
**LEGISLATIVE COUNCIL GENERAL PURPOSE STANDING
COMMITTEE No. 2**

**GOVERNMENT RESPONSE
TO THE
INQUIRY INTO THE OPERATION OF MONA VALE
HOSPITAL**

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Introduction

The NSW Legislative Council General Purposed Standing Committee No. 2 (GPSC No. 2) announced its inquiry into the operation of Mona Vale Hospital in 9 December 2004, and self referred the following Terms of Reference:¹

That General Purpose Standing Committee No. 2 inquire into and report on the operation of Mona Vale Hospital and in particular:

- a) *the closure of the intensive care unit and the reasons behind its transfer to another hospital*
- b) *the level of funding given to Mona Vale Hospital compared to other hospitals in the area,*
- c) *the level of community consultation in relation to changes proposed by NSW Health to the hospital, and*
- d) *the reasons why the hospital has not been made a general hospital for the Northern Beaches area.*

Despite extensive community consultation regarding planning for health services on the Northern Beaches, the operation of Mona Vale Hospital has been the subject of public debate for several years.

The Committee made nine recommendations. However, the Committee Chair identified that there were two questions of utmost immediate concern to participants in the inquiry:

- Whether the current level 4 Intensive Care Unit at Mona Vale Hospital will be changed to a level 3 High Dependency Unit, and
- What will be the location for the new Northern Beaches Hospital

The recommendations focused on service levels, staffing and capital at Mona Vale Hospital, as well as the Value Management Study (VMS) process for site selection for the new Northern Beaches Hospital.

There were two Dissenting Statements, made by three of the seven Committee members (Appendix 7).

The remainder of this section introduces the Government's response to the report and recommendations. The next section reports on progress with the VMS into site selection for the new Northern Beaches Hospital, as well as initiatives supporting the operation of Mona Vale Hospital. The VMS process is linked with the recommendations and is pivotal in the provision of appropriate healthcare on the

¹ General Purpose Standing Committee No. 2 *Operation of Mona Vale Hospital*, Report 19 – May 2005, page iv

Northern Beaches. A detailed response to each of the Committee's recommendations commences on page 8.

Recognition of service planning issues for the Northern Beaches underpins the Government's approach to the Committee's recommendations. Two key issues have been identified in the services planning process:

- There is only sufficient clinical volume on the Northern Beaches to support one Level 5 hospital, so that the second hospital would have a complementary role, and
- Neither of the existing hospitals is considered to be located on a site appropriate to draw a large enough catchment population to support sustainable Level 5 services.

The VMS, in conjunction with an economic appraisal, undertaken on behalf of Northern Sydney Central Coast Area Health Service (NSCCAHS) and NSW Health, will recommend the most appropriate site for the location of the new Northern Beaches Hospital. Funding has been allocated within the current budget to carry out detailed health and facilities planning once the site selection has been approved.

The Committee acknowledged that considerable work had been done to inform and consult with the Northern Beaches community. The NSW Government also recognizes that this consultation is ongoing and that public information regarding healthcare decisions is vital.

Northern Beaches Health Strategy – Value Management Study

Extensive planning, including community and clinician consultation, has occurred to develop the Northern Beaches Health Strategy for the delivery of health services into the future. This strategy is part of the overall capital planning strategy for NSCCAHS.

The Northern Beaches Health Strategy addresses the issues of:

- Low patient volumes at Manly and Mona Vale hospitals.
- Difficulties attracting qualified staff in key specialist areas such as intensive care, emergency and maternity services due to low patient volumes.
- Facility infrastructure that does not support modern health service delivery models
- Potential risks to patient safety and quality of care
- High hospital costs
- Maintaining high quality services locally for the residents of the Northern Beaches

The solution to these problems is the commissioning of a major metropolitan hospital of sufficient critical mass in the Dee Why/ Frenchs Forest area with a complementary hospital at Mona Vale and appropriate integrated community health services. However a transitional arrangement is required to maintain current services while

these redevelopments are completed. The Northern Beaches Health Strategy includes these key elements.

