



# SAVE HEALESVILLE HOSPITAL ACTION GROUP

*C/- PO Box 703, Healesville 3777*

30<sup>th</sup> January, 2013

Dear Karen Fox  
Planning and Innovation  
Eastern Health  
251 Mountain Hwy  
WANTIRNA VIC 3152

Dear Ms Fox

## **SUBMISSION TO EASTERN HEALTH 2022 DRAFT STRATEGIC CLINICAL SERVICE PLAN 2012-22**

We submit this on behalf of the Save Healesville and Yarra Valley Community Health services working party. This working party was authorised by a motion at the 10<sup>th</sup> December public meeting and will meet with the Eastern Health Board members on 20 February 2013.

The message is simple.

Healesville community "owns" the Healesville Hospital and Yarra Valley Community Health.

It was the community that lobbied for these services to be established in 1950 and 1990 respectively, a history we can demonstrate. The community raised considerable funds and fought for 20 years which resulted in the opening of the Hospital.

It is therefore the needs of this community that the services should endeavour to meet. Not the pressures and needs of EH. It should be used 70% of the time, according to your principles, to deliver self sufficiency for the needs of this community and we think our forefathers imagined this as a given.

The community is rural. The community is vocal and engaged in this fight.

The Community wants the service profile to resemble their needs and for services to be Revived, Maintained and Expanded, not reduced.

The EH Clinical Service Plan (Version 7) as outlined has been rejected by the community. Closure of surgery and maternity is not supported. There is evidence that the maternity utilisation was deliberately manipulated to reduce births as a pre requisite to closing this service. We understand the safety issues and we accept the genuine concern that there needs to be a viable number of births, however we want EH to use its capacity to enable the delivery of that viable number of births, not purposefully tighten the eligibility criteria to prevent this being achieved. Maternity services are of greater value to our community than transition care beds, a program that is not used by locals. We believe a post code analysis multi day and same day admissions over the last 2 years will attest to this failure to serve the local community from the Yarra Valley. Regrettably this plan attests to the progressive reduction of services to our community. We need all services taken returned, existing services maintained and new services added to meet the needs of our growing community.

The working party would like to draw your attention to the more than 1200 “likes” on the Save Healesville Hospital facebook page: <http://www.facebook.com/SaveHealesvilleHospital> **We encourage you to read the comments.** At times 3820 people were discussing the page. Hundreds have completed a Health Survey created by the Save Healesville Hospital Action Group and we look forward to presenting these figures at our upcoming meeting. The level of concern about the EH proposals to reduce services will not go away, it will only get louder.

This community feels so strongly about EH plans that this will be both a Federal and State Government election issue, irrespective of the current blame game being played out between the Metropolitan CEO’s and the State Health Minister and the Federal Government. We think the Age coverage Friday 25<sup>th</sup> January accurately depicts the situation.

While promising in the clinical services plan to increase ambulatory, community services, and mental health, we note with dismay that EH has permanently closed the primary mental health team, reduced the CATT team access in afternoons and is reducing ambulatory and community services. In your clinical services plan it says Eastern Health will increase these services to our community as a quid pro quo for taking maternity and surgical services away.

Below are some key points which are concern to our community from the 2022 Draft Plan:

1. **“Increasing antenatal and post natal services in the local area”.** EH made changes without consultation as per the DH policy, on 1 October 2012, closing onsite maternity services, antenatal education and antenatal clinics, a service we have had since 1950. Predictably, we can expect further decline in breast feeding rates under this plan.
2. **“Increasing acute, inpatient and general medical services”.** Our local GPs unanimously advise that their experience as local GP is that when they try to refer their patients to our hospital, every manner of obstacle is put in their way. Our local doctors can’t get patients into our hospital. Eastern Health uses Healesville Hospital for its own pressure release valve, to park patients blocking beds in the other Eastern Health facilities. Patients can stay 60 days blocking beds our local doctors and residents need.

Under the principles espoused by EH, EH aspires to 70% self sufficiency (P52). We concur with this goal and our community would like 70% of the hospital time delivering services to our community please.

3. The plan promises to **“explore options for renal dialysis”.** Give us Renal Dialysis too, if your data says we need it. Seymour hospital has 3 chairs, were not greedy.

Please don’t try and split this community by setting one group against another. Don’t use the hope of renal dialysis to justify the removal of surgical services.

4. **“Moving surgical services to nearby Yarra Ranges Health in Lilydale and other Eastern Health sites to align with service capability”.** It is 25 kilometres to Lilydale. Yarra Ranges Health has no beds, no direct public transport to the door, pathetic parking and longer waiting lists than Healesville. So the isolated older patient needing a colonoscopy, has to sit on a bus, walk from the bus stop to Yarra Ranges Health, having taken purging medication and no food.

