



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON PLANNING AND URBAN RENEWAL
Ms Caroline Le Couteur MLA (Chair), Mr Mark Parton MLA (Deputy Chair)
Mr Michael Petterson MLA

Submission Cover Sheet

Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and the Canberra Hospital campus and immediate surrounds.

Submission Number: 03 - I. Cochran

Date Authorised for Publication: 26 February 2020



7 February 2020

The Committee Secretary,
Standing Committee on Planning and Urban Renewal
Legislative Assembly for the Australian Capital Territory
GPO Box 1020
CANBERRA 2601

**Inquiry into Planning for the Surgical Procedures, Interventional Radiology and
Emergency Centre (SPIRE) and the Canberra Hospital campus and immediate
surrounds**

Attached to this email is a submission to the Standing Committee in respect of this inquiry.

IAN COCHRAN

Name: Ian Cochran



Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and the Canberra Hospital campus and immediate surrounds

SUBMISSION

The opportunity to make a submission on this matter is welcome. Considering the importance that all political parties and the community consistently place on health issues and the adequate funding of hospitals and matters relating to health, the Assembly is to be commended for accepting the need for this inquiry and for giving the Standing Committee the comprehensive terms of reference it has. This inquiry has the potential to be one of the most important that the Assembly has had to undertake.

I have lived in Canberra for 60 years; Garran being my home for 40 of those years. Over that time, I have seen the benefits that can come from good town planning and, in more recent times, the sad but steady decline in the extent and quality of planning in the Territory.

The aim of the ACT Government to provide first class hospital facilities for the growing population of Canberra deserves the wholehearted support of all Canberrans. However, I do not agree that the current SPIRE proposal is the most appropriate and effective means of achieving that objective given the present circumstances.

At the outset, it is critical for the Committee to be aware of, and to understand, the reasons for the sequence of events leading up to the current decision to proceed with the SPIRE project on the eastern side of the hospital campus. The sequence is not one the Territory can be proud of. The current plans have been made in the absence of:

- a comprehensive and informed plan for how the hospital requirements of the growing population of the ACT and the Territory's obligations in this regard to the surrounding areas of NSW are to be met, and
- a master plan for how the Canberra Hospital campus might best be used within the framework of the broader Territory plan.

Desirably, these plans need to take into account the fact that 55% of Canberrans live north of the Lake and this percentage is not likely to change significantly in the foreseeable future. They need to recognise that key components of Canberra with relevance to the provision of hospital facilities at the tertiary level are located north of the Lake; that is, the central business district of Canberra and the campuses of both the Australian National University and the University of Canberra. It seems to me the concept that the Canberra Hospital, located in the Woden Valley, should be the major tertiary hospital in the Territory has passed its use-by date and that the Territory should be assessing the need for the construction of a major, possible the major, tertiary hospital for the Territory north of the Lake now - and not at some time in the future. This assessment should evaluate whether or not all areas of expertise, that is, the surgical and diagnostic specialties, need be concentrated in one location.

In this context, the Committee might examine whether all the services currently on the campus are best located there. In my view there are elements, such as the Acute Mental Health Unit, that would be more appropriately located elsewhere.

In recent years short term and financially expedient solutions have been imposed on the hospital in lieu of longer-term answers. This approach needs to stop and not drag on until after the expenditure of some \$500 million on SPIRE. The SPIRE project seems to have all the hallmarks of another well-intentioned, but temporary, expensive fix which will not address the needs of the Territory in the longer term.

Without doubt there is a present urgent and critical need for more beds – both in the hospital generally and in the Accident and Emergency Department. This shortage of beds is adversely affecting the ability of Canberra Hospital to do its job. It must surely be having an adverse effect on all those working in the hospital. This need should be tackled as a matter of urgency – while the planning for the longer term is undertaken. A range of measures might go some way to overcoming this shortage in the immediate future, such as, converting buildings scheduled for demolition under SPIRE to bed wards, removing any services not directly related to the operation of the hospital from the campus to other sites, enlisting private facilities, and the “load shedding” of prospective patients, where appropriate, to other hospitals in the Territory and to New South Wales.

Whatever recommendations the Committee makes with respect to the principal issues it has been asked to investigate, and whatever the Government’s response to these recommendations is, there will be building activity on the campus. With this in mind, I would like to submit the following additional comments.

