patients. Manly Hospital closed the day before. Shortages of both staff and supplies, the resignation of senior staff and executives, and problems with communication systems and IT have been well documented by the media and in the recent [Health and Education Training Institute \(HETI\) report](#) (written in December 2018 but not released by the NSW government until seven months later).

Staff raided the discarded medical supplies from skip bins at Mona Vale Hospital to help manage the shortages.



“Nurses filled their own car boots with supplies from the now closed Manly and Mona Vale Hospitals.” Sydney Morning Herald, November 12, 2018

The new hospital was unable to cope with the huge influx of patients.

“The hospital had seen a greater number of extremely sick patients than anyone had anticipated....50 per cent more ambulances arriving than to Manly and Mona Vale used to receive combined – and 30 per cent more patients coming into the Emergency Department.” CEO Deborah Latta and Medical Director Louise Messara, The Manly Daily November 10, 2018

Hospital planning

In the early 2000s, when planning for a new hospital on the Northern Beaches began, very little research existed into hospital planning. A 1999 paper found that:

“Research into the running and planning of hospital services has been neglected. This is surprising given the importance of hospitals for the public, politicians, and the healthcare system ...” the UK researchers wrote. (*“The hospital of the future: Planning hospitals with limited evidence: a research and policy problem,”* Nigel Edwards, Anthony Harrison *BMJ* v319, 1999, p1,361)

At a time when, internationally, a trend for centralising hospital services had developed, the paper found 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 responding to emergency care.*
- *Planning needs to take into account the limited state of knowledge”*

(The hospital of the future: Planning hospitals with limited evidence: a research and policy problem Nigel Edwards, Anthony Harrison BMJ v319, 1999, p1,361)

Save Mona Vale Hospital believes it is therefore now important to consider the evidence of significant disadvantage that has been created for residents of the former Pittwater area by siting the new hospital at Frenchs Forest and closing acute services at Mona Vale Hospital. Given the dearth of research available when the decision was made to close acute services at Mona Vale Hospital and the concerted protest from the community, it is of great concern that this decision could have been made for purely political or otherwise unknown reasons.

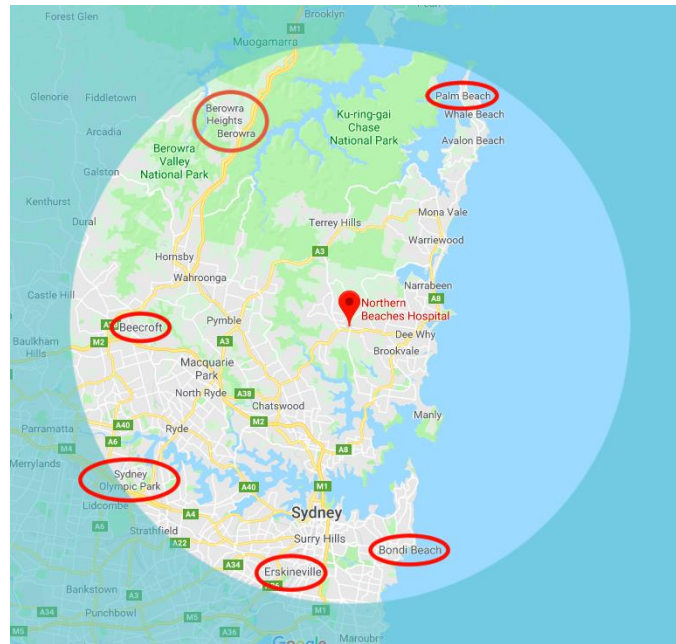
Mona Vale Hospital today

Mona Vale Hospital remains a public hospital and part of Northern Sydney Local Health District, however with significantly reduced services. This will have a serious impact on the community of the Pittwater area because of a number of local factors as follows.

Distance and time to reach hospital

The first and most significant impact of the Northern Beaches Hospital on the community has been the loss of local acute and other public services at Mona Vale Hospital. As a result, many patients must now travel close to 30km to reach the closest emergency department.

In fact, the new hospital is as close to Bondi as Palm Beach – 28km away. And Bondi has at least six major hospitals that are closer to it than NBH (Prince of Wales, Sydney Children’s, St George, St Vincent’s, Royal Prince Alfred and Royal North Shore).



Travel time for Palm Beach residents to the new hospital at Frenchs Forest - by the shortest route and in free-flowing traffic - is at least 45 minutes, as opposed to 15 minutes to Mona Vale Hospital. However, during peak times, traffic between Narrabeen and the hospital (at the end of Wakehurst Parkway) is often at a standstill and the travel time can be significantly longer. (eg travel time from Avalon, 21.5km from NBH, is often more than 45 minutes and can take up to an hour).

These estimates for travel time by ambulance (as compared to private car) were confirmed for SMVH by an ambulance union spokesman:

“When transporting to hospital the travel time [to NBH] will be increased roughly by between 15 minutes and 30 minutes depending on traffic conditions, under normal driving conditions.

The time taken to respond to calls from the public to these areas depends on the location of the available crew, currently as a result of only 1 additional module of staff being added in the Sydney North area and only 2 in total across Sydney in more than 10 years, despite a 30% increase in workload, means that the availability of crews has been reduced resulting in increased response times across Sydney. In the Northern Beaches area as a result of this poor resourcing it is a regular occurrence (many, many times across the 24-hour period) that crews from the North area are responded into the West, East and South West of Sydney which for the Beaches area means crews are regularly moved west from this area to other areas which results in a further reduction of available crews. It is not uncommon for the Pittwater area to only have single officer response vehicles available to respond, note these cannot transport.

The location of the new Hospital at French Forest will mean that instead of crews being at Mona Vale hospital offloading patients, with an ability to respond, they will now be at Frenchs Forest which is likely to add to the overall response times to all of the Beaches area.”
(see Greg Bruce, Health Services Union Ambulance Councillor and serving paramedic, Greg Bruce, email July 5, 2018)

The likely impact of this extra travel time can be seen by looking at the most recently-published Mona Vale Hospital Emergency Department statistics – ie for the Year 2017-2018.

During that period, 182 patients presented to emergency requiring resuscitation on arrival and 100 per cent of them were treated immediately (ie within two minutes).

The number of these presentations had gradually increased from 131 in 2011-12. The numbers of patients arriving at Emergency and needing treatment within 10 minutes (regarded as an “Emergency”) was 4,833 - more than doubling from 2,322 in 2011-12.

And patients presenting to Mona Vale Hospital needing “Urgent” treatment within 30 minutes during that latter period numbered 12,295 – rising from 8,337 over the six years.

(see <https://www.myhospitals.gov.au/hospital/1153B2140/mona-vale-hospital/emergency-department>).

Given the extra 15 to 30 minutes travel time along the most direct route to the NBH from Mona Vale, we know that thousands of patients suffering serious problems are now likely to experience less positive outcomes due to delayed treatment or in the worst possible cases, not survive the trip.

In fact, the May 2005 Legislative Council Inquiry into the Operation of Mona Vale Hospital heard that the Northern Sydney Central Coast Health (NSCCH) had originally set a criterion:

“of a maximum travelling distance/time of 20km/30 minutes by private car. Mona Vale is the only site that would meet a 20-kilometre distance criterion”. (LC Inquiry 2005, p109).

So we now have a situation in which the **increase in travel time by ambulance is equivalent to the maximum recommended travel time by car** (which is slower than for an emergency vehicle).

The distance factor appears to have been later abandoned but was derived from criteria recommended by the NSW Government and cited in the inquiry:

Metropolitan [emergency] services should be planned using the following parameters. These parameters should be considered together – not individually in isolation:

- *throughput – 20,000 emergency department cases per year (minimum)*
- *travelling distance/time – 20km/30 mins by private car (maximum)*
- *population base – 1:200,000 (minimum)*
- *equity factors (including transport, social factors, geography) (p110)*

However, if the site selected resulted in a travel time of more than 30 minutes by car, the inquiry suggested:

Any concern regarding the safety implications of not strictly applying this 30-minute travel time criterion when selecting the site for the new hospital would be partly offset if the second, complementary hospital also had a functional emergency department ...

... If Mona Vale is selected as the secondary hospital NSW Health must ensure that residents in the north of the peninsula are provided with the long-term means to access adequate emergency services in a safe and reasonable timeframe. (p110)

The inquiry reinforced this point in its seventh (of nine) recommendations, stating:

That, whatever site is chosen for the new Northern Beaches Hospital, Mona Vale Hospital be funded, staffed and equipped to provide an on-going effective 24-hour emergency department service. (p110)

Local emergency departments or specialist emergency care?