The transitional arrangements are not sustainable in the long term due to the costs and inefficiency.

Key Issues:

NSCCAHS has undertaken extensive services planning, clinician and community consultation, regarding health services on the Northern Beaches since 1999. A range of clinical issues have been identified that will have an impact on the ongoing provision of health care on the Northern Beaches. These include:

- Changing health service delivery models that are not feasible with current infrastructure.
- The age and condition of many facilities especially at Manly Hospital cannot be adapted easily or cost efficiently to meet current health care practices. In September 2000, it was estimated that the cost to bring buildings to current Building Code of Australia standards (not modern clinical standards) would be \$73 million².
- The location of current facilities means that it is hard to consolidate services and retain access.
- Outdated designs of areas such as wards that constrain delivery of modern health care and poor functional relationships between associated services.
- Low patient volumes leading to difficulties in recruiting staff.

The volume of patients on the Northern Beaches is not sufficient to support two acute major metropolitan referral public hospitals.

In September 2002, as part of the Northern Beaches strategy, the Health Minister announced the proposed upgrade of Mona Vale Hospital on its current site along with the relocation of Manly Hospital on a site to be determined.

A Procurement Feasibility Plan was submitted to the NSW Health Department in November 2002. This PFP outlined the likely service demands in 2011 and proposed a preferred option of:

- The redevelopment of Manly Hospital in the Brookvale area
- The upgrade of Mona Vale Hospital
- The construction of new community health centres, including one co-located with the redeveloped Manly Hospital and one co-located with Mona Vale Hospital.

Subsequent further feedback from community stakeholders and clinicians in consultation processes led to the option being detailed as:

² Leighton Irwin Study, September 2000

- A new Northern Beaches Hospital providing acute services for the Northern beaches
- A complementary hospital
- Upgrade of community health services to provide an integrated health service

In May/June 2005 a qualitative review of short-listed sites for the Northern Beaches Hospital narrowed the list of preferred sites to Frenchs Forest, Dee Why (council chambers and adjacent private land) and Warringah Golf Course. This was on the basis of the qualitative review principles, economic appraisal and risk analysis of site implementation and imposed risks of each site. A draft Development Options Business case has been finalised and is to be considered by the Department, with a view to a recommendation being made to the Minister and Government in relation to the preferred site for the new Northern Beaches.

The solution for current issues regarding intensive care services, maternity services and other issues at Manly and Mona Vale hospitals is the building of a new level 5 facility at a site close to the population centre of the Northern Beaches. This solution will address the problems associated with small patient numbers particularly in ICU and maternity and the related difficulties in attracting and retaining qualified staff and maintaining safe care.

Clinical issues

Manly and Mona Vale hospitals are relatively small facilities with ongoing declines in inpatient activity in many areas but particularly maternity services, Intensive Care and surgery. The Intensive Care Unit has had long-standing problems in attracting and retaining qualified nursing and medical staff to maintain a viable and safe service.

Reasons for this decline in inpatient activity include patient preference towards private hospitals as well as the take up rate of private health insurance and entry into private hospitals due to Commonwealth incentives. The need for high complexity cases to be referred to tertiary facilities as more treatment options become available impacts on inpatient activity levels as well as recruitment and retention of suitably qualified and experienced staff.

Intensive Care Unit

Manly Hospital has the capacity to accommodate three ventilated patients and one renal dialysis patient in Intensive Care, and can manage up to five coronary care, high dependency beds. Mona Vale has the capacity to ventilate two patients and has three coronary care, high dependency beds.

The Joint Faculty of Intensive Care Medicine (comprising the Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Physicians) has produced clear guidelines regarding the size, operation and networking of Intensive Care Units (ICU). In particular the recommendations do not support the viability of smaller ICUs due to critical mass, workforce sustainability and quality of care issues. Even small ICUs require a medical director, experienced in intensive care medicine, consultant support from specialists with intensive care medicine

experience and at least one medical practitioner with appropriate experience rostered for the ICU at all times.

