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PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

George Town District Hospital Redevelopment

Presented to His Excellency the Governor pursuant to the provisions of the Public Works Committee Act 1914.

MEMBERS OF THE COMMITTEE

Legislative Council	House of Assembly
Mr *Harriss* (Chairman)	Mr *Best*
Mr *Hall*	Mrs *Napier*
	Mr *Sturges*

By Authority: Government Printer, Tasmania

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INTRODUCTION

To His Excellency the Honourable William John Ellis Cox, Companion of the Order of Australia, Reserve Forces Decoration, Efficiency Decoration, Governor in and over the State of Tasmania and its Dependencies in the Commonwealth of Australia.

MAY IT PLEASE YOUR EXCELLENCY

The Committee has investigated the following proposal: -

George Town District Hospital Redevelopment

and now has the honour to present the Report to Your Excellency in accordance with the *Public Works Committee Act 1914*.

BACKGROUND

Changing Community Health Needs
Throughout Australia significant changes are occurring which are particularly impacting on the priorities for rural health and community services. These changes are needed to ensure that services meet current requirements and respond to a changing environment rather than rely on past expectations and experiences.

Aged, Rural and Community Health
This is responsible for co-ordinating the provision of aged care, in-patient and community health services in regional Tasmania. These services are generally delivered from district Hospitals, multi purpose centres and community health centres. There is a state-wide management structure with services provided through five districts.

Strategic Direction for Rural Health
In 1999 the Australian Health Ministers commended and endorsed *Healthy Horizons: A Framework for Improving the Health of Rural, Regional and Remote Australians*. The purpose of this Framework is to provide direction for Commonwealth, State and Territory Governments in developing strategies and allocating resources to improve the health and well being of people in rural, regional and remote Australia. The Framework also provides guidance for communities and organisations for action to improve the health and well being of people living in rural, regional and remote areas.

The development of integrated facilities, like that at George Town, is consistent with the achievement of the goals of the Healthy Horizons Framework, particularly Goal 4: Develop flexible and co-ordinated services.

Tasmania Together is seen as a framework for setting Government policy priorities, including the allocation of resources to those priorities, and will identify where service delivery can be improved. The George Town District Hospital (GTDH) redevelopment is to improve the services provided to the community and the aims underpinning them are consistent with Government policy, the Agency's Business Plan and Strategic Positioning Document. The GTDH redevelopment will aim to provide a community friendly facility with the potential to develop an approach to health and wellbeing that focuses on:

- preventing poor health;
- encouraging healthy lifestyles; and
- encouraging activities that engender a sense of community, participation and involvement.

This is consistent with Goal 5: Improve Tasmanian's health through promotion of a comprehensive approach to a healthy lifestyle; and Goal 6: To improve the health and wellbeing of the Tasmanian community through the delivery of co-ordinated services.

During 2000 and 2001 the Department's Facilities Management Branch co-ordinated a project called 'The Network Project' with the co-operation of the various Divisions responsible for providing and co-ordinating primary health services in the urban and rural communities. The Network Project aimed to consolidate the dispersed primary health services onto key, multiple-service delivery sites in order to achieve the following benefits:

- Opportunities for greater efficiency (sharing support facilities, etc.);
- "Cross-fertilisation" between related and compatible services, for the benefit of clients;
- Improved asset utilisation;
- Asset change on those sites, to address issues of matching service need and responding to service change;
- Integrated and achievable management regimes for facility maintenance and operation, within the context of life cycle planning; and
- Integration with other services and like opportunities, in each case from a total site perspective. Client amenity is a key driver in this regard as is the ability to integrate various services that a single client may need to access and improve individual case management.

The Network Project prioritised all the key sites for service delivery and asset performance analysis and the redevelopment of GTDH was identified as a high priority.

Existing Services at George Town

Health services provided in the area comprise acute beds, community health services and visiting health services. The mix of community health services compared to visiting services has varied historically depending on service

policy, budgets, worker preference, local demand (and knowledge of the service), and space available.

Recently a partnership between the Hospital and the George Town Community Health and Welfare Committee (associated with the George Town Council) was established to further address health service needs. The Committee obtained funds from the Commonwealth Regional Health Services program for the provision of new primary health care services including a domestic violence worker, young parents' support, family counselling, a youth health worker, kinder-gym, exercise classes for the aged, and a range of other health education programs. These services address the need for community services reflecting in part the area's demographics.

The Committee has contracted the Department of Health and Human Services, through GTDH, to provide these services. The Regional Health Service funds have been provided on a four-year basis however verbal advice from Commonwealth officers suggests that these funds will continue to be provided.

Makeshift changes to the site have provided some capacity to house some of the Regional Health Services including redecorating old storerooms and offices and converting a small waiting area to provide a central administration/reception point.

Other Agency services are already using some space at the Hospital but there is insufficient space to accommodate others such as Family and Child Health.

Trends

Analysis of the demographics for the area suggests that health services need to be focused on protecting and improving the health status of this high-need community. Health and community services should be integrated to provide holistic care to individuals and families who can be expected to have a range of problems corresponding to lower levels of personal and community resources.

Based on the demographics, services will need to be provided for the whole community with particular emphasis on the needs of young people and families. This contrasts to other areas in which health services focus predominantly on the aged.

A wide range of community health and welfare services will be required in order to address the needs of the population, not just a focus on acute inpatient services. This will require office/interview spaces and meeting facilities to promote community education and community development approaches as well as treatment areas for resident and visiting allied health professionals.

Emergency health services (e.g. category 1-3) will in general be provided to George Town residents through the Launceston General Hospital (LGH) due to the relatively short travel time and good road access. Thus accidents/injuries at the major industrial sites in the town, if serious, would be transferred to LGH rather than treated at GTDH.

Similarly, aged persons no longer requiring specialist care at the LGH may be offered acute care at GTDH (especially as this is lower cost) as this may not seem too far from home. However, Ainslie House is the private aged care provider for the municipality (located at Low Head), so the Hospital will not be involved in any ongoing provision of residential aged care. This means that a development of a multi purpose service with Commonwealth funding is not an option for the site under current policy arrangements.

