

PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Bruny Island Community Health Centre

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 Hall Mr Best Mr Green Mrs Napier

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TABLE OF CONTENTS

INTRODUCTION	2
BACKGROUND	2
NEED FOR THE PROJECT	4
CONSULTATION AND GOVERNANCE	6
ADDRESSING THE NEED	7
PROJECT COST	11
EVIDENCE	11
DOCUMENTS TAKEN INTO EVIDENCE	
CONCLUSION AND RECOMMENDATION	

INTRODUCTION

To His Excellency the Honourable Peter George Underwood, Officer of the Order of Australia, 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: -

Bruny Island Community Health Centre

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

BACKGROUND

Tasmania's Primary Health Services Plan (TPHSP) highlights the requirement for Tasmania to provide safe and sustainable services to its rural communities in the face of a number of significant challenges e.g. difficulties in the recruitment and retention of staff, meeting the healthcare needs of an ageing population, increased demand due to chronic conditions and rapidly escalating costs.

Rural health facilities are the primary means by which the Department engages the community in a proactive way, focussing on prevention and early intervention that decreases morbidity and the demand on acute services in the long term. Because health facilities are prominent in rural communities and deliver a range of services, they are effective both in promoting a sense of community and in offering a "one stop shop" which is not only convenient for clients but encourages integration of services and effective case management.

Particularly isolated communities benefit from an identifiable "centre" which is therefore able to support a range of ancillary and non-government activities that engender a sense of community and encourage participation and involvement.

The development of these facilities is consistent with the aims and objectives of the TPHSP to maintain services in Tasmania's most remote communities and build critical linkages between isolated and major centres. Bruny Island is subject to a large increase in population during the summer months. The Island has a current permanent population 651 (per Census 2001), which was a 12% increase from the previous census. Increased tourism causes the population swell to 12,000 to 15,000 during the summer season (local eco-tour statistics show upwards of 30,000 visitors took the Adventure Trip in the 2004/05 season).

The Bruny Island Community Health Centre accommodates up to 39 visiting and locally based staff and currently has 12 part-time registered nurses with wide experience in emergency medicine, intensive care nursing, midwifery, anaesthetics and specialty areas such as burns.

GPs visit the Island on Tuesdays and Thursdays weekly and there is a monthly visit by the Child Health Nurse. The Centre provides a 24 hour emergency service – first response team (trauma, acute medicine, suicide etc), provides home nursing and allied services and a range of visiting Regional Health Services, including physiotherapy, podiatry, social worker, diabetic educator, nutritionist, health promotion co-ordinator, and community transport.

Under the Primary Health Services Plan, the Centre will retain its Tier 1 role with a capacity to participate in emergency responses. The potential introduction of a nurse practitioner will assist in the provision of services in the summer months.

The current facilities are chronically sub-standard and no longer fit for purpose. The inadequacy of the existing infrastructure has been the subject of significant community concern and ministerial correspondence in the past five years. Visiting services are loath to attend the centre through lack of space and an inability to provide appropriate services to their respective clients. Standards in relation to the workplace and infection control are increasingly hard to meet.

High recurrent funding is required to maintain the existing facility and the DHHS is exposed to risks in the above areas, which could have significant financial consequences. The cost of staff turnover and off-island travel, which will be increasingly required, is not currently quantified.

The development of functional and contemporary facilities at Bruny is critical to enhancing its capacity to recruit and retain staff and deliver safe, quality care.

\$3.0 M of CIP funding has been made available to undertake a project to develop new and adequate facilities to provide service enhancements to the delivery of Health services for Bruny Island.

General Scope

The project will require construction of a new Health Centre on Council owned land adjacent to the existing facility (Note, land is in process of being sub divided and transferred to the Crown). This location is adjacent to the Bruny Island School and Community Centre, adding to the Community Centre facilities that currently exist.

Site Details

The new facility will nominally be 750m2 in area and in addition will include on site car parking, water storage, waste treatment and energy generation, on a nominal 5,850m2 gently sloping Lot. The lot is on the apex of a raised ground area which will provide scenic views of the adjacent D'entrecastreaux Channel and be highly visible to the public.

The new facility will incorporate a respite / day activity centre, Consulting spaces for GP's, allied health, physiotherapy, podiatry, social work, day nurse clinics, family and child health, an Accident and Emergency facility, community nursing, health promotions activities and the support areas including waiting rooms, general offices, meeting rooms, tele-health facilities, stores, laundry and amenities. Initial allowances

for some 13 visitor car park spots have been allocated, plus staff parking and the provision for future expansion of car parking, dependant upon budget availability.

The development works will be in full compliance with contemporary standards and building codes.

