2014 (No. 12)

2014

PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Glenorchy Integrated Care Centre

Brought up by Mr Brooks and ordered by the House of Assembly to be printed.

MEMBERS OF THE COMMITTEE

Legislative Council	House of Assembly
Mr *Farrell*	Mr *Brooks* (Chairman)
Mrs *Taylor*	Ms Ogilvie
	Mrs *Rylah*

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1 INTRODUCTION

The Committee has the honour to report to the House of Assembly in accordance with the provisions of the *Public Works Committee Act 1914* on the -

Glenorchy Integrated Care Centre

2 BACKGROUND

2.1 This reference recommended the Committee approve construction of a new Integrated Care Centre in Glenorchy, with the objective to provide improved health services, and facilities from which to provide these services, for Glenorchy and the surrounding Local Government Areas (LGAs) of Brighton, the Central Highlands, the Southern Midlands and the Derwent Valley.

2.2 The new Centre will provide:

- Greater access to care and services for Glenorchy and surrounding LGAs;
- Delivery of the highest quality, multi-professional Primary Care services to Glenorchy and surrounding LGAs;
- Evidence-based comprehensive care planning for chronic disease sufferers and the elderly;
- Multi-professional care, with a full range of professionals working together to meet the diverse and specific needs of the community;
- Tertiary outpatient services to bring specialist partnership care to Glenorchy and surrounding LGAs while reducing the demands on outpatient services at the Royal Hobart Hospital; and
- Extended scope of practice for Nurses and the need to provide a wider range of services in the community in the future, including acute and post-acute care, chronic disease management services, extended care coordination, case management and high level clinical care, and clinical nursing functions.

2.3 The new facility will provide a wide range of integrated services, including a majority of the services provided from the existing Glenorchy Community Health Centre. It will also accommodate both new permanent services and visiting services from the Royal Hobart Hospital.

2.4 Additional services that will be accessible upon completion of the Glenorchy Integrated Care Centre include Oral Health Services, coordinated Chronic Care services operating satellite clinics from the Royal Hobart Hospital, Ambulatory Care, a Minor Injuries & Complaints Clinic, Community Nursing Services, Pathology collection and a Renal self-dialysis service.

2.5 The full submission of the Department of Health and Human Services in support of this reference can be found on website of the Committee at:

http://www.parliament.tas.gov.au/ctee/Joint/works.htm

3 PROJECT COSTS

3.1 The approved funding for the Glenorchy ICC development is $ 21,000,000.

The following table provides the cost breakdown for the development:

Land Purchase and associated costs	$1,900,000
Site Works	$200,000
Construction Costs	$12,000,000
Project Risk Allocation	$1,165,000
Construction/Design Contingency	$900,000
Post Occupancy Allowance	$100,000
Professional Fees and associated costs	$1,895,000
The Tasmanian Government Art Site Scheme	$80,000
ICT Infrastructure	$500,000
Escalation Costs	$360,000
Furniture and Equipment	$500,000
Salaries Component	$800,000
Corumbene Works	$600,000
PROJECT TOTAL	**$21,000,000**

4 EVIDENCE

4.1 The Committee commenced its inquiry on Monday, 23 June last with an inspection of the site of the proposed works. The Committee then returned to Parliament House whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Brad Wheeler (Manager Infrastructure Investment – Department of Health and Human Services);
- Fred Howard (Area Services Manager Community Care and Co-ordination – THO South);
- Andrew Grimsdale (Project Architect – Liminal Architects).

Overview

4.2 Mr Wheeler and Mr Howard provided the following overview of the proposed development:

> ***Mr WHEELER*** *- This ICC development began to be planned approximately in 2007, from memory, when the budget first was announced for updating our community health centre in the Glenorchy area. In the last two years it has been through an intensive process of defining the service in greater detail and talking closely with the Glenorchy City Council to resolve the solution for the construction of this ICC and has involved numerous stakeholders, particularly within the Department of Health, in the service units to provide the service we are now providing.*
>
> *In terms of the service, and correct me if I get anything slightly incorrect here, it is intended that the ICC will supply support to the Royal Hobart Hospital acute services, much the same as the ICC we already have at Clarence. We have another one slated for Kingston. Glenorchy*

will play an important part in supporting acute health services by providing services closer to where the community lives and will also take pressure off the hospital itself.

