

NORTHERN BEACHES HEALTH SERVICES PROCUREMENT FEASIBILITY PLAN

HEALTH SERVICE CONFIGURATION OPTIONS FOR CONSIDERATION AT VALUE MANAGEMENT STUDY PHASE 1

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OPTION FOR CONSIDERATION BY VALUE MANAGEMENT STUDY

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.....
Close Manly Hospital leaving the land for public recreational use as an extension of North Head Harbour Reserve.

Replace Manly Hospital with a centrally accessible Level 5 Hospital preferably at Frenchs Forest. At the central hospital co-locate a community health centre.

Provide community health services at Manly to replace those services lost by Manly Hospital closure. These could possibly be provided at the site of the present Far West Childrens' Home by arrangement, or at the present Queenscliff Health Centre site. In either case childrens' services could be centred at Dalwood for concentration of childrens' services.

Maintain Mona Vale Hospital as a 24 hour emergency centre supported by extensive emergency transport services in from its north and out to the central hospital to its south. At the hospital site co-locate a long term aged care rehabilitation unit, a hospice, and possibly a sports injury unit, and facilities for Far West Children as an extension of its Manly site.

Provide a community health centre at Mona Vale at the hospital or close by at Mona Vale shopping centre.

Provide staff accommodation and a child care centre at both the central hospital and Mona Vale Hospital.

..... Proposed Central Hospital Services

Acute Services

Emergency Department separated into Adult, Paediatric and Mental Health Areas

Operating Theatres

High Dependency Intensive Care

Neonatal Intensive Care Unit - Level 3

Cardiology with Coronary Care Unit and Cardiac Catheter facilities

General Surgery

General Medical

Mental Health including Detox. Unit and Psychogeriatric Unit

Obstetric Unit, including Birthing Unit

Gynaecology,

Orthopaedic

Neurology including Stroke Unit

Gastroenterology

Paediatrics

Short term aged care/rehab

ENT

Vascular and Plastic Unit

Urology

Respiratory

Chemotherapy

Dental (or possibly co-located at minor hospital)

Other Services

Diagnostic services: X-Ray, imaging pathology.

Outpatients : Clinics especially

relating to aged care; Diabetes, mobility, pain, oncology, cardiac, respiratory

Allied Health: social work, physio, speech pathology, subsidised alternative health.

Pharmacy

Special Structural Features

Empty space for future flexibility

Bunker built for future radiology services

Flexible design throughout.

Co-located would be an ambulance centre, an integrated community health centre, step-down medical facility, staff accommodation and child-care facility..

Comments.

Above services cater for most needs.
Hospital must be central for good access not only for patients but for staff and others who will have to come from out of area.
Expertise is co-located giving seamlessness of care and minimal duplication of services.
Mental Health, Paediatric and Emergency ideally should be all at ground level for safety and access.

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Proposed Services at Mona Vale Hospital

24 hour Emergency for resuscitation and stabilization; mainly ambulatory with transport out when necessary to major hospital
Day surgery for procedures and scopes under local anaesthetic
Diagnostic Services: X-Ray, Pathology
Pharmacy
Mental Health
Drug and Alcohol
Palliative Care
Chemotherapy
Ophthalmology
Renal dialysis
Dental (or co-located at central Hospital)

Outpatients especially in relation to aged care: mobility, diabetic, pain, respiratory, cardiac, oncology clinics

Co-located would be:

Staff accommodation, and child care centre.
Community health centre,(or at shopping centre close by).
Hospice
Long term aged care rehabilitation unit.
Rehabilitation unit for younger severely injured.
Possible sports injuries unit
Possible relocated facilities, part or in full, of Far West Childrens' Health Scheme from Manly.

Comments

Flexibility must be built in.
There must be easy access for the aged community
Out patients department could operate clinics two days a week with staff from the central hospital
Making use of the therapeutic sea-side environment for long stay patients would be appreciated by patients as an added extra.

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Other proposed Health Services with this Option

Dalwood Childrens'and Family Services to remain as currently at Dalwood. With a new Central Hospital at Frenchs Forest the Dalwood facility would become more accessible for as public transport was improved to service the new hospital, so would Dalwood benefit by the same. Childrens' services which are currently at Queenscliff Centre could co-locate with Dalwood for access and concentration of services, thus minimizing duplication.

Three aged day care centres be established - one at each of the community centres.

The ten Early Childhood Centres to remain in the community for ease of access for young mothers, but where possible to co-locate with NSAH facilities for greater communication/seamlessness of services.

Services Proposed at the Integrated Community Health Centres at Manly and Mona Vale

- Antenatal
- Postnatal
- Mental Health (Adult/Adolescent, Drug and Alcohol Counselling)
- Aged Care Rehabilitation
- Clinics especially related to aged care: mobility and falls, diabetic, pain, cardiac, respiratory, oncology.
- Aged Care day centre
- Baby/child health clinic
- Renal dialysis (if possible at both centres)
- Health education

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Services Proposed at the Integrated Community Health Centre at Central Hospital

- Mental Health (Adult/Adolescent, Drug and Alcohol Counselling)
- Women’s Health
- Mens’ Health
- Sexual Health
- Antenatal
- Postnatal
- Chemotherapy/Palliative Care
- Renal dialysis
- Baby/Child Health Centre
- Clinics especially related to Aged Care; mobility and falls, diabetes, pain, cardiac, respiratory, oncology.
- Subsidised alternative medicine
- Acute/Post Acute Care Team (APAC)
- Aged Care Assessment Team (ACAT)
- Northern Sydney Home Nursing Service (NSHNS)
- Home and Community Care Services (HACCS)
- Health Promotion and Education
- Multicultural Health
- Dental (or co-located at Minor Hospital)
- Audiology

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Discussion of This Option

The Northern Beaches region currently holds 1% of the national population (Census figures released June 2002). We are an aging population and as the aged population on the northern beaches increases we must cater for aged needs and make these as accessible as possible. Aged clinics at community centres could be run by staff rotating from the central facility. The same could be done for some of the other clinics as well.

A central hospital is essential. A central hospital at Frenchs Forest would offer accessibility for the vast majority of residents of the Northern Beaches, giving critical mass for quality care. It would attract staff who want to increase skills. If at Frenchs Forest it would be close to the Parramatta/Chatswood Rail Link due to be completed by 2008, an advantage for attracting ancillary staff from out of area further west.

The centrality of the suburb of Frenchs Forest for years has been evidenced by road signage from Naremburn to Terrey Hills, Dee Why to Chatswood, Seaforth to Narrabeen all bearing its name due to the intersecting of major roads there. Staff would have access from all these areas. However, road up-grades do need to be attended to on the Wakehurst Parkway.

Where areas are not already served by public transport, this would be initiated if the service was to pass by a major hospital facility. An ideal public transport up-grade would be an express bus along the whole of the Wakehurst Parkway covering the distance Sydney CBD to Palm Beach.

A ring-road system needs to be available around any central hospital in a built up area such as is Frenchs Forest.

Fast, efficient emergency transport to service all areas but especially outlying waterways and peninsular areas is essential. This could be by a combination of 24 hour water ambulance (a service currently provided by the Water Police and not 24 hour) connected to land ambulance at jetties, and a helicopter service. A helipad should be made available on Scotland Island, and above the Avalon bends, and the current helipad remain at Mona Vale Hospital. A helipad needs to be provided at the central hospital as well, and the most time efficient area would be on the roof of the central hospital with direct access to services (as at the new RPAH facility recently opened)

If it could be proven that a 24 hour helicopter service to the main hospital was more cost effective to service the upper peninsular than maintaining emergency facilities at Mona Vale Hospital this option could be reconfigured and the central hospital emergency services up-graded. (Community suggestion)

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Introduction

Having read the data supplied and considered the feedback from the Service stream consultation and listened to the feed back from the community forum and the community arguments I present this option for consideration. I believe that to ask government for a considerable amount of funds and the on going recurrent funds to supply the Northern Beaches with health services for the next say 20-30 years we must make recommendations and decisions on facts and real data. To date the arguments as presented by some of the community are generally not based on facts, but on feelings, historical attachments and emotions. Treasury will require solutions based on facts supported by quantifiable data.

Demographics and locations.

The study undertaken by Poulsen clearly indicates the demographic centre as Cromer, as the crow flies. The joint population of Manly and Warringah is approximately 170,000 and the Pittwater is 55,000. The geography of the Peninsula is such that the 55,000 inhabitants are spread over a long strip of the area with the bulk of the population being concentrated in the Dee Why /Cromer area and surrounds. Access would be obtained from a 360degree area for any facility being located in this area. Whereas the current locations of the Manly and Mona Vale sites are accessed from a single road to each of the facilities. In the tourist season the access to the Manly hospital has been known to be totally blocked due to the local road conditions. This fact cannot be rectified in the future. A private bus services Manly hospital from the town centre through a limited timetable. Mona Vale is serviced by a regular public bus network. One of the principal planning parameters for the location of any public facility is equity of access, especially a hospital as any emergency creates considerable anxiety to the patient and the those associated with that patient.

I have heard phrases such as “ as we deserve”, “ it is our turn” I have heard such rhetoric as “6000 persons were saved through the care provided at Mona Vale”, “ I would have died but for the care received at Mona Vale and Manly”, This is a given with any health care facility. We now have been given the unique opportunity to create a health service that will genuinely meet future needs supported by technology that will meet community expectations. Patching up or enhancing the existing facilities will do the community a disservice.

Any social planning exercise must serve the greater good and not factional interests. If we look at the total areas served by NSAH we do not hear the residents of Wiseman’s Ferry saying they have too far to travel to Hornsby although their travel problems are far greater than those encountered in the Northern Beaches. There will always be some of the population who will have difficulty in access when located at the extremes of the LGA. Planning should facilitate the reduction of such inequities wherever feasible.

Suitability of the facilities

Mona Vale

The Mona Vale hospital is located on a large site originally owned by the Salvation Army, bounded by the ocean on East, Pittwater Rd on the West, the golf course to the North and residential properties to the South. The hospital was constructed in the early 60’ s and opened in 1964. At the time of construction local community feeling was divided owing to

possible contamination of the local beaches due to potential sewage out flow from the site. At that time an inland site for the new hospital was proposed by the then Health Commission

however was overruled by the local politicians. The construction of a new hospital always provides enhanced credibility for the politician of the day. Our charter has stated that local politicians and politics should be removed from the decision making of the location and provision of our local health care facilities, and as such input and lobbying of the local politicians should be disregarded, although they are residents of the LGA's under consideration and are at liberty to express individual opinions.

The original hospital was a copy of a standard U.K hospital design and as a consequence was out of date even when first opened. The design of the windows is such that as a patient in a bed finds it difficult to see the wonderful view. The ward lay out inhibits vision for the staff station and the bathroom facilities do not meet current patient care standards and building codes. The critical adjacencies for facilities located in new facilities such as a hot floor are spread over many floors and are not met.

- These include the delivery suite to the theatre are on different floors connected by an aging and slow lift.
- The Emergency Department is located too distant from the operating theatre, delivery suite and the ICU. The ICU, although is relatively new, was when original planned a benchmark for ICU planning.
- Current clinical practice requires a new plan to provide for staff supervision and patient management as well as critical mass of a full range of clinical services, currently not available at this site. This unit is under-utilised due to the inability to attract staff for such low activity. The unit currently is managed virtually as an HDU not an ICU.
- The operating theatre is not supplied with the appropriate flows and as such does not enhance the provision of current clinical and infection control practice.
- The construction of the rehabilitation units to the rear of the hospital separates the patient care services and inhibits fragments patient management for seasonal change.
- The diagnostic facilities are in need of considerable upgrading. The provision of such high cost technology requires a business case in order to ensure the equipment will be fully utilised. Should new equipment be purchased lower grade equipment may be purchased due to the low activity and as such the limited diagnostic services would not be available to the local community through this facility.

As the community have stated they expect the best and this is unlikely that this would be available. Whilst the buildings are in good condition for the most part the construction of the existing grid and the current locations of the departments would require so much remodelling that the services and the future new designs would be compromised.

I can only speak from my own travel time experience that I have taken from Queenscliff to Mona Vale, while working at Mona Vale in the mid 70's, in the a.m. 30-45 minutes to travel and from Manly longer. From Seaforth I have experienced at least 30 minutes to Mona Vale out of peak time. It can take 20 minutes to travel to Dee Why from Seaforth.

This is not an ideal site or facility to operate new models of care and clinical practice and is not a suitable location for a hospital to serve the Northern beaches. I would only support sub-acute services being located on this site. For example a hospital without beds.

Manly

Early in the 1900' the original hospital was constructed and now merged into the East Wing psychiatric unit. In the 1930's the building including the Emergency was constructed and upgraded over many years. The South Wing was constructed in the 1970's and is in need of considerable repair. The remainder of the buildings on the site were constructed piece meal and in the 1950's the Maternity building was provided. This structure was an original pre- war prefabricated building from which it has been difficult to provide the obstetric and rehabilitation services in recent years. The rehabilitation services are located in old buildings that limit the provision of services by the unusual placement of the columns. The East Wing Psychiatric unit was constructed in the mid 90's on a very limited site and the staff have identified that facility inhibits flexibility and vision of the patients and safe clinical practice. On occasions all the patients are locked into the unit even though they are not scheduled patients to be contained in a secure unit. Any new service should be located in a facility that provides the Regional Emergency Department.

There is a large portion of the site that has not been developed due to the inability to gain access due to the Heritage listing of the gate and the sandstone wall of St Patrick's College. Plans have been considered over the years to develop and enhance the site and not proceeded with for many reasons.

Access to the campus is via a steep hill and a single access road, which is often blocked due to seasonal and other reasons. This is the major reason that I cannot support any acute services being retained on the Manly site and all other community services should be located either in Manly at the Royal Far West Centre, at Queenscliff or at some other appropriate location yet to be defined. I believe the Manly site should be redeveloped by a private not for profit organisation for retirement and multilevel options for aged and dementia care.

Service stream feedback

Following the attendance at the service stream workshops I discovered the health care staff have worked through the many issues confronting the future of health services in the area. They have participated in the preparation of many of the State-wide services plans and NSAH service plans and appear to be united in the fact that in order to provide clinical services to the community that meet the expected health outcomes for the next decade, a new facility is required. This would need to be planned to provide the utmost flexibility for change in clinical, technological and administrative management in order to meet the budgetary challenges and the insurance coverage for the clinical practitioners. It is possible that future insurers will require that certain clinical benchmarks and standards will need to be met in order to provide insurance cover. Any new facility should consider the provision of collocation with the private sector and sharing of some of the clinical, administrative and support services.

Of particular interest to me was a statement by the Area Director of Medical Services was that the financial loss to the keeping the two hospital functioning is \$30M per year. These funds could be redirected to services requiring enhancement such as, staff salaries, and new equipment and building management if a centralised facility were to be constructed. Consequently benefiting all the community.

Road and transport access

There has been much discussion, of late, in respect of the movement of people and traffic on the Northern Beaches. The construction of the appropriate supporting infra-structure is an important issue and must be considered in association with the planning of the health services, we should not confuse this with our brief which is to look at the provision of health service needs for the Beaches area. Local and State Government should take note of the issues we have identified and commence planning to change and upgrade the road and public transport infrastructure.

The option

Construct a level 5 hospital at the demographic centre of the Northern beaches with an integrated care centre adjacent.

Close Manly hospital and lease land to the private not for profit sector to construct a new retirement village including a nursing home, Dementia unit, assisted living and self care accommodation. Retain Parkhill cottage as a day care service site.

Provide an integrated care center at a central location in Manly /Queenscliff (Assess the possibility of locating at the Queenscliff Community Center site or Royal Far West. – subject to further review following site identification study)

Construct a hospital without beds on the Mona Vale site.

Note: the range and content of the services are listed in the preferred Manly option.

Template for Option Development

Brief description of options:

Proposal Hospital 1

A METROPOLITAN GENERAL HOSPITAL ON THE MONA VALE SITE:

- Serve a population of between 200,000 and 250,000.
- Provide a extensive range of services, eg; Level 5 ICU, coronary care unit, radiography dept including digital Xray, CT, ultra sound, MRI and nuclear imaging, high level general medicine and surgery – cardiac, obstetric, vascular, oncology, orthopaedic, and renal, etc.
- Located where most people on the Northern Beaches can reach it within 30 minutes/20km by private transport.
- The hospital would be networked to RNSH.
- Geographically in the centre of the NBs.

(Current eg: Canterbury, Blacktown and Sutherland Hospital)

Proposal Hospital 2

A MULTIPURPOSE POLY CLINIC AT FRENCHS FOREST:

- With 24 hour emergency services and GP consultation clinic.
- It would provide immediate medical attention and stabilisation for minor health needs
- More complex cases would be referred or ambulance transfer to Mona Vale and RNSH.
- It would be telelink/hard wired to Mona Vale and RNSH.

Proposal integrated community health centres

THREE INTEGRATED HEALTH CARE CENTRES:

3 facilities, 1 on each of the existing Manly and Mona Vale Hospital sites, and one at Frenchs Forest.

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Proposal Hospital 1 location (broad geographical area)

ON THE MONA VALE HOSPITAL SITE:

the geographic centre of the Northern Beaches

Proposal Hospital 1 MONA VALE HOSPITAL METROPOLITAN GENERAL HOSPITAL

Acute care services

Emergency department – 24 hour – level 5 – acute assessment, resuscitation and ambulance services. Separate mental health secure holding room attached to ED.

Radiography – digital imaging of – Xray, CT, ultra sound, mammography, angiography, OPG, MRI and nuclear imaging – tele-medicine linkages to the integrated health network.

ICU and HDU unit – level 5 – connected to coronary and step down care unit.

Surgical – level 5 – operating theatres – endoscopy suites – recovery unit – day surgery unit – colorectal unit – 24 hour a day anaesthesia, pathology, pharmacy, pain management and haematology.

General surgical and medicine – general surgery, gynaecology, obstetric, ENT, paediatrics, neonatal, orthopaedic, oncology, neurology, urology, renal, vascular, gastroenterology, respiratory, cardiology, ophthalmology, endocrinology, haematology, immunology, thoracic, oral and facio-maxillary, rheumatology and reconstructive surgery.

Obstetrics – birthing unit – NICU and special care nursery – post-natal & antenatal clinic (with public & private obstetric consultants)

Paediatrics – ages 2–14 years – (with isolation rooms) – parent accommodation. Special adolescent care unit – ages 14-20 years.

Mental Health facility – stand alone lock-up, 50-60 bed facility with ambulance access, drug and detox clinic, outpatients clinic.

- specialist mobile emergency mental crisis response team.
- **Adolescent** – acute inpatients unit, non-acute inpatients unit
- **Adult** – acute inpatients unit, non-acute inpatients unit
- **Psycho-geriatrics** – acute inpatients unit, non-acute inpatients unit

Non-acute care services

(multipurpose day centre)

- dialysis and diabetic clinic
- oncology day clinic
- post surgery and out patients diagnostic & treatment centre
- general practitioner clinic
- audiology & speech therapy clinic
- dental health & podiatry clinic
- occupational therapy
- dietetics and nutrition clinic
- physiotherapy & hydrotherapy
- home nursing care services

Aged care unit – rehabilitation, palliative & respite care, convalescent care

Post-operative care unit – specialising in post-acute hospital stays for patients possibly from RNSH and Mona Vale Hospital and day surgery procedures – also providing short stay respite care, rehabilitation, palliative and hospice style care.

Infrastructure

- nurses accommodation and child day care centre
- on call staff accommodation
- telemedicine linkage, personal record program, patient discharge program, administration, medical library, staff and public amenities, café
- licensed heli pad (already existing)

Future Options

- Co-location** – private maternity unit with specialised birthing facilities
- Private specialty aged care and rehabilitation, and sports medicine facility.

Advantages

- Level 5 at Mona Vale would alleviate the 45% drift from the Northern Beaches as it is situated far enough from RNSH to make patients want to have treatment on the Northern Beaches compared to travelling further to RNSH.
 - Mona Vale has excellent locational healing qualities with the sweeping views up and down the coast of the most beautiful coastal strip in the world.
 - Mona Vale Hospital already has a CASA registered heli pad for the landing of emergency helicopters coming in from the sea, with little disturbance to the local residential community. This would have major impact on other areas sited by NSH as possible hospital sites, where the helicopters would be flying into densely populated suburbia or industrial and highrise areas.
 - Mona Vale Hospital is surrounded by good existing transport and a health non-congested traffic network.
 - Mona Vale Hospital has over 9 hectares (90,000 sq metres) of land that can allow this hospital to expand into the years of 2050 and on, not just the next ten years.
-

Proposal Hospital 2 location (broad geographical area)

ON THE Govn-owned FRENCHS FOREST SITE, Bantry Rd

diagonally opposite the new 105 bed Northern Beaches Private Hospital on Allambie Bay Rd

Proposal Hospital 2 FRENCHS FOREST MULTIPURPOSE POLY CLINIC

Acute care services

Emergency department – 24 hour – level 5 – acute assessment, resuscitation and ambulance services to transport patients in need of a higher level care, to appropriate health care facilities (Mona Vale and RNSH)

Radiography – digital imaging of – Xray, CT, ultra sound – tele-medicine linkages to the integrated health network (Mona Vale and RNSH)

Non-acute care services

- post surgery and out patients diagnostic & treatment centre
 - general practitioner clinic
 - dental health & podiatry clinic
 - occupational therapy
 - dietetics and nutrition clinic
 - home nursing care service.
-

Infrastructure

- Telemedicine linkage, personal record program, patient referral program, administration, staff and public amenities, café
 - Co-located with the integrated community health centre
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Advantages

- As there is an overabundance of medical care facilities in this area with the development of the approved Northern Beaches Private Hospital, owned by Peninsula Hospital Management Pty. Ltd, it would be more cost efficient to only add the emergency department needs to this over supplied area by way of a poly clinic.
 - The gov.n.owned land on Bantry Bay Rd is diagonally opposite the ew private hospital.
 - It is perfectly suited for a poly clinic facility as it is half way between Mona Vale and RNSH, and on the peripheral of the Northern Beaches.
 - To build anything large than a poly clinic in close proximity tot he new private hospital would put such a strain on the already existing traffic congestion of this extremely busy two way intersection area of Warringah Rd. The three hour bottlenecks morning and afternoon peak periods would be tripled.
-

Proposal integrated community health centres – locations (geographical area)

ON THREE DIFFERENT SITES

evenly spread over the Northern Beaches

Proposal site 1	<u>MONA VALE HOSPITAL</u>
Proposal site 2	<u>MANLY HOSPITAL</u>
Proposal site 3	<u>FRENCHS FOREST AREA</u>

Community health services at all three centres:

- Family, adult and adolescent counselling
 - Child and adolescent mental health
 - Bereavement counselling
 - Sexual assault services
 - Sexual health & HIV prevention
 - Social work, welfare support
 - Multi-cultural health care
 - Psychology and psychiatry services
 - Breast Feeding Association
 - Domiciliary nursing
 - PADP – physical aids for disabled persons
 - Early childhood development
 - Developmental ophthalmology
 - Audiology & speech therapy
 - Youth addictions
 - Suicide prevention network
 - Eating disorders
 - Child protection
 - Substance abuse
 - Drug & alcohol
-

Proposal early childhood centres – location (broad geographical area)

WOULD STAY AS IS:

located in the community shopping precincts, sharing the same partnerships with the Health Department and local Councils.

Model in summary

Manly site

- To become a specialist facility catering for mental health issues

The Two Hub Approach

- NSH to build an emergency department next to the French's Forest hospital site;
- NSH to attempt to enter further cooperative and contract arrangements with private sector health providers, in order to relieve some pressures on the public health-care system;
- NSH to facilitate arrangements with the private sector via a new corporate arm, NSH Inc;
- NSH Inc to have the capacity to charge privately insured patients who present in the public system, a full commercial rate for services;
- French's Forest to become the level 5 hospital on the Northern Beaches and, to operate as the Northern Beaches hub service -- the other hub being Royal North Shore Hospital;

The Mona Vale site

- To become a community health care centre, with capacity to revive and stabilise patients, but with more complicated cases being referred to either of the two hubs mentioned above

Option Considering Expanded Role for the Private Sector and in the Delivery of Health Care Services on the Northern Beaches

1st July 2002

As I said at the “informal” meeting of the Northern Beaches Community Consultative Health Planning Group (the Group), one of my greatest concerns in the entire process is the cost of any option (or options) we may recommend. However compelling an argument we make, public funding may not follow at the conclusion of the PFP process. In many ways, 2007 is a long way off and, budgetary as well as political priorities can change many times before then.

Equally, none of us live in an electorally marginal constituency. This has implications, regardless of which side of politics is in power. Therefore, in my view, it is essential that we consider means of providing public health services with some level of private sector input. As a result, any public monies will go further and last longer. Furthermore, why shouldn't we consider cooperation with the private sector, given that a new facility will be built in French's Forest.(1)

We have spent a lot of time in our meetings talking about the local infrastructure (specifically, Manly and Mona Vale Hospitals). But are we actually missing something? It occurs to me that if our brief is to consider “services” and not just the infrastructure in which you might house the services, then we need to ask whether Northern Sydney Health should be involved in real estate at all?

On the Northern Beaches we probably have amongst the highest rates of private health insurance in the nation. Therefore, many people requiring elective surgery will rarely use a public hospital. Even where particular segments of the community remain reliant on public provision of health services, it may be useful to look on NSH as a broker of health outcomes, rather than the provider. Many people, from a variety of perspectives, recognize that government will increasingly have difficulty providing what we may term “essential public services”. For example, Federal parliamentarian and opposition frontbencher Mark Latham has written:

“... In its earliest form, welfare state universality had a relatively small impact on the fiscal carrying capacity of the state. For instance, at the time of the establishment of the first universal age pension, by Bismarck in Germany... only 1 percent in each age cohort was expected to live long enough to access it... Now, of course, throughout the Western World these demographic and economic circumstances have changed fundamentally. In Australia, the age dependency ratio, which measures the proportion of the population aged less than 15 years and more than 65 years, the increase from 33.1 per cent in 1947 to 50.2 percent in 1995... (2)

Expecting the Social Security or health-care systems to continue to provide people with the kind of universal service they might currently demand is unrealistic. I equally believe it is unrealistic of the Group to think that providing public hospitals is the only way to take care of needy public patients. Again, Latham argues persuasively that public policy arguments over the corporatisation and privatization of government functions has been poorly focused. He says that the left and right-wing of political debate have failed to move beyond their “concerns about the raw size of government, (to consider) its functions, transparency and organizational structure”.(3)

It is the organizational structure that I believe we should concentrate on, in order to obtain services. In the Draft Summary Report of Service Stream Consultations, an overview was provided of the Report of the NSW Health Council. This stated that change was required in the delivery of services to people with chronic and complex conditions, information systems needed to be improved, patients needed to be more actively involved in their care and “increased networking. (would) improve access to health services”.(4) My question is: why can't this networking be focused on integration with the private sector?

An important theme in the service stream workshops was the enlargement or establishment of

“partnerships” for care. For example, one of the recommendations from the mental health workshop was to “develop relationships with private psychiatrists”.(5) Meanwhile, the drug and alcohol workshop called for stronger links between general practitioners and other community services, as well as for “NGOs relationships to be enhanced”.(6) Furthermore, the non-government sector (including community volunteer groups) was seen as critical in the cancer care workshop, as was the establishment of a “central cancer centre of excellence from which medical oncology, diagnostics, clinics and treatment could be provided at a local level”.(7)

A well-developed network, described as a “hub and spoke” approach, was seen as necessary in the delivery of Emergency Department services to “ensure efficiencies are gained across the whole system rather than isolated sectors”.(8) Considering this, as well as the difficulties of managing community sentiment on health-care issues, perhaps it should be remembered that a bicycle has two wheels and two hubs. This brings me back to the planned hospital at French’s Forest, while also making me reflect on these comments from the acute intervention services workshop:

“...Northern Beaches requires a hospital that can provide a full range of investigative and diagnostic services as well as optimal support services. Currently Manly and Mona Vale hospitals do a wide range of services however future change in the way treatment occurs will require a hospital with a roll delineation level 5 capacity as a minimum...” (9)

It is also worth noting the general finding from the emergency services workshop, that models 2 and 3 rated well amongst participants, as configurations for service delivery.(10) Given all of the above, why not approach the private consortium behind the French’s Forest hospital? NSH could then propose that it builds an emergency department on the same site. It might also consider entering arrangements with that (and other private hospitals) to take care of public patients under contract with the private sector providers. This may do something to reduce the “bed block” in public hospitals, if public health services like NSH co-located emergency departments with private hospital facilities.

In suggesting this model, I am drawing on Latham’s earlier quoted remarks that the raw size of government is not the issue. The issue should be the transparency and effective delivery of services. Therefore, in my view, NSH should specialize in emergency services and, other areas of health which the private sector are unlikely to provide. Where a private service provider exists, like the Mater hospital, North Shore Private, the Sanitarium (San) and the proposed French’s Forest hospital, why should NSH attempt to duplicate infrastructure that already exists. Rather, why not hire it when necessary? As stated earlier, NSH could become a broker, organizing many services on behalf of public patients via the private health-care system.

Equally, NSH should press the Government for permission to charge private patients who presented public system, a full commercial rate for service. They could achieve this by launching NSH Inc. This would be a private company, used as the vehicle for entering cooperative arrangements with private sector health providers, as well as the facility which allows NSH to charge privately insured patients a commercial rate for service. Being able to charge a commercial rate for service to private patients would, in my view, be in complete accord with New South Wales Government policy on cost recovery. In the Productivity Commission’s report to the Federal Government entitled *Cost Recovery by Government Agencies*, NSW policy was described this way:

“... The New South Wales Treasury has produced *Guidelines for Pricing of User Charges* (2001). The emphasis of the guidelines is on competitive neutrality compliance. User charges are classified as the revenue generated from government agencies selling products in competition with the private sector... Full cost recovery is encouraged subject to an adjustment for the cost not incurred by a government agency by operating in the public sector (such as return on capital and taxation measures). The implementation of full cost recovery can be waived if the agency is able to demonstrate that the benefits are less than the costs... (11)

If NHS has been permitted a waiver, or for some other reason, does not have a policy of cost recovery, then this should be reviewed. There is an opportunity to reduce expenditure on infrastructure by integrating more effectively with private sector. Equally, a businesslike approach when dealing with private patients who present at a public hospital (through NSH Inc), should further help offset the Health Service's running costs.

