

SAVE HEALESVILLE HOSPITAL ACTION GROUP

**REVIVE, MAINTAIN AND EXPAND
DELIVERY OF HEALTH AND AGED CARE SERVICES
TO HEALESVILLE AND SURROUNDS**

'When people do get sick, we must put them and their loved ones at the centre of care, instead of building our care system around the needs of institutions.'

(Andrew's Government, Health 2040: A discussion paper on the future of healthcare in Victoria)

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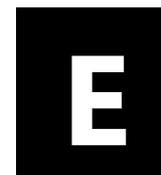
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EXECUTIVE SUMMARY

The following paper presents a case for reviving, maintaining and expanding the delivery of health and aged care services to Healesville and surrounds following a steady decline.

E.1 BACKGROUND

The Healesville health and aged care services (Healesville and District Hospital, Yarra Valley Community Health and Monda Lodge hostel) have been part of Eastern Health since 1998. Prior to then, this was a locally managed organisation governed by a local Board of Directors.

In recent years the community reports and this review demonstrates there has been a steady decline in the range of services available from the Healesville Hospital and a re-orientation towards aged and rehabilitative care. Whilst enhanced aged and rehabilitative care is welcomed, it is considered that this has come at the expense of providing appropriate services to the whole community.

Eastern Health developed and consulted on a draft Clinical Services Plan during October 2012 having given the community less than a week's notice. Forty five (45) community members attended a Healesville based consultation and unanimously expressed significant concern about Eastern Health's future plans for health service delivery from Healesville District Hospital and requested a second consultation. Eastern Health agreed to hold a second consultation and on this occasion (10th December 2012) more than 300 people attended. At both meetings the community were outspoken particularly in relation to the availability of appropriate acute inpatient services both surgical and medical. The issue of Eastern Health ceasing birthing services from Healesville Hospital (even if appropriate), with no community input was also highlighted and is considered to have ignored the Governments maternity policy of the time¹. Local obstetric GP's reported on a progressive list of changes with eligibility criteria to progressively reduce the number of women who could birth at Healesville. This combination of issues developed widespread mistrust between the community and Eastern Health.

From this community concern, the **Save Healesville Hospital Action Group ('the Action Group')** was formed in December 2012 out of the first community meeting. The Action Group were endorsed to lead a campaign and advocate for **revival, maintenance and expansion** of health and aged care services in the community. Strong advocacy from the Action Group at the time realised some immediate amendments to the Clinical Services Plan.

The over-riding view however, was that to ensure health service delivery to the Healesville and surrounding community was singularly focussed on that community, a return to a locally governed Small Rural Health service (SRHS) was the most likely model to achieve that objective. The primary objective of the Action Group was to advocate for Healesville health and aged care services to:

'Provide an appropriate range of services locally, more closely aligned to the population profile of the Healesville Community and catchment.'

¹ Department of Human Services, 2004). Future Directions for Victoria's Public Maternity Services



In order to research, develop and present options for ensuring this objective was met, the Action Group raised money from the community and obtained financial support through the Commonwealth Department of Infrastructure and Regional Development with the support of the local Commonwealth member for Casey, Mr Tony Smith.

E.2 RATIONALE FOR CHANGE

It is considered that there are three key reasons that support the need for changes to be made to the delivery of health and aged care services to Healesville and Surrounds; to align with Victorian Government policy, better respond to community need, and facilitate a singular focus on rural health service delivery to the community. It is considered that these three factors are missing from the current arrangements for service delivery and need to be redressed in some way.

GOVERNMENT POLICY

The Andrews' Victorian Government has documented a current discussion paper for public consultation entitled; *Health 2040: A discussion paper on the future of healthcare in Victoria*. The discussion paper devotes an entire section to **'Better health for people in rural and regional areas'** highlighting some very key issues for consideration in the provision of health services to rural and regional areas. The discussion paper states that:

'We are absolutely committed to supporting Victorians to access the care they need, when they need it, closer to home.'

This commitment also supports the Victorian (and international and national) service delivery philosophy of **'right care, right time, right place'**. In a range of Victorian health service delivery planning both at the broadest level and also within the components of the system (e.g. acute, sub-acute, community based care), this philosophy is clearly articulated in service model documentation.

It is the view of the Action Group that adherence to these Government policies and directions is essential and this will require a changed service profile which reflects the needs of the population, not the needs of Eastern Health as an institution.

RESPONDING TO COMMUNITY NEED

The population profile of 'Healesville and Surrounds', demonstrates that the community consists of far more than just aged people. In fact the 2011 census shows that 47% or almost half of the population are aged under 40 years and 75% of the population are aged under 60 years. Additionally, while the cohort of people aged over 60 years grew at a greater rate between 2006 and 2011, there was also growth in the population aged under 60 years.

Whilst acknowledging that the aged require a disproportionate number of health services, the fact is the largest proportion of the population was recorded for persons aged 49 years and under (62%) and services for this cohort should be considered in the context of **'right care, right time, right place'**.

An analysis of admissions to Healesville Hospital over the period 2009/10 to 2013/14 shows a steady decline at a compound rate of -3.4% per annum. There has been a significant decline in admissions for those below 50 years of age, while there has been growth in admissions for those over 60 years.

Most but not all of the decline in the under 50 year old cohort is related to the reduction in pregnancy and birthing services delivered at the hospital. The growth in the over 60 year old age cohort is largely represented by rehabilitation services. There are a number of surgical procedures and medical admissions that have shown a decline at Healesville Hospital that are appropriate for delivery at Healesville and would be redressed by a service with a focus on the broader local community.



In the period where admissions to Healesville Hospital declined at -3.4% per annum, admissions to all other Victorian hospitals (i.e. Healesville excluded) by the Healesville catchment population grew by 2.8% per annum. Analysis of the admissions to other Victorian hospitals (including private) illustrates that there are a range of services that similarly are appropriate for and should be offered in Healesville Hospital. In fact, there are many examples of growth in some diagnostic related groups in other health services that have concurrently shown a decline at Healesville Hospital. Examples of services that should be offered locally include; minor complexity Ear Nose and Throat and Lens procedures, and Endocrine, nutritional and metabolic diseases and disorders. Again if the service philosophy is to provide **'right care, right time, right place'** opportunities to have these services provided at Healesville should be pursued.

Through the Action Group, two community surveys have been conducted in order to gauge community opinion in relation to access to health services. The first survey was conducted in 2012 with more than 700 respondents and a second survey in 2014 with more than 200 respondents. Some of the key messages from the surveys include:

- 728 of 734 respondents (99%) believed the Action Group should continue to fight to revive lost services including maternity
- 92% of respondents would prefer to have an operation or deliver their baby at Healesville, with the next most popular response (3%) being none of the Eastern Health public health services likely indicative of a desire to be treated privately
- the majority of respondents have had to attend a hospital other than Healesville Hospital in the 12 months prior to receive treatment that could have been provided at Healesville
- travel is reportedly taking 46-59 minutes (on roads not comparable to metropolitan roads) that has potential health, social and financial implications
- people would access urgent care at Healesville Hospital if it was offered on site
- when community members do access services at Healesville Hospital there is a high level of satisfaction.

The surveys illustrate that there is community support for an appropriate range of services to be provided locally. The decline in admissions to Healesville and corresponding growth in admissions to other Victorian hospitals is illustrative of the decline in local services *rather than the exercise of choice to be treated elsewhere*. **This provides confidence that there is great opportunity to convert attendance in other health services including private facilities to Healesville Hospital attendances.**

HEALESVILLE AND SURROUNDS – A RURAL CATCHMENT

The aforementioned Andrews' Victorian Government discussion paper; *Health 2040: A discussion paper on the future of healthcare in Victoria* highlights some very key issues for consideration that clearly apply to Healesville in the provision of health services to rural and regional areas including:

- Overall, Victorians living in rural and regional areas experience higher rates of socio-economic disadvantage and unemployment; are older; and have poorer overall health status, including poorer health outcomes such as life expectancy and cancer survival rates
- The role for public health and social services is even more significant in regional and rural areas given the higher reliance on these services and the lower rate of private health cover
- Rural and regional health services are often the largest employer in their local community and can be an important focus of community life and economic activity



- Effective rural and regional health services are essential – not only for improving health outcomes for Victorians living outside the metropolitan area – but to **ensuring the vitality of many rural communities, and as a rich source of local employment.**

The health and social disparity discussed above is supported by a number of indicators for the Yarra Ranges when compared to the Eastern Metropolitan Region including; higher rates of high or very high psychological distress, fewer GPs, less access to public transport, a greater proportion of Aboriginal and Torres Strait Islander people living in the community and fewer infants being fully breast fed at 3 months.

In order to effectively address these key rural issues it seems axiomatic to say that this can only occur where there is a strong focus on rural health service provision and this is *not overwhelmed or clouded by the needs of a significantly greater metropolitan population*. The health and aged care services provided from Healesville represent a very small part of a very large Eastern Health public health service operating from more than 50 facilities. Understandably this diminishes the special focus required on a rural location such as Healesville and surrounds. Accordingly this raises the question as to whether Healesville health services should become a self-governed SRHS where an unwavering focus on the provision of **'right care, right time right place'** can be pursued within that regional rural context.

It is noted in that same discussion paper that Victoria already has comparatively more independent rural health services than other states and this has its advantages and disadvantages; the key disadvantage being viability and sustainability. The discussion paper offers a potential solution to this issue which has been considered and discussed by the Action Group and that is to amalgamate or at least form an alliance with similar oriented and size health services in order to drive efficiencies and still maintain that regional and rural focus in health service planning and delivery. Similar SRHSs in close proximity to Healesville may offer the opportunity for amalgamation or close alliances in order to enhance service delivery and drive efficiencies.

E.3 THE FUTURE

The Action Group supported by the community are focussed on ensuring the population of Healesville and surrounds receive an appropriate range of services locally. Accordingly the Action Group is seeking an open discussion with Government in relation to the mechanisms for achieving this outcome. Two options include: obtaining an expanded service profile from Eastern Health with their direct and active support; or pursue the option of a SRHS model whether independently or through amalgamation with like services. This latter option is considered to provide the best opportunity for ensuring the community receives services that are oriented to the unique needs of a rural community over the long term. As the discussion paper states:

'When people do get sick, we must put them and their loved ones at the centre of care, instead of building our care system around the needs of institutions.'

Unless Eastern Health acknowledges the legitimate requests of the community for Urgent Care Services, returning services for women, youth and children and provides a local focus on recognition of the rural catchment, the vision so clearly articulated in the Health 2040 discussion paper will not be achieved.



E.4 CONCLUSION

There is broad community concern that the Healesville and surrounding community is not receiving **'right care, right time right place'**. The community as represented by the Action Group consider that the evidence highlighted by the admissions data analysis shows the service profile being offered locally is not the services local residents most need to access. The flexibility and local governance of the SRHS model appears to provide the best opportunity for ensuring this service philosophy is a feature of health and aged care service delivery locally. However, the Action Group will seek guidance from the community to discuss all options to enhance service provision.

The Action Group wishes to engage with the Minister of Health, local Commonwealth and State members of Parliament, the Department of Health and Eastern Health to further discuss the options for receiving ***an appropriate range of services locally, more closely aligned to the population profile of the Healesville Community and catchment.***



1

INTRODUCTION

This paper has been developed to highlight the decline in the range of health services available locally for the people of Healesville and Surrounds and to present options for Reviving, Maintaining and Expanding the services available.

1.1 BACKGROUND TO THE PRESENT SITUATION

The following section provides a brief history of the Healesville Hospital followed by a summary of the recent events that have led to the development of this case for the Healesville health and aged care services to become a SRHS.

1.1.1 HISTORY OF HEALESVILLE HOSPITAL

In January 1957, following a 20 year campaign by the local Healesville Community the Minister for Health, the Honourable E.P Cameron MLC officially opened the new Healesville District Hospital.