***Mr HOWARD** - To go back a little, the ICCs act as a hub for a network of community health centres, so the Glenorchy ICC will act as the hub for centres in the Derwent Valley, Brighton, the Southern Midlands and Central Highlands; that will be its catchment area. We have done a lot of planning around the services and they are based on the needs of the community.*

A proposed service model was put together in 2012. We have done more work on that and there is probably going to be a new version of that prior to commissioning the building. The services will be the same but it is basically looking at how we deliver the services in a more integrated way. We are constantly testing new models so that when we open the doors we will be able to run the models. It will not impact on the set-up of the building as it stands at this time. We have taken that into account.

The services range from the typical primary community health-type services all the way through to sub-acute services; we are looking at services like community nursing and community allied health through to the four specialist services where clinics are presently being delivered at the Royal Hobart Hospital for this area. They will now be delivered in Glenorchy. It would be things like respiratory-type services delivered by a respiratory physician with a team approach. At this stage we are looking at Pathology South being on the ground floor, a reception area which will manage the whole building and an ambulatory care centre which is about administering medical and surgical procedures for vascular access and involves infusion of some medications for specific complex treatments.

We are also looking at having a minor injuries clinic which would operate 12 hours a day for minor ailments; it would be a nurse-led clinic although we may improve the medical governance and we may drop its working hours at some time in the future. We are still negotiating with general practice regarding that.

On the next floor up we have the allied health services - social work, podiatry, physiotherapy, occupational therapy - and there is also an area set aside for child and adolescent mental health. We also have what we call a Chronic Conditions Program Activity Space - there is a physio gym and we also have a chronic disease gym; that is a gym that will be used for groups like cardiac rehabilitation and respiratory clinics where we try to encourage exercise to improve the outcome and condition of the sufferers.

On the top floor we have the Child Health and Parenting Services, which will be coming out of the old centre into the new environment away from the youth, and also we will have the paediatric dental service. Currently we only have two chairs in the whole of Glenorchy for paediatric dental; we will have six chairs in the new building. That service is mainly being funded by the Commonwealth Government, which is a bonus.

Building Design

4.3 Mr Grismdale provided an overview of the building design:

The design has been generated on a number of levels. First there is an economic level and a square building is a good economic outcome, the cheapest form of building you can get…..

……..The location of the centre at the front of the site was to maintain an urban streetscape, which is prevalent along the Glenorchy strip that radiates off to the side of this building. It also gives a street frontage address for the centre.

It is a three-storey building. We have zoned the high-level usage zones as the ambulatory care and minor injuries clinic on the lower floor, plus some of the areas where there is a high turnover like Pathology South; they are on the ground floor so that they are in and out. There is also a 24/7 renal treatment area on the ground floor, so they have their own access after hours - any time of the day when they want to do their dialysis.

The building is a cube with a series of cut-outs in it and those cut-outs are designed to allow natural light into the centre of the building. It is focused around an atrium which goes

through the three levels and that helps bring light down to level 1 or the ground floor where the concentration of services is fairly high. On the upper floors it is a bit easier to get a centrally loaded corridor-type of situation.

The square, compact nature is also so that we can have only one point of access so it is easily controlled, but also radiating out from that point of access it limits travel time so that you do not have to walk long distances.

The centre is served by two lifts. At least one of them will be designed to take stretchers. There is ambulance access to the back of the building. The clinical spaces and most of the interior design are following national guidelines for the design of health centres. We have large, wide corridors which allow easy access for wheelchairs but also access for stretchers.

The selection of materials at this stage is we have proposed a brick building, which is ecologically sustainable and relatively maintenance free. Once it is there, it is there but it also picks up on a palette we have noticed as we did our research through the central area of Glenorchy, where a lot of the significant public buildings are brick. We thought it would be the way to keep that context going.

4.4 The Committee also questioned the witnesses on the building design with respect to energy use and energy efficiency:

Ms OGILVIE *- Can I ask about the building design in regard to energy consumption?*

Mr GRIMSDALE *- We have gone through an exercise to find out about it. We have a mechanical system that we are going to use in the building that limits the use of energy. We have natural gas running past, through the Main Road, which we will be utilising as much as we can, for hot water and things along those lines.*

Ms OGILVIE *- No solar?*

Mr GRIMSDALE *- At the moment the engineers are looking at it but we do not believe it is a worthwhile thing to do. All the light fittings, obviously we do not have a choice and they are now meeting 'no energy' requirements.*

……We have two mechanical systems that we need to run in the building because places like the MIC and the ACC need a more air-conditioned style of space, whereas some of the other areas can be what is almost natural, but is not. In those areas we will have a heating and cooling system. The other areas have different requirements.