The need for an emergency department at Mona Vale is supported by a 2007 British study that found a relationship between increased distance to hospital and increased risk of death.

The researchers noted evidence that specialist emergency departments improve outcomes in some complex cases - such as primary angioplasty for acute myocardial infarction and care for major trauma patients with multiple injuries.

However, the Northern Sydney Local Health District has told residents at community meetings that these forms of critical care are unavailable at NBH anyway – so patients suffering these problems continue to be transported to RNSH.

The researchers also said that patients in anaphylactic shock, with acute asthma attacks, choking or having drowned (all common occurrences on the Northern Beaches) need urgent but not specialist care.

*“The debate between local emergency care and more distant, high-volume or specialist centre care has also confused the issue of hospital bypass with the issue of ED closure. **The evidence that some critically ill patients have the capacity to benefit from specialist care is an argument for bypass, not an argument for closure or restriction of hours of non-specialist centres.** Patients with specialist needs such as burns and serious head trauma are already taken directly or indirectly to specialist centres. The current debate should be about extending the list of patient conditions that should bypass local hospitals and be taken to specialist centres, rather than about the closure of locally accessible 24-hour EDs. Closure enforces bypass for those patients who would benefit but at a cost for any patients who will not benefit.”* (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464671/> “The relationship between distance to hospital and patient mortality in emergencies: an observational study,” Jon Nicholl, James West, Steve Goodacre, and Janette Turner, Emergency Medicine Journal)

This finding is particularly relevant to the Northern Beaches given that asthma and anaphylaxis commonly occur here, as elsewhere in Australia, but there is also an increased risk from ticks which are endemic in the area. Drownings are also pertinent given the many surf beaches and waterways enjoyed by locals and the influx of tourists over summer.

The people of the Pittwater area are missing out on the medical care recommended in this study on two counts:

- firstly, that we no longer have a nearby emergency department equipped to deal with issues such as anaphylactic shock, acute asthma attacks or drownings; and
- secondly, the NBH is not equipped to deal with all heart conditions, stroke or major trauma so that these patients still bypass not only Mona Vale but also NBH.
- Furthermore, because of the dysfunction at and lack of confidence of medical staff and patients in NBH, many patients now travel directly to RNSH, 40km away, or are transferred from NBH to other hospitals.

In healthcare, evidence supports the relationship between scale and outcomes in areas such as trauma, transplant, stroke and cardio-thoracic surgery. The trend in healthcare around the world is to consolidate hospital services into larger units with sufficient critical mass to ensure cost effective and high quality care in highly specialised areas of care because new technologies, genetic therapies and personalised medicine are expensive.

Save Mona Vale Hospital Committee and the Pittwater community it represents acknowledge the need for critical mass and economies of scale for specialised areas. However, by closing two local Level 4 public hospitals and replacing them with a Level 5 private/public hospital, however, the NSW Government is not providing patient-centred care, namely, the right treatment, in the right place at the right time. Nor is it providing avenues for consumer participation or acting on community views.

There is also evidence for not separating acute services from non-acute services.

"Port Kembla hospital has a local community function, and it's also long been the major palliative care and rehabilitation hub for the district," said Illawarra Shoalhaven Local Health District Board Chair, Professor Denis King.

"However the evidence now shows that separating these from acute services - from the places we treat people for strokes and heart attacks and cancer and so on - can slow the process down and impede recovery."

"So for instance, if rehabilitation can go back into major complex hospitals, it's much better for someone who's had a heart attack, who needs cardiac rehab, to have it all done in the same building."

NSW Health Plan – Towards 2021 aims to provide healthcare as close to home as possible. 'Right treatment, right place, right time.' The plan aims to provide patient-centred care. On this basis there is a good argument that NBH should provide Level 6 treatment for major trauma, heart attacks and strokes so that patients from the Northern Beaches can access specialised emergency treatment in a timely fashion rather than have to travel 40 km to RNSH.

Consumer participation in healthcare is key. Consumer participation and engagement are regarded as fundamental in strategic planning, service planning, service delivery and service evaluation. Listening to and acting upon consumer and community views are important.

The view may be that modern medical care of the highest standard can only be provided from fewer, bigger hospitals. However, what patients want is a good local hospital close to their homes, with the understanding that they may need to be transferred to a large hospital for complex conditions.

SMVH believes that evidence demonstrates that the Pittwater community needs both a local emergency department at Mona Vale Hospital and access to specialist emergency care at a major hospital.

Health outcomes and travel time

More research in 2016 reviewed 108 studies into the relationship between health outcomes and travel time or distance to healthcare for adults in global north countries. The authors concluded that:

"In the debate between local versus centralised healthcare provision, 77% of the included studies showed evidence of an association between worse health outcomes the further a patient lived from the healthcare facilities they needed to attend. This was evident at all levels of geography—local level, interurban and intercountry level. A distance decay effect cannot be ruled out, and distance/travel time should be a consideration when configuring the locations of healthcare facilities and treatment options for patients."

("Are differences in travel time or distance to healthcare for adults in global north countries associated with an impact on health outcomes? A systematic review," BMJ Open v6(11), 2016, Charlotte Kelly, Claire Hulme, Tracey Farragher, and Graham Clarke.)

While travelling to NBH within 30 minutes will be impossible for many adults, **children requiring surgery are even more at risk**. Dr Andy Ratchford, Director of Emergency Medicine at NBH, has told local residents that NSW Health requires surgery on children to be carried out by a paediatric surgeon (Save Mona Vale Hospital Community Forum - Pittwater RSL Club, February 5, 2019).

This means that many arriving at the emergency department will be transferred to other hospitals such as The Children's Hospital, Randwick, which is 49km away from Palm Beach (and even from Mona Vale, 37km away). Some families have reported children with potentially serious conditions but which require relatively straight-forward surgery (such as appendicitis) have waited hours for treatment because paediatric surgeons were not available at NBH for public patients – whereas this relatively simple but urgent surgery was carried out at Mona Vale Hospital in the past.

Birth mothers and their babies are also at increased risk with the loss of the Mona Vale Hospital maternity unit. Women in labour on a second or later birth often deliver their babies within an hour or less. This was illustrated in September 2018 - shortly before NBH opened - by a mother giving birth on the roadside in Newport. Avalon mother Clare Johnson had been rushing to the Mona Vale Hospital maternity ward, when she felt the baby coming and delivered it in the front seat of the car. Her husband James described the birth as *"almost self-service"*, saying: *"They didn't really need me at all"*. (<http://newslocal.smedia.com.au/manly-daily/shared/ShowArticle.aspx?doc=NLTMLD%2F2018%2F09%2F29&entity=Ar00705&sk=46B94373>)

However, women and babies in obstructed labour or with other complications could well have their lives put at risk with the extra distance to hospital. If mothers sometimes had problems reaching Mona Vale Hospital in time, how many more babies will be born on Wakehurst Parkway on the way to Frenchs Forest?

Ambulance Issues

Ambulances and their crews are not permanently available at stations on the Northern Beaches and travel to all parts of Sydney throughout their shifts. So they often take over an hour to reach patients in the Pittwater area. A new ambulance station at Mona Vale Hospital – planned for the site of the old main building - will therefore not improve travel times.

The Pittwater area already had a problem with ambulance availability before the closure of Mona Vale acute services, now compounded by the longer trips to NBH. Residents frequently waited long periods (an hour and a half is not unknown), even to reach Mona Vale Hospital.

A recent example of this delay occurred on July 12 when a 96-year-old woman waited 90 minutes on the side of the road after she fell and broke her leg. (see "90 Minute Wait for an Ambulance," The Manly Daily, July 17, 2019, pp1,5) <http://newslocal.smedia.com.au/manly-daily/shared/ShowArticle.aspx?doc=NLTMLD%2F2019%2F07%2F17&entity=Ar00103&sk=14ED5A13&fbclid=IwAR02SsuUqriCwpicXg3HB12wZSau4tSWBeUrQ8XSCjOkcFe6xDDMEfnnl8k>

In another case, a 91-year-old Avalon resident had to wait for an ambulance to travel from Liverpool in early July when she fell and fractured her ribs. (Report to SMVH committee, July 17, 2019)

These long waits are due to poor resourcing as described by Greg Bruce from the Health Services Union (see above), despite the NSW government announcing an increase of 750 extra paramedics and call centre staff in June 2018. (In fact only 200 of these were to be trained in the past year ("\$1 billion for 750 new paramedics across NSW", SMH, June 14, 2018, p).