Even in 1957 it was recognised that for people to want to live in a rural community a modern hospital must be provided. The Minister at the opening ceremony paid recognition to the Healesville people, who he said "had worked hard and given generously to provide their share of the cost..." The land was donated for the purpose of providing a hospital for the community and the local community raised much needed funds to contribute to the hospital's construction and fittings. Timber companies donated timber and local businesses helped donate goods for fundraisers, as everyone knew this was something the community desperately needed.

The Hospital operated under a local community Board up until it became part of the Inner and Eastern Health Care Network in 1998 under the Kennett Governments reforms to health care. The Health Minister of the time, the Hon Marie Tehan, directed that Healesville District Hospital be incorporated despite local opposition. Subsequently in 2000, this network was found to be too large and was divided up and the boundaries of Eastern Health as it is currently configured was subsequently established as a public health service established under section 181 of the *Health Services Act 1988 (Vic)*. *The community was against the loss of independence and it is the legacy of this forced merger which remain today.*

1.1.2 THE HEALESVILLE HEALTH SERVICES

Healesville health and aged care services under the remit of Eastern Health include; The Healesville and District Hospital, Yarra Valley Community Health Service and Monda Lodge. The Healesville & District Hospital is currently effectively closed for 18 months (services have been temporarily relocated) while work is completed on a redevelopment of the Hospital and Yarra Valley Community Health facilities. A brief synopsis of each service is provided below.

- **Healesville & District Hospital is a 19 bed hospital** with a planned reduction to 13 beds that currently provides mainly inpatient, bed-based surgical services, general medicine services and



geriatric evaluation and management services. It does not provide outpatient clinics, urgent care or operate an emergency department.

- **Yarra Valley Community Health** provides primary care services to residents of the Yarra Valley. It operates from three sites in Healesville and one site in Yarra Junction. The services include: primary care and health promotion; allied health; early intervention and management of chronic diseases; district nursing; Indigenous health services; and a needle and syringe program. A GP clinic on the hospital campus also provides primary care services on weekdays, mainly within business hours.
- **Monda Lodge Hostel** is a 30 bed low care public sector residential aged care facility and operates at high occupancy levels, with occupancy rates for the three years 2009-10 to 2011-12 ranging from 96.4% to 99.3%.

1.1.3 EASTERN HEALTH²

Eastern Health is one of the large Victorian area public health services, providing health services to Melbourne's eastern suburbs. It covers the municipalities of Boroondara, Knox, Manningham, Maroondah, Whitehorse and Yarra Ranges. Services are provided from more than 50 facilities including hospitals, community health services, mental health services and aged care services that serve the local population, as well as two statewide services for alcohol and drugs and mental health (personality disorder service). The Healesville health services represent less than 2 % of the EH Global budget and the community needs has the commensurate influence that comes with being such a small part of Eastern Health service provision. The community has expressed the view that it has been like a David and Goliath struggle simply to be heard.

CLINICAL SERVICE PLAN³

Eastern Health has developed a Clinical Service Plan entitled, *Eastern Health 2022: The Strategic Clinical Service Plan 2012-2022*. The primary objective of the plan is to recommend the future service profile of Eastern Health Programs and Clinical Services, at site and Eastern Health-wide levels, to best meet the needs of Eastern Health's communities over the next ten years and improve equity of access to Eastern Health services. The Clinical Services Plan is said to go directly to Eastern Health's Strategic goal of 'aligning our services and resources to meet the changing needs of our communities'. The plan includes the planned refurbishment of Healesville District Hospital and Yarra Valley Community Health facilities.

The stated intent of the service plan suggested responding to local needs, but from a community perspective the reality has been quite different. The motherhood statements didn't translate to Eastern Health embracing increased services that the community clearly needed based on the analysis of admissions over the last 5 years.

The key points in relation to Healesville health services from the final Clinical Services Plan include:

- **due to its geographical location it is ideally situated to provide services that are utilised most frequently by the local community.**
- the Hospital and Community Health will support low complexity inpatient, ambulatory and community health services to the outer east community

² Eastern Health Annual Report 2013-14, viewed at <https://www.easternhealth.org.au/about-us/publications/annual-reports/category-items/3-publications/2-annual-reports>

³ Eastern Health 2013, Eastern Health 2022: The Strategic Clinical Service Plan 2012-2022, viewed at



- an expanded suite of clinical services will include general medicine, renal dialysis, community health and a suite of specialist and ambulatory services **that are tailored to the needs of the local population**
- based on strong support by the local community, the hospital will also continue to provide endoscopy services and low complexity surgery
- provide multi-disciplinary geriatric evaluation and management with rotation of medical, nursing and allied health staff
- the above will be supported by a capital upgrade to the hospital and community health
- as part of the upgrade, provision will be made for a birthing suite to be incorporated within the redeveloped Hospital. This will ensure the availability of a birthing service should it recommence in the future as a result of demand and appropriate staffing.

1.1.4 RESPONSE TO THE CLINICAL SERVICES PLAN

In the development and presentation of the draft Clinical Services Plan (Version 7) during 2012, the community accused EH of tokenistic consultation. Subsequent discussion with Eastern Health, a number of community members were caused to be very concerned with the future plan for health service delivery from Healesville District Hospital. The community members reported a steady decline in the availability of appropriate acute inpatient services both surgical and medical. The sense was that the hospital was being geared toward aged and rehabilitative care which whilst acknowledged as important did not accord with the young families also living in the catchment area. The issue of Eastern Health ceasing birthing services from Healesville Hospital (even if appropriate), with no community input was also highlighted and is considered to have ignored the Governments maternity policy of the time. Local obstetric GP's reported on a progressive list of changes with eligibility criteria to progressively reduce the number of women who could birth at Healesville. This combination of issues developed widespread mistrust between the community and Eastern Health.

The **Save Healesville Hospital Action Group ('the Action Group')** was formed on the 10th December 2012 out of the first significant community meeting with more than 300 in attendance. The Action Group stemmed from significant local community dis-satisfaction with Eastern Health's Draft Clinical Services Plan and was endorsed to lead a campaign and advocate for **revival, maintenance and expansion** of health services in the community. The community group representatives who came together included a councillor, former nurse, former manager, a practicing doctor and community representatives. The group is not simply a group of individuals but a group who has been overwhelmingly endorsed by the local community and local groups/agencies including; the Yarra Ranges Shire Council, Service Clubs including Rotary, local Medical Practitioners and Bendigo Community Bank.

The Action Group has consulted with the local community through a range of public and social media forums to seek their views on what they believe the health services needs are for their communities. Through this community consultation they have become emboldened to represent the expressed needs of the community in relation to local health service delivery. The Action Group has made representation to Eastern Health management and Board and local State and Commonwealth parliamentarians and the Yarra Ranges Shire.

This strong advocacy led to an agreement from the Eastern Health Board in March 2013 (based on stringent community feedback through the Action Group) to amend the Clinical Services Plan to ensure surgical services, including colonoscopy, gastroscopy and low-complexity surgery, would continue at Healesville & District Hospital. As noted above this forms part of the current clinical services plan.



In 2010, under the Brumby Labor Government, the then Minister of Health the Hon Daniel Andrews responded to sustained pressure to improve access to renal dialysis with a \$3 million dollar promise to refurbish the community health service and hospital and initiate renal dialysis, however in November 2010 the Liberal Government was elected and there was no progress with either reform. The community pressure to provide locally accessible renal dialysis was only secured with the sustained advocacy that has been a hallmark of this resilient rural community. This is not a community that allows services to be taken from it without a fight.

In 2012 Eastern Health closed Maternity services on 1 October 2012 and released the Clinical Service Plan for the site in late October 2012. They planned to close the Operating theatre and this coupled with the closure of maternity services met with fierce opposition and the formation of the Action Group to save our services.

Between 2013-2014, the Action Group met with the Minister of Health, David Davis on 6 occasions to advocate for more funding for the redevelopment and to increase the service profile, including return of maternity services.

The Napthine government in 2014, announced \$7.8 million dollars for the refurbishment by the Health Minister, The Hon David Davis.

CURRENT SITUATION

Whilst there has been some ground given by Eastern Health with respect to ensuring ongoing surgical services and scope procedures and making provision for future birthing services, significant confidence has been lost in Eastern Health's ongoing commitment to develop a comprehensive but appropriate range of service offerings through the Healesville health and aged care services. It is understood that the realities of managing a complex large health system are that resources are divided commensurate with greatest need and this is reflected in the current circumstances. Eastern Health will always need to have a predominant focus on the larger eastern metropolitan and statewide services and not the local communities' health needs as their priority.

Accordingly, it is the view of the community as represented by the Action Group to pursue other options for the population of Healesville and Surrounds to experience the **'right care, at the right time, and right place'** in keeping with the Governments plans for health service delivery into the future.

Whilst open to discussing the options available, the community voice needs to be heard. Is there a preferred option for the Healesville health and aged care services to transition to a SRHS either independently or in tandem with a similar service(s) in close geographic proximity and with a similar focus on comprehensive rural health service delivery; or do the community want to accept the service profile offered by Eastern Health?

Many people within the local communities have either been born at the hospital, had their children there or unfortunately lost a loved one at Healesville Hospital. As is the case in most rural communities, the passion in the community for a vibrant hospital that appropriately meets community needs is still as strong as it was in the 20 years prior to its establishment in 1957.

This paper provides the necessary information to support a discussion of the options for the community of Healesville and Surrounds including the option of a local community controlled SRHS. We look forward to a discussion of all options in consultation with the community, Yarra Ranges Council, Eastern Health, the Victorian Department of Health and other relevant local service providers. It represents the communities intent to fight to restore an appropriate range of locally available health services.



2

THE RATIONALE FOR CHANGE

This chapter describes in more detail the factors that have driven the Action Group, supported by the Healesville community to develop and present this discussion paper on the need for change. The rationale for change is to meet the primary objective of:

Providing an appropriate range of services locally, more closely aligned to the population profile of the Healesville Community and catchment.

Factors that support the need for change include; aligning with Victorian Government policy, responding to community need, and having a singular focus on rural service delivery.

2.1 ALIGNMENT WITH VICTORIAN GOVERNMENT POLICY

Changes to the current range of health and aged care service delivery would be satisfying existing Victorian Government Policy and future healthcare structure and delivery intent; in particular the provision of **'right care, right time, right place.'** Internationally, nationally and in Victoria, this philosophy is being incorporated into health service delivery planning both at the broadest level and also within the components of the system (e.g. acute, sub-acute, community based care). Extending this approach in health service planning and delivery for the Healesville community (and its health services) would **ensure congruence** with the stated intent of the Andrew's Government, contained in a current discussion paper for public consultation; *Health 2040: A discussion paper on the future of healthcare in Victoria.*⁴

'We are absolutely committed to supporting Victorians to access the care they need, when they need it, closer to home.'

It is important to note that proposed changes to the range of services is not focussed on inappropriately building acute inpatient and urgent care services at the expense of prevention and early intervention which are critical components of the system. We concur with other conclusions contained within the above-mentioned discussion paper and in particular that; there has historically been a focus on the funding of hospital beds and episodic care and that with increasing incidence of chronic disease and an ageing population, this approach will increasingly fail to deliver the care people expect in the most efficient and effective way. In fact, the Action Group has already demonstrated its commitment to having an appropriate type/level of care for the community through it successfully advocating for access to renal dialysis services locally that would otherwise have not been provided without persistent community advocacy over many years.

The unwavering intent would be to have an appropriate balance, range and mix of services provided locally and accessible regionally and within the State. The concern is that this is not the current service provision situation and the Healesville community is not getting access to *the care they need, when they need it, closer to home.*

⁴ State of Victoria, Department of Health and Human Services, Health 2040: A discussion paper on the future of healthcare in Victoria. September 2015, viewed at www.health.vic.gov.au



2.2 MEETING COMMUNITY NEED

The Healesville District Hospital was established by the local community to deliver services to meet local needs in the absence of government funded services being available. Whilst the community now has Government services, it is the local need that has been lost.

In considering the health service needs of the community there are two key factors to be considered; the population catchment profile now and into the future and the opportunities for providing an appropriate range of services locally in Healesville that the population currently is travelling to receive.

