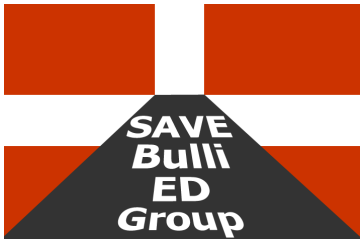


Submission to the ISLHD Board

In response to
The Illawarra Shoalhaven Local Health District Health Care Services Plan 2012-2022

Prepared by

The Save Bulli ED Group

14th September 2012

Contents

Executive Summary

This submission is in response to the Illawarra Shoalhaven Local Health District (ISLHD) Health Care Services Plan 2012-2022, (the Plan). This submission has been prepared by members of the Save Bulli ED Group, on behalf of the northern Illawarra community and other persons concerned about the future of Bulli Hospital Emergency Department. Our submission focuses on relevant sections of the Plan that relate to Bulli Hospital's Emergency Department, situated in Hospital Rd Bulli NSW.

Bulli Hospital was built by the community for the community in the late 19th century. Land was donated by Mrs Organ and a local board ran the hospital until 1986. Over a century of community effort has been dedicated to the hospital. Members of several local auxiliaries and other volunteers have spent thousands of hours on fundraising for equipment and providing support services. Sadly, over the last 20 years many wards have been closed, and much equipment bought specifically for BDH by local fundraisers has been removed.

The Save Bulli ED Group, in response to comments and data within the Plan, present the following arguments for your perusal and consideration.

Bulli Hospital Emergency Department is a critical 24 hour Ambulatory Care Service in the Northern Illawarra that at present assists in **reducing** "potentially avoidable" hospitalisations.Maintaining and resourcing the present 24 hour Emergency Department, not downgrading it, is an expressed community need that will assist in the 2012-2022 Plans' goal of **reversing** "potentially avoidable" hospitalisations.

The data used on page 38 of the Plan related to Bulli ED should be classed as unreliable and misleading for a number of reasons including the fact that the Bureau of Health Information (BHI) have elected not to publish statistics for Bulli ED for the period Jan – Jun 2012 as they consider them unreliable. In addition, operational decisions such as frequent closures, ambulance diversions and a history of service downgrades have forced attendance numbers down. Therefore in our view it is misleading to use this data as an argument for a downgrade from an Emergency Service level 2 running 24/7 to a diluted service running from 7am – 10pm.

Taking into account data received from ISLHD for presentations at other ED's for residents living in the catchment of Bulli ED, including all variables discussed on pages 9-14, probable presentation numbers at Bulli would be in excess of 16,000 pa (where it can be assumed they would have attended if Bulli were open consistently and properly resourced), not 7,109 as stated in the Plan on page 38.

The pressure off Wollongong ED with over 9,000 less presentations would be substantial.

The Emergency Services in the Illawarra, most notably Wollongong ED cannot respond appropriately to the demand imposed on it . Bed numbers have not kept pace with population increases in Northern and Southern Illawarra with the resulting bed block exerting immense pressure on Wollongong and Shellharbour emergency departments. With a well resourced ED at Bulli (see model) this load could be reduced in excess of 9,000

presentations a year. Across NSW and indeed Australia ED attendances are continually increasing. We believe that would also be occurring at Bulli if not for operational decisions related to closures and service downgrades. Further information on this point can be found on pages 13-15.

The aggregation of Triage 4 and 5 in the document on page 38 as 89% is also misleading. The individual percentages vary markedly with 60% being the more urgent Triage 4 (potentially serious) and only 29% being Triage 5 (less urgent) So in fact Bulli ED is handling more potentially serious cases than appears to be the case in the Plan.

The comment about Wollongong being 11km away is not a reliable indicator of ease or speed of access to Wollongong Hospital ED for residents living in the Northern Illawarra. This distance of 11kms, only relates to those residents who live next door to the Hospital, in Hospital Road Bulli. 19,000 residents live north of Bulli Hospital and for those residents who live in Stanwell Park the distance to Wollongong ED is 33kms, while the distance to Bulli ED is 20kms. In an emergency this difference could be the difference between life and death. Further discussion on this point is found on pages 11, 17-18.

Ambulance availability is also an issue in relation to access to an ED in an emergency in the northern Illawarra. One ambulance is available for the northern Illawarra at any given time. If this ambulance is held up in Wollongong or has had to transfer a patient south to Shellharbour the time to get back to the northern Illawarra has proved to be approximately 30 minutes. If the ambulance then has to turn around and return to Wollongong the time lag between a call and presenting at Wollongong could conceivably be 45 minutes. This we believe is unacceptable. We advise that under certain circumstances ambulances should be directed to Bulli.

The Bulli Hospital Emergency Department is a life-saving service for residents living north of Wollongong and for visitors to the area. It is not only an essential clinical emergency service, it is an important part of our community, and it could truly be considered in essence, as the heart of the community, or indeed 'The Light on the Hill'. Without this service the community would feel less safe and less connected. It seems inconceivable that Bulli ED would be downgraded when there was such a high demand for services, exacerbated by bed shortages in both the Northern and Southern Illawarra. See further discussion on pages 14-15.

The Save Bulli ED Group with overwhelming support from the community will continue to campaign until the ISLHD Board include the community endorsed model in their immediate plans for Bulli ED and announce this publicly. The endorsed model shown on page 6 is based on the following:

- 24/7 365 days a year
- Triage on site
- Stabilisation
- Treat or Transport
- Dedicated doctors and nurses on site
- Ambulances to be redirected to Bulli (see model)

Recommendations

In light of the evidence presented in this submission, the Save Bulli ED Group recommend that:

1. The Illawarra Shoalhaven Local Health District Board (ISLHD) accept, resource and implement, the community endorsed model for Bulli Emergency Department shown on p.6 of this document, as a matter of urgency, and that it be written into the Health Care Service Plan 2012-2022 as a priority.