If we assume that a deal can be struck between NSH and the French's Forest consortium, then arguably that site could become the hub for health services on the Northern Beaches. Royal North Shore Hospital would continue to be the other important centre, in my earlier drawn analogy of a bicycle and its two hubs.

As for Manly and Mona Vale, these might become community health centres. They would retain the capacity to revive and stabilize patients, but complicated procedures would be moved on to either of the two hubs. Given the change in service structure proposed, I leave open the possibility that the Mona Vale health centre need not be on the current site. Furthermore, given the Manly has a number of resources committed to mental health, it could be designated a specialist facility for these services.

1. See Maggie Lanham, Information Officer for the Proposed Northern Beaches Private Hospital, "First-class Intensive Care Unit for Proposed New Northern Beaches Private Hospital", press release dated May 20 2002
2. Latham, Mark, *Civilising Global Capital*, Allen & Unwin, 1998, p. 200
3. Ibid., p. 197
4. Northern Sydney Health, *Summary Report of Senice Stream Consultations (Draft)*, June 2002, p. 5
 1. Ibid., p.15
 6. Ibid., p. 11
 7. Ibid., p. 23
 8. Ibid., p. 30
 9. Ibid., p. 45
 10. See Ibid., p.33
11. Productivity Commission, *Cost Recovery by Government Agencies: Inquiry Report*, Report No 15, 16 August 2001, Commonwealth of Australia, Appendix G. (Other Jurisdictions), p.G.3 (read Box G.2)

Yes, those comments do reflect the principles (see below) behind my model. However, after our conversation I thought I should clarify and expand on a few points. Firstly, where economically and clinically warranted, it is also worth considering colocating public community health facilities with private operators (i.e. with Warringah Mall medical centre). This again, may provide an opportunity for the public sector to enter cooperative arrangements for the use of private sector facilities, thus reducing the amount to duplication of infrastructure.

Another important point, is that given the departure of the Pittwater delegation, I feel the need to fortify my model against some predictable criticism. This was in part, the reason that I had Anna send around the article from the Sydney Morning Herald, regarding increased private sector involvement in public housing development.(1) However, given the Pittwater mantra about the models not representing the "community", I have searched for an adaptation that provides direct community ownership. In terms of the public housing article, there was a suggestion that tenants would eventually have equity in their own homes.

Such ideas have been further developed by Gary Sturgess, in a paper entitled "Government and National Parks: A Plea for Institutional Diversity". While this is naturally a paper about the management of parks, many of the overall principles could be applied to health. Indeed, the article regarding public housing shows that many of Sturgess's arguments *are* being applied. In particular, Sturgess says:

"...5. Communities and Networks
5.1 Public-private partnerships

In most parts of the world, private leases, concessions or contracts are part of the range of management instruments available to the managers of national parks. In most places, this has been so because of existing user entitlements and because, until very recently, it was thought by most park managers that people were a legitimate part of the park environment.

Given the resources constraints...it seems that public-private partnerships are an inevitable part of national park management in the future, both here and overseas..." (2)

Most importantly, Sturgess later writes:

"...5.4 Clubs

The opportunity also exists to organise private individuals into clubs or associations and to harness their collective self-interest by giving them a sense of "ownership" in the resources.

A notable example of this country is the Cod Hole and Ribbon Reef Operators Association which operates at the extremely sensitive Cod Hole in the Cairns section of the Great Barrier Reef. Prior to the formation of this club, the site was dominated by individual anchorings and the site was being abused through excessive and irresponsible use.

GBRMA worked with regular users to establish a club at the site and CHARROA was formed to establish two collectively owned moorings. Limitations on use of the public moorings and a de facto right of exclusion on the CHARROA moorings mean that use of the site has been constrained.

One or more of the CHARROA members is at the site most of the time and they police the way in which the Cod Hole is cared for. Private operators have been given an incentive to act in the interests of the environment.

Principles referred to above:

- Support whatever number of community health services are clinically and economically viable
- That NSH should provide any relevant hospital-based services that will not be provided to the new Frenchs Forest private hospital that would be appropriately provided on the Northern Beaches.

There are numerous examples of the use of clubs in the United States and the United Kingdom, both in national parks and on private lands. In the United Kingdom, angling associations have traditionally had exclusive fishing rights over some streams and rivers. This has given them an interest in acting collectively to protect the environment. The Anglers Conservation Association takes legal action on behalf of owners to protect the resources from pollution..." (3)

On the basis of the above, my recommendation would be to begin hospital cooperatives. This would mean inviting local communities to become actively involved in their health facilities. It may well include encouraging individuals and organisations to become shareholders. This would certainly provide a sense of community ownership, as well as additional equity for NSH. The cooperative model may well make even more sense at the community health centre level. Indeed, people could be encouraged to invest in their local hospital and/or health care centre, as an alternative to talking out private health insurance (cutting out the insurance company middleman), or in exchange for a reduced Medicare levy. This will almost certainly engender a strong sense of community ownership in their health services.

The community health centres would, hopefully, be the first and main point contact between individuals and their health system. Again, to give people a sense that they own facilities directly, and that government is cooperating with them to make such an arrangement possible, would help take the "sting" out of the inevitable Pittwater attack. It also makes a great deal of political sense, because earlier in his paper Sturgess observes:

"...Everyone "knows" that there are too many public servants. Every Opposition has a 'Wastewatch Committee'. Every government promises to finance its election promises by getting out of activities which governments don't really need to do.

As a result, we have seen politicians of the Left and the Right walk away from public ownership in the pursuit of painless sources of revenue. Surprisingly, once financial pressure was applied, the commitment to in-house service delivery was weak indeed. In New Zealand, Australia and in Canada, in continental Europe and now in the United Kingdom, social democratic parties have quickly abandoned monopoly and public ownership in pursuit of privatisation and competitive contracting.

It is much easier these days for a Minister to take the side of the purchaser negotiating on behalf of taxpayers with a provider of public services, that it is to stand up in Parliament and defend the actions of the agency or department..." (4)

I hope these remarks help to answer queries raised, provide more form to the model and, allow it to fit more readily into the service template. Equally, the Sturgess example allows me to put my rationale for private sector involvement into a context which also emphasises community involvement. This will be an important value to demonstrate, when it comes to promoting recommendations in the Northern Beaches community.

1. See Morris, Linda, City plan to open rich areas to workers, Sydney Morning Herald, July 4 2002, available at URL: <http://www.smh.com.au/articles/2002/07/03/1025667007930.html>
2. Sturgess, Gary L., *Government and National Parks: A Plea for Institutional Diversity*, an address delivered at *National Parks: New Visions for a New Century -- The Nature Conservation Council of NSW*, Sydney NSW, 18 July 1997, p. 11 (Sturgess Australia)
3. Ibid., p. 13
4. Ibid., p. 3

MANLY OPTION

Northern Beaches Community Consultation Group

Manly option for consideration

1 July 2002

Option summary

- *One central level 5 hospital*
- *2/3 integrated care centres (depending on location)*
- *Aged care services for Manly hospital (private not for profit)*
- *Specialty hospital on the MVH site specializing in musculo- skeletal and sports injuries and slow stream rehabilitation*
- *Low-level emergency equivalent to a level 1 in new DOH Role delineation Guidelines*

Option description expanded

Close Manly hospital and lease land to the private not for profit sector to construct a new retirement village including a nursing home, Dementia unit, assisted living and self care accommodation.

Retain Parkhill cottage as a day care service site. Provide an integrated care center at a central location in Manly /Queenscliff (Assess the possibility of locating at the Queenscliff Community Center site or Royal Far West. – subject to further review following site identification study)

On the Mona Vale site, provide an integrated care center. (Note enhancements 4A and 4B for expanded options)

Construct a Metropolitan hospital and an Integrated Care Center near to the demographic center on a site yet to be selected (further review following site review)

Service Content

Full level 5 Metropolitan Hospital

The content of a full Metropolitan Hospital would include all services as determined through the revised DOH Role Delineation document. The following services would include: -

- 8/10 operating Theatres,
- Same Day admission unit and Day surgery unit to allow for 80/90% same day admissions as time progresses
- Endoscopy suite
- Anaesthetic department staffed on a 24 hour basis
- 10 bed ICU, 6 bed HDU, 8 bed CCU,
- Visitor overnight accommodation for patient relatives
- On call staff accommodation
- Emergency Department with fracture room, resuscitation, observation, interview, consultation rooms, mental health secure examination holding room, sexual assault (this could be in the integrated care centre or attached to the ED)
- Primary care service
- Medical, surgical, cardiac, oncology respiratory, orthopaedic, chronic and other ongoing conditions in-patient units designed with a flexible ward configuration to encompass seasonal service needs and mix of patients,

- Specialized Cardiac unit- supported by stress testing and heart failure clinic and investigation
- Child and Family services to include a Women's Health Unit of 5 or 6 delivery rooms to accommodate women's choices for delivery. The location of these facilities to be in close proximity to the Operating Theatre away from a public corridor
- Obstetric unit comprising of a high proportion of single rooms and 2 bed rooms with a community interface with aftercare services
- NICU and special care nursery
- Paediatric unit and consideration of the provision of a dedicated adolescent unit. This could be primarily for behavioural problems. It was indicated that the closest unit is Redbank House at Westmead.
- Mental Health Unit to include 30- bed Acute and Sub- acute care unit, 20 bed Psychogeriatric unit, 10 -bed Detoxification unit and possibly Mental Health Day Hospital. Location to be at ground level for safety and access.
- Diagnostic services to include PACS, General X-ray, Chest, Dental, OPG, Computerised Tomography Ultra Sound, limited interventional services e.g. Cardiac diagnostic angiography services, MRI, TOE. Echo, Mammography,
- Nuclear Medicine to include stress testing and Gamma camera
- Clinical measurement for cardiac and neurological services
- Telemedicine
- Renal Dialysis
- Specialist clinics
- Allied Health Services, Speech Pathology, Physiotherapy, Audiology, Dietetics, Pastoral Care, Occupational Therapy, Podiatry, Orthotics, Clinical Psychology and Social work
- Administration and support services
- Medical Informatics to include electronic medical record
- Education for staff, patient and carer support
- Staff accommodation. This could be in the form of Town houses with say 3/4 beds per unit (Possible Private sector)
- Medical rooms (private sector input)
- Hydrotherapy Pool
- Staff and patient amenities
- Occasional child care and long day care unit for staff- private sector input
- Rehabilitation acute assessment Inpatient unit
- Rehabilitation Unit
- CADE residential unit
- Stroke unit
- Pathology supported by collection centres located at the integrated care centres
- Mortuary
- Pharmacies to include secure computer ordering and associated storage cabinets. This can also be applied to stock control in the clean utility
- Dental (subject to location need to be at a centralised location in order to provide additional clinical assistance to the physically disabled and the elderly)
- Community interface and community services
- Car parking for staff and visitors
- Helipad

- Call centre- located within the Area Health Service for GP information, consumer information and clinical advice and referral.
- Shop and a base for volunteers and hospital auxiliary
- Other services as may be required

Enhanced option for MVH

- 10 Palliative Care/Hospice beds plus the outreach support service could be located on the Mona Vale site only if other beds and rehabilitation services are located on this site. Otherwise this would need to be located on the main level 5 site
- Younger aged group care hostel/longer term care residential unit (this could be located also at MVH)
- 8/10 bed nursing home specifically for level 1 young brain injured people. The nearest specific unit is located 87 km away near Newcastle

The content of an Aged Care Services on the Manly Site

Lease the land to non - Government not for profit agencies to build a new low rise over 55 independent living retirement apartments. Supported by assisted living apartments and nursing home, respite care and secure dementia care units supported by the existing Day Care Unit. The complex would include a heated swimming pool with disabled access and other the recreational and gym facilities. The operator would provide a bus that would transport residents to and from Manly and outings for social trips.

The content of an Integrated Care Centre

Generally the content would be the same for the all centres, although some adjustments will need to be considered to accommodate the service content and mix for each LGA.

- Child and Family Health services
- ACAT and aged care services
- Dental
- Allied Health Services and specialised rooms to support community and day care services (Speech Therapy, Audiology, balance testing, Pediatric rehab facilities, Physiotherapy day gym for child and day hospital services
- Therapy pool if one is not available near by
- Health promotion (exercise, falls prevention, safe medication usage, healthy lifestyle etc)
- Quit smoking program
- Health education for staff and consumers (meeting rooms for such organizations as AA, breast feeding group, Weight Watchers etc)
- Podiatry- located in close proximity to the diabetic day care centre
- Community Nurses
- Post acute Care domiciliary service (Hospital in The Home)

- Community transport service
- Car pool
- Cardiac rehab and therapy gym
- Equipment supplies PADP as well as private hire and home aids equipment shop
- General Practice rooms and accommodation for visiting specialists
- Sleep Lab (private Sector)
- Dressing and other special clinics as further refined as required
- Ethnic and interpreter services
- Asthma clinic and support
- Aboriginal Care workers
- Day hospital for aged care services (depending on the location)
- Diabetic Day Care Center
- Drug and Alcohol teams and pharmacological services
- HIV/Aids support and education unit supported by the beds in the Palliative Care unit.
- Mental Health Community Health team including adolescent and the Crisis teams
- General Pharmacy
- Coffee shop
- Staff amenities
- Medical Oncology day unit
- Renal dialysis
- 24 hour immediate, care unit supported by General practice providers. This unit would provide emergency care and refer on to the appropriate specialty
- Minor theatre and procedure unit for suturing, setting fractures and minor treatments
- General Radiology unit
- Ultra Sound unit
- Associated community services provided by other Government and Non Government organizations (e.g. HACC, Meals on Wheels distribution centre etc)
- Men's Health Services
- The above is not exhaustive but an indication of the possible content of such a super -clinic/integrated care center/polyclinic

Advantages

- One center of Excellence and the community retain ambulatory interface and hospital without beds on the Mona Vale Site
- Retention of a high profile Health Care Service on the existing site. All general emergencies would continue to be serviced from the existing site.
- More specialized services would be provided as part of a purpose built and well equipped Health Care Facility.
- Facilitation of new models of care and service delivery would be initiated
- Critical mass to support research, education, professional standards, best practice, and 24-hour senior medical cover.

- Develops options for catering for the increasing aged population. This would assist in the prevention of bed block in the winter season
- A central hospital would offer accessibility for the vast majority of residents
- Closer to rail links currently terminating at Chatswood for the attracting lower paid staff
- A new facility will be flexible in design and should be able to cater for clinical and management changes over time

Disadvantages

- Some residents would feel they are compromised due to the road issues. The residents of Manly, Seaforth, Clontarf, Fairlight, and Balgowlah in the South and Palm Beach, Avalon, Clareville and Newport in the North.

Discussion

From the feedback received from the workshops, it would appear that the staff of both hospitals supports a centrally located Metropolitan hospital, although opposed by many of the residents of the northern end of the peninsula. This view is driven by historical attachment to the buildings, the kindness of the staff and the appropriateness of the care given, a fact that should occur at any hospital wherever the location. A new facility will attract new highly skilled staff and patients. Any new facility will be provided with the latest technology and have the aesthetics to attract. Given the chance to make a choice, would not the normal preference or reaction to this choice would be to select the new well-equipped modern Hospital rather than the local aging facility? The new facility will provide the best possible adjacencies and the finishes that will enhance the maintenance of infection control, recurrent cost control, and the general upkeep. Efficiencies of scale will enhance the ability of staff to observe the patients and at the same time provide an environment conducive to modern technology.

The issue of the road upgrading and traffic access should be addressed through another forum. It would be necessary to assure the community that the new facility would be supplied by regular bus service and enhanced road system.

The geography of the peninsula is not unique as there are many other health areas with issues relating to distance and topography and, as a consequence should not cloud rational decision-making based on sound factual data.

Whichever option is selected, the collocation of a private hospital should be considered adjacent to the major hospital.

Enhanced Option 4A

As for Option 4 with the added inclusion of a 10bed Palliative/hospice, care unit, Day hospital, and 60 slow stream aged care beds supported by rehabilitation service on the Mona Vale sites.

Service Content

As Listed above

Advantages

- The Palliative Care/Hospice has been promised to Mona Vale for many years. The location is ideal for such a service
- Minimal construction would be required

Disadvantages

- As listed above
- Public patients from the Southern end of the Peninsula may feel disadvantaged

Discussion

Locating only a few beds on the site may not be considered viable, although would provide an excellent environment for the aged and the terminally ill patients.

Enhanced Option 4B

As for Option 4 with the inclusion of a 10 bed Palliative care/hospice unit, Rehabilitation Day hospital and 60 slow- stream aged care beds supported by rehabilitation services.

Provide elective orthopaedic services and 30/45-bed in-patient unit, 4 bed HDU, and specialized sports injury unit. (Total 149 beds)

Expansion of Service Content

Construct 2 new elective operating theatres; provide 4 high dependency beds and 4-bed recovery unit managed as one unit for observation and flexibility of patient management. Create a same day admission unit adjacent to the operating theatre for patient admissions. Retain hydrotherapy pool and existing aged care beds at the existing hospital and construct the integrated care centre.

Advantages

- As listed above
- The facility would be small and patients would not feel overcome by the pace of a high tech facility.
- The surroundings would be more conducive to the healing process.

Disadvantages

- As listed above
- The orthopaedic surgeons may not wish to operate with so few beds and the operating times may not be easily fitted into existing schedules.

Discussion

Retaining so few beds with minimal medical and diagnostic support would pose clinical problems and possibly may be difficult to attract the skilled staff. The bed day cost may not be the most economical.

MATHIESON, RAY

MANLY REPRESENTATIVES TO THE NBCCHPG

PREFERRED OPTION - RAY MATHIESON

Background:

I am a community rep with little or no medical background, but a long history of community work and a current commitment to this community through numerous organizations.

My offer to participate was based on a firm belief that the present Hospital at Manly is inadequate to meet the needs of this community over the next decade or two. I am also very much aware of the access difficulties of the Eastern Hill precinct. The other factor that prompted my interest was my recent experiences (bad), seeking suitable aged care in the Manly Warringah area for my immediate relatives.

Given my initial lack of understanding and the deficiencies of a concentrated learning curve via the NBCCHPG; the numerous health service meetings I have recently attended and the need for all interested parties to consider a preferred approach, I believe the following would be suitable for the Northern Beaches residents:

- Additional funds obtained to shore up the existing services at both Mona Vale and Manly. Written commitment from the Minister to retention of all required services until 2010. This will ensure that we have a viable health system for the term of any new build and with a spill over term of 12-18 months.
- Immediate injection of recruitment dollars and infrastructure completion to provide necessary staffing requirements. Staffing promotion should emphasize the expected development/redevelopment of current health care facilities.
- Improvement to the emergency assistance systems during the Project Planning period, which will allow some flexibility with major center options when the preferred plan is implemented over the ensuing 6-7 years. (eg Paramedic Ambulance services permanently stationed at extreme ends of Peninsula; commitment to permanently stationed helicopter services; ongoing trials with public communication of staged results for service success)
- Ongoing community awareness programs should be implemented immediately, covering health services throughout the Northern Beaches, The need for this is obvious when this issue is discussed at public forums. Emotional, anecdotal and shallow considerations are the majority of responses. It is clear that many residents see only hospitals as the issue and they do not understand the extent of other health services already operating, or struggling to operate, in this area. An understanding of what might be the future of medical/health services should be overviewed at every opportunity. Public forums, support group meetings, Council and Precinct discussions should have someone outlining the medium and long term view.

(2)

- Manly hospital is 65-70 years old. There are elements of the hospital suitable for refurbishment and continued use, but in the main it is not a re-development proposition. Parking is critical, but could be improved through the granting of land now controlled by the Sydney Harbour Federation Trust. Access is difficult via the one road into North Head, Darley Road. The road is often blocked by beach traffic, special function traffic or simply commuters. The North Head site is certainly not the geographic heart of the Northern Beaches, it is the southern most tip of the Peninsula; nor could it be suitable for many of the residents of Warringah LGA. The building was developed piecemeal fashion and does not fit any of the criteria for modern hospitals. Staff areas are sub-standard although some work has been done recently to improve accommodation. Public transport is very limited. Staged redevelopment would be difficult.
- Mona Vale hospital is 35-40 yrs old. It is not in good repair but there are areas that are excellent (rehab). The location is perfect for convalescing (so is Manly) and there is room for further work. Mona Vale is closer to the geographic center, but center of population stats suggest something closer to Warringah Rd at Beacon Hill or F. Forest. Again, the design is not suitable for a modern hospital layout and if this was to be a future, full service hospital site extensive re-construction would be required.
- Specialty services are spread between the two hospitals and at other health service locations. We lack oncology, respite, modern paediatrics, hospice and other specialist services. Central integrated care centres could be established in areas central to the population and not necessarily at the hospital/s.
- Level 4/5 new hospital must be established in a centre of population location. This hospital must be suitable for all services, with excellent emergency access. This new hospital should be developed for teaching and with an objective for “center of excellence”, which will attract the best clinicians and ensure nursing staff and support staff want to work in the facility.
- Manly hospital site land must be retained for development by a community and Council led group as a retirement village with three level care (self-care, hostel, nursing). NSH advise that the valuation for this site is not more than 520m. The community would not accept a sell off for private development, but would consider something along the lines of the above. NSH and the State Govt would obtain more than they value the property at and the serious shortfall in aged care living centres would be partially addressed. Parkhill Cottage could be maintained and the South Wing structure could be suitable for redevelopment.
- Mona Vale must retain some of the general hospital functions. Emergency, other than acute coronary care should be available with Palliative care and Rehab, Site is perfect for long term rehab and Palliative care. A suggestion has been made in relation to specialty sports medicine. This does make sense with Narrabeen Sport High and the Narrabeen Fitness/Sports Centre so close, There may be an issue in relation to clinician availability, when Mona Vale is not the “new” facility.

These are thoughts of the top of the head, but they have been our (mine and the majority of this precinct) direction for some 2 years.

We have a problem with Politicians wishing to “pork barrel” in areas other than the Northern Beaches, especially in an election year. We also are faced with the

prospect of S460m. to RNS hospital, but this was covered with NSH when they assured us that their structure could support two major developments.. Will the State Govt make up for the last 10 years and provide budget for both.. ??

Ray Mathieson 5th June 2002

NORTHERN
BEACHES
HEALTH SERVICES
PROCUREMENT FEASIBILITY
PLAN

SERVICE CONFIGURATION
OPTIONS

FOR
THE PROVISION OF HEALTH SERVICES ON
THE NORTHERN BEACHES

NSH OPTION 1:

Base Case

This option includes the following elements:

- Retain and maintain current hospital buildings with reconfiguration of services
- Retain current community health facilities (Queenscliff, Dalwood, Mona Vale, Frenchs Forest, Manly, and other smaller services)

Brief description of option

Base Case - retain and maintain existing facilities, with re-configuration of services across sites to improve clinical sustainability

Hospital 1: Mona Vale Hospital

Location:

Current Mona Vale Hospital site

Services include:

- Intensive care unit (ICU)
- Emergency Department
- Acute and Post-Acute Care (APAC) services
- Pathology
- Diagnostic imaging
- Pharmacy
- Operating theatres
- ***Medical services*** would include general medicine, cardiology, endocrinology, gastroenterology, medical oncology, neurology, stroke unit, renal medicine, respiratory medicine, and rheumatology
- ***Surgical services*** would include general surgery, ENT, day surgery, gynaecology, urology and vascular surgery
- ***Maternal and child health services*** would include maternity, neonatal, paediatric medicine and paediatric surgery
- ***Sub-acute inpatient aged care and rehabilitation unit***

Hospital 2: Manly Hospital

Location:

Current Manly Hospital site

Services include:

- An emergency service with capacity for resuscitation, stabilisation and transfer
- Acute and Post Acute Care (APAC) services
- Elective orthopaedics + other elective surgery
- General medicine
- Slower stream rehabilitation
- Mental health acute inpatient unit¹

Community health service

Locations:

- Queenscliff
- Dalwood
- Frenchs Forest
- Mona Vale Hospital site
- Manly Hospital site
- Current locations of other smaller services

Services:

The following services would be provided across existing centres:

- **Ambulatory treatment** eg intravenous therapy
- **Pathology** collection – networked with Area pathology service
- **Ambulatory and multidisciplinary rehabilitation** services which may include those for aged care, mental health, and chronic and complex conditions
- Specialist, allied health, and nursing **consulting rooms**
- **Primary and continuing health care services** which may include child and family health services, audiology, child and adolescent mental health services, home nursing services, aged care assessment services, drug and alcohol services, health promotion and education services, mental health, psychology, social work, sexual health services, podiatry, women's health, palliative care services, Northern Sydney Home Nursing, GP services
- Capacity to house **complementary social and support services**, including NGOs (eg Diabetes Australia), health consumer support groups, HACC agencies, pharmacy etc.
- **Parking** for pool, staff and visitor vehicles

Other Services

Early Child Health centres would continue to be provided on councils sites

Adult/child dental unit located at Dee Why (site of current child dental unit)

Comments

¹ Need transfer system for people from MVH ED to Manly Hospital mental health unit
Northern Beaches Health Service Configuration Options developed by Northern Sydney Health, July 2002

- The procurement feasibility planning process requires a base case to be reviewed
- The increase in emergency presentations at Mona Vale Hospital would lead to a reduced capacity for elective surgery at Mona Vale Hospital, therefore requiring a strategy to move orthopaedics and possibly other elective surgery to Manly Hospital
- With Mental Health inpatient unit at Manly Hospital, and the major emergency service at Mona Vale Hospital, there would be a need for a transfer system from Mona Vale Hospital to Manly Hospital
- ICU and emergency department have been placed at Mona Vale Hospital rather than Manly Hospital due to current physical capacity

Advantages

- Residents have reasonably good access to a hospital
- Existing hospitals enjoy good community support

Disadvantages

- While access to Mona Vale is reasonable, access to Manly Hospital is less than ideal
- Provision of medical and some surgical services across two sites does not support a critical mass of patients and staff to deliver optimal care and attract and retain staff
- Duplication expensive technology across two sites
- Provision of this range of inpatient services over two hospitals would require a significant transport system between the two facilities, which would have an impact on staffing and implications for ambulance service
- Lower acuity of patients at Manly Hospital would lead to difficulty attracting and retaining staff
- Anticipated increased emergency presentations and ICU admissions at Mona Vale Hospital would exceed current space capacity
- Increased leakage of patients to RNSH with long term difficulty in sustaining more complex services on the Northern Beaches
- Anticipated increased emergency presentations to RNSH from those at the southern end of the peninsula, and consequent exceeding of planned capacity of new RNSH emergency department
- Old hospital and community health buildings with functionality not suited to modern health care delivery

NSH OPTION 2:

Community health services investment Base case re acute services

This option includes the following elements:

- Retain and maintain current hospital buildings with re-configuration of services to improve clinical sustainability – as per NSH option 1
- Community health services: one located in the Mona Vale area, one located close to the population and travel centre of the Northern Beaches and one located at the southern end of the peninsula

Brief description of option

Community health investment
Base case in acute services

Hospital 1: Mona Vale Hospital

Location:

Current Mona Vale Hospital site

Services include:

- Intensive care unit (ICU)
- Emergency Department
- Acute and Post Acute Care (APAC) services
- Pathology
- Diagnostic imaging
- Pharmacy
- Operating theatres
- ***Medical services*** would include general medicine, cardiology, endocrinology, gastroenterology, medical oncology, neurology, stroke unit, renal medicine, respiratory medicine, and rheumatology
- ***Surgical services*** would include general surgery, ENT, day surgery, gynaecology, urology and vascular surgery
- ***Maternal and child health services*** would include maternity, neonatal, paediatric medicine and paediatric surgery
- ***Sub-acute inpatient aged care and rehabilitation unit***

Hospital 2: Manly Hospital

Location:

Current Manly Hospital site

Services include:

- An emergency service with capacity for resuscitation, stabilisation and transfer
- All elective orthopaedics and other elective surgery

- General medicine
- Slower stream rehabilitation
- Mental health acute inpatient unit²

Community health service centres 1, 2 and 3

Locations:

One community health service could be located in the Mona Vale area

One community health service could be located close to the population centre of the Northern Beaches

The other community health service could be located at the southern end of the peninsula

Services:

Services included in these services could include:

- **Ambulatory treatment** eg intravenous therapy
- **Pharmacy** unit
- **Pathology** collection – networked with Area pathology service
- **Ambulatory and multidisciplinary rehabilitation** services which may include those for aged care, mental health, and chronic and complex conditions
- Specialist, allied health, and nursing **consulting rooms**
- **Primary and continuing health care services** which may include child and family health services, audiology, child and adolescent mental health services, home nursing services, aged care assessment services, drug and alcohol services, health promotion and education services, mental health, psychology, social work, sexual health services, podiatry, women's health, palliative care services, Northern Sydney Home Nursing, GP services
- Capacity to house **complementary social and support services**, including NGOs (eg Diabetes Australia), health consumer support groups, HACC agencies, pharmacy etc.
- Parking for pool, staff and visitor vehicles
- Adult/child dental unit located at the community health service located close to the population centre of the Northern Beaches

Other Services

Early Child Health centres would continue to be provided on councils sites OR at Dee Why (current site of child dental health unit)

Comments

- The increase in emergency presentations at Mona Vale Hospital would lead to a reduced capacity for elective surgery at Mona Vale Hospital, therefore requiring a strategy to move orthopaedics and possibly other elective surgery to Manly Hospital
- With Mental Health inpatient unit at Manly Hospital, and the major emergency service at Mona Vale Hospital, there would be a need for a transfer system from Mona Vale Hospital to Manly Hospital

² Need transfer system for people from MVH ED to Manly Hospital mental health unit
**Northern Beaches Health Service Configuration Options developed by Northern
 Sydney Health, July 2002**

Advantages

- Capital investment focused on ambulatory care – the focal point of health care for the future
- Greater integration and coordination of community health services
- Residents have reasonably good access to a hospital
- Existing hospitals enjoy good community support

Disadvantages

- While access to Mona Vale hospital is reasonable, access to Manly Hospital is less than ideal
- Provision of medical and some surgical services across two sites does not support a critical mass of patients and staff to deliver optimal care and attract and retain staff
- Duplication of staff and expensive technology across two sites
- Lower acuity of patients at Manly Hospital would lead to difficulty attracting and retaining staff
- Anticipated increased emergency presentations and ICU admissions at Mona Vale Hospital would exceed current space capacity
- Increased leakage of patients to RNSH with long term difficulty in sustaining more complex services on the Northern Beaches
- Anticipated increased emergency presentations to RNSH from those at the southern end of the peninsula, and consequent exceeding of planned capacity of new RNSH emergency department
- Old hospital buildings with functionality not suited to modern health care delivery
- Travel time/access for residents at the southern end of the peninsula to aged care and rehabilitation services would be compromised
- Provision of medical and some surgical services across two sites does not support a critical mass of patients and staff to deliver optimal care and attract and retain staff
- Provision of this range of inpatient services over two hospitals would require a significant transport system between the two facilities, which would have an impact on staffing and implications for ambulance service

NSH OPTION 3:

One metropolitan general hospital, one community hospital and 3 community health services

This option includes the following elements:

- A metropolitan general hospital close to the demographic and travel centre of the Northern Beaches (replacing Manly Hospital)
- A community health service would be located close to, or on the site of, the metropolitan general hospital
- Integrated community hospital and community health care service on the Mona Vale hospital site
- Community health service located at the southern end of the peninsula

Brief description of option

Elements of this option include:

- A metropolitan general hospital close to the demographic and travel centre of the Northern Beaches
- A mental health acute inpatient unit and psychogeriatric ward co-located with the metropolitan general hospital
- Sub-acute inpatient aged care and rehabilitation unit for assessment and rehabilitation provided on site, but separate from, the metropolitan general hospital
- An adult/child dental unit co-located with the metropolitan general hospital
- A community health service which is located close to, or co-located with, the metropolitan general hospital
- An integrated community hospital and community health service located on the Mona Vale Hospital site. This facility is networked to the metropolitan general hospital, and provides an emergency service, a range of diagnostic, ambulatory care and community health services
- A community health service located at the southern end of the Peninsula
- Early Child Health Centres to continue to be provided from a range of Council sites

Hospital 1: Metropolitan General Hospital

Location:

Close to demographic and travel centre on the Northern Beaches

Services provided in hospital 1:

- Emergency department (with separate areas for adults, paediatrics and mental health)
- ICU/CCU
- Acute and Post-Acute Care (APAC) services
- Pathology
- Diagnostic Imaging
- Pharmacy
- Anaesthetics
- Operating suites/endoscopy suite
- **Medical services**, which could include general medicine, cardiology, endocrinology, gastroenterology, medical oncology, neurology, stroke unit, renal medicine, respiratory medicine and rheumatology
- **Surgical services** which could include general surgery, ENT, day surgery, gynaecology, ophthalmology, orthopaedics, urology and vascular surgery
- **Maternal and child health** services which could include maternity, neonatal, paediatric medicine and paediatric surgery
- A **mental health acute inpatient unit** co-located with the metropolitan general hospital
- **Sub-acute inpatient aged care and rehabilitation** unit for assessment and rehabilitation provided on site, but separate from, the metropolitan general hospital
- An **adult/child dental unit** co-located with the metropolitan general hospital
- **Staff accommodation** located close by

Note that a community health service would be located on site or close to this metropolitan general hospital.