NEED FOR THE PROJECT

The Service

Current & proposed clinics undertaken by Primary Health on Bruny Island include:-

- General Practitioners 2 days per week
- Physiotherapy 1 day per month
- Podiatry 1 day per month
- BIRCH Respite Care programs 1 day per fortnight (30+ clients)
- Nursing Clinic available daily (provides an alternative to a nursing visit in the home)
- Social Workers 1 day per week
- Diabetes Consultations 1 day bi-monthly
- Health promotions 1 clinic per week
- Child health nursing 1 to 2 days per month as required
- Hearing Clinics On an as needed basis
- Immunisation Clinics 1 day per month

Existing Facility

The existing health facility was constructed in 1936, is considerably degraded and does not meet contemporary standard in terms of service delivery, occupational health and safety, infection control, disability access and workplace standards. The building poses significant problems for the delivery of health services with a poor layout, inadequate privacy and insufficient space. The current building floor area was originally only 153m2. A terrapin style extension has been subsequently erected which has added nominally 50m2 to the building and a number of external sheds have been added to house equipment which can no longer be stored within the facility.

New Functionality

Consult Rooms

5 varying sized consult rooms have been provided as well as the nurse clinical space which is integrated within the Accident & Emergency space. Two of the consulting spaces are proposed to be utilised for GP use with an examination bed provided as a shared facility between the two.

A smaller consulting room is provided for standard one-on-one assessments and the two larger consulting spaces are to be primarily utilised for Physiotherapy and podiatry. These have adjacent storage space for the specialist equipment required by the consultants and are fitted out with appropriate physiotherapy equipment including bars, physiotherapy beds and podiatry chairs.

These rooms are all designed to be multi purpose and are planned for use by other staff & consultants that have a requirement for consulting spaces and who may visit on a sessional basis.

Office Space

The new design has incorporated front of house, office spaces and amenities facilities for the building. Office space has been provided for the Site manager, the Health promotions officer, general office including reception and a large open plan community nurse office for up to 5 community nurses and nursing students. A waiting area and reception is provided for front of house which includes a separate waiting interview room to obtain confidential information prior to meeting with consultants if necessary.

A staff room and adjacent meeting room which is set up to deliver tele-health services are incorporated at the rear of the facility. Extensive storage space is incorporated in the design including storage for community nursing sullies, medical records, medical drugs and general storage, a laundry facility and general staff and client amenities spaces are provided.

Activity Centre

The Activity Centre is a large multi-purpose room which is capable of accommodating 30 to 40 clients at any time. This room is designed as a standalone space with the centre toilets and disabled facilities attached. This allows it to be used by the community out of hours, without compromising the security of the remaining rooms.

Integrated into the space is a kitchen for the preparation of meals. Community groups such as the Bruny Island BIRCH group, which provides respite care to aged residents of the island will use this as needed. This space incorporates a large storage space for specialist BIRCH equipment such as chairs and tables and an office for the BIRCH coordinator to operate from.

A large secure courtyard on the Northern frontage of the Activity Centre will be provided which will be fully accessible for wheelchair access etc.

Accident & Emergency

A fully capable accident and emergency space has been provided to ensure Bruny Island Community Health Centre can provide full emergency services and remain as a Tier I facility. This space is capable of operating as a standalone facility separate from the rest of the Community Health Centre. It incorporates an examination bed with medical gas and body protected electrical services. An adjacent observation room is available for overnight accommodation should it not be possible for transfer patients from the island.

Support services of dirty utility and clean utility rooms, medical drugs storage and patient en-suite facilities are incorporated into the space.

External Works

The new centre, being on a "Greenfield" site, will incorporate new on-site parking and on-site waste water treatment and water collection. An ambulance bay is provided adjacent to the accident and emergency entrance and space has been allocated for community nursing vehicles. A number of staff & consultant car park spots are available as is a space for a transportable Dental van, or potential future breast screen van.

Car parking for 14 visitors is currently planned. This includes disability and mother with baby parking and space for a mini bus to assist with BIRCH or similar group activity transport. The car park will be sealed as will a stretch of the existing dirt access School Road in front of the new facility to reduce potential dust ingress.

CONSULTATION AND GOVERNANCE

Preliminary Consultation

The need to replace the existing centre has been acknowledged since 2001. Council support, in the form of an offer of land, has been nominally agreed in recent years and the Bruny Island Community Health Services Advisory Committee (BICHSAC) has promoted the proposal. Previous attempts have been made to attract Federal funding and priority for funding was achieved in the State Government's Capital Investment Program for 2008-10.

The business case for the project received support with the release of Tasmania's Health Plan in 2007, which recognised the need to retain targeted local services in remote areas and placed the development in a state-wide context.

Since approval of the funding, the levels of consultation have been extensive. In addition to preliminary meetings with Kingborough Council for potential site locations, meetings with the Bruny island Community Health Services Advisory Committee (BICHSAC) have been held to discuss governance models, site selection options, Reference Group membership and the necessary level of consultation required to keep the Bruny Island Community informed.