Site

It is my understanding that when the idea of building a hospital for the rapidly growing southern suburbs of the Woden Valley first took shape, it was located centrally in the Valley and purposefully on two arterial roads – Yamba Drive and Hindmarsh Drive. Access to it was to be as simple and straight forward as possible. Again, following the same reasoning the Accident and Emergency Departments were from the beginning located alongside Yamba Drive; facilitating the ability of ambulance, police and accident traffic to drive up to the entrance to these departments quickly and easily. The overall design concept placed the hospital “proper” functions on the western side of the site and the “ancillary” functions, such as the nurses’ quarters, on the eastern side of the site. This arrangement enabled the hospital to co-exist with the least impact on its neighbours – Garran Primary School on the north and the residential suburb of Garran to the east.

Even with the hospital becoming the main hospital for Canberra in 1991 and with its enhanced role serving the surrounding areas of New South Wales, this concept has been adhered to until recent times. It could be said that the construction of the National Capital Private Hospital adjacent to Gilmore Crescent was the first break with the original concept for the site.

The present plans for the SPIRE project dramatically illustrate the endemic lack of any thought the hospital has for its immediate neighbourhood and the surrounding suburbs. To my mind, the Accident and Emergency departments should remain adjacent to Yamba Drive. It facilitates the ability of ambulances, police and patients needing urgent attention to access those departments. At the same time, it effectively quarantines that traffic from needing to pass the neighbourhood school or a residential part of Garran.

The proposal to have ambulances access a relocated Accident and Emergency Department from Palmer Street defies commonsense. This street was not designed to take this type of traffic. Its topography and intersection with Dennis Street at the crest of a rise only adds to its unsuitability. Whatever plans for the hospital are finally adopted, the Committee should recommend that Palmer Street should never be designated as a regular route to the hospital for emergency or service vehicles.

Parking

Not far behind the present urgent and critical need for more beds is the need for a much greater provision for the parking of vehicles, both for visitors and staff. This should be on site - on the hospital campus, and not by commandeering adjacent parkland. Now is the time for the hospital to accept it must live within the bounds of its existing campus and not expect the surrounding suburbs to quietly accept the adverse consequences of its poor planning.

Any development plans need to acknowledge and address the need for suitable parking arrangements - not only during the demolition and construction phases but also after the development has been built and completed. The access and parking arrangements during the construction of the recently completed extensions to the National Capital Private Hospital were appalling. Access was from Gilmore Crescent directly opposite the primary school. Parking on the hospital side of Gilmore Crescent was "witch-hatted" off for the exclusive use of the contractor, sub-contractors and their employees. It is said that the contractor paid any parking fines that were issued. If that was so, the contract should have contained effective financial penalties to ensure the normal restrictions on parking opposite the school were not violated.

Impact on surroundings

In my view, the contracts for all work should be rigorous in their provisions relating to the levels of noise between before 7 a.m. and after 6 p.m. and on the minimization of dust during the construction phase. Teachers at the Primary School should not have to stop lessons while heavy construction traffic, ambulances and police vehicles pass by.

Similarly, any relocation of the helicopter pad needs to be examined with great care and with sensitivity to the needs of those living and working in the immediate vicinity. Presumably, the flight path to and from the helicopter base at Hume will need to be changed. Hitherto, the path has generally followed the Red Hill Nature Reserve, the Federal Golf Course, the Garran Oval the Phillip playing fields with minimum effect on homes and the school.

Consultation process

There is no point dwelling on the consultation process with the residents of the surrounding suburbs prior to the presentation on the SPIRE project at a community meeting in September 2019. There was none and, considering the potential impact of the project on the surrounding suburbs, that oversight speaks volumes. One can only hope that the yet to be formalised Community Reference Group proves to be an effective way of keeping not only the residents living close to the hospital but also the wider community fully informed on the plans as they evolve. It might be useful if the Committee was to consider and comment on how best the input from the Reference Group might be used.

To sum up, I see the planned SPIRE project as a continuation of the muddled thinking that has handicapped the ability of the Canberra Hospital to be the major tertiary hospital providing the highest level of care to the people of Canberra and the surrounding areas of New South Wales which everyone wants it to be. The Woden Valley campus, as it stands today, reflects the thinking that it can continue to provide a high standard of care across the entire range of hospital services. In fact, its development in recent times is a clear illustration that that objective needs to be questioned.

A master plan to address the current and future hospital needs of the Territory and the region is an essential first step in ensuring rate- and tax-payers' money is spent to good effect.

IAN COCHRAN

7 February 2020