We have to provide some backup generation for some of the areas because we have drug fridges. There is a generator room and that will keep things like the drug fridges going and also the renal chairs. The last thing we want is for those to breakdown halfway through. We have that covered.

We have tried to maximise natural light but limit solar gain. It is a series of punctured facades rather than lots of areas of glass. Where we do have lots of areas of glass, it is in areas which have good shading.

Mrs TAYLOR *- Going back to heating and cooling, is there going to be a central heating system?*

Mr GRIMSDALE *- It is centralised on level 3. There are major plant room and sub-plant rooms on each floor, so it is reticulated down. There is a big condenser unit on that level which is used to condition the air as it comes through. That is reticulated through the ceilings in all the levels. Some of it will be just heating or cooling air.*

Mrs TAYLOR *- So it will all be operated by that central plant, which will be gas fired?*

Mr GRIMSDALE *- Pretty well. It will be using gas in some things but the majority of that is going to be electrical. The hot water will be using the gas. At the moment I believe they do*

not propose fire up those boilers. There is a gas boiler but the main condenser unit will be electrically driven.

4.5 The Committee also questioned the witnesses on whether a solar hot water system would be installed to meet the hot water requirements for the building. Mr Grismsdale noted that the proposal had included solar hot water for planning permit purposes, in case that became the preferred option. Mr Grimsdale indicated, however, it would most likely be a gas hot water system that was eventually installed:

***Mrs RYLAH** - To go back to the hot water situation, I see it is listed as solar hot water and you are saying you are now moving to gas.*

***Mr GRIMSDALE** - They are investigating whether it is worthwhile having solar. We have gone through a planning process to say it is solar, simply because we have to. If there are solar panels on the roof, we have to have a planning permit for those, but we are looking to see whether it is cost efficient to do it. The initial response now, after this report was written, is they are not going to gain that much by using solar because of the gas in the street.*

***Mrs TAYLOR** - But that is on current prices and we know the predictions for the future.*

***Mrs RYLAH** - Why aren't we just using our hydro power? Surely that is the most energy efficient?*

***Mrs TAYLOR** - It isn't. Electricity to heat is not the most efficient. It is not as efficient as gas.*

***Mr GRIMSDALE** - There are cost benefits from using gas.*

***Mrs RYLAH** - There are, including the capital cost?*

***Mr GRIMSDALE** - There is always a capital cost up-front. In this instance, it is not that bad because it is a new building. Retrofitting is usually hard because it is a fairly big cost, but on a new building we use it anyway. It is the best way to go at the moment. The majority will be hydro power, but you can limit those costs by sometimes using solar. Clarence has solar because there is no gas over there, so we put solar panels on there for hot water only. We are looking at the same here, whether it is solar or gas.*

***Mr GRIMSDALE** - ……. The hot water is a bit complicated and I am not sure I can explain it as well as an engineer would. They get some of the waste heat off the mechanical system and push that back through the hot water system to use as much reclaimed heat as possible. You are talking about the primary source. Hot water at the moment is going to be gas if the solar does not prove to be as they are telling me, but the major mechanical will be electrically driven.*

***Mrs TAYLOR** - You need to take into account that we have been told that gas is going to double in price over the next couple of years, so regardless of what the cost is now it is a known fact, or pretty much known.*

***Mr GRIMSDALE** - Most of them do not usually rely on one or another. If it is electrical you can modify it to do something else. Electrical is usually the primary source of most of the running and even when it is gas you will find it has backup. If a gas line breaks and it takes a week to fix it, you do not have a centre without hot water; you would always have a backup for it.*

***Mrs TAYLOR** - I think solar hot water should be considered.*

***Mr GRIMSDALE** - Clarence put solar panels on the roof for that and it was raining hot water over there.*

Identified Need for the Glenorchy ICC

4.6 The Committee questioned the witnesses on what basis the need for the development was identified. Mr Howard and Mr Wheeler indicated that the need for the development as currently proposed was based on meeting both current and future demand:

> ***Mr WHEELER*** *-……. The scope has expanded from its original scale and we are packing as many services as we can into that building.*
>
> ***CHAIR*** *- Can you explain what they are?*
>
> ***Mr HOWARD*** *- It was always proposed to do a range of things, depending on the floor space. In the original proposal, we were looking at maybe two chairs for oral health rather than six. The ACC would have been a lot smaller than what we are building now. We did not have the minor injuries clinic on the agenda at that time. We were not looking at putting in a chronic disease gym.*
>
> ***CHAIR*** *- Was that demand-driven or because you had the money and you wanted to spend it all?*
>
> ***Mr WHEELER*** *- No, it was always demand-driven.*
>
> ***Mr HOWARD*** *- As a bit of background, the whole concept of integrated care centres was flagged in the Health plan in 2007, but Glenorchy was not one of them.*
>
> *…….Then we had a consultant come in and do a review. Carla Cranny and Associates came in and did a review in 2009, from memory. It highlighted the severe need for more services to go into the northern corridor. This northern corridor is the most densely populated area in the state. It has some of the worst health outcomes for one reason or another and low socioeconomic levels are one clear reason.*
>
> ***Mrs TAYLOR*** *- And the greatest number of people who use the Royal.*
>
> ***Mr HOWARD*** *- Yes, exactly right. When the consultants started looking at the data coming out of the Royal, the highest number and the most complex cases were coming from the northern suburbs. It made logical sense to build something which was a bit more than a standard community health centre.*
>
> ***Mr WHEELER*** *- ……The other change is now that it has turned into an ICC, ……it has more of a regional base; that creates more demand as well because it has that regional focus. How did it happen?*
>
> ***Mrs TAYLOR*** *- Yes, why did it change?*
>
> ***Mr HOWARD*** *- The health plan defined what the levels were for different health facilities. Glenorchy health centre was level 1-2 and was probably going to be redeveloped to level 2. Carla Cranny's report came out and we started to have a look at the services required. The level of services required moves it up to the next level, which is level 3. Level 4 integrated care centres are where day surgery happens; we did not want to go that far but level 3 was probably right.*

4.7 The Committee also asked the witnesses if they considered the development to be an appropriate use of taxpayers' funds:

> ***CHAIR -*** *Do you believe $21 million for this project is an appropriate use of taxpayers' money?*
>
> ***Mr HOWARD*** *- Yes.*
>
> ***CHAIR*** *- Is it warranted?*
>
> ***Mr HOWARD*** *- The demand is definitely there for this service. The long-term savings and benefits to the community are without question.*

CHAIR *- The amount allocated will provide sufficient infrastructure and services to manage that demand?*

Mr HOWARD *- Probably for the next 20 years, yes.*

CHAIR *- You would be comfortable that it's an appropriate use of taxpayers' funds for this project?*

Mr HOWARD *- Yes.*

X-Ray and Pathology Services

4.8 The witnesses indicated that pathology services would be provided from the Glenorchy ICC, but X-ray services would not, which is the same model employed at the Clarence ICC. The Committee questioned the witnesses further on the reasoning behind this decision, who indicated that the inclusion of pathology services was demand-driven:

Mrs RYLAH *- Broken bones and things - where do they get dealt with?*

Mr HOWARD *- Broken bones are sent to emergency. We did toy with the idea of having an X-ray facility here but there is sufficient public X-ray close by. Even if we diagnose that someone has a fracture they would probably need to go to Hobart for the plaster application.*

Mr HOWARD *- The last bit on the right-hand side is a bulk-billing pathology practice.*

Mr WHEELER *- My understanding was that with Pathology South there was extra business out there needed at that time and this was one of my discussions with Pathology South. They were identifying people from the northern suburbs coming into the Royal Hobart Hospital*

CHAIR *- So it was demand-driven?*

Mr WHEELER *- Yes.*

Mrs TAYLOR *- In terms of pathology, why double up on the pathology services if you are not doubling up on the X-ray services?*

Mr HOWARD *- Pathology is a stand-alone. Pathology goes via a script. You take your form along to the pathologist who takes the required blood and does the testing. The script is provided by your GP.*

Mrs TAYLOR *- As they are for an X-ray very often, depending on what it is.*

Mr HOWARD *- True.*

Mr WHEELER *- My understanding is the ACC and the MIC are more likely to be asking for blood and urine samples - is that correct? It is more likely the pathology services are required by people visiting this building as part of their diagnostics.*

Mrs TAYLOR *- I find it a bit difficult to understand why you would do that. It seems to me the two are much of a muchness. Have you looked at the effect you are going to have on the businesses by doing those things?*