2.2.1 RESPONDING TO THE CURRENT AND FUTURE POPULATION

The local community's perception based on the changes in what health services are now available locally and by extension what people now need to travel for is that the Healesville Hospital increasingly has a distinct focus on aged and rehabilitative care. Again we would point out that whilst we consider these to be valuable services to our community there remains a concern that this has come at the cost of services to the younger cohort who form a substantial part of the Healesville population and as such should also have access to right care, right time, right place. The following provides a description of the population profile of Yarra Ranges and in particular Healesville and surrounds and demonstrates the distribution of people across all age categories.

HEALESVILLE AND SURROUNDS⁵

Healesville and surrounds is part of the Yarra Ranges shire. The shire is located on metropolitan Melbourne's eastern fringe and covers approximately 2,500 square kilometres, stretching from the densely populated outer suburbs up into the surrounding foothills, agricultural valleys and forested areas of the Great Dividing Ranges. It is one of Victoria's largest and most varied municipalities. The Shire is recognised by governments of both political persuasions as an 'interface Council'. Healesville has had a long established community of interest with Toolangi, only 15 minutes to the North but in the Shire of Murrindindi. It is also the largest area of any metropolitan council. There are more than 55 suburbs, townships, small communities and rural areas in the Yarra Ranges. The population of the Yarra Ranges shire was reported to be 148,901 at 2011 with a population density of 60.4 persons per km². It is estimated that population growth will increase from 148,901 to 169,460 which represents an increase of 13.81% or an average growth of 0.69% annually.

Healesville and surrounds includes the localities of Badger Creek, Chum Creek, Fernshaw, Healesville, Mount Toolebewong and Toolangi (part). It is bounded by Murrindindi Shire in the north, the localities of East Warburton and Warburton in the east, the localities of Wesburn, Don Valley, Launching Place and Woori Yallock in the south and the Yarra River, the locality of Tarrawarra, Old Healesville Road, School House Ridge and the locality of Dixons Creek in the west.

As illustrated below, the population of Healesville and surrounds is projected to grow at a slightly lower rate than for the whole of Yarra Ranges Shire at a rate of 0.5% annually over the period 2016 to 2036.

	2016	2021	2026	2031	2036	Total change	Average annual % change
Healesville and Surrounds	10,174	10,380	10,741	10,969	11,213	1,328	0.5

⁵ Yarra Ranges Council & Profile Id <http://profile.id.com.au/yarra-ranges/>



More comprehensive population data for Healesville and Surrounds is presented in appendix A, however, the key issues as it relates to service delivery includes:

- In 2011
 - 25% of the population were aged under 20 years old. This is a cohort who are significant users of urgent care and commonly minor surgery for ear, nose and throat problems.
 - 47% or almost half of the population are aged under 40 years old.
 - 75% of the population are aged under 60 years old and are commonly requiring a range of surgery of minor complexity and 'scope' procedures and a range of medical specialities.
 - the largest proportion of the population was recorded for persons aged 49 years and under who formed 62% of the population, compared with those aged 50 years and over who accounted for 38% of the population.
 - there are approximately 1,000 females of child bearing age who require ante-natal, birthing and post-natal services. Between 2006 and 2011 there was a growth in the number of females aged between 20 and 40 years old of 10.39% (72 females).
 - similarly there are approximately 1,000 males in the age range of 18yo and 50yo who will have a requirement for a range of urgent care and acute services.
 - in contrast, whilst high users of services, there are only 500 persons aged over 80 years.
 - between 2006 and 2011 there was an overall growth in both the cohort aged under 60 years and those aged over 60 years, although most of the growth occurred in those over the age of 60 years.

Whilst acknowledging that the aged require a disproportionate number of health services, as highlighted above the population data demonstrates that there is a large proportion of the population aged under 60 years (75%) who should be able to access a range of services locally both in community and hospital settings.

In contrasting the services available at Healesville Hospital with similar communities within rural Victoria, Alexandra provides a stark contrast. While Healesville has predominantly aged and rehabilitative care available with a limited number of acute beds and services, Alexandra with a population of 2,300 has for example; 12 visiting surgeons providing 634 operations and 1143 specialist outpatient appointments.

2.2.2 CHANGES IN SERVICE DELIVERY

This section presents a discussion of the changes that have occurred in admissions at Healesville Hospital and for people living in the Healesville catchment (the catchment population) in the five year period between 2009/10 and 2013/14. The Healesville catchment population for the purposes of this analysis is presented in appendix B.

Extending from the policy noted above to provide 'right care, right time, right place', it is considered that the range of services available locally must appropriately respond to the needs of all age groups. It is unacceptable to oversee a decline in admissions that could be addressed locally and it is a legitimate community expectation that services be revived, maintained or expanded to ensure an appropriate range of service were made available locally.

OVERALL DECLINE IN ADMISSIONS TO HEALESVILLE HOSPITAL

Hospital admissions at the Healesville Hospital have been declining at a compound rate of -3.4% per annum over the period analysed (2009/10 to 2013/14), as illustrated in Table 2.1 below.



Table 2.1: Healesville Hospital admissions 2009/10 to 2013/14

	2009/10	2010/11	2011/12	2012/13	2013/14	Annual % change	Total % change
Hospital admissions	1,113	1,096	1,184	1,001	968	-3.4%	-13%

Further analysis of the data shows this decline was driven by a significant reduction (-27.2%) in female admissions to the hospital from 2009/10 to 2013/14. The majority of the decline for female admissions occurred from 2012/13 onwards. Further analysis of the reason for this shift is discussed later but can be broadly summarised as resulting from the reduction in gynaecological, obstetric and paediatric services delivered at the hospital.

Hospital admissions by age grouping

Examining admission data by 5 year age cohorts (appendix C, Table C1) shows that the strongest growth in admissions has occurred in the age groups above 60 years of age. Admissions in almost all other age groups have fallen (albeit there was a small growth in 15-19 year olds) and is significant below 50 years of age. The largest falls are in the groups for children under 15 years old, who in 2011 represented 20% of the population.

CHANGES IN ADMISSIONS TO HEALESVILLE HOSPITAL

Noting the overall fall in admissions, detailed analysis of the admission data was undertaken to determine where the changes had occurred in admissions over the 5 year period. Admission data is collected by the Department of Health at two levels; a broader Major Diagnostic Categories (MDCs) and by a more detailed Diagnostic Related Group (DRG). Discussion of the change at both levels is provided here.

Changes at MDC level

- **Most admissions** to Healesville Hospital occurred for Diseases and disorders of the **digestive system** (MDC 06) and this has been the case for the whole 5 year period analysed (appendix C, Table C2).
- This is further demonstrated by the **top four DRGs** in 2013/14 being for digestive system related issues of **Colonoscopy, Gastroscopy, or Endoscopy** which has also been a consistent pattern over the 5 year period examined (appendix C, Table C3).
- In terms of **significant growth in admissions** (where there are reasonable volumes), this has occurred for Diseases and disorders of the **respiratory system** and **circulatory system**.
- **While the total volume of admissions is not great**, there has been a discernible **increase in haematological and solid neoplasms** (Neoplastic disorders) in the latter two years.
- In terms of **significant declines**, consistent with the reduction in female admissions noted above (-27%), there has been a substantial reduction in admissions for:
 - Diseases and disorders of the **female reproductive system (-73%)**,
 - **pregnancy, childbirth** and the puerperium **(-95%)** and
 - **newborns** and other neonates **(-100%)**.
- Related to this, a private midwife birthing service is being established in Healesville to fill the gap in access to local birthing and a demand for the service. The service would like to offer both home births and hospital births at Healesville Hospital.



- In relation to the shift in location for births, it is apparent that this has shifted predominantly to the Angliss and Box Hill Hospitals (approximately a 1 hour drive).

Changes in Top 20 DRGs

Analysis of the top 20 DRGs illustrates that admissions are primarily for minor complexity or same day treatments – such as colonoscopies, endoscopies and gastroscopies as previously noted (appendix C, Table C3). Other observations include:

- There has been an **increase in services to the aged** through a **strong growth in Rehabilitation** of minor complexity admissions from **2 admissions in 2009/10 to 38 in 2013/14**.
 - This trend reflects an Eastern Health need to address length of stay for elderly patient across Eastern Health, where the bed management strategy needs to ensure access to beds to enable admissions (planned and unplanned). Moving these patients (NHT -nursing home type) from an acute bed to transitional/interim care at Healesville meets Eastern Health needs but reduces the capacity of GP’s to provide local medical admissions when beds are full. This situation will be exacerbated with the planned reduction in beds.
- DRGs that have had noted falls in admissions and could be managed within the Healesville Hospital include:
 - Other Skin, Subcutaneous Tissue and Breast Procedures (total decline of -44% or 12 admissions)
 - Diagnostic Curettage and Diagnostic Hysteroscopy (total decline of -50% or 12 admissions).

CHANGES IN ADMISSIONS TO OTHER VICTORIAN HOSPITALS

The following section provides an analysis of admissions to all Victorian hospitals over the 5 year period examined, by the Healesville catchment population.

Healesville admissions decline compared to other hospitals

For the population of the Healesville catchment area there were 18,720 hospital admissions in 2013/14. Over the five years of data analysed, there was **growth in admissions across all Hospitals** of 2.8% per annum, although there was **a fall in Healesville admissions** (Table 2.2). Healesville catchment population admissions within the ‘Healesville region’ are primarily at Maroondah, Box Hill and Angliss Hospitals, with Healesville having the fourth largest number of admissions. Further analysis of all admissions by the Healesville catchment population is presented in appendix C (Table C5).

This shift in admissions to other Hospitals by the catchment population was forced as a result of policy, service delivery and medical officer payment changes instituted by Eastern Health. In effect these changes have skewed the service delivery profile towards aged and rehabilitative care services at the expense of the rest of the population.

Table 2.2: Healesville ‘catchment’ hospital admissions 2009/10 to 2013/14

	2009/10	2010/11	2011/12	2012/13	2013/14	Annual % change	Total % change
All Victorian hospitals	17,033	17,610	17,973	18,144	18,720	2.4%	9.9%
Healesville Hospital	1,113	1,096	1,184	1,001	968	-3.4%	-13.03%
Victorian hospitals excl Healesville	15,920	16,514	16,789	17,143	17,752	2.8%	11.51%



In summary, while there has been a growth in total admissions for the Healesville catchment population, this is occurring in Hospitals other than Healesville. It is considered that at least a proportion of these hospital admissions would be appropriate at Healesville Hospital should there be a focus on an extended range of services beyond only accommodating the aged cohort. This is further discussed in the following sections.

Admissions to other Hospitals by Age Grouping

Examining the admission data across all Victorian hospitals by age grouping (Table C6, appendix C) highlights that there has been strong growth in admissions for 55-59 year olds (9.7% per annum), the 70+ year old group (6.5% per annum) and 10-14 year olds (6% per annum). Similar to that observed in the admission profile of Healesville Hospital, there has been a reduction in admissions for those in their 30s, late 40s and early 50s, while there has been increases in those aged 55 years and older.

The major differences noted between admissions to all Victorian hospitals and Healesville Hospital predominantly lies in the under 30 years age cohort where there has been growth in other hospitals and significant falls for Healesville Hospital (the exception being a small growth in the 15-19 year old cohort).

Further analysis was undertaken to determine which DRGs related to the reduction in admissions to Healesville Hospital for the under 30 year old group over the time period analysed (Table C7, appendix C). As would be expected these are predominantly represented by pregnancy, delivery and neonate admissions.

In contrast an analysis of the reasons for growth in admission for the catchment population under 30 years of age in all other Hospitals illustrated a growth in pregnancy, childbirth and neonates as illustrated in appendix C (Table C8).

