

5 June 2023

[REDACTED]
Deputy Secretary
Infrastructure
22 Elizabeth Street
HOBART TAS 7000

Email: [REDACTED]

Dear [REDACTED]

Re: North West Regional Hospitals Masterplan

Thank you for your correspondence of the 18th of November 2022 in relation to the commencement of a consultation phase for the development of a 20-year North West Hospitals Masterplan and for the opportunity to be part of the formal public consultation process, including providing a briefing for AMA members held on the 25th of May 2023.

Since your initial correspondence, AMA Tasmania has consulted with our members, who were keen to have their views heard. It will not surprise you to know that all but one (who wanted the money to build a new hospital spent on a fast passenger train service linking the four major centres in the state) were united in their view that a single new hospital is what is required. In fact, one member went as far as to say that he was *"not interested in engaging in discussion about a master plan that continues the ridiculous situation of two public hospitals serving such a small population – especially when nearly everyone based in the north west, who is not conflicted, is supporting the amalgamation into a new facility."* And, another said she felt *"..totally deflated reading that the THS chooses to totally ignore the argument for a single hospital in the NW."*

Given the strong views of our members, this submission will outline some of the reasons a new single hospital is preferred, as well as provide comment on the draft masterplan as it stands for both the NWRH and the Mersey Community hospital.

We would also like to make the point that a Clinical Services Plan (CSP) looking into the future needs of a community and what services would be required to meet those needs, is critical when working on a long-term master plan. Without a comprehensive CSP, it is difficult to know what infrastructure is required and where to deliver the necessary services. Similarly, understanding where we are going with IT will help inform a masterplan as to what space will be required for robotic surgery or the like.

The master plan (plan of buildings) is starting the project from the wrong end. In order to change things and make things more attractive for staff and patients, we need to start with an analysis of service and future service needs, what services are required, how many beds do we need, how can technology assist in future, such as a virtual hospital, virtual ward, and the use of AI.

Why we want a single hospital for the NW

"The current hospitals are tired and substandard and need to be replaced."

Put simply the two old hospital sites no longer deliver what is needed for staff and patients. In our view, a new single site hospital is needed to provide modern facilities to enable the best of care to be provided to patients, as well as attract and retain health professionals. We know the current sites are constrained, old, and require the stretching of limited human resources across two sites. Both sites have issues with asbestos, narrow corridors, poor design, awful insulation, and a maze-like layout. To keep rebuilding and building new infrastructure on the old sites, does nothing to address the problems facing the NW community, it just keeps perpetuating the problems.

Here are some of the comments from our members:

Thanks for reaching out on this subject. I feel strongly about this issue. There is no doubt in my mind that as an employee of both hospitals, neither site is fit for purpose.

These are the issues:

- *Training of registrars across both sites is fraught with difficulties. It leads to double standards in quality of training and networking of the Registrar and CMO group.*
- *Mersey has no surgical anaesthetic or ICU backup and despite not supposed to receive trauma, frequently does.*
- *Neither hospital is of the calibre one would expect today like the new hospital at Sunshine Coast in Queensland. Replacing older hospitals with purpose built new ones is what is required.*
- *The clinical areas in both Emergency Departments are outdated with patients frequently being seen, i.e. medically assessed, in common areas, particularly fast track. Some confidentiality is generally expected nowadays.*
- *Endless shuttling of psychiatry patients would cease.*
- *Delay to surgery at Mersey site would be reduced.*
- *A new hospital would be attractive for recruitment purposes.*

And another:

There is no rational solution that does not involve centralisation of services to the North West to one properly resourced and staffed site. If for no other reason, this is essential to create a facility that will be attractive to professionals. We can spruik lifestyle etc as much as we like, but without an attractive (and functional) venue for practice, the North West will struggle to attract high quality medical staff.

A single new campus would avoid duplication of services such as radiology, pathology laboratories, management teams, etc. It would also be more economical to have only one team for each speciality, rather than two teams working at MCH & NWRH respectively. This would also help to reduce the frequency of on-call work with more doctors available to share the load, as well as help with general rostering making the NW a more attractive environment in which to work. In essence, one hospital would enable the delivery of more comprehensive care to patients.