However, given the continuation of care role, it was recommended that more recognition in building design and care be given to the provision of home-like care for those aged patients waiting for permanent placement in a residential aged care facility.

Nevertheless the George Town Community Health and Welfare Committee support the redevelopment of the Hospital site to co-locate appropriate health and welfare services. Therefore the future role of the site is envisaged to be as a multifunction facility.

Limitations with Existing Facility

The site is conveniently located in George Town on the perimeter of the George Town shopping and local government precinct. This location provides for ready access to the public arriving either by foot, public or private transport. The private medical practice for the town (the Anne St Medical Centre) is located next door to the Hospital.

The GTDH was constructed in the 1950s and extended in the late 1960s. The Hospital is one of a group of facilities that was constructed in this period which are typically of weatherboard construction. It is in poor to average condition with an internal layout inappropriate to its current role as a rural inpatient acute Hospital. Patient wards have poor amenity. The configuration of rooms hampers staff efficiency in responding to patient needs.

It has an inadequate nurses' station, patient waiting/ lounge areas, narrow hallways, allied health treatment and consulting areas, bathroom and toilet facilities and staff facilities. It does not have treatment rooms, public waiting areas, or meeting rooms.

The existing facility fails to meet contemporary requirements and does not adequately cater for expanded services funded via the Commonwealth Regional Health Services (RHS) grant. The facility fails to meet a number of critical safety factors necessary for the delivery of primary health services. These include:

- disabled access;
- occupational health and safety; and
- general workplace standards.

The receipt of Commonwealth funds for expanded primary health care services requires expanded and upgraded client interview and meeting rooms. The construction is inherently high maintenance, inflexible in layout and has low energy efficiency.

Summary of Project Outputs

In-Patient Care

In-patient acute care is provided within the more limited scope of rural Hospitals and is mainly suitable for stable medical conditions in adult patients and palliative care for adults and children. The in-patient care facility will provide accommodation for 15 patients in the form of five single and five double rooms with direct access to individual (one) and shared (seven) ensuites. In addition, access is available to a patient lounge with kitchenette.

Family Room

A family room with adjoining ensuite has been included to provide a private space for relatives of palliative patients where they can rest and discuss personal issues. When not in use for this core function, this room can be used for small meetings, interviews and consultations.

Treatment Room

A general use treatment room and associated stores has been provided for use by any of the health professionals in the treatment of their patients, as well as for use in stabilising in-patients and appropriately storing equipment ready for use.

Oral Health Service

Two dental surgeries have been included in the new facility to incorporate the existing child dental service presently located in an adjacent building, also enabling the provision of adult dentistry by private or public Dental Officers in George Town.

Physiotherapy
A gymnasium and equipment storage area has been provided for delivery of physiotherapy services. This room will also be available for other services when not in use for this core function.

Family and Child Health
A room suitable for the family and child health services has been provided, including a children's play area adjacent to the waiting area. This room will also be available for other services when not in use for this core function.

Shared Consulting, Interview and Meeting Facilities
Four general consultation rooms have been provided for allied health and other services including social worker, visiting medical specialists, podiatrist, optometrist, and psychologist.

In addition, a community meeting room has been provided for general use (including training groups, community education) and has been positioned in a location that enables flexible use of the facility during and outside normal working hours.

Community Health & Community Health and Welfare
Office accommodation, storage and access to shared facilities have been provided for Community Nursing and Community Health and Welfare personnel (presently accommodated at George Town Council).

Central Services
Support facilities provided include assisted bathroom, nurses' workstation and handover/work room, laundry, kitchen and associated food stores, holding room, pan room, cleaners' areas, staff and public toilets, staff lounge and storage areas.

Consultation
Preliminary Consultation
The original project brief was prepared in 2001 through the Department's 'Network Project' in consultation with of the various Divisions responsible for providing and co-ordinating primary health and community services. This project brief was reviewed an updated in 2004 in consultation with representatives from the Hospital and the Aged Care and Rural Health Branch.

Master Planning Exercise
A Master Planning exercise was undertaken between March and July 2005, to:

- consult stakeholders and determine the contemporary functional requirements of the proposed facility;
- conduct a thorough investigation of the site and assess the condition of existing buildings and site services;
- evaluate viable development options and recommend the most appropriate development approach; and
- prepare accurate project cost estimates.

The Master Planning exercise included direct consultation with key stakeholder groups and individuals followed by stakeholder consultation workshop on 4 April 2005 attended by stakeholder representatives.

The resulting Master Planning Report was issued on 29 July 2005 for comment to stakeholder representatives including George Town Council.

The results of the Master Planning exercise formed the basis of the consultancy brief used for the engagement of the primary consultant for the design and administration of the redevelopment works. Artas Architects and Planners was selected and engaged on 18 August 2005 as the primary consultant in accordance with Government guidelines for the engagement of consultants.

Establishment and Function of the Project Team
To manage the project effectively, a Project Team was established consisting of key representatives of the Department and Artas. Throughout the project the members of the Project Team have liaised as and when required with the various stakeholders they represent and the Project Team has met on a regular basis to co-ordinate activities and exchange information. The Project Team reports to a Steering Committee for endorsement at key milestones.

General Consultation with Stakeholders
In addition to representation on the Project Team through the nominated Stakeholder Representatives, consultation and information sessions were held with stakeholder groups and individuals.

Consultation Workshop
The stakeholder consultation culminated at the Consultation Workshop held on 8 November 2005 where the draft schematic design was presented as discussed in a group environment where interrelationships and whole of facility/whole of site issues could be discussed.

Invitation for Public Review and Comment
On 18 November 2005 the Hon. Minister for Health and Human Services issued a public announcement that the preliminary plans of the Hospital

redevelopment were available for public review and comment, and would be on public display at the fifth annual *'George Town On Show'.*

George Town On Show
The plans of the Hospital redevelopment were on public display in the George Town Memorial Hall on 19 and 20 November 2005 as part of *'George Town On Show'*. Representatives of the Department and Artas were in attendance at the Memorial Hall to provide information and received verbal feedback.