Project consultants were engaged in October 2008. Meetings were held with staff and community representatives leading to the development of a design brief. This was further developed along with proposed sketch plans. Further consultation confirmed the current plan.

Project Control Group

Detailed stakeholder consultation commenced immediately following appointment of the Project Architect – Gilby Vollus Architects. The following diagram illustrates the, Project Control Group (PCG), Project Team and Consultant Team relationships.

The Project Control Group and Project Team have been meeting on a regular basis to enable the project to evolve in line with the project timeline, the aim being to enable an adequate consultation phase while still allowing sufficient periods for documentation and procurement of the project. The Project Control Group oversees the progress of the project. The Project Manager and Project Team report to the PCG to enable the PCG to track progress, provide guidance and issue formal approvals at key milestone points of the project.

This approach was identified during the initial consultation phase to maintain the project momentum to effect tendering of the project in the beginning of 2009. The

tender date is based on working back from the required completion date of November 2009.

Consultation with Onsite Stakeholders

Consultation has occurred with all key services groups, other internal stakeholders and other associated services. This consultation has included a community consultation meeting and a tour of similar Community Health Centres. A broader community consultation meeting will occur for the general community and a briefing session will be conducted for interested local Island based sub contractors in conjunction with interested Contractors during the tender period.

Design Approval

The Project Team at its meeting of the 11th December endorsed the project schematic design and the cost estimate report was endorsed in the subsequent meeting of 22nd February 2009. At this meeting all desired project outcomes where tabled, discussed and then reviewed for compliance with the endorsed project brief. Participants tested for adequacy in planning, design and budget and maximising value by improving the relationship between various services and related functions. The review included a value management basis and the outputs assigned a relative priority to identify opportunities for cost savings should there be any budgetary issues. However the cost plan indicates that all outputs within the project brief will be able to be delivered.

This consultative approach has resulted in a design that allows all of the desired outcomes to be resolved and provides sufficient flexibility for future expansion.

ADDRESSING THE NEED

Design Philosophy

Works to this area consist of the creation of a new community health care facility and meeting room.

Design decisions have been founded on:

- Incorporating current best practice from knowledge of contemporary health planning issues and hospital operation procedures, established through extensive consultation with the client group.
- Provide best value for money by balancing functionality and design through cost effective construction/materials generally, with higher design impact in certain areas particularly the front entrance and community centre.

Criteria are:

- Functional building spaces
- Easy to achieve construction practices using appropriate materials in response to isolated location and tight time frame
- Flexibility and low maintenance
- Low energy use
- Appropriate impact on sensitive rural setting
- Easy sheltered vehicle access to prime service

- Comfortable enjoyable and safe working conditions for staff and visitors
- Building that connects with the local population ie achieving a sense of local ownership for the finished facility
- Ability to expand the premises and or make internal adjustments easily
- Community use (BIRCH) after hours

Planning

The centre falls into 3 areas:

- Patient clinical facilities
- Staff and non patient secure areas
- BIRCH Day Respite Centre / Community Meeting facilities

The first two areas are planned around a secure courtyard while the third area is a separate building connected by a glazed passage forming the entry to the centre. This allows the BIRCH community meeting facilities to be used after hours and independently.

The patient areas form two sides of a courtyard while the non patient areas take up the third side of the courtyard with its own secure staff entry. The floor, walls and roof are all light weight construction with block veneer, colorbond, Alucabond and compressed sheet cladding. The roof, walls and floor are all insulated and windows are double glazed.

The health care areas have standard domestic hip roof construction pitched at 270 to improve solar gain. The community meeting room has a skillion roof and clerestory glazing to provide a light open feeling with excellent connection to the natural landscape. The community meeting room also has a secure outdoor activity area.

The plan achieves the following key planning objectives:

- Minimal travel within the building for staff running the centre
- Appropriate varying degree of patient/staff security
- Very accessible Accident & Emergency unit planned to function as a stand alone unit
- Key staff areas on west side for view
- Physio area connecting to secure courtyard to allow outdoor use for patient recovery,
- undercover entry and convenient close parking including space for BIRCH community bus to assist visitor and patient alike.

The glazed entry passage/foyer gives views out to the bay

The centre includes reception, administration, 3 doctor consulting rooms and 2 allied health consulting rooms along with physio, manager's office, community nurse office and program supervisor's office.

A separate accident & emergency area includes an observation bed, ensuite, clean utility medical supply secure store, general store and dirty utility.

The ambulance entry has a protective canopy to allow for sheltered patient transfer to and from the building. Adjacent to this area a hard stand allows for parking of the dental van when this visits the island.

The staff secure area includes staff room, tele health/meeting room, laundry, staff toilets and storage. This area has adjacent under cover parking for staff. This last area allows for expansion of the facility should this be required in the future.