Mr HOWARD *- Pathology is booming everywhere and I don't think any business can keep up with demand. In Clarence we have Pathology South and we have Hobart Pathology.*

Mrs TAYLOR *- That is what it is in Glenorchy, Hobart Pathology.*

Mr HOWARD *- Both are extremely busy. You will double the size of any given practice, which people do not want to do.*

Mrs TAYLOR *- Do they have X-ray at ICC Clarence?*

Mr HOWARD *- No.*

Mrs TAYLOR *- But you do have pathology?*

Mr HOWARD *- Yes.*

4.9 Under further questioning from the Committee the witnesses indicated that patients with suspected fractures or breaks would most likely be referred to the Royal Hobart Hospital for an X-ray and treatment, and in any case, if an X-ray had already been performed at a local private clinic, the patient would still most likely need to be sent to the RHH for treatment:

Mrs TAYLOR *- If a person comes along to the healthcare centre, the ICC, with a suspected broken arm or leg, or an arm that hurts, then they are seen by MIC and they might say, 'I think your arm is broken, off you go down the road to the X-ray clinic'.*

Mr HOWARD *- They may do that or they may refer them straight to the Royal Hobart Hospital.*

Mrs TAYLOR *- For an X-ray?*

Mr HOWARD *- Even if they have the X-ray done and there is a confirmed facture, they will probably need to go to the splinting clinic at the Royal Hobart Hospital anyway.*

Mrs TAYLOR *- They might refer them straight to the Royal Hobart Hospital?*

Mr HOWARD *- Yes.*

Acoustic Issues

4.10 The Committee noted there was a need to ensure that sound emanating from clinics did not impact on patients in other clinics or public areas within the building. The Committee questioned the witnesses on the appropriateness of the acoustic specifications incorporated into the design, noting that the Clarence ICC had encountered, and subsequently rectified, some problems with this issue:

Mrs TAYLOR *- Are your internal walls insulated?*

Mr GRIMSDALE *- Where they need to be. Around the perimeter they will be, and between rooms where we need sound isolation. You do not want to be hearing people in adjacent rooms. We will meet the standards to do that. There are various regulations you can use. You can stagger studs and put double layers of plasterboard and acoustic insulation.*

Mr WHEELER *- At Clarence we had a problem with acoustics and we have constructed it to the level that we found eventually was acceptable.*

Mrs TAYLOR *- That is very important, particularly when you put it all in such close proximity between floors and rooms. This is a place where, very often, people are going to be in pain.*

Mr GRIMSDALE *- To stop the sound, mass is needed in the walls, so quite often we put two layers of plasterboard on each side, coupled with acoustic insulation.*

Mr WHEELER *- All clinic-to-clinic walls are acoustically rated to that level and all clinic-to-public are the same.*

Mrs TAYLOR *- So within a clinic it is not necessary? Six dental chairs, for instance.*

Mr HOWARD *- You won't hear the screams next door!*

Mrs TAYLOR *- But that's what we are saying - you will.*

Mr GRIMSDALE *- That would be counted as clinic-to-clinic. It is an enclosed room. Having said that, sounds is like water. You can do anything you like with the walls but it goes straight through the door. You can put seals around the doors but you still have locks and interleaving things like that. You can only take it to a certain level without putting in double airlocks and those sorts of things.*

Mrs TAYLOR *- I understand that, but you want to minimise it as much you can.*

Mr GRIMSDALE *- Where it is an enclosed room it will be insulated.*

Mrs TAYLOR *- If you have gone to the standard that you have found works at Clarence, that is probably -*

Mr GRIMSDALE *- Clarence had the benefit of an acoustic engineer designing that wall, so we have followed a similar situation.*

Consultation

4.11 The Committee questioned the witnesses on the consultation undertaken regarding the building design and its appropriateness for the delivery of the intended services:

CHAIR *- Have you consulted with clinicians and other people around the building design?*

Mr HOWARD *- Ad nauseum.*

CHAIR *- I understand the King Island Hospital was a challenge in consulting to death and then still not getting real agreement. Certainly, they will be the ones working in here daily.*

Mr HOWARD *- We found exactly the same with Clarence. We consulted to death and when the thing was finished, the people who moved in said, 'This is not what I expected'. I think we have done even more consulting this time around, actually taking people to similar spaces. We can pick them up and say we will take them to Clarence and show them what the space will actually look like. As far as clinical space goes, if there is a concern, they say, 'Oh, yes'. A lot of people do not visualise what a space is when they see it as a flat piece of paper; I can fully appreciate that. Certainly, we have tested the clinical spaces and the patient flow through the building because these are important things. I do not think we have got that right at Clarence but we have had the benefit of actually building Clarence.*