Admissions occurring in other Victorian hospitals that could be in Healesville

Analysis undertaken of the admissions in other Victorian hospitals by MDC and DRG illustrates that the leading conditions treated in other Hospitals were: diseases and disorders of the digestive system (MDC06), kidney and urinary tract (MDC11) and musculoskeletal system and connective tissue (MDC08). This is not distinctly different from the Healesville Hospital admission profile (Table C9, appendix C).

Other key observations from the MDC data as it relates to future activity for Healesville hospital include:

- Diseases and **disorders of the eye are growing in other hospitals**, however, **don't feature at all in Healesville Hospital**
- **A large amount of activity is occurring in other hospitals for Diseases and disorders of the ear, nose, mouth and throat** – more than 700 admissions per year, while **Healesville only has 3-5 admissions per year**
- **Diseases and disorders of the digestive system**, a major area of activity in Healesville is growing in other Hospitals but **has plateaued in Healesville**
- Diseases and disorders of the **skin, subcutaneous tissue and breast have grown by 20% in other hospitals and fallen by 35% in Healesville Hospital** over the same time period
- Similarly **Endocrine, nutritional and metabolic diseases and disorders have grown by 34% in other hospitals and fallen by 35% in Healesville Hospital** over the same time period
- **Admissions to Healesville Hospital for Diseases and disorders of the female reproductive system (n.b. not pregnancy and child birth) have dropped** from a high of 103 in 2009/10 to



only 28 admissions in 2013/14. **Concurrently this has grown by 15% in other Victorian Hospitals** over the same period of time.

- There is **significant growth in other hospitals (70%)** for Diseases and **disorders of the blood and blood forming organs** and immunological disorders while **at Healesville this has fallen by 23%**.

This contrast between the trends observed in the Healesville catchment population for admissions locally and in other Victorian hospitals is indicative of **a shift away from providing 'right care, right time, right place'**.

Analysis was also undertaken of the top 20 admissions to other Victorian hospitals for the Healesville catchment population by DRG as illustrated in Table 2.3. Key findings include:

- The DRGs below are those which are in the top 20 Healesville Hospital DRGs but do not appear in the top 20 DRGs for all other Hospitals, albeit they may be represented in other Hospitals.
 - Male Sterilisation Procedures
 - Anal and Stomal Procedures (e.g. excision of haemorrhoid)
 - Chronic Obstructive Airways Disease (e.g. emphysema)
 - Diagnostic Curettage and Diagnostic Hysteroscopy
 - Respiratory Infections and Inflammations, minor complexity
 - Respiratory Infections/Inflammations without complications
 - Lymphoma and Non-Acute Leukaemia (single day admission)
 - Bone Diseases and Arthropathies, minor complexity (e.g. arthritis)
 - Minor Skin Disorders
 - Non-surgical Spinal Disorders, minor complexity
 - Delirium, minor complexity
- The following are those DRGs which are in the top 20 Healesville Hospital DRGs and **appear in the top 20 DRGs for all other Hospitals and likely could be managed at Healesville**.
 - Colonoscopy, (single day admission)
 - Gastroscopy, minor complexity
 - Other Contacts W Health Services W Endoscopy, (single day admission)
 - Rehabilitation, minor complexity
 - Hernia Procedures, minor complexity
 - Red Blood Cell Disorders, intermediate complexity
 - Other Skin, Subcutaneous Tissue and Breast Procedures
 - Other Factors Influencing Health Status, minor complexity
- The list below represents those DRGs which are **in the top 20 DRGs of all other Victorian Hospitals** and do not appear in the top 20 DRGs for Healesville Hospital. It is likely that a **proportion of these could be managed at Healesville**. In particular, attraction of an appropriate surgeon could see Lens procedures, Cystourethroscopy and other uterine procedures all conducted locally. For example, currently the local GP's refer to a private hospital in Boronia with resultant \$4,000 out of pocket expense for the patient.
 - Haemodialysis

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- Chemotherapy
- Lens Procedures
- Dental Extractions and Restorations
- Chest Pains
- Red Blood Cell Disorders without severe complications
- Cystourethroscopy for Urinary Disorder, (single day admission)
- Other Uterine and Adnexa Procedures for Non-Malignancy

Acknowledging the paramount requirement for safe and high quality care for the community, this analysis does illustrate that a broader service focus for the Healesville Hospital is appropriate and will ensure the 'right care, right time, right place' for the local community.



Table 2.3: Healesville 'catchment' – top 20 DRGS 2013/14

DRG Code	Description	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
L61Z	Haemodialysis	1,913	1,925	1,634	1,601	1,568	-18%	-5%
R63Z	Chemotherapy	1,123	1,098	1,188	1,138	1,047	-7%	-2%
G48C	Colonoscopy, (single day admission)	451	565	535	557	528	17%	4%
G47C	Gastroscopy, (single day admission)	325	363	363	345	355	9%	2.2%
Z40Z	Other Contacts W Health Services W Endoscopy, (single day admission)	308	367	373	395	397	29%	7%
P67D	Healthy Neonate	298	336	326	384	376	26%	6%
G46C	Complex Endoscopy, (single day admission)	197	223	254	223	276	40%	9%
C16Z	Lens Procedures	286	325	329	310	322	13%	3%
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	197	241	224	181	257	30%	7%
D40Z	Dental Extractions and Restorations	302	277	268	287	256	-15%	-4%
Z64B	Other Factors Influencing Health Status, (single day admission)	230	190	183	181	244	6%	2%
F74Z	Chest Pains	208	234	214	209	253	22%	5%
O60B	Vaginal Delivery without severe complications			232	243	244	5%	2%
Q61B	Red Blood Cell Disorders without severe complications	145	177	185	179	211	46%	10%
I18Z	Other Knee Procedures	225	212	179	221	225	0%	0%
Z60B	Rehabilitation without complications	127	157	178	148	155	22%	5%
Q60C	Reticuloendothelial and Immunity Disorders, (single day admission)	56	104	150	193	186	232%	35%
G10B	Hernia Procedures without complications	149	131	111	164	160	7%	2%
L41Z	Cystourethroscopy for Urinary Disorder, (single day admission)	96	112	125	130	162	69%	14%
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	163	157	148	163	155	-5%	-1%



Admissions for those under 15 and those over 70 years

Given the decline in admissions for those under 15 years of age and the growth in admissions for those over 70 years, further analysis was undertaken of both cohorts to ensure full understanding of the factors driving the respective change.

- The analysis shows that for those under 15 years of age the Royal Children's Hospital is where most admissions are occurring for this cohort followed by Angliss and Box Hill Hospitals – all of which have experienced strong growth in admissions from the Healesville catchment population over the period examined. Noting also that Angliss and Box Hill Hospitals represent the locations where the majority of births have shifted to from Healesville Hospital (Table C10, appendix C).
- For those aged 70 years or over, private hospitals are the main destination for admissions and significantly more than the second and third ranked hospitals, the Maroondah (50% more) and Box Hill Hospitals (500% more). Additionally, the private hospital sector has also experienced significant growth in admissions over that period of time with an average annual percentage growth of 11%. Healesville is the fourth most utilised hospital for this cohort and has experienced strong average annual growth (10.7%) over the period examined. Box Hill Hospital, the third most utilised hospital for this cohort has also experienced significant growth (13%) over this period of time. Whilst other services have also seen growth from the Healesville population these are off a relatively small base.

An analysis of the admission data for those under 15 years old, by the top 10 DRG codes (Table C12, appendix C) shows the following:

- confirms the reduction in births at Healesville but does not show any other significant shifts from the Healesville Hospital, however, there appears to be a couple of opportunities for bringing appropriate activity back to Healesville Hospital
- there may be an opportunity for ENT services to be delivered at the hospital if an appropriately qualified specialist could be engaged given the number of tonsillectomy, adenoidectomy and myringotomy procedures that are undertaken outside of Healesville
- there are a number of cases of uncomplicated Bronchitis and Asthma being managed outside of Healesville that it would be anticipated could be treated closer to home in Healesville.

An analysis of the admission data for those over 70 years old, by the top 10 DRG codes (Table C13, appendix C) shows the following.

- Haemodialysis, Chemotherapy, Lens procedures for cataracts and 'Scopes' are amongst the most common procedures being undertaken outside of Healesville
- the key opportunities considered for Healesville Hospital is in Lens Procedures with 200 being undertaken annually in other health services.

In summary, it is noted that a considerable change in the service mix for Healesville Hospital has been influenced by the decision to cease birthing. However, there has also been an emphasis on the provision of aged and rehabilitative care which while considered appropriate appears to have come at the expense of services for the younger age groups. A number of services have been identified as being appropriate for Healesville Hospital that community members are currently travelling to receive and under a service mechanism that was focussed on the needs of Healesville and Surrounds could be offered locally.

Whilst provisions have been made for birthing services to **be re-introduced in the future if demand is sufficient and staffing is such that it can be delivered safely**, there needs to be a clear understanding of how this is to be defined. It is considered that a viable service of 2 obstetric GPs and



appropriate nursing support did operate but was ceased. The declining number of births was used at the time to justify the closure, despite the fact that in 2012, the number of women from the Healesville catchment that birthed increased by 24% in the year they closed the service.

2.2.3 COMMUNITY SURVEY FEEDBACK

It is acknowledged that a key principle of health care provision is that the population has choice. This includes a choice to have a procedure or some other episode of care outside of the local community in a public or private hospital or health service.

However, the community consultation on the Clinical Service Plan facilitated by Eastern Health demonstrated that there was dis-satisfaction within the local community that some service would not be available in Healesville Hospital. That is, the choice to receive appropriate services locally would be removed.

To be able to effectively challenge the acceptability of the Eastern Health Clinical Service Plan and subsequently to build a robust case for expanding the range of services available in Healesville, it was considered essential to properly gauge community opinion in relation to access to health services. Through the Action Group, two community surveys have been conducted in order to gauge community opinion in relation to access to health services. The first survey was conducted in 2012 with more than 700 respondents and a second survey in 2014 with more than 200 respondents.

Whilst not assuming the responses represent a statistically significant representative sample of the entire Healesville and Surrounds community, the themes arising from the responses are indicative of a community who is looking for improved access to appropriate hospital services within their community.

Key messages gathered through the survey responses included:

- 728 of 734 respondents (99%) believed the Action Group should continue to fight to revive lost services including maternity
- 92% of respondents would prefer to have an operation or deliver their baby at Healesville, with the next most popular response (3%) being none of the Eastern Health public health services likely indicative of a desire to be treated privately
- The majority of respondents noted that they or a member of the family have had to attend a hospital other than the Healesville Hospital in the 12 months prior to receive treatment that could have been provided at Healesville (e.g. colonoscopies and endoscopies). This is supported by the analysis of admission data for the Healesville catchment population.
- Travel to those other hospitals for the majority of residents is reportedly taking 46-59 minutes that has potential health, social and financial implications.
 - Respondents with young families expressed concern about travelling long distances on roads not comparable to metropolitan roads with for example sick children, or having to upheave the entire family to travel if one family member is suddenly ill after hours
 - Needing to travel to visit and support sick family members particularly where this is extended over a number of days.
- Travelling to receive health care is a financial burden on families.
 - A number of conditions/episodes have been identified as being suitable for delivery locally thereby avoiding this cost



- The population of Healesville and Surrounds has a relatively low SEIFA index of 991.4 (in the 41st percentile for Australia) illustrating relative social and economic disadvantage. In contrast the Eastern Metropolitan Melbourne area has a very high SEIFA index of 1056.8 (in the 78th percentile). For those experience financial pressure, the necessity to travel for healthcare is simply another burden.
- They would access urgent care at Healesville Hospital if it was offered on site as opposed to travelling outside of the community. The Rural and Isolated Practice Endorsed Registered Nurse (RIPERN) provides an opportunity for this to occur.
- A strong desire for the return of some form of maternity services.
- Services that were oriented to the needs of young children.
- When the community do access services at Healesville Hospital there is a high level of satisfaction. Accordingly they wish to receive the maximum number of services possible locally. The aspects that respondents value highly about Healesville Hospital include:
 - proximity of the service
 - minimising the impost on family having a service close at hand
 - friendliness and professionalism of staff
 - the grounds and calm environment in which services are provided.
- One of the over-riding messages was not to view Healesville as an aged and ageing community and its Hospital as predominantly oriented towards this cohort. The community wish to see a broad range of hospital type services available locally for young families.

