

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

Name: Dr Jonathan King

Date Received: 24 July 2019

NEW SOUTH WALES PARLIAMENT

MACQUARIE STREET, SYDNEY 2000

PARLIAMENTARY INQUIRY

PORTFOLIO COMMITTEE NO.2 – **HEALTH**

SUBMISSION
FROM

DR. JONATHAN KING, OA AA

WITH CONTRIBUTIONS FROM

DR. RICHARD WEST

&

DR SUZANNE DALY

24 JULY 2019

CONTENTS

DR JONATHAN KING
COVERING LETTER

PROBLEMS:

DR. RICHARD WEST
URGENT ACTION PLAN
REQUESTED ACTION ITEMS

DR. SUZANNE DALY
INTRODUCTION

20 LOCAL DOCTORS WARN 'LIVES WILL NOW BE LOST'

UNSATISFACTORY RESPONSE:

MINISTER BRAD HAZZARD 'PROMISES'
DEB WILCOX CEO

PUBLIC CRIES FOR HELP
SAVE MONA VALE HOSPITAL ACCIDENT & EMERGENCY
PROMOTIONAL LEAFLETS

MEDIA
BIG PROBLEMS WITH NORTHERN BEACHES HOSPITAL

HISTORY

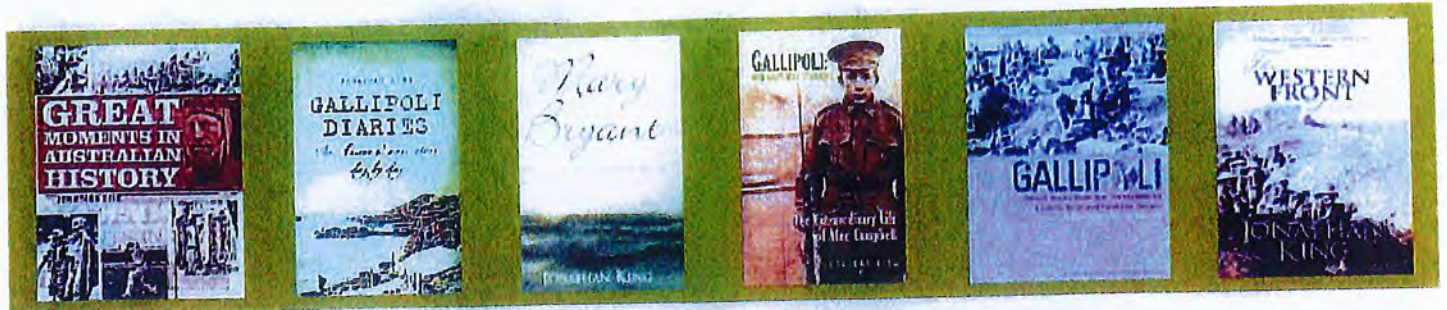
MVH
FIRST CLASS PERFORMANCE OF MVH

DIFFICULT ISSUES
LACK OF AMBULANCES, TRAFFIC, FLOODING,
LONG DISTANCES ETC

BAND AID SOLUTIONS
UPGRADING URGENT CARE

BETTER SOLUTIONS
BENEFITS FOR GOVERNMENT

CONCLUSION



DR. JONATHAN KING

ADVENTURER, AUTHOR, FILM MAKER, HISTORIAN,
DIRECTOR – HISTORICAL RE-ENACTMENTS

Madeleine Foley and/or Janelle Moore
Director and Acting Director, Portfolio Committee No 2-Health
Parliament House, Macquarie Street,
Sydney, NSW 2000

24 July 2019

Dear Madeleine and Janelle

Parliamentary inquiry Portfolio Committee No2 – Health into Northern Beaches Hospital & Mona Vale Hospital

The Administrative Officer, Elise Williamson confirmed I could post this submission to you, reporting our deep fears caused by the government closing Mona Vale Public Hospital with its highly popular Accident & Emergency Department (which saved my life twice and thousands of fellow Northern Beaches residents) in order to help Liberal Party donars Healthscope maximize profits by building a private hospital NBH then selling this to a tax-evading foreign company Brookfield that \$6.8 billion in the last four years (2013-17) but paid no tax in Australia being registered in Cayman Islands (Manly Daily 2/3/19 pg 13). It is scandalous to endanger the lives of 100,000 residents (saved since 1960s by our local hospital) just to help private donars and companies maximize untaxed profits – and I hope your timely Inquiry reveals these private hospital company donations to the Liberal Party and exposes this crime.

This Submission is based on meetings **Dr. Richard West, Dr. Suzanne Daly** and I have now had since December 2018 with **Minister Brad Hazzard, Deb Wilcox** and Pittwater MP **Rob Stokes** – begging for A&E to be retained at MVH, pleading with them not to demolish this life-saving hospital and at the same begging them to upgrade the profit-driven NBH. The work of us three doctors is based on decades of experience living and working in Avalon Beach and represents 93 per cent of residents Surveys report want MVH A&E retained..

Petitions signed by 22,000 !. Your Inquiry should respond to the rising anger of these taxpaying residents as **Dr. Daly** got 12,000 fearful people to sign her Petitions to keep or reopen MVH A&E and **Parry Thomas** got 10,000 fearful people to sign his. These frightened people are ordinary Mums who want to give birth locally where they always have, accident prone children and Fathers worried for the safety of their family. Well respected Dr. Daly who has slaved for years as an overstretched Newport GP is devastated to lose the A&E for her patients. Parry Thomas heads the high powered Save Mona Vale Hospital Committee.

Contents: Our submission contains urgent recommendations from Dr. West and Dr. Daly; 'Promises' by Minister Hazzard; the destruction of MVH A&E services; media revelations of NBH failures and crisis management; also a road map for delaying the demolition of MVH and restoring A&E. We now turn to your Inquiry - to help save our lives.

Request: Please acknowledge you received this sent Express Post 25 July 2019.

Thank you

Dr. Jonathan King
OA 1988, AA 1989

DUNHEVED PTY LIMITED
CONSULTANTS IN COMMUNICATION
ABN: 45 006 456 024

Save Mona Vale Emergency

Refurbished by Chris Hodge 18 Cumberland Avenue, Collingwood VIC 3068. Printed by S&P's Design & Print, 2100a Kew Road, Kew VIC 3142.

MEETING REPORT: 25 JANUARY 2019
MINISTER FOR HEALTH BRAD HAZZARD - ACTION ITEMS

As Minister for Health you kindly agreed to review the urgent action plan put forward by A/ Professor **Richard West** AM MB BS (Syd) FRACS FRCS VMO Surgeon Royal Prince Alfred Hospital:

In regard to this plan we have the following requests of you:

A) Mona Vale Urgent Care Centre/ Emergency Department

1. To confirm MVH Urgent Care is **operating 24/7**.
2. That it is staffed by professionally **qualified doctors and nurses trained in Emergency Medicine**.
3. Confirm they can perform **immediate resuscitation and stabilise patients**.
4. It has 24/7 **Ultra Sound/Imaging; CAT Scanning and X Rays**
(**Bianca** at MVH UCC told Dr. King when he visited 25/1/19 "We have X Ray but there is no CAT Scan and Ultrasound is only available between 7.45am and 7.45pm")
5. As Minister you will add Pathology services 24/7 and equipment for **blood testing**
6. Confirm that the MVH Acute Care Centre is the equivalent of a Level One Emergency Department which you are **upgrading to a Level Two Emergency Department**
7. You will research to confirm **Ambulance** response times in Pittwater are fast, not 40 mins for patients after a road accidents
 - a. that the Avalon ambulance remains in Pittwater rather than roaming further afield
 - b. move the Narrabeen ambulance to MVH
 - c. ensure that MVH will have a permanent ambulance stationed there
8. Confirm a new **Heliport pad** will be built at MVH
9. Check the recent report from the multinational consulting engineering firm involved in design of Sydney Opera House **The Arup Group Ltd** confirming the nineteen sixties MVH building is in "**fair to good condition**" with **no justification for demolition**.