Architecture & Interiors

The aesthetic approach is a balance of function, pleasure, efficiency and safety.

The exterior colours will blend 90% of the building with the landscape and 10% of bright colours to provide a readable identity.

The interior colour scheme will be 80% mono-colour with specific highlights to draw the visitor into the centre, add warmth and comfort and increase special identity. These elements help to deinstitutionalise the facility while in no way affecting function.

Internal materials comply with infection control and are durable and attractive.

Materials must also satisfy environmentally sustainable design principals selected to achieve low emission and toxicity ratings.

The layout was achieved with close client consultation including community representatives. This ensures the new facility will be functionally responsible with a sense of community ownership.

Environmentally Sustainable Design

A key aspect of the design of the new facility is to meet the Tasmanian Government's aim for a 60% reduction in energy consumption across all Departments by 2050. In addition there was strong community interest in the new building being environmentally friendly and this is represented in the design.

The new building of 710 m2 will replace an inefficient and energy-expensive building of nominally 200 m2 without significant additional energy usage. The ESD features which have been incorporated within this new building include:

- On site waste treatment systems
- On site water harvesting and treatment to provide 100% of the building's water consumption requirements
- Well orientated and passively designed building configuration
- Provision of additional insulation above minimum BCA levels
- Design of energy efficient lighting and heating systems
- Provision of double glazed windows
- Installation of solar hot water systems
- Provision of a 10 kW wind turbine and a 1 kW Photovoltaic electrical generating system. Initial calculations indicate the potential to reduce the existing electricity consumption on a smaller site by 70% (To be confirmed upon completion of site wind monitoring).

Building Services

Generally

As a Greenfield site all new services will be provided for this building with potential for future expandability of the building structure and minimum energy use. Lighting has been chosen to minimise type of globe replacement and hence storage of consumables.

Mechanical

- Mechanical systems are designed to be minimal, consistent with a high level of amenity. This means lower running costs and less maintenance. Design elements include:
- General exhaust systems to each amenities space.
- High wall split Air conditioning system for A & E, Activity room, physio, allied health, waiting, community nursing and meeting room. System with integrated occupancy and temperature set back logic controls

Electrical

Heating

• Offices, staff spaces, etc with wall panel heaters with thermostat/time clock control

Lighting

- Generally fluorescent with lighting generally controlled with occupancy sensors and master over-ride linked into Security system.
- Low voltage down lights to feature spaces

Power

- On-Site emergency generator backup system for A&E, server room and emergency lighting
- Grid connected wind and solar photovoltaic power generators

Communications

Security Services

- Reed switches to be fitted on all external doors.
- Security cameras as necessary.

Telephone Services

• PABX system.

Data/Telephone Services

• Tele-health to meeting room and tele-health camera in A&E

Hydraulics

- Hot and cold water reticulation with hot water from solar hot water systems mounted on the building roof.
- Provision of low consumption water fittings to minimise water consumption.
- Installation of water storage tanks to harvest local rainfall with in-line ultra-violet water treatment
- On site waste water treatment system

Fire

- Fire panel interfaced to paging units will indicate which wing has an activated detector.
- Manual call points to AS1670.1 to all areas.
- No sprinkler installed, on site fire fighting water storage.

PROJECT COST

The approved CIP funding for the redevelopment is \$3,000,000, from DHHS Capital Investment Program. The cost of the redevelopment is currently advised at:

Description	Sum
Construction Preliminaries	\$180 348
Building Works	\$1134 579
Mechanical/electrical works	\$333 000
Remote Site Allowances	\$196 173
Subtotal of Construction Works	\$1 844 100
Art in Public Buildings	\$45 000
Professional Fees & other fees	\$220 000
Loose Furniture and Equipment	\$200 000
Design Development Contingencies	\$65 000
Construction Contingencies	\$217 000
CPI and Cost escalation allowances	\$73 000
Site	\$335 900
TOTAL	\$3 000 000

The current project costs are provided by the project Quantity Surveyor and are based on reasonable allowances for the complexity of the job, current market conditions, in particular the remote site location and the ability of the contractor to engage subcontractors in the current construction market.

EVIDENCE

The Committee commenced its inquiry on Friday, 13 March last with an inspection of the site of the proposed works. The Committee then returned to the Meeting Room, Post Office, Allonah whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Peter Alexander, Director, Facilities Management
- Fred Howard, Area Manager, Primary Health South
- Greg Cooper, Project Manager, Capital Works
- Paul Gilby, Principal Architect Gilby Vollus Architects
- Garry Armstrong, Primary Health Co-ordinator South (Wellington)
- Lynette Holland, Acting, Assistant Director of Nursing Bruny Island.