For as long as crews attached to local stations are required to attend calls across Sydney, the planned construction of a new ambulance station at MVH will have little benefit – especially when the closest station is at 1,391 Pittwater Rd, Narrabeen – only 3.5km away.

Problems for residents created by increased distance to the closest hospital are then exacerbated by the shortage of ambulance crews. The critical need for reliable ambulance services combined with a full emergency department and staffed to deal with issues such as anaphylaxis can be seen in the case of Inez Addison, an emergency trained nurse and her daughter.

Ms Addison – who has specialist intensive care training and worked in an ICU at a major hospital for 10 years – told a community rally (in September 2018) how in May 2016 she and her husband woke to find their two-year-old experiencing severe breathing difficulties.

“She wasn’t able to get air in or out of her lungs, she couldn’t talk, she was hardly able to cry, her lips were turning blue,” Ms Addison said.

The couple administered an EpiPen and waited over 20 minutes for an ambulance. They then called to see where it was and were told they would have to wait another 30 minutes – so they jumped in the car and took their daughter to Mona Vale Hospital.

“I was lucky. We had two EpiPens, we had Ventolin, I had old steroids and I happened to have oxygen at home,” she said. “This isn’t a normal situation. Not many people have all of these things.

“We managed to get to ED, she was placed in a resus bay and we had a happy outcome. Most people don’t wait for an ambulance because we’re underserviced but paramedics are stretched so thin. So we race here. How are we going to do that to the new hospital?”

Ms Addison’s daughter has had a number of anaphylactic reactions when she has been told she would have to wait over 30 minutes for an ambulance - so has driven her daughter to Mona Vale Hospital.

“So now not only are they moving our hospital further away, we’ve got an ambulance system that’s overburdened ...” Ms Addison said. “Where does this leave out community?

“When you are sick, time is of the essence. The quicker you get medical attention, the higher your chance of survival.” (Inez Addison, Save Mona Vale Hospital Media Release following SMVH picnic, September 2018)

Furthermore, longer ambulance trips to the closest hospital now cost residents dearly. Local resident James Engels recounts his ambulance ride to Northern Beaches Hospital:

“If you don’t have private medical insurance it’s \$500+ for the ride. This was the case for me, from Mona Vale to Frenches Forest. I waited in Mona Vale for 45 mins with serious wounds to my hand. Then another 45 mins in the ambo with traffic on the Parkway ...Save Mona Vale Hospital Facebook page, July 17, 2018

For residents of Scotland Island and Pittwater’s Western foreshores, the situation is even more serious – given that they must first travel by boat to the mainland to access transport to hospital. One resident told the SMVH committee she now believes that if members of the offshore community have a heart attack, stroke or serious accident they will probably die because of the increased distance.

Regarding helicopter transfers, Nicola Pellegrini of the Northern Beaches Hospital Project Team, speaking at a residents’ meeting in June 2018, said they would generally only be used to transport very sick babies to NBH (Pittwater Online News, June 24-30, 2018

<http://www.pittwateronlinenews.com/FutureHospital-Treatment-in-Pittwater-Unacceptable.php>

Hospital Access

Access from the Pittwater area to Northern Beaches Hospital is further impeded by the geography and subsequent lack of road access to the area. The Wakehurst Parkway, the most direct route to NBH from the Pittwater area, travels from the coastal plain to the escarpment on which the new hospital sits via a bushland valley. It has a single lane in either direction that comes to a standstill in peak hour traffic and is completely blocked by accidents, flooding and bushfires.

With bushland on either side of the parkway and few crossroads, accidents, such as on July 15 this year, when a pedestrian died after being hit by a car, can close the road to traffic for many hours.

Wakehurst Parkway is also regularly closed by **flooding** in heavy rain – for example on March 17 this year and amongst other occasions, on October 14 last year - about two weeks before the closure of the Mona Vale Emergency Department and co-incidentally the day of a Save Mona Vale Hospital rally (see Save Mona Vale Hospital Facebook page posts from those dates showing the road flooding and warning signs).

Bushfire is another major hazard on Wakehurst Parkway, due to the surrounding bush. Given its geography as a narrow peninsula, all roads out of Pittwater were closed and/or at a standstill at some time during the catastrophic 1994 bushfires. In a comparable future fire, road access for Pittwater residents to a hospital would now be very difficult– and under those conditions it may also not be possible for helicopters to operate to transport patients.

Population The Northern Beaches population will increase by about 45,000 to just under 300,000 between 2016 and 2036. That is according to projections adopted by The Greater Sydney Commission's North District Plan – part of its blueprint for Sydney released during March 2018.

These figures compare to a resident population of 231,280 in 2001 (according to the LC Operation of Mona Vale Report, p118, May 2005), when planning for future hospitals on the Northern Beaches began. However, Department of Infrastructure, Planning and Natural Resources (DIPNR) figures cited in that report showed that for 2031, the total population of the area would reach 257,240. That compares to the actual current population of 252,878 at the 2016 census and estimate of 271,278 in 2018.

By comparing the current figures with population projections for the Northern Beaches, it can be seen that planners have significantly underestimated the catchment for NBH – and the numbers of sick and injured residents who will be bypassing Mona Vale Hospital on the way to an emergency department.

This population, much of which will be ageing and which on current trends is likely to overtake the government's projections before 2036, will create an increasing need for emergency and acute hospital services actually on the beaches rather than at Frenchs Forest. Losing these services at Mona Vale Hospital - available to all patients, public and private - at a time when there is a growing population and increasing congestion, could have disastrous effects for our community.

Condition of Mona Vale Hospital

Mona Vale Hospital is currently being redeveloped to include a range of sub-acute inpatient services, including geriatric, rehabilitation and palliative care, as well as the establishment of an outpatient Community Health Centre. Private operators are being invited to build and run health related services on the hospital's 8.8 hectare site, as The Manly Daily reported recently.

“... the northern beaches community is being asked to take part in an Expression of Interest process which has opened.

It follows a registration of interest process held in 2017. Providers will be invited to further develop their proposal for additional privately-run health and medical services.

Member for Pittwater Rob Stokes said he hoped to see services such as a day surgery facility with consulting rooms.” The Manly Daily, June 29, 2019

However, the redevelopment of MVH includes demolition of the hospital’s main building, chapel , nurses’ quarters and other buildings. In 2017, Pittwater MP Rob Stokes told the community that:

“According to consulting engineers the (main) building is at the end of its life and it needs to be replaced.” (Mr Stokes in John Illingsworth’s film [“The Life of Rob and Death of Mona Vale Hospital”](#), Youtube Pittwater Pathways, June 2018.)

A group of local residents then made a freedom of information request for the Ove Arup Dilapidation Report on Mona Vale Hospital. Northern Sydney Local Health District supplied a 2010 report on the main building’s condition on June 5, 2017, which found that although the facade was “in generally poor condition”,

“If refurbishment is to be considered for the building, then our limited observations of the structural elements of the building would appear to indicate that these elements are in fair to good condition and would support this refurbishment process without the structure requiring significant remedial work”. ([Northern Sydney Central Coast Health’s “Mona Vale Hospital Facade Inspection Report”](#), Page C30). Mona Vale Hospital 2000-2018,”

This elicited the response from the Ministry of Health that:

“(it) does not hold a single fit for purpose report for Mona Vale Hospital. Rather this criterion is used by Health Infrastructure whenever they make a determination in relation to their NSW health projects. While there are a number of reports that detail reports, the Ministry is aware that the applicant already has copies of these documents. The Ministry has nothing further to provide.” [NSW Health letter March 9, 2018](#)

However, the Ove Arup reports already secured by the residents (eg as seen above) make no mention of a need to demolish the main building at MVH. (John Illingsworth’s film “The Life of Rob and Death of Mona Vale Hospital”, film published on Youtube Pittwater Pathways, June 2018.)

Despite these reports, the main six-storey hospital building is now scheduled for imminent demolition.

NSW Health Minister Brad Hazzard told protesters outside his office (on December 12, 2018) that the main building contains asbestos. However, he made a commitment at the time that there was [no demolition planned for the hospital](#).