B) Re. Northern Beaches Hospital

1. Confirm that NBH is functioning **Level 5** Hospital in all clinical areas
2. It has a Stroke Unit and that can perform thrombolysis for blood clots immediately without transfer of patients to Royal North Shore Hospital
4. That the cardiac unit can perform angiograms and insert stents for both private and public patients
5. Qualified **paediatric surgeons are on duty 24/7** and that they can perform appendectomies for children
6. **Public and Private patients** are receiving equal treatment as inpatients

7. Clarify what trauma patients can be treated at the NBH.

8. The Minister for Education and Member for Pittwater The Hon Rob Stokes is investigating the provision of a direct bus service from Pittwater to the NBH.

Finally :

(i) As Health Minister, you will send us an **updated Information Sheet** confirming the upgrading of MVH UCC and operation of NBH before the election

(ii) As Minister you will acknowledge the loss of confidence in the community and your duty to build this confidence up again

(iii) You will acknowledge the morale of the staff needs to be improved especially in the Cardiac Ward and improve this through support, supervision and training.

Urgent Action Plan

Designed by Dr. Richard West - with Dr. Jonathan and Jane King

25 January 2018

A. Upgrade

1. Upgrade the Urgent Care Centre properly restoring emergency care in the Emergency Department not just with new equipment but so that:

- a. it operates 24/7: with Scans available 24/7
- b. it has **professionally trained staff** eg Fellowship of Emergency Medicine and not just Career Medical Officers
- c. This Emergency Department must be able to provide:
 - i. resuscitation as 143 patients in 2017 needed immediate resuscitation and 4,700 needed resuscitation in 10 minutes to stay alive
 - ii. stabilize patients 24/7
 - iii. perform blood tests 24/7
 - iv. perform ECG 24/7
 - v. CT Scans 24/7
 - vi. X Rays
- d. an ambulance must be based there
- d. an operational helipad must be located in the campus
- e. free transport services must be available to either NBH or RNSH

2. Do NOT demolish the existing building as you promised on camera in the December 2018 video interview outside your office – because the building has been classified by xyz builder as perfectly sound and was built in 1960s for a long life with solid structures that could be built on

3. Renovate the existing building and restore full Emergency Department staff and equipment

B. MVH must be kept as a back up because

1. the concept of a combined private and public hospital is proving to be a failure, as it has before, having to be abandoned at places like Port Macquarie Hospital (after 12 years of private/public failure)

2. it is only a matter of time before the government will have to buy back NBH especially if a tax-avoiding Bermuda based multinational company like Brookfield buy NBH as they could cut costs even more to maximize profits undermining medical operations

C. NBH is NOT Level 5 as promised

NBH is NOT despite your claims a fully functioning Level 5 hospital because it does not have:

- i. a proper coronary care unit and doctors will not insert stents for public patients
- ii. no major trauma unit...so patients refused treatment could die during the “golden hour” trying to get to RNS
- iii. Proper Stroke Unit with thrombolysis treatment available 24/7
- iv. paediatric surgeons
- v. there is no Rehab on site
- vi. it does not have enough experienced staff

D. NBH Issues

- i. the following problems are well beyond “teething problems” as staff from the very top to the lower ranks like Cardiac Nurses are resigning because of lack of equipment, lack of mentors, low morale and systemic failures; while the profit-driven top management do not listen or act on to concerns at coalface
- ii. bad road access for private cars
- iii. distance as its more than an hour from Palm Beach, Whale Beach, Avalon, Newport etc
- iv. blocked roads due to flooding and traffic jams
- v. no public transport with sick or dying patients needed to change buses to get there taking up to two hours
- vi. bad and confusing signage
- vii. congested and confusing approach roads
- viii. private patients get priority while poor public patients have to wait
- ix. catchment area is now too big marginalizing Northern Beaches residents who quite rightly want their own hospital back

E. Ambulance Service Issues

Ambulance Stations are too far apart.

Ambulance drivers spend too much time roving about leaving stations like Avalon empty.

Nearest alternatives are Narrabeen or St. Ives which means life-threatening delays as recently happened to a cyclist struck by a car in Palm Beach who lay injured waiting 40 minutes for an ambulance that then had to drive for an hour to NBH

F. Inevitable Takeover

So the best option is for government to restore Emergency at MVH as an urgent back-up then take over NBH like they did Macquarie but ASAP - before too many lives are sacrificed to this Americanized privatization of our precious Australian public health system.

CABPRA

THE CLAREVILLE AND BILGOLA PLATEAU RESIDENTS ASSOCIATION Inc

ANNUAL GENERAL MEETING

7.30pm Monday 27th November 2017

Avalon Sailing Club, Hudson Parade, Clareville

******Special Guest******

Dr SUZANNE DALY

*Our local doctor fighting to retain basic medical services
at Mona Vale hospital*

AGENDA:

1. Election of Office Bearers & Other Formalities
2. President's Half Year Update
3. Hospital Services – Dr Suzanne Daly
 - Mona Vale Hospital
 - Northern Beaches Hospital
 - Issues
4. B-Line Update and “Q&A” – CABPRA Panel
5. Open Discussion followed by Refreshments

CABPRA welcomes all residents to our Meeting

.....
Subscriptions and Donations - Annual Subscriptions are due at each AGM:

Family name or persons covered.....

Address.....

Phone.....Email.....

Amount paid: \$10 or \$15 or \$20. Please choose: \$.....

Clareville and Bilgola Plateau Residents Association Inc
<http://cabpra.wordpress.com>

PO Box 292 Avalon Beach 2107
cabpraeditor@gmail.com

2. INTRODUCTION

Dr. Suzanne Daly, Newport Medical Centre. **representing 20 doctors in local electorates.**

A MATTER OF LIFE AND DEATH:

"At least 5,000 voters' lives were saved when they needed to be resuscitated at MVH A&E between 2016-2017 – that's 5,000 people supporting A&E". Dr. Daly

1. As a senior local GP with 40 years experience I know our community needs and wants to keep Mona Vale Hospital as a basic Level 3 public hospital as it was functioning and had served the public well for many years and if restored it would **take the pressure off your new NBH, so it can become the success we all hope it will be.**
2. At the moment the government has adapted MVH as **a model of care which complements the acute services provided by the Northern Beaches Hospital, and is supposed to provide the best possible clinical care to the local community.**
3. Government can start by upgrading Urgent Care adding A&E facilities as all that's needed is operating theatre, surgeon, anaesthetist and nurses with a post op acute care ward - pathology, radiology and inpatient monitoring with ECG. It just needs refurbishing as Maternity was successfully done. Other public hospitals have been successfully refurbished while still in operation – Hornsby, Bankstown, Blacktown, Camden - the list goes on.
4. Our residents cannot afford Private Services at NBH as 60% of the local population has private Health Insurance but that means 40 % doesn't. And these poorer people should be cared for as they often have more urgent needs. There are waiting lists for up to two years already with two public hospitals operating.
5. Patients perceive symptoms after hours as potentially life threatening and want full assessment so they go to A&E not Urgent Care Centres.
6. World Health Organization states that A&E needs to be no more than 30 mins by road for all the people in the area it serves. Thousands of people north of Mona Vale are well beyond that distance and could NOT get there if there are traffic jams or a lot of the time when the road is flooded
7. Emergency services need to be affordable to the disadvantaged. Private A and E charges something like \$250 a visit plus all other investigations. The community needs access to public day surgery services such as endoscopy and cataract extraction.
8. The community also needs the continuation of inpatient paediatric services. **Rob Stokes, MP**, says we have one of the highest primary enrolments in the state. The children's hospitals are some hours drive away and this places a huge burden on families.