In April 2003 two representatives of the Greater Metropolitan Transition Taskforce (GMTT) Intensive Care Implementation Group inspected the ICUs at Manly and Mona Vale and indicated that:

- The number of ventilated patients for Manly and Mona Vale combined over the last three years is less than that recommended by the Joint Faculty to sustain expertise in such a unit.
- The amalgamation of the two units and ultimately facilities is strongly supported

There has been a long history of difficulty in attracting specialist cover, particularly for Mona Vale ICU. There is a significant shortage of intensive care specialists in Australia and despite widespread advertising, no suitable applicants have been found. The size of the ICU is the major issue for prospective applicants who view caring for one or two ventilated patients not to be a productive use of their specialist time.

The shortage of intensive care and emergency specialists at Mona Vale has been raised as a significant issue at the accreditation survey by the Australian Council of Healthcare Standards in September 2004. The survey team made a high priority recommendation to progress as a matter of urgency, the current service plan for maternity and intensive care services.

Maternity

Both Manly and Mona Vale have low numbers of deliveries compared to other hospitals in their peer group. In 2004/05 Manly had 681 deliveries while Mona Vale had 565 deliveries. The two hospitals combined deliver fewer babies than Canterbury, Fairfield or Bankstown. Overall the activity has been declining gradually over many years, resulting in difficulties recruiting qualified staff including junior medical staff training positions and critical mass inefficiencies which may compromise the safety of the service in the future. In 2005 the accredited obstetric registrar position at Manly Hospital was abolished by the College of Obstetrics and Gynaecology and a further VMO obstetrician at Manly Hospital resigned in October 2005.

Maternity services are affected by issues being experienced in ICU, particularly in relation to higher risk births. Maternity also requires access to anaesthetists for pain relief and caesarean deliveries.

The ideal solution for maternity services is a single service capable of caring for higher risk pregnancies located at one site and providing appropriate volumes to attract and retain qualified staff, provide high quality maternity care and appropriately staffed critical care services.

Emergency Departments

Emergency Departments are also dependent on ICU support. The numbers of presentations at Manly and Mona Vale in 2004/05 were approximately 17,000 and 23,000 respectively. The emergency department at Mona Vale has had ongoing difficulties in retaining staff, especially medical staff. Both Emergency Departments rely extensively on locums.

Workforce Issues

There is a worldwide shortage of health workers including doctors, dentists, nurses and allied health practitioners. In Australia the workforce shortages are particularly acute in outer metropolitan, regional and rural areas.

A key factor in the declining future supply of the health workforce is the ageing health workforce. The average age of the national nursing workforce was 44 years in 2003³. The medical workforce is also ageing, with the average age of the workforce at 46.6 years in 2002, which is an increase on the average age in 1996, which was 44.9 years.⁴

Compounding the health workforce shortage is a decrease in the average hours worked by health professionals. The average hours worked by medical practitioners decreased by 3.7 hours between 1996 and 2002.⁵ In nursing, between 1995 and 2001 the average hours worked per week by nurses fell by 1.9 hours.⁶

The Department of Health Nursing and Midwifery information on Positions being Actively Recruited (PAR) published on the NSW Health website shows that for July 2005:

- In Northern Sydney/Central Coast 230.9 registered and other nursing FTE positions were being actively recruited, which represents 4.9% of the Total FTE payroll
- In metropolitan Sydney there were a total of 74.5 FTE registered and other nursing positions in emergency being actively recruited, with 8.6 FTE of these positions located in Northern Sydney and Central Coast Area Health Service.

NSW Health has employed a number of strategies to address both the workforce shortage and maldistribution of staff. These include overseas recruitment of health professionals, the Area of Need Program to recruit overseas trained doctors to work in declared areas of need, the Nurse Re-Connect Program, development of the basic physician, basic surgical and psychiatry training networks, funding of the GP procedural training program to upskill GPs, establishing additional childcare places for health workers.

³ Australian Bureau of Statistics Labour force profile 2003 p13.