Background

Mr Alexander provided the following evidence in relation to the project background:-

This project is part of an overall program which we have had over a number of years, and which internally we have called the network program. It has been refurbishing and rebuilding primary health and allied health facilities in district hospitals across the State. I am sure the committee is familiar with quite a number of them, most recently probably George Town, Queenstown and Smithton. That has been a prioritised program which has refurbished facilities through rural communities to tailor services to the local community, to integrate and co-locate a number services, to help with the recruitment and retention of staff and ultimately to help with health promotion and reduce the health burden that goes to the acute hospitals.

This is part of the second tranche of that; next you will have Flinders and King islands and some big suburban clinics. So this is part of that program and put forward with the same rationale and business case behind it.

Mr Armstrong continued:-

The Tasmanian Primary Health Services plan highlights the requirement for Tasmania to provide safe and sustainable service to its rural communities. Peter mentioned quite a few of those, and Bruny is just one of those. From our point of view, as service managers, rural and remote areas face significant challenges, especially in recruitment and retention of staff, meeting the health-care needs of an ageing population - and I think Tasmania is the highest in Australia - and increased demand due to chronic conditions. So that is the environment we work in.

Bruny Island has a current permanent population of 651 in 2001 - I do not think that changed too much in the 2006 census. The island is subject to a large increase in population during the summer months, and you can see that on the ferries on a normal Friday. During the summer months, the increased tourism and holiday periods cause the population to swell up to 12 000 during the summer season. Some say it is actually higher than that, but it is growing very quickly and our client group is changing.

Local ecotourism statistics show that upwards of 30 000 visitors took the adventure trip in 2004-05. I imagine, with the additional one now, it will be a lot higher than that. We have Pennicott's business growing and another one recently opened up. So it is quite high and the impact of that is obviously on our nursing and doctors...

... The existing health facility is a weatherboard building constructed in 1936 as the Bush Hospital. That is still the same building we are in. The facility no longer has the space or configuration to support the full range of health services that the community requires. You can see from walking through it that we can provide what we can with what we have and we are restricted to that. There have been a number of occupational health and safety issues, although we have addressed a lot of them along the way - we have to - such as the heating, not being child-proof, and the corridors are narrow.

When we have lengthy rain periods the sewage washes down through the yard. The storage of drugs, the security of the building, the water quality - we can go on and on. We have spent money but obviously we hoped to get this new building some time ago.

A clinical audit was done in 2008. That audit also identified risks. There were 100 recommendations in that audit and Lynette and I are working through them. Most of them are done and we are nearly there. It was mostly around the drug audit and the management of the drugs because it needs to be secure in this building.

Poor disability access: we have made a ramp at the front, as you can see, but it is still not great. Privacy issues are a major issue in the practice. The waiting area is very close to reception. The walls are very thin. The doctors are here two days a week. Privacy has come up as a massive issue in all of our discussion.

I mentioned inefficient heating. It is a pretty hefty heating bill at the moment because we have stand-alone heaters in each of the rooms. Continued maintenance: in my five years here we have done the roof - we have painted it, we have done the chimney, upgraded the wiring and the water tanks. It would just go on and on. We try to keep it as minimal as we can without going over the top but we have to maintain it. I think it will continue to be maintained.

The Bruny Island Community Health Centre currently accommodates up to 39 visiting and local base staff. The new centre will provide suitable accommodation for the private GP practice, which is two days a week at the moment. There are 12 part-time registered nurses with wide experience in emergency management, intensive care nursing, midwifery, anaesthetics and specialty areas such as burns. There are always the Director of Nursing and two nurses working at any one time. One goes out and does the community rounds and there is always one in the centre to support the doctor or support anyone who comes in. So not all those 12 nurses are working at any one time. They only come together one day at the end of the month for a staff meeting, which we attend.

The 24-hour accident and emergency service is the first-response team for acute medicine, suicide et cetera - a support service for the Tasmanian Ambulance Service. Tas Ambulance will get a call; they will be in contact with the on-call nurse and the on-call volunteer ambulance officer. They will be called out to an emergency. They go out in twos and if they need the backup second on-call then that nurse is also called out to support them. We do not have a paramedic or doctor on the island and we cannot get off the island after 6.30 p.m. weekdays and 7.30 p.m. weekends. We are undertaking some special training for the nurses to provide those services, so any new nurses that come onto the island go through a training program.

It is a good model. We had 10 evacuations on the island in January and another 10 in February. It is normally around 12 or 15. That is either by the police boat Dauntless at Roberts Point or the chopper at various spots. Most injuries involve tourists - fishing, surfing - so it is not generally our people. A lot of the tourists are not used to driving on the dirt roads. I think that is being addressed.