Prescription for trouble, say doctors

GPs join battle to save emergency department

Julie Cross

TWENTY doctors have put their names to a statement saying patients will be at risk when Mona Vale Hospital's emergency department closes.

The GPs and other medical practitioners are based in Mona Vale, Newport and Avalon but do not work at the hospital.

All five doctors from the Newport Medical Centre have signed the statement, written by Save Mona Vale Hospital Committee.

The statement says: "As a practising doctor in the northern beaches, I consider it is essential that Mona Vale be a level 3 hospital with an emergency department, surgery, maternity ward and other acute services. If the new Northern Beaches Hospital becomes our nearest facility, patients requiring resuscitation, anaphylaxis and other critical support will be at risk."

One of the GPs who signed was Dr Hanns Lim, who owns Newport Medical Dental. He said "every minute counts" in an emergency and that, for people in the north of the peninsula, Mona Vale Hospital was quicker to get to than Frenchs Forest.

He also said that on Thursday night he drove a patient who was stable but distressed, suffering from a rapid heart rhythm, to Mona Vale Hospital.

"There's no doubt that it is handy to have an emergency department close by," he said.

Newport Medical Centre's Dr Suzanne Daly also signed the statement.

She said patients would be in the ridiculous situation of having to self-diagnose and decide for themselves which hospital they should go to.

Save Mona Vale Hospital group said statistics from the NSW Health Department showed that of 35,033 presentations to Mona Vale Hospital in the year 2016-17, 144 needed resuscitation immediately, 4729 needed help within 10 minutes for lifethreatening conditions and another 12,588 needed to be seen within 30 minutes.

Mona Vale Hospital emergency director Dr Andy Ratchford said: "The new Northern Beaches Hospital will enable patients with serious medical conditions, previously taken by ambulance to Royal North Shore Hospital, to receive healthcare closer to home.

"The Mona Vale Hospital's new urgent care centre will be a free, walk-in service open 24/7 and staffed by current emergency department clinicians.

"Patients needing more complex care will be looked after and safely transferred by ambulance from the urgent care centre to the new Northern Beaches Hospital."

Save Mona Vale Hospital will hold a rally from 11am tomorrow at Mona Vale Village Park, with a number of guest speakers. Protesters will then walk up to the hospital with placards.

Protest rally



The Hon **Brad Hazzard** MP
MEMBER FOR WAKEHURST
MINISTER FOR HEALTH AND MINISTER FOR MEDICAL RESEARCH

7 March 2019

Dr Jonathan King
Email:

Dear Jonathan

I refer to our recent meeting that occurred between you, me and Dr Richard West and thank you for your email following that meeting.

I share the view that it was a most productive meeting.

In regard to the items you have raised, I advise as follow:

Mona Vale Hospital

1. Mona Vale Urgent Care Centre is operating 24/7.
2. It is staffed by professionally qualified doctors and nurses appropriately for an emergency and they have the capacity to immediately resuscitate and stabilise all patients.
3. There is 24/7 imaging (after hours on call).
4. There is current capacity for blood testing and referral pathology services.
5. Mona Vale Urgent Care Centre is at a Level 1 Emergency Department category. It has already been upgraded from the earlier level of Urgent Care.
6. Ambulance response times are appropriate. The Ambulance Service advises that there are sufficient services available to maintain appropriate response times.
7. A new helipad is being built at Mona Vale Hospital.
8. As advised by Health Infrastructure the main tower has building issues such as asbestos.

Northern Beaches Hospital

1. Northern Beaches Hospital is a functioning Level 5 hospital in all clinical services provided.
2. Stroke services that were previously provided at our Northern Beaches Hospitals will continue to be provided at Northern Beaches Hospital but the main stroke service will remain at Royal North Shore Hospital as that is where the expertise has been developed.
3. The Cardiac Unit can perform angiograms and insert stents.
4. Paediatric services are available as required.
5. Public and private patients receive excellent medical/surgical treatment as in-patients.

Electorate Office

3/637-641 Pittwater Road Dee Why NSW 2099
tel 02 9981 1111
fax 02 9981 5059

Postal Address

PO Box 405 Dee Why NSW 2099
email wakehurst@parliament.nsw.gov.au
web www.bradhazzard.com.au

6. Trauma services are offered in hospitals across Sydney that are designated for trauma services.
7. Direct bus services are being provided by Transport NSW.

Finally, I note that Northern Beaches Hospital is doing an exceptionally good job.

I acknowledge that there were teething problems in the first few weeks as would be expected with the opening of any new hospital.

Yours sincerely

BRAD HAZZARD MP

Reopen

Mona Vale Emergency, Surgery & Maternity Departments...

A Matter of Life or Death for Our Community

By closing Emergency, Surgical, Maternity and other acute services at Mona Vale Hospital, politicians are playing with our lives. Many of us are extremely anxious that these critical services are no longer available close to home and the hospital has been downgraded from its previous Level 4 status.

With an extended waiting time for ambulances, residents in emergencies are now left struggling to get to the new Frenchs Forest hospital, up a flood-prone and regularly congested Wakehurst Parkway. And for those not in an ambulance, the situation may well be fatal.

Consider these 3 facts:

1.

In the last year on record, 143 people arrived at Mona Vale Emergency requiring immediate resuscitation. Many no doubt arrived unconscious or semi conscious. If they had had to travel up the Wakehurst, how many would have arrived alive? (NSW Health Department figures)

2.

4,700 people arrived at emergency needing urgent medical attention within 10 minutes. Again, how many of these 90 people every week would have made it through the congestion and possible flooding to the new NBH?

3.

20 Local GPs in Mona Vale, Newport and Avalon have signed a statement to say they believe lives will be at risk now that Mona Vale emergency and maternity have closed.

Who will take responsibility when people die?