Added to all this, one new modern hospital in the north west would attract more Doctors-in-Training (DITs), as there would be more of a case-mix of patients to provide the training environment for the DITs as well as support from the number of specialists required to oversee that training and maintain a consistent and specialised service to the highest standard. DITs are a very mobile workforce and

after having worked in hospitals in other states that are far more modern, they do not want to 'step-back' into a regional hospital with outdated facilities and poor workforce environment. As it is, it is difficult to staff both sites, with locums and agency nurses commonly used to keep services open across the two hospitals. Evidence shows us hospitals are safer for patients when you have a stable permanent health workforce.

One hospital is also safer for doctors and other healthcare staff who are required to work across the two sites. Being required to travel 80 minutes a day between Burnie and Devonport does not help in the recruitment of specialists and it is a safety risk that could be mitigated with the one hospital site.

In summary, a new single centre hospital would provide for a safer, higher quality, patient focussed and sustainable health service for the community of the NW coast.

What a Masterplan needs to include in the North West:

Members are concerned that the masterplan feels like we are trying to catch up to what is needed now and extend that across the years to 2040, whereas we should be trying to think about what our hospitals need to look like in 2060. Therefore, we need to look far beyond 2040 in order to understand what the trends are and how we best invest for the future. That would take a lot more analysis and understanding than that which is before us.

ICT

Regardless of whether it is a new hospital or continued redevelopment of the existing sites, investment in IT is critical. This includes having the space for videoconferencing facilities in critical areas to enable communication between the two hospitals and other hospitals around the state. This is particularly important for patients awaiting transfer (which can be for many days) who need to be provided with remote care. This support would need physical space for the infrastructure, but also the resourcing and staffing to support it, and administrative changes, such as having a remote bed card under surgery or other clinical area.

Beds

More beds, from medical to surgical to paediatric to older persons etc across the hospital are going to be required to meet the growing demand of an ageing population and growing population. Whatever space is developed, it needs to be more flexible and adjustable and have room for further expansion in the future.

Emergency Department

Our members are worried that by continuing to have an ED at the Mersey, people are not going to the right place for the care they need when they are seriously unwell. They would prefer it was an Urgent Care Centre model, where it is clear certain health issues should be treated at an ED (NWRH or LGH) and not there. As it is there is no HDU or ICU at the Mersey should a patient need that level of care.

I wonder what the public would think if they really knew the risk when they're sick and need specialist input but they've come to the MCH? I feel demoralised that it's not even addressed. I wish they'd listen to the clinicians that work in the NW.

In terms of the ED at the NWRH, more ED space is required to deal with the problem of ambulance ramping as well as to create space for more beds for now and into the future to manage growing demand. The masterplan for the NWRH is not clear how much larger footprint the ED will have in

any new redevelopment which would help address this issue. As it is the current ED has many problems due to lack of space and poor design. Attempts to build new negative pressure rooms within the existing ED following the COVID outbreak, have had limited success.

One member suggested that it would be better to move the cancer centre to one of the sites linked by a bridge and leave the Radio-oncology area for an ED expansion as well as possibly the medical oncology area for their teaching space. This makes sense as oncology doesn't have an inpatient presence or room for one in their current space.

While the masterplan is not the place for detail, our members are keen to ensure that when internal floor plans are developed for the ED at the NWRH in the future that all healthcare workers are consulted on how to ensure the space is able to be used efficiently and practically.

Cardiac services

There must be provision for a cardiac catheter lab at the NWRH.

HDU/ ICU

More ICU beds are required at the NWRH. It would help if additional space for a High Dependency Unit (HDU) separate from the Intensive Care Unit (ICU) was found, freeing up space for the ICU, which would help to alleviate access block for patients trying to get into ICU. With a separate HDU, other efficiencies can be achieved, e.g the staffing model would be appropriate for each unit, whereas now because they are combined, the staffing levels don't change to meet the different patient load. Likewise, it ensures the right treatment is received by the patient. For example, many end stage respiratory patients whose goals of care are "not for intensive care" go to intensive care to receive NIV, and often end up getting more aggressive care than might otherwise be delivered if they were kept in an appropriate space.

Isolation Rooms

There is a need for more single rooms and isolation/negative pressure rooms at NWRH both in General wards and in ICU.

Oncology services

If oncology is not moved, then its space needs to be reconfigured. The Cancer Centre has a significant area of the NWRH hospital footprint; however, they do not have a model of care allowing them to provide anything other than appointment care. With reconfigured space and additional space, they could provide procedures such as pleural drainage, ascitic taps etc.