We have a visiting family child health nurse. We also have a range of visiting allied health workers such as the physiotherapist, the social workers, the podiatrists. We have a health promotion coordinator one day a week. Hearing and immunisation clinics were run from the centre. You saw the existing administration. The new building will have a really good administration reception area and a large waiting area removed from the reception area to address those privacy issues. We spent a lot of time in the working group on that.

The day centre activity room will also provide for respite clients - 30 to 40 and growing. Currently they use the bowls building at Adventure Bay. Between 30 and 35 meet there to have a meal and get together one day a week. It is run under the auspices of BIRCH. In the new model they will occupy the activity-centre room. It is quite a large room and you can see from the design that it is slightly removed from the centre. That is deliberate because the community members will also have access to that large activity centre for a range of activities. We encourage all the health centres to be community centres. Someone can book that out for meetings - Tas Ambulance or Tas Fire or whatever - and also bookings for the community. It is going to be a multipurpose room, which we do not have at the moment.

Consultation

Mr Armstrong outlined the consultation process:-

I will give you a little background about the consultation process. The need to replace the existing centre has been acknowledged since 2001. The Bruny Island Community Health Services Advisory Committee has promoted the proposal over a number of years and I have certainly been aware of it since 2001 because I was around. The business case for the project received support with the release of the Tasmanian Health Plan in 2007 along with a few other projects, which is really good for Bruny. Council support has been provided in the form of an offer of land.

Since the approval of the funding, the levels of consultation have been extensive. The Bruny Island Community Health Services Advisory Committee's community representative - Geoff - is on the project team and we have established a community reference group with quite a few of advisory committee members on the reference group. So we have a project team and a reference group. The reference group provides the necessary level of consultation required to keep the Bruny Island community informed.

Consultation also included a tour by the Bruny Island Community Health Services Advisory Committee of similar community health centres in Southern Tasmania. We went to Huonville, Sorell and the Oral Health Services because Paul Gilby was also recently project managing that site as well. So they inspected those sites just to get a view of the size and what it looked like because what we are proposing at Bruny is very similar to the size of Sorell's. Community consultation continues via regular updates on the new facility. So we have those that are sent out across the island. They are either in the Bruny News or in a flier that is distributed by a lot of locals for us and dropped off in their post office boxes because not everyone buys the Bruny News.

Key services groups and other external stakeholders, such as the GPs, visiting GPs, physiotherapists, podiatrists and all the range of people who visit the service are also consulted through Lynette about their needs through this process. For broader community consultation there is an open day scheduled for next Thursday, 19 March. It is for potential tenderers to talk to the architects about the proposal. We have also extended open day to the whole community. We are having a barbecue where everyone can come along to look at the plans. We are going to put them up with the project team, and architects will be there to answer any questions about what we are proposing. The project team and architects, as I mentioned, will be there for that visit.

Design

Mr Cooper provided the following explanation of the design issues:-

The new building is located on the brow of a hill, creating essentially a community centre precinct. We have the existing school, an existing community centre and then this. The health centre creates an overall community area for Bruny Island. The building itself is about 700 to 720 square metres of floor area. We are also providing car parking for 18 to 20 staff, patients and clients. It will also be available out of hours, and where the activity centre is being used for community events it will be available for parking for them as well.

The overall block of land was donated by the Kingborough Council. They provided a couple of options to us in terms of land that we could use. This one was identified as the best location to create that community precinct, and for the general views and for the amenity of staff. It was a great opportunity. Within the building we have five consulting rooms of different physical space and size to accommodate the different usage patterns. We have some larger consulting spaces that can be used by physiotherapy and podiatry with their specialist equipment, but they could also be used for larger groups for consulting purposes. We also have a nurse clinical space within accident and emergency. Two of the consult spaces are used by the GPs, with a shared facility in between with a common examination bed. All the rooms are designed to be multipurpose.

Buildings need to be not just for the here and now; they are going to be around for 100 years so they need to be capable of being adjusted and modified in future, so that is certainly part of the design. The physical size of the building is designed in such a way that it can be expanded in future. We believe we have the scope there for any future growth should that may occur on the island.

For front of house we have general office spaces and amenities for the building. So we have the site manager, health promotions officer, the general office, which backs onto

the main reception, and a large waiting area. Moving back from the office area we have a space for up to five community nurses and also nursing students. This site has student practitioners coming over and experiencing first-hand how to be involved in health care, and so we need to provide that space. Also, with specialists coming over we need spaces where they can sit and write up their notes. We also have staff-specific areas - staff rooms and a meeting room where we can have Telehealth. Telehealth facilities have been expanded for this building. Within accident and emergency we are having a new model with an in-ceiling camera which can zoom in if there is any need for close examination of patients. That image can be then picked up at the Royal to get expert advice first hand.

There is lots of storage space, including community nursing equipment, medical records, medical drugs, storage, laundry, staff amenities. That is an important part of the building as well.