⁴ Australian Medical Workforce Advisory Committee (2004), Annual report 2003-04, AMWAC Report 2004.5, Sydney. p5

⁵ Australian Medical Workforce Advisory Committee (2004), Annual report 2003-04, AMWAC Report 2004.5, Sydney. p5

⁶ Australian Health Workforce Advisory Committee(2004) Annual report 2003-04 AHWAC Report 2004.3, Sydney p2

During 2005 a total of 271 overseas nurses have started work in NSW, with a further 300 accepting offers and finalising visas and registration.⁷

As at 26 August 2005 there were a total of 68 Emergency Medicine Area of Need positions, 58 were hospital non-specialist positions (HNS) and 10 were specialist (SPC) position. Of the 10 specialist Emergency Area of Need positions only 2 (or 20%) were filled. Of the 58 HNS positions 28 (or 48%), were filled.

Emergency Medicine Workforce Issues

In 2002 there were 473 Emergency Medicine Specialists in Australia, with 141 or 29.8% located in NSW. In October 2002 there were 32 Emergency physician vacancies in NSW. This equates to a 23% vacancy rate.⁸ Females constituted 18 per cent of the emergency physician workforce in 2002.⁹ In 2004 female emergency medicine trainees represented 39.9 percent of total emergency trainees.¹⁰

The AMWAC Report 2003.6 found the Emergency Physician workforce to be in undersupply and recommended that 130 new advanced trainees in Emergency Medicine enter the training program, nationally, from 2004 onwards to satisfy workforce demand. The AMWAC report concluded that due to the length of the training program, any change in the number of trainees would only affect the future workforce supply in 2008, at the earliest.

In 2004 the first year Emergency Medicine trainee intake was 108, which was 22 less than that recommended by AMWAC.¹¹

A hospital's emergency department staffing requirements will be determined by its role delineation. Mona Vale Emergency Department has a current role delineation of Level 4. Level 4 staffing requirements include a designated Medical Director, experienced medical officers on site 24 hours, experienced registered nurses on site 24 hours and access to CNC and CNE.¹²

There is a shortage of Emergency Physicians in NSW, as evidenced by the fact that there are 10 Emergency Staff Specialist positions declared as Area of Need. The recent declaration of an Emergency Staff Specialist position at Mona Vale Hospital as an Area of Need position is an indication of the current difficulties to recruit to Emergency Physician positions at Mona Vale Hospital.

It is not specified what role delineation Mona Vale Hospital would have after a new Northern Beaches Hospital is commissioned, or the role delineation of the new hospital. This would determine the staffing requirements of both hospitals.

⁷ Minister for Health Media release, "Lack of Aussie nurse training places forces NSW into second overseas nurse recruitment drive." 4 September 2005, www.health.nsw.gov.au/news/2005/index.html#

⁸ Australian Medical Workforce Advisory Committee (AMWAC), The Specialist Emergency Medicine Workforce in Australia 2002-2012, Report 2003.6 pages 26 and 51

⁹ Australian Medical Workforce Advisory Committee (AMWAC), The Specialist Emergency Medicine Workforce in Australia 2002-2012, Report 2003.6 Table 12

¹⁰ Medical Training Review Panel, Eighth report Table 29

¹¹ Medical Training Review Panel (8th edition) Table 33

¹² NSW Government Action Plan, Emergency Department Services Plan, July 2001 p28

Based on the current health workforce shortages it would be difficult to adequately staff both hospital Emergency Departments if both maintained a role delineation of Level 4 or greater. Duplication of services require staffing levels of a number higher than would be required if there was an amalgamation of services and units.

Consolidation of staff resources allows better use of existing staff. Fragmentation of services reduces the clinical exposure that is required to maintain staff skills and would lead to a deskilling of staff.

A change in role delineation of one of the hospitals to a Level 1 or 2 may assist in recruitment and retention of staff at both facilities. Level 1 and 2 role delineations do not require Emergency Medicine Physicians or designated emergency department nurses to staff the unit. The two hospitals would not be competing for staff with the same skills sets.

The current difficulties that Mona Vale Hospital has demonstrated in recruiting Emergency Medicine specialists supports a consolidation of staffing resources, rather than a dilution of resources between two nearby located hospitals.