Integrated community hospital and community health care facility

Location:

Current Mona Vale Hospital site

Services provided

Services would include:

- **Emergency service** which has the capacity for assessment, resuscitation, stabilisation and transfer
- **Diagnostic Imaging**
- **Ambulatory treatment services** which may include satellite renal dialysis, chemotherapy, intravenous therapy, minor procedures
- **Pharmacy** unit for dispensing and consultancy – networked with metropolitan general hospital pharmacy
- **Pathology** – networked with Area pathology service
- **Ambulatory and multidisciplinary rehabilitation** services which may include those for aged care, mental health, and chronic and complex conditions
- Specialist, allied health, and nursing **consulting rooms**

- **Primary and continuing health care services** which may include, child and family health services, child and adolescent mental health services, home nursing services, aged care assessment services, drug and alcohol services, health promotion and education services, mental health, psychology, social work, sexual health services, podiatry, women's health, palliative care services, Northern Sydney Home Nursing, GP service
- Capacity to house **complementary social and support services**, including NGOs (eg Diabetes Australia), health consumer support groups, HACC agencies, pharmacy etc.
- **Parking** for pool, staff and visitor vehicles

Variation:

Clinical versus access considerations may lead to addition of palliative care and rehabilitation beds possibly in association with aged care residential accommodation.

Community health services 2 and 3

Locations:

One community health service would be located close to, or on the site of, the central metropolitan general hospital

The other community health service would be located at the southern end of the peninsula

Services

Services included in each of these centres could include:

- **Ambulatory treatment** eg intravenous therapy
- **Pharmacy** unit
- **Pathology** collection – networked with Area pathology service
- **Ambulatory and multidisciplinary rehabilitation** services which may include those for aged care, mental health, and chronic and complex conditions
- Specialist, allied health, and nursing **consulting rooms**
- **Primary and continuing health care services** which may include child and family health services, audiology, child and adolescent mental health services, home nursing services, aged care assessment services, drug and alcohol services, health promotion and education services, mental health, psychology, social work, sexual health services, podiatry, women's health, palliative care services, Northern Sydney Home Nursing, GP services
- Capacity to house **complementary social and support services**, including NGOs (eg Diabetes Australia), health consumer support groups, HACC agencies, pharmacy etc.
- **Parking** for pool, staff and visitor vehicles

Other Services

Early Child Health services would continue to be provided on councils sites
Adult/child dental health unit co-located with the metropolitan general hospital

Comments

This option has been developed to:

- Reflect the outputs of the service stream workshops conducted in May 2002, and involving clinicians, consumer advocacy groups and members of the Northern Beaches Community Consultative Health Planning Group
- Respond to evidence of best clinical practice

While at the same time:

- Addressing community concerns regarding access to emergency services close to home, and
- Responding to community concerns regarding maintaining health services on the Mona Vale hospital site

Advantages

- Largely enables critical mass of patients and staff in majority of acute services to provide an optimal range and level of acute services on Northern Beaches, and to attract and retain professional staff
- Provides an enhanced range of services for northern beaches residents
- Enables coordination and integration of community health services
- Reduces duplication of expensive acute services, staff and equipment
- Optimal functionality at metropolitan general hospital due to new build
- Supports appropriate models of care for the future
- Addresses community concern regarding access to emergency services close to home
- Respond to community concerns regarding maintaining health services on the Mona Vale hospital site
- Location of metropolitan general hospital close to the demographic and travel centre is more likely to minimise flows to RNSH

Disadvantages

- For those services split over two sites there is a potential reduction in critical mass at each site, thereby compromising the range and level of acute services on Northern Beaches, and the capacity to attract and retain professional staff

NSH OPTION 4:

One major hospital, one community hospital and 3 community health services

This option includes the following elements:

- A metropolitan general hospital located on the existing Mona Vale Hospital site
- A community health service would be located close to, or on the site of, the metropolitan general hospital
- Integrated community hospital and community health service at the southern or central part of the peninsular
- Community health service located at the southern or central part of the peninsula (wherever the integrated hospital and community health service is not)

Brief description of option

Elements of this option include:

- A metropolitan general located on the existing Mona Vale Hospital site
- A mental health acute inpatient unit and psychogeriatric ward co-located with the metropolitan general hospital
- Sub-acute inpatient aged care and rehabilitation unit for assessment and rehabilitation provided on site, but separate from, the metropolitan general hospital
- A community health service at the northern end of the peninsula (Mona Vale area)
- An integrated community hospital and community health service located at the southern or central part of the peninsula. This facility is networked to the metropolitan general hospital, and provides an emergency service, a range of diagnostic, ambulatory care and community health services
- A community health service located at the southern end or central part of the Peninsula (wherever the integrated hospital and community health service is not)
- An adult/child dental unit located at Dee Why
- Early Child Health Centres to continue to be provided from a range of Council sites

Hospital 1: Metropolitan general Hospital

Location:

Current Mona Vale Hospital site

Services provided in hospital 1:

- Emergency department (with separate areas for adults, paediatrics and mental health)
- ICU/CCU
- Acute and Post-Acute Care (APAC) services
- Pathology
- Diagnostic Imaging
- Pharmacy
- Anaesthetics
- Operating suites/endoscopy suite
- **Medical services**, which could include general medicine, cardiology, endocrinology, gastroenterology, medical oncology, neurology, stroke unit, renal medicine, respiratory medicine and rheumatology
- **Surgical services** which could include general surgery, ENT, day surgery, gynaecology, ophthalmology, orthopaedics, urology and vascular surgery
- **Maternal and child health** services which could include maternity, neonatal, paediatric medicine and paediatric surgery
- A **mental health acute inpatient unit** co-located with the metropolitan general hospital
- **Sub-acute inpatient aged care and rehabilitation** unit for assessment and rehabilitation provided on site, but separate from, the metropolitan general hospital
- An **adult/child dental unit** co-located with the metropolitan general hospital
- **Staff accommodation** located close by

Note that a community health service would be located on site or close to this metropolitan general hospital.

Integrated community hospital and community health care facility

Location:

Southern or central part of the peninsula

Services provided

Services would include:

- **Emergency service** which has the capacity for assessment, resuscitation, stabilisation and transfer
- **Diagnostic Imaging**
- **Ambulatory treatment services** which may include satellite renal dialysis, chemotherapy, intravenous therapy, minor procedures
- **Pharmacy** unit for dispensing and consultancy – networked with metropolitan general hospital pharmacy
- **Pathology** – networked with Area pathology service
- **Ambulatory and multidisciplinary rehabilitation** services which may include those for aged care, mental health, and chronic and complex conditions
- Specialist, allied health, and nursing **consulting rooms**

- **Primary and continuing health care services** which may include, child and family health services, child and adolescent mental health services, home nursing services, aged care assessment services, drug and alcohol services, health promotion and education services, mental health, psychology, social work, sexual health services, podiatry, women's health, palliative care services, Northern Sydney Home Nursing, GP service
- Capacity to house **complementary social and support services**, including NGOs (eg Diabetes Australia), health consumer support groups, HACC agencies, pharmacy etc.
- **Parking** for pool, staff and visitor vehicles

Variation:

Clinical versus access considerations may lead to addition of palliative care and rehabilitation beds possibly in association with aged care residential accommodation

Community health services 2 and 3

Locations:

One community health service would be located at the northern end of the peninsula (Mona Vale area)

The other community health service would be located at the southern end or central part of the peninsula (wherever the integrated hospital and community health care facility is not located)

Services

Services included in each of these centres could include:

- **Ambulatory treatment** eg intravenous therapy
- **Pharmacy** unit
- **Pathology** collection – networked with Area pathology service
- **Ambulatory and multidisciplinary rehabilitation** services which may include those for aged care, mental health, and chronic and complex conditions
- Specialist, allied health, and nursing **consulting rooms**
- **Primary and continuing health care services** which may include child and family health services, audiology, child and adolescent mental health services, home nursing services, aged care assessment services, drug and alcohol services, health promotion and education services, mental health, psychology, social work, sexual health services, podiatry, women's health, palliative care services, Northern Sydney Home Nursing, GP services
- Capacity to house **complementary social and support services**, including NGOs (eg Diabetes Australia), health consumer support groups, HACC agencies, pharmacy etc.
- **Parking** for pool, staff and visitor vehicles

Other Services

Early Child Health services would continue to be provided on councils sites
Adult/child dental health unit co-located with the metropolitan general hospital

Comments

This option has been developed to:

- Largely reflects the outputs of the service stream workshops conducted in May 2002, and involving clinicians, consumer advocacy groups and members of the Northern Beaches

Community Consultative Health Planning Group, provided the metropolitan general hospital would attract a critical mass of patients and staff to enable a higher level and range of services

- Respond to evidence of best clinical practice

While at the same time:

- Addressing community concerns regarding access to emergency services close to home, and
- Responding to community concerns regarding maintaining health services on the Mona Vale hospital site

Advantages

- May enable critical mass of patients and staff in majority of acute services to provide an optimal range and level of acute services on Northern Beaches, and to attract and retain professional staff (for further investigation)
- Provides an enhanced range of services for northern beaches residents
- Enables coordination and integration of community health services
- Reduces duplication of expensive acute services, staff and equipment
- Optimal functionality due to new build
- Supports appropriate models of care for the future
- Addresses community concern regarding access to emergency services close to home
- Respond to community concerns regarding maintaining health services on the Mona Vale hospital site

Disadvantages

- For those services split over two sites there is a potential reduction in critical mass at each site, thereby compromising the range and level of acute services on Northern Beaches, and the capacity to attract and retain professional staff
- Anticipated leakage of patients from the southern end of the peninsula to RNSH, thereby possibly compromising capacity to provide optimal level and range of service at the metropolitan general service at Mona Vale (for further investigation)
- A smaller emergency service at the community hospital is likely to attract the majority of patients

NSH OPTION 5:

One major hospital and 3 community health services

This option includes the following elements:

- A metropolitan general hospital close to the demographic and travel centre of the Northern Beaches
- A community health service would be located close to, or on the site of, the metropolitan general hospital
- Community health care service in the Mona Vale area
- Community health service located at the southern end of the peninsular

Brief description of option

Elements of this option include:

- A metropolitan general hospital close to the demographic and travel centre of the Northern Beaches
- A mental health acute inpatient unit and psychogeriatric ward co-located with the metropolitan general hospital
- Sub-acute inpatient aged care and rehabilitation unit for assessment and rehabilitation provided on site, but separate from, the metropolitan general hospital
- An adult/child dental unit co-located with the metropolitan general hospital
- A community health service which is located close to, or co-located with, the metropolitan general hospital
- A community health centre located in the Mona Vale area
- A community health service located at the southern end of the Peninsula
- Early Child Health Centres to continue to be provided from a range of Council sites

Hospital: Metropolitan general Hospital in a central location

Location:

Close to demographic and travel centre on the Northern Beaches

Services provided in hospital 1:

- Emergency department (with separate areas for adults, paediatrics and mental health)
- ICU/CCU/HDU
- Acute and Post-Acute Care (APAC) services
- Pathology
- Diagnostic Imaging
- Pharmacy
- Anaesthetics
- Operating suites
- **Medical services**, including general medicine, cardiology, endocrinology, gastroenterology, medical oncology, neurology, stroke unit, renal medicine, respiratory medicine and rheumatology
- **Surgical services** including general surgery, ENT, day surgery, gynaecology, ophthalmology, orthopaedics, urology and vascular surgery
- **Maternal and child health** services including maternity , neonatal, paediatric medicine and paediatric surgery
- A **mental health acute inpatient unit** co-located with the metropolitan general hospital
- **Sub-acute inpatient aged care and rehabilitation** unit for assessment and rehabilitation provided on site, but separate from, the metropolitan general hospital
- **Palliative care**
- **Ambulatory treatment services** which may include satellite renal dialysis, chemotherapy, intravenous therapy, minor procedures
- An **adult/child dental unit** co-located with the metropolitan general hospital
- **Staff accommodation** located close by.

Note that a community health service would be located on site or close to this metropolitan general hospital.

Community health services 1, 2 and 3

Locations:

One community health service would be located close to, or on the site of, the central metropolitan general hospital

The other community health service would be located at the southern end of the peninsula

Services:

Services included in each of these centres could include:

- **Ambulatory treatment** eg intravenous therapy
- **Pharmacy** unit
- **Pathology** collection – networked with Area pathology service
- **Ambulatory and multidisciplinary rehabilitation** services which may include those for aged care, mental health, and chronic and complex conditions
- Specialist, allied health, and nursing **consulting rooms**
- **Primary and continuing health care services** which may include child and family health services, audiology, child and adolescent mental health services, home nursing services, aged care assessment services, drug and alcohol services, health promotion and education services, mental health, psychology, social work, sexual health services, podiatry, women's health, palliative care services, Northern Sydney Home Nursing, GP services
- Capacity to house **complementary social and support services**, including NGOs (eg Diabetes Australia), health consumer support groups, HACC agencies, pharmacy etc.
- **Parking** for pool, staff and visitor vehicles

Other Services

Early Child Health centres would continue to be provided on councils sites
Adult/child dental unit co-located with metropolitan general hospital

Comments

This option has been developed to:

- Reflect the outputs of the service stream workshops conducted in May 2002, and involving clinicians, consumer advocacy groups and members of the Northern Beaches Community Consultative Health Planning Group
- Reflect the data gathered in 2000 as part of the development of the NSH Strategic Resources Plan
- Respond to evidence of best clinical practice

Advantages

- Enables critical mass of patients and staff to provide an optimal range and level of acute services on Northern Beaches, and to attract and retain professional staff
- Provides an enhanced range of services for northern beaches residents
- Enables coordination and integration of community health services
- Avoids duplication of expensive acute services, staff and equipment
- Optimal functionality due to new build
- Supports appropriate models of care for the future
- Location of metropolitan general hospital close to demographic centre is more likely to minimise flows to RNSH

Disadvantages

Does not address community concern regarding the need for close access to emergency service and retention of health services on Mona Vale Hospital site.

**NORTHERN BEACHES HEALTH PLANNING GROUP
(Subcommittee of Save Mona Vale Hospital)**

TO: NORTHERN BEACHES HEALTH SERVICES

Template for Option Development

Brief description of options:

ONE NETWORK -TWO HOSPITALS

Proposal Hospital 1

A METROPOLITAN GENERAL HOSPITAL ON THE MONA VALE SITE:

would serve a population of between 200,000 and 250,000 and provide a reasonably extensive range of services, eg; a Level 5 IOU and coronary care unit, radiography dept including digital Xray, CT, ultra sound, MRI and nuclear imaging, high level general medicine and surgery — cardiac, obstetric, vascular, oncology, orthopaedic, and renal, etc. It must be located so that most people on the Northern Beaches can reach it within 30 minutes/20 km by private transport.

The hospital would be networked to RNSH. The logical site for this new major hospital is on the large block of land available at Mona Vale Hospital, geographically in the centre of the NBs. *(Current eg; Canterbury Blacktown and Sutherland Hospital)*

Proposal Hospital 2

A SPECIALTY HOSPITAL ON THE MANLY SITE:

with emergency services and specialising in health care such as “clean” elective surgery, some maternity, general medicine, and diabetic clinic.

Access to this hospital would be by prebooked admissions or by acute access clinic on site. It would be hard wired to Mona Vale and RNSH.

Provide centre of excellence status in post operative care, palliative and respite care, mental health and drug and alcohol. *(Current eg; Auburn and Mt Druitt Hospital)*

Proposal integrated community health centres

THREE INTEGRATED HEALTH CARE CENTRES:

3 facilities, 1 on each of the existing Manly and Mona Vale Hospital sites, and one at Frenchs Forest.

Proposal submission by: Northern Beaches Health Planning Group
Po Box 453 Newport NSW 2106

Day time contact No: Colin Spencer 9979 6866
Harry Bauer 9918 9023
Karen Johns 9918 8739

Proposal Hospital 1 location (broad geographical area)

ON THE MONA VALE HOSPITAL SITE,
the geographic centre of the Northern Beaches

Proposal Hospital 1
MONA VALE HOSPITAL METROPOLITAN GENERAL HOSPITAL

Acute care services

Emergency department — 24 hour — level 5 — acute assessment, resuscitation and ambulance services.

Radiography — digital imaging of — Xray, CT, ultra sound, mammography, angiography, OPG, MRI and nuclear imaging — telemedicine linkages to the integrated health network.

ICU and HDU unit — level 5 — connected to coronary and step down care unit. Surgical — level 5 — operating theatres — endoscopy suites — recovery unit — day surgery unit — colorectal unit — 24 hour a day anaesthesia, pathology, pharmacy, pain management and haematology.

General surgical and medicine — general surgery, gynaecology, obstetric, ENT, paediatrics, neonatal, orthopaedic, oncology, neurology, urology, renal, vascular, gastroenterology, respiratory, cardiology, ophthalmology, endocrinology, haematology, immunology, thoracic, oral and facio-maxillary, rheumatology and reconstructive surgery.

Obstetrics — birthing unit — NICU and special care nursery — post-natal & ante-natal clinic (with public & private obstetric consultants.)

Paediatrics — ages 2-14 years — (with isolation rooms) — parent accommodation Special adolescent care unit — ages 14-20 years.

Non-acute care services

(multipurpose day centre)

- dialysis and diabetic clinic
- oncology day clinic
- post surgery and out patients diagnostic & treatment centre
- general practitioner clinic
- audiology & speech therapy clinic
- dental health & podiatry clinic
- occupational therapy
- dietetics and nutrition clinic
- physiotherapy & hydrotherapy
- home nursing care service.

Aged care unit — rehabilitation, palliative & respite care, convalescent care.

Infrastructure

- Nurses accommodation and child day care centre.
- on call staff accommodation
- Telemedicine linkage, personal record program, patient discharge program, administration, medical library, staff and public amenities, cafe.
- Licensed heli pad (already existing)

Future options

- Co-location — Private maternity unit with specialised birthing facilities
- Private specialty aged care and rehabilitation, and sports medicine facility.

Proposal Hospital 2 location (broad geographical area)

ON THE MANLY HOSPITAL SITE,

at the extreme southern end of the Northern Beaches

Proposal Hospital 2 MANLY HOSPITAL SPECIALTY HOSPITAL

Acute care services

Emergency department — 24 hour — acute assessment, access to HDU, resuscitation, and ambulance transfer service to transfer patients in need of a higher level care, to appropriate health care facilities. Separate mental health secure holding room attached to ED.

Radiography — digital imaging of — Xray, CT, ultra sound — tele-medicine linkages to the integrated health network.

General surgical and medicine — “Clean” elective surgery via pre-booked admission — day surgery; anaesthesia, pain management, pathology, pharmacy and haematology — EN1 gynaecology; obstetric, neonatal, orthopaedic, oncology; neurology, urology, renal, vascular, gastroenterology, respiratory, cardiology, endocrinology, rheumatology.

Mental health facility — stand alone lock-up, 50-60 bed facility with ambulance

access, drug and detox clinic, outpatients clinic.

- specialist mobile emergency mental crisis response team.
- **Adolescent** — acute inpatients unit, non-acute inpatients unit.
- **Adult** — acute inpatients unit, non-acute inpatients unit.
- **Psycho-geriatrics** — acute inpatients unit, non-acute inpatients unit.

Non-acute care services

(multipurpose day centre)

- diabetic clinic
- Family Planning clinic
- dental health & podiatry clinic
- drug & alcohol clinic
- dietetics and nutrition clinic
- home nursing care service.

Post-operative care unit — specialising in post-acute hospital stays for patients possibly from RNSH and Mona Vale Hospital and day surgery procedures — also providing short stay respite care, rehabilitation, palliative and hospice style care.

Infrastructure

- Nurses accommodation and child day care centre.
- Tele medicine linkage, personal record program, patient discharge program, administration, medical library, staff and public amenities, cafe.

Proposal integrated community health centres — locations (geographical area)

ON THREE DIFFERENT SITES,
evenly spread over the Northern Beaches

Proposal site 1	<u>MONA VALE HOSPITAL</u>
Proposal site 2	<u>MANLY HOSPITAL</u>
Proposal site 3	<u>FRENCHS FOREST AREA</u>

Community health services at all three centres:

- Family, adult and adolescent counselling
 - Child and adolescent mental health
 - Bereavement counselling
 - Sexual assault services
 - Sexual health & HIV prevention
 - Healthy life and wellness program
 - Social work, welfare support
 - Multi-cultural health care
 - Psychology and psychiatry services
 - Breast Feeding Association
 - Domicilliary nursing
 - PADP — physical aids for disabled persons
 - Early childhood development
 - Developmental ophthalmology
 - Audiology & speech therapy
 - Youth addictions
 - Suicide prevention network
 - Eating disorders
 - Child protection
 - Substance abuse
 - Drug & alcohol.
-

Proposal early childhood centres — location (broad geographical area)

WOULD STAY AS IS:

located in the community shopping precincts, sharing the same partnerships with the Health Department and local Councils.

NORTHERN BEACHES HEALTH CARE STRATEGY
INTEGRATED HEALTH CARE NETWORK (IHCN) AND TWO HOSPITALS
DISCUSSION PAPER JULY 2002

“The GMSIG has not recommended the closure or significant downsizing of any hospital in the Greater metropolitan Area. However, it is clear that there will be role changes for some hospitals with some relinquishing services and others gaining new ones. Again, it is important that role changes are managed carefully and that individual institutions are neither seen as winners or losers. Individual hospitals need to understand their roles as part of a broader service system for the population of greater metropolitan Sydney as opposed to a provider of the greatest possible range and complexity of services for their immediate population.”

REPORT OF THE GREATER METROPOLITAN SERVICE IMPLEMENTATION GROUP, June 2001, page 101

PURPOSE OF THE DOCUMENT

The purpose of this draft discussion document is to demonstrate how high quality, cost-effective and sustainable outcomes for patients and improved health care and well being for the community can be achieved through a more resident and patient friendly delivery approach.

THE COMMUNITY'S GOAL

In simple and concise terms, the community's goal is to have a better integrated; more user and patient centred health care system capable of catering for its distinctive health needs – a system that consists of “ONE NETWORK, TWO HOSPITALS”.

“Our district hospitals are the foundation of the NSW health system. The role of district hospitals will be strengthened as part of the network of hospitals within an Area Health Service. They will be an equal partner in the network ...”

The Hon Craig Knowles MP NSW Minister for Health, NSW Government Response to the Report of the Greater Metropolitan Service Implementation Group KEY METROPOLITAN HOSPITAL SERVICES, June 2001,

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STRATEGIC DIRECTION

Community health care needs

The health care needs of our community fall into four broad categories:

- The need for correct and timely medical advice and health information
- Rapid and reliable access to appropriate treatment and care in case of life- threatening accidents or illnesses
- Convenient access to treatment and care in case of non-life threatening accidents or illnesses
- Short-term or long-term special care

“The challenge is to ensure that excellence and innovation are not confined to one hospital ... There must be wide spread implementation so that everyone ... shares the benefits of advances in technology, improvements to clinical practice, improved efficiency and better communication. This will require the highest level of leadership and commitment by clinicians, local managers, by Area Health Services and by the Department of Health.”

Report of the NSW Health Council March 2000 A BETTER HEALTH SYSTEM FOR NSW, pp iv-v

Integrated Health Care Network (IHCN)

We perceive a quality health care system to consist of an Integrated Health Care Network (IHCN) with six major attributes:

1. It is sensitive and responsive to the current and future health care needs of the community
2. It is interdisciplinary and consists of public and private partnerships
3. It is a well managed and synchronized system of quality health services delivered along the continuum of care from illness and accident prevention to acute and long-term care
4. It is capable of providing residents – permanent or temporary – reliable, fair, fast and convenient access to quality care and health information services, regardless of age, gender, geographic location or cultural background.
5. It is appropriately resourced and financially sustainable
6. It has a “hub and spoke” arrangement linking
 - a) Royal North Shore Hospital (tertiary teaching hospital) with Mona Vale and

Manly hospitals

b) Mona Vale and Manly hospitals with other health care providers

Mona Vale and Manly Hospitals

Currently, both Mona Vale and Manly hospitals have become so lean they are almost anorexic. It is no longer a matter of continuing to reduce calories, but to start a process of nourishment, of investing in real improvements. The initial strategy should focus on:

- Realigning the role of the hospitals to support the Integrated Health Care Network
- Putting in place a governance and management structure capable of interlinking the hospitals with the Network, including the rebuilding and development of a relevant resource base to get them into good physical shape
as well as a skill foundation and technology mix for treating and healing patients as well as for providing professional support to the Network
- Maintaining their accessibility and their ability to reach out into the community
- Retaining their focus on the delivery of consistent high quality care directly to patients and indirectly through the Network
- Developing and promoting an appealing, user-friendly identity and quality image which will assist not only in attracting talented professionals but also make them the hospitals of choice for patients

“In summary the GMSIG concluded that there was much to be gained by increasing the implementation of networked service arrangements across Greater Metropolitan Sydney with considerable potential to improve clinical outcomes, achieve better value for money and enhance training.”

REPORT OF THE GREATER METROPOLITAN SERVICE IMPLEMENTATION GROUP, June 2001, page 26

Developing the Integrated Health Care Network (IHCN)

To develop an Integrated Health Care Network, the logical starting point is to refocus, renew and upgrade Manly and Mona Vale hospitals within a “hub and spoke” system. In such a system the more complex interventions would be performed at the centre of the Network, i.e. at RNSH (the hub) whilst the two community hospitals would provide the less acute and more geographically accessible services (the spokes). In turn, the two community

Northern Beaches Health Planning Group, a sub-committee of the Save Mona Vale Hospital Committee, July 2002

hospitals would act as hubs for the community-based care providers. To avoid expensive technology and skills duplication the two hospitals would concentrate on different service streams and on sharing equipment and expertise. Tele-links, for which funds appear to be available, would significantly assist in the smooth and efficient functioning of the whole Network, easing the burden currently placed on hospitals.

Hospital strategy within the Integrated Health Care Network (IHCN)

There are six prerequisites to the hospital option.

1. Both hospitals must form a vital part of the Integrated Health Care Network (IHCN)
2. Both hospitals must have well staffed and well equipped Accident and Emergency Departments and Intensive Care or High Dependency Units
3. Staffing should, wherever possible, be Network-specific rather than hospital-specific, offering wider career prospects and enhancing efficiencies in care delivery
4. Multi-skilling in defined non-specialist areas should be an important feature of human resource management across the Network
5. Investments are made into the development of tele-health links between hospitals and throughout the Network
6. Service duplications, overlaps or competition must be kept to a minimum.