Mr WHEELER *- We had a very structured consultative process, too. Once we knew roughly how it would probably turn out, we first of all started with consultation groups for the whole building. Then we broke them down into floors - so we talked to them about the whole floor. This had the added benefit of starting to break down those organisational silos. Then we talked to the individual users. So as we went further into detail, we got smaller and smaller groups. I am not aware that we have done that before quite to that process.*

Mr HOWARD *- And we are still consulting and giving people the opportunity at each stage to have their say.*

CHAIR *- The people who may or may not be working there have seen the plan and are part of the consultation. Obviously, you cannot pick everyone, but the people whom you have consulted have provided feedback?*

Mr HOWARD *- Most definitely.*

Mr GRIMSDALE *- The plans they have looked at have been advanced a little bit from that. So we can do things like blowing up the room. We show the full furniture fit-out there complete with a chair. Then we do an elevation of each internal wall. So they have had the opportunity to say that that wall is going to have treatment beds banging up against it, or*

chairs banging up against it, so we have run vinyl up the wall. All of those have been picked up on and they have signed off on all of those drawings now.

***CHAIR** - Probably something I have learnt previously in Public Works hearings is - and hospitals are a classic example - that for the doctors and nurses who have to work there and get the cleaning gear out of the broom cupboard to wipe up people's accidents, it has to be practical. Are you satisfied that has been taken into account and people have had the opportunity to have their say on the practical workings of this facility?*

***Mr HOWARD** - Most definitely. I came back to the ICC project halfway through the build of the Clarence project and I have been the one who had to field all the ongoing issues for the building. It has taken a lot of my attention to make sure that we consult with every man and his dog to make sure - and getting signed off because I do not think that was done well with Clarence either, where they said, 'Oh yes, I am happy with that', verbally, and it was not signed off. Then they came back six months later saying, 'I am not happy'.*

We have been testing and testing and consulting and consulting the whole time……

Social Aspects of the Building Design

4.12 The Committee questioned the witnesses on the "family friendliness" of the building design. The witnesses noted that the development of the Wellington Centre and the Clarence ICC provided valuable experience to draw on when considering the inclusion of family friendly spaces within the Glenorchy ICC design:

***Mr HOWARD** - They are family friendly spaces. We have had experience with the Wellington Centre clinics and putting clinics into Clarence was another learning for us. As much as we can do to make it family friendly we will do, but we cannot cover every contingency.*

***Mrs TAYLOR** - Will there be anybody there? Is there anybody in this design who will take care of that if it is a crisis situation?*

***Mr HOWARD** - More than likely. Social workers in the building will have administrative staff who are available to look after whatever happens and this is what we find. It is not so much the actual setup of the building - it is having staff who can respond to situations. The calibre of your staff is the crucial factor - the sharing and caring staff we believe we have in health.*

***Mrs TAYLOR** - Yes, but it depends on their role.*

***Mr HOWARD** - Of course.*

***Mrs TAYLOR** - If you have people with PD descriptions that say that?*

***Mr HOWARD** - We have very broad PD descriptions and we do not go into specifics about what people should and should not do; there is broad guidance regarding those types of things. With any of these buildings, health facilities, we have a series of procedures and guidelines which cover virtually every contingency. The staff were orientated in those and reminded of those ongoing procedures in guidelines.*

***Mrs TAYLOR** - So when you have family friendly spaces if, say, a neighbour came in with another woman and you had to deal with the second woman - but they had children between them - then it is okay for them to be in that space. They do not necessarily have to be patients - they do not have to go through triage or to say, 'I am sorry, you are not the patient' or 'You are not here for the service'.*

***Mr HOWARD** - I think when you look at the waiting spaces throughout the building, they are fairly generous. Again, learning from Clarence, very often in oral health, for example, they turn up for the one child but they will have another one in a pram and two or three in tow. You have to have that space to be able to accommodate them.*

4.13 The Committee also noted that the provision of family friendly spaces was a crucial element in encouraging patronage and maximising health outcomes for residents of the nearby LGAs:

> ***Mrs TAYLOR*** *- And it is absolutely about health and the design of this building to maximise the health benefits for people. It has to be a building that people want to come to and are comfortable in and can manage their social situation in, or they will not come; they will still go to the Royal.*
>
> ***Mr WHEELER*** *- Yes, that is right and we are doing what we can. We have made it very clear all the way through that the feel of the building has to be right. We have created extra sub-waiting rooms over and above what we did at Clarence. So we have created those spaces for opportunities to occur and we are also allowing that in the future we may need to design little - for want of a better term - gated areas. You might have some more child zones even within those spaces. Those spaces are designed for that, should it need to happen. That is what our contingencies allow for in the first year of its operation. If we need to make little adjustments, we can.*

Traffic and Pedestrian Access

4.14 The Committee questioned the witnesses on traffic management and pedestrian safety. Specifically, the witnesses were asked if consideration had been given to putting in a central pedestrian crossing point across Cadell Street in close proximity to the car park opposite the front entrance of the proposed building, in recognition of the likelihood that pedestrians will cross directly from that car park rather than use the traffic lights:

> ***Mrs TAYLOR*** *- Another question about traffic management - the front door is there on the corner, isn't it?*
>
> ***Mr GRIMSDALE*** *- That is back up Cadell Street a little bit.*
>
> ***Mrs TAYLOR*** *- It is. When we were on site there, we were looking at people crossing the road as we crossed the road - probably not at the traffic lights -*
>
> ***CHAIR*** *- We crossed at Cadell Street near Mill Lane.*
>
> ***Mrs TAYLOR*** *- ……. I just wondered why the traffic management people had not recommended putting a central line on there for people to cross?*
>
> ***Mr WHEELER*** *- What happens in terms of the road itself is the responsibility of council. It could in their recommendations have asked us to do something of that nature. My understanding is they are still thinking broadly about their traffic, so they have not asked us to do it as part of the conditions of our planning approval or to pay anything towards it. They may, with the money they are getting out of this project, decide to do some updating or they may be looking at a more integrated plan for that area generally. I am not sure. In principle, they don't want to encourage people crossing at this point, closer to it, as we did, but to cross at the lights.*
>
> ***Mrs TAYLOR*** *- It is the nature of people being what it is because if you park your car across the road, generally speaking, if you didn't have to, people wouldn't walk to the corner and cross at the lights. That is what they ought to be doing.*

4.15 The Committee also questioned the witnesses on whether consideration had been given to a tax drop-off/pick-up zone on Cadell Street:

> ***Mrs RYLAH*** *- If somebody gets dropped by taxi to health services, and there is a lot of taxi use in that area, where are they going to go if there is no parking there?*

Mrs TAYLOR *- There is no parking lane.*

Mr WHEELER *- They will drop off in the car park.*

Mrs TAYLOR *- There is 'no standing' all along that side.*

Mr WHEELER *- We originally looked at doing all that but the traffic management report said it was too risky.*

4.16 The Committee subsequently requested that a copy of the Traffic Management Report obtained by the Department for the project be provided to the Committee to assist in their deliberations. The said report was taken into evidence by the Committee on 9 July last.

5 DOCUMENTS TAKEN INTO EVIDENCE

5.1 The following documents were taken into evidence and considered by the Committee:

- Department of Health and Human Services - Glenorchy Integrated Care Centre, Submission to the Parliamentary Standing Committee on Public Works, May 2014;
- Department of Health and Human Services - Glenorchy ICC Project Cost, Detailed Breakdown; and
- Howarth Fisher and Associates - 404 to 408 Main Road Glenorchy, Glenorchy Integrated Care Centre Traffic Impact Assessment Report, February 2014

6 CONCLUSION AND RECOMMENDATION

6.1 The Committee has some concerns regarding pedestrian access to the site. In particular the Committee considers there is a strong likelihood that a significant proportion of pedestrians will cross Cadell Street directly from the car park opposite the building entrance, rather than crossing at the traffic lights provided. The Committee considers this matter sufficiently serious to warrant further attention by the Department of Health and Human Services and the Glenorchy City Council, and in particular, whether there is a need for an additional safe crossing point from the said car park across Cadell Street to the building entrance.

6.2 The Committee is satisfied that the need for the proposed development has been established. The Committee noted that the project is designed to meet both current and future demand for the health and allied services that will be provided from the Glenorchy ICC.

6.3 Accordingly, the Committee recommends the project, in accordance with the documentation submitted, at an estimated total cost of $21,000,000.

Parliament House
Hobart
14 August 2014

Adam Brooks MP
Chairman