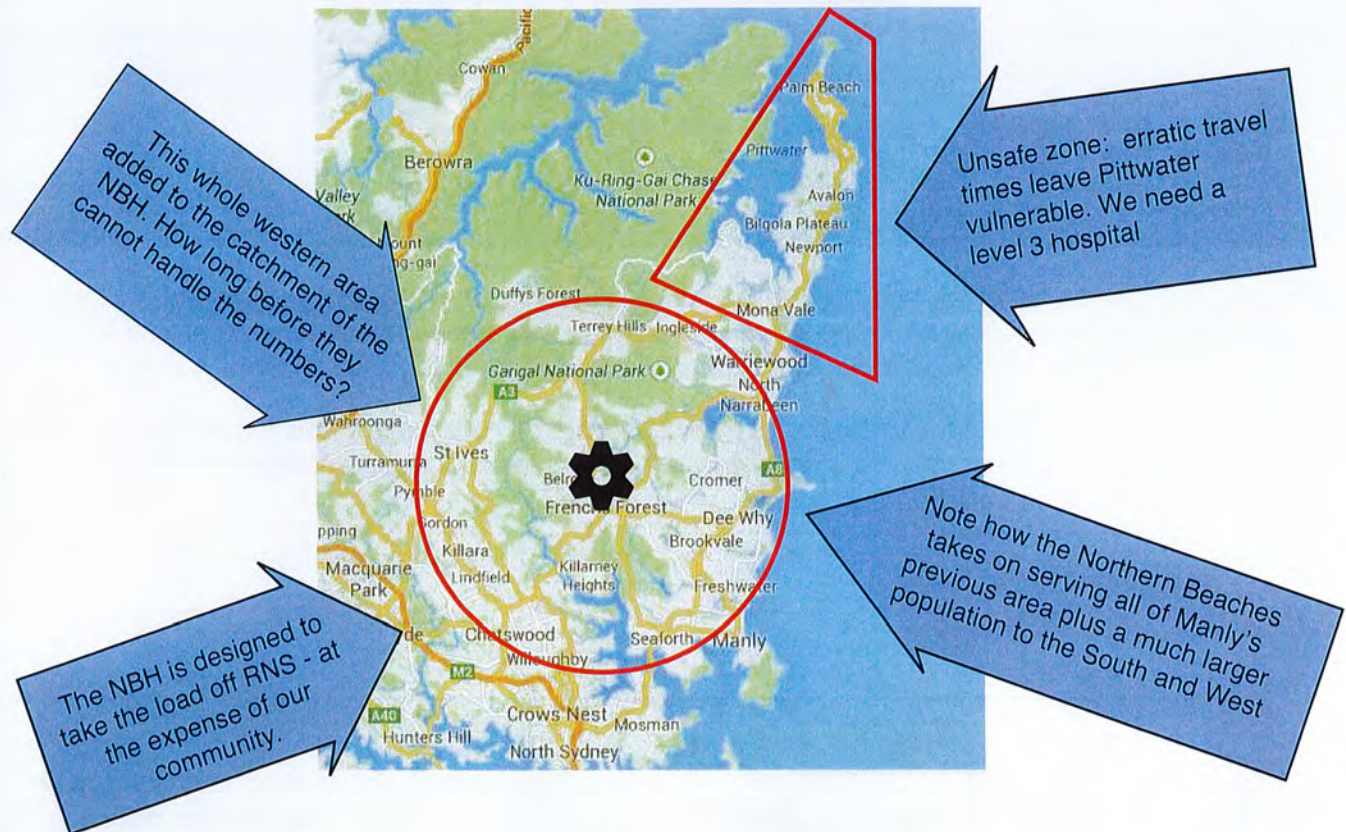
Not I said the politician. All we've had from our local member, the Minister for Health and the Premier has been spin, spin and more spin. They even try to suggest the hospital has not closed because they have set up the so-called Urgent Care Centre, not much more than a band-aid station.

But in all this, it is the government, and the government alone, which must bear responsibility.

What's the government agenda here?

It's all about privatising health on the northern beaches. The new NBH is a private, profit making hospital with public patients paid for by the NSW government. We understand tenders were invited for private services at Mona Vale some time ago. It's privatisation by stealth, without due consultation or consideration for families and the elderly.

The Tyranny of Distance. People isolated and at risk...



Don't let them demolish our building. They want to tear it down in 2019. Is this to build private medical services or more apartments?

***It's no time for apathy.
This is a Matter of Life or Death.***

PUBLIC PROTEST MEETING

Tuesday 5 February at 7.00pm

Pittwater RSL



Save Mona Vale Hospital Community Action Group Inc.

Donations please to BSB 062 211 A/C 1007774



At Save Mona Vale Hospital. Contact: Savemonavalehospital@gmail.com Phone



Surely, every Australian has the right to a local hospital?

Then why is Monash Vale Hospital closing in October?

The government's plan is to close Monash Vale Hospital in October and demolish the main building in 2019. They say Pittwater people can use the new Northern Beaches Hospital, but look at the map overleaf and you'll see how the NBH takes on a whole new catchment area. Pittwater is left out on a limb. Whichever way you look at it, closing MVH leaves us vulnerable. For example, places like Five Dock, Epping, Hornsby and Newtown are actually closer to the new NBH than Monash Vale.

It's almost unbelievable, after all the cries of anguish from the community, that this callous act of closure could take place. It's disgraceful that a perfectly sound hospital building be demolished and a whole area of Sydney would be left without a local level 3 hospital.

How do they justify demolishing the hospital?

Our local representative Rob Stokes has told us the building is structurally unsound. However, a freedom of information request revealed a secret report by engineers Ove Arup stating the "structural elements of the building are in fair to good condition". This is a building that is 54 years old. The photo above certainly does not look like an old worn out building. Two floors have recently been refurbished. By comparison, St Vincents Hospital is 154 years old and is still being refitted.

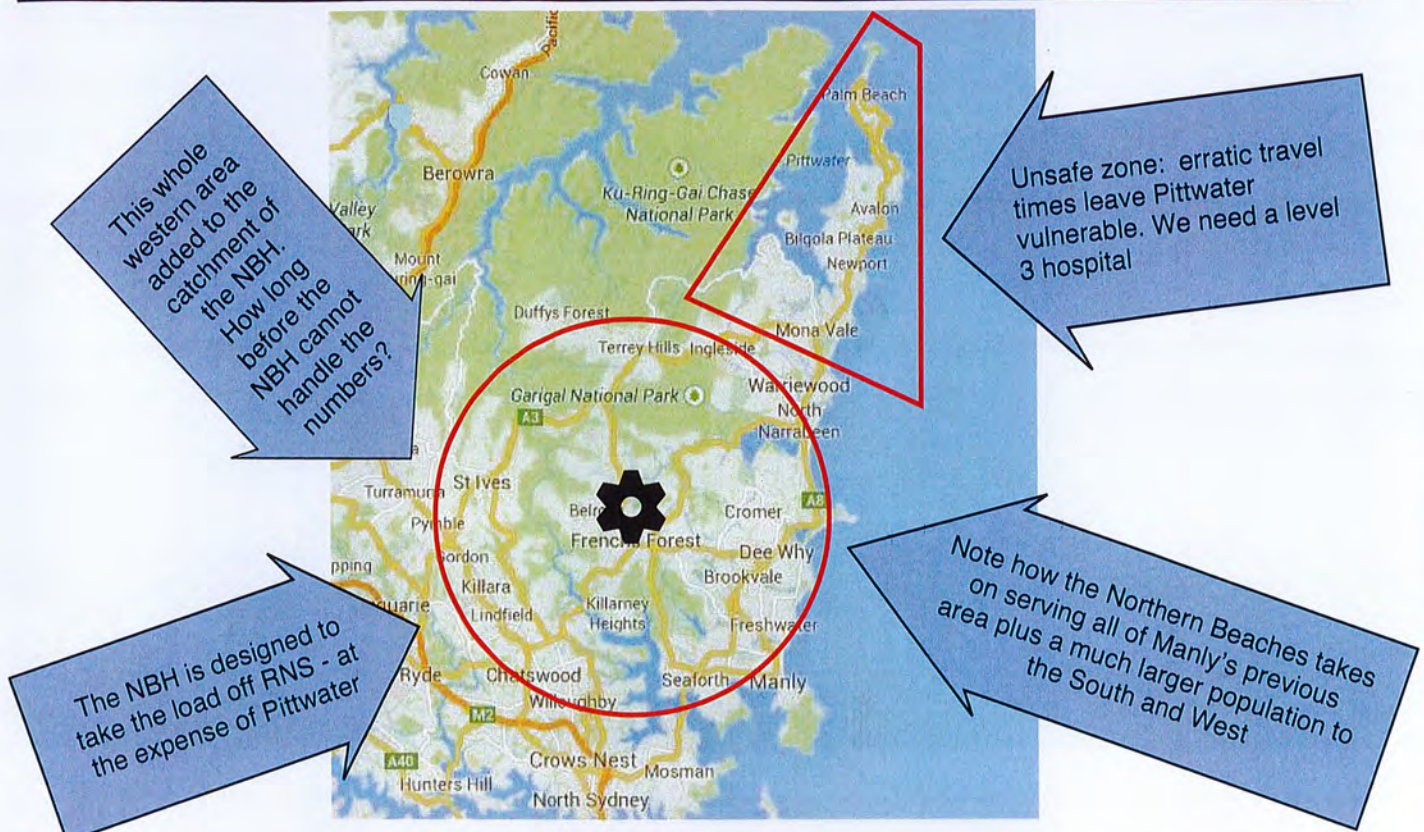
We desperately need a level 3 LOCAL hospital...