Both hospitals should also be able to:

- Have a seven days, 24 hours telephone help line
- One-stop general medical and preventive health care services (this will depend on the ultimate organization and capacity of the Network)
- Provide a work base for multi-disciplinary staff, consisting of teams of GPs, community nurses, therapists, specialists, allied health workers
- Shift their focus from inpatient to greater outpatient utilisation, including the ability to create for-profit "subsidiaries" or clinical support co-locations. Such a move would offset some of the losses incurred for inpatient services and allow the hospitals to provide up to date medical care within the IHCN. It would also help to attract competent professional staff who could further enhance the services offered by the two hospitals (a positive spiral of improvement and development)

- Provide complementary therapies, e.g. nutrition, homeopathy, osteopathy, pharmacy, oral health, speech pathology etc
- Redesign/redecorate their interior settings to make them more pleasant environments that contribute to speeding up the processes of healing, convalescence and recovery

“We believe that it is a fundamental right for all members of the community to be involved in the management of change to the health care system. As taxpayers, citizens and residents, they are the principal stakeholders and are entitled to a sense of ownership of the health care services they receive.”

A BETTER HEALTH SYSTEM FOR NSW, Report of the NSW Health Council, 03/2000 p75

The two-hospital option

“The hospital of the future will be the place where people with severe illness still go for treatment. It will be more technological, it will be more ambulatory, by which I mean that people will be walking in and walking out, not carried in and carried out. The configuration of hospitals as a group will change, so that we’ll see larger centres of high technical care and probably more smaller units which manage the day-to-day surgical problems.”

“What will be critical in that development is to ensure that the ancient traditions of care and charity and concern about the patients’ well-being, their interpretation of the illness in their life, and the provision of support for them through their illness is not crowded out by the sheer busy-ness and fascination of flashing lights and high-tech.”

Professor Stephen Leeder, Dean of Medicine at the University of Sydney, quoted in the ABC radio program The Health Report, 23.2.1998

Mona Vale Hospital upgraded to a “Metropolitan General Hospital”

*Hospital definition**

“Would serve a defined population of between 200,000- 250,000 people and should provide a reasonably extensive range of services including stroke, cardiac services, maternity, ED and ICU.” It would be networked to RNSH as the major referral hospital (hub).

Hospital elements

- Pursues centre of excellence status such as sport medicine, aged, rehabilitation and convalescent care
- Provides defined back up services to RNSH during its lengthy period of reconstruction.
Note: MVH seems to be the only hospital within the Northern Sydney Health
Area modern enough to be upgraded and provide RNSH with sustainable support
- Sets up clinical and patient support service co-locations
- Acts as the “hub” for the Network, i.e. tele-linked to for community-based service providers as well as to health care consumers
- Establishes a private, co-located care facility such as a sports medicine and convalescence centre. This private facility would be complementary to and not in competition with the public hospital

- Is a research and training site for pertinent care programs and is linked to relevant universities, e.g. The University of Sydney's to be established School for the Aged.
- Community Health Centre providing community-specific services
- Nurses accommodation

Manly Hospital upgraded to a "Specialty Hospital"

*Hospital definition**

"Would provide 'clean' elective surgery, some maternity, general medicine and other services at a high level. Access to Manly hospital would be by booked admission or by an acute access clinic on site. The hospital would be linked to other larger hospitals so that access for its patients to more sophisticated or higher-tech services is assured.

Hospital elements

- Capable of providing elective surgery services
- Pursues centre of excellence status such as mental health and drug and alcohol services including defined assessment, treatment and rehabilitation services
- Sets up relevant clinical support service co-locations
- Networked to MVH and RNSH
- Tele-linked to its community (providers and consumers)
- Community Health Centre providing community-specific services
- Nurses accommodation

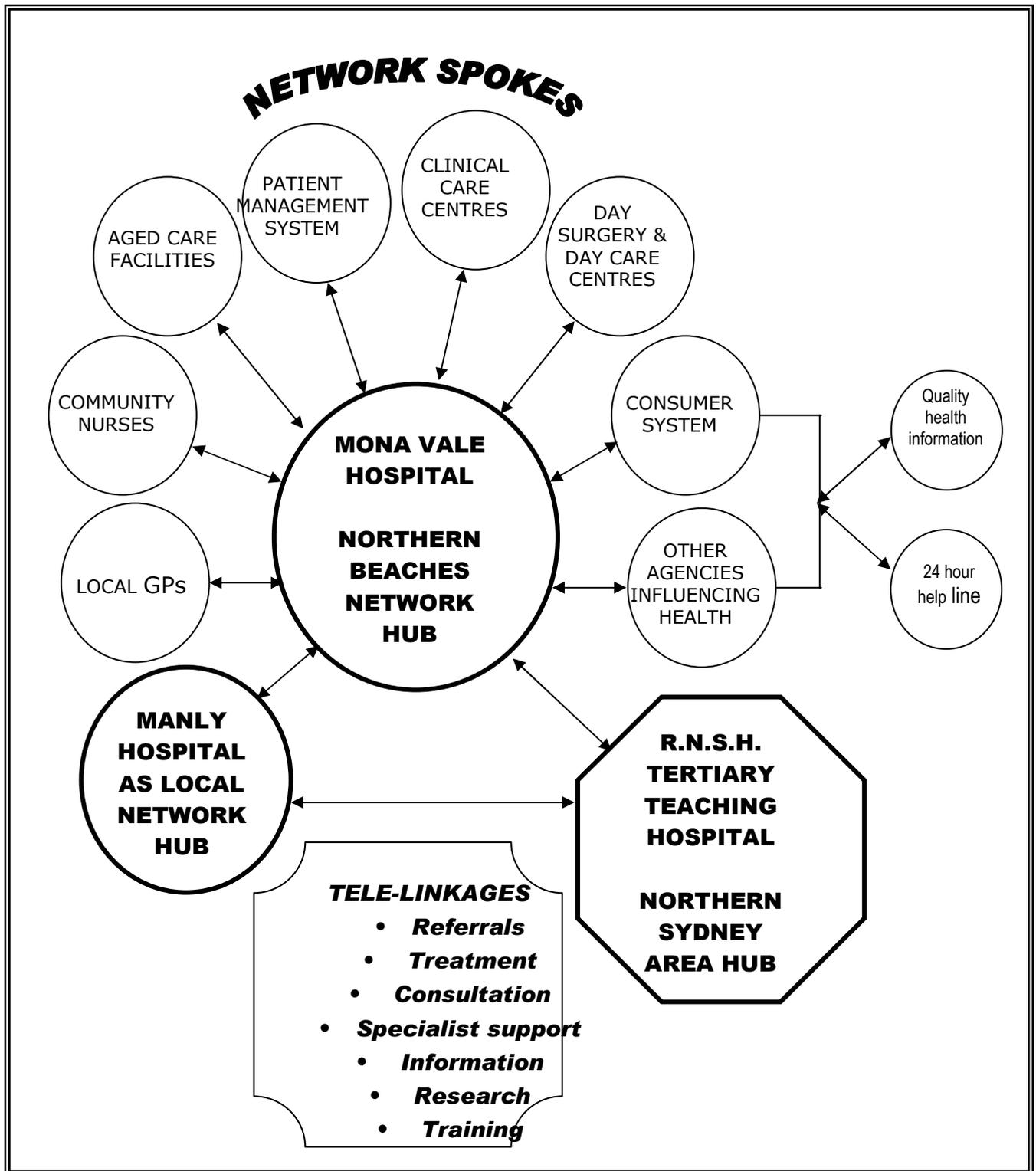
* *Report of the Greater Metropolitan Services Implementation Group, June 2001, 94-95*

"There have been significant changes in the provision of health care which affect the role and function of hospitals. Such advances in technology as minimally invasive surgery are providing more timely and effective treatment. However, in order to maximise the potential of these advances changes are required to infrastructure – such as increased access to operating theatres or procedure rooms. Similarly, information technology and telemedicine initiatives are facilitating a range of information, allowing care to be delivered from a variety of sites."

Northern Beaches Health Planning Group, a sub-committee of the Save Mona Vale Hospital Committee, July 2002

A BETTER HEALTH SYSTEM FOR NSW, Report of the NSW Health Council, 03/2000 p33

ONE NETWORK, TWO HOSPITALS
 THE INTEGRATED HEALTH CARE NETWORK (IHCN)
 THE UPGRADING OF HOSPITALS WITHIN THE "HUB AND SPOKE"
 SYSTEM



Northern Beaches Health Planning Group, a sub-committee of the Save Mona Vale Hospital Committee, July 2002

Northern Beaches Health Planning Group, a sub-committee of the Save Mona Vale Hospital Committee, July 2002

JUSTIFICATION FOR THE STRATEGY

Demographic profile of the Northern Beaches

The Northern Beaches is unique in its geographic position, its demographic make up, its mix of lifestyles, its pattern of commercial activities, and its transportation system.

The Northern Beaches is an area with the following characteristics:

- It consists of three council areas: - Pittwater in the north, Manly in the south and Warringah in the middle
- It has an estimated population of 220,000
- It has an increasing aging population but also a growing number of young families
- Being a peninsula, it is an increasingly densely populated area with growth in retirement villages as well as apartment and townhouse dwellings
- In the main, the community is financially secure but has pockets of joblessness and poverty
- It is a predominantly English speaking community, but with a growing number of non-English speakers
- It is a popular tourist destination during all seasons, with spring and summer peaks
- It has a growing and diversifying commercial landscape with an increasing local workforce

Access to hospital-based services

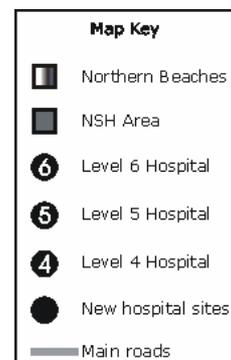
- The Northern Beaches is an elongated peninsula with buses (Sydney Buses and Forest Coachlines) being the main system of mass transport. Sydney Buses provide a range of services mainly centred on the coastal corridor along Barrenjoey Road, Pittwater Road, Condamine Street and Spit Road, linking the Northern beaches with the CBD.
- The main arterial routes and intersections are currently operating at capacity and are under a high level of stress during peak hours to and from the CBD
- The Northern Beaches has a major transport disability in comparison to other parts of the Sydney region. This is a function primarily of its physical separation created by the topography and waterways. As a result there are only three roads to the Peninsula with entry points from

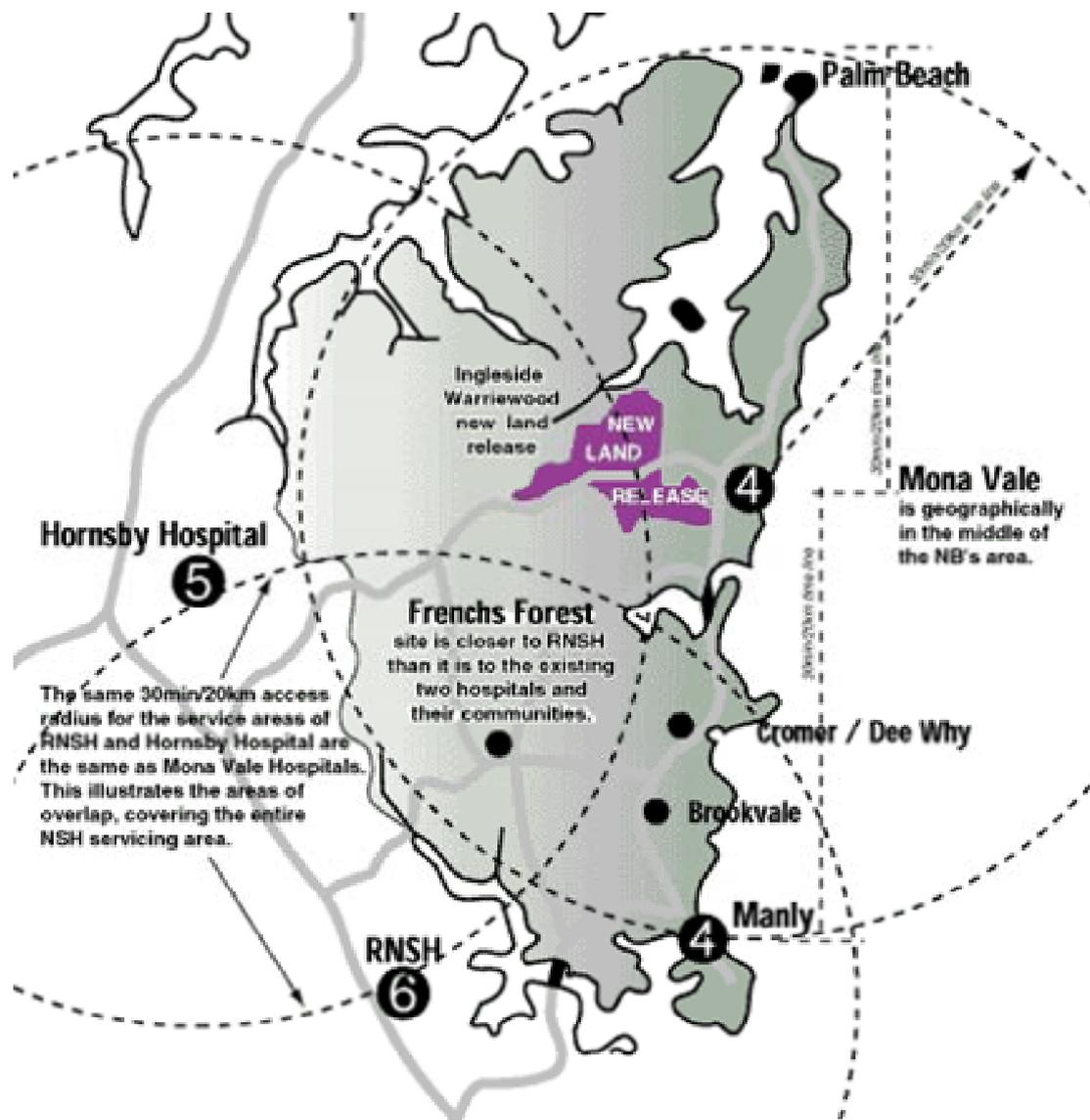
Spit Bridge, Military Road; Roseville Bridge, Warringah Road; St Ives, Mona Vale Road

- Throughout its history, the Northern Beaches has not had any major traffic improvement schemes, neither road nor rail mainly because of

GEOGRAPHICS OF THE NORTHERN BEACHES

economic constraints, changes in State Government, more important priorities, and community opposition to potential population increases.





Equity of Access.

This diagram illustrates the 30min/20km travel time radius from RNSH, Hornsby and Mona Vale hospitals and their areas of overlap. The black area indicates the largest land release on the NBs (sited west of Mona Vale Hospital), with a forecast population increase of 17,000 people over the next ten years.

This diagram clearly shows that Mona Vale services an area similar to that of the other main hospitals, Hornsby and RNSH, ie: these three hospitals (Mona Vale, Hornsby & RNSH) are placed ideally to cover the total area of NSH. (The area of overlap would cover the areas of drift between the health care precincts.)

This diagram shows that a major hospital at Mona Vale, Hornsby and Royal North Shore, work together as a NETWORK, covering the entire area with accessible health care for the entire population of the NSH (in conjunction with smaller community based health care centers scattered through the network).

Note: The Frenchs Forest site is closer to RNSH site than it is to the two existing Manly and Mona Vale Hospital sites and their communities.

Paradigm shift in health care delivery

Health care in NSW and across the Nation is undergoing a paradigm shift. The Northern Beaches is not immune to this shift. The traditional model of care delivery is fragmented and weighed down with complexities and difficulties. Managing it requires many exceptions, crisis resolutions and attention to special cases. Communication within the system and with consumers is increasingly problematic. This tradition-bound system is teetering under the weight of its many and complex problems and in many instances is no longer capable of providing safe and cost-effective care.

The generally accepted paradigm is undergoing a slow process of transformation to a simpler, more flexible, more community-focused and more credible one. This new paradigm is more suited to deal with present-day and future needs of both users/consumers and professionals. Yet, many health care planners continue to take a centrist and a bits-and-pieces approach to the management of change – trying to patch up the traditional system and to repair the unrepairable.

Forces of change

Several forces have been and are at work to fundamentally change the traditional system of care delivery.

- a) A high and growing aging population (65 years +), is bringing about a major swing in people's health care needs and expectations. Different approaches to care are required.
- b) Rising costs of everything from equipment to consumables to human resources and relentless pressures to do more with less without compromising quality or patient safety
- c) Continuing advances in medical technologies, including:
 - * Pharmaceuticals that decrease the necessity for some clinical interventions thereby reducing the need for hospital admissions
 - * New vaccines that not only treat but also prevent diseases
 - * Minimally invasive surgical techniques that reduce the length of hospital stay and promote the growth of day-only and outpatient procedures

- * E-HEALTH technology that facilitates easier access to specialist knowledge and skills and is also capable of transmitting digitised images in real time over distances. Health care is becoming more informational.

A great deal of continuous innovative efforts is being applied to diagnostics, therapeutics and appliances. It seems, however, that new methodologies of diagnosing and treating, far outstrip the methodologies of caring and managing.

- d) Governments' fiscal policies and health distribution strategies have resulted in relentless cost cutting, reshuffling, downsizing and a decline in hospital staffing (particularly nurses). Coupled with this has been a persistent failure to provide more enlightened leadership and management. More strategic innovation has not tended to be part of the change process. This clearly has not been conducive to the development of a more viable and sustainable health care delivery system.

Within such an environment of change, the long term view of how to best deliver care is by clinicians, nurses and other health professionals to work closely as teams, communicating effectively across specialties and sub-specialties and, with the help of integrated information systems and using a best practices approach to achieve the least duplications, the best quality, the best outcomes at best value. A fully integrated health care delivery system is needed to transform the way health care is practiced while providing the best medical education and research.

STRATEGIC BUILDING BLOCKS

BUILDING BLOCK 1: INTEGRATED HEALTH CARE NETWORK (IHCN)

The refurbishment and upgrading of Mona Vale and Manly hospitals needs to be within the context of an Integrated Health Care Network (IHCN) strategy with the two hospitals ("hubs") providing the necessary expertise and support to various community-based health care agencies ("spokes"). The various health care agencies should be linked to the Network through a formal system of quality protocols and a set of performance agreements.

Definition

The IHCN can be described as a "virtual" health service delivery organisation in which the technologies and skills of various professionals are grouped around the community and its health care needs. It is a dynamic system, with flexible boundaries where collaborative patterns change in accordance with new technologies, developing relationships, and changing health needs. The IHCN is designed to deliver seamless care by a chain of interconnected health professionals or agencies. It is the formal, patient-centred relationship between the various entities that defines the configuration of the Network and determines its operational effectiveness.

Aims of the Network (IHCN)

- Provide correct quality care backed by relevant skills, resources and support systems for best possible patient management
- Engage, develop and retain competent professionals and teams to take care of the community's diverse health needs
- Provide cost-effective quality care at:
 - * the right time, i.e. as quickly as possible ("the golden hour") to minimise unnecessary suffering or complications and to achieve optimal outcomes
 - * the right place, i.e. the place that has the capacity to provide the service best suited to a patient's exact needs
- Link people on the Northern Beaches to a comprehensive range of health services and health information

- Ensure coordinated and cost-effective delivery of public and private health services such as hospital and clinical care, rehabilitation care, long-term and home care, mental health services, disease prevention and health promotion, and establish relationships with other public agencies and services that influence health but do not directly deliver care, e.g. police, schools etc.
- Actively and systematically promote and market capabilities of the Network and its two hospitals
- Provide relevant health research and training facilities to ensure that high quality staff are attracted to the Network and that care services are continually enhanced

Planning and managing the Network

Thinking within the strategic context of change and involving all stakeholders, not just clinicians, in decisions on how to establish an Integrated Health Care Network (IHCN) and how to make the most cost-effective use of Mona Vale and Manly hospitals within such a Network is essential in the development of a viable future system of care for residents of the Northern Beaches.

For a long time, the health care system has remained in crisis. For the Northern Beaches community, the Health Department's responses to the changes have been slash-and-burn cost cutting policies that resulted not only in the neglect of hospital assets and services but also in the failure to invest in building a more coordinated health care delivery network. Cost and crisis management not accompanied by fundamental reform, at the very best, only leads to temporary improvements.

Much waste could be eliminated through:

- A more inclusive system of governance in partnership with the community
- Managerial efforts that focus on reforming the system as a whole, not only some of its parts
- Closer, more formal collaboration between various health professions and better coordination of the different health service agencies, i.e. those:
 - * Treating individual patients
 - * Caring for individual patients

- * Caring for defined populations
- * Caring for the community

Integrated management of the special and quite differing methods employed by each of these professional groups is a clear opportunity to:

- Rebuild patient-focused and quality-based care delivery
- Do more with less and become more cost-effective and contain the ballooning of future recurrent costs.

Basis for success of the Network

The cost-effective delivery of quality care will heavily depend on:

- A patient-centred set of strategic leadership and operational values
- Excellence in the delivery along the continuum of care for patients and their families at all stages of their life
- Financial practicability
- Planning in more entrepreneurial rather than bureaucratic terms
- Policy design and meticulous strategic planning, involving various stakeholders
- Sound clinical leadership including capabilities in IT, HRM, finance, "product development", marketing and project management
- Constant and careful attention to community health service needs and priorities
- Clear determination of which services should be managed locally and which should be managed centrally (e.g. specialty and super-specialty services)
- Ongoing communication between professional groups and with the community
- Partnering with the community in assessing care and care delivery needs (risk sharing)
- Attracting and retaining competent staff within the hospital system by putting in place appropriate reward structures, smart looking and well-managed work places, flexible personnel policies and work rules and by encouraging staff rotations between hospitals and community-based health services (Network-focused employment and training strategies)
- Ability to take hospital "products" to "market" (the public hospital as a "public corporation")
- Representation on the NSH Board of Management by Northern Beaches residents (the Board being accountable to and representative of the Northern Beaches)
- Cost-effective development and deployment of E-HEALTH technologies to facilitate information sharing and to link up the Network of care:
 - * between hospitals and specialists to better manage a patient's condition
 - * between hospitals and community health workers

- * between health care providers and residents
- * between physicians and super-specialists
- A managerial and working philosophy of continuous quality improvement and cost-effective operations (Total Quality Management)
- Effective and efficient use of health information technology

Without strategic leadership and a systematic program of education, professional groups who are accountable for delivering care in different settings more often than not will probably continue to work at cross-purposes without appreciating the potential benefits of a better orchestrated approach to care delivery. Each group is likely to continue to be protective of its own turf and compete for its share of scarce resources. This behavior is particularly true between the professions that focus sharply on acutely ill patients and those trained to work with populations and in communities. For example, a hospital clinician's concern begins with a patient's admission and ends with his/her discharge. A GP or community health worker, on the other hand, is concerned with the continuum of care – of what happens to a person before admission and what will happen after discharge. With such divisions it is little wonder that the 'system' is unwieldy, expensive, overloaded, and difficult if not impossible to manage.

To date, there still is a wide gap between NSH and the Northern Beaches community's needs and expectations as to what constitutes cost-effective health care. The community is concerned and angry about the way in which NSH has failed to engage in a proper information sharing and consultation process and its readiness to sacrifice Mona Vale and Manly hospitals and to build a new, single hospital. This approach has not been the fundamental reform that is required for a high quality, cost-effective, sustainable and integrated health care network.

Network management would keep the focus on evolving community and patient health care needs. Network leadership would develop collaborative work patterns between various professions and agencies (public and private). It would establish comprehensive E-Health linkages to interconnect and support the Network.

Benefits of a well-managed Network

- Better access in terms of equity, speed and convenience
- Greater responsiveness to changing community's health needs

- Improved cost-effectiveness through the reduction or elimination of duplicate services and equipment and improved inter-sectoral cooperation
- Cost containment through streamlined service programs
- Smoother, more seamless implementation of a variety of health care programs and better integration of programs delivered by public and private agencies
- Closer integration with the local economy and improved coordination with local government initiatives
- Wider community involvement in the governance of the Network
- Some community financing of defined health care delivery initiatives

In summary

A quality health care system for the Northern Beaches will be a patient-centred, Integrated Health Care Network (IHCN) that is flexible and responsive to the changing health needs of the community, is well-managed and cost-effective. The nerve centre of this Network will be a Metropolitan General Hospital at Mona Vale and a Specialty Hospital at Manly. Health services will be delivered more seamlessly along the continuum of care from health promotion and prevention to acute and long-term care. It will give all residents – young and old, permanent or temporary – access to a range of health services regardless of their geographic location, gender or cultural background. It will be a Network and hospital system driven by six dimensions of quality:

- Patient safety
- Appropriateness
- Effectiveness
- Fair access
- Efficiency
- Consumer and community participation

“Whilst it is difficult to be definitive for all networking models (and it is indeed appropriate that the precise nature of individual service networks should be determined by the networks themselves) it is recommended that the following features should be common to most networked services:

- there should be a range of clinical cross appointments of medical, nursing and allied health staff across a network*
- centres within the network should not view themselves as competing with other centres but rather*
- providing a complementary role that enhances the overall performance of the service as a whole in serving their defined population*
- within the network there should be a rational distribution of expensive high-tech equipment (in some cases there will need to be consolidation of such equipment on a smaller number of sites)*
- clinical training should be viewed as the responsibility of the Service as a whole with shared registrar posts and rotations through a number of different facilities*
- there should be common management and referral protocols and clinical pathways*
- there should be shared clinical audit and peer review provisions across the service*
- tele-links should be established across the network*
- there should be commonality in data collection and analysis and collaboration in research”*

Report of the Greater Metropolitan Service Implementation Group, 2001, page 26

BUILDING BLOCK 2: ROLE OF E-HEALTH IN THE NETWORK

For purposes of this discussion document, the term E-HEALTH embraces the following technologies: Telemedicine, Telehealth, Telecare, Teleconsultation, Health Informatics, Distance Learning. Within each of these technologies, there are specialist applications such as Tele-radiology, Tele-psychiatry etc. The E-HEALTH package of technologies is in a constant state of change and rapid innovation is opening up a growing number of possibilities and ever more sophisticated applications.

“NSW Health is constantly examining new ways of applying technology to improve the delivery of health services to the people of New South Wales. Telehealth is one means used to improve access and quality of health services to clients and support to clinicians.

Telehealth refers to the use of digital telecommunications to transmit images, voice and data between health facilities to provide and deliver health care from a distance. By using this technology a variety of information may be transferred from one site to another. The information may include:

- *Conducting live two-way interactive video (allowing consultations between patients, their primary care providers and medical specialist and/or peer support for rural and remote staff)*
- *Transferring medical images (for example, x-rays and digital photographs)*
- *Sending output data from medical devices (such as electrocardiograms for remote cardiac consultations and ECG interpretation).”*

NSW Health, Invitation to Area Health and Statewide Services to submit for 2002/2003 funding to develop Telehealth Services in NSW

Definitions

E-Health technology and its application have been variously defined. This is a selection of definitions.

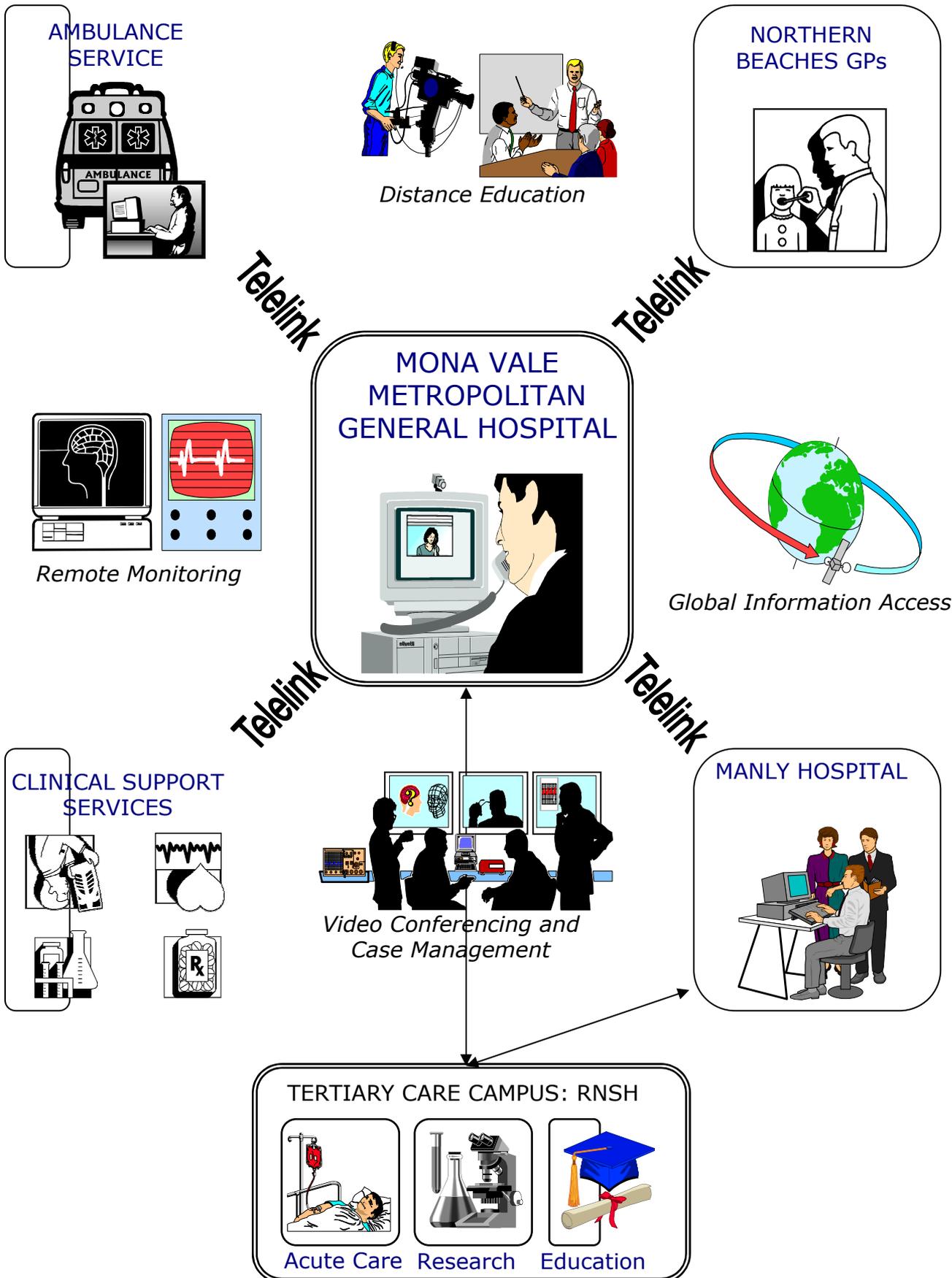
- *“Telehealth or its earlier label, Telemedicine is the name given to a health delivery system which provides health related activities at a distance between two or more locations using technology assisted communications.”*

The Australian National Telehealth Committee (website)

- *“Telemedicine is the use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or health care provider and for the purpose of improving health care.”*

American Telemedicine Association – Telemedicine Report to Congress, 1997 (website)

NORTHERN BEACHES TELELINK HEALTH NETWORK



Northern beaches Health Planning Group, a sub-committee of the Save Mona Vale Hospital Committee, July 2002

- “Telehealth is health care at a distance.”