The activity centre is essentially a stand-alone part of the building. The building is designed so that it can operate outside normal hours of the health centre and can accommodate between 30 and 40 clients at any time. The centre toilets and the disabled facilities are there. It also has a kitchen for preparation of meals for BIRCH, which provides respite care for aged residents . It has, again, large storage space, specialised seating and various equipment which BIRCH and other community groups are going to be using. They can store chairs and tables and will be moved in and out, depending on the type of clinics being held. We also have a large secure courtyard which is fully accessible for wheelchairs.

The accident and emergency space is such that Bruny Island can remain as a tier 1 facility. It also can operate as a stand-alone arrangement and has the capability of emergency generator power back-up. It has body-protected electrical distribution so it has the full capabilities of a modern accident and emergency unit. It has the examination bed with medical gas and an adjacent observation waiting area until patients can be transferred to the mainland. It has the standard dirty-utility/clean-utility spaces and that is where the medical drug storage is provided.

So the centre falls into four main areas. We have an area which is patient/waiting/reception, then that is separated through doors to a shared staff and patient area, so a common-use area. That is where the clinical occurrences happen and then, again, through secure doors we have the staff space. The fourth area is the activity centre, itself, which can operate as stand-alone.

So the key planning objective that we have achieved with this building is a minimum travel arrangement within the building for staff to go around the centre. It operates as a bit of a Y-type arrangement, so it minimises travel. There are appropriate degrees of patient and staff security and also confidentiality. There is the accessible accident and emergency unit that can operate stand-alone. Staff areas have fantastic views. The physio area is connected to the internal courtyard to provide outdoor use. We have undercover entry and convenient parking for buses, visitors and patients, and also for the ambulance. There is a covered entry there for the ambulance if it needs to arrive at

accident and emergency, and for the community nurses who are constantly in and out of the building.

A high degree of environmental sustainability initiatives have been incorporated into this project. It was a strong theme from the community and it is also a strong theme within the facilities branch at Health to achieve minimum energy consumption, so we are providing solar hot water systems. We are looking at what is called an evacuated tube system for this facility, which operates more effectively at lower temperatures and has a higher efficiency across the whole day. There is very good passive solar design so the building is orientated to maximise solar energy, with eaves to minimise solar gain during peak summer conditions. We also have additional insulation and we have double-glazing throughout the facility, so we are minimising the impact of external temperature conditions on the space which, in turn, then reduces the loads on airconditioning, and maximising light means less lights that you need to turn on.

We have high-efficiency light fittings - the new T5 lights. They are linked with occupancy senses and also with the security system. We have an overall security system in the building. When it identifies this or when it is armed, any lights that may have been inadvertently left on will also be switched off.

We have heat pumps for heating purposes in most areas where it is appropriate because that is a more efficient form of heating. We have panel heating in a number of areas where it is not efficient to put the heat pumps in and it is a relatively low use requirement.

We also have on-site waste water management and a number of water storage tanks which we believe will have adequate storage for the entire year's collection of water. The water fittings, themselves, are five-star rated, so we have minimum consumption during the day.

Probably the two major initiatives that we are proposing for this facility are to generate our own energy. So we are proposing a 10-kilowatt wind turbine. It has a pole of 12 metres. The turbine itself is eight metres in diameter so the full unit stands at 16 metres. It is capable of generating at 37 000 kilowatt hours across the whole year at the average wind velocity which has been measured at Cape Bruny at 7.5 metres per second. We are also putting in a 1-kilowatt solar voltaic system and that will generate 1500 kilowatt hours per annum.

The existing site consumes 38 000 kilowatt hours and that was in 2006. Solar hot water is normally about 30 per cent of your energy consumption, and you get 80 per cent free with solar, so with the high efficiency building and all the smarts we are putting into it, a worse case scenario is about 100 kilowatts per square metre per annum. That is 71 000 kilowatt hours. Potentially, because of the scale of the building, we were looking at doubling the energy bill, but with the installation of these we are going to be halving the net energy bill. With the solar and on-site generation we are only going to have to take from the grid some 15 000 kilowatt hours during the year.

Interestingly, that achieves the overall government target of achieving the 60 per cent reduction by 2050. We will achieve that as soon as it is built.

The other potential which needs to be tested is that we want to do some wind monitoring. If it proves that the wind velocity here is just one metre per second greater than at Cape Bruny, then it could be a zero energy building. At the moment we are working on theoretical figures of 100 watts per square metre. If we are successful in energy efficiency the actual energy required will be less too.