The government is cramming more and more people into our area, but has not planned for adequate hospitals. Congestion on the northern beaches means lives will be lost as residents desperately try to reach the NBH along a flood-prone Wakehurst Parkway. All because they want to set up a largely private, money making health facility, with mere lip service paid to public services. And do they also intend to build high rise apartments? The experience with Prince Henry Hospital suggest they might.

STAND UP AGAINST THIS OUTRAGE!

DON'T LET THEM CLOSE MONASH VALE HOSPITAL

The Northern Beaches Hospital supports a much larger population, leaving Pittwater out on a limb



This is a planning failure, which will cost Australian lives...

A local hospital is so basic, so fundamental to the needs of our community. How dare they close our hospital to give us what is essentially not even a hospital at all. Oh, but you have the NBH they'll say. That's rubbish, you could die three times over in congestion between here and the new hospital. At a local resident's meeting recently, an NBH spokesperson admitted there had been no analysis of travel times from Pittwater to the NBH.

Don't take this lying down. Make a stand at the giant rally. The closure of the Mona Vale hospital has been kept quiet. Tell your friends, this is a matter of life and death.

COME TO THE GIANT RALLY!

**At the mona vale village green
On Sunday 14 October at 11am**

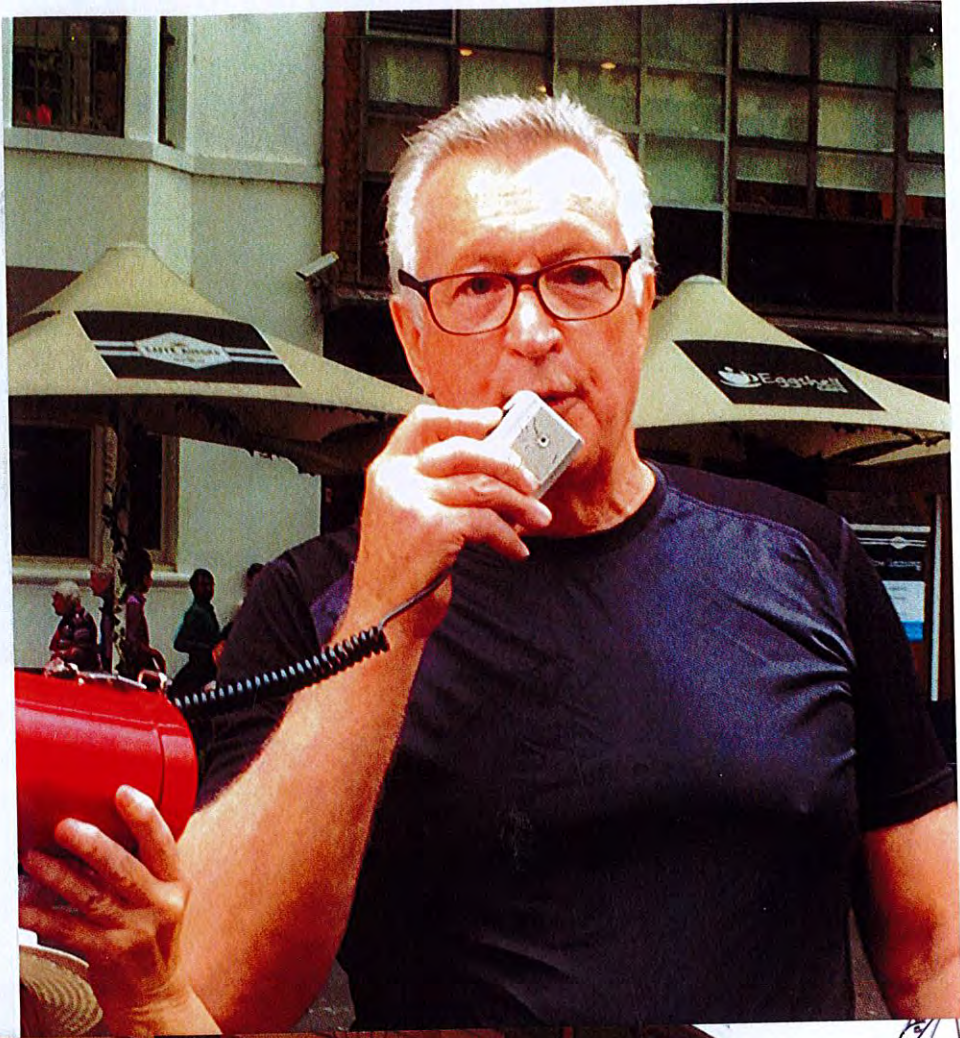
**FOLLOWED BY A MARCH FROM MONA VALE
TO THE HOSPITAL**

Help!!! We urgently need donations for this campaign (BSB 062 211 A/C 10077745) & people to letterbox drop this flyer. Contact SaveMonaValeHospital@gmail.com or phone:

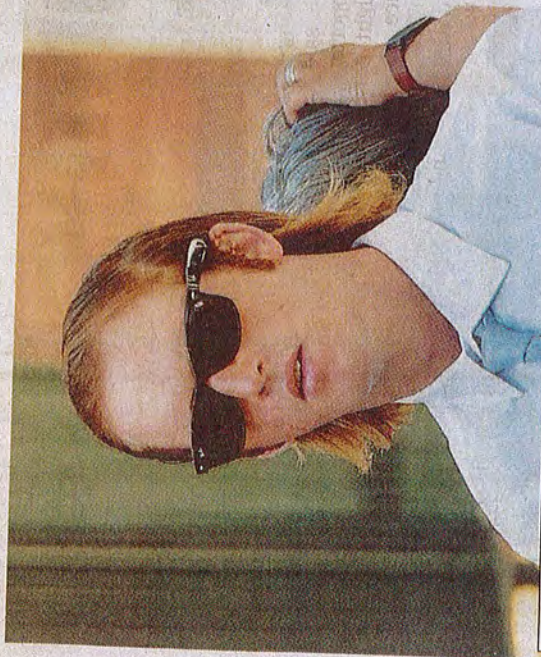


Contact us on Facebook at: [SaveMonaValeHospital](https://www.facebook.com/SaveMonaValeHospital)

Voice your objection strongly to Rob Stokes at Pittwater@parliament.nsw.gov.au



PRIVATE FOREIGN COMPANY KILLING RESIDENTS
SCANDAL GETS WORSE



Man stomped victim

A man caught on CCTV kicking and stomping a man unconscious at a northern beaches service station had been out drinking and watching a live UFC match on TV at a hotel.

Jack Edward Degotardi, (pictured) 26, a landscape gardener of Avalon Beach, pleaded guilty in Manly Local Court to a charge of affray after attacking the victim outside a 7-Eleven outlet in Newport. Security camera footage showed Degotardi, with two other men, attacking a 42-year-old man.

» For more details go to manlydaily.com.au

Hospital company's link to offshore tax havens

Julie Cross

THE private company about to take control of 43 hospitals, including Northern Beaches Hospital, has an offshoot company that earned billions of dollars in Australia in the last four years — but has paid no tax.

One of Brookfield Asset Management's many companies, BPIH Pty Ltd made more than \$6.8 billion in total income in Australia between 2013 and 2017.

But according to tax office data it paid zero tax in Australia for that period.

Both companies also appear in the Paradise Papers, a leaked set of documents which offers an insight into the complex offshore structures used by multinational firms to minimise their tax

bills. Meanwhile, Brookfield Asset Management's \$5.7 billion offer is currently before the Foreign Investment Review Board, which advises the Treasury on whether it should be approved or not.