“Health Informatics is the collection and management of health data and information by means of electronic technology.”

The House of Representatives Standing Committee on Family and Community Affairs (Report on Health Information Management and Telemedicine, October 1997)

- “Health Informatics is an evolving scientific discipline that deals with the collection, storage, retrieval, communication and optimal use of health related data, information and knowledge.”

Health Informatics Society Australia (website)

- E-commerce is “every type of business transaction in which the participants (i.e. suppliers, end users etc.) prepare or transact business or conduct their trade in goods or services electronically.”

E-health is “a new term needed to describe the combined use of electronic communication and information technology in the health sector ... the use in the health sector of digital data – transmitted, stored and retrieved electronically – for clinical, educational and administrative purposes, both at the local site and at a distance.”

The National Office for the Information Economy (The Unstoppable Rise of E-Health, 1999)

- E-Health and the technologies it incorporates is not an end in itself. Rather, it is a system of tools and techniques used for the planning, implementation and management of a wider organizational change strategy and for integrating and improving the performance of the total health care network.

Harry Bauer, Bauer & Associates, July 2000

“ ... there is substantial evidence internationally that information technology systems (particularly patient information systems) can be powerful tools to support clinicians to provide care, and to provide consumers with both access to more information and more control over their own health records.”

Report of the NSW Health Council, A Better Health System for NSW 03/2000, page 21

Some benefits of E-HEALTH in the management of change

“The problems of medical practice and hospital functioning are rapidly approaching crisis proportions, in terms of cost, limited personnel resources, and growing demands. The application of computer technology offers hope, but the realisation of this hope in the near future will require a much greater commitment than is presently true of ... the medical academic community and the health services community.”

Octo Barnett G. & Sukenik H.J. (1969)

Quoted in Coiera E., *Guide to Medical Informatics, the Internet and Telemedicine*, Chapman & Hall, 1997

Some short-term benefits

- Increase in quality and quantity of information for consumers on staying healthy and on using the range of health services more effectively and efficiently
- Telephone call centre giving health related advice, information and assistance on a 24 hour, 7 days a week basis e.g.
 - * computer transmitted information via the Internet
 - * pre-recorded telephone messages
 - * telephone and/or e-mail access to health professionals
- “Mass-customisation” of health information, health education, health promotion
- Wider and more timely access to health resources and professional expertise
- More convenient appointment bookings
- Better diagnostic scheduling and more rapid decision making
- Reduction in referrals to hospital emergency units
- Improved hospital pre-admission and discharge planning
- Reduction in waiting time for test results, diagnosis and treatment
- Reduction in financial and social costs e.g.:
 - * decrease in travel time for patients and their families
 - * decrease in waiting times
 - * less cost in some patient movement by road and/or air ambulance
 - * less travel by specialists (opportunity cost of traveling versus treating, caring, researching, teaching etc.)
- Establishment of a better integrated and coordinated community health network

- Improvements in network administration and supply chain management
- Easier access to information for health care professional:
 - * to electronic libraries
 - * to research materials
 - * distance education and training (on-the-job training, continuous professional development, coaching and professional support)

Some medium term benefits

- Some chronically ill patients can be cared for by their families with support from health professionals
- More efficient management of chronic diseases such as diabetes, asthma, arthritis, congestive heart failure etc by:
 - * providing timely access to appropriate care (earlier intervention by specialists)
 - * “coaching”/teaching patients and families how to better manage their illness
 - * helping sufferers to lead better quality lives at home and at work
 - * providing timely access to relevant information (remote reporting and consultation)
 - * greater safety and less confusion with medication
- Ability by consumers of care to make more informed choices and decisions
- Decrease in the use and therefore the cost of emergency services, unnecessary home visits by care providers and unnecessary hospital visits
- Easier and smoother access to medical records with:
 - * patient access to information allowing more involvement in their own care
 - * health providers have ready access to guidelines, protocols, medical histories, current conditions, evidence-based data etc.
 - * managers have access to comprehensive information for planning, the health network’s systems configuration, budgeting and decision making
 - * improvement in the planning of care and in the likely outcomes of care

- Electronic medical records remove the need to hold burdensome paper records

Note that all patient-related information must be transmitted and stored securely and in accordance with legal, ethical and technical processes

- Improvement in the continuity of care:
 - * smoother, more seamless transition from hospital care to home care
 - * better case management
 - * earlier discharge of hospitalised patients with the aid of remote monitoring
 - * decrease in the cost of overall lifetime of care

Some longer term benefits

- Greater resource mobility and easier access to support services where and when needed
- Stronger collaborative partnerships within the Network of care
- Information strategies that keep the community involved in health care planning
- More efficient provision of continuing professional development, more interaction with specialists and reduction in the feeling of professional isolation
 - * electronic "grand rounds", morning reports etc.
 - * more efficient and timely on-the-job staff training and development
 - * easily accessible network of electronic research libraries and databases
- Empowerment of a greater number of health professionals, e.g. junior staff and staff in other disciplines leading to improvements in the quality of care and in more efficient delivery of care. This may also ease the recruitment and retention of staff in Mona Vale and Manly hospitals
- Facilitation of a team approach to diagnosis, treatment and rehabilitation (cross-sectoral, cross-functional, and cross-disciplinary collaboration and support)
- Ability to bring all required health resources to bear on emergencies quickly and efficiently
- Building research and professional education clusters within the Network and beyond
- Quality health care delivery to the home ("hospitals without walls" or virtual hospitals)
- Continuous improvement of individual and community health at optimum costs
- E-commerce to streamline health care network supply chain management
- Commercialising E-HEALTH products, services and expertise nationally and globally

“One doesn’t add a computer or buy or design one where there is no system. The success of a project does not stem from the computer but from the existence of a system. The computer makes it possible to integrate the system and thus assure its success.”

Caceres C. (1969)

Quoted in Coiera E., Guide to Medical Informatics, the Internet and Telemedicine, Chapman & Hall, 1997

BUILDING BLOCK: 3 GOVERNANCE OF THE INTEGRATED HEALTH CARE NETWORK (IHCN)

Introduction

Governance, as proposed in this paper, is about decentralisation. So far, strategies of reforming the health care system have focused on reconfiguring the ways resources are allocated and managed. By itself, this approach is no longer effective. Furthermore, the traditional structure of health care organisation misses the point of governance in a more decentralised and community focused network of health care delivery; it misses the point of innovation, adaptability and responsiveness. An IHCN, by its nature, is designed to better adapt to local conditions and of committing members of various care organisations and professions to long-term, productive relationships. One of the tasks of governance should be to confront the issues of trust, commitment and interdependence between various interest groups who are accustomed to pursuing their own specialty goals and resorting to expedient relationships with others as long as a "selfish" gain is possible.

Definition

Governance is a group (governing board) leadership process designed to help the Northern Beaches community and its health care Network cope with a world characterised by growing complexity, interdependence and turbulence. Governance is a means by which decisions are made, implemented and managed for the benefit of the community and patients as well as the Network of health professionals and care agencies.

Community participation

As understanding of local health needs becomes more important, some influence for planning and decision-making should shift to the local community and its representatives. So far, most decisions were made on the specialised knowledge of the medical profession and on the economic needs of administrators. Making IHCN a reality requires the involvement and participation of the community in the governance process. Achieving true participation is not an easy task. It has to be shaped and moulded in many

different ways under the constant pressure of diverse demands, e.g. representativeness, optimum interaction, good timing and flexibility.

Governance structure

The governing board should be a forum where various players are able to share information directly and personally to deal with problems and solutions, to make decisions and to develop, help implement and monitor strategy. The governance structure should be specifically designed to facilitate productive relationships to allow

members to better cope with and adapt to increasingly complex changes and demands. Currently there are two levels of governance within the NSW health system. For decentralisation and an IHCN to function effectively on the Northern Beaches, a third level should be added.

LEVELS OF GOVERNANCE	ACCOUNTABILITY
<p style="text-align: center;">Level 1 Central authority</p>	<ul style="list-style-type: none"> • Ministerial • NSW Department of Health • Policy formulation and State-wide strategy • Total systems management
<p style="text-align: center;">Level 2 Area Health authority</p>	<ul style="list-style-type: none"> • Board of Northern Sydney Health • CEO of NSH • Implementation of government policy • Functional authority over Area Network • Resource and cost management • Multi-system management and Area

	<p>network coordination</p> <ul style="list-style-type: none"> • Guarding against fragmentation and duplication • Setting and monitoring quality care and patient safety standards
<p>Level 3 Community authority</p> <p>Shared with Area Health authority</p>	<ul style="list-style-type: none"> • Community participation and involvement • Northern Beaches IHCN responsibility • Local institutions and agencies • Interlinks with Level 2, Area governance • Identify and help deal with local issues

Elements of good governance at Level 3

- Fair representation of the community on the governing board
- Ensuring the board is accessible to the community
- Building and maintaining the community's confidence in the IHCN
- Building and sustaining appropriate systems and processes to:
 - * set strategic direction and to ensure it is communicated and understood
 - * pursue cost-effective Network performance
 - * manage risks and monitor risk exposure
 - * monitor, measure and review Network performance (quality and safety; managerial practices etc)
 - * ensure Network flexibility to respond to changing demands or circumstances
- Vigilance to ensure that standards of quality and safety are maintained
- Keeping up to date with changing health care needs of the Northern Beaches community
- Accountability for:
 - * regular review of strategy and policy parameters
 - * maintaining the highest ethical standards
 - * legal compliance

- Approving strategic and business plans, including priorities, resources, finances)

Note 1

So far, hospital and health care services have, at best been administered rather than managed. Delivery of patient services tended to have been managed primarily by a mixture of:

- Ad hoc resource planning to meet the pressures of the acute hospital sector
- Top-down, command and control system of planning and decision-making
- Statutory regulations
- The need to cut and contain costs
- Clinical protocols and guidelines
- Operating instructions
- Limited local freedom to manage

Note 2

A universal code of practice for the governance of the Network should, at a minimum, include accountability, checks and balances, effectiveness, openness

BUILDING BLOCK 4: A PRIVATE, CO-LOCATED HOSPITAL ON MONA VALE CAMPUS

“We see the future of the industry being co-located facilities, that is integration of the public and private sector on the one campus, working in harmony, integrating, co-operating and coordinating, but not competing.”

Colin Sinclair, Health Care of Australia, quoted in the ABC radio program The Health Report, 23.2.1998

Co-location in this paper refers to the physical proximity of the two facilities and does not mean any particular form of ownership or contractual arrangement. A private, co-located facility may or may not contract services to the public hospital and it may or may not enter into a joint venture with the public hospital for the sharing of clinical support or hotel services

Definition

“Co-location has emerged as the preferred means for increasing private sector involvement in Australia’s predominantly public hospital system. It refers to the establishment of a privately owned hospital within or adjacent to an existing public hospital campus. The co-located facility or facilities might be owned and operated by an investor-owned corporation or by a not-for-profit entity. It might be physically distinct from, or linked with, the existing public hospital; it might provide comprehensive or selected services; and it might or might not involve formal sharing of facilities, staff, or services. Its two distinctive features are its independent, private ownership and operation, and its position on or near an existing public hospital campus.”

(Bloom A.L. *Hospital Co-locations: Private Sector Participation in the Hospital Sector in Australia*, in Bloom A.L., *Health Reform in Australia and New Zealand*, Oxford University Press, 2000)

“Co-location denotes the establishment of a privately owned health operation in the grounds of, or in the immediate precinct of, a public hospital. The co-located facility may be held by an investor-owned (for-profit) or not-for-profit entity. It may provide comprehensive or selected services. It may not only be physically located on premises leased from the public hospital; it may

Northern Beaches Health Planning Group, a sub-committee of the Save Mona Vale Hospital Committee, July 2002

even comprise an additional floor of, or a separate pavilion within the public facility.”

Bloom A.L. & Schmiede A. Case Study: Planning a Public-Private Hospital Co-location in Queensland, in Eager K. et al, *Health Planning: Australian Perspectives*, Allen & Unwin, 2001

As a for-profit venture, the motive of the co-located hospital's management is to ensure the private operator makes the best possible returns on investment. It is likely that the co-located facility would capture a substantial share of the privately insured patients market. Its proximity to the public hospital offers the private operator many advantages, including:

- Sharing of medical staff (resident medical officers and senior clinicians)
- Sharing of some physical facilities such as parking, diagnostics, operating theatres and similar
- “Goodwill”, in being associated with a reputable public hospital such as MVH
- Backup emergency services

Co-location, well planned and managed should lead to a successful public/private partnership capable of providing:

- Economies of scale and greater convenience for the consumers of care
- More opportunities for research and professional development
- Sharing of infrastructure and resources e.g. joint development of E-HEALTH programs
- Provision of specialist services, e.g. sports medicine
- An integrated campus could result in better physical facilities for patients, better staff amenities, modern parking facilities, restaurants and retail outlets
- Greater economic opportunities for the Northern Beaches community

Changing public/private health care balance

- The health care system in NSW as in the rest of Australia comprises an assortment of programs and agencies funded by Federal and State governments, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme, government-owned institutions, private for-profit institutions, not-for-profit organisations, private medical practices, pharmacies, and publicly listed and private corporations.

- Health is becoming an attractive investment. A growing number of players are entering the market. They force changes in government policies and funding arrangements.

Some current private hospital developers and operators are: The Mayne Group (44 hospitals); Australian Health Care Limited (16 hospitals); Ramsay Health Care (13 hospitals); Healthscope Limited (11 hospitals); Alpha Health Care Limited (12 hospitals); Macquarie Health Corporation (5 hospitals [unlisted]); Benchmark Mutual Hospital Group (7 hospitals [unlisted]); St John of God Health Care Services (9 hospitals [charitable]); The Sisters of Charity Group (9 hospitals ([charitable]))

- The trends that are changing the public/private health care balance are:
 - * growing the size and importance of the private hospital sector
 - * need of the public health sector for injections of private capital, achieved
 - through changes in government policies on privatisation and co-location
 - * emergence of innovative funding models developed in partnership between
 - private providers and government
 - * introduction of supplementary private health insurance to cover private
 - hospital care
 - * shift in the relationship between private care providers and private health
 - insurers
 - * private hospitals offering a comprehensive range of services, including emergency and intensive care, coronary care, as well as full in-house clinical
 - support services
 - * rise of powerful private health care corporations and their mission to market
 - integrated health provider systems (the expansion of private hospitals is paralleled by the aggregation of private hospitals into large ownership groups)

both for profit and charitable)

* growing private investment in medical diagnostic and clinical support services

- From a public hospital's perspective, the aim of entering into a co-location project could be threefold: - to finance its infrastructure, to cut back recurrent spending, and to reduce capital investments
- Overall, the government's policy of privatisation and co-location could mean that the financial risks of hospital operations are going to trend away from the public and toward the private sector. This 'outsourcing' policy requires NSH to take a long-term strategic view to a co-location project on the MVH campus

Some operating advantages of private health corporations

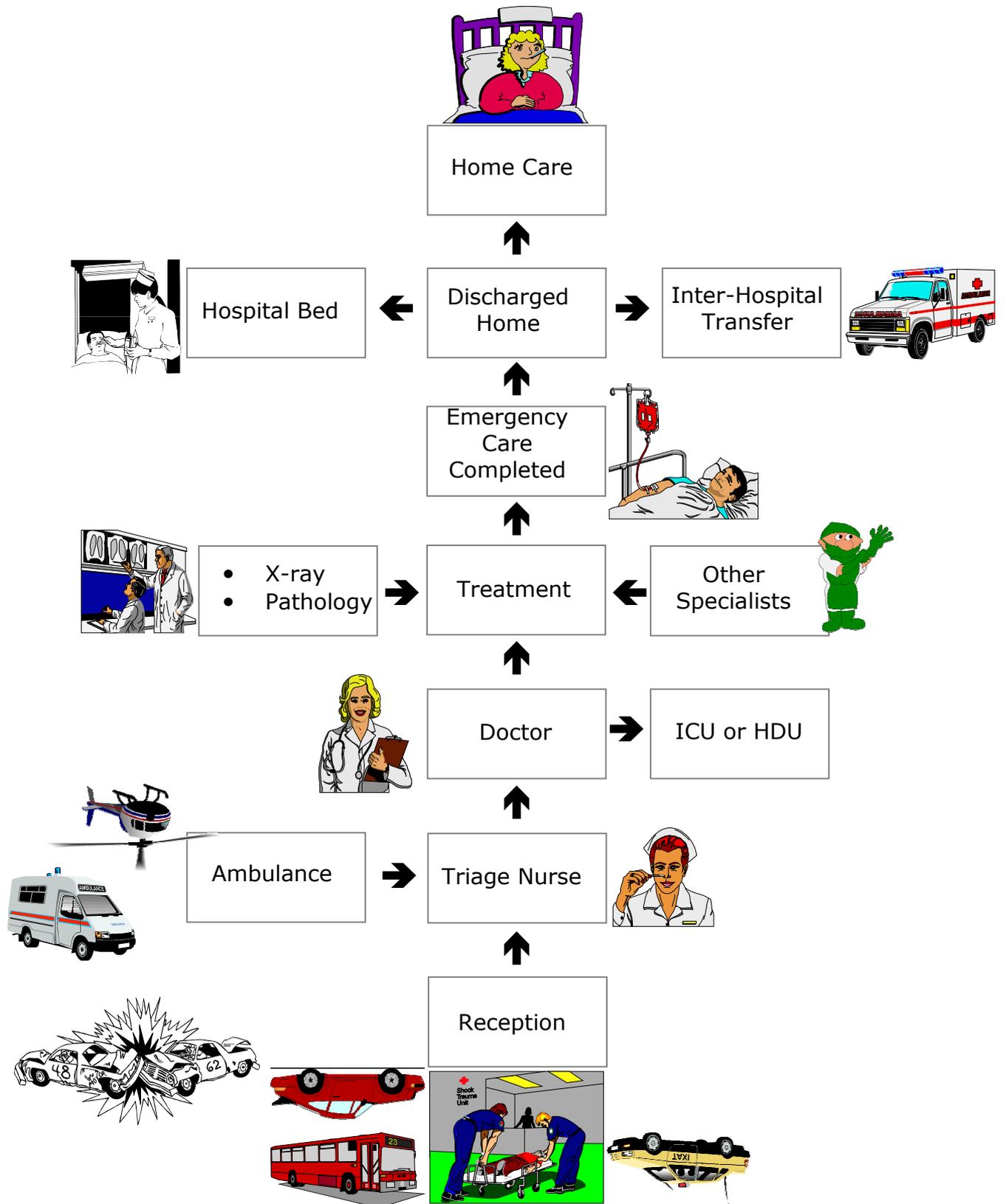
- They have access to capital funding through the market
- They have the experience and capacity to undertake large and complex development projects and new ventures
- They tend to have leverage in negotiating with health insurers
- They are market-driven and therefore are likely to have a strong innovative capacity
- They have the ability to spread the risks of new ventures and service/product development, e.g. home care, diagnostic services, medical centres etc.
- They have the capacity to develop more sophisticated systems more rapidly, including information technology and performance management programs
- They are able to transfer knowledge and share expertise across facilities within their group of companies
- They have the capacity to draw on the knowledge and experience of other private hospitals within the corporate group as well as with private global operators
- They are vertically integrated and have the capacity to offer "one-stop" care services
- They have state-of-the-art management development programs and flexible career opportunities – they have breadth and depths of managerial talent

- They tend to have clear operating strategies and business plans

“Getting the right balance between the public and private provision of hospital services is going to be critical. The technological infrastructure of many of our great public hospitals has been allowed to run down over the last couple of decades, and increasingly it’s only in the newer private wings of hospitals that are able to offer the most advanced forms of treatment. Given the relatively small population base of this country, the model of a cooperative and integrated public and private hospital system seems to make sense.”

Professor Stephen Leeder, Dean of Medicine at the University of Sydney, quoted in the ABC radio program The Health Report, 23.2.1998

HOSPITAL ACCIDENT & EMERGENCY DEPARTMENT



Source: Adapted from The Audit Office of New South Wales, *Performance Audit Report: Hospital Emergency Departments Delivering Services to Patients*, March 2000

Northern Beaches Health Planning Group, a sub-committee of the Save Mona Vale Hospital Committee, July 2002

Northern Beaches Health Planning Group, a sub-committee of the Save Mona Vale Hospital Committee, July 2002

BUILDING BLOCK 5: EMERGENCY MEDICINE

“Emergency Departments (EDs) are key entry points into the acute hospital system, working at the interface between the hospital and the community. EDs are highly visible, highly utilised and highly valued.”

Report of the Greater Metropolitan Service Implementation Group, 2001, page 83

Definition

“The primary role of the emergency department is to provide timely, accessible and appropriate emergency health services to patients with acute illness or injury.”

(NSW Department of Health 1994, *Emergency Department Policy Statement*).

Problems affecting emergency departments

According to the *NSW Performance Audit Report of 1998*, “the problems affecting emergency departments include:

- Increasing demand for emergency department services and hospital services generally
- Use of emergency department services for primary care (GP type) consultations
- Access to inpatient beds for emergency department admissions
- Timeliness of treatment
- Access to management information.”

The Report goes on to say “since 1988, NSW governments have declared a strong commitment to enhancing the quality of hospital emergency services, principally by increasing the number, seniority and training of staff and upgrading facilities. More recently, attention has focused on achieving improvements in emergency department waiting times (the time taken for a patient to see a doctor) and access block (the time taken for a patient to be sent to the ward after a decision has been made to admit the patient).”

The Emergency Care Handbook National Health Service UK 1995 illustrates the additional services emergency departments provide to meet community and hospital needs:

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"Their primary role of managing accidents, injuries and trauma, has often been supplemented with the role of being the front door of the hospital, a primary care centre for those who decide not to use their GP, and finally one of the few 24 hour services with an open door policy."

Emergency department upgrades

The emergency departments for the two Northern Beaches hospitals should be a state-of-the-art dedicated area (matching the focus or specialty of each hospital) organised and managed to provide quality emergency care for people who perceive the need for or are in actual need of urgent medical help.

Mona Vale and Manly, as spoke-site hospitals would sub-specialise in providing defined emergency and inpatient services for the Integrated Health Care Network. They would have the capacity to manage all emergencies in terms of qualified staff and equipment. As spoke hospitals of RNSH, they would, in turn, become hub sites for referring agencies. Their role would be:

- The management of an appropriate staff roster
- Patient triage on admission and management of emergency admissions
- Implement nursing procedures for rapid diagnosis and treatment
- Provide immediate care or treatment within guidelines or protocols
- Diagnose the level of complexity of clinical services and support services required
- Refer to RNSH hub site when complex cases cannot be managed locally
- Arrange for patient transfer to hub hospital when required
- Provide clinical support to GPs and community based health workers
- Coordinate staff to meet seasonal and other peak demand periods
- Design and implement relevant educational and training programs
- Use first class communication systems including IT and E-HEALTH to receive support from the RNSH hub and to provide support to the Network and the other hospital. They would also have the capability to organise teams to provide immediate help at disaster sites
- Organise clinical support services capable of coping with large numbers of admissions. Some support services could be on site, some could be provided from the RNSH hub through E-Health, and some could be

supplied by co-located private providers (support services could include blood tests, x-rays, ECGs, echocardiograms and other relevant diagnostics)

- Effective management of allocated resources, including:
 - * relevant diagnostic equipment
 - * flexible/modular design of the Unit so that sections can be opened and closed depending on the pressure of admissions
 - * a holding unit for patients who have to remain for observation
 - * paediatric facility
 - * 7x24 hour security, including secure area for psychiatric patients

APPENDICIES

APPENDIX (A) DECENTRALISATION AND THE DELIVERY OF CARE

Decentralisation can be defined as the transfer, or partial transfer, of managerial arrangements and accountability systems. Decentralisation ranges from the transfer of planning and decision-making processes to lower levels within a hospital organisation to a more extensive area-wide reform process which reconfigures the total system of health care delivery. It is a response to diversity, complexity, uncertainty, and rapid change. It satisfies the need for greater responsiveness and flexibility. Centralisation, on the other hand, is a response to predictability, permanence, and a need for uniformity. It satisfies the need for stability. The general argument in favour of a more decentralised health care system is its potential for:

- Providing better, speedier and more convenient access to a larger number of people
- Improving the quality of care services
- Increasing patient safety
- Fairer allocation of resources
- Greater flexibility and responsiveness to changing health care needs

There are four basic approaches to decentralisation and more than one form is usually applied in a decentralisation process.

- *Deconcentration*: Selected programs and systems are managed at the community level
- *Delegation*: Defined responsibilities are transferred to community-based agencies
- *Devolution*: Certain powers of planning or decision-making are transferred to the community
- *Deregulation*: Partnerships or alliances are formed between public & private health providers

“Decentralisation has, not only an administrative value, but also a civic dimension, since it increases the opportunities for citizens to take interest in public affairs; it makes them get accustomed to using freedom. And

from the accumulation of these local, active, persnickety freedoms, is born the most efficient counterweight against the claims of the central government, even if it were supported by an impersonal, collective will.”

Alexis Comte de DeToqueville 1805 – 1859, Democracy in America

APPENDIX (B) CLINICAL MANAGEMENT AND CONSUMER INVOLVEMENT

“There is a very real risk in the move away from almost what I would call hospital village, where the players develop roles – the patient developed an identity, the doctor and the nurse had a role, physiotherapists and others had a role – to this modern one where we’re more like computer operators or people selling railway tickets or any other form of commodity. There’s a loss of human contact and there’s a loss of an opportunity to reflect and consider things in depth, and given that a lot of health problems, especially among older people, represent quite substantial threats to life, then you have to ask the question, well where do these things ever get discussed? ...”
“Well it has not always been that way by tradition, and if the reason that the tradition of encounter, of identity, of discussion, of reflection, of human contact has been discarded thoughtlessly without any reason for it, simply other than they’ve got all this brilliant new technology and anyway it’s all terribly expensive, and they push people through like sausages, if that’s the reason then the loss is a very severe one indeed, and must leave a lot of needs unanswered.”

Professor Stephen Leeder, Dean of Medicine at the University of Sydney, quoted in the ABC radio program The Health Report, 23.2.1998

Introduction

Based on Federal and State Government initiatives, funding for health has become linked with improved and more streamlined coordination of care and with the quality and efficiency of clinical services. It would appear that NSH is reorganising its management structure by establishing ten clinical service streams centred on a new hospital facility. So far, a detailed change management strategy for building a cohesive Network of care has not been developed. The focus is still on facilities, especially on the building of a new hospital. This is a limited response to the complex challenges posed by the new policy environment. Instead, there is a necessity for a more systematic change strategy and for building an Integrated Health care Network with an organizational culture that encourages true consumer involvement, the promotion of better management and communications so to achieve a more seamless delivery of quality care. There also is a requirement for bringing together the various modules of patient care, of research and of teaching to shape a strong Network and hospital identity.

As the Northern Beaches community grows and ages, as consumer demands and expectations change, and as technology expands, the range of patient care possibilities increase. More sophisticated managerial efforts will need to be applied to lead a more multi-disciplinary approach to care delivery and to pursue the six dimensions of quality listed on page 16. In future, cost-effective specialist care will more readily be achieved through building and maintaining a capacity to more flexibly recruit, train, deploy and manage specialist care across the entire Northern Beaches Network as well as between the various hospitals in the NSH Area.

It appears that so far management's ability to respond more cost-effectively to the health needs and concerns of the community is held back by an unclear focus, fragmented leadership, tolerance of needless levels of systems complexity, splintered change efforts, a lack of adequate communication, and the consequent absence of an interconnected Network strategy. This has promoted confusion and conflict, misunderstandings and divisions within some of the professions and in the community. Strong, innovative and consistent clinical management across the entire Network of care has so far not been a feature in system-wide change. Historically, clinical and patient safety standards have been allowed to deteriorate in both hospitals. There is an urgent need to systematically develop a more logical framework of management across the range of care settings in order to optimise quality care activities, including:

- Effective information sharing and communication to break down barricades to effective networking
- Systematic performance management to reduce and avoid wasteful duplications and to create more productive work places
- Systematic health reviews to ensure the right care is delivered in the right place
- Professional development and peer review programs
- Network-relevant research, teaching and partnering with relevant universities
- Rigorous technology evaluation (assessing technology investment against other investment priorities throughout the Network)

- Effective and efficient organizational arrangements that allow people to:
 - * work collaboratively towards the achievement of a clear set of
 Network and
 - specialist goals
 - * work flexibly and respond more smoothly to emerging challenges or opportunities
 - * coordinate hospital-based services more easily with community based services
 - * build and maintain productive work relationships within and between a wide range of disciplines
- Clear accountabilities for resource deployment and financial performance

The Integrated Health Care Network model could be a better basis for managing a more focused, cost-effective and sustainable care strategy. It is no longer a matter of building a centralised hospital that will disadvantage sections of the community and is likely to encounter future problems of centrality. It is a matter of investing in and managing a delivery Network that remains more responsive to changing consumer needs and therefore is more in line with the Government's health reform agenda.