Presentation to George Town Council
Representatives of the Department presented the preliminary plans of the Hospital redevelopment at a meeting held at George Town Council on 22 November 2005 attended by a majority of George Town Councillors. A copy of the Hospital redevelopment display used at 'George Town On Show' was supplied to George Town Council for public display. Further information has been supplied to George Town Council as part of the Department's application for development approval.

Summary of Contentious Issued Raised by Stakeholders and Public
The stakeholder and public feedback regarding the proposed Hospital redevelopment has generally been very positive and a strong desire has been expressed for the works to proceed as soon as possible.

The consultative approach used in the preparation of the functional brief and development of schematic designs enabled most issues to be raised early in the process and appropriate solutions incorporated in the proposed works. However, several issues that were raised during the consultation process warrant some discussion.

1) Hydrotherapy
The desire for a hydrotherapy pool was initially raised by Cr. June Smith on 4 April 2005 at the consultation workshop held with key stakeholders as part of the master planning for the project.

Hydrotherapy is a specialised service that requires significant infrastructure to support and has high ongoing recurrent costs. The existing operating budget for GTDH does not support this service, nor is the population size sufficient for this to be a cost effective investment.

While hydrotherapy is recognised as valuable in both the treatment of many health related conditions (e.g. orthopaedic, neurological) and the ongoing fitness of older people in the community, the Department generally seeks to utilise suitable multi-use pool facilities located within the local area (public or private). This generally maximises the

benefits from the pool facility by enabling more diverse and frequent usage. The development of the George Town Swimming Centre by George Town Council to include a heated pool may be a viable option. This option could provide efficiencies from common usage of existing infrastructure and pool management and maintenance skills and resources. An example of this is the hydrotherapy pool constructed and managed by the Tamworth Regional Council (previously Barraba Shire) as part of its recreational pool complex. This hydrotherapy pool enables "residents to exercise, have pre and post operation rehabilitation, learn to swim and assist those with chronic ailments such as asthma".

A hydrotherapy pool at the Hospital site cannot be provided within budget and is considered of lower priority than the other identified health service needs. The revised project budget of $6.1M requested from Treasury in February 2005 was based on providing the original project scope, which did not include provision for the construction of a hydrotherapy pool which could cost in the order of $500,000 (excluding operating costs).

It is unlikely that a hydrotherapy pool could be provided onsite without the acquisition of adjacent private land or demolition of the existing ambulance residence building and the provision of offsite accommodation for visiting relief ambulance officers.

In addition to the initial capital cost of a hydrotherapy pool, the operating and maintenance costs would be substantial and could not be met within the Hospital's existing recurrent operating budget. Based on the above, a hydrotherapy pool was not included as part of the Hospital redevelopment project.

2) Radiography

Public radiography services are not presently provided by the Department at George Town. Public patients can receive limb X-rays at the Anne Street Medical Centre, while patients requiring more complex radiology services may be referred to the local private radiography practice or LGH.

As the combination of the Anne Street Medical Centre and LGH radiography services are considered sufficient, there are no plans at present for the Department to provide public radiography services at George Town. It was suggested that if suitable building space was made available, a private radiography practice may be prepared to fit-out, equip and operate a contemporary radiography facility within the redeveloped Hospital. The Department presented this proposal to Bronwyn Nicholson, Practice Group Manager, Regional Imaging

Tasmania who is the principal private provider of radiography services in Tasmania and currently operates a part-time practice in George Town. Bronwyn Nicholson advised that Regional Imaging Tasmania were not interested in establishing a practice within the proposed new Hospital.

3) Accident & Emergency

Emergency health services (e.g. category 1-3) are not presently provided by the Hospital at George Town and it is not intended to include them in the new Hospital.

Emergency health services will continue to be provided to George Town residents through the LGH due to the relatively short travel time and good road access. Accident and Emergency Patients with less serious ailments can receive treatment from the adjacent Anne St. Medical centre which also provides an after hours treatment service.

Design Philosophy

The primary motivation in the design layout is the design of spaces to inspire recovery. All in-patient use areas have a connection with the outside in the form of glazed or undercover paved areas to promote mental well-being.

Each ward exemplifies this ideal. Natural sunlight penetrates glazed sliding doors to each bed space. The doors also provide the opportunity for fresh ventilation and enable the patient to interact with outside activity in landscaped courtyards or along the street. This may be visual or physical interaction as the sliding door opens to an undercover paved area in which to sit or exercise.

In order to achieve this, wards have been set out on single loaded corridors with an orientation towards the north-eastern boundary of the site – capturing the sun and protecting from severe weather conditions. Such a layout also allows for individual 'wings' to be 'shut-down' under various circumstances, such as the ability to isolate wards or to minimise service consumption in the building when in-patient numbers are low.

Wards are supported by functional activity areas including nurses' station and handover, treatment room, patient lounge and storage areas. The nurses' station acts as the control point for in-patient services. It sits on an axis which connects the in-patient area of the Hospital with the ambulance entry at one end, through a buffer zone to the main pedestrian entry at the other.

There is one main pedestrian entry to the building. The reception area is the main point of control as people enter. From this point visitors can be directed along the main axis to in-patient nursing station, to an allied or community health service on a perpendicular corridor or to the adjoining waiting area.

A second or community service entrance allows discreet and staff-controlled entry to community health and welfare areas while also providing access to the meeting room for out of hours functions.

Community health and welfare services, including allied health areas, occupy spaces which can be multi-use and multi-functional. This reduces the need for floor area which would otherwise be under-utilised.

Ancillary services for the building include kitchen and external storage facilities.
One delivery point controlled by kitchen staff minimises the interference with primary patient Hospital and health care functions.

Access
Access for vehicles and pedestrians is from Anne St. The main vehicle access is one way. It passes visitor parking, delivery area and staff parking before exiting to Cimitiere St. A majority of ambulance pick-up and deliveries are made from and to Anne St Medical Centre. The redevelopment will enhance this capacity by extending the cross-over from Anne St Medical Centre and by providing an air-locked entrance, independent driveway access, turning bay, and an additional ambulance bay. The holding and treatment rooms can double as areas for patient transfer as they are located in proximity to both the nurses' station and the link with Anne St Medical Centre.