In the paperwork one of Brookfield's parties involved in the bid has a Cayman Islands' address.

Finance expert and Manly resident Michael West said if Brookfield Asset Management takes over Healthscope profits made from sick patients on the northern beaches could be "ripped out of the country and put into tax havens".

However, Federal MP for Mackellar Jason Falinski in his capacity of the chairman of The House of Representatives Standing Committee

on Tax and Revenue, said there were legitimate reasons why a company may not pay tax, including writing off losses from previous tax years.

There is no suggestion Brookfield or BPIH have done anything wrong.

But, Mr West, who has been investigating Brookfield's financial background, believes if the deal was approved by FIRB it would be a "national disgrace".

He also added that the complexity of Brookfield's set up means it is also unclear which of its companies may end up controlling Northern Beaches Hospital.

"If we don't know who controls the company, it means we don't know where the money is going or who is

ultimately responsible for the performance of the hospital," Mr West said.

A Brookfield spokesman refused to explain why BPIH had not paid tax for four years or clarify which company would control NBH. The spokesmen for FIRB and Health Minister Brad Hazzard also refused to comment on the tax implications of Brookfield.

Mr Falinski said: "If anyone has any evidence of Brookfield not paying what it should I'm more than happy to receive it and pass it on to the ATO."

He added that other bids had been rejected by FIRB in the last 12 months. Mr Falinski said he had no reason to believe the same would happen to Brookfield if it did not meet the strict criteria.



"Northern Beaches Hospital is now rudderless."

Parry Thomas, Save Mona Vale Hospital chairperson

Health Minister and Wakehurst MP Brad Hazzard claims it's a small group of disgruntled staff that are causing problems because they have an agenda and insists that, since Healthscope opened another 15-bed ward last month and employed more people to replenish stock, things have improved.

"The new hospital is 21st century technological excellence - there has been no dispute about that at any stage," he tells *Peninsula Living*.

"There's no question there was some underestimation in the stock that was necessary for the hospital in the early stages, and whether or not there were sufficient staff to meet the demand.

"As Health Minister, I raised that, and Healthscope, to its credit, employed a great number of new store people, so that every department as I understand is now fully stocked or being restocked daily.

"I have spoken independently to staff at the hospital, who have told me that was precisely the situation. The first two weeks, not so good. Now? Very good."

The majority of emergency staff at NBH came primarily from Manly and Mona Vale hospitals and he says, "Those two departments were always amongst the very best and most efficient EDs in the state.

"Some of those delays in the ED related to getting used to the systems, but also, they needed to open more beds to allow the emergency staff to move people through. Opening the new 15-bed ward recently has helped substantially, so the waiting times have come down.

"Like every hospital, there will be occasions when people come into the ED and find there are patients with a higher and greater need than them, and that causes delays.

"My advice is, if you don't have an emergency, don't go to an ED. See your GP."

The NSW government has paid Healthscope \$2.14 billion to build and run the hospital until 2038, but community group Save Mona Vale Hospital says problems at NBH could be eased if emergency services were reopened at Mona Vale Hospital.

"The NBH operators Healthscope and state government have clearly been broadsided by the number of patients going to the new Frenchs Forest facility now that full hospital services are no longer available in the actual beaches area," adds Mr Parry.

"An extra 15 minutes to half an hour travel time to the new hospital for coastal residents is exacerbating the danger of life-threatening emergencies. Therefore, Mona Vale Hospital should be reimagined as part of a network of hospitals serving the peninsula, restoring a fully-functioning ED, intensive care unit and maternity ward."

In November, Mr Hazzard told *Peninsula Living* he is exploring ways to enhance services, particularly acute services, at Mona Vale Hospital.

"We're still working through that and will hopefully have some announcements soon," he confirms.

"The good news is the Mona Vale Urgent Care Centre is seeing approximately 50 patients a day and it's working extremely well." **P.**



Image credit: Michael Mannington

The crowd were met by the larger than life sized puppet of Nurse Karen Draddy - a long-term head of maternity at and advocate for Mona Vale Hospital.

'Wake' held for Mona Vale Hospital

During the NBH dramas, Save Mona Vale Hospital campaigners held a 'wake' outside NSW Parliament House, where 'mourners' laid out body bags and were met by a puppet of nurse Karen Draddy - the long-term head of maternity at and advocate for Mona Vale Hospital.

3. BRIEF HISTORY

The land on which MVH stands was originally gifted to NSW Government in lieu of tax by Salvation Army on the condition it was used for a Hospital – thus it's now a moral issue .

Story of Liberal party support

The Liberal Party have traditionally supported this MVH along with A&E with Acute Service to care for the lives of voters – as above quotes confirm.

In 2005 the Government reversed a Government Report recommending closure of the A&E creating a useful precedent for today's decision.

In 2006 Liberal Opposition Leader, John Brogden said Labor abolishing A&E would be declaring war on local voters

In 2011 **Rob Stokes**, Liberal MP said a Liberal government's top priority would be protecting MVH.

Then sadly in 2018 Liberals – who inherited Labor's plans to downgrade MVH - broke their promises by removing A&E..

Yet governments have tried substitutes like the **GP Clinics** but they failed - with two doctors and four nurses who had little to do because patients wanted to visit a hospital believing their problem was life threatening

Public campaigning

The campaigns to save the A&E have been among the biggest in the history of the electorates of Pittwater, Wakehurst and Davidson.

For many years groups like the Save Mona Vale Hospital Committee have campaigned to keep A&E open

The experienced and senior GP Dr. Suzanne Daly campaigned for many years collecting nearly 12,000 signatures which were presented to Parliament by Rob Stokes.

Public meetings have been held often typified by the major picnic on 17 September 2018 in the Mona Vale Reserve attended by over 2,000 concerned residents including Rob Stokes, who then committed to saving A and E in a media interview. A large November protest outside Parliament House broadcast on four TV stations News programs especially Channel 7 which is helping campaigners. These meetings and protests – one outside Minister Hazzard's Electoral Office in mid December - will continue up to the election by voters from all political persuasions who believe their very lives could depend on their MVH A&E re-opening.

Many individuals have also helped – especially those whose lives saved:
Rugby great, Max Brown, and Historian Dr. Jonathan King

FOND MEMORIES OF LOCAL VOTERS

AN HISTORICAL APPRECIATION OF LIBERAL PARTY SUPPORT FOR MONA VALE HOSPITAL A&E – PROTECTING THE HEALTH OF LOCAL VOTERS WHO MOSTLY VOTE LIBERAL

I

“Taking away Intensive Care for 60,000 people served by Mona Vale Hospital is an act of war on the Pittwater community by the state Labor government”

John Brogden,
Leader of Liberal Party Opposition, MP for Pittwater, 2006

2

“If the Labor government defies the Pittwater community head on over closing Mona Vale Hospital Intensive Care – that is a declaration of War” and “If the Health Minister wants a war over Mona Vale Hospital – he has got it”.

John Brogden,
Leader of Liberal Party Opposition, MP for Pittwater, 2006

3

“Should there be a death at the Mona Vale Hospital through misadventure of a lack of intensive care services, I will regard the blood of that person to be on the government’s hands”

John Brogden,
Leader of Liberal Party Opposition, MP for Pittwater, 2006

4

“Returning Maternity Services to Mona Vale Hospital is the key election commitment of the Liberal Government”

Rob Stokes,
Liberal Party MP for Pittwater 2008

5

“If the Liberal Party wins I will become Health Minister and I will restore Maternity at Mona Vale Hospital and safeguard in into the future”

Jillian Skinner,
Liberal Opposition, Shadow Health Minister. 2011

NORTHERN SYDNEY CENTRAL COAST NSW HEALTH

[Home](#)[A-Z Health Topics](#)[Consumer Info](#)[Health Professionals](#)[Health Services](#)

Wednesday, 02 May 2012

[Printable version](#)**Emergency numbers**[Contact Us](#)[About NSCCH](#)[Area Health Advisory Council](#)[Fundraising](#)[Services and Facilities](#)[Careers](#)[Media](#)[Publications](#)[Redevelopments](#)[Visitor Information](#)**Search**[Go](#)

Mona Vale Hospital

Overview

Mona Vale Hospital together with Manly Hospital forms the Northern Beaches Health Service.