*“There may be parts of it with asbestos – I haven’t seen anything at all about that. But there is no intent to demolish anything.” (John Illingsworth’s film *Health Hazzard –No Hazzardous Demolition*, YouTube Pittwater Pathways December 2018)*

[On September 23, 2010](#), Mr Hazzard addressed a question in Parliament:

Brad Hazzard to the Deputy Premier and the Minister for Health

“How does the Minister justify asbestos still being in Mona Vale Hospital facilities?”

Minister Tebbutt answered one month later.

“I am advised:

Asbestos was a common building product in the 1960s when Mona Vale Hospital was first constructed and still exists in the general community today. Asbestos management is a high priority for Mona Vale Hospital management and the control and containment is managed in

accordance with legislative requirements. Regular reviews are undertaken and a major asbestos audit for Mona Vale Hospital was conducted in July 2010 providing recommendations including air monitoring requirements. Priority areas for asbestos removal have been identified and a progressive removal strategy is being undertaken.

Ongoing safety measures are being undertaken by the Area Health Service to ensure the well being of staff, patients and visitors at Mona Vale Hospital.”

Asbestos was removed from the Maternity and Paediatric wards during previous renovations and it has also been managed safely in many other hospitals. Port Kembla Hospital, for example, was designed by the same architect, built around the same time and has been refurbished. Furthermore, any asbestos present at Mona Vale Hospital will have to be dealt with whether the building remains standing or is demolished.



Mona Vale Hospital



Port Kembla Hospital

The question then arises: if the presence of asbestos in fact makes the building too dangerous to remain in public use now, how safe was it before the closure of services located there?

Demolition of the main and secondary hospital buildings will destroy any opportunity to re-open Mona Vale Hospital as an acute services hospital.

The community will lose its main public hospital building. While the land remains public, long leases will result in privatised services replacing previously public services. And placement of new buildings will not leave space for an acute services hospital in the future.

The Level 4 Emergency Department has now been replaced by an Urgent Care Centre, open 24 hours per day, for minor illnesses or injuries. Fifty patients per day, on average, seek treatment, while only 35 patients per day had been expected. More than 3,500 people sought medical help between November 2018, when it opened, until the end of January 2019. Of these, 3% were transferred.

Mr Hazzard in December agreed to retain ultrasound equipment and a CT scanner, and to provide snake antivenom at MVH. He said at the time that these would mean the Urgent Care Centre would meet the requirements for a Level 1 Emergency Department. However, imaging is only available 12 hours per day.

A Level 1 Emergency Department, according to The Australasian College of Emergency Medicine, is the minimum emergency service in a rural or remote hospital. It must provide advanced paediatric and adult trauma life support and resuscitation. The Urgent Care Centre does not. [A Statement On the Delineation of Emergency Departments”](#)

The Urgent Care Centre is not staffed by emergency specialists – ie members of the Australasian College for Emergency Medicine - although its doctors and nurses do have emergency experience – and it was not a requirement requested at the time positions were advertised for the centre.

Dr Andy Ratchford, from the NBH emergency department told residents at a SMVH forum in February this year that there is also no guarantee that this limited service will continue – it will be reviewed after 12 months of operation, according to NSW Health.



- **Case study 1:** *Mona Vale Hospital Emergency Department, prior to its closure. Max Brown, former Manly-Warringah Sea Eagle player, drove himself to Mona Vale Hospital and collapsed on arrival with a heart condition. He was stabilised and transferred to RNS. He was advised that he would have died without the intervention at Mona Vale Hospital.*
- **Case study 2:** *Mona Vale Hospital ED closed and replaced with Urgent Care Centre. Avalon resident, Chris Sadrinna, took his ill two year-old daughter Mila to the nearest ED, namely Northern Beaches Hospital where she was misdiagnosed with gastroenteritis. Two mornings later her lips were turning black and her body blue. He immediately put her in the car to go to NBH but Mila passed out, so he went to the closer Mona Vale Hospital. The Urgent Care Centre turned him away. Eventually an ambulance was called, taking them to Sydney Children's Hospital, Randwick, where there was no available bed, so she was transferred to Royal North Shore. By then, a urinary tract infection had spread to her kidneys and caused septicaemia.*
- **Case study 3:** *"So what should have been an 8-minute trip to emergency at Mona Vale turned into a heavy traffic slog to NBH while my partner buckled over in the passenger seat, tears streaming down her face as she tried to hold back the pain whilst we sat in the traffic."* Brent Williams
- **Case study 4:** *"Broke my leg and ankle on Sunday – I got my husband to put me in the car and drive me to RNS as I knew an ambulance would take me to the new hospital – didn't want a hospital visit that resulted in surgery to be a lottery ticket."*

- **Case study 5:** *"It's a farce. Had to go to the old Mona Vale Emergency after my grandbaby was up at 4am with terrible pain behind the ear...had to drive her to Ryde. No diagnostic equipment at Mona Vale... and no treatment.... She was diagnosed with an infected saliva duct, very, very painful."* Susan Colvin

Hospital a basket case but it's no real surprise

With the building of the Northern Beaches Hospital, residents of Frenchs Forest have been subjected to three years of traffic and other disruption ("Brand new hospital 'courting disaster'", November 17-18). The massive and ugly roadworks are running a year behind schedule. Hoardings around the hospital site boasted of a \$500 million spend. The reported cost is now \$600 million, a blowout of 20 per cent.

To add insult to injury, we learn the new hospital is a shambles. Two functioning, yet poorly maintained, hospitals were closed and patients moved to a state-of-the-art institution that wasn't ready. I'm furious so much money can be spent, so much political boasting can be done, and yet at the last hurdle the management team can stumble in such an astonishing way. I'm even more furious that minister Brad Hazzard and Gordon Ballantyne, the boss of Healthscope, offer nothing but weasel words. This is a hospital. Patients are depending on it running smoothly from day one.

Anne Carpenter, Frenchs Forest

What do you expect when you privatise public facilities without adequate supervision and control? Our blow-hard politicians are quick to blame private contractors, but the fundamental problem is of their own making. When Hazzard, then

planning minister, designated Frenchs Forest as the site for the hospital, he ignored NSW Health's Development Options Business Case, a "robust qualitative analysis" that ranked Frenchs Forest a distant third out of the six sites considered. Now the politicians and their planning lackeys want to develop a



Northern Beaches Hospital.

new "town centre" on the last bit of green space we have. A lovely residential suburb is being destroyed.

Paul Cunningham, Frenchs Forest

The shambles is because, according to Hazzard, almost 2700 patients have gone through emergency in the 16 days since the hospital opened. Could the huge numbers be in part because Hazzard has closed the emergency department at Mona Vale Hospital? Why? Because the northern beaches is traditionally a strong Liberal area. It therefore is not electorally damaging that

people now have to drive an extra minutes for medical assistance. C arrival, delays of six hours in the r hospital's emergency departmen are common. Meanwhile, the ban aid centre at Mona Vale Hospital remains empty.

Sue Martin, Avalon Be

We were promised a new public hospital and faster buses. We have received a dysfunctional, private-run hospital and the new B1 service resulting in an overall slower trip

Denis Goodwin, Dee

NSW has seen this before. When Port Macquarie Base Hospital was privatised in the 1990s, it was so badly run the government had to let it back – at twice the cost. What will take for politicians to dismount from their ideological high horse and concede privatising public hospitals is a bad thing, a body bag? Oh wait Northern Beaches Hospital doesn't have any.

Daniel Sharp, Freshwater

Having experienced Healthscope's idea of post-operative care at Private of Wales private after my bilateral knee replacement, problems at the Northern Beaches Hospital come as no surprise. But nothing can top my four-month battle with Healthscope Pathology over its attempt to charge me for a Pap smear.