Security
Incorporation of Crime Prevention Through Environmental Design concepts and strategies, including providing opportunity for staff surveillance from within the Hospital as well from adjacent buildings such as the ambulance station, assist in managing security to vehicle and pedestrian entry areas. An electronic and magnetic security system will be incorporated in the design to monitor the entire Hospital through magnetic door sensors and security cameras as well as controlled employee entry with the use of swipe cards. High risk areas such as Community Health and Welfare are located in secure areas with the design anticipating escape routes for workers. CCTV systems will also be located in these areas. Community use vehicles will be located in a secure, undercover area. Five lockable car spaces have been provided. Bollards are located in front of each visitor car-parking bay and across the main entry to prevent vehicles entering pedestrian areas or penetrating the glazed main entry door.

Value for Money

Use of Existing Site

In addition to maintaining close linkages with the adjacent Medical Centre, use of the existing site for redevelopment eliminates the costs associated with acquiring a new location and relocating services and equipment from the old facilities. It also reinforces existing site identity and eliminates the need to redirect the community to an alternative site.

Staging

The need for health services to continue operation on site over the entire construction process informed the final layout of facilities. It is essential to maintain in-patient Hospital wards and kitchen areas as well as oral health facilities.

> **Stage One** will incorporate demolition to the northern section of the existing Hospital – with relocation required for administration and allied health areas. Essential Hospital functions will be maintained in the southern part of the building – ward, nursing and food preparation areas as well as the separate dental clinic building. Construction will include in-patient facilities, kitchen facilities, oral health and ancillary facilities.
>
> **Stage Two** involves relocation of in-patient services, kitchen and oral health services from existing to new facilities. Construction will then be completed for community health and welfare facilities including remaining ancillary facilities

Aesthetics

The building incorporates a structural system which will allow for flexibility if future alterations occur. Supporting walls essentially follow the perimeter of the building envelope or divide the building between in-patient and community service areas (also the connection for stages of construction). The scale of the building is comparable to surrounding dwellings. Existing trends have influenced the choice of form and materials. The roof falls towards the perimeter of the building envelope and site boundary. It is staggered along its length to decrease the impact of a single roof and increase the illusion that the building is smaller than it is.

Design life

Principles for 'best practice' values have been considered during this design phase with regard to energy consumption benchmarks. Where applicable this contemporary design includes the use of natural ventilation, light and thermal conditioning.

The principal consultant has also incorporated intangible elements in the design which relate to eco-economic factors such as time, cost and quality to

maintain quality design, value for money and extended life cycle benefits. Consideration has been given to Environmental and Life Cycle Assessment for material and product selection in terms of natural resource usage, emissions and ongoing maintenance and replacement costs.

In summary, this building has been planned with consideration for Environmentally Sustainable Design principles to:

- Take maximum advantage of passive design principles such as solar access, natural ventilation and existing landscaping;
- Reduce the impact on the site and local ecosystems;
- Use elements such as windows, massing and external shading to increase energy efficiency;
- Plan internal spaces into zones that require similar heating and cooling requirements;
- Select and use materials that have lower environmental impact and beneficial life cycle costing;
- Ensure building is appropriately insulated; and
- Employ energy saving devices such as renewable energy sources, low energy lighting, energy efficient appliances/equipment and energy management systems.

Materials

Materials have been chosen based on aesthetic, functional, low-maintenance, availability, cost and energy efficient specifications.

An outline of materials to be used include:

FLOOR	Reinforced concrete slab and footings Vinyl sheet floor coverings – coved skirting Carpet to administration and office areas
WALLS	External - brickwork to lower and painted fibre cement sheet to higher levels Internal - plasterboard wall linings – acoustic treatment to consulting rooms
CEILING	Internal - plasterboard ceiling linings – acoustic treatment to consulting rooms
ROOF	Timber truss system Corrugated steel roof sheeting – insulated to standard specifications Corrugated polycarbonate roof sheeting to specified areas, eg. Over paved areas
OPENINGS	Powdercoat frame to glazed doors and windows – double glazing to ward areas

Staged Construction
A two stage development process is the minimum required to maintain health services on site. Constraining the construction period has been essential to minimise rises in material and other costs to the project.

Project Schedule
The following table summarises the project schedule.

Description	**Period**
Design Development and Documentation	November 2005 – February 2006
Tender of Works Contract	March 2006
Tender Assessment & Contract Award	April 2006 – May 2006
Commencement of Works	May 2006 - June 2006
Completion of Work	July 2007

PROJECT COSTS

A limit of cost estimate has been prepared by a qualified and experienced Quantity Surveyor (Davis Langdon) and indicates that the project remains on budget with adequate contingencies remaining for design development, tendering and construction.

The completion of the project as detailed in the proposed schematic design is expected to require the expenditure of the full project budget of **$6,100,000**.

Project Budget

The current project budget is advised as:

Total construction cost	**$4,298,000**
Total Special provisions	**$1,406,000**
Professional and other fees	**$425,000**
Total Project Budget	**$6,129,000**

EVIDENCE

The Committee commenced its inquiry on Tuesday, 24 January last with an inspection of the site of the proposed works. The Committee then returned to the George Town Council Chambers whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Sophie Legge, A/District Manager North East, Aged Rural & Community Health;
- Phil Morris, A/Manager Strategic Development, Aged Rural & Community Health;
- Ben Moloney, Project Manager Capital Works, Corporate and Strategic Services;
- Bill Cochrane, Senior Project Manager Capital Works, Corporate and Strategic Services;
- Scott Curran, Director & Architect, Artas Architects and Planners; and
- Emma Regent, Artas Architects and Planners.