Patient-centred philosophy of management

“All improvement requires change, and improving quality in health care involves changing the way that things are done, changes in processes and in the behavior of people and teams of people. Whether a quality improvement program encompasses the whole organisation in ‘macro’ change, or whether a team of people is reorganising a single clinic on a ‘micro’ scale, the same principles of change management apply. The health sector should be able to learn a great deal from other industries and sectors and from the general literature on the management of change and organisational development.”

Garside P., Organisational Context for Quality: Lessons from the Fields of Organisational Development and Change Management, Quality in Health Care, British Medical Journal 1998; 7(Suppl): S8-S15

A clear and sensitive patient philosophy of care could have several benefits and be invaluable for:

- Providing a focus for planning, designing and managing the Integrated

Health Care Network and its component parts (hospitals, wards, clinics etc.)

- Attracting development finance for the Network – human as well as technological
- Guiding continuous quality improvement efforts

The development of a patient care philosophy should be managed as a consultative process in which patients, care providers, administrators and the community define what they perceive to be important services. The components of a philosophy of care management for the Network could be:

- Identification of the care and access needs and expectations of patients and their families
 - The notion of “community ownership” of the Network and its hospitals
 - Investment in quality hospital staff, especially nurses (it is people who make things happen, they are worthy of investment)
 - Interdisciplinary teamwork across the Network to deliver the most cost-effective models of care
 - Every system and work process to be focused on patients and their families, on quality and safety, on easy and convenient access, on efficiency and the constant search for improvements
 - Every health care agency and every health professional in the IHCN is seen as a vital partner in the cost-effective delivery of care
-
- The management of a hospital environment that nurtures and supports every manner of healing – at the physical level, the mental level, the emotional level, and the spiritual level for patients as well as their families
 - Methodically striving for high patient, nurse and clinician satisfaction
 - Minimising/eradicating post-operative complications
 - Increasing the number of patients who make lifestyle changes that are conducive to their future health
 - A hospital setting that is less impersonal and threatening, provides privacy and dignity – optimal for healing and convalescence
 - Providing opportunities for certain patients to be participants in their care and not just passive receivers of it

- Incorporating in the hospital a Health Information Resource Centre with easy access to:
 - * online health information
 - * books and articles on a range of health and medical issues
 - * a video and CD library
 - * research services
 - * information on community support networks
 - * life style and nutritional information
 - * a range of interesting education programs on a variety of health issues
 - * interest programs for patients, e.g. visual arts, music, literary discussion
- etc.

NOTE

Access to information helps patients to more effectively participate in their care and healing process. Such a centre could be privately funded and open to the community as well as to various health providers within the Network

It is not a new hospital and the latest treatment technologies that will improve health care delivery. Rather it is progressive management capable of developing and leading an Integrated Health Care Network by establishing efficient work practices, setting up work environments conducive to productive performance and by continuously improving the performance of individuals, teams and systems that the quality of health care will be built and sustained.

Nurse recruitment and retention

One of the recurring crises in the hospital system is the shortage of nursing staff attributable to several shortcomings, including:

- Inadequate pay
- High cost of accommodation
- Unsustainable workloads, e.g. ratio of patients per nurse has increased, rise in the number of patients with complex conditions needing more sophisticated interventions and requiring more nursing time for observation and management
- High levels of stress and diminishing work satisfaction
- Lack of recognition of nursing expertise and the profession's level of responsibility
- Specialist nurses caring for general patients because of the merging of wards
- Frustration of not being able to provide appropriate care
- Potential recruits no longer perceiving nursing as an attractive career option
- High turnover of casual nursing staff interrupting team-based work methods
- Full-time nurses carry the burden of continually training and supervising casuals
- The number of new nursing recruits being offset by the number leaving the system

There has been too much reliance on sourcing casual nursing staff from agencies that charge a premium for their services. This has not been a cost-effective option and seems to have placed enormous strains on hospital budgets

Some management actions for turning the problem around could include:

- Formation of a nursing career advisory service to improve recruitment processes
- Improvements in how nurses are rewarded and given recognition for their work

- Improvements in working conditions, including on-campus child care facilities in conjunction with Council or private co-located hospital, holiday relief, accommodation assistance, more flexible rostering systems
 - Systematic monitoring of work loads and rectifying anomalies
 - Establishment of a nurse scholarship system for the Northern Beaches
 - Establishment of a work experience program for secondary school students
 - Provision of continuing professional development opportunities
 - Strong and systematic promotion of nursing as a career
 - Development of a nursing career advisory service for undergraduate, new graduate and post graduate TAFE and university students
 - Development of partnerships between hospital and the higher education sector
 - Establishment of a project manager and/or small task force to deal with specific nursing issues
-
- Organisation of a system of job rotation throughout the Integrated Health Care Network
 - Acceleration of junior nursing careers through efficient training and planned experience programs consisting of:
 - * a systematic orientation and induction process
 - * counselling and mentoring program
 - * improvement in rostering practices
 - * IT support
 - * case management support

APPENDIX (C) HEALTH CARE PRODUCTS AND SERVICES AND THEIR DELIVERY

There is a need to systematically refocus and realign the whole health care delivery system on the Northern Beaches. To concentrate planning efforts simply on hospitals is unlikely to come up with a sustainable and strategic option. The table that follows could be used as a scaffold for developing an Integrated Health Care Network product and delivery strategy.

“What is needed is an overarching, coherent framework for managing the quality of health care in a systematic way in New South Wales.”

NSW Health, A Framework for Managing the Quality of Health Services in NSW, January 1996

NSW Health defines six basic dimensions of quality in health care that should provide the focus throughout the Network for:

- Area-wide leadership
- Continuity of care
- Information management to support effective planning and decision-making
- Monitoring and facilitating continuous improvement
- Research, education and continuous professional development
- Accreditation of services

The six dimensions of quality are:

- **Safety**
Risk minimisation and safe progress of consumers through all parts of the Network
- **Effectiveness**
Extent to which service, intervention or treatment achieves the desired outcomes
- **Appropriateness**
Appropriateness is about using evidence to do the right thing to the right person at the right time and in the right place. Interventions are selected based on the possibility that they will produce the desired outcome
- **Consumer participation**
Not only do consumers have a fundamental right to participate, but their input could have considerable benefit.
Provision of opportunities for consumers to collaborate with health organizations and service providers in planning, delivery, monitoring and evaluation in a dynamic and responsive way
- **Access**
Fast, fair and non-discriminatory access to health services on the basis of individual patient need, socio-economic group, ethnicity, age or gender
- **Efficiency**
Utilisation of resources to achieve value for money by:

- * minimising duplications, overlaps and internal competition
- * allocating resources to those services that provide the greatest benefit to consumers

“Hospitals became the testing grounds as well as the users of the best medical technology that we could devise. They have been on what we would call the equivalent of an arms race between each other, competing for having this latest technology since they have to try to address the interests and the needs of their consumers, which are the paying patients. So we’re coming up into a situation now where the hospital has gradually become increasingly even more an institution for acute cases that stay for short periods of time, has shed a series of functions that it had before into hospices for those who are going to die, the dying go into hospices, the chronic ones go into nursing homes, and many others go as convalescents to their homes and continue home care.”

Professor Gunter Resse, medical historian from the University of California in San Francisco, quoted in the ABC radio program The Health Report, 23.2.1998

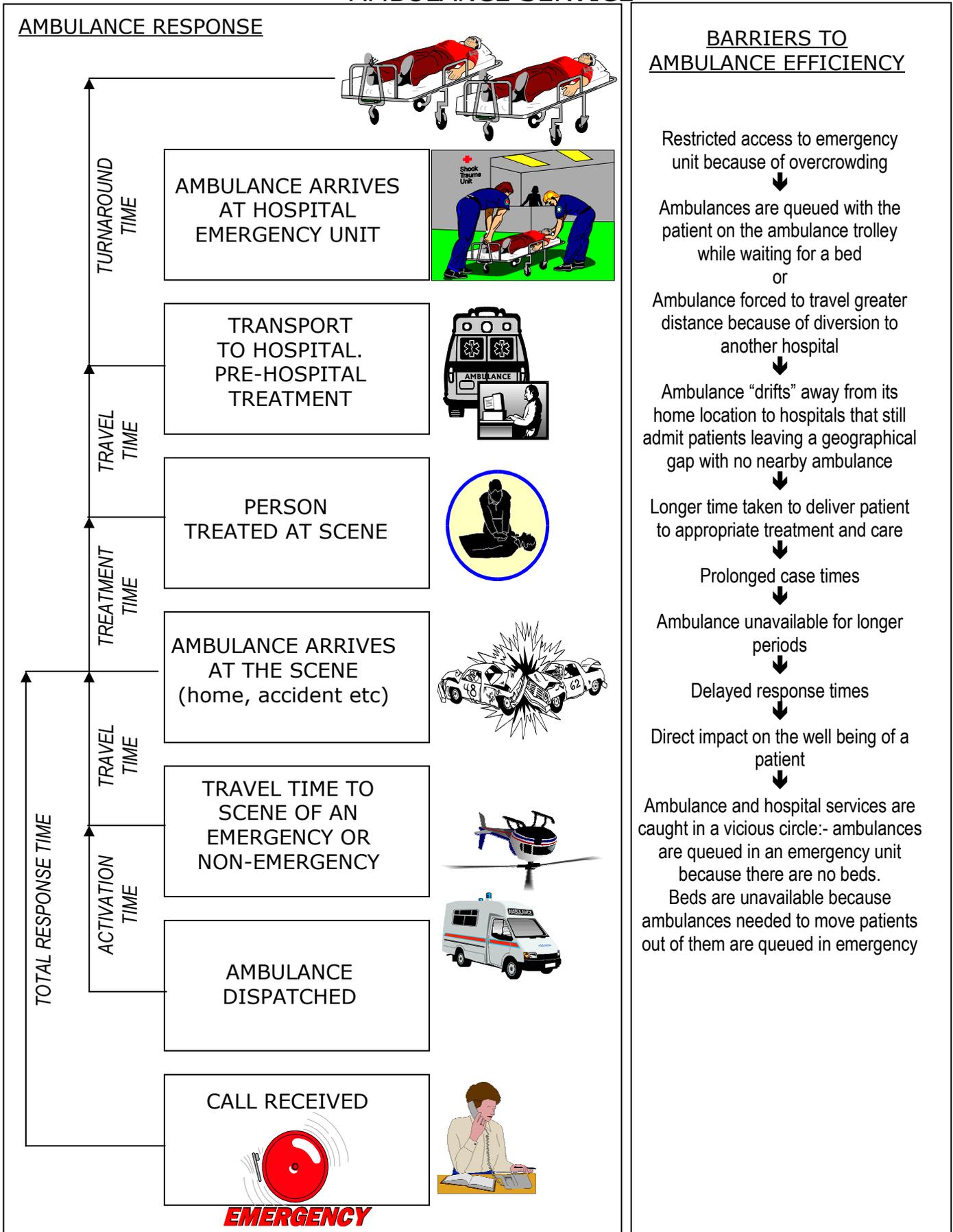
How should health care products/services be delivered to ensure sustainable quality and cost-effectiveness?

HEALTH CARE PRODUCTS/SERVICES	MONA VALE Metropolitan General Hospital	MANLY Specialty Hospital	RNSH Acute Care Tertiary Hospital	OTHER SPECIALIST HOSPITALS Public and Private	PRIVATE CO-LOCATED HOSPITAL On MV Campus	COMMUNITY HEALTH CENTRES AND HEALTH PROFESSIONALS	PARTNERSHIPS WITH MULTI-SITED COMMUNITY CARE FACILITIES
ACUTE CARE							
Emergency Department * 7x24 * Acute assessment * Resuscitation * Ambulance service * Disaster response							
Radiography Digital imaging * X-ray * CT * Ultra sound * Mammography * Angiography * MRI & Nuclear							
ICU and HDU Connected to coronary and step-down care unit							
Surgical * Operating theatres * Endoscopy suites * Recovery unit * Day surgery unit * Colorectal unit * 24 hour anaesthesia							

HEALTH CARE PRODUCTS/SERVICES	MONA VALE Metropolitan General Hospital	MANLY Specialty Hospital	RNSH Acute Care Tertiary Hospital	OTHER SPECIALIST HOSPITALS Public and Private	PRIVATE CO- LOCATED HOSPITAL On MV Campus	COMMUNITY HEALTH CENTRES AND HEALTH PROFESSIONALS	PARTNERSHIPS WITH MULTI-SITED COMMUNITY CARE FACILITIES
<ul style="list-style-type: none"> * Pathology * Pharmacy * Pain management * Haematology 							
<p>General Surgical and Medicine</p> <ul style="list-style-type: none"> * Burns * Gynaecology * Obstetric * EN&T * Paediatrics * Neonatal * Orthopaedic * Cancer (colorectal, lung, breast, melanoma, cervical, prostate) * Neurology * Urology * Renal medicine * Vascular * Gastroenterology * Respiratory medicine * Cardiology * Ophthalmology * Endocrinology * Thoracic * Oral and facio-maxillary * Rheumatology * Reconstructive surgery * Follow-up post-surgical clinic * Plastic surgery * Dermatology * Transitional care 							
<p>Obstetrics</p> <ul style="list-style-type: none"> * Birthing unit * NICU & Special care nursery * Post-natal & Ante-natal clinic with public & private obstetrics consultants 							
<p>Paediatrics</p> <ul style="list-style-type: none"> * Ages 2-14 * Isolation rooms * Parent accommodation * Adolescent care unit for ages 15 – 20 							
<p>Mental Health</p> <ul style="list-style-type: none"> * Adolescent acute care * Adolescent non-acute care * Adult acute care * Adult non-acute care * Psycho-geriatrics * Drug & detox clinic * Addiction and suicide prevention * Outpatient clinic 							

HEALTH CARE PRODUCTS/SERVICES	MONA VALE Metropolitan General Hospital	MANLY Specialty Hospital	RNSH Acute Care Tertiary Hospital	OTHER SPECIALIST HOSPITALS Public and Private	PRIVATE CO-LOCATED HOSPITAL On MV Campus	COMMUNITY HEALTH CENTRES AND HEALTH PROFESSIONALS	PARTNERSHIPS WITH MULTI-SITED COMMUNITY CARE FACILITIES
* Mobile mental crisis response team							

AMBULANCE SERVICE



HEALTH CARE PRODUCTS/SERVICES continued	MONA VALE Metropolitan General Hospital	MANLY Specialty Hospital	RNSH Acute Care Tertiary Hospital	OTHER SPECIALIST HOSPITALS Public and Private	PRIVATE CO-LOCATED HOSPITAL On MV Campus	COMMUNITY HEALTH CENTRES AND HEALTH PROFESSIONALS	PARTNERSHIPS WITH MULTI-SITED COMMUNITY CARE FACILITIES
NON-ACUTE CARE							
Multi-purpose Day Centre * Dialysis & diabetic clinic * Oncology day clinic * Post-surgical and outpatients diagnostic and treatment centre * General Practitioner clinic * Sport medicine clinic * Audiology & Speech therapy clinic * Dental health & Podiatry clinic * Occupational therapy * Dietetics & Nutrition clinic * Physiotherapy and Hydro therapy * Diabetic clinic							
Community Health Centre and Counselling Services * Family, adult & adolescent counselling * Bereavement counselling * Healthy life & wellness * Social work & welfare support * Child protection * Multi-cultural health care * Psychology & Psychiatry * Family planning clinic * Early childhood development * Developmental ophthalmology * Audiology & Speech therapy clinic * Eating disorders * 7x24 hour medical service							
HEALTH RISK MANAGEMENT * Immunology * Infectious diseases * Sexual health & HIV prevention * Substance abuse * Youth addiction & suicide prevention network							

HEALTH CARE PRODUCTS/SERVICES continued	MONA VALE Metropolitan General Hospital	MANLY Specialty Hospital	RNSH Acute Care Tertiary Hospital	OTHER SPECIALIST HOSPITALS Public and Private	PRIVATE CO-LOCATED HOSPITAL On MV Campus	COMMUNITY HEALTH CENTRES AND HEALTH PROFESSIONALS	PARTNERSHIPS WITH MULTI-SITED COMMUNITY CARE FACILITIES
REHABILITATION AND CONVALESCENT CARE SERVICES * Aged care * Disability support * Sport medicine * Ongoing conditions * Post-acute/ Recuperative care * Home nursing & home care services * Self-care support * Palliative care							
HEALTH NETWORK COORDINATION (E-HEALTH) * Tele-health support * Case management along the continuum of care * Medical records * GP & inter-agency liaison * Health promotion & education * Library & research service * Patient transport coordination * Patient complaints management and coordination * Quality improvement data							
HEALTH RESEARCH AND PROFESSIONAL DEVELOPMENT * Medical, nursing, allied health research * Management and systems research * Undergraduate & Post-graduate education * Continuing professional development							

“Many homes can ill afford to be the receptacles of individuals who are recovering because they don’t have the relatives as caretakers and/or the facilities and the actual technical parts that are needed for this kind of home care. Our homes have become smaller and smaller, many people live in apartments, it’s a staggering increase in the percentage of people who live alone, they don’t have any other health care givers in their immediate families...And it is a romantic notion that home is one’s castle and one has a great deal more freedom there, but the truth of the matter is that when one is sick, many of these freedoms have disappeared.”

Professor Gunter Resse, quoted in the ABC radio program The Health Report, 23.2.1998

APPNEDIX (D) AMBULANCE AND PATIENT TRANSPORT SERVICES

Definition

A patient-focused, reliable and efficient ambulance service is an essential part of the Integrated Health Care Network (IHCN).

Ambulance journeys can be classified into emergency and non-emergency transport. Journeys usually start or finish at a hospital:

- They bring patients into the hospital following an event
- They move patients within the Network so that they can receive different or more specialised care or treatment (to the hub hospital or to a specialist clinic)
- They take patients from home, retirement villages or nursing homes for day treatment to a hospital or clinic
- They take discharged patients home or to a convalescent facility

Key elements of a cost-effective ambulance service

The key elements of a cost-effective ambulance service are:

- Ambulance officers who are skilled health professionals able to provide care at point of need and during patient transport
- Ambulances that are equipped with appropriate life-saving and communication technologies
- Quick emergency response times; type of responses include cardiac, general medical, neurological, respiratory, surgical, trauma
- Quick movement of patients to hospital emergency units from an event
- Efficient movement of non-emergency patients within the IHCN

Current performance problems

The *NSW Performance Audit Report – Ambulance Service of NSW: Readiness to Respond March 2001* states that in “terms of efficiency and economy, ... in many parts of the State the demand is growing and the Service has not adjusted historical deployment practices to ensure that resources are able to be deployed appropriately to the locations and times of highest demand for ambulance care ... The Service experiences considerable efficiency and economy penalties from its interaction with other elements of the NSW health system. Problems with ambulance diversion and extensive waiting at some

hospitals to transfer patients to emergency departments continue to represent significant obstacles for an efficient operation."

APPENDIX (E)
POTENTIAL ADVANTAGES AND DISADVANTAGES OF A CO-LOCATED PRIVATE HOSPITAL

1) **POTENTIAL ADVANTAGES** OF A CO-LOCATION PROJECT FOR BOTH THE PUBLIC AND PRIVATE HOSPITAL

POTENTIAL ADVANTAGES FOR THE PUBLIC HOSPITAL (“THE HOST”)	POTENTIAL ADVANTAGES FOR THE PRIVATE HOSPITAL (“THE GUEST”)
<ul style="list-style-type: none"> • Private co-location could act as a catalyst for the comprehensive upgrading of MVH • Capital injection could reinvigorate the MVH campus, making it more modern, pleasant and patient and visitor friendly, e.g. <ul style="list-style-type: none"> * indoor & outdoor spaces as healing environments * renewed infrastructure * new information & clinical support systems • Progressive improvement of operating efficiencies • Trade-off of assets owned (some land, some facilities, good will) for capital and improved care services • Private co-location could help enhance the range and quality of care services at MVH • The combined volume of patients of the two hospitals could contribute to the achievement of “critical mass” which could make it feasible for MVH to offer a more complex level of service in defined specialty areas • A broader mix of patients could increase the scope for research and education • Co-location could offer additional incentives to doctors by providing: <ul style="list-style-type: none"> * additional opportunities for private practice * modern, well-equipped treatment facilities and a hospital environment centred around patients and their families/friends * private consulting rooms linked to state-of-the-art diagnostic and patient facilities * commercial and managerial advice • Co-location could act as insurance against further downgrading or ultimate closure of MVH 	<ul style="list-style-type: none"> • Immediate access to a referral network and paying patients Note: Patient throughput, i.e. occupancy rate and number of patients treated plus case mix plus operating costs are the major determinants of profitable ‘trading’ • Affiliation with a well-established and respected public hospital • Access to MVH services such as residents and registrars and a state-of-the-art emergency department and intensive care unit • A geographically attractive site, ideally suited for healing and one that could attract not only local ‘customers’ but also ‘customers from anywhere in Australia and the world • The purchase of a comparative site to the MVH campus would be prohibitively expensive if it were available at all • A community who would be supportive of a an integrated and well-managed private facility • The campus and the ‘partnership’ with an upgraded public hospital could be a unique asset not easily duplicated by a competitor • An assured flow of private patients, including: <ul style="list-style-type: none"> * new patients from within the Northern Beaches community who may have gone to another hospital * private patients who have previously been treated at MVH * private patients referred by other hospitals * overseas patients who are attracted to a centre of excellence located in a superb environment

2) POTENTIAL **DISADVANTAGES** OF A CO-LOCATION PROJECT FOR BOTH THE PUBLIC AND PRIVATE HOSPITAL

<p>POTENTIAL DISADVANTAGES FOR THE PUBLIC HOSPITAL (“THE HOST”)</p>	<p>POTENTIAL DISADVANTAGES FOR THE PRIVATE HOSPITAL (“THE GUEST”)</p>
<ul style="list-style-type: none"> • Caring for and protecting the viability of MVH could at best be a secondary objective of the private hospital. Its own survival and success will be its prime aim • Lack of transparency by the private hospital because of commercial confidentialities • Concentrating on commercial agreements at the expense of developing long-term strategic benefits is unlikely to result in high and sustainable health service delivery • Reluctance by NSH and MVH management to build a lasting collaborative relationship could once again lead to a deterioration of care • MVH could suffer the loss of the more lucrative privately insured patients • Poor management of MVH could result in loss of revenues as patients “flee” to the private hospital • Failure by MVH management to care for its staff will result in a drift by personnel to the private hospital 	<ul style="list-style-type: none"> • The perception by the Northern beaches community that a co-located private hospital could disadvantage community interests • In its start-up phase, the private hospital could be at risk of not attracting sufficient numbers of patients or the right mix of patients quickly enough • Risk of under estimating capital requirements, revenue flow, and operating expenses • Unreasonably strong government regulatory influence • Reluctance to develop and maintain a collaborative partnership with MVH could lead to community hostility and to poor performance in terms of delivery of care and financial returns Note: As in any mutual dependent relationship, the welfare of the “host” is integral to the success of the co-located private hospital

3) **POTENTIAL ADVANTAGES AND DISADVANTAGES OF A CO-LOCATION PROJECT FOR THE NORTHERN BEACHES COMMUNITY**

POTENTIAL ADVANTAGES	POTENTIAL DISADVANTAGES
<ul style="list-style-type: none"> • Residents have an attractive alternative source for treatment and healing • Co-location could develop into a major health care precinct with the opportunity to integrate medical centres and other health delivery services that opt to locate within or adjacent to the MVH campus • private hospital could improve the health care network by: <ul style="list-style-type: none"> * reducing pressures on MVH and Manly Hospital in terms of bed numbers, operating theatres, and other services * by providing the two public hospitals with an income stream in the form of rent, purchasing power, e.g. food, maintenance, security, parking etc.) * providing market opportunities for the two public hospitals for special referrals * offering professional staff engaged by the two public hospitals the opportunity for extending their private practice, thereby helping the two hospitals to attract and retain high calibre staff • If NSH takes up the challenge to strategically reposition and manage the Northern Beaches health care network (including MVH and Manly Hospital) and refocuses its efforts clinically, managerially, commercially, as well as in terms of research and professional education, the community will benefit in the short and long term • A co-located private hospital on a significantly upgraded MVH campus, surrounded by a well-designed and well-managed health care network could create a whole new economic platform for Pittwater and the whole Northern Beaches area Note: Co-location and a rejuvenated health network will act as a significant job and business incubator 	<ul style="list-style-type: none"> • The growing capacity and sophistication of the private hospital could reduce patient numbers for MVH • In general terms, the shift of patients from public to private hospitals could increase the cost of private health insurance across NSW and Australia • The development of a two-tiered system of care could widen the gap between people who are able to pay and those who are not • Government could subtly shift the public/private hospital mix toward a system of managed care • A private hospital must cover all its costs, increase its market share, build its 'brand' image, make a profit sufficient to amortise debt, pay an acceptable return to shareholders. Given these priorities, the private hospital could be tempted to cut corners to increase productivity. It could at times jeopardise the quality of care • What other disadvantages could there be for the community?

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- SMHC interviews and consultation meetings with several doctors, nurses and other health professionals
- 20,000 petition signatures
- Northern Beaches Health Planning Group community consultation workshops
- Northern Beaches Community Consultative Health Planning Group (NSH)
- Northern Beaches Health Services Procurement Feasibility Plan, 10 Service Stream Consultations
- Public Forum, Dee Why RSL Club 23 May 2002
- Meetings with Health Minister and Labour and Liberal politicians
- Other community groups
 - * Combined Manly Precinct Committee
 - * Northern Beaches Interagency Workshop
 - * Freshwater Probus
 - * Brookvale Rotary
 - * Ministers Fraternal Manly
 - * War Veterans

Major Level 5 Metropolitan General Hospital

Acute Services	Emergency Services level 5 with acute assessment and resuscitation 24/24 Ambulance Services including Helipad Separate Paediatric Facility Mental health secure room Security 24/24 Operating Theatres level 5 with Day Surgery Facility ICU HDU CCU with step down care unit Neurology/Stroke Unit General Medical Units eg Respiratory Surgical Units eg Vascular, Orthopaedic, Gynaecology Paediatrics/Adolescent Unit Pharmacy
Diagnostic Services	Radiography, Imaging eg CT, US, MM, Nuclear Imaging Pathology
Obstetric Services	Birthing Unit NIC Newborn Special Care Unit Antenatal/Postnatal
Non Acute Services	Aged Care! Rehabilitation/Respite Care/Day Care Renal Dialysis Ophthalmology ENT
Allied Health	Physiotherapy Social Work Occupational Health/Diversional Therapy/Speech Pathology
Outpatients	General and Obstetrics
Specialist Rooms	
Community Health services eg	Maternal and Child Health Chemotherapy Mental Health/D & A Dental Palliative Care APAC/Home Nursing
Accommodation For Staff	
General Support Services	

Specialty Community Hospital

Acute Services Emergency Services with acute assessment and Resuscitation
24/24 with access to small HDU till transfer to Higher level care
Operating Theatres
Day Surgery Facilities
Mental Health/D&A Facility/Adult and Adolescent inpatient
Short Stay Unit/ Postoperative Elective Surgery
Flexible Medical Beds eg Sleep Study /Palliative /Respite Care
Pharmacy

Diagnostic Services Radiography,CT.US.MR1
Pathology

Treatment Unit Chemotherapy
Dialysis
Dental

Rehabilitation Unit Aged Care
Mental Health
Allied Health Services

Outpatients General and Obstetrics

Specialist Rooms

Community Health Services

Additional Information:

Options 1

Geographical locations are the level 5 Hospital and facilities listed should be at Mona Vale. The Specialty Hospital in the Manly area. The aged care and rehabilitation inpatient beds should be located at both sites.

Mental Health inpatient beds at Manly.

THE ADVANTAGES of the Mona Vale site.

Infrastructure in place

Adequate land for redevelopment

Position. Position.

Geographical centre of the Northern Beaches.

No hospital north of Dee Why.

THE DISADVANTAGES

The perceived difficulty for the southern end of the NBs to access Facility.

THE ADVANTAGES of Manly site.

Local access to services.

Position.

THE DISADVANTAGES

The cost of redevelopment of the site.

The limited access to the hospital by road.

With good management and marketing these options can give equitable access to Emergency and Hospital Facilities across the whole Northern Beaches Area with no duplication of services.

This is in conjunction with Community Health Services on site and within the area.

PITTWATER COUNCIL



Pittwater Council

C7.4 Council Option for the future of Health Services on the Northern Beaches.

Meeting: Council

Date: 1 July 2002

EXECUTIVE SUMMARY

PURPOSE OF REPORT

To seek Council endorsement of the two documents attached to this report, which together form Council's Option for the future Of Health Services on the Northern Beaches. These documents are titled:

1. Pittwater Council Vision Statement - Northern Beaches Health Care Services - July 2002
2. Pittwater Council Background Briefing - Northern Beaches Health Care Services - July 2002

BACKGROUND

Following a meeting of the Northern Beaches Community Consultative Health Planning Group last week, the five Pittwater delegates informed Council that NSH was requiring submissions on the future of health services on the Northern Beaches by 5 July 2002.

Last September Council adopted a Draft Vision Statement and Draft Background Briefing paper regarding the future of health care services on the Northern Beaches Staff have been reviewing the documents so that Council could consider them for submission to Northern Sydney Health

ISSUES

Council submission - The future of health service delivery on the Northern Beaches.