Community Consultation

Extensive community consultation preceded the submission of the Project Feasibility Plan (PFP) in 2002 and has been ongoing since. This consultation included community surveys, workshops and meetings, displays, media releases and newsletters. A steering committee guided the PFP development during 2002, and included membership of the Northern Beaches Community Consultative Health Planning Group.

Ten consultative meetings were held in April and May 2002, each focusing on a specific health service stream, to propose a model of care for that stream. A summary report of service stream consultations was completed in June 2002 and incorporated into the PFP and published on the NSH website.

Recommendations from this process included:

- Acute care provided at role level 5
- A single maternity and paediatric unit on the Northern Beaches for reasons of critical mass;
- A single intensive care unit;
- One major emergency department;
- Co-location of subacute aged care with acute care.

Since that time surveys, workshops and value management studies have occurred which included broad community and clinical participation, the most recent being the qualitative survey of site options for the new Northern Beaches Hospital.

Support for operation of Mona Vale Hospital

NSW Health and NSCCAHS are committed to supporting operations at Mona Vale Hospital. Progress has been made in a number of areas following the Committee's inquiry.

- \$2.9 million has been allocated towards the physical upgrade of the Emergency Department at Mona Vale Hospital. It is anticipated that work will commence in April 2006 and be completed by October 2006.
- Recruitment of two additional staff specialists to the Mona Vale Emergency Department has been underway since early 2005, with a further staff specialist having commenced in June 2005. In addition, an overseas staff specialist is interested in commencing at Mona Vale Hospital late in 2005.
- \$250,000 has been allocated to Mona Vale and Manly Hospitals to improve inter-hospital patient transport.

While the planning for a new Northern Beaches Hospital continues, there has been significant investment at both Mona Vale and Manly hospitals to provide extra staffing and improved facilities at both sites.

- \$1.9 million recurrent and \$700,000 capital funding for the Emergency Medical Unit and an additional \$500,000 for the Emergency Department at Manly Hospital.
- \$2 million has been allocated towards the upgrade of ICU at Manly Hospital.
- \$500,000 upgrade of air conditioning systems for the operating theatres at Mona Vale Hospital.
- \$170,000 for new cardiac monitoring and \$100,000 to open three new beds in the Emergency Department at Mona Vale Hospital.
- \$429,000 has been allocated to significant fire and safety upgrades across both Manly and Mona Vale Hospital sites.

Response to Recommendations

Recommendation 1:

That NSW Health immediately commence the physical upgrade of the Emergency Department at Mona Vale Hospital as suggested by the Greater Metropolitan Taskforce interim proposal.

That Northern Sydney Central Coast Health recruit two additional staff specialists to the Mona Vale Emergency Department

Response:

The physical upgrade of the Emergency Department at Mona Vale Hospital has been included on the Areas Asset Maintenance Program and funding of \$2.9 million was allocated towards the project in the 2005 State Budget.

Planning for the upgrade has already commenced with consultants and architects appointed and several meetings organised for review of design briefs. It is anticipated that works will commence in April 2006 and be completed by October 2006.

Recruitment of two additional staff specialists to the Mona Vale Emergency Department has been underway since early 2005 with a further staff specialist commencing in June 2005 and an overseas staff specialist interested in commencing in late 2005 at Mona Vale Hospital. In order for this overseas appointment to be made, Mona Vale Hospital received an "Area of Need" approval in August 2005 to recruit to this position.

Recommendation 2:

That NSCCAHS provide a timetable and details for the implementation of specific enhancements to patient and carer transport

Response:

Patient transport has been significantly upgraded following the recommendations made in the Greater Metropolitan Hospitals Report published in August 2002 by the Greater Metropolitan Transition Taskforce.

An amount of \$1.98 million annually was allocated to ten metropolitan hospitals to improve the transport of patients from one hospital to another and to enhance non-patient transport services (specimen collection, x-ray delivery, etc).