The analysis of admissions data illustrated that there are a number of services being provided outside of Healesville that are appropriate for delivery locally. In assessing whether there was community support for receiving an increased range of services locally, it is clear from the community survey that this is the case. A concerted focus and effort to provide 'right care, right time, right place' that includes Healesville Hospital will be supported by the local community.

2.3 ENSURING A RURAL HEALTH FOCUS

The Andrews' Victorian Government discussion paper; *Health 2040: A discussion paper on the future of healthcare in Victoria* devotes an entire section to '**Better health for people in rural and regional areas**'. The paper highlights some very key issues for consideration in the provision of health services to rural and regional areas including:

- Overall, Victorians living in rural and regional areas experience higher rates of socio-economic disadvantage and unemployment; are older; and have poorer overall health status, including poorer health outcomes such as life expectancy and cancer survival rates
- The role for public health and social services is even more significant in regional and rural areas given the higher reliance on these services and the lower rate of private health cover
- Rural and regional health services are often the largest employer in their local community and can be an important focus of community life and economic activity
- Effective rural and regional health services are essential – not only for improving health outcomes for Victorians living outside the metropolitan area – but to ensuring the vitality of many rural communities, and as a rich source of local employment.



In order to effectively address these key issues it seems axiomatic to say that this can only occur where there is a strong focus on rural health service and this is not overwhelmed or clouded by the needs of a significantly greater metropolitan population. A key principle for effective service delivery (whatever the business) is to shift decision making as close to the point of service delivery as is practical.

It is considered that despite the advantages that arise from being part of the larger Eastern Health Network, their need to focus on the requirements of the whole region (and in relation to some services the whole state) understandably diminishes the special focus required on a rural location such as Healesville. Additionally, in balancing the needs of the entire area, Healesville will be subject to decisions that are not of the greatest benefit from a local community perspective. Healesville is located outside of eastern metropolitan Melbourne and in reality represent a very small part of a significant Eastern Health enterprise.

Whilst one option for the future is to negotiate an enhanced service profile for Healesville Hospital, the issue above provides solid rationale for establishing Healesville health services as a self-governed SRHS where an unwavering focus on the provision of 'right care, right time, right place' can be pursued within that rural/regional context.

We do note however, that in the public discussion paper, *A discussion paper on the future of healthcare in Victoria*, there are already a large number of independent health services that provide care to people in rural Victoria and comparatively more than in other states. The discussion paper acknowledges that this means that rural health services have a strong connection to local rural communities and have the independence to act locally to support those communities, however, also raises concern regarding the significant challenges of sustainability and viability of local services.

The discussion paper also offers a potential solution to this issue which has been considered and discussed by the Action Group and that is to amalgamate with similar oriented and size health services in order to drive efficiencies (service delivery, staffing and financial) and still maintain that regional and rural focus in service planning and delivery. Similar SRHSs in close proximity to Healesville may offer the opportunity for amalgamation or close alliances in order to enhance service delivery and drive efficiencies. This could as is exemplified in the Upper Hume region include alliances with private service providers.

The SRHS model whether independently or through amalgamation with like services, we consider the best opportunity for ensuring the Healesville community receives services that are oriented to the unique needs of a rural community. As the discussion paper states:

'When people do get sick, we must put them and their loved ones at the centre of care, instead of building our care system around the needs of institutions.'



3

THE FUTURE

Having illustrated the case for change, this chapter proposes a couple of options for the population of Healesville and Surrounds to receive health services that are aligned to the whole populations needs and not to be one that is best suited to meeting the broader needs of the Eastern Health institution.

Broadly we consider there are two options going forward:

1. A significantly revised service profile aligned to the needs of the population and critically, active and direct support from Eastern Health to support achievement of this change.
2. The transition of Healesville Health and Aged care services to an SRHS model either as a stand-alone service or amalgamated or in close alliance with a similar SRHS.

3.1 POLICY CONTEXT

In presenting our case for change in the previous chapter we have comprehensively emphasised our belief in the Andrews' Government's policy of providing '**right care, right time, right place**'. Whether with a revised service profile or under a SRHS model there would be a commitment to:

- **Right care** – a balanced focus on prevention, early intervention and treatment across the entire health service relevant to the community needs. On the treatment end of the continuum it is recognised that 'right care' would only include the provision of low complexity surgery and medicine and an appropriate urgent care service.
- **Right time** – through the provision of an extended range of services including urgent care, the Healesville catchment population will receive services in a timely manner and not be compelled to wait or travel for services unnecessarily.
- **Right place** – intertwined with right care, there is recognition that right place will mean receiving services outside of Healesville. Existing partnerships would be maintained and new ones established to facilitate access to the full range of health and aged care services for the local community.

We fully appreciate that the policy of providing 'right care, right time, right place' sits within the context of a significant range of health and aged care policy to ensure evidence based, high quality and safe services. Should a SRHS model be pursued, the Healesville SRHS would be fully compliant with all relevant policy.

We are also cognisant that a number of major policy, planning and funding reforms are currently being reviewed or developed and look forward to considering how they might impact on the future of Healesville services. In particular we are interested in the outcomes of the Health 2040 discussion paper, the status of The Victorian Health Priorities Framework 2012-2022: Rural and Regional Health Plan and the review of funding for SRHSs in Victoria.



3.2 GOVERNANCE AND MANAGEMENT

Under the option of a changed service profile, we would want to understand what mechanisms would be put in place to actively and directly support the revival, maintenance and expansion of services to Healesville and Surrounds in alignment with section 3.3 below. We are cognisant that it is very easy to agree to an expanded service profile without taking any action. This option should articulate the mechanisms and resources for how this will be actively implemented.

Should an integrated SRHS that included the Monda Lodge Hostel, Yarra Valley Community Health and Healesville Hospital be pursued, the intent would be to establish a Board of local Directors. In keeping with good governance we would ensure that Directors with specialist skills, for example in the areas of health and aged care, finance, and law would be represented and critically for our region a member representing the needs of local Aboriginal people. Given the service would be locally focussed, representation from local government is also likely to be beneficial.

The SRHS would be managed by a Chief Executive Officer and another Executive staff member overseeing all of the service delivery. Other managers would be employed to lead the program areas of aged care, community health and hospital based services.

In relation to an appropriate budget for an SRHS model, we are unable to provide any firm financial data. The Action Group sought to obtain 5 years of historical financial data to no avail (see Appendices for original data request). We understand that this is because the funding for the Healesville services now form part of larger budgets for service provision within Eastern Health and are not able to be disaggregated. What we do know however, is the commitment of Victorian Government funding (2011-12) based on the Healesville review undertaken by Health Policy solutions (Wilcox) and outlined in table 3.1 below (noting this is the information provided to the consultant by Eastern Health, not her own analysis). We are unable to derive the level of Commonwealth and other funding but are aware that this has been substantial in the program areas of: Healthy for Life, Home and Community Care and Aboriginal and Torres Strait Islander Health.

Table 3.1: Financial results (actual) for Healesville agencies, 2011-12

Financial Result	Healesville & District Hospital	Yarra Valley Community Health	Monda Lodge Hostel	Healesville agencies combined
Staff Costs	(3,385,210)	(4,062,672)	(1,035,272)	(8,483,154)
Patient & Other Costs	(754,774)	(791,833)	(279,629)	(1,826,236)
Total Costs	(4,139,984)	(4,854,505)	(1,314,901)	(10,309,390)
Government Grants	3,658,457	4,341,715	757,058	8,757,230
Fees	220,280	716,636	520,431	1,457,347
Other Revenue	5,004	174,749	2,062	181,815
Total Income	3,883,741	5,233,100	1,279,551	10,396,392
Total Result	(256,243)	378,595	(35,350)	87,002

Whilst unable to provide any analysis currently we do note however, the summary by Wilcox that **'it is likely that the Healesville agencies would also receive their existing funding levels if they were disaggregated from Eastern Health and funded under the SRHS program.'**



3.3 SERVICE DEVELOPMENT

As illustrated in the previous chapter, there are a range of services that could be re-established or newly developed within Healesville to ensure a comprehensive range of services are available locally. The following highlights those services that we consider need to be revived, maintained and expanded through a changed service profile or as an SRHS.

3.3.1 HOSPITAL BASED INPATIENT AND OUTPATIENT SERVICES

The current suite of services and those envisaged in the Clinical Services Plan would be provided and would include the new renal dialysis service. Healesville would also wish to continue providing the inpatient Geriatric Evaluation and Management (GEM) inpatient service through Eastern Health.

In further extending the service profile, it will be necessary to collaborate with local GPs (ensuring re-establishment of the necessary referral pathways) in engaging a small number of key specialists to provide outpatient consultation clinics and associated procedural or other interventions as required. Indicatively, those specialists would include; General Surgery, Ear, Nose and Throat (ENT), Ophthalmology and Urology. Other specialist services that are also considered appropriate for Healesville are low complexity plastic surgery and orthopaedics. Given the development of a new operating theatre, the following lists those procedures that could be offered locally by visiting specialists. These specialists currently drive past Healesville to provide services in Alexandra and Seymour.

- General surgery - hernia's, sterilisations, gastroscopy, colonoscopy
- Ear, Nose and Throat - tonsils, adenoids, insertion of tubes etc.
- Urology - cystoscopy, bladder repair
- Gynaecological procedures - D&C, tubal ligation, bladder repair
- Ophthalmology – lens procedures
- Plastic surgery- skin cancer clinic and surgical interventions
- Orthopaedics – arthroscopy.

In addition to these surgical specialties, medical specialists that should be targeted to provide services locally would include:

- Endocrinology and diabetes reviews particularly given the large Aboriginal population
- Women's Health/Gynaecology/Obstetrics to support a comprehensive service for women including ante and post natal care and potentially birthing in the future
- Oncology/Haematology
- Cardiology.

MEDICAL IMAGING SERVICES

To support the extended range of service provision, appropriate medical imaging service will need to be available within the community and also at the hospital.

With the closure of the hospital on the 25th September, the portable x-ray machine was not moved to the Medicare local offices where they offer other diagnostic services. This lack of planning has greatly inconvenienced local residents through forcing people to travel to private clinics in Lilydale.



Basic x-ray services need to be made available and registered nurses trained to provide this service after-hours.

3.3.2 URGENT CARE

Currently there are no urgent care services available in Healesville and Surrounds forcing the local community to travel and wait at Maroondah to receive this service.

A lack of urgent care services for the local community also has implication for visitors to the area particularly in light of local government plans to increase the number of tourists to the area. This is perhaps best exemplified by the 3.5 million tourists that visit each year and the current initiative to bring increased competitive and recreational mountain bike riders to the area and the related injury risks.

While Healesville does not have ready access to urgent care, Victoria has an excellent service option for urgent care in rural communities through the Rural and Isolated Practice Endorsed Registered Nurse (RIPERN) system. The Healesville SRHS would establish the RIPERN model in Healesville supported by visiting medical officers, further enhancing the capacity of the service to provide 'right care, right time, right place'.

With the significant changes in the move from Medicare Locals to Primary Health Networks, there is an opportunity to relocate AH's GP clinic established by Medicare local into the refurbished hospital to ensure after hours urgent care.

3.3.3 MATERNITY SERVICES

The report of the National Maternity Services Review in 2009, *'Improving Maternity Services in Australia'*, noted that while most Australian women have ready access to quality maternity services and positive outcomes from pregnancy, this is not uniform, particularly for those in rural areas. The review similarly noted that poorer access and outcomes for Indigenous mothers and babies were identified by many as the most pressing national issue. Whilst remaining cognisant of safety, quality and workforce issues the review encourages continual consideration of innovation and reform to care approaches as the situation demands.⁶

Currently there are no child birthing facilities within the entire 2,500 sq/kms of the Shire of Yarra Ranges and within Healesville and Surrounds there are almost 1500 women between the ages of 20 and 45 years. The number of births for women in Healesville and Surrounds (in any Victorian Hospital) has between 2009/10 and 2013/14 been in the range of 323-361 births per year, far exceeding the peak of 190 deliveries when 6 local GP's delivered at Healesville.