FINANCPIAL IMPLICATIONS

Nil

POLICY IMPUCATIONS

Nil

SUMMARY OF RECOMMENDATION

1. That Council adopt the attached Pittwater Council Vision Statement - Northern Beaches Health Care Services July 2002, and Pittwater Council Background Briefing - Northern Beaches Health Care Services July 2002. (attachment 1)
 2. That Council submit to Northern Sydney Health the Pittwater Council Vision Statement and Background Briefing paper to be considered at the Phase One Value Management Study Workshop on the 26 July 2002.
 3. That Council forward a copy of the Pittwater Council Vision Statement and Background Briefing paper to all State and Federal Members on the Northern Beaches, Manly and Warringah Councils and the Northern Beaches Community Consultative Health Planning Group for their information.
-

1.0 BACKGROUND

- 1.1 Northern Sydney Health (NSH) has been undertaking a review of health services on the Northern Beaches for over two years.
- 1.2 Last September staff reported to Council on the outcome of the NSH Community consultation process including the inadequate options for future health services on the Northern Beaches which were presented to the community and inadequate consultation with the Northern beaches community.
- 1.3 At its meeting on the 3 September 2001, Council adopted for the purpose of exhibition and consultation with the community a Draft Vision Statement and Draft Background Briefing paper regarding the future of health care services on the Northern Beaches.
- 1.4 Late last year NSH established the Northern Beaches Community Consultative Health Planning Group (NBCCHPG) comprising five community representatives to assist with its Procurement Feasibility Plan (PFP) process.
- 1.5 On the 15 April 2002 Council considered a report on the progress of the Northern Sydney Health PFP process and resolved that staff finalise Council's Draft Vision Statement of Northern Beaches Health Care Services for consideration as part of the NSH PFP process.
- 1.6 In June 2002 staff provided Council with an update on the PFP process that highlighted serious concerns regarding the lack of genuine community consultation occurring as part of NSH's PFP process.
- 1.7 Following a meeting of the NBCCHPG last week, the five Pittwater delegates informed Council that NSH was requiring options for the future of health services on the Northern Beaches to be submitted by 5 July 2002

2.0 ISSUES

2.1 Council submission – The future of health service delivery on the Northern Beaches.

2.1.1 Staff have been working on a revision of documents that form Council's Option for Future Health Services on the Northern Beaches.

2.1.2 The Vision Statement and Background Briefing paper have both been updated to reflect recent events. Both documents still advocate two health precincts, one on the existing Mona Vale site and the other on the existing Manly site. This is in keeping with findings of community consultations reported by the NBCCHPG to the Steering Committee.

"From the community responses received there is overwhelming support for two hospitals on the Northern Beaches, with Mona Vale and Manly Hospitals to remain open and be upgraded."

2.1.3 It is a cause of great concern that NSH as part of the PFP process has not informed the broader community that options could be submitted, nor formally approached councils on the Northern Beaches to submit an option.

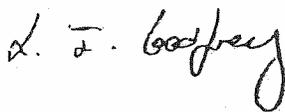
3.0 CONCLUSION

Options for future Health Services on the Northern Beaches are to be submitted to Northern Sydney Health by 5 July 2002. Given the tight timeframe for submissions, it is now critical that Council consider and formally lodge its option.

RECOMMENDATION

1. That Council adopt the attached Pittwater Council Vision Statement - Northern Beaches Health Care Services July 2002, and Pittwater Council Background Briefing Northern Beaches Health Care Services July 2002.
2. That Council submit to Northern Sydney Health the Pittwater Council Vision Statement and Background Briefing paper to be considered at the Phase One Value Management Study Workshop on the 26 July 2002.
3. That Council forward a copy of the Pittwater Council Vision Statement and Background Briefing paper to all State and Federal Members on the Northern Beaches. Manly and Warringah Councils and the NBCCHPG for their information.

Report prepared by Fiona Winter



Lindsay Godfrey
MANAGER, COMMUNITY AND LIBRARY SERVICES

Pittwater Council

Vision Statement – Northern Beaches Health Care Services - July 2002



Pittwater Council Vision-

The future of health service delivery on the Northern Beaches

Introduction

This vision has been prepared in response to Northern Sydney Health's invitation to present options for health services on the Northern Beaches, which are to be considered at the Phase One Value Management Study Workshop.

Northern Beaches residents through a number of avenues have stated strongly and consistently over the last 2 ½ years that they require high quality, and reliable health care, which is cost effective, well managed, sustainable and easily accessible. This expectation informs Council's vision. The recently released Report of the Greater Metropolitan Services Implementation Group (GSMIG) reiterates these essential characteristics of health care service delivery in their recommendations for changes to current health service delivery patterns.¹ The NSW Health Council report also confirms "The priority is to meet the needs of the communities by providing the most appropriate, highest quality health care services in the most appropriate location."²

The Northern Beaches is 31 Kilometres long and consists of a long narrow strip of mainly coastal urban development. It also includes vast areas of National Park and bushland. Three quarters of the total Northern Beaches population lives within 3km of the coastline. These facts support the need to retain two public hospitals, one at each end of the peninsula.

There has been a strong historical mix of private and public hospital provision at the southern end of the Northern Beaches. A high percentage of Pittwater resident have private health insurance. This provides opportunities for future private facilities or services to be co-located in the Mona Vale health precinct.

The NSW Premier Bob Carr provides some guidance as to future planning in his forward to 'Working Together' where he states; "*often the most effective solutions come from the communities themselves and the best approach is for local communities to tackle problems in partnership with state and local government.*"³

Future Health Care provision on the Northern Beaches – Our Vision

The provision of two health precincts and three Integrated Community Health Centres on the Northern Beaches, together ensuring fast easy access to state of the art health care services for all residents. This would include a Metropolitan General Hospital and a Community Health Centre on the existing Mona Vale Hospital site, a Speciality Hospital with quality emergency services and a Community Health Centre on the Manly Hospital site and a Community Health Centre located in the Forest area. The two hospitals and community health centres must operate within an integrated health care network, under one highly motivated and progressive management and with a strong sense of community involvement.

¹ Report of the Greater Metropolitan Services Implementation Group, NSW Health, June 2001.pp99

² Report of the Health Council March 2000 "A Better Health System for NSW"

³ Carr, R "Working Together", www.premiers.nsw.gov.au

Characteristics of this vision

Mona Vale Health Precinct

A Metropolitan General Hospital and Integrated Community Health Centre located on the existing Mona Vale Hospital site.

Acute care provision

- 24-hour state of the art emergency service with an assessment and treatment area and separate resuscitation facilities. This should provide 24 hour access to nursing staff and medical officers (on site), with a capacity to manage a range of acute illnesses and injuries and provide a local trauma service.
- Radiography including digital imaging of X-ray, CT and ultra sound set up for tele-medicine, MRI and nuclear imaging for future trends and needs.
- Level 5 ICU and HDU connected to coronary and step down care units.
- Level 5 General surgical and medicine — operating theatres, endoscopy suites, recovery unit, colorectal unit, day surgery, anaesthesia, pain management, pathology, pharmacy and haematology, ENT, general surgery, plastic surgery, psychiatry, gynaecology, obstetric, paediatrics, neonatal, orthopaedic, oncology, neurology, urology, renal, vascular, gastroenterology, respiratory, cardiology, ophthalmology, endocrinology, immunology, thoracic, oral and facio-maxillary, rheumatology and reconstructive surgery.
- Maternity - birthing unit, post-natal and ante-natal clinic (with public and private obstetric consultants).

Non-acute care provision

- Post surgery and out patients diagnostic & treatment centre, dialysis and diabetic clinic, oncology day clinic, sports medicine clinic, general practitioner clinic, audiology & speech therapy clinic, physiotherapy & hydrotherapy, dental health & podiatry clinic, occupational therapy, dietetics and nutrition clinic, and home nursing care service.
- Aged care unit – rehabilitation, palliative care & respite care, convalescent care.

Integrated Community Health Centre

- Speech pathology
- Adolescent mental health
- Child and family counselling
- Healthy life and wellness
- Occupational therapy
- Audiology and audiometry
- Physiotherapy services

Infrastructure

- Nurses accommodation and child care centre
- Tele medicine linkages, personal record program, patient discharge program and medical library

Co-location

An opportunity exists for co-location of services at the Mona Vale hospital site. This could include the co-location of some private services (eg pathology) or the co-location of a private hospital that could provide some of the following services and facilities:

- Maternity unit with specialised birthing facilities
- Speciality rehabilitation and sports medicine facility

Manly Health Precinct

A Speciality Hospital and Integrated Community Health Centre located on the existing Manly site.

Acute care provision

- 24 hour Emergency department with access to HDU and ambulance transfer service to enable the transfer of patients in need of a higher level of care to appropriate health care facilities.
- Radiology including digital imaging of X-ray, CT and ultra sound, set up for tele-medicine.
- General surgical and medicine – “Clean” elective surgery via booked admission, day surgery, anaesthesia, pain management, pathology, pharmacy and haematology, ENT, gynaecology, obstetric, neonatal, orthopaedic, oncology, neurology, urology, renal, vascular, gastroenterology, respiratory, cardiology, endocrinology, rheumatology, plastic surgery, psychiatry, aged care and ophthalmology.
- Mental health facility – (stand alone lock up) 50-60 bed facility with ambulance access,
- specialist mobile emergency mental crisis response team, and outpatients clinic.
 - Adolescent – acute inpatients unit, non-acute inpatients unit.
 - Adult – acute inpatients unit, non-acute inpatients unit.
 - Psycho-geriatrics – acute inpatients unit, non-acute inpatients unit.

Non-acute care provision

- Multipurpose centre – diabetic clinic, dental health & podiatry clinic, family & adolescent counselling, drug & alcohol, sexual health & HIV clinic, dietetics and nutrition clinic, family planning clinic, health promotion and home nursing care service.

Post-operative care unit

- Specialising in post acute hospital stays, (possibly from Royal North Shore Hospital and Mona Vale Hospital and day surgery procedures) catered separately for the young, middle aged and old, short stay respite care, rehabilitation and palliative care.

Integrated Community Health Centre

- Speech pathology
- Occupational therapy
- Audiology
- Medical services by a community paediatrician and medical officer
- Child and family health services
- Drug and alcohol services
- Adult mental health
- Mental health services including child and family counselling and adolescent mental health

Infrastructure

- Nurses accommodation and child care centre
- Tele medicine linkages, personal record program, patient discharge program and medical library

Integrated Community Health Centres

Three Integrated Community Health Centres, one on the existing Mona Vale site, one on the existing Manly site and one located in the Forest area.

Community Health Centres as part of an Integrated Health Care System work towards maintaining the continuity of care between hospital based and community based treatment. Community Health Centres also play a role in prevention, health promotion and treatment. Services provided by Community Health Centres are based around prevention, early intervention, assessment, treatment and rehabilitation. Through their extensive range of services and location within the community, Community Health Centres work towards preventing illness and maintaining and improving health for the whole of the community.

Services provided at the Mona Vale and Manly Integrated Community Health Centres have been listed above. Services provided at the Forest Integrated Community Health Centre should be selected from the following Community Health Service Streams.

- Aged care and rehabilitation
- Audiology services
- Child and family health services
- Child adolescent and adult mental health services
- Child protection
- Dental services
- Domiciliary nursing
- Drug and alcohol services
- Health promotion and prevention activities
- Mental health
- Multicultural health
- PADP (physical aid for disabled persons) program
- Palliative care
- Sexual assault services
- Sexual health
- Women's health

Rationale for this vision

1. Acute services

The recent report developed by the Greater Metropolitan Services Implementation Group⁴ contains a number of recommendations regarding the future function of 'District Hospitals'. The recommendations have been made with a priority focus on creating greater quality, equity, and fairness of access and cost effectiveness within the metropolitan hospital system. This report also states 'The GMSIG has not recommended the closure or significant downsizing of any hospital in the Greater Metropolitan Area. However, it is clear that there will be role changes for some hospitals with some relinquishing services and others gaining new ones.'

2. Maintaining high quality services

In order to reduce the flow of Northern Beaches residents to Royal North Shore Hospital it is imperative for Northern Beaches hospitals to be able to attract good quality staff and establish an identity as being a high quality health facility. Council believes that the provision of state of the art technologies, possible research functions, educational opportunities for staff, a well co-ordinated health care provision model and effective promotion would reinstate the 'centre of excellence' reputation of Hospitals on the Northern Beaches. Clinical training should be shared equitably amongst all the NSH services with shared registrar posts and rotations through a number of different facilities where practical. It is noted that a recommendation in the recent report of the Greater Metropolitan Services Implementation Group which concludes that "teaching should be continued and developed at district hospitals".⁴

3. Co-location of private/public services

Health care services on the Northern Beaches have historically been characterised by a strong mix of private and public provision. There are six private hospitals located in the south and middle of the Northern Beaches. There is a strong tradition of GP's servicing Manly Hospital, and currently a high reliance on private specialist services located in Manly, Dee Why and Mona Vale for x-ray, pathology, ultrasound and radiology. In 1998/99 over 42% of Pittwater residents used private hospital facilities for inpatient care.⁵ 79% of respondents to the Pittwater Council survey also said they would use a private medical centre, including visiting specialists, at the Mona Vale site. It is therefore worth examining the possibility of the co-location of private and public hospital facilities on the Mona Vale site. This proposal of public/private co-location is also supported by a number of private specialists who currently practice outside the Northern Beaches and serve Northern Beaches residents.

The location of a large new public hospital in the middle of the peninsula would potentially threaten the viability of some or all of the private hospitals in that area.

4. Improved organisation through networking

This vision goes beyond the structure of just two hospitals and Integrated Community Health Centres. It is characterised by the co-ordinated network of hospital and community based care providers. This is enhanced by community health information provision and the supply of ancillary services. This network of services includes General Practitioners, nursing services, community health services, public and private hospitals, health information services, home based care options,

⁴ Report of the Greater Metropolitan Services Implementation Group, NSW Health, June 2001.

⁵ Northern Beaches Health Summit Information Package for Participants, December 2000

ambulance service and other agencies which influence the health and well being of our community. The aim is to ensure a continuity of care for patients with a co-ordinated approach to maximising health, especially for people with chronic or complex health histories. Outcomes would include:

- a more informed community which could make better decisions about where to source the most appropriate services;
- reduced inappropriate referrals;
- more timely service provision;
- more cost effective delivery;
- a better quality of care; and
- improved clinical outcomes.

5. Strong referral/communication links

For this model to be effective, it is critical to have strong communication systems in place. This would include but not be limited to the following:

- Web-based and/or other communication available for GP's, ambulance service and emergency department staff regarding notification of patient transfers, bed availability, incoming patients, restricted access periods etc.
- Information technologies such as tele-medicine (which can support referral and education), tele-conferencing and tele-health need to be implemented to allow adequate development and usage of the networks.

Referral protocols would need to be standardised across all participants, as would clinical pathways.

6. Community education and health care provision promotion

Health care recipients need to be fully informed about the health care delivery system. This would include information on who or what would be the most appropriate service to meet their needs, with an aim to make more cost effective use of the health system. Community education and information regarding the role of each service provider, and how and where to enter, would be desirable in such a model.

7. Poor public transport and road infrastructure.

A recent study was conducted by Warringah Council on the current operating circumstances of the road network serving the Northern Beaches Peninsula, the impact of approved and anticipated development and the implications of potential future development of non-urban land. This study had many findings which impact significantly on the future planning of infrastructure on the Northern Beaches.⁶

Findings from the Warringah Council study showed a bottleneck of traffic during peak hours on all roads linking the Northern Beaches to the city. The report found that 'the main arterial routes and intersections are currently operating at capacity and under high level of stress during peak hours. Under the natural growth scenarios for the years 2006 and 2021 conditions will deteriorate appreciably. Delay rates between 2001 and 2006 will increase by 8% and 22% in the morning and afternoon peak and between 2001 and 2021 by 41% and 68% unless transport or employment provisions improve.

Public transport on the Northern Beaches is very poor throughout the area with bus services

⁶ Transport Investigations and Modelling, Northern Beaches Peninsula-Transport and Traffic Study Warringah Council, June 2001

restricted mostly to major roads. The main bus services travel in a north-south direction along the peninsula with some peripheral services running in the east-west direction. Limited services result in lengthy trips and having to use multiple buses to travel throughout the Northern Beaches. Lack of public transport, poor road infrastructure and increasing traffic congestion all substantiate the need for two public hospitals, one at each end of the peninsula. This will ensure fast and equitable access to health services for all Northern Beaches residents

8. Fast and effective patient transfers

For this model to succeed it is critical that an efficient and effective emergency transport service between health care facilities be in place to ensure people receive the treatment they need as soon as possible. Emergency health care needs must be adequately met through improved ambulance services and the location of emergency units to best meet the needs of all residents.

9. Whole of Government planning

The effective planning of a hospital facility must be done in co-operation with other relevant state government departments such as State Transit and the Roads and Traffic Authority, to ensure the necessary support is provided by them to address any impacts a hospital development may have on the current infrastructure such as improvements required to public transport and road and traffic conditions. Conversely, these departments may also have initiatives for this area which may impact on health planning decisions such as the Department of Urban Affairs and Planning promotion of urban consolidation and the associated release of large parcels of land, currently at Warriewood and potentially in the near future, at a larger site at Ingleside.

It is important to note here that the potential for future land releases over the whole Northern Beaches, is greatest in Pittwater.

10 Background evidence

A more comprehensive and detailed report has been prepared to support this submission which provides a thorough analysis of the issues which impact on health care planning and also provides evidence to support Council's Vision. This supporting document is titled 'Pittwater Council- Background Briefing- Northern Beaches Health Care Services, July 2002.

Formation of this vision

This vision was developed through consultation with a wide range of Northern Beaches residents. The Save Mona Vale Hospital Committee is an incorporated committee and has been meeting weekly since November 2000. It is in close regular contact with Council via Councillors and staff. This group represents a broad community view, with members from the Pittwater Residents' Association, Surf Clubs, Football Clubs, Bush Fire Brigade, Mona Vale Hospital Nursing Staff, Medical Consultants, Lions Clubs, the Peninsula Business Community, Unions and other Community Groups.

This committee also held a rally to which 6,000 Northern Beaches residents attended. They have developed, in consultation with local clinicians (including General Practitioners, Nurses and Medical Specialists), a strategic document that has also informed Council's Vision.

A public meeting was held in May 2002 at Dee Why RSL with 350 Northern Beaches residents attending. At this meeting, residents voted overwhelmingly in favour of the two-hospital concept.

Pittwater Council Submission to the Northern Sydney Health Review of Health Services on the Northern Beaches, - Background Briefing. July 2002

This vision was also informed by the review of the following documents; the 2000 Health Council Report of the NSW Health Council, the Report of the Greater Metropolitan Services Implementation Group June 2001, the Warringah Council 2001 Traffic and Transport Study and other limited information provided by Northern Sydney Health contained in their Health 21 Strategic Resources Plan.

Pittwater Council

Background Briefing

**Northern Beaches Health Care
Services
July 2002**



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1 Introduction

This background paper supports the Pittwater Council submission to the Northern Sydney Health Review of Health Care Services on the Northern Beaches, July 2002. This submission outlines the vision Pittwater Council has for future health care services on the Northern Beaches.

2 Northern Beaches Profile

2.1 Demographics

According to Australian Bureau of Statistics 2001 Census data, the preliminary population of the Northern Beaches is 219,230¹. With large land releases at the northern end and urban consolidation at the southern end of the peninsula there is potential for a high increase in dwellings and residents on the Northern Beaches, particularly along the coastline. The land releases within the next 10-25 years at Warriewood Valley and possibly Ingleside will result in an additional 6,600 dwellings and approximately 17,556 additional new residents at the northern end of the peninsula.² The urban consolidation occurring throughout the southern end will result in an additional 5,300 dwellings and 14,098 residents along the coastal strip between Dee Why and Manly over the next 20 years³. It is anticipated that urban development will continue to occur along the coastal strip rather than the western area of the Northern Beaches. The potential for this expansion has not been considered by NSH in its planning to date. Population projections used by NSH for purposes of planning for Northern Beaches Health Services only extend to 2012. The life span of a hospital goes well beyond this provided it is built with vision and the capacity to accommodate changes in technology and demand.

Given that Pittwater LGA has the largest opportunities for land release and potential population growth on the Northern Beaches, the population centroid of the Northern Beaches will move north along the peninsula towards Narrabeen to a significant degree⁴.

2.2 Northern Beaches Geography.

The Northern Beaches, encompassing three Local Government Areas, Manly, Warringah and Pittwater is 31 kilometers long. Its coastline stretches from North Head in the south to Palm Beach in the north. To the west of the coastline is a vast area of National Park and bushlands.

Public transport throughout the Northern Beaches is limited to bus and ferry services, with bus services restricted mostly to the major roads. Many suburbs are not accessed by the main road route giving residents limited options for travel. Poor timetabling and limited services results in lengthy trips and having to use multiple buses to access areas throughout the Northern Beaches.

2.3 Tourist impact

The beaches and bushland of the peninsula attract a high volume of visitors on weekends and summer months for boating, surfing, sailing and bushwalking recreation. These tourist activities are often located at either end of the peninsula, centred around the Pittwater waterways, Palm Beach and Manly, rather than the middle of the Northern Beaches. Local doctors report that injuries sustained from these activities often require fast access to

¹ Australian Bureau of Statistics, 2001 Census

² Draft Planning Strategy Ingleside Warriewood Urban Land Release

³ Warringah Council-Transport Investigations and Modelling, Northern Beaches Peninsula Transport and Traffic Study, June 2001.

⁴ Transport on the Northern Beaches a paper presented at the Health Summit March 2001 Christopher Stapleton Consulting

emergency treatment. To use resident population groupings to plan for access to a hospital, skews attention away from the needs of visitors from outside the area. It is noted that the Emergency Department Clinical Implementation Group concludes that when postcodes of residence of presenters at metropolitan emergency departments were examined recently, the population was found to be quite mobile and that no consistent pattern existed.⁵

Findings

- 1 Current Northern Beaches health service planning is using inadequate population projections as a determinant for proposed options. The population of the Northern Beaches is likely to increase beyond the ABS estimate, which impacts significantly on current planning considerations.
- 2 Access to health services west of the peninsula's coastline is poor due to the combination of the geographic boundaries and limited public transport.
- 3 The Northern Beaches attracts a high volume of tourists seeking active recreation on our waterways. These visitors rely on adequate provision of acute emergency intervention and must be acknowledged in future planning for the area.

3 Current health service provision on the Northern Beaches

3.1 Private hospitals

Six private hospitals are located on the Northern Beaches. Three of these are located in Manly and three are located in Warringah (and are very difficult to access by public transport). Pittwater has no private hospitals.

Equity of access to hospital care is a very relevant issue for Northern Beaches residents and as such must be considered during the local planning process.

3.2 Ambulance service

NSH report that consultations between NSW Ambulance Service and NSH resulted in identifying a need to develop an integrated network of acute care and emergency services to better ensure people requiring these services see the right person at the right place, and receive the right care at the right time⁶.

Avalon Ambulance Service does not currently offer a 24-hour service. In this case they use a central control and dispatch system.

3.3 Public Hospital

In 1955 the then State Government identified the large Mona Vale site as optimal for a new Northern Beaches Hospital. The site currently only accommodates the first stage containing

165 beds of a three stage plan. The following stages of development have never been implemented. Mona Vale Hospital is the youngest within the Northern Sydney Health Service. It is 36 years old. The average age of the other four hospitals is 88 years. It already has a well appointed heliport for fast emergency links to RNSH.

Mona Vale Hospital building is physically sound. The problem is that Manly and Mona Vale facilities have been allowed to run down over successive years with a consequent impact on services available and on the ability of NSH to attract staff to these hospitals.

Most other metropolitan area health services have had significant financial injections to health infrastructure by way of hospital upgrades⁷. Central Sydney Area Health Service

⁵ NSW Government Plan for Action for Health-Emergency Department Service Plan Dec 2000

⁶ Northern Beaches Health Summit Information Package for Participants NSH 2001 p15

has had two of its four hospitals upgraded. South Eastern Sydney Area Health Service has five out of its seven hospitals upgraded. South Western Sydney Area Health Service has had all of its five hospitals upgraded. Western Sydney Area Health Service has had half of its six hospitals upgraded and two of the three Outer Metropolitan Hospitals have been upgraded. Northern Sydney Area Health Service has had one of its five hospitals upgraded.

It clearly should be a priority of the state government to address the critical needs of the Northern Sydney area and in particular the Northern Beaches region.

3.5 Community Health Care provision

Current community health care provision for the Northern Beaches is located across the region in a number of disparate and often old and inappropriate buildings. The primary centres are currently Queenscliff Community Health Centre and Frenchs Forest Community

Health Centre servicing the Manly and Warringah area. Manly has a Drug Education and Alcohol Counselling service. Mona Vale Mental Health Unit is based in the Mona Vale CBD.

There are clearly opportunities for NSH to rationalise and create Integrated Community Health Care Centres, which can deliver a range of community health services from accessible locations across the Northern Beaches.

3.6 Home Based Care

Northern Sydney Home Nursing operates from Mona Vale and Manly and provides home based nursing care across the Northern Beaches. There are a number of Home and Community Care services, which also work to maintain people in their homes as long as possible before significant medical intervention is required. The links between these services and community health and hospital need to be improved and standardised. There is no guarantee of access to these services and they cannot at this stage be included in a continuity of care approach to health service provision.

Findings

- 4 Given access problems faced by Northern Beaches residents, equitable access to hospitals must be given weight in decisions regarding location of hospital services.
- 5 Ambulance services across the Northern Beaches are inadequate.
- 6 The current Mona Vale Hospital occupies only a small proportion of it's large site, which NSH admit is an adequate size for any proposed new hospital. It provides good potential for expansion along the international trend of low-rise buildings with open space in between. Indeed, the available space would enable new facilities to be built while the existing structure remained. This would enable a minimum fuss changeover.
- 7 Mona Vale and Manly Hospitals have been identified as requiring significant upgrading to meet quality patient care requirements.
- 8 Given the upgrades the State Government has given to hospitals in all other Sydney Area Health Services, the Northern Beaches is clearly the next priority for capital.
- 9 There is a need to improve the links between community based care, home based care and hospital care to improve cost effectiveness and patient care. The system of care needs to become more decentralised and flexible characterised by information sharing and multi disciplinary collaboration.

4 Access and Transport issues

⁷ NSW Health Services Comparison Data Book 1999-2000, Vol 1

4.1 Public Transport Service

The public transport system for the Northern Beaches is very limited throughout the area. The focus of public transport is north south (the services for which are very good), not east west (the services for which are very poor).

The NSH commissioned Professor Poulsen to conduct a Study on Accessibility.⁸ This study omitted any investigation of public transport. This is a vital piece of research, which should have been conducted at the same time as the Poulsen study.

There has been no mention in the Northern Beaches Health planning process of any improvement in the public transport system. This is of major concern with the growth in the ageing population and their increasing reliance on a public transport system.

A consultant commissioned by Pittwater Council has serious concerns regarding the viability of extending public transport to any of the proposed Frenchs Forest sites. He claims the demand for a hospital would be insufficient to support the level of service needed for hospital users drawn from Pittwater or Manly. He believes the Northern Beaches population is too widespread to support a series of routes to Frenchs Forest and the delays in changing buses would result in very long travel times.

From the information available, it is our considered opinion that Public Transport will not improve to the proposed Frenchs Forest site. The rail link from Chatswood to Dee Why, which Dr Poulsen signalled during the 'Summit' as the way that Public Transport will improve, will, on present indications, not be completed in the next 20-30 years, and may never be completed.

By comparison, public transport in a north south direction along Pittwater Road is already very good and services both Mona Vale and Manly Hospital.

4.2 Wakehurst Parkway limitations

Wakehurst Parkway is one of the major arterial routes out of and into Pittwater. It is the most direct route from Pittwater to NSH's proposed site for the option of a new hospital and also the main route from Frenchs Forest to Mona Vale. It is also the route used in the Poulsen Accessibility study.

Wakehurst Parkway is a single lane road, which travels through bushland and low-lying areas. This road is regularly closed due to flood, fire or accidents. The RTA has erected permanent gates and signs for use during such episodes.⁹ When Wakehurst Parkway is closed, traffic is diverted down Warringah Road and through Dee Why. A recent report on the travel across the Northern Beaches has confirmed, "The Wakehurst Parkway is not a suitable route for use in emergencies. Given the additional travel times that are incurred when the road is closed the Frenchs Forest site is not suited for emergency access from either Mona Vale or Manly"¹⁰.

During times of high tourism, this road can experience very slow travel times. During morning peak traffic, long delays are experienced due to the congested traffic flow westward along Warringah Road.

NSH has not provided any assurance that road conditions on Wakehurst Parkway would improve if a new hospital were built at Frenchs Forest. Preliminary research to improve Wakehurst Parkway and the intersection with Warringah Road has been done¹¹.

Wakehurst Parkway would need to be widened and to be raised to make it flood proof (no

⁸ Dr Mike Poulsen, Macquarie Research Ltd March 2000, Northern Beaches Accessibility Study

⁹ RTA report on incidents requiring closure on Wakehurst Pkwy for the year 2000. RTA transport management centre.

¹⁰ Transport on the Northern Beaches a paper presented at the Health Summit March 2001 Christopher Stapleton Consulting.

¹¹ Norman Rich's paper - Section 22 of the Transport Committee

costing as yet). A major intersection would have to be constructed, estimated to cost around \$20m.

4.3 The Poulsen study

Professor Poulsen conducted a study, of car travel times across the peninsula during August 2000. This study claims that with the current hospital services 80% of all residents travel less than 15 minutes to their local hospital and all Northern Beaches residents are able to reach their local hospital within 30 minutes.

It also claims the same percentage of residents could access a new hospital built at Frenchs Forest in 15 minutes (80%) and 30 minutes (100%) However, the 20% of Northern Beaches residents who would need to travel for between 15 and 30 minutes to a hospital all live in Pittwater, which is close to three-quarters of the total Pittwater population.

The Poulsen study says that the average travelling time to Mona Vale Hospital is 14.5 minutes and 19.1 minutes to Manly Hospital. The report also found that 48% of residents would travel to Mona Vale in 15 minutes and 100% in 30. It also says both sites are accessible for 99.9% of the population within 25 minutes.

The Poulsen study determines the population centroid based on inadequate data. The census data does not include the projected population growth associated with potential dwelling development in Warringah and Pittwater as determined by the recent Warringah Council Transport and Traffic Study.¹²

A detailed analysis of the Poulsen study shows that there is not a significant difference between the average travel times for a central hospital located at Mona Vale or the Frenchs Forest site. The averages for Mona Vale would be even further enhanced if some consideration was given to improving the intersection of Pittwater Road and Warringah Road and the traffic flow along Pittwater Road through Brookvale¹³.