Timothy Ashton, G

Sydney Morning Herald letters 19 November 2018

Services at Mona Vale Hospital

Mona Vale Hospital –services closed from 31 October 2018

- Level 4 Emergency Department
- Intensive Care
- Maternity Unit

- Neonatal
- Surgery including orthopaedic, plastics, vascular, urology, gynaecology, burns, paediatric
- Cardiology
- Oncology
- Neurology
- Gastroenterology
- General Medicine
- Nuclear Medicine
- Haematology
- Infectious Diseases
- Renal Medicine
- Respiratory Medicine
- Immunology

Mona Vale Hospital –services from November 2018

- Pathology
- Pharmacy
- Dental Clinic
- Rehabilitation -56 bed inpatient facility
- Community health services e.g. physiotherapy, speech therapy, mental health, early childhood, community nursing, outreach maternity clinic
- Podiatry clinic
- Diabetes clinic

Services planned for Mona Vale Hospital

- 10 bed palliative care centre
- 10 bed geriatric evaluation and management unit
- 10 bed drug and alcohol rehabilitation unit
- ambulance station
- helipad

Privatisation of previously public services

There remains a lack of transparency and confusion regarding services which were previously provided at no cost at Mona Vale Hospital but now incur fees at Northern Beaches Hospital or off-site.

Care seems to be at different levels for public and private patients at the new hospital. Public care does not seem adequate for our population.

This includes:

- Patients now have to pay to access some public outpatient clinics.
- There are no longer public neurology and cardiology clinics.
- There are now charges for pathology tests which were previously at no cost.

GPs anger at patients out of pocket expenses

Julie Cross

PATIENTS are being forced to pay hundreds or even thousands of dollars to gain access to public healthcare at the Northern Beaches Hospital which was previously free.

A number of GPs have come forward to say they believe patients are getting a poorer service at NBH.

Their concerns include:

- Patients being forced to pay private specialists to access some public outpatient clinics;

- The loss of public cardiology and neurology outpatient clinics GPs can refer to;

- Reports that the public paediatrics clinic is already at capacity.

Dr Caroline Rogers from Osana Narrabeen said NBH was costing her public pa-

tients money. "Patients are often thousands of dollars out of pocket with gap fees for pathology and private specialists," she said. "Previously it would have all been free."

Another GP, Dr Vecerka Skovrlj from Warringah Medical and Dental Centre, said her patients had returned from NBH after being encouraged to use their private health insurance for things like blood tests to find out later they had to pay a gap.

GPs also said they were concerned at the loss of public outpatient cardiology and neurology clinics that used to operate out of Manly or Mona Vale hospitals.

Dr Rogers said if someone needed heart tests, or if she suspected a patient had Parkinson's GPs could refer di-

rectly. Avalon GP Dr Stephen Ginsborg said "it certainly seemed to be the case" that there was less access to public clinics at NBH.

Dr Skovrlj said she and many of her 20-plus colleagues at her surgery felt the same. She added she was now referring to Royal North Shore Hospital but the waiting lists are long and patients are often refused appointments as they are "out of area".

At a meeting of GPs and Northern Beaches Hospital bosses last month, Dr Rogers said they were told the public paediatric outpatients clinical was near capacity.

"In terms of public care available, I don't think it's sufficient for our population," she said.

A Healthscope spokesman

said there was a greater level of public services than was previously offered and GPs can directly refer public patients to paediatrics, antenatal, gynaecology and rheumatology clinics.

In addition the hospital accepts public patients discharged from the ward or by referral via the Emergency Department to clinics including neurology, stroke, fracture, respiratory and Ear Nose and Throat.

There is also an inpatient cardiology clinic for public patients and the spokesman said some specialists offered bulkbilling via GP referral.

Dr Rogers said having specialists who are willing, on occasion, when specifically requested to bulk bill patients, is no substitute for a publicly funded clinic.

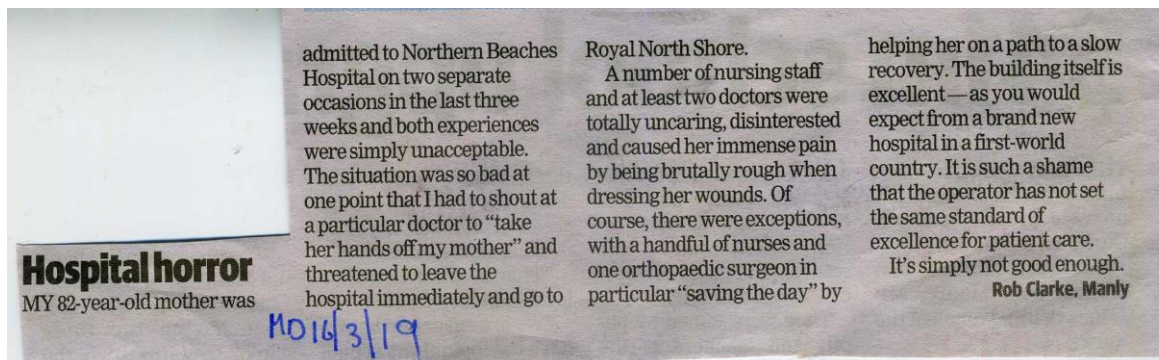
- **Case Study 1:** "My daughter went into NBH as a public patient. She went for a follow up at a clinic. All clinics at public hospitals are usually bulk billed. I received a bill. ...It does not have an outpatient pharmacy or lots of clinics like public hospitals do ...It's nothing like a public hospital." Colleen Thorne
- **Case study 2:** "I needed to attend Mona Vale Urgent Care Centre as I hurt my hand badly. X-rays showed a broken scaphoid. I was put in a cast and told to return 10 days later. ... I felt something wasn't right so went back and they performed a CT scan as they thought I may have torn a ligament. They rang NBH and asked if they should refer me there or to RNS. The hand surgeon on duty said to go there immediately as I may need surgery. ... his first question was 'Are you with a health fund?' I replied no. The whole attitude and approach changed. Without even asking to see my hand ... or scan ... the surgeon said, 'It's probably only a sprain.' Eventually the patient was referred to RNSH hand clinic and diagnosed with a haematoma on the ligament. "It was causing immense pressure, inflammation and pain."
- **Case Study 3:** "I was quoted \$4,945 to have an angiogram as a public patient. So now I have to wait for an angiogram at RNSH...I was told that Healthscope isn't allowed to provide interventional cardiology services to public patients. The new hospital is a level 5 PRIVATE hospital and a level 3 PUBLIC hospital."
- **Case Study 4:** "The ancillary services available at Mona Vale have set up shop as private practice – no bulk billing, plus Medicare gap" Peter McGill

Pittwater residents overwhelming want to retain a local community Level 3 hospital providing emergency, surgery, maternity and other acute services, with more serious cases referred to Northern Beaches Hospital or Royal North Shore Hospital. This is evidenced by:

- another SMVH petition, this time collecting more than 11,000 signatures

- high attendance at community forums and rallies (standing room only at the community forums)
- over 3,000 residents attended the Mona Vale Village Park rally
- In a survey conducted by SMVH at three shopping centres in February 2019, 94% of Pittwater residents said they wanted Mona Vale Hospital Emergency restored. Only 3% said they did not, and another 3% did not know. The sample size was 360.
- 20 local GPs SMVH contacted over a period of one week wrote in support of retaining acute services at Mona Vale Hospital.

Community concerns



The Northern Beaches Hospital is 28 km from Palm Beach – the same distance as from Bondi. Travel time by car from Palm Beach is a minimum of 45 minutes as opposed to 15 minutes to Mona Vale Hospital.

The road from Palm Beach to Newport is for the most part, one lane and winding. On weekends and holidays, visitor numbers swell. In the afternoons, there can be extensive traffic build-up which dramatically increases travel times.

- People will die before reaching Northern Beaches Hospital.
- More babies will be born before reaching a hospital.
- Losing a local hospital at a time when there is a growing population and increasing traffic congestion. Government policy is to increase population density thereby placing more pressure on infrastructure.
- Current population of the Pittwater area is 72,000, with an increase of more than 40,000 people planned for the Northern Beaches by 2036. Palm Beach, Whale Beach and Avalon are furthest from the new hospital – this is a population of 12,376. On weekends and holidays, particularly in summer, this population is vastly increased by visitors and tourists
- For offshore residents on Scotland Island or the Western Foreshores, the time taken to reach a hospital has dramatically increased. These residents need to travel by boat prior to road transport.
- Wakehurst Parkway, the road to the NBH from the northern end of the peninsula, is regularly closed by flooding, traffic accidents, fallen trees and all roads out of Pittwater can be cut during bushfires.
- There is no public transport available to the new hospital from the Pittwater area - except an infrequent and costly private shuttle from MVH.

http://www.northernbeacheshospital.com.au/application/files/4315/3975/2846/NORTHERN_BEACHES_HOSPITAL_Transport_Access_Guide.pdf

A bus to Dee Why, then a bus to Frenchs Forest takes approximately 90 minutes. This is challenging, especially for elderly residents either as patients or visiting family or friends.