It is important to note that whilst the decision to cease birthing services was met with significant disappointment by the community, it is far from being the sole catalyst for challenging the current service profile or making a transition to a SRHS. Having said that, there is a commitment to providing a comprehensive antenatal, postnatal and birthing service within **Healesville when there is sufficient demand** and this can be provided safely. As noted above, there needs to be clarity from government as to what constitutes a safe and quality birthing service. The development of a multi-purpose room within the Hospital redevelopment that can be utilised for this purpose would support this option.

⁶ Commonwealth of Australia 2009, Report of the Maternity Services Review, February 2009



The evidence for the demand is also highlighted by a private midwife birthing service being established in Healesville to fill the gap in access to local birthing. The service would like to offer both home births and hospital births at Healesville Hospital.

3.3.4 COMMUNITY SERVICES

There is already a comprehensive community health service being provided through Yarra Valley Health and it would not be envisaged that a transition to an SRHS would result in any significant changes to this service. There would however, through a locally focussed Board of Directors be an emphasis on ensuring that service provision was aligned to the particular needs of people living in Healesville and Surrounds. Some particular population groups that are considered of high priority include; the Indigenous, people with a mental health condition, people living with a disability, the aged and other disadvantaged and marginalised groups.

3.3.5 WORKFORCE DEVELOPMENT

It is understood that to re-establish previous services and develop new services will require upskilling and development of the workforce and in some instances the recruitment of new staff. Accordingly, under either option an investment in workforce development will be required.

An SRHS would develop relevant workforce development plans in alignment with the service planning it undertakes. Indicatively this will be focussed on:

- the provision of the RIPERN model of urgent care
- undertaking basic x-rays by nurses
- ensuring knowledge and skills related to specialist services that are attracted to the region.

3.4 PARTNERSHIPS

To enable an expansion to the range of services available or to pursue a standalone SRHS, it will be essential to establish a range of critical partnerships with other key agencies and individuals.

Local General Practitioners – engaging and collaborating closely with the private local GPs is critical to enhancing the service profile at Healesville. In particular it will be important to establish the priority specialist services to be offered in Healesville in collaboration with the GPs and work together to attract them to practice locally. Reinvigorating old and establishing new referral patterns will be essential.

Private Specialists – in line with the identified needs of the community and informed by local GPs, there should be a focus on attracting appropriate specialists to provide consulting and procedural services at Healesville Hospital. Additionally, there needs to be a concerted effort to recruit specialist to live and work in the Healesville area, likely in partnership with similar services in close proximity.

As part of the strategy to attract and retain private specialists, a communication strategy should be implemented that encourages the community to utilise private health coverage at Healesville Hospital.

Relationship with other SRHSs – as we have noted above, the Action Group have considered the potential benefits that could arise from an amalgamation or alliance with another SRHS(s) and believe this a sensible option to be pursued. Benefits include a capacity to recruit visiting or resident specialist and enhance the range of services available locally. It is highly likely that efficiencies could be generated through for example shared management, financial and information systems.



Eastern Health – under either option an enhanced and expanded relationship with Eastern Health will be important to supporting an expanded range of services. Under an SRHS model this could be through service level agreements, memorandum of understanding or potentially a shared workforce.

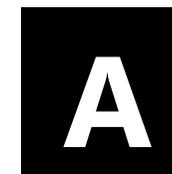
3.5 INFRASTRUCTURE DEVELOPMENT

The new hospital represents a significant investment by the Andrew's Labor Government. As has been indicated throughout this report, the intent is simply to provide an appropriate range of services in Healesville. Accordingly, we do not envisage that in the short term there would be any need for further infrastructure development and that any future development would form part of a planned program of capital development in the state.

3.6 SUMMARY

There is broad community concern that the Healesville and surrounding community is not receiving **'right care, right time right place'**. The community as represented by the Action Group consider that unless Eastern Health is committed to provide a service profile that meets the need of all ages in this community, then a an SRHS provides the best opportunity for ensuring this service philosophy is a feature of health and aged care service delivery locally, however, wishes to discuss all options to enhance service provision.

The Action Group wishes to engage with the Minister of Health, local Commonwealth and State members of Parliament, the Department of Health and Eastern Health to further discuss the options for receiving ***an appropriate range of services locally, more closely aligned to the population profile of the Healesville Community and catchment.***



APPENDIX A – POPULATION OF HEALESVILLE

Table A.1: Healesville (SSC), by Sex, Nine year Age Groups, 2006 and 2011⁷

Age (years):	2006					2011							Change 2006-2011 (no.)	Change 2006-2011 (%)
	Male	% of all persons	Female	% of all persons	Persons	Male	% of all persons	Females	% of all persons	Persons	Total %	Cumulative %		
0-9	379	5.8%	419	6.4%	798	419	6.1%	430	6.3%	849	12.41%		51	6.4%
10-19 years	468	7.1%	463	7.1%	931	428	6.3%	443	6.5%	871	12.80%	25.21%	-60	-6.4%
20-29 years	308	4.7%	262	4.0%	570	329	4.8%	325	4.8%	654	9.60%	34.81%	84	14.7%
30-39 years	374	5.7%	431	6.6%	805	375	5.5%	440	6.4%	815	11.90%	46.71%	10	1.2%
40-49 years	505	7.7%	548	8.3%	1,053	510	7.5%	501	7.3%	1,011	14.80%	61.51%	-42	-4.0%
50-59 years	445	6.8%	469	7.1%	914	451	6.6%	499	7.3%	950	13.90%	75.41%	36	3.9%
60-69 years	371	5.6%	370	5.6%	741	429	6.3%	452	6.6%	881	12.90%	88.31%	140	18.9%
70-79 years	210	3.2%	274	4.2%	484	224	3.3%	270	3.9%	494	7.20%	95.51%	10	2.1%
80-89 years	82	1.2%	131	2.0%	213	99	1.4%	165	2.4%	264	3.80%	99.31%	51	23.9%

⁷ This information is derived from the Australian Bureau of Statistics' Census of Population and Housing 2006 and 2011. The ABS State Suburb "Healesville" (SSC 25751) is presented as this geographical category was available for both years allowing comparisons and growth to be illustrated rather than for the whole of Healesville and Surrounds.



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90 years and over	19	0.3%	39	0.6%	58	13	0.2%	37	0.5%	50	0.70%	100.01%	-8	-13.8%
Total	3,161	48.1%	3,406	51.9%	6,567	3,277	47.9%	3,562	52.1%	6,839	100.00%		272	4.1%

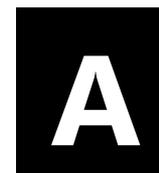
Source: Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011.



APPENDIX B - CATCHMENT POPULATION

Table B.1: Suburbs towns included in catchment population of Healesville and Surrounds

Postcode	Suburbs / towns
3139	Beenak, Don Valley, Hoddles Creek, Launching Place, Seville, Seville East, Wandin East, Wandin North, Woori Yallock, Yellingbo
3717	Flowerdale, Ghin Ghin, Glenburn, Homewood, Killingworth, Limestone, Murrindindi, Yea
3763	Kinglake, Mount Slide
3770	Coldstream, Gruyere, Yering
3775	Christmas Hills, Dixons Creek, Steels Creek, Tarrawarra, Yarra Glen
3777	Badger Creek, Castella, Chum Creek, Healesville, Mount Toolebewong, Toolangi
3797	Gilderoy, Gladysdale, Powelltown, Three Bridges, Yarra Junction
3799	Big Pats Creek, East Warburton, McMahons Creek, Millgrove, Reefton, Warburton, Wesburn



APPENDIX C – ADMISSIONS DATA ANALYSIS

Table C1: Healesville Hospital admissions by age groupings 2009/10 to 2013/14

Age groups	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
0-4	81	56	69	10	0	-100.0%	-100.0%
5-9	0	0	0	0	0	-	-
10-14	9	4	4	2	1	-88.9%	-42.3%
15-19	12	21	12	10	16	33.3%	7.5%
20-24	40	35	30	20	12	-70.0%	-26.0%
25-29	39	47	41	19	18	-53.8%	-17.6%
30-34	75	45	51	33	25	-66.7%	-24.0%
35-39	84	57	67	42	44	-47.6%	-14.9%
40-44	85	85	63	50	60	-29.4%	-8.3%
45-49	87	75	111	66	79	-9.2%	-2.4%
50-54	95	101	96	95	79	-16.8%	-4.5%
55-59	95	107	94	100	96	1.1%	0.3%
60-64	79	95	91	85	86	8.9%	2.1%
65-59	94	81	119	90	94	0.0%	0.0%
70+	238	287	336	379	358	50.4%	10.7%
Total	1,113	1,096	1,184	1,001	968	-13.0%	-3.4%



Table C2: Healesville Hospital admissions by MDC 2009/10 to 2013/14

MDC Category Code	Description	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
MDC 01	Diseases and disorders of the nervous system	26	29	33	25	37	42%	9.2%
MDC 02	Diseases and disorders of the eye	1		2		1	0%	0%
MDC 03	Diseases and disorders of the ear, nose, mouth and throat	3	3	5	5	3	0%	0%
MDC 04	Diseases and disorders of the respiratory system	32	40	42	44	68	113%	20.7%
MDC 05	Diseases and disorders of the circulatory system	18	33	19	25	39	117%	21.3%
MDC 06	Diseases and disorders of the digestive system	429	375	433	410	435	1%	0.3%
MDC 07	Diseases and disorders of the hepatobiliary system and pancreas	4	2	4	6	9	125%	22.5%
MDC 08	Diseases and disorders of the musculoskeletal system and connective tissue	37	27	34	70	57	54%	11.4%
MDC 09	Diseases and disorders of the skin, subcutaneous tissue and breast	49	54	33	21	32	-35%	-10.1%
MDC 10	Endocrine, nutritional and metabolic diseases and disorders	17	8	6	12	11	-35%	-10.3%
MDC 11	Diseases and disorders of the kidney and urinary tract	5	11	10	7	15	200%	31.6%
MDC 12	Diseases and disorders of the male reproductive system	37	47	39	40	34	-8%	-2.1%
MDC 13	Diseases and disorders of the female reproductive system	103	81	66	1	28	-73%	-27.8%
MDC 14	Pregnancy, childbirth and the puerperium	94	68	71	12	5	-95%	-52.0%
MDC 15	Newborns and other neonates	80	56	69	10	0	-100%	-100.0%



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MDC 16	Diseases, disorders of blood and blood forming organs & immunological disorders	31	34	43	23	24	-23%	-6.2%
MDC 17	Neoplastic disorders (haematological and solid neoplasms)	1	4	1	11	11	1000%	82.1%
MDC 18	Infectious and parasitic diseases	4	2		2	5	25%	5.7%
MDC 19	Mental diseases and disorders	5	3	1	2	1	-80%	-33.1%
MDC 20	Alcohol/drug use and alcohol/drug induced organic mental disorders			2		1	100%	0%
MDC 21	Injuries, poisoning and toxic effects of drugs	7	6	3	7	4	-43%	-13.1%
MDC 22	Burns						N/A	0%
MDC 23	Factors influencing health status and other contacts with health services	130	213	267	268	148	14%	3.3%