Overview
Mr Morris gave the following overview of the project:-

> *First of all, in terms of rural health services the national policy framework for rural health is a document called Healthy Horizons. One of the goals of Healthy Horizons is to develop flexible, co-ordinated services - and that is what we believe we are trying to do here at George Town. We believe that we already have made significant steps to do this, but obviously this proposed building program will significantly improve our capacity to that because we will be able to put everything on the one site. The other policy context for our services can be seen in Tasmania Together, where one of the goals is to improve health through promotion of a comprehensive approach to a healthy lifestyle. Goal 6 is to improve the health and wellbeing of the Tasmanian community through the delivery of co-ordinated services. Goal 5 is something that we are trying to emphasise more and more. We are interested in the wellbeing of the communities in which we operate.*
>
> *Our program, as you would all be aware, involves a number of district hospitals, multipurpose services, community health centres and some sites that are run by councils or non-government organisations to whom we contribute funding for various services. You have probably been part of this process for a number of those over the last few years where we have had the opportunity to have new building or renovated building programs to improve our service capacity.*
>
> *In George Town we have a 15-bed district hospital. This is on a par compared to other areas. We have a community nursing and home-care service. We have*

some visiting services - and I have listed a few there - we also have services in other locations, not in the hospital building, in relation to oral health and family and child health. We also have regional health services - and I will say a bit more about those in a moment. The great thing about the building, as you have already seen, is its location. It is very central to the town precinct and also to the medical practice, to the ambulance and to the university accommodation house. It is an excellent location and one which I would love to be able to duplicate in other places.

The interesting thing about George Town is that we have a partnership with the George Town Health and Welfare Committee to provide regional health services programs. These are funded by the Australian Government. The George Town partnership was I think the first one established in our program, back on or around 2000-01. That innovative partnership involves the community group, the George Town Health and Welfare Committee, which has received funds from the Commonwealth. They have then contracted us to provide those services for them, so they have had the opportunity to identify the range of services that should be provided but they do not have the responsibility of being the employer or the manager of those services. They contract that to us and we provide financial and service reports to them.

That partnership has been through its first four-year period and we have recently continued that program for the next contract period with the Australian Government. These services are quite interesting. They are not all available in other places through this sort of program. They include domestic violence and to my knowledge that is the only regional health service funded program. That provides some individual intervention as well as community education programs.

We have the child and adolescent mental health, which is a sort of counselling-based service. We have the young parents support service, and a kinder-gym, which involves physio and exercise programs for young children. It also involves parents attending and that is one of the advantages of the group. There are also some exercise classes and some health education functions.

Now, some of these services are based in the hospital and some of them have to use nearby premises but in a lot of cases the space is not really appropriate. You have seen the consulting rooms from where some of these services operate. They are too small and not really confidential and there are other issues with them.

So our aim here at George Town, as we consider this new building, is to have a new and integrated one-stop facility which combines hospital services along with community health and welfare services. This notion of a one-stop facility was one of the crucial phrases that emerged when we first started talking about this back in about 2000. I think it is a neat little phrase which encapsulates the idea that health and community health and community welfare services are all on the one spot so everyone knows where to go. The opportunity for those services to work together for the good of the community is clearly enhanced. I think the other

thing about our aims for the future is that we want to, as the Tasmania Together goal alluded to, focus on wellbeing.

We want to try and strengthen our health promotion and community health approach and obviously again this one-stop facility will give us the capacity to improve our information for the community. It has already become known as a place where, if you want to know something about what is going on, you can ring the hospital or ring the centre. We also want to try and offer comprehensive and accessible integrated services - that is, services that are available to the community where they are working together. We want to provide those to individuals and to families in the whole community within this catchment area of George Town.

George Town is a community of a certain demographic. It tends to have more families. It is a younger community compared to some other rural or provincial areas of Tasmania and we would like to develop our family community health orientation. That is what we have tried to do with the regional health services program, so we are delighted with the opportunity to redevelop this site. It is clearly one that needs a total revamp. We are delighted that the money is available to help us to do that and we are very enthusiastic about this opportunity that it gives us for George Town. This is a significant area; it has 5 000 to 6 000 people, depending on how you count it, and it is clearly a community which has health and welfare needs. We want to be part of leading the service approach to meeting those needs.

Design

Mr Curran, while speaking to the plans, gave the Committee the following overview of the design philosophy for the project:-

As you have seen from the site, it is not a large site and there are certain constraints on us when we are looking to rebuild. There are a number of ideologies that we have followed through with the design of this building from other projects that we have done - Deloraine and Queenstown. One of those is that when we orientate the bedrooms we really want to people to have access to sun, to a view and to an outdoor area so that if they are well enough to get out of bed they have the opportunity to do so and if they are not well enough to get out of bed then they have the opportunity to lay on their bed, draw the curtains back and enjoy the view. That is one of the paramount concerns that we have with the design of the building. It is about trying to make the patient feel as comfortable as possible and also aid with their wellbeing. So that is one of the key principles around the design.

The other is that, with the integration of allied health and also with the hospital, we need to make it possible for those two portions of the building to operate together but still provide privacy for the hospital section and for patients in the room to make the allied health section easily accessible for people who want to access those functions. We also want to be able to close down sections of the

hospital building; if for some reason a ward area was empty then that whole section could be shut down and mothballed so that we are not using electricity, basically making best practice of energy conservation. We also wanted a building that was easily accessible for every member of the public - young, old or disabled. Another key component was that vehicular access was easy to the site. We have looked at reworking the traffic movements. We also wanted a building that integrated in with the neighbourhood. It should not be a huge building that made a huge architectural statement but became something that locals could identify with and feel comfortable with. It had a homely atmosphere. It was able to serve the purpose that it was there for but basically became part of the community, which I think the existing hospital has. We have already heard today how important a part the community play in the building and also with the auxiliary. We do not want to lose any of those things with the new building that we are providing. We want a good, modern functional building but we want to be able to maintain and provide those things that are synonymous with the George Town community...

All the services - basically stormwater, sewer, electrics and water - have to be renewed across the site. We are basically in a two-stage process of demolishing everything that is on the site at the moment. We are doing this in two stages to enable us to keep wards through the older section of the building that we walked through today and also to enable us to maintain a function through the kitchen. Doing that enables us to have a working hospital while we are building the new section…

At the completion of stage one, we will have all of these areas completed through here. It is about an eight to nine-month construction process and then this portion of the hospital will be handed back over. We will move into stage two where we will construct this section and do the car-parking and the access areas through there.