The Poulsen study was conducted in July and August during normal winter peak hours. The summer tourist impact was not considered. This combined with the unreliability of Wakehurst Parkway, raises serious doubts about the accuracy of the figures in the Poulsen study.

4.4 GHD findings in relation to travel

One of the findings GHD concludes from their analysis of detailed comments made on the residents' survey is that there is a large group of residents who are not convinced that NSH has made its case about travel distances, travel times and ease of access to hospital services.

GHD also reports that the factor found to be most important for all Northern Beaches residents in relation to the provision of hospital emergency services is the travelling time to hospital. This factor was a concern for 40.8% of the 500 respondents to the AC Neilson telephone survey.¹⁴

¹² Warringah Council Transport Investigations and Modelling, Northern Beaches Peninsula Transport and Traffic Study June 2001

¹³ Transport on the Northern Beaches a paper presented at the Health Summit March 2001 Christopher Stapleton Consulting

¹⁴ Developing solutions with the community" Community views on the future of health services on the northern beaches. Northern Sydney Health May 2001.

Findings

- 10 Due to the Northern Beaches public transport routes only providing adequate service on a north south direction, access to the Frenchs Forest site would be very difficult for all residents of the Northern Beaches coastal strip from Manly to Palm Beach who are reliant on public transport.
- 11 The unreliability of Wakehurst Parkway has not been considered adequately by NSH. It cannot be used reliably as an access route for emergency travel.

- 12 There is current community concern and mistrust about travel times and distances presented by NSH.

5 Current strengths of Mona Vale and Manly Hospital site

5.1 Optimal care and recovery

Both the Mona Vale and Manly hospital sites offer a serene and beautiful environment in which to expedite recuperation and recovery from injury and operation. The hospital's magnificent views were recognised as a valuable criterion in the early development of hospital planning as part of the healing process.

5.2 Location

Both the Mona Vale and Manly Hospital sites are located on the coastal strip of the Northern Beaches. The coastal strip is where the majority of urban development is occurring on the Northern Beaches resulting in an increase in population in this area. Both sites are currently serviced by public transport, with Mona Vale Hospital situated on a major road linking the entire Northern Beaches. These locations assist in minimising the disruption to families when a family member is hospitalised by limiting the distance and time required to travel for visiting purposes, especially by public transport.

5.3 Room for expansion

The large Mona Vale site was chosen to accommodate expansion for future needs. Today the site provides good and very safe access for helicopters in emergencies and allows fast transfer of patients to other specialist hospitals, with minimum noise impact on the local community. The location and design of the current Mona Vale Hospital was at the time based on forward thinking and demonstrated the progressive strategic planning of the State Government of the day.

5.4 Community acceptance

For government to introduce a large hospital with its infrastructure on to a small site in an already established community with serious access problems would prove extremely difficult and would almost certainly cause major disruption and opposition from the local community. The advantage of upgrading and modifying the current hospitals, or even building a new one, on the Mona Vale and Manly Hospital sites is that there is already significant community support for this, as well as adequate space.

Findings

13 Mona Vale and Manly Hospital sites are currently valuable community assets, which enjoy strong community acceptance and support.

Findings

13 Mona Vale and Manly Hospital sites are currently valuable community assets, which enjoy strong community acceptance and support..

PITTWATER REPRESENTATIVES

ONE NETWORK – 2 HOSPITALS and their services.

MONA VALE HOSPITAL METROPOLITAN GENERAL HOSPITAL

Level 5 acute care facility

Re-build on existing site. (eg Blackown Hospital)

Acute care services

Emergency department – 24 hour – level 5 – acute assessment, resuscitation and ambulance services.

Radiography – digital imaging of – Xay, CT, ultra sound, mammography, angiography, MRI and nuclear imaging – tele-medicine linkages to the integrated health network. (Wish list: OPG)

ICU and HDU unit – level 5 – connected to coronary and step down care unit.

Surgical – level 5 – operating theatres – endoscopy suites – recovery unit – day surgery unit – colorectal unit – 24 hour a day anaesthesia, pathology, pharmacy, pain management and haematology.

General surgical and medicine – general surgery, gynaecology, obstetric, ENT, paediatrics, neonatal, orthopaedic, oncology, neurology, urology, renal, vascular, gastroenterology, respiratory, cardiology, ophthalmology, endocrinology, immunology, thoracic, oral and facio-maxillary, rheumatology and reconstructive surgery.

Obstetrics – birthing unit, NICU and special care nursery – post-natal and ante-natal clinic (with public & private obstetric consultants.)

Paediatrics - ages 2 –14 years – (with isolation rooms) – parent accommodation. Special adolescent care unit – ages 14-20 years.

Non-acute care services

(multipurpose day centre)

- dialysis and diabetic clinic
- oncology day clinic
- post surgery and out patients diagnostic & treatment centre
- sports medicine clinic
- general practitioner clinic
- audiology & speech therapy clinic
- dental health & podiatry clinic
- occupational therapy
- dietetics and nutrition clinic
- physiotherapy & hydrotherapy
- home nursing care services

Aged care unit – rehabilitation, palliative & respite care, convalescent care.

Community health centre – family, adult and adolescent counselling, sexual health & HIV prevention clinic, bereavement counselling, Healthy life and wellness, community services and counselling, Social work, child protection, welfare support, multi-cultural health care, psychology and psychiatry services, early childhood development, developmental ophthalmology, audiology and speech therapy, therapy clinic, youth

addictions and suicide prevention network, eating disorders, substance abuse and drug & alcohol.

Infrastructure

- Nurses accommodation and child day care centre.
- Tele medicine linkage, personal record program, patient discharge program, medical library.
- Licensed heli pad (already existing)

Future Options

- Co-location** – Private maternity unit with specialised birthing facilities
- Private specialty aged care and rehabilitation, and sports medicine facility.

MANLY HOSPITAL SPECIALTY HOSPITAL

Level 5 acute care facility

Re-build on existing site. (eg Blackown Hospital)

Acute care services

Emergency department – 24 hour – level 5 – acute assessment, access to HDU, resuscitation, and ambulance transfer service to transfer patients in need of a higher level care, to appropriate health care facilities.

Radiography – digital imaging of – Xray, CT, ultra sound – tele-medicine linkages to the integrated health network.

General surgical and medicine – “Clean” elective surgery via booked admission - day surgery, anaesthesia, pain management, pathology, pharmacy and haematology, ENT, gynaecology, obstetric, neonatal, orthopaedic, oncology, neurology, urology, renal, vascular, gastroenterology, respiratory, cardiology, endocrinology, rheumatology.

Mental Health facility – stand alone lock-up, 50-60 bed facility with ambulance access, drug and detox clinic, outpatients clinic.

- specialist mobile emergency mental crisis response team.
- **Adolescent** – acute inpatients unit, non-acute inpatients unit.
- **Adult** – acute inpatients unit, non-acute inpatients unit.
- **Psycho-geriatrics** – acute inpatients unit, non-acute inpatients unit.

Non-acute care services

(multipurpose day centre)

- diabetic clinic
- Family Planning clinic
- dental health & podiatry clinic
- family & adolescent counselling
- drug & alcohol
- sexual health & HIV clinic
- dietetics and nutrition clinic
- health promotion and home nursing care service.

Post-operative care unit – specialising in post-acute hospital stays, for patients possibly from RNSH and Mona Vale Hospital and day surgery procedures – also providing short stay respite care, rehabilitation, palliative and hospice style care.

Community health centre – (same as Mona Vale site)

Infrastructure

Nurses accommodation and child day care centre.
Telemedicine linkage, personal record program, patient discharge program, medical library.

3 INTEGRATED COMMUNITY HEALTH CENTRES

3 facilities,
1 on each of the existing Manly and Mona Vale Hospital sites,
and one at Frenchs Forest

Community health services

- family, adult and adolescent counselling - bereavement counselling – sexual health & HIV prevention – Healthy life and wellness - Social work, welfare support, multi-cultural health care, psychology and psychiatry services, early childhood development, developmental ophthalmology, audiology & speech therapy clinic, youth addictions and suicide prevention network, eating disorders, child protection, substance abuse and drug & alcohol

Pittwater submission by: Harvey Rose, Colin Spencer, Jim Revitt, Eunice Raymond and Karen Johns.

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Options For Healthcare Services

Option 1

Central Acute Hospital

- Level 5 Metropolitan General Hospital on a Greenfield site
- Centrally placed
- Acute services - Medicine, Surgery, Day Surgery, Obstetrics and
- Gynaecology, Paediatrics, Orthopaedics, Psychiatry, Cardiac Catheter
- Laboratory
- Emergency, Intensive Care, Radiology including Ultrasound, CT General
- Radiology
- Oncology
- Radiotherapy
- Renal dialysis

Community Health

- Re-establish and coordinate Community Health Services to central site with some satellites e.g. Queenscliff and at Mona Vale

Manly Site

- Developed as aged care facilities.
- Retain Parkhill, Phoenix Unit

Mona Vale Site

- Sports Medicine
- Palliative Care
- Low Level Emergency Department
- Some Community and Outpatient Services

Option 2

Central Acute Hospital

- As per Option 1

Manly Site

- Rehabilitation and aged care facility
- Outpatients and community Health Services
- Parkhill, Phoenix Unit
- Minor Day Surgery

Mona Vale Site

- Palliative Care
- Orthopaedics and Sports Medicine centre with advanced physiotherapy services etc
- Day surgery Unit
- Limited Emergency service linked to central hospital Health services

Option 3**Central Acute Hospital**

- As per Option 1

Manly site

- Sell part to Private enterprise for health related facility – physical fitness gymnasium etc
- Part to be used as Aged Care facility

Mona Vale site

- Redevelop for modified step down facility and palliative care, aged care and walk in hospital



NORTHERN BEACHES COMMUNITY CONSULTATIVE HEALTH PLANNING GROUP

OPTION FOR CONSIDERATION BY VALUE MANAGEMENT STUDY

Submitted by David Solomon (phone 9905 5368)

.....
Close Manly Hospital leaving the land for public recreational use as an extension of North Head Harbour Reserve.

Replace Manly Hospital with a centrally accessible Level 5 Hospital in the Dee Why, Frenchs Forest corridor. At the central hospital co-locate a community health centre.

Provide community health services at Manly to replace those services lost by Manly Hospital closure. These could possibly be provided at the site of the present Far West Childrens' Home by arrangement, or at the present Queenscliff Health Centre site. In either case childrens' services could be centred at Dalwood for concentration of childrens' services.

Maintain Mona Vale Hospital as a 24 hour emergency centre supported by extensive emergency transport services in from its north and out to the central hospital to its south. At the hospital site colocate a long term aged care rehabilitation unit, a hospice, and possibly a sports injury unit, and facilities for Far West Children as an extension of its Manly site.

Provide a community health centre at Mona Vale at the hospital or close by at Mona Vale shopping centre.

Provide staff accommodation and a child care centre at both the central hospital and Mona Vale Hospital.

.....
Proposed Central Hospital Services

Acute Services

Emergency Department separated into Adult, Paediatric and Mental Health Areas
Operating Theatres
High Dependency Intensive Care
Neonatal Intensive Care Unit .Level 3
Cardiology with Coronary Care Unit and Cardiac Catheter facilities
General Surgery
General Medical
Mental Health including Detox. Unit and Psychogeriatric Unit
Obstetric Unit, including Birthing Unit
Gynaecology,
Orthopaedic
Neurology including Stroke Unit
Gastroenterology
Paediatrics
Short term aged care/rehab
ENT
Vascular and Plastic Unit
Urology
Respiratory
Chemotherapy

Other Services

Diagnostic services: X-Ray, imaging
pathology
Outpatients: Clinics especially
relating to aged care; Diabetes, mobility,
pain, oncology, cardiac, respiratory
Allied Health: social work, physio, speech
pathology, subsidised alternative health
Pharmacy

Special Structural Features

Empty space for future flexibility
Bunker built for future radiology services
Flexible design throughout.

Dental (or possibly co-located at minor hospital)

Co-located would be an ambulance centre, an integrated community health centre, step-down medical facility, staff accommodation and child-care facility.

Comments.

Above services cater for most needs.

Hospital must be central for good access not only for patients but for staff and others who will have to come from out of area.

Expertise is co-located giving seamlessness of care and minimal duplication of services.

Mental Health, Paediatric and Emergency ideally should be all at ground level for safety and access.

.....
Proposed Services at Mona Vale Hospital

24 hour Emergency for resuscitation and stabilization; mainly ambulatory with transport out when necessary to major hospital

Day surgery for procedures and scopes under local anaesthetic

Diagnostic Services: X-Ray, Pathology

Pharmacy

Mental Health

Outpatients especially in relation to aged care: mobility, diabetic, pain, respiratory, cardiac, oncology clinics

Drug and Alcohol

Palliative Care

Chemotherapy

Ophthalmology

Renal dialysis

Dental (or co-located at central Hospital)

Co-located would be:

Staff accommodation, and child care centre.

Community health centre,(or at shopping centre close by).

Hospice

Long term aged care rehabilitation unit.

Rehabilitation unit for younger severely injured.

Possible sports injuries unit

Possible relocated facilities, part or in full, of Far West Childrens' Health Scheme from Manly.

Comments

Flexibility must be built in.

There must be easy access for the aged community

Out patients department could operate clinics two days a week with staff from the central hospital

Making use of the therapeutic sea-side environment for long stay patients would be appreciated by patients as an added extra.

.....
Other proposed Health Services with this Option

Dalwood Childrens'and Family Services to remain as currently at Dalwood. With a new Central Hospital at Frenchs Forest the Dalwood facility would become more accessible for as public transport was improved to service the new hospital, so would Dalwood benefit by the same. Childrens' services which are currently at Queenscliff Centre could co-locate with Dalwood for access and concentration of services, thus minimizing duplication.

Three aged day care centres be established one at each of the community centres.

The ten Early Childhood Centres to remain in the community for ease of access for young mothers, but where possible to co-locate with NSAH facilities for greater communication/seamlessness of services.

Services Proposed at the Integrated Community Health Centres at Manly and Mona Vale

Antenatal

Postnatal

Mental Health (Adult/Adolescent, Drug and Alcohol Counselling)

Aged Care Rehabilitation

Clinics especially related to aged care: mobility and falls, diabetic, pain, cardiac, respiratory, oncology.

Aged Care day centre

Baby/child health clinic

Renal dialysis (if possible at both centres)

Health education

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Services Proposed at the Integrated Community Health Centre at Central Hospital

Mental Health (Adult/Adolescent, Drug and Alcohol Counselling)

Women's Health

Mens' Health

Sexual Health

Antenatal

Postnatal

Chemotherapy/Palliative Care

Renal dialysis

Baby/Child Health Centre

Clinics especially related to Aged Care; mobility and falls, diabetes, pain, cardiac, respiratory, oncology.

Subsidised alternative medicine

Acute/Post Acute Care Team (APAC)

Aged Care Assessment Team (ACAT)

Northern Sydney Home Nursing Service (NSHNS)

Home and Community Care Services (HACCS)

Health Promotion and Education

Multicultural Health

Dental (or co-located at Minor Hospital)

Audiology

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Discussion of This Option

The Northern Beaches region currently holds 1% of the national population (Census figures released June 2002). We are an aging population and as the aged population on the northern beaches increases we must cater for aged needs and make these as accessible as possible. Aged clinics at community centres could be run by staff rotating from the central facility. The same could be done for some of the other clinics as well.

Efficient public transport is essential. Where areas are not already served by public transport, this would be initiated if the service was to pass by a major hospital facility. An ideal public transport up-grade would be an express bus along the whole of the Wakehurst Parkway covering the distance Sydney CBD to Palm Beach.

A ring-road system needs to be available around any central hospital in a built up area such as is Frenchs Forest.

Fast, efficient emergency transport to service all areas but especially outlying waterways and peninsular areas is essential. This could be by a combination of 24 hour water ambulance (a service currently provided by the Water Police and not 24 hour) connected to land ambulance at jetties, and a helicopter service. A helipad should be made available on Scotland Island, and above the Avalon bends, and the current helipad remain at Mona Vale Hospital. A helipad needs to be provided at the central hospital as well, and the

most

time efficient area would be on the roof of the central hospital with direct access to services (as at the new RPAH facility recently opened)

If it could be proven that a 24 hour helicopter service to the main hospital was more cost effective to service the upper peninsular than maintaining emergency facilities at Mona Vale Hospital this option could be reconfigured and the central hospital emergency services up-graded. (Community suggestion)

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CAMILLA WILLIAMS

NORTHERN BEACHES HEALTH SERVICES

OPTION DEVELOPMENT

“ One Network, Two hospitals “

Proposed Hospital

MONA VALE HOSPITAL ON EXISTING SITE

Mona Vale Hospital retained and upgraded.

Hospital Category

METROPOLITAN GENERAL

Major post graduate teaching and research hospital.

ACUTE CARE

- EMERGENCY DEPT- outpatient examination rooms, operating suites , including some for day surgery, recovery rooms.”Hot floor configuration.”
- IMAGING ROOMS - diagnostics - 24 hr access. Radiography dept - x ray, cat scan, ultra sound,MRI, nuclear medicine, tele medicine link ups to be viewed around and between hospitals.
- INTENSIVE CARE and HIGH DEPENDENCY UNIT [flexible use].
- BEDS TO BE ALLOCATED TO -
Surgical, medical, orthopaedic, anti natal/gynaecological, paediatric/adolescent, aged care and rehab

SPECIFIC UNITS WITHIN THE HOSPITAL

All units to be linked to clinical networks between hospitals and multiple geographic sites, supported by modern IT and management processes.

- OBSTETRICS - outpatients, birthing unit, post natal, special care nursery.
- CORONARY CARE - hub site for Northern Beaches - stress testing, angiography, chest pain unit,minor cardio thoracic,cardiac rehabilitation, isolation facilities available, cardiologist/general physician on call 24hrs. Medical officer/s on site 24 hrs. Links with level 6 cardiothoracic units. Acute beds available.
- CANCER CARE - spoke site for Northern Beaches, some medical oncology, acute beds available, , , Cancer network services in - brain, breast, colorectal, gynaecological, haematological, lung, melanoma, pancreas etc. Integrated and co ordinated care across hospital/community basedservices and service providers.
- DRUG AND ALCOHOL - spoke site to Manly hub site. Detox and rehab unit.pharmacotherapy service, drug education.
- MENTAL HEALTH - spoke site to Manly hub site. One purpose built acute inpatient unit, provision for psychogeriatrics.
- PALLIATIVE CARE - designated beds, hospice.
- PEDIATRIC CARE -
- SPECIFIC UNITS FOR CHRONIC ONGOING CONDITIONS- eg, renal unit, dialysis etc,respiratory unit, cardiac unit, neurological and skeletal unit, aids unit , rheumatology -to be split between the two hospitals in order to minimize duplication.
- R and D unit
- Dental
- Pathology
- Nurses accommodation
- Accommodation close by for visiting friends and relatives.
- A COMMUNITY HEALTH CENTRE co located. [refer to following page.]
- A PRIVATE HOSPITAL co located. [refer to following page.]

Proposed Hospital

MANLY ON EXISTING OR ALTERNATIVE SITE.

Hospital Category

SPECIALTY HOSPITAL

Networked to Mona Vale Hospital and other major referral hospitals - the Integrated Health Care Network.

Specialist Service Streams e.g. Mental Health and Drug and Alcohol.

ACUTE CARE

- EMERGENCY DEPT - outpatient examination rooms, operating suites, including day surgery, recovery rooms.
- IMAGING ROOMS - diagnostics - x ray, cat scan, ultra sound etc, telemedicine link ups to be viewed around and between hospitals.
- HIGH DEPENDENCY UNIT
- BEDS TO BE ALLOCATED TO -
Surgical, medical, orthopaedic, anti natal / gynecological, adolescent, aged care and rehab.

SPECIFIC UNITS WITHIN THE HOSPITAL

All units to be linked to clinical networks between hospitals and multiple geographic sites, supported by modern IT and management processes.

- OBSTETRICS - outpatients, birthing unit, post natal, special care nursery.
- CORONARY CARE - spoke site ,stress testing, angiography, chest pain unit, cardiac rehabilitation. Links with level 5 and 6 cardiothoracic units.
- CANCER CARE - Hub site for Northern Beaches, medical oncology, radiography, chemotherapy. Network services in brain, breast, colorectal, gynecological, haematological, lung, melanoma, pancreas etc. Integrated and co ordinated care across hospital/community based services and service providers.
- DRUG AND ALCOHOL - hub site for Northern Beaches. Detox and rehab unit, pharmacotherapy service, drug and alcohol education.
- MENTAL HEALTH - hub site for Northern Beaches. One purpose built inpatient unit, provision for psychogeriatrics. Support groups. Mental health education.
- PALLIATIVE CARE - designated beds, hospice.
- SPECIFIC UNITS FOR CHRONIC ONGOING CONDITIONS - E.G. renal unit, dialysis, respiratory unit, cardiac unit, neurological and skeletal unit, aids unit, rheumatology unit- to be split between the two hospitals in order to minimize duplication.
- A COMMUNITY HEALTH CENTRE. [see following pages]

NOTE -" The Greater Metropolitan Services Implementation Group has not recommended the closure or significant downsizing of any hospital in the greater Metropolitan Area. However, it is clear that there will be role changes for some hospitals with some relinquishing services and others gaining new ones. Again, it is important that role changes are managed carefully and that individual institutions are neither seen as winners or losers."

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EXPLORATION OF WAYS TO MINIMIZE DUPLICATION OF SERVICES.

- This needs innovative and creative thought. Some suggestions could be -
- more effective management practices.
- hospitals being linked by state of the art technology - tele medicine link ups to be viewed around and between hospitals. Telelinks between GPs, ambulance, clinical support services etc. Shifting of images and data, not people.
- the use of e-health - on line knowledge , consultation and data resources, and up to date patient history and records.
- Complementary specialist services at specific hospitals e.g. Mona Vale to specialize in aged care and rehab, coronary care etc. Southern end hospital to specialize in mental health, drug and alcohol and cancer care etc.

PROPOSED CO LOCATED PRIVATE FACILITIES, MONA VALE.

- would take load off public facilities. Note - it should be recognised the high numbers of privately insured clients who live on the northern beaches.
- public/private partnerships could be explored and utilized .
- use of shared facilities, e.g. diagnostics, telemedicine, e health etc
- could be a centre of excellence e.g. sports medicine, aged care and rehabilitation.
- should compliment/enhance/add value to public facilities.
- specialist medical and surgical services,coronary care, a stroke unit, intensive care ,day surgery, renal dialysis, chemotherapy.
- recuperation accommodation for clients should be close by.
- potential to attract overseas clients.
- back up emergency services.
- an integrated campus would provide superior parking facilities, restaurant/cafe, pharmacy,staff facilities.
- could be a R and D centre of excellence.
- could have the capacity to offer ‘one stop ‘ care services.

COMMUNITY HEALTH CENTRES.

3 in all. Attached to Mona Vale campus and to south end campus. The third to be at Frenchs Forest.
SERVICES TO BE PROVIDED.

Speech pathology, audiology, occupational therapy, baby, childrens, adolescent, womens and mens health programmes, healthy lifestyle programmes, support groups for specific conditions, home nursing co ordination, home support coordination, ACAT and aged care services, post acute care,[hospital in the home services], health education programmes, sexual health including aids, eating disorders, suicide prevention, substance including alcohol abuse, bereavement counselling, general counselling, GPs surgeries, equipment hire, weight watchers, community transport co ordination, podiatry, etc.

RATIONALE FOR THIS OPTION

- gives true “equity of access” to all members of the Northern Beaches community. It does not favour one section of the Northern Beaches community and disadvantage another section of the Northern Beaches community. The 20k / 30 min benchmark would be well and truly achieved.
- expensive land purchase is not necessary for the Mona Vale site. It is there already, with room for expansion. The current hospital at Mona Vale could continue its services while new infrastructure is being built alongside - a la Blacktown hospital model.
- Mona Vale site has a hospital tolerant community. No expensive community consultation and education is required. Great community feeling and “ownership” already exists.e.g. \$250,000 is being in trust by NSH , raised by the Mona Vale Hospital Auxilliary specifically for furnishing a hospice on the Mona Vale site, and only the Mona Vale site.
- Road access along Pittwater Rd, a 6 lane highway is relatively good. Traffic engineers could improve it even more without major capital expense. Public transport already exists and could be easily improved.
- The South end hospital would be best at a Brookvale / Cromer site, for all the above reasons .
- The existing Manly site should be leased , not sold, for a three tier Aged Care facility - self care living, assisted living and nursing home.
- Planning for the Future must take into account land releases at Ingleside and Warriwood.This potential for population expansion within 10 - 25 years would result in 4869 new dwellings and approx 13,633 additional new residents. 2011 projections for Pittwater are now 72,217 people .The population centroid is moving north each year.
- The Brookvale/Cromer site would give easy access to the increasing medium density population in the Dee Why area.
- The Northern Beaches is a unique area - geographically elongated and continuously subjected to the impact of tourists and “out of area “ people. The impact of boating/ sporting / surfing /bushwalking/absailing /windsurfing / sky sailing / fishing communities must be factored into future health planning.
- The impact of floods, fires, road accidents, fallen trees, spillages etc on the Mona Vale Road and Wakehurst Parkway must also be factored into future health planning for the Northern Beaches.
- The need exists for two emergency departments on a geographically elongated area. The slow speed of ambulance or car through the Bilgola Bends, and the proposed narrowing of Barrenjoey Road through Newport, particularly in summer or public holidays would further put peoples lives in jeopardy if they had to travel further to a Frenchs Forest or Brookvale/Cromer site. People on the Northern end of the penninsula do have strokes and heart attacks, and an increasing number of people do suffer from anaphalactic shock as a result of the huge tick population in this part of the world. Time being “of the essence” in emergencies such as this.
- It should be noted that 6 private hospitals currently exist on the Northern Beaches, none further north than Dee Why . There is a high percentage of privately insured clients on the middle to northern end of the penninsula.
- It is blatantly obvious that hospitals of the future will have to be networked by technology - use of telemedicine, e-health etc. Images, information and data will be shifted from one site to another, not people, unless totally necessary. Up to date management practices will have to be used. Partnerships , collaborations and networks will be the order of the day. Flexibility and the ability to respond to changing needs will be of vital importance.
- This is a wonderful opportunity for health planners to think laterally, outside of the square, not to slavishly follow overseas trends for huge dinosaur 450 bed hospitals. Emergency departments will have to be duplicated and some other areas, but innovative ways and means need to be explored to minimize unnecessary duplication and increase the range of services.

- This option would halt the 45% drift of patients from the Northern Beaches, and thus increase critical mass, necessary for highly specialist procedures and services.
- “Centres of Excellence “could provide the possibility for the Northern Beaches to become innovators and trend setters for aged care and rehab, mental health and drug and alcohol, sports medicine etc.

ADVANTAGES & DISADVANTAGES OF TWO HOSPITAL MODEL.

ADVANTAGES

- achieves true equity of access to all members of the Northern Beaches community. It does not advantage one section of the Northern Beaches community and disadvantage another section of the Northern Beaches community. The 20k/30m benchmark is achieved for all.
- it addresses the biggest fear of residents in all three council areas, that of having an easily accessible emergency department, particularly in life threatening circumstances.
- it delivers diagnostic and other support services to the total Northern Beaches population.
- it provides acute care facilities within life saving distance.
- it takes into consideration the “special case” situation of the Northern Beaches, an elongated area with high potential for emergencies and an enormous influx of visitors / tourists / out of area people -particularly during holiday periods.
- it addresses the difficulties encountered by the Mona Vale Road and Wakehurst Driveway.
- with ambulance stations based on both north and south sites it addresses the difficulties encountered by the lack of guaranteed long term site arrangements at both the Avalon and Balgowlah ambulance sites.
- it offers the opportunity to be “trend setters” in networking, co ordination and complementary specialist services. Surgeons could pool their waiting lists and send to specialist sites.
- Patients could be given a guaranteed date for surgery and waiting times for elective surgery could be reduced. Refer to GMIG, July 2002.
- by upgrading and improving health services on the Northern Beaches, critical mass would improve and there would be less drift out of area.
- the enhanced use of networking - strong communication systems, web based facilities for G Ps, telemedicine, the shifting of images and data, not people, unless absolutely necessary, would vastly improve the existing system and be more cost effective.
- it addresses the increasing population base in Warriwood / Ingleside and DY areas.
- it addresses the criteria of Healthier people, Fairer access, Quality health care.
- depending upon the successful implementation of “ minimizing unnecessary duplication of services and resources” it has the potential to deliver “better value”.
- two local hospitals are more likely to achieve strong community support and identification.
- land already exists at Mona Vale. No need to purchase it.

DISADVANTAGES

- some clinicians will not be happy.
- it does not allow for development of services e.g. microbiology, haematology, interventional cardiology etc.
- the Mona Vale site is not the demographic centre of the peninsula.
- there will be duplication [but necessary] of some services e.g. emergency depts.
- only one ICU unit at the Mona Vale site. An HDU at the southern end. Question - How much more expensive is it possible to have ICUs at both sites ? This obviously would be a better solution for all. I note the new proposed private hospital at the Frenchs Forest site has an ICU unit.

DISCUSSION

In view of the problem of community “perceptions” regarding the “downgrading” of their much valued hospital institutions, I would suggest the retention of the word “hospital” and not the name “Integrated Care Centres” as in other options presented.

Most communities, rightly or wrongly would perceive an “Integrated Care Centre”, however good, to be a serious and therefore undesirable downgrade, and would therefore reject the concept.

The nature of services delivered from each hospital would change and be complementary to each other. Neither hospital should be regarded as “winners or losers” - but be regarded as different / networked / complementary.

As a new beginning for health delivery services for the Northern Beaches I would suggest the names of the two hospitals to be called - Peninsula North and Peninsula South.

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