Table C3: Healesville Hospital admissions – top 20 DRGS 2013/14

DRG Code	MDC Code	Description	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
G48C	MDC 06	Colonoscopy, Sameday	176	169	200	160	184	5%	1%
G47C	MDC 06	Gastroscopy, Minor Complexity	171	120	113	157	131	-23%	-6%
Z40Z	MDC 23	Other Contacts W Health Services W Endoscopy, Sameday	100	132	152	187	85	-15%	-4%
G46C	MDC 06	Complex Endoscopy, Sameday	24	33	55	46	47	96%	18%
Z60B	MDC 23	Rehabilitation, Minor Complexity	2	52	60	39	38	1800%	109%
M63Z	MDC 12	Male Sterilisation Procedures	31	44	32	34	29	-6%	-2%
G10B	MDC 06	Hernia Procedures, Minor Complexity	21	23	26	13	21	0%	0%
G11Z	MDC 06	Anal and Stomal Procedures	5	11	16	6	17	240%	36%
E65B	MDC 04	Chronic Obstructive Airways Disease, Minor Complexity	10	17	12	14	16	60%	12%
Q61B	MDC 16	Red Blood Cell Disorders, Intermediate Complexity	29	30	37	19	16	-45%	-14%
J11Z	MDC 09	Other Skin, Subcutaneous Tissue and Breast Procedures	27	27	12	8	15	-44%	-14%
N10Z	MDC 13	Diagnostic Curettage and Diagnostic Hysteroscopy	24	21	14		12	-50%	-16%
E62B	MDC 04	Respiratory Infections and Inflammations, Minor Complexity	1	3	5	5	11	1000%	82%
Z64B	MDC 23	Other Factors Influencing Health Status, Minor Complexity	19	10	17	18	11	-42%	-13%
E62C	MDC 04	Respiratory Infections/Inflammations W/O CC	4	5	5	2	9	125%	22%
R61C	MDC 17	Lymphoma and Non-Acute Leukaemia, Sameday				9	9	100%	N/A
I69B	MDC 08	Bone Diseases and Arthropathies, Minor Complexity	5	6		7	9	80%	16%
J67B	MDC 09	Minor Skin Disorders, Minor Complexity	12	10	9	5	8	-33%	-10%
I68B	MDC 08	Non-surgical Spinal Disorders, Minor Complexity	2	5		3	8	300%	41%
B64B	MDC 01	Delirium, Minor Complexity	3		1	7	7	133%	24%



Table C4: Location of Births for Healesville catchment population

	2009/10	2010/11	2011/12	2012/13	2013/14	Total No.# change	Total % change	Annual % change
Healesville Hospital	50	26	33	5	0	-50	-100%	-100%
Angliss Hospital	116	143	137	176	153	37	32%	7%
Box Hill Hospital	65	90	74	69	85	20	31%	7%
Private Hospitals	49	56	56	39	52	3	6%	1%
Mercy Hospital for Women	21	19	18	23	21	0	0%	0%
All Other	22	27	31	14	25	3	14%	3%
Total	323	361	349	326	336	13	4%	1%

Table C5: Healesville 'catchment' population admissions by hospital

Health Service	2009/10	2010/11	2011/12	2012/13	2013/14	Annual % change
Maroondah Hospital	4,123	4,175	4,120	3,906	4,035	-0.5%
Box Hill Hospital	1,303	1,445	1,473	1,595	1,683	6.6%
Angliss Hospital	940	878	886	1,057	1,050	2.8%
Healesville and District Hospital	1,113	1,096	1,184	1,001	968	-3.4%
Yarra Ranges Health	592	795	819	845	656	2.6%
Alexandra District Health	102	122	111	138	157	11.4%
Seymour Health	277	267	238	205	208	-6.9%
Yea & District Memorial Hospital	191	213	179	205	161	-4.2%
The Peter James Centre	72	87	35	73	99	8.3%
Austin Hospital	420	474	372	403	432	0.7%
Royal Children's Hospital	314	332	285	323	398	6.1%
The Alfred Hospital	165	160	182	194	270	13.1%
Royal Melbourne Hospital	185	156	176	149	206	2.7%
St Vincent's Hospital	133	137	204	178	184	8.5%
The Northern Hospital	170	177	192	168	183	1.9%
Monash Medical Centre - Clayton	218	227	159	172	160	-7.4%
Peter MacCallum Cancer Institute	143	165	130	133	152	1.5%
Royal Victorian Eye & Ear Hospital	99	93	114	122	137	8.5%
Mercy Hospital for Women	121	132	110	137	113	-1.7%
Austin Hospital - ARMC Repat	81	75	73	73	98	4.9%
Royal Women's Hospital	83	69	96	55	61	-7.4%



Private hospital admissions	5,810	5,872	6,383	6,597	6,866	4.3%
All other Victorian hospitals	6188	6335	6835	7012	7309	4.3%
Total hospital admissions	17,033	17,610	17,973	18,144	18,720	2.4%

Table C6: Healesville 'catchment' population– admissions by age groupings 2009/10 to 2013/14

Age groups	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change	Annual % change HH
0-4	949	955	882	856	874	-7.9%	-2.0%	-100.0%
5-9	245	230	251	280	280	14.3%	3.4%	-
10-14	238	253	240	248	300	26.1%	6.0%	-42.3%
15-19	515	503	527	524	564	9.5%	2.3%	7.5%
20-24	643	747	641	695	681	5.9%	1.4%	-26.0%
25-29	605	713	656	655	699	15.5%	3.7%	-17.6%
30-34	907	800	838	764	745	-17.9%	-4.8%	-24.0%
35-39	923	950	861	760	785	-15.0%	-4.0%	-14.9%
40-44	878	891	1,077	1,129	1,050	19.6%	4.6%	-8.3%
45-49	1,074	1,012	1,052	953	947	-11.8%	-3.1%	-2.4%
50-54	1,492	1,524	1,518	1,396	1,266	-15.1%	-4.0%	-4.5%
55-59	1,236	1,478	1,571	1,620	1,789	44.7%	9.7%	0.3%
60-64	1,499	1,480	1,680	1,614	1,653	10.3%	2.5%	2.1%
65-59	1,753	1,911	1,777	1,782	1,843	5.1%	1.3%	0.0%
70+	4,076	4,163	4,402	4,868	5,244	28.7%	6.5%	10.7%



Table C7: Change in admissions for population under 30 years of age at Healesville Hospital

DRG code	Description	2009/10	2010/11	2011/12	2012/13	2013/14	Total No.# change
P67D	Neonate, AdmWt >=2500g W/O Sig OR Proc <37 Comp Wks Gest W/O Problem	78	55	63	10	0	-78
O60Z	Vaginal delivery	22	16	0	0	0	-22
O61Z	Postpartum and Post Abortion W/O OR Procedures	15	15	25	3	0	-15
O66Z	Antenatal and Other Obstetric Admission	7	12	2	0	0	-7
N09Z	Other Vagina, Cervix and Vulva Procedures	5	3	5	1	2	-3
Z40Z	Other Contacts W Health Services W Endoscopy, Sameday	3	7	1	5	0	-3
G48C	Colonoscopy, Sameday	7	5	6	6	5	-2
G10B	Hernia Procedures W/O CC	2	2		2	0	-2
N06B	Female Reproductive System Reconstructive Procs W/O Catastrophic or Severe CC	2	0	0	0	0	-2

Table C8: Change in admissions for population under 30 years of age at all Hospitals

DRG code	Description	2009/10	2010/11	2011/12	2012/13	2013/14	Total No.# change
O01C	Caesarean Delivery W/O Catastrophic or Severe CC				53	46	46
K63B	Inborn Errors of Metabolism W/O Catastrophic or Severe CC	6	6	26	35	45	39
Z64B	Other Factors Influencing Health Status, Sameday	13	21	24	34	47	34
G64B	Inflammatory Bowel Disease W/O CC	0	0	10	15	28	28
O66A	Antenatal and Other Obstetric Admissions W Catastrophic or Severe CC	0	0	27	21	21	-
O66B	Antenatal and Other Obstetric Admissions W/O Catastrophic or Severe CC	0	0	22	19	19	-
D63Z	Otitis media and URI	24	34	39	32	41	17
X06B	Other Procedures for Other Injuries W/O Catastrophic or Severe CC	10	17	13	13	26	16
G66Z	Abdominal Pain or Mesenteric Adenitis	40	42	49	57	55	15
G70B	Other Digestive System Disorders W/O Catastrophic or Severe CC	18	24	28	27	33	15



DRG code	Description	2009/10	2010/11	2011/12	2012/13	2013/14	Total No.# change
O60A	Vaginal Delivery W Catastrophic or Severe CC	0	0	19	23	15	15
U67Z	Personality Disorders and Acute Reactions	12	7	25	36	26	14
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	0	0	15	14	14	-
D11Z	Tonsillectomy and/or Adenoidectomy	63	61	73	72	76	13
G07B	Appendectomy W/O Malignancy or Peritonitis W/O Cat or Sev CC	28	33	32	43	41	13



Table C9: Healesville 'catchment' – by MDC 2009/10 to 2013/14 in all Victorian hospitals

MDC Category Code	Description	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Total % change HH
MDC 01	Diseases and disorders of the nervous system	602	569	627	606	718	19%	42%
MDC 02	Diseases and disorders of the eye	434	465	492	466	511	18%	0%
MDC 03	Diseases and disorders of the ear, nose, mouth and throat	774	703	756	785	766	-1%	0%
MDC 04	Diseases and disorders of the respiratory system	827	849	824	863	906	10%	113%
MDC 05	Diseases and disorders of the circulatory system	1,009	1,138	1,062	1,148	1,211	20%	117%
MDC 06	Diseases and disorders of the digestive system	2,337	2,497	2,582	2,621	2,757	18%	1%
MDC 07	Diseases and disorders of the hepatobiliary system and pancreas	300	268	336	309	335	12%	125%
MDC 08	Diseases and disorders of the musculoskeletal system and connective tissue	1,526	1,578	1,709	1,774	1,927	26%	54%
MDC 09	Diseases and disorders of the skin, subcutaneous tissue and breast	749	818	757	705	896	20%	-35%
MDC 10	Endocrine, nutritional and metabolic diseases and disorders	227	222	313	327	304	34%	-35%
MDC 11	Diseases and disorders of the kidney and urinary tract	2,389	2,464	2,172	2,225	2,282	-4%	200%
MDC 12	Diseases and disorders of the male reproductive system	319	309	283	290	250	-22%	-8%
MDC 13	Diseases and disorders of the female reproductive system	593	601	657	620	681	15%	-73%
MDC 14	Pregnancy, childbirth and the puerperium	924	900	893	816	797	-14%	-95%
MDC 15	Newborns and other neonates	508	519	526	498	490	-4%	-100%
MDC 16	Diseases and disorders of the blood and blood forming organs and immunological disorders	299	386	435	481	507	70%	-23%
MDC 17	Neoplastic disorders (haematological and solid neoplasms)	1,360	1,347	1,404	1,372	1,274	-6%	1000%
MDC 18	Infectious and parasitic diseases	130	128	170	154	147	13%	25%
MDC 19	Mental diseases and disorders	327	318	364	430	350	7%	-80%
MDC 20	Alcohol/drug use and alcohol/drug induced organic mental disorders	44	57	45	63	47	7%	100%
MDC 21	Injuries, poisoning and toxic effects of drugs	295	307	338	334	359	22%	-43%
MDC 22	Burns	21	7	19	11	18	-14%	N/A
MDC 23	Factors influencing health status and other contacts with health services	953	1,078	1,156	1,185	1,126	18%	14%



Table C10: Healesville 'catchment' – top 10 treatment locations for under 15 year olds

Hospital	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
Royal Children's Hospital	278	284	238	266	338	21.6%	5.0%
Angliss Hospital	266	270	294	325	297	11.7%	2.8%
Box Hill Hospital	199	206	194	191	225	13.1%	3.1%
Maroondah Hospital	190	187	152	167	182	-4.2%	-1.1%
Private Hospitals	171	157	174	204	164	-4.1%	-1.0%
Monash Medical Centre - Clayton	69	72	62	45	49	-29.0%	-8.2%
Mercy Hospital for Women	37	37	29	43	38	2.7%	0.7%
The Northern Hospital	20	24	27	12	23	15.0%	3.6%
O'Connell Family Centre (Grey Sisters) Inc.	6	8	6	16	15	150.0%	25.7%
Dental Health Services Victoria	17	23	16	9	14	-17.6%	-4.7%