Maternity services

Currently, the Labour Ward is planned to be on a different floor to the Operating Theatres. This is not ideal in case of an emergency Caesar or Postpartum haemorrhage (PPH). If this remains the case, then we will need to put patients in labour in a public use elevator. Also there is often only 1x elevator in small hospitals in each area and if it breaks down or needs servicing we are in trouble.

Paediatric services

AMA Tasmania believes the paediatric ward of the future should have at least two wings according to age, but also chronicity of disorders such as eating disorders. The current planned sixteen beds are inadequate. By 2040 we will need that many beds to accommodate just eating disorders.

Appropriate space to care for adolescents with mental health problems is critical. We currently see a rapid increase in mental health admission on the paediatric ward. Presently, young people do not go to the Spencer clinic, and the paediatric ward doesn't cater for them. They essentially have no place to go within the hospital, nor anywhere in the state to receive appropriate treatment. Therefore, questions were raised about where a youth mental health would go within the masterplan. Would it be within or beside the adult mental health unit? We would be concerned to have young people in close proximity to severely unwell adult patients. However, making it part of the paediatric unit is not necessarily a solution either considering suicidal young patients should not be on a first floor of a building or have access to a roof top, without significant safety measures, which usually do not contribute to healing. Again, look at the outside area of K Block for the adult mental health unit to see how an outside space can turn into a prison like environment, which is not conducive to healing at all.

Likewise, a trauma informed ward for children, especially child safety cases, in the middle of a busy hospital is inadequate and needs careful thought. Similarly, neuro-diverse children such as those with autism or intellectual disability, in the middle of a busy hospital is not ideal for their recovery.

Access to appropriate activities outside is crucial for sick children. However, members have raised concerns with the master plan placing the paediatric ward on the first floor without easy access to outside play areas and under a helipad, which is planned to go on top of the roof. Noise may be a factor unless the building works are to an exceptionally high standard.

We would not recommend roof top play areas for children. Our members felt a roof top space utilised as "outdoor" space would be inadequate and not acceptable. They have seen how it does not work for example as part of the K-Block in Hobart, where the Paediatric outdoor space is useless due to large vent fans on the roof creating deafening noise.

In relation to the increasing admissions of Child Safety cases, it would also be good to have space for emergency accommodation, with relevant medical support attached to the hospital in order to stop the use of acute paediatric beds for 'social admissions' that most of the time require minimal to no medical attention.

Mental Health

Security concerns were raised by a member in relation to the plan for the Spencer Psychiatric Ward green-field site to be close to a residential area and not attached to the hospital buildings. We understand it is not uncommon for patients to get out of the current facility and need to be brought back in by police. We were concerned that there would be backlash by the residents living in nearby houses. On the other hand, the masterplan's vision for patients should be more therapeutic if the design work both internal and external is to a gold standard.

Sub-Acute

AMA Tasmania is supportive of more step-down beds for NDIS and Aged care patients who otherwise can bed block acute beds unnecessarily. We would also support the introduction of a GEM@Home program to help those who do not require acute care to receive the care they require in their own homes. Also, we would support the further the transition of Mersey to a subacute care and day surgery/endoscopy facility. To achieve this, acute medicine should be moved from the Mersey, which would mean more space for medical beds would be required at the NWRH.

Allied Health

There is a need for more rehabilitation services, whether they be for elderly people, children, or trauma based and yet, there doesn't seem to be any building allocated to allied health. Ideally, physiotherapy would have adequate spaces including a state-of-the-art pool for aqua therapies. There is also a need for OT spaces, including for sensory based treatments. And psychology services are also needed.

Palliative Care

A dedicated area for end-of-life care with adequate hospice facilities, including space for families is needed.

Outpatients

Increasing the outpatient clinic service at Mersey including Allied Health, would be beneficial. It is noted that space is limited for outpatients at the NWRH, and alternate site for these services off site may help.

Space for day-care clinics e.g. for eating disorders, where patients are looked after during the day, but are sleeping at home, is also supported as these forms of treatment are the gold standard for chronic and complex illness and are much more cost effective as subacute and rehab options.

Discharge Lounge

A dedicated discharge lounge at the NWRH is required. Presently, is an improvised space, staffed intermittently, and therefore underutilised.

Public Amenities

There are also concerns that there needs to space for cafeterias and canteens at both the NWRH and the Mersey. Presently, neither have an adequate space for people to be able to sit to eat and drink in a comfortable indoor environment. Patients and families could also do with space for family meeting hubs, both indoor and outdoor. Added to this, is the need for appropriate canteen / food that is healthy and meets the requirements of modern living and eating, including culturally sensitive food options.