With the building itself, we have aimed to make it as constructible as possible for ease of buildability. We have always seen the inherent issues with getting trades onto the island with the ferry, so we have gone for domestic-style construction with timber flooring, timber trusses, colourbond-type linings and concrete block. We have gone for an option of either timber or concrete piles. We have, wherever possible, minimised the use of concrete. If they had to do big pours then that would have significant logistic issues. They may even have had to put a batching plant on the island to construct something of this scale if we had gone for modern commercial construction. So we replaced that and minimised brick and block work as well to minimise the number of trades and create opportunities for on-island tradespeople. There has been a high level of interest from the community's tradespeople. To facilitate that, for the upcoming tender briefing sessions next week we have sent out fliers and that is an opportunity for island-based tradespeople to work with the pre-qualified head contractors.

Privacy

The Committee questioned the witnesses as to what effect, if any, the need for the maintenance of patient privacy had upon the design of the proposed new facility. Mr Cooper responded:-

We have a large waiting area, which is where everyone will come to the reception. The reception itself has a glass screen in front of it so any confidential discussions for that initial interview are going to be very confidential with that screening.

... If there is a need for a detailed discussion of any confidential matters we have a waiting/interview room where a nurse may then escort the client and take more detail of a more confidential nature.

Mr Armstrong added:-

We deliberately removed the waiting area from the front reception so they do not listen to all the telephone calls and discussions and we put the screen around it to reduce the noise coming out of the reception area. We are also conscious that when they back onto a GP room or a room in the waiting area that room will be sound-proofed as much as possible because we are aware that in health if you sit with your back to a wall then you can hear what is going on. There was a lot of discussion with the community in particular because they hear what is going on at reception and with the telephone calls. Also the staff had a lot of input into moving that waiting area, where the seats will be, away from the reception. It is probably the best that we could do.

Solar hot water

The Committee questioned the witnesses as to the efficiency of the proposed solar hot water service as compared with a reverse-cycle system. Mr Cooper responded:-

The reverse-cycle ... though, still consumes a reasonable amount of energy. A heat pump-style solar system still uses probably about 40-50 per cent of energy relative to a standard hot water cylinder. Then the next level down is the solar one, which gets to about 80 per cent reduction. So, given the remote location and pushing the boundaries as far as we can within the budget, we felt that we wanted to go as efficient as we possibly could with the solar systems. They all have electrical boost anyway so we are going to have that.

Recurrent costs

The Committee questioned the witnesses as to what additional capital costs were to be incurred to achieve the efficiencies in the recurrent budget for the facility. Mr Cooper responded:-

If we focus purely on the environmental sustainability areas, we have the wind turbine, the photovoltaic system, solar hot water and also the double glazing. We have added about \$10 000 through double glazing all the windows, or maybe a bit more than that. The wind turbine and solar voltaic will be in the region of an additional \$50-\$60 000. Solar hot water is usually about \$5 000-\$6 000 each, compared to probably \$2 000, so we have added probably an extra \$5 000-\$10 000 because there are three of those.

Mr Alexander added:-

There is no real definition of where you start 'adding' cost because some of the things such as double glazing you should be doing as good business practice anyway. We tend to think it is unfair to consider that to be an added cost, although our cousins in Treasury sometimes disagree with this because they don't pay the power bills. I tend to think as a general principle that if something will pay for itself in three or four years then it should be considered good business. We have been really pleased to have the opportunity to put in wind turbines and things. It has really been government initiative in the Climate Change Office which has allowed us to put those forward as business cases.

... It's not assumed or mandated but we have this overarching need to reduce our energy costs and emissions. When the budget is put up we are given a global budget, which is at a fairly early stage of estimating the size and capacity of the building, and then we have to balance what we have. The provision of health service accommodation is the primary thing so we have to balance that within the budget and within economic circumstances after the budget is set to see what we can afford.

DOCUMENTS TAKEN INTO EVIDENCE

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

• Bruny Island Community Health Centre – Submission to the Parliamentary Standing Committee on Public Works – March 2009.

CONCLUSION AND RECOMMENDATION

The need for the proposed works was clearly established. The current facilities are inadequate, inefficient and struggle to cope with the demand pressures for a remote facility, which has significant loads during the peak tourism season. The proposed works will provide improved facilities for the delivery of Primary Health Care services for the Bruny Island Community to meet current and projected client demand.

The new facility will provide a focus for the Island community and will encourage the recruitment and retention of staff and other providers in an adaptable building which meets contemporary health care standards. The facility has been developed in close consultation with the community and has also been developed to: enhance the "civic precinct" with the school and community centre; support emergency responses by collocation with the emergency hub; resolve local traffic issues along school road. Promote energy efficiency and sustainability principles; and provide interpretation of local aboriginal and island culture through its public art contribution.

The Committee was of the view that the positive energy dynamics of the new facility might be used as a learning opportunity by the Bruny Island District School if monitoring equipment to measure the savings in energy can be installed.

Accordingly, the Committee recommends the project, in accordance with the documentation submitted, at an estimated total cost of \$2,400,000.

Parliament House Hobart 20 April 2009 Hon. A. P. Harriss M.L.C. Chairman