For the Northern Beaches (Manly and Mona Vale Hospitals) \$250,000 was allocated for inter-hospital transport, with similar allocations to Ryde and Hornsby. This was pooled to form an Area-wide Transport Service consisting of seven ambulances to provide an integrated system that commenced on 28 June 2004.

Further enhancements to patient and carer transport are proposed in the Greater Metropolitan Clinical Taskforce (GMCT) Interim Proposal for the Northern Beaches

(December 2004). These proposals will be considered with any service changes contemplated.

Recommendation 3:

That NSW Health publish information, when it becomes available, outlining the background services required to support particular levels of activity within hospitals.

Response:

NSW Health, through the Statewide Services Branch publish a document entitled "Guide to the Role Delineation of Health Services" which has a current third edition dated 2002.

The overall aim of role delineation is to provide guidance on the level of support services, minimum safety standards and staffing required to deliver clinical services safely and appropriately supported. The document is a planning tool used in capital and service planning at a hospital, Area and State level.

The role level of a service describes the complexity of the clinical activity undertaken by that service, and is chiefly determined by the presence of medical, nursing and other healthcare personnel who hold qualifications compatible with the defined level of care. However, these factors need to be supported by similar factors in related and support services. Adequate formal appointment and credentialing processes are therefore mandatory for all facilities. This document does not represent a description of criteria for credentialing.

The Guide does not attempt to describe all the services which are provided by healthcare facilities, but confines itself to those which are widely considered to be the core services for hospitals and community health facilities. The clinical services are presented in three major groupings - inpatient care, hospital services which are integrated with community based services and community based health services.

When developing functional and strategic plans, Area Health Services would use the Guide to describe the size, service profile and roles of the institutions which form part of the Area within a networked approach. Each service will then be planned and developed at the level necessary to meet the needs of the catchment population for that service, as determined in the Area, thus promoting efficiency across the health system as a whole, while also improving local access. The Guide is used as one of the planning tools to determine the necessary support services once core service levels are resolved, or to provide a common language when describing services. Once support and core services are delineated the Area Health Service is responsible for ensuring that the criteria set out in the Guide for each service's level are maintained.

Services not described in the Guide should be covered by appropriate hospital policy. For example, the safety of services which depend on medical equipment must be ensured by a formal equipment maintenance program. An appropriately constituted

Biomedical Engineering Service should maintain equipment not covered under operational maintenance contracts.

The document is available (on payment of a prescribed fee) on request to the:

Statewide Services Development Branch
NSW Health
73 Miller Street
NORTH SYDNEY 2060
Phone: (02) 9391 9491

Recommendation 4:

That NSW Health and NSCCAHS implement a modification of the GMCT proposal with an additional enhancement of ICU services so that Mona Vale Hospital ICU is maintained and operates as a level 4 unit; Manly Hospital ICU becomes a level 5 unit; with a single Northern Beaches Department of Critical Care.

Response:

The Mona Vale Hospital Inquiry final report stated (p. 36) that “the Committee heard comprehensive and compelling argument that [the current] two small unit [intensive care] model is not sustainable in the long term”. Given that both units are currently rated as level 4, it is difficult to reconcile the above statement with the recommendation that the units should now operate at levels 4 and 5.

The Joint Faculty of Intensive Care Medicine’s Minimum Standards for Intensive Care Units (2003) recommends that Level II units (equivalent to role delineation level 4/5) have a throughput of 200 or more ventilated patients per year. In 2003/04 Manly and Mona Vale together had 128 such patients.

It has been usual for hospitals to network under these arrangements to ensure appropriate care between units. This has occurred with Ryde and Hornsby Hospitals, Camden and Campbelltown and Blacktown and Mt Druitt.

It is the view of NSCCAHS that the Northern Beaches can sustain one level 5 service complemented by a high dependency unit at the smaller site, within a single department of Critical Care.

This recommendation is not supported for reasons of safety and quality, as it does not conform to the minimum standards of the Joint Faculty of Intensive Care Medicine.