Staff Rooms

There is very little space at the NWRH or the Mersey for healthcare workers to have time out. Normally, hospitals at the very least provide a common room for registrars, which may also have sleeping quarters, as well as showers and lockers. These spaces also enable doctors to give each other collegial support.

There is also a need for specific office spaces to be provided for doctors across the hospitals. For example, there is no shared office space for registrars in the ED at the NWRH. More teaching rooms and meeting rooms would also be invaluable. An on-site simulation training facility would also be beneficial.

With such limited space at the NWRH, there does not seem to be much choice than to move much of the non-clinical space to the outer zones. However, not all should be moved. There is still a need for some to stay adjacent to areas like the critical care doctor offices, nursing spaces and some allied health. There is also a need for storage of critical equipment.

Staff Amenities

Beyond the need for the basics of staff rooms, registrars' rooms and cafeterias, when building and planning new infrastructure there is also the opportunity to look at how you can become an employer of choice by providing other services, which can help to attract and retain healthcare workers. For example, a child-care centre on site (especially when considering we will have increased staff); a gym on site, or appropriate use after hours of physio equipment as occurs in other jurisdictions; and, a staff wellbeing hub.

Car Parking

Car parking is a big issue for patients and staff alike. There needs to be sufficient car parking spaces, including a safe night car park for female staff. A question has been raised as to what the planned ratio of new staff / public car parks is? As it is staff coming in for their afternoon shift on a weekday find it is a lottery as to whether they will be able to find a park adding stress to their day before they have even started their shift.

Environmentally Friendly Design

With a growing awareness of the need for the health sector to do its bit to reduce its carbon footprint, our members are keen to ensure that any planning takes into account the need to use renewable energy, reduce waste and encourage people to use electric cars or bikes. Therefore, space for recharging cars, as well as space for bikes/ scooters to be securely housed is important too.

Footpaths

Members have raised a concern that there are not sufficient footpaths planned for around the NWRH in the masterplan. When this concern was raised through other consultation processes, the answer for this was that there is an expectation of less traffic due to the fact each new clinical area will have its own car park. However, this has not satisfied our members, who are concerned that particularly during construction there is a real risk of patients struggling to get to appointments and being mobile enough to walk distances. They need dedicated pathways to help them keep safe. Finding a carpark is already difficult.

A safe walkway around the hospital for staff, patients and families to 'go for a walk' is a basic requirement of a hospital of the future.

Planning must include an understanding of role of Community Health Services

Our final comment is that the master plan must not address the two facilities in isolation from what is happening in the community health sector. What space will be needed in the hospitals is very much influenced by the availability of services in the community. If there is less than optimal access to GPs, we will continue to see many more people in the ED for whom the ED is not the best place to be, but for whom there is no alternative. If community nursing services are oversubscribed, we will continue to see people who present to the ED for simple things such as dressing changes, or who don't have appropriate care for their condition, come in with serious complications that could have been avoided with earlier intervention. Therefore, support for an afterhours GP clinic in Burnie and an urgent care centre model at the Mersey would reduce the demand for the ED to attend to non-acute and less complex medical care.

Due to the fragmented nature of our health service funding, with associated fragmentation of services and the resulting impact on access, there is a temptation to try to plug those gaps with the public hospitals. Ideally, the hospital should not be doing things that are better carried out in the community. However, a lack of appropriate services and facilities in the community increases the need to plan for increased demand. This does not mean that AMA Tasmania won't continue to

agitate for more community services and better funding for general practice, but it still needs to be thought about in a long-term plan such as this.

Conclusion

Instead of this process, we believe government should be opening a transparent, sincere and frank discussion with the community around the question of whether or not the NWRH and Mersey Hospital are fit for purpose and whether they provide the level of care the people of the North West need or whether government should be looking for a new site for a single hospital and what the old sites could then be used for.

We fear that just trying to renovate and expand the current two sites through this 2040 masterplan, will not provide patients with the right care, at the right place at the right time. Having said that we have offered some views in good faith as to how the two sites could be improved. Some of the detail we have provided is below that of a higher-level masterplan but is important to consider when deciding upon where infrastructure will go, and what infrastructure is required.

We hope our input is of some value to your planning processes and thank you once again for the opportunity to comment.

Yours sincerely



Dr John Saul
President AMA Tasmania