We separated the delivery points into basically two areas. One is that we maintain the ambulance access down this side here, which is important for the Anne Street medical centre. It was important that we had a synergy between the ambulance and the emergency area on this side. It was also important for us as well that we had a really clearly defined entry that patients, visitors, would be able to identify easily. They can walk up through here, come off the street on a flat level, come down on a path which is flat and then into the building on a flat area as well…

We have a series of different room configurations as we move through as well. We have a family room in here that has been designed for a family to be able to come and stay or for members of the immediate family if somebody needs to have a room. A feature that we have incorporated now as part of our progression and review of facilities is to incorporate a hand washing basin into each of the wards and to also increase the number of hand basins that we have in corridors as well, which is something which we did not have in our previous designs. This has

become necessary for the hygiene of the patients. They enable nurses or doctors, if they have seen someone in a ward, to wash their hands before they leave…

We have a number of single wards that share an ensuite and we have a number of double wards that also share an ensuite through here. We have a patient lounge in this area to enable the patients to sit and enjoy that view. We have medical records adjacent to the nurses' station…

One of the problems that we have with the existing hospital is that there are a lot of access points at the moment and they are hard to monitor. It is hard to know if a door is locked so we are incorporating all of the security measures that we have had previously on our other projects. All of these sliding glass doors have reed switches on them which are monitored back into the nurses' station, so if a patient gets up at nine o'clock at night, opens that door and goes outside then that will be monitored back into the nurses' station. When the system is switched on they will be able to monitor and know if any of the external doors are actually open.

That leads us to this area here, which is the main entry point. If you are coming to visit somebody, if you are coming for the allied health services, you arrive at this point here, come into the entry and then go across to a section where you will be directed into parts of the allied health section. We have basically four rooms through here that are multipurpose rooms. They can be used as consulting rooms, meeting rooms or interview rooms. That is to give us a degree of flexibility with service delivery so that if we have different services or functions in the future then they can be accommodated through that area.

We have a discrete entry point, which is a locked door, for patients who need to come to the hospital but don't want to use the front entry - people for drug and alcohol rehabilitation or someone who needs a discrete entry. We have waiting rooms, child and family health with a small play area for children, a mother's room, a baby-feeding room, a storeroom, and physiotherapy. Physiotherapy is being designed like this so that it gives us an opportunity for flexibility once again. There are three beds with screens so that if podiatry or another service is able to utilise that, if physiotherapy is not there, then it gives them the opportunity to do that. We have put dental into this area; dental needs to have an area that is a little bit removed, but is still accessible from the main door...

All of the rooms have been designed to give us maximum flexibility. None of the walls inside the building are load-bearing. Any walls we have down through the centre of this area are on a column grid so that in the future, if in 10 years' time there is a need to change any of these areas, we have the flexibility to remove walls and reconfigure the area, which is also one of the other things that was part of our design brief.

Ms Regent provided an overview of the landscape design philosophy for the project:-

As Scott mentioned, it is really important for the wellbeing of patients to be able to interact with the outside, so these landscaped courtyards are really important for them, not only to sit in undercover paved areas but also to go out into the gardens and sit under a tree on fixed seating, either in privacy or with a few other people who might be visiting or with other patients…

The trees also provide privacy from passers by and traffic et cetera, not only within these courtyards but also importantly along the front boundary of the hospital. That will also help to mute the noise from any traffic passing by as well.

There is a unique rose garden which is currently at the hospital and we are looking to relocate that within those special courtyards by providing a lightweight timber pergola in this particular courtyard. We can relocate those plants but also add to that experience as it would work as a memorial walk. We can use the structure to put up plaques which could commemorate whatever needs to be commemorated, and also have flowering roses climbing across the pergola.

All the paths within the landscaped areas and across the outdoor areas are coloured concrete. They have been designed for universal accessibility, so there is a smooth transition between inside and outside. There is also a smooth transition between the main path and the car-parking spaces. That has eliminated the need for kerbing and guttering, so there is no way to trip up if you are walking from your car across to the main entry. All these surfaces slope gradually away from the building as well so there is no risk of ponding against the structure.

In connection between our particular site and the adjacent ambulance residence and ambulance station, again eucalypts have been provided in an avenue between the two driveways. That means that surveillance is still maintained between the ambulance station and the new hospital and it maintains the connection between those two facilities as well. There is a connection in the form of a path across from the main entry of the hospital to the ambulance station as well. There is screening around the existing courtyard to the ambulance station and also down between the staff car-parking area and the ambulance residence.

The staff lounge and staff areas open out onto an undercover courtyard and there is planting along that particular boundary. There are views from that boundary into an orchard beyond so it is a great place to sit and enjoy a break from a working environment. This particular space connects back into the internal courtyard beyond, again with coloured concrete paths and some private seating just to get away from the day to day grind.

Mr Curran continued to discuss the design elements of the project:-

…In designing the elevations for the building we have tried to keep the roof level as low as we can and to integrate that in with the existing streetscape and to take elements from the existing streetscape. We have a series of skillions and gables that run across the site…

We are looking at using brick through the lower section of the building, which helps us with the aesthetic in the area and also so that long-term maintenance is minimised. Above the level of the windows and the doors we have some lightweight cement sheet cladding, and also colourbond roofs that run through here. By breaking up the roofs and stepping them across the site we will get a nice interesting shape; it will gel in with the existing environment. It is a modern building but it has references back to the existing neighbourhood and streetscape. It also gives us an opportunity to provide a building with low maintenance.

This building has a lot of glass with views out into the courtyards. We are using the roofs to overhang to enable us to minimise the heat gain but also to maximise the views and to bring the courtyards and the green impact into those wards or into those bedroom spaces… The roof overhang through Anne Street comes back to form a veranda. On the western side of the building we have quite a large overhang to protect from that westerly sun, so as the sun sets it helps prevent the heat going through that area.