The Area Health service recommends hospitals are networked to achieve an intensive care service across two sites with patients requiring ongoing mechanical ventilation receiving care at one of those sites. Appropriate ambulance medical retrieval would ensure safe and timely transfer for the few patients that might fall into this category. The service would be supported by effective risk management strategies to ensure adequately skilled medical and nursing staff are available at both sites and the potential for patients requiring mechanical ventilation at one site is

minimised. This will require a review of services to identify such risks. The overall impact on inpatient services across the Northern Beaches will be minimal.

A significant funding enhancement of \$1.0 million has been made available in the 2005/06 financial year to provide for additional medical and nursing support for critical care services (intensive care and emergency) at Manly and Mona Vale Hospitals. The additional funding will assist in meeting the increased demand for services and ensure that high clinical standards are maintained.

Recommendation 5:

That the Value Management Study Process be broadened to include the evaluation and selection of a preferred site for the secondary complementary hospital as well as the preferred site for the new Northern Beaches Hospital.

Response:

The selection of the complementary hospital site is reliant upon (i) the location of the major hospital site and (ii) the services profile for the major hospital. Both need to be confirmed in order to be able to determine the services profile for the complementary hospital. The Value Management Study's main purpose was to provide advice to Government on the performance of the short list of sites for the major hospital against qualitative criteria agreed at the VMS.

The Value Management Study considered all sites including Mona Vale which is the only site where a complementary hospital could be sited, subject to the major hospital being on one of the other sites considered.

The VMS results along with the economic appraisal for each of the short-listed options have been assembled into a draft business case covering both qualitative and quantitative components and will be considered in making a final recommendation to Government.

Recommendation 6:

That once the Value Management Study evaluation report for the new Northern Beaches Hospital is available, NSCCAHS make public a full description of the basis for their decision on the preferred site, including the score for each criterion for each of the six sites.

Response:

The VMS Report was sent to each participant, including staff and community groups, for editing and issued to them post-editing. The report was also issued to the Manly Daily and the results were published in summary.

Recommendation 7:

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

Response:

Enhancements to the Emergency Department at Mona Vale Hospital are already under development.

The value management workshop in July 2002 identified requirements of an emergency service at whichever hospital was designated the community hospital¹³. These included the ability to deal with minor injuries and ailments, resuscitation and referral capacity, access to retrieval and transport, access to specialised consultants, including mental health, and backup with diagnostic facilities.

The economic appraisal of the site options for the new Northern Beaches Hospital assumes that the major hospital will include a 24-hour emergency service. It is anticipated that ambulance services will be located at the complementary hospital to ensure that any medical emergency for residents of outlying areas can be responded to promptly.

Recommendation 8:

That the new Northern Beaches Hospital includes a helipad.

Response:

A helipad has been included in the planning for each of the short-listed sites for the major hospital. A helicopter consultant has reviewed each of the proposals and can find no reason why a helipad could not be satisfactorily incorporated into the design at each site.

The inclusion of a helipad will be considered in the overall assessment of services to be provided at the new Northern Beaches Hospital.

Recommendation 9:

That the Minister for Health publicly announce a commitment on the part of the NSW Government that all of the Mona Vale Hospital land will be retained and in the future will only be sold or used for health services.

Response:

This recommendation from the Standing Committee will be seriously considered during finalisation of planning for healthcare on the Northern Beaches.

¹³ Northern Sydney Health (July 2002) Health Service Configuration Options Review Workshop No. 1

Conclusion

The GPSC No.2 Inquiry into the operation of Mona Vale Hospital has provided a valuable opportunity to identify and respond to issues relating to healthcare provision on the Northern Beaches.

The recommendations and issues are closely linked with the development of a new Northern Beaches Hospital and the establishment of a complementary role for Mona Vale Hospital. Significant effort and resources have been put into ensuring that the most appropriate solution for the new hospital is achieved. It is recognised that the physical establishment of a new hospital and the determination of roles will take some time, and in the meantime, there has been an on-going commitment to support services at Mona Vale Hospital.

Community consultation, involvement and communication are recognised as being extremely important. NSW Health and NSCCAHS are committed to ensuring the community is involved and informed about healthcare planning on the Northern Beaches.