What is EH’s definition of accessible? We don’t want our residents dependent on public transport for services or surgical procedures. *How can Eastern Health justify the loss of vital services?*

*Statistical evidence shows, Healesville General surgical Services delivered more throughput, better quality, with enviable lower infection rates than EH's other acute facilities. Why is this quality service to be closed at Healesville to make Yarra Ranges Health more viable? We know why? To help the Eastern Health bottom line. EH would have had more credibility if the EH deficit was acknowledged as a major factor in determining the change in the service mix.*

**5. "Increasing ambulatory, palliative, acute specialist clinics, mental health services."**

EH then goes on to list some services under each heading but they also list services that are already available. There has been an endocrinologist Richard Simpson at the site for more than a decade, Murnong Mental Health Services attend 3 days a week between Yarra Junction and Healesville, Yarra Valley Community Health provides a comprehensive range of ambulatory services and innovative award winning models... what exactly is being added or is it a case of rebranding what already exists and giving it a new name.

We do understand the economic situation facing Health Services. However we reject the proposition/rationale in the planning framework that we should be happy to have the things we need more often close at hand and be prepared to travel for the "one off" services.

Try living here. This ignores the reality as we know and live it.

Geographic rurality is **problematical**; it produces access and equity issues which compromise the health and wellbeing outcomes of rural community like ours.

Rurality is a social health determinant. Rural communities are sicker. People who can't easily access health services get sicker. Those who can't travel (for a plethora of reasons) simply won't access services they need, their families can't or won't visit if they can't afford to get there, if parking is prohibitive when they do and this will directly impact on the length of stay of those who become emergency admissions. People from our postcodes are already **statistically** sicker and stay longer than other Eastern Metropolitan Region acute patients. It will simply get worse and we believe more will die in hospital care as a result.

We have a vision, an alternative. At the moment both our needs (EH and this community) are juxtaposed. Would EH partner with this community's wishes and advocate for and support the transition of these services to a block funded model of a Regional Health Service going forward?

We hope we can trust in the integrity of the consultative process. We hope and expect this option is on an EH Board agenda for a robust discussion with Board members in due course. Accordingly we appreciate future proofing options mention by the EH CEO on 10/1212

In closing, we want to reiterate that to date, the Community at large is highly supportive. This includes 300 letters of concern sent to the Premier, with more than 2000 pending. This is in addition to direct feedback direct to EH or local politicians. Donations to the SOS campaign funding equals campaign costs and this has been achieved during the Christmas and school holiday period. We are motivated and inspired by the community feeling and there is a strong community attitude.

We refute the suggestion that the population profile is simply aging. The population is not declining and we have both family formation and aging residents. Maternity services need to be resourced and access increased to include a mother and baby unit. It is unsafe to expect women to drive to Box hill or Ferntree Gully.

On Dec 10<sup>th</sup>, the public meeting asked to see the revised plan before presentation to the Board.

We have not yet received your revised plan for the EH Board as promised and the community will not be happy to hear that this promise was not kept. It adds fuel to the perception that the consultation was purely tokenistic and lacked authenticity as a benchmark of genuine engagement. It is noted that the CEO advised the Community on 29<sup>th</sup> October that EH was not required by State Government to consult with community on its Clinical Services Plan as part of the process.

We would like to formally register our grave concerns about the gagging of staff to their right to freedom of speech.

All hospital and YVCH staff received emails from EH management representatives, warning staff not to participate in the Public campaign regarding the clinical service plan. Staff have reported feeling intimidated and threatened with disciplinary action under the EH Media Policy provisions. The emails also implied Union endorsement. We feel taking disciplinary action to any staff member if they sign up to our Save Healesville Hospital face book page is abhorrent. We are concerned at this abuse of power. This does not reflect positively on the culture of EH.

In closing, the working group members are upset at the EH management communication to staff, warning them not to participate in this social action campaign. In a democracy, freedom of speech is a sacred right. 'I may not agree with what you say but I will defend to the end your right to say it'. As individuals the staff have the right to a voice. EH will be judged by these actions and found to have acted improperly in our collective opinion.

Yours sincerely

**The Save Healesville Hospital Action Group**

Comprising of:

**Fiona McAllister, Kersten Gentle, Gayle Slater, Dr. Peter Carruthers, Bev Schmolling, Jane Judd and Sheryl Treen**

Cc: Alan Lilly, CEO Eastern Health

Minister the Hon. David Davis, Minister for Health