Mona Vale Hospital and its community health services have served the local community since 1964. The hospital provides acute care services, including orthopaedic, medical, surgical, paediatric and emergency care.

Non-acute inpatient services include adolescent counselling, dental and podiatry clinics, rehabilitation and aged care services.

Mona Vale Hospital has been awarded ongoing accreditation by the Australian Council on Health Care Standards for a further four-year period up to 18 May 2013.

On 1 July 2009, maternity services from Mona Vale Hospital were co-located to Manly Hospital Maternity Unit as a result of the Mona Vale Hospital unit being refurbished due to asbestos removal works.

Mona Vale Hospital was awarded the best major metropolitan hospital in New South Wales for 2009 by the NSW Health Department for its achievements in clinical performance and meeting key performance targets.

Interesting Statistics

Emergency department attendances	24,782
Hospital admissions	12,249
Average number of beds	165
Average length of stay	3.9 days
Births	312

Figures from the 2009 calendar year

Future Directions for the Northern Beaches Health Service

- Planning has been underway for the development of a new Northern Beaches Hospital at Frenchs Forest.
- The NSW Government recognises the benefit and the desirability of local commitment to the development of new health facilities on the Northern Beaches. However, there are a large number of requests for projects across the State of New South Wales.
- Construction can only start once the project is funded. Project funding is announced annually as part of the State Budget.
- The Government is continuing to maintain an upgrade of services and facilities at Manly Hospital.
- Recent completed projects include the upgrade of the Sterilising Department at a cost of \$520,000, upgrade of the Emergency Department at a cost of \$4.1 million, replacement of the main lifts at a cost of \$1.06million, establishment of a six-chair satellite renal dialysis unit in June 2009 at a cost of \$935,000 and the establishment of a Medical Assessment Unit in January 2010 at a cost

[Skip to content](#)

Informing patients, supporting clinicians, driving improvements

Search for hospital

Find a hospital by name or location

Mona Vale Hospital

Large metropolitan hospital with an emergency department

[Download data](#)

Hospital profile



Time spent in emergency departments

Safety & quality



Emergency department

This section shows data related to presentations (visits) to this hospital's emergency department. Each visit is counted separately, so the number of presentations may not be equal to the number of people seen or treated by the emergency department if some people visited more than once. Here, 'patients' refers to the number of presentations.

Waiting times for surgery



Length of stay in hospital



Time spent in emergency departments



» **Emergency department**
(/hospital/1153B2140/mona-vale-hospital/emergency-department)

Percentage of patients seen on time

This section shows the percentage of patients arriving at this hospital's emergency department who commenced treatment within the maximum recommended time. Recommended maximum waiting times vary depending on the urgency of the patient's need for care (their triage category), as assessed by a healthcare professional in the emergency department. The five triage categories are called: Resuscitation, Emergency, Urgent, Semi-urgent and Non-urgent.

Resuscitation waiting time (requires treatment immediately)

In 2017-18, 100% of resuscitation patients were treated immediately upon arrival (within 2 minutes) at the emergency department of this hospital, compared to its national peer group performance of 100%.

Year	Number of patients	Patients treated immediately	Peer group average
2017-18	182	100%	100%
2016-17	143	100%	100%
2015-16	141	100%	100%
2014-15	141	100%	100%
2013-14	130	100%	100%
2012-13	151	100%	100%
2011-12	131	100%	100%

[View results as a graph](#)

Emergency waiting time (requires treatment within 10 minutes)

In 2017-18, 91% of emergency patients were treated within 10 minutes of arrival at the emergency department of this hospital, compared to its national peer group performance of 77%.

Year	Number of patients	Patients treated within 10 minutes	Peer group average
2017-18	4,833	91%	77%
2016-17	4,720	90%	76%
2015-16	4,382	87%	77%

Year	Number of patients	Patients treated within 10 minutes	Peer group average
2014-15	3,345	91%	80%
2013-14	3,137	86%	84%
2012-13	2,765	86%	84%
2011-12	2,322	78%	81%

➤ View results as a graph

Urgent waiting time (requires treatment within 30 minutes)

In 2017-18, 84% of urgent patients were treated within 30 minutes of arrival at the emergency department of this hospital, compared to its national peer group performance of 60%.

Year	Number of patients	Patients treated within 30 minutes	Peer group average
2017-18	12,295	84%	60%
2016-17	12,418	82%	61%
2015-16	12,629	81%	63%
2014-15	10,546	78%	63%
2013-14	9,521	78%	65%
2012-13	9,677	73%	63%
2011-12	8,337	74%	62%

➤ View results as a graph

Semi-urgent waiting time (requires treatment within 60 minutes)

In 2017-18, 85% of semi-urgent patients were treated within 60 minutes of arrival at the emergency department of this hospital, compared to its national peer group performance of 72%.

Year	Number of patients	Patients treated within 60 minutes	Peer group average
2017-18	13,178	85%	72%
2016-17	12,911	85%	73%
2015-16	13,675	85%	73%
2014-15	15,027	80%	72%
2013-14	14,701	79%	72%
2012-13	13,776	76%	68%
2011-12	13,202	75%	66%

➤ View results as a graph

Non-urgent waiting time (treatment recommended within 120 minutes)

In 2017-18, 94% of non-urgent patients were treated within 120 minutes of arrival at

2. Possible problems with the Frenchs Forest Hospital NBH

Increased population, larger catchment area for new hospital - but same number of beds.

Patients with serious conditions will still have to travel the extra distance to RNSH because:

Cardiac surgery – will not be carried out at Northern Beaches Hospital.

The cardiac catheter lab will not treat public patients out of office hours unless they pay for it.

The new hospital cannot administer clot-busting drugs for strokes .

NBH will not carry out neuro-surgery – so major trauma will continue having to go to RNSH.

there is no public birthing centre with midwife-led delivery – as provided at other major hospitals in Sydney

3. Issues Related to Private Operation of New Hospital

New hospital is a privately run business where profit is obviously a motive for care

Public confidence has been undermined in the new hospital because of the operator Healthscope's attempts to undermine doctors' pay and conditions – meaning that many have refused to work at the hospital (see Australian Salaried Medical Officers' Federation).

Questions: The government has said it will not pay for public patients in private beds if public beds are full, so:

Ø who will pay for public patients in private beds

Ø if all public beds are occupied, how can we be sure that the sickest patients will get a private bed and who will pay for it

Ø will pressure be brought to bear on patients to use private health insurance?

ISSUES CONCERNING LOCAL COMMUNITY

1. (A) Distance

Unacceptable distance from Pittwater area to new hospital - especially in an emergency

Having a local hospital within a reasonable distance is a fundamental right of our community.

NSW Health Department statistics from the myhospitals.gov.au website show that of 35,033 presentations to Mona Vale Hospital in the Year 2016-17:

144 needed immediate treatment, 143 of them to be resuscitated.

4,729 needed help within 10 minutes for life-threatening conditions.

And another 12,588 needed to be seen within 30 minutes.

1.(B) Paramedics from the Health Services Union estimate it can be an extra 15 mins to half an hour for the trip from Mona Vale to Frenchs Forest, but in bad traffic it is often more and it can take half an hour just from Avalon to reach Mona Vale.