- NBH is too far for families to provide the support they could at MVH.
- The NBH has a larger catchment than the current catchment of both Mona Vale and Manly Hospitals.
- Northern Beaches Hospital has 488 beds, 200 beds more than Manly and Mona Vale hospitals combined. However, only 60% of these beds are for public patients.
- Concern that elderly, rehab and palliative care patients at MVH will now have to travel offsite for medical tests, procedures and operations – adding to their distress and possible disorientation.
- Concerns with the model of a privately-run hospital that also takes public patients have been borne out by the experience of patients at NBH.
- Concern regarding payments at Northern Beaches Hospital for services that were no cost at Mona Vale Hospital.
- Lack of transparency regarding available services, out of pocket expenses, and public patients versus public patients at NBH. It appears that some Level 5 services are available at NBH for private patients and Level 3 for public patients.
- 40% of Pittwater residents do not have health insurance so are reliant on public health services.
- Lack of confidence in NBH.
- Perceptions of “profit before people”.
- Concern that the demolition of MVH hospital’s main building and nurses’ quarters is unnecessary, given that Freedom of Information requests by the public have shown no evidence of structural problems - and that any asbestos present would have to be dealt with whether the buildings are demolished or refurbished.
- Concern about the future use of the Mona Vale site and privatisation of health care.
- Concern about ambulance response times.
- Community suspicions, unable to be verified, that the contract with NBH operator Healthscope included the closure of Mona Vale and Manly Hospitals.

Elderly patient ignored for days

ROSE BRENNAN

AN ELDERLY patient with possible spinal fracture was left untreated by a doctor for nearly three days at the troubled Northern Beaches Hospital (NBH) because of what the operator called an "administrative error".

The case stands out in a litany of problems at the new hospital, including staff shortages and the loss of its CEO just days after it opened on October 30 last year.

The 85-year-old man was admitted to the emergency department on January 16 with what a whistleblower told The Saturday Telegraph was suspected spinal fractures.

He was seen by a doctor when he entered the emergency department and the following night he was moved to a ward, but doctors then lost track of him.

"Upon arriving at the ward an administrative error occurred where the care of the patient was not transferred from the emergency physician to an orthopaedic doctor," said a spokesman. Healthscope, which manages the hospital,

He was tended to by nurses, an occupational therapist and a physiotherapist, but an orthopaedic doctor did not see him until January 19, and he was immediately moved to a rehabilitation facility.

Healthscope said there were no adverse impacts to the man's wellbeing because of the mistake.

But the whistleblower told the Telegraph the patient, who had poor mobility and communication, should have been immediately seen by an orthopaedic doctor. "He's fallen through a lot of cracks."

The Telegraph can also reveal the NBH has moved about



Northern Beaches Hospital

15 patients to other facilities since it opened because it has been unable to provide care that it had promised.

Healthscope said the hospital, which treats public and private patients, had admitted more than 8500 patients since it opened but acknowledged some had been transferred elsewhere for procedures "that NBH expects to perform in the near future".

NSW Nurses & Midwives' Association general secretary Brett Holmes said the hospital was plagued by serious staffing issues and relied on more than 100 agency workers each day to fill the gap.

There are nearly 50 job vacancies — including critical care, intensive care and paediatric nurses — currently advertised with some dating back to November. It is also trying to recruit a new CEO after Deborah Latta left the post three days after NBH opened, amid a firestorm of criticism about staffing and equipment.

Health Minister Brad Hazzard said he had confidence in the NBH. "The new hospital is working extremely well. I've had family and friends in there and they've reported AI outcomes," he said.

Labor health spokesman Walt Secord said: "Northern Beaches Hospital has been plagued by missing patients, staff vacancies and they are yet to appoint new CEO — the hospital is in chaos."

WOMAN, 98, LEFT WITHOUT DINNER

A 98-YEAR-old Dee Why woman says she will never go back to Northern Beaches Hospital after a four-day stay where she missed out on dinner because it had run out — and there was a shortage of drinking water.

Her granddaughter, Simone Roberts, 36, of St Peters, told the *Manly Daily* this week that her grandmother was admitted because of a knee issue.

Ms Roberts, who did not want to name her grandmother, said on one day she did not receive any dinner because the hospital had run out of food.

"They gave her jelly and ice cream," said Ms Roberts, a NewsLocal editor.

"It was shocking. My mum had to go out and buy a sandwich for her."

As well as a lack of food, there was a lack of access to drinking water.

"My grandmother needed water but they could only provide her with a small plastic cup because they had run out of water jugs," Ms Roberts said.

She said visitors were having to go out and buy bottles of water for patients.

However, a more serious matter was that when her grandmother was admitted she was Nil By Mouth.

After 24 hours of no food or water, a relative asked whether she should be on a drip.

"The nurse looked really shocked that she had not been given a drip and immediately arranged one," Ms Roberts said.

"Hydration is of utmost importance with an elderly person, especially one who is 98 and very frail. It can be fatal."

Another concern was that none of her grandmother's medical records had been



transferred from Mona Vale Hospital.

Luckily, she had a relative to advocate for her, but Ms Roberts said she was concerned for other elderly patients who may not have a family member who could provide that information.

Her grandmother was discharged but on Thursday night she cut herself and was bleeding profusely. She refused to call an ambulance because she knew they would take her to Northern Beaches Hospital, Ms Roberts said.

"She was scared of going back, so my mum had to drive down from the Central Coast at midnight and drive her to Mona Vale Hospital," she said.

"My concern is that if Mona Vale is not an option next time then she will deny herself the care because she has had such a bad experience."

That Portfolio Committee No. 2 – Health inquire into and report on the operation and management of the Northern Beaches Hospital, and in particular:

1(h) any other related matter.

A proposed solution for the future operation of Mona Vale Hospital.

Background

This solution is derived from the model developed and implemented by the Sunshine Coast Hospital and Health Service in Queensland.

Their system consists of a network of public hospitals, allied health services and a major private hospital co-located with the hub of the public network, the Sunshine Coast University Hospital.

While the Sunshine Coast is larger, with a current population of around 400,000, and faster growing than the Northern Beaches, the model they have used could be very easily and economically scaled to provide major improvements to hospital and health services for Sydney's Northern Beaches.

Sunshine Coast University Hospital is a tertiary, teaching hospital servicing all parts of the Sunshine Coast and Gympie regions. Sunshine Coast University Hospital saw its first patients on March 21, 2017. The hospital opened with about 450 beds and plans to grow to 738 beds by 2021.

Unlike the Northern Beaches Hospital, when the Sunshine Coast University Hospital was opened, none of the existing hospitals were closed. All were redeveloped and their services reconfigured to provide an integrated health network that would meet the current and future health needs of the region's population.

There are now five public hospitals in the Sunshine Coast Hospital and Health Service

- [Sunshine Coast University Hospital](#)
- [Nambour General Hospital](#)
- [Gympie Hospital](#)
- [Caloundra Health Service](#)
- [Maleny Soldiers Memorial Hospital](#)

Acute services including Emergency, Surgery and Medical are provided at Sunshine Coast University Hospital, Nambour General Hospital and Gympie Hospital.

The large state-of-the-art Sunshine Coast University Private Hospital, is co-located with the public Sunshine Coast University Hospital.

Detailed information on each of these hospitals is appended to this section.

The approach adopted on the Northern Beaches has been to build a privately-run hospital, the Northern Beaches Hospital (NBH), to close Manly Hospital and close the acute sections of Mona Vale Hospital (MVH).

With regard to this approach, a recent Nuffield Trust report (Vaughan, L, Edwards, N, Imison, C and Collins B Research Report October 2018 "Rethinking acute medical care in smaller hospitals" Page 2) notes:

“One option would be to close smaller hospitals, or rather, to close even more of them, many in England having already been closed over the past two decades. A number of local areas are proposing further closures of smaller hospitals as the route to securing financial sustainability. Others are proposing substantial cuts to services that might quickly lead to closures (Edwards, 2016).

Even if this were acceptable to the public, there are no strong clinical or financial grounds for doing so. Putting aside some highly specialist care, for which patients are already going to larger hospitals, there is little evidence to suggest that sending patients to ever-larger hospitals would improve outcomes or increase efficiency (Imison and others, 2014).