The idea is for the landscaping to provide privacy and acoustic protection, with a fence down to provide security for people who are in this area. We are looking for people to feel comfortable enough to come out, use the sun, use this garden, interact with activity in through this area but feel safe as well. We have some high-level lighting to let light into the building. We have raised the roof in a couple of those sections to add some effect to public areas.

The materials are basically plasterboard, with some warm timbers. We are looking at using veneers along the corridors to protect the walls. Once again, it is something we have done in the last couple of projects. It helps with maintenance, protects the plasterboard and eliminates the need to come back and repaint and repair.

Project Budget

The Committee questioned the witnesses about the breakdown of project costs. Mr Curran responded:-

The latest cost estimate that we have, which was prepared on 12 December, shows that we are on budget for the total amount of money we have… The total project cost is $6 129 000 and the total constructions costs that we have at the moment are $4 298 000. There are special provisions of $1 406 000 and other project costs such as loose furniture, CCTV and other associated items of $425 000. Taken

into consideration in those estimates are costs for building stages one and two and costs associated with staging. That is all incorporated into the numbers we currently have…

[The demolition] has been included as part of the staging of the project. There is an added cost in staging the project as we are doing, but to enable us to maintain the facility and the service we need to do that in two stages. At one stage we were looking at doing a three-stage development but we have now been able to bring it back to two, which saves us a considerable amount of money and also helps with the time line as well.

At the moment I have a design development contingency of $212 000, a tender contingency of $212 000 and a construction contingency of $212 000 - so that is $636 000 in contingencies built into our costs at the moment…

Part of the overall design philosophy - and I guess one of the lessons you learn as you go through - is that it is okay to have a design idea but you need to have the money to carry through with the idea. I am confident that, with the money we have and the landscaping that has been designed, it all has been allocated and accounted for in the budget we have.

Changing Community Needs

The Committee questioned the witnesses as to whether the proposed redevelopment would be adequate to meet the future needs of the community in the event of the development of a pulp mill in the Tamar and the resulting community growth. Mr Morris responded:-

We have considered that. I guess at the moment we do not yet quite know what the impact of that mill might be. If you think of the need for in-patient beds then that is likely to be applicable to residents, people who end up living here for some time. The bed capacity of 15 we think is adequate. It is more than sufficient at the moment and we have the capacity to take more. In terms of emergency response, all the systems are in place now, and medical and ambulance and those systems I think could cope with more people.

With our other services we will possibly have to adjust those as we see what transpires. In a way that is partly what we want to do. We want to tailor our services to meet the needs of the population. If the population changes then we have some capacity through those allied health and additional rooms and facilities to meet that as required.

Council Approval

The Committee questioned the witnesses about approval from the George Town Council. Mr Curran responded:-

> *The application has been lodged and the application has been advertised. I received a letter on Friday advising me that we had received one representation and that was to do with site run-off and also to do with the building being built to the boundary. We would expect to be having discussions with the council to see if we can resolve those issues with the representor in the next fortnight. There are a couple of issues that we have. One is that we would like to be able to combine the function of the ambulance bay on … the northern boundary. That leads us into a couple of other problems that we have with fire and fire control under the BCA, also with the constraints that we have on the site at the moment, and also with the levels that we have in that area. I am hopeful that we would be able to resolve those…*
>
> *[The timing of final approval being given] really depends on the council's process that they need to go through. They have asked me for an extension of time to coincide with their next council meeting, which falls towards the end of this month. I would hope we would be able to get those issues resolved and have that presented to the council meeting at the end of the month.*

Public Consultation and Feedback

The Committee questioned the witnesses about feedback gained from public consultation. Mr Curran responded: -

> *We have had a number of specific user-group meetings which have involved all the people that we are looking to bring on site, and people who are on site at the moment. That included the doctors and that played a large part in the redesign of that nurses' station and treatment area and storage facilities through there. Both Ben and I attended George Town on Show, where we had our documents displayed and I think they are the same documents that are in the council chambers at the moment. I attended on the Saturday and Ben attended on the Sunday. Probably 50 people viewed the documents while I was there and of the 50 people, three made comment to me, basically being very positive about the development and looking forward to a new hospital. I am not sure what comments were made to Ben.*

Mr Moloney added: -

> *I guess very similar. Everyone was extremely supportive of it and very eager to see the project proceed. A number of issues were raised and suggestions made but I think we have addressed those in the documents. We have had discussions with hydrotherapy, radiography and accident and emergency and there were probably issues raised during that consultation. We discussed the various proposals and*

comments and people were, as I said, generally fairly supportive of what was being proposed…

Prior to the current design we undertook a master planning exercise where representatives from the adjacent medical centre were invited and attended a workshop for consultation. There were a number of other information sessions and consultation sessions in George Town with them as well, in addition to the other stakeholders we consulted.

Hydrotherapy

The Committee questioned the witnesses about the community feedback regarding the possibility of a hydrotherapy pool. The following discussion took place:-

Mr MORRIS *- When we consider what services an area like George Town needs and as we considered our perception of the future and what was required, and as we began to think about this building, the need for a hydrotherapy pool was never identified. It subsequently was and we have done more investigation of it. As you pointed out, some of the arguments are in there but I guess from our point of view we have a substantial query about the issue of the role of that service as appropriate for the community. Even if there were money available, would we invest it in that particular purpose for this community? Then we have the issue of whether we should be providing hydrotherapy pools in all our facilities around the State. If George Town has one, why not other places? Is this appropriate for the local community?*

Then you have to look at the logistics of actually operating a pool as part of the health facility: how do you staff it, how do you budget for it, who looks after it, how do we meet all the appropriate standards and health guidelines which we of course, par excellence, would have to meet? Looking into the future it has never really seemed to us that, for a community of this size, it is appropriate to spend that much money on a separate pool in a health facility. Should such a thing be required would it not be best to integrate it with an existing pool arrangement, of which there are one or two options in George Town? Should that sort of service be required up here those are the options that need to be explored further, rather than us as a health service, building a new district hospital and community health centre, investing that kind of money for that particular service here. That is our approach to this particular issue. I think Sophie and Ben have done more specific investigation of the requirements.