Patients suffering asthma attacks, anaphylactic reactions or drowning need a hospital with a ventilator as soon as possible.

Women in labour on a second or later birth can deliver within an hour or even less and those with obstructed labour or other problems may not reach Frenchs Forest in time.

Ambulances frequently take an hour or more to reach patients in Pittwater because they attend calls all over Sydney.

Wakehurst Parkway flooding and roadworks on Mona Vale Road make it difficult to access new hospital . Flooding (ie big storms), bushfire (eg 1994) all cut road access from the Pittwater area.

Many serious problems previously be treated at Mona Vale Hospital in a timely way will now be delayed, possibly beyond the "Golden Hour" that doctors regard as critical to emergency treatment.

7. UPGRADED URGENT CARE & ADDING A&E

A staff member told us recently that although Mona Vale Hospital has never been a major trauma centre there are many other conditions that could still be managed there, with an Urgent Care upgrade, apart from problems such as a heart attack which has a better outcome from being taken directly to a tertiary centre where immediate percutaneous coronary intervention can be performed

Newly Refurbished Urgent Care Centre

Now called the “Newly Refurbished Urgent Care Centre” in the MVH foyer this centre now advertises also in the foyer at MVH the following eleven services:

- 1.Minor fractures or injuries
- 2.Minor illness including infections and rashes
- 3.Mild asthma or chest infections
- 4.Minor burns and scalds
- 5.Minor cuts needing stitches or glue
- 6.Minor sports injuries including sprains or strains
- 7.Wound review
- 8.Sore throat or sore eyes
- 9.Bites or stings
- 10.Migraine
11. Skin infections

UPGRADE FEASIBILITY

As MVH General Manager, Jacqui Edgley said 5 September Manly Daily she “estimates 10.000 to 12.000 patients would come through the urgent care centre every year” – so upgrading is justified. Hands on doctors say restoration of the acute care previously provided by the Mona Vale Emergency Department could be achieved through reconstitution of the former facility.

It would not take much to upgrade to manage the following:

CRITICAL CONDITIONS TO BE MANAGED

1. Haemorrhage
2. Cardiac arrest: and /or Heart attack
3. Trauma
4. Asthma and COPD
5. Obstructed labour requiring Caesarian Section





Health

Northern Sydney Local Health District

6 December, 2017

Dr Jonathan King

Dear Dr King

I had much pleasure in reading your letter of appreciation of the staff at Mona Vale Hospital after your recent stay in the Emergency Department and admission to the Medical Assessment Unit. I hope you are recovering well.

We always try to achieve very high standards of patient care so it is very gratifying to read that you felt that you were treated with excellent care in a professional and caring environment.

I will pass on your appreciation to the Nurse Unit Managers, Nursing and Medical staff thanking them on your behalf for their continuing standards of excellence.

Yours sincerely

Kyla Smith
A/Director of Nursing & Midwifery
Mona Vale Hospital

Cc Clinical Governance

Northern Sydney Local Health District
ABN 63 834 171 987
Mona Vale Hospital & Community Health Service
PO Box 81 Mona Vale NSW 1660
Tel. (02) 9998 0333 Fax. (02) 9997 7079

BASIC EQUIPMENT/STAFF NEEDED

Jacqui Edgley said the Urgent Care Centre has “X-ray facilities, pathology and the capacity to deal with broken bones”.

Building on this the government could add:

Operating theatre

Surgeons/Obstetricians– on call – those not wanting to work at NBH or who live further north

Anaesthetist – on call – available as rostered on at NBH

Nurses – available from those dismissed by MVH or Manly

Acute post operative care ward.

Intravenous fluids, blood bank, i/v antibiotics, anti-coagulants

Keep APAC going

ICU

CAT Scan – now added by Minister Hazzard

Imaging Ultrasound – now added by Minister Hazzard

Radiology

Inpatient monitoring ECG

Defibrillators, automatic ventilation and CPR machines,

Midwifery (to manage obstructive delivery, bowel and/or brain shut down) to be resumed on existing Maternity Ward **which government spent \$2 million refurbishing**

PROJECTED COSTS

The government will need to establish a feasibility study to calculate the costs which should be less than the “\$50 million Brookvale Centre”; much less than the “Hornsby Hospital’s \$200 million Stage 2 redevelopment” quoted in CEO Deb Willcox’s Message in the 2018 Northern Sydney LHD Year In Review booklet.

At a recent meeting Pittwater MP Rob Stokes said the costs would not be too great, and could be met by government. We have a head start as the solid 1960s building which is still there was built to last, to be extended, and still has chopper access in place. The Maternity Ward has also enjoyed a \$1.2 million refurbishment.

When reporting the 2018 “reconfiguration of health services on the Northern Beaches” the CEO confirmed how safely this “major logistical exercise” was carried out so the LHD certainly has the capacity for transitioning and changing that original concept from 2012, back to a **Level 3 Hospital**.

A and E is necessary if there is to be an AGED CARE ASSESSMENT UNIT

The cost could be less than \$10 million and no more than \$1 million per floor.

In 1998 \$1 million was invested in upgrading A and E after an Upper House enquiry, so the government could consolidate these investments.

CONCLUSION

On behalf of 100,00 residents we represent who are afraid of dying on their way to NBH we conclude the best solution for the Liberal Government is to:

- a. immediately further upgrade Urgent Care at MVH and then
- b. reinstate the desperately needed A&E facilities at MVH.

BENEFITS FOR GOVERNMENT

1. It will help take the pressure off overstretched NBH which you said has "attracted more patients" that you anticipated. These pressures will get much worse with thousands of visiting tourists in the accident-prone summer holidays .

As media and doctors also report NBH has many problems with CEO, Medical Staff resigning. Eg. SMH 17 Nov 2018 front page on potential "disaster" at NBH.

2. Government can win more votes by showing you are open minded, humanitarian, and care for the lives of your voters by changing your mind in response to your electorate's wishes by re-instating Acute services – after all government's tax-funded job is representing voters and their wishes who all want MVH Acute Services.

3. Government can achieve low cost **value for money** because as Rob Stokes MP confirmed when we met him recently, it will not cost much money to re-instate this service; especially if based on the bottom line design listed over page by veteran local GP Dr. Suzanne Daly

4. Government will be providing local employment as some of the Acute Services workers who were sacked are local

5. Government will stop a high profile Independent Candidates opposing sitting Liberals on *this life and death issue* claiming you have Americanized public health in return for donations. Independent Alex McTaggart defeated a Liberal in Pittwater in 2005 on a local issue winning 55 % of two party vote when Libs lost 22 % of primary vote losing seat after 32 continuous years.

6. Government can also stand up to Healthscope and Brookfield and demolition developers .

7. Government will get credit for **saving lives** because if Urgent Care is not upgraded people could die before they reach NBH because of traffic jams and/or Wakehurst Parkway being flooded – no government wants to be responsible for deaths and have blood on its hands

8. Government will avoid further criticism like the SMH editorial 20 Nov 2018. which highlighted failures of the "**disastrous**" NBH" that outraged voters in your electorate, and suggested you could cancel the contract with profit-driven private company Healthscope.

9. Government could counter claims that developers donating funds for the Liberals campaigns drove the decision to close A&E even though putting thousands of lives at risk..

10. Government will be acknowledging problems of nature or Acts of God – frequent flooding – and also distance between Palm Beach and the new Frenchs Forest hospital, especially when the Wakehurst Parkway is flooded and closed. It has been closed three times since NBH opened – threatening lives. Yet this stretch of road is still not included in any planned upgrades for access points around the new hospital

11. **This is a democracy so** Government should respond to your voter's Petitions: More than 22,000 voters signed want Acute Services re-instated - which is **nearly half an electorate !**

14. **Government will save lives.**