Moreover, previous work has found few, if any, cost savings from hospital mergers (Gaynor and others, 2012).”

The problems with this approach have been clearly outlined elsewhere in this submission. Locating Northern Beaches Hospital at Frenchs Forest - to take pressure off Royal North Shore Hospital and provide a much bigger patient catchment, 300,000+, for the private operator - has significantly disadvantaged many people, particularly residents in the Pittwater area.

Healthscope, the owner/operator of the NBH, has said the hospital will be at full operational capacity within five years of opening. From feedback Save Mona Vale Hospital (SMVH) has received, it is our opinion that this is likely to be much sooner than predicted (again reasons for this are outlined elsewhere in our submission).

The remaining services at Mona Vale Hospital are all non-acute including:

- Community Health
- Rehabilitation
- Palliative Care
- Aged Assessment and
- an Urgent Care Centre.

A detailed list of the services that have been removed from MVH are appended to this section.

The current plan is to demolish a perfectly good hospital at Mona Vale and lease about half the site to private operators to “build and operate health related services”.

Not only is this privatisation by stealth but it will mean that, when another acute hospital is inevitably required, there will be no land available for it on the MVH site.

A better approach

*“There is an urgent need to create sustainable models for acute medicine in smaller hospitals. Too often, the knee-jerk reaction has been to try to close or downgrade these services rather than to develop solutions that better suit the needs of the local community. As a result, attempts to close these services have tended to fail, while the problems they were trying to address remain.” (Nuffield Trust **Research report** October 2018 **Rethinking acute medical care in smaller hospitals**)*

*“The core principle underpinning all of what follows is the imperative to create services that meet the needs of the local community.” (Nuffield Trust **Research report** October 2018 **Rethinking acute medical care in smaller hospitals**)*

Mona Vale Hospital is currently operating as a non-acute hospital with an emphasis on the aged.

By contrast, Nambour General Hospital is a Level 4 hospital with acute, sub-acute and non-acute services and prior to the opening of the Sunshine Coast University Hospital, was the main hospital on the Sunshine Coast.

Nambour General Hospital has been continually upgraded and developed, to meet the changing needs of its community since it first opened in the 1920s.

The role of Nambour General Hospital is now:

- providing a substantial proportion of the Sunshine Coast Hospital and Health Service's sub-acute services
- providing a large volume of low-acuity surgery
- continuing to be the primary source of emergency care for residents of Nambour and surrounds.

An appropriately-scaled Nambour model should be adopted at Mona Vale Hospital.

Mona Vale Hospital was operating at Level 4 prior to the opening of the Northern Beaches Hospital and the removal of acute services. It is most probably appropriate for it to operate at Level 3 when it is reinstated as an acute services hospital.

Services to be provided - in addition to those non-acute services that are currently available at Mona Vale Hospital and while maintaining an emphasis on the aged - could include:

- **Emergency services**
 - Emergency Department (level 3)
- **Medical services**
 - Cancer services – day oncology chemotherapy and outpatient services
 - Day infusion service
 - General medicine inpatient unit, Medical Assessment and Planning Unit
 - Medical imaging (MRI, CT, ultrasound and X-ray)
 - Pharmacy
 - Renal services – renal dialysis, outpatient and home therapy services
 - Gastroenterology – day procedures and outpatient services
- **Surgical services**
 - Anaesthetics
 - Elective general and orthopaedic inpatient and day surgery
 - Persistent pain management services
- **Women and family services**
 - Maternity and obstetrics
 - Dental services – particularly for the elderly

Smaller hospitals need to be part of a wider system with strong links to local services and support from other hospitals – in particular, specialist centres. This needs to be formalised and much more reliable than is often the case at present ...” (Nuffield Trust Research report, October 2018, Rethinking acute medical care in smaller hospitals.)

Sunshine Coast University Hospital



Sunshine Coast University Hospital

[Sunshine Coast University Hospital](#) is a tertiary, teaching hospital servicing all parts of the Sunshine Coast and Gympie regions. Sunshine Coast University Hospital saw its first patients on March 21, 2017 and was officially opened on April 19, 2017 by the Queensland Premier and Minister for Health and Minister for Ambulance Services.

Sunshine Coast University Hospital opened with about 450 beds, with plans to grow to 738 beds by 2021. Services and capacity at Sunshine Coast University Hospital will continue to develop over the coming years.

[Welcome to Sunshine Coast University Hospital video https://vimeo.com/208781190](https://vimeo.com/208781190)

Sunshine Coast University Hospital is a level 5/6 tertiary centre with rehabilitation and mental health. The hospital's 450 beds in 2016/17 are expected to increase to 738 beds by 2021/22. Its catchment includes Wide Bay residents.

Services at Sunshine Coast University Hospital

- Emergency department (24 hour)
- Cancer care
- Specialized medical and surgical services
- Trauma service
- Paediatric service
- Maternity services
- Special care nursery
- Rehabilitation
- Renal dialysis
- Mental Health and Addiction
- Interventional and diagnostic clinical support services
- Specialist ambulatory care services
- Allied health

Nambour General Hospital



Nambour General Hospital

[Nambour General Hospital](#) is a large acute regional public hospital located in the Sunshine Coast hinterland, about 26km north-west of Sunshine Coast University Hospital and 40km north of Caloundra Health Service, catering to Nambour and the hinterland region.

With the new Sunshine Coast University Hospital open at Birtinya, the role of Nambour General Hospital has changed. [Nambour General Hospital will be redeveloped](#) to ensure its capacity is optimised and reflects contemporary models of care.

Nambour General Hospital is a level 4 hospital with expectations of up to 300 beds to 2021/22. It provides an elective surgery centre, emergency department, ICU, aged care, rehabilitation and mental health services.

Services at Nambour General Hospital

- Emergency department
- Surgical and Medical services
- Chemotherapy
- Renal Dialysis
- Mental Health services
- Rehabilitation
- Subacute services
- Specialist ambulatory care services
- Community health services

Nambour General Hospital is part of a network of facilities within Sunshine Coast Hospital and Health Service (SCHHS). Other facilities include the Sunshine Coast University Hospital, Caloundra Health Service, Gympie Hospital and Maleny Soldiers and Memorial Hospital.

Nambour General Hospital has a proud history of providing services to the Sunshine Coast community since the 1920s and until recently, was the primary referral centre and largest hospital in the region.

The Sunshine Coast is one of the fastest developing regions in Queensland and is expected to grow by 35 per cent from 2015 to 2031. Currently Nambour General Hospital continues to play an essential part in the health service to the local community:

- providing a substantial proportion of the SCHHS's sub-acute services
- providing a large volume of low-acuity surgery
- continuing to be the primary source of emergency care for residents of Nambour and surrounds.

[View a full list of services currently offered at Nambour General Hospital \(PDF, 138 kB\)](#)¹.

Nambour General Hospital is undergoing an \$86 million redevelopment to better service the growing health needs of the Sunshine Coast community. The redevelopment will be completed in multiple stages over the next four years. It will expand Nambour General Hospital's capacity and upgrade some existing clinical areas to support the needs of a growing population. After the redevelopment, the community will benefit from:

- Redevelopment and increased capacity of emergency care for the residents of Nambour and surrounding areas
- Refurbishment and increased capacity of mental health beds to support the requirements of the community
- Refurbishment of wards to increase capacity for surgical and medical patients
- Establishment of a same day rehabilitation unit
- Relocation of renal dialysis unit to a new purpose-built space
- Relocation and refurbishment of same day medical infusions and chemotherapy;
- Replacement of the central sterilising unit
- Providing convenient access for patients from a new drop off zone located adjacent to emergency department
- Refurbishment of kitchen
- Providing a contemporary safe healthcare environment that meets patient, staff and community expectations

The Health Service has also established a Consumer Advisory Group that will provide feedback to the Nambour General Hospital Redevelopment Project on areas including cultural needs, accessibility and community focus.

The hospital will remain operational and patient services will still be provided but may move to temporary locations throughout the redevelopment.

Gympie Hospital



Gympie Hospital

[Gympie Hospital](#) provides acute regional services to residents in the Gympie, Cooloola and Kilkivan areas. Gympie Hospital's Maternity and Women's Health Unit offers an extended midwifery service to new mums in the Gympie and Cooloola Coast areas. This service is available to all women who have their babies at Gympie as well as women who live in the Gympie area.