You should also note that the Australian standards authority is currently revising and I suspect will increase the level of standards that apply to these kinds of pools. We don't know yet what they will be but my hunch is, based on what I know about hydrotherapy pools, that the standards are going to be even more onerous. It just seems to us that it is not really the kind of investment that is appropriate.

Mrs NAPIER *- In the notes you said that it was costed at roughly $500 000, including recurrent costs. Can you give us a breakdown as to what it would cost to build it and what are your annual projected ongoing costs?*

Mr MOLONEY *- With the $500 000 estimate, that is excluding operating costs. That was as a rough ballpark estimate from projects of a similar nature and that was based on information supplied by the George Town Council… [It was] purely for the capital cost of construction. Things that need to be included with any project of that nature would be an increase in parking requirements, facilities such as change rooms, and the actual building because if we are talking about a heated pool it is likely that we would build a building around that pool to keep it well insulated. So there are a number of areas there where there is quite significant expenditure…*

Ms LEGGE *- We don't have the expertise in our rural areas to maintain these pools. They obviously need to keep the heating above what a normal pool would be but there is also the ongoing maintenance in specimen collecting every day and cleaning out these pools if there happens to be a bug or something trapped in there. We only have a very limited budget for our rural hospitals as it is. At the moment we have one maintenance person who looks after the whole building and landscaping and that is an ongoing cost that we haven't even put into our requirements. Also, we only have a physiotherapist one day a week. If anybody was to enter that pool they would have to be supervised. It is not only a physio, they would have to have a physio assistant. If anybody became ill in that pool and was unable to get out, we would have to have people available at all times and we don't have that sort of service at the moment.*

Mrs NAPIER *- One other suggestion that I have heard in the community was that there could be a bus service to Launceston to provide the service there. Is it likely to be entertained that that could be provided as part of the community health package?*

Mr MORRIS *- The short answer is yes. I think we want to try to improve service access for people in George Town and that might, on some occasions, be to services that we can get located here. On other occasions it may be getting them to Launceston or wherever else. In relation to hydrotherapy, I think if that is required as part of a physio program for a particular client then transporting that client to the service in Launceston would be something that we would endeavour to work out for that particular client…*

Mr COCHRANE *- Phil actually threw that open for discussion. For a facility of the size we are building, to incorporate a hydrotherapy pool would increase the risk profile exponentially for the operation of that facility - the possibility of contamination of the pool, infection issues, public liability. One of the larger nursing home consortiums built a large hydrotherapy pool and after one year's operation they had to reduce access purely to their own clients because of the increase in their insurance profile and the exponential increase in operating costs.*

While it is very nice to have for the community, I do not see that it is a core service that we would want to run from a district hospital.

Dental Care

The Committee questioned the witnesses about the provision of dental care from the redeveloped Hospital site. Mr Morris responded:-

…They will [be fully equipped for a private dentist, should one be attracted to the area] and we continue to be open to any option that we can cook up to provide adult dental services… A mixture of public and private, whatever we can do, we will look at anything. We are not fixed to one particular model of how we would do it but the surgeries themselves are part of that. They will all be fully equipped, up-to-date and meet standards. That is one possibility, one brick in the wall that helps us.

Local Medical Care Collaboration

The Committee questioned the witnesses about other local health care providers and the possibility of co-operation between any such facilities and the Hospital. Mr Morris responded:-

There is a private residential aged care provider, Ainslie House. Around about 2001 or 2002 there was talk about whether there were alternative sites or what might be the future plan, knowing that a possible new hospital has been considered for George Town. We did investigate that scenario at the time. I think we concluded that, given the location of Ainslie, which is out more towards Low Head, as the local, private aged care provider they had a very clear role and function. We don't want to duplicate what they are doing. Their location is appropriate for their function and our location is appropriate for our function, particularly noting the use of, and hopefully the future development of, the community health model. It is much better to be accessible and near to the local precinct where buses operate and people can walk in and congregate… I think that debate has been worked through and I think everyone is happy where things sit at the moment.

Ms Legge added:-

We have spoken to anybody that we can possibly think of that might have liked to have a bit of input into the building or access to it. Even within the welfare groups and things like that there were actually a couple identified that didn't want to move into the building; they wanted to be community-based, as in domestic violence. They are set up with the police at the moment and they are really happy with that interaction. The relationship that they have developed with the police and things like that is a really positive one so we know to leave it as is. The other one was the youth workers. They have decided to stay where they are - I think they are in this council building - and that actually provides for young people who do not want to be going into a health facility as such and gives

them access to another zone area. They come here for their dole programs or whatever else they are doing at that point…

We are certainly not saying that everyone had to come into this building but we allowed the ability for them to have input into it. They identified things such as wanting not to have clients visiting in their work space. That had to be separate and things like that. We have developed flexibility so that rooms available also had an in and an out. If somebody started to getting agitated or anything like that there was flexibility there. We are trying to make all of our rooms as multipurpose as we can so that the physiotherapist, for example, is available on Wednesday for physio. That still gives you six other days that the community groups can use that room. We need to be flexible like that in all our rooms to enable community ownership so they can use this environment. In a year's time someone will be able to rock in and say, 'Have you got a room that I can use?' Those four rooms and the centre hallway can be very flexibly booked for people from Launceston or for services. We can also work with the doctors who already have rooms. The ambulance bay also has another meeting room. We have to be really flexible in making sure we can be a really flexible block in providing any services needed for George Town.

DOCUMENTS TAKEN INTO EVIDENCE

The following submission was taken into evidence and considered by the Committee:

Department of Health and Human Services – George Town District Hospital Redevelopment, January 2006

CONCLUSION AND RECOMMENDATION

The redevelopment of the George Town District Hospital will provide a combined hospital/community health services site that will serve the community now and into the future by providing a contemporary health facility that is adaptable to meet future needs. The schematic design submitted fulfils the objectives of the project providing a cost-effective facility of appropriate quality and flexibility. Accordingly, the Committee recommends the project, in accordance with the documentation submitted, at an estimated total cost of $6,100,000.

Parliament House
Hobart
6 February 2006

Hon. G. R. Hall M.L.C.
Deputy Chairman