Table C11: Healesville 'catchment' – top 10 treatment locations for over 70+ year olds

Hospital	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
Private Hospitals	1324	1416	1625	1842	2018	52.4%	11.1%
Maroondah Hospital	1468	1417	1368	1364	1481	0.9%	0.2%
Box Hill Hospital	258	265	305	351	421	63.2%	13.0%
Healesville and District Hospital	238	287	336	379	358	50.4%	10.7%
Yarra Ranges Health	155	196	192	254	141	-9.0%	-2.3%
Yea & District Memorial Hospital	115	118	97	125	105	-8.7%	-2.2%
Austin Hospital	95	81	65	93	95	0.0%	0.0%
Angliss Hospital	46	47	49	89	92	100.0%	18.9%
Alexandra District Health	50	45	42	57	66	32.0%	7.2%
The Royal Victorian Eye & Ear Hospital	35	31	48	46	62	77.1%	15.4%

Table C12: Top 10 DRGs and treatment centres for those under 15 years old

Top 10 DRG codes and major treatment centres	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
Neonate, AdmWt >=2500g W/O Sig OR Proc <37 Comp Wks Gest W/O Problem	376	391	389	394	376	0.0%	0.0%
Angliss Hospital	163	187	177	230	208	27.6%	6.3%
Box Hill Hospital	79	91	87	95	103	30.4%	6.9%
Mercy Hospital for Women	21	21	19	32	28	33.3%	7.5%
Private Hospitals	7	10	6	7	14	100%	18.9%
Seymour Health	8	12	11	6	7	-12.5%	-3.3%



Top 10 DRG codes and major treatment centres	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
<i>Healesville and District Hospital</i>	78	55	63	10	0	-100.0%	-100.0%
Tonsillectomy and/or Adenoidectomy	45	43	53	45	56	24.4%	5.6%
Private Hospitals	25	21	24	21	22	-12.0%	-3.1%
Box Hill Hospital	5	6	8	3	6	20.0%	4.7%
Alexandra District Health				1	6	..	..
Royal Children's Hospital	2	1	3	1	5	150.0%	25.7%
Royal Victorian Eye & Ear Hospital	1	2	1	5	3	200.0%	31.6%
Angliss Hospital	2	3	3	6	3	50.0%	10.7%
Kilmore & District Hospital	6	2	3	2	3	-50.0%	-15.9%
Austin Hospital	2	5	4	2	2	0.0%	0.0%
Seymour Health		1	1		2	..	..
Dental Extractions and Restorations	60	49	63	52	46	-23.3%	-6.4%
Private Hospitals	38	21	40	39	27	-28.9%	-8.2%
Dental Health Services Victoria	17	23	16	9	14	-17.6%	-4.7%
Royal Children's Hospital	4	4	4	2	4	0.0%	0.0%
Monash Medical Centre - Clayton				1	1	..	..
Goulburn Valley Health – Shepparton		1	1			..	..
Seymour Health	1		2	1		-100.0%	-100.0%
Inborn Errors of Metabolism W/O Catastrophic or Severe CC	5	3	14	29	45	800.0%	73.2%
Royal Children's Hospital	5	2	14	29	45	800.0%	73.2%
Private Hospitals		1				..	..
Neonate, AdmWt >=2500g W/O Sig OR Proc <37 Comp Wks Gest W Other Problem	33	34	41	35	41	24.2%	5.6%
Angliss Hospital	13	8	9	9	13	0.0%	0.0%
Box Hill Hospital	10	10	11	12	9	-10.0%	-2.6%
Private Hospitals	7	6	7	7	7	0.0%	0.0%
Royal Children's Hospital		1		2	4	..	..
Mercy Hospital for Women	2	4	5	3	3	50.0%	10.7%
<i>Healesville and District Hospital</i>		1	5			..	..
Myringotomy W Tube Insertion	39	39	44	35	36	-7.7%	-2.0%
Private Hospitals	11	16	13	17	10	-9.1%	-2.4%
Box Hill Hospital	6	3	5	3	4	-33.3%	-9.6%
The Royal Victorian Eye & Ear Hospital	7	1	2	3	4	-42.9%	-13.1%
Angliss Hospital	10	7	16	4	4	-60.0%	-20.5%
Casey Hospital		1		2	4	..	..
Austin Hospital - ARMC Repat		6	2	1	3	..	..



Top 10 DRG codes and major treatment centres	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
Royal Children's Hospital	5	3	3	3	3	-40.0%	-12.0%
Alexandra District Health					2	..	..
Austin Hospital					1	..	..
Bass Coast Health		1	1	1	1	..	..
Bronchitis and Asthma W/O CC	58	47	28	29	33	-43.1%	-13.1%
Maroondah Hospital	31	23	19	16	19	-38.7%	-11.5%
Angliss Hospital	8	9	8	1	5	-37.5%	-11.1%
The Northern Hospital	4	3			3	-25.0%	-6.9%
Box Hill Hospital	3	1		4	2	-33.3%	-9.6%
Royal Children's Hospital	4	4		1	2	-50.0%	-15.9%
Other Factors Influencing Health Status, Sameday	11	7	12	18	31	181.8%	29.6%
Royal Children's Hospital	9	7	8	14	31	244.4%	36.2%
Monash Medical Centre - Clayton			2			..	..
Maroondah Hospital				2		..	..
Angliss Hospital	2					-100.0%	-100.0%
Private Hospitals			2	2		..	..
Other Respiratory System OR Procedures W/O CC	16	17	17	23	25	56.3%	11.8%
Box Hill Hospital	5	3	7	2	16	220.0%	33.7%
Private Hospitals	2	4	4	11	6	200.0%	31.6%
Royal Children's Hospital	6	1		1	2	-66.7%	-24.0%
Austin Hospital		5	1	1	1	..	..
The Royal Victorian Eye & Ear Hospital		1	2	2		..	..
Inj forearm, wrist, hand, foot	21	25	18	21	23	9.5%	2.3%
Maroondah Hospital	14	14	9	12	15	7.1%	1.7%
The Northern Hospital		2	2	1	3	..	..
Box Hill Hospital		3	1	3	2	..	..
Private Hospitals	4	2	4	2	2	-50.0%	-15.9%
South West Healthcare					1	..	..

Table C13: Healesville 'catchment' – top 10 DRG codes for over 70+ year olds

Top 10 DRG codes and major treatment centres	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
Haemodialysis	801	816	775	666	732	-8.6%	-2.2%
Maroondah Hospital	726	710	588	492	493	-32.1%	-9.2%
Private Hospitals		82	143	152	143	..	..



Top 10 DRG codes and major treatment centres	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
Seymour Health					42	..	..
Peter James Centre, The	41				32	-22.0%	-6.0%
Royal Melbourne Hospital	5	1	2	5	15	200.0%	31.6%
Box Hill Hospital	20	23	19		4	-80.0%	-33.1%
Royal Melbourne Hospital-Royal Park			9		3	..	..
The Alfred				13		..	..
Bendigo Health Care Group			6			..	..
Austin Hospital	3		1			-100.0%	-100.0%
Chemotherapy	283	241	273	422	356	25.8%	5.9%
Private Hospitals	78	78	101	164	202	159.0%	26.9%
Box Hill Hospital	26	4	43	73	49	88.5%	17.2%
Yarra Ranges Health	94	60	70	129	42	-55.3%	-18.2%
Maroondah Hospital	53	58	33	17	27	-49.1%	-15.5%
Peter MacCallum Cancer Institute	15	28	14	9	12	-20.0%	-5.4%
Austin Hospital	16	8	9	23	11	-31.3%	-8.9%
Monash Medical Centre - Moorabbin					6	..	..
Bendigo Health Care Group				1	5	..	..
The Northern Hospital				5	2	..	..
Royal Melbourne Hospital	1	5	3	1		-100.0%	-100.0%
Lens Procedures	189	196	215	198	200	5.8%	1.4%
Private Hospitals	123	124	139	144	134	8.9%	2.2%
The Royal Victorian Eye & Ear Hospital	19	17	18	26	34	78.9%	15.7%
Alexandra District Health	13	15	14	7	25	92.3%	17.8%
Austin Hospital - ARMC Repat	2	1		1	2	0.0%	0.0%
South West Healthcare					2	..	..
Yarra Ranges Health	27	34	44	17		-100.0%	-100.0%
Colonoscopy, Sameday	133	149	153	167	173	30.1%	6.8%
Private Hospitals	71	86	80	94	99	39.4%	8.7%
<i>Healesville and District Hospital</i>	34	27	48	35	41	20.6%	4.8%
Alexandra District Health	6	6	2	14	13	116.7%	21.3%
Maroondah Hospital	10	17	18	13	10	0.0%	0.0%
Box Hill Hospital	3	4		6	3	0.0%	0.0%
Angliss Hospital	1			1	3	200.0%	31.6%
Seymour Health	1		1	1	2	100.0%	18.9%
Austin Hospital	1			1	1	0.0%	0.0%
Yarra Ranges Health		6	1		1	..	..
Rehabilitation W/O Catastrophic CC	75	132	141	93	123	64.0%	13.2%
Private Hospitals	55	66	66	46	69	25.5%	5.8%
<i>Healesville and District Hospital</i>	1	46	43	29	26	2500.0%	125.8%



Top 10 DRG codes and major treatment centres	2009/10	2010/11	2011/12	2012/13	2013/14	Total % change	Annual % change
Peter James Centre, The	4	5	5	2	12	200.0%	31.6%
Angliss Hospital	9	7	9	9	10	11.1%	2.7%
Caulfield General Medical Centre		1			2	..	..
Other Contacts W Health Services W Endoscopy, Sameday	78	105	126	153	119	52.6%	11.1%
Private Hospitals	35	47	57	62	67	91.4%	17.6%
<i>Healesville and District Hospital</i>	16	29	36	41	20	25.0%	5.7%
Yarra Ranges Health	2	11	12	18	12	500.0%	56.5%
Maroondah Hospital	10	6	7	12	8	-20.0%	-5.4%
Alexandra District Health	8	5	6	7	4	-50.0%	-15.9%
Gastroscopy, Sameday	74	80	93	92	99	33.8%	7.5%
Private Hospitals	37	36	44	35	44	18.9%	4.4%
<i>Healesville and District Hospital</i>	24	20	26	40	26	8.3%	2.0%
Maroondah Hospital	6	11	5	5	9	50.0%	10.7%
Box Hill Hospital	1	3	5		6	500.0%	56.5%
Alexandra District Health	2	1	3	4	5	150.0%	25.7%
Reticuloendothelial and Immunity Disorders, Sameday	12	15	58	77	84	600.0%	62.7%
Private Hospitals	11	8	42	64	59	436.4%	52.2%
Yarra Ranges Health		5	11	11	20	..	..
Yea & District Memorial Hospital					2	..	..
Maroondah Hospital				1	1	..	..
The Northern Hospital					1	..	..
Peter MacCallum Cancer Institute					1	..	..
Box Hill Hospital				1		..	..
<i>Healesville and District Hospital</i>	1	2	5			-100.0%	-100.0%
Chronic Obstructive Airways Disease W/O Catastrophic CC	31	53	48	61	76	145.2%	25.1%
Maroondah Hospital	14	20	22	27	38	171.4%	28.4%
Private Hospitals	8	12	14	10	14	75.0%	15.0%
<i>Healesville and District Hospital</i>	4	10	3	11	10	150.0%	25.7%
Yea & District Memorial Hospital	3	8	5	8	7	133.3%	23.6%
Angliss Hospital		1	1	1	4	..	..
Chest Pain	51	48	58	51	74	45.1%	9.8%
Maroondah Hospital	27	32	36	30	51	88.9%	17.2%
Private Hospitals	9	6	11	7	11	22.2%	5.1%
Box Hill Hospital	2	3	3	3	7	250.0%	36.8%
Yea & District Memorial Hospital	5	1	1	2	2	-60.0%	-20.5%
<i>Healesville and District Hospital</i>		1	1	1	1	..	..