A four-bed acute stroke unit has been established within the Gympie Hospital. This has enhanced a patient's access to appropriate clinical services and increased the numbers of patients who can be safely managed at the Gympie Hospital.

Gympie Health Service is a level 3 facility, expected to have 90 beds by 2021-22.

Services at Gympie Hospital

- Emergency department (24 hour)
- Surgical and Medical services
- Maternity
- Palliative care
- Rehabilitation
- Renal dialysis
- Specialist stroke unit
- Cancer care service
- Community-based adult and child services

Caloundra Health Service



Caloundra Health Service

[Caloundra Health Service](#) is the hub for the health service's palliative care and ophthalmology services and provides a range of outpatient, ambulatory and community-based services.

Caloundra Health Service is located in the southern end of the SCHHS, approximately 8km south-east of the Sunshine Coast University Hospital and 40km south of Nambour General Hospital.

A *Minor Injury and Illness Clinic* operates at Caloundra Health Service, from 9:00am to 9:00pm, seven days a week. The clinic is designed to treat patients whose needs are non-life threatening.

Since the opening of the Sunshine Coast University Hospital, the role of Caloundra Health Service has changed. The facility has since undergone a refurbishment to ensure it is fit for purpose into the future.

Caloundra Health Service, with approximately 36 beds, has an expanded palliative care capacity and an extended hours GP service.

Services at Caloundra Health Service

- Palliative care
- Community services including:
 - Oral health
 - Child health
- Renal dialysis
- Ophthalmology
- Minor injury and illness clinic

Maleny Soldiers Memorial Hospital



Maleny Soldiers Memorial Hospital

[Maleny Soldiers Memorial Hospital](#) is a rural facility providing services to the Maleny region, including accident and emergency (24-hours a day, seven days a week on-call). The Maleny Soldiers Memorial Hospital has a fully functional sub-acute rehabilitation unit with a primary focus on patient-centred care. Oral health services are provided by the mobile dental van located at the Maleny Soldiers Memorial Hospital.

Maleny Soldiers' War Memorial Hospital is a level 2/3 facility, with an expected 24 beds by 2021-22.

Services at Maleny Soldiers Memorial Hospital

- Emergency department
- Medical services
- Palliative care
- Ambulatory clinics
- Essential diagnostic and clinical support services
- Community based services

Sunshine Coast University Private Hospital

Part of Ramsay Health Care



Sunshine Coast University Private Hospital

[Sunshine Coast University Private Hospital](#) is an acute medical and surgical facility, offering inpatient and day services across a wide range of specialties. It opened on November 4, 2013.

Facilities include six state-of-the-art operating theatres, two cardiac catheter laboratories, a minor procedure room, a day surgery unit, an 11-bed intensive care unit/coronary care unit and a nine-chair day therapy unit. Medical consulting suites are located onsite with comprehensive pathology and radiology services. Other onsite facilities include a retail pharmacy and coffee shop.

Sunshine Coast University Private Hospital is co-located with the Sunshine Coast University Hospital, on the Kawana Health Campus. It is owned and operated by Ramsay Health Care. The hospital is equipped with advanced medical, surgical and diagnostic technology.

Services at Sunshine Coast University Private Hospital

- Anaesthetics
- [Bariatric - Obesity Surgery](#)
- Cardiac Surgery
- [Cardiology](#)
- Dental Surgery
- [Endocrinology](#)
- [Ear, Nose & Throat Surgery](#)
- [Gastroenterology](#)
- [General Medicine](#)
- [General Surgery](#)
- [Geriatric Medicine](#)
- [Gynaecology](#)
- [Haematology](#)
- [Infectious Diseases](#)
- Intensive Care

- Medical Oncology
- [Neurosurgery](#)
- [Orthopaedic Surgery](#)
- [Palliative Care](#)
- Pathology
- Plastic Surgery
- Radiology
- [Renal Dialysis Unit](#)
- [Respiratory Medicine](#)
- Thoracic surgery
- [Urology](#)
- [Vascular Surgery](#)

Facilities

- Six operating theatres
- Two Cardiac Catheter Laboratory
- Day Procedure Room
- Day Surgery Unit
- Intensive Care Unit / Coronary Care Unit
- Day Therapy Unit
- Retail Pharmacy
- Pathology
- Radiology
- Specialist Suites
- Coffee Shop

Conclusion to submission by Save Mona Vale Hospital

Northern Beaches Hospital (NBH) is a private hospital that accepts public patients, not a public hospital that accepts private patients.

The NSW Ministry of Health entered into a contract with a private company to design, build and operate NBH. This corporatised model has not proved successful in previous attempts and is not successful now.

Two Level 4 public hospitals with acute services on the Northern Beaches coastal strip, Mona Vale Hospital and Manly Hospital, have been replaced by one private hospital, inland, that appears to offer Level 3 services to public patients and Level 5 services to private patients.

Royal North Shore Hospital (RNS) is Northern Sydney's Level 6 hospital and provides state-wide services for trauma, severe burns, spinal cord injury, neonatal intensive care Interventional neuroradiology.

While NBH was planned to take pressure off RNS, many patients still need to be transferred to RNS, including for stroke treatment.

While the view is that modern medical care of the highest standard can only be provided from fewer, bigger hospitals, the evidence does not support this for non-complex patient care.

What patients want is a good local hospital close to their homes, while understanding that they may need to be transferred to a large hospital for complex conditions.

In fact, The NSW Health Plan – Towards 2021 - aims to provide healthcare as close to home as possible. 'Right treatment, right place, right time.'

Yet, at a time of population growth and increasing congestion, Pittwater residents now need to travel further to access acute hospital care, with many GPs advising, and people choosing, to bypass NBH and travel even further to RNS or Ryde due to the problems reported and lack of trust in the health care at NBH.

Consumer participation in healthcare is a key NSW Health platform. Consumer participation and engagement is regarded as fundamental in strategic planning, service planning, service delivery and service evaluation.

Listening to and acting upon consumer and community views are important.

Despite this, the views of Pittwater consumers are ignored. There seems to be no requirement or opportunity for consumer participation at NBH, as there is in public hospitals.

Save Mona Vale Hospital Committee represents the vast majority of Pittwater residents who want acute services restored to Mona Vale Hospital.

MVH would be a Level 3 hospital, integrated and connected with NBH, RNS, and the other hospitals and health services in the Northern Sydney Local Health District– similar to the Sunshine Coast model outlined in this submission.

Appendices

A selection of news clippings.pdf

ABC Online 17_11_18

ABC Online 18_11_18

ABC Online 21_11_18

ABC Online 3_12_18

ASMOFNSW_23_11_18.pdf

Canberra Times 12_11_18. pdf

Facade_inspection_report_-_arup_2010____37_pages.pdf

Full case studies.pdf

Green_Left_29_11_18_critical.pdf

J_Sandell_20_2_19.pdf

Michael_West_Healthscope_20_2_19.pdf

Mona_Vale_hospital_-_facade_remediation_report_-_arup_2011_-_repair_specifications

Mona_Vale_hospital_gipa_fit_for_purpose_outcome.pdf

New_Daily_30_4_19_.pdf

Personal stories by email.pdf

YouTube Videos about Mona Vale Hospital

- Mona Vale Hospital Playlist local film maker John Illingsworth has documented the campaign to Save Mona Vale Hospital with a series of films. These include interviews with and speeches by patients recounting their experiences
https://www.youtube.com/playlist?list=PLor69SMXRyYfcak_e45sms-GzQHPDpRGF
- **When I die** shows the distance to travel to NBH
https://www.youtube.com/watch?v=xj2KSJbNtW4&list=PLor69SMXRyYfcak_e45sms-GzQHPDpRGF&index=4&t=11s
- **Hospital problems across the board** is an interview with the parents of a two-year-old girl who had to seek help at several hospitals. [Hospital Problems Across the Board](https://www.youtube.com/watch?v=xWv7sRI9Rww)
<https://www.youtube.com/watch?v=xWv7sRI9Rww>
- Pittwater Watch records what happens when the main access road from the Pittwater area to NBH floods [Northern Beaches Hospital Access Closed Wakehurst Parkway Flooded](https://www.youtube.com/watch?v=xh5MIPJsGBY) March 17 2019 <https://www.youtube.com/watch?v=xh5MIPJsGBY>

SMH June 25 2019.pdf

SMH_9_7_19_Unsustainable_Unreliable.pdf