2. The ISLHD remove the comments from page 38 of the ISLHD Health Care Services Plan that refer to presentations at Bulli ED in support of the argument to downgrade Bulli District Hospital ED. We recommend this because the data used in the plan related to Bulli Hospital ED should be classed as unreliable and misleading for the reasons noted in point 4a, p. 9 of this document.

3. The ISLHD Board review and rescind the Ambulance by-pass order that is in place, to enable Northern Illawarra residents access to ED services within an emergency-appropriate time frame. See point 4c p. 10 of this document.

4. The ISLHD Board give a guarantee to the community that the Emergency sign, Bulli's 'Light on the Hill' remains in place, safely directing those requiring emergency treatment to the emergency service provided at the Bulli Emergency Department situated within Bulli Hospital.

5. The ISLHD provide a timely response to this submission to the Save Bulli ED Group, clarifying the decision made in relation to the future of Bulli ED at the October ISLHD Board meeting.

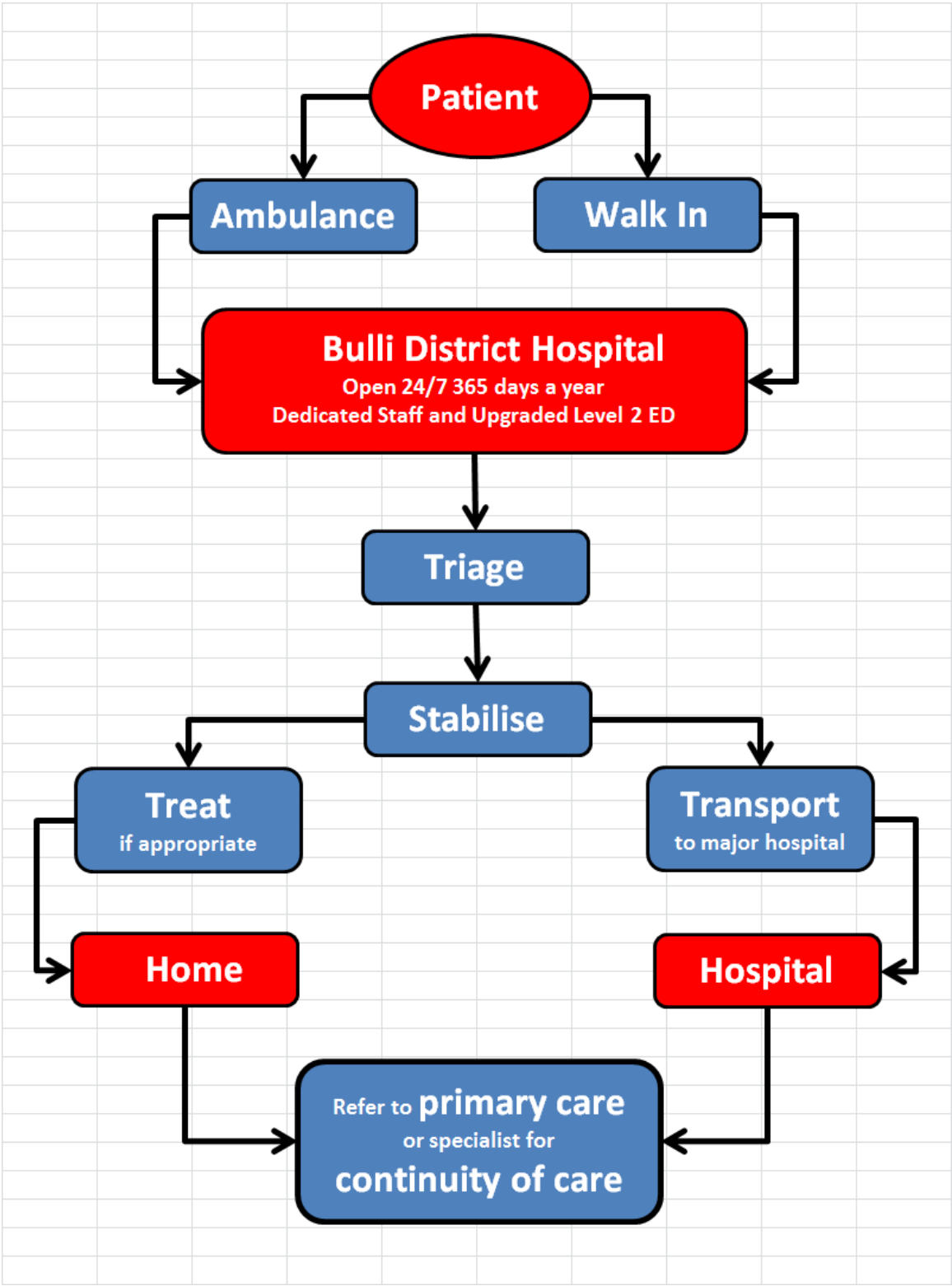
Conclusion

The Save Bulli ED Group believe that we have provided clear evidence that the comments and data presented in the ISLHD Health Care Services Plan in relation to Bulli ED should be classed as unreliable and misleading, and therefore must be removed, while the evidence provided in this submission, in support of the need for a Level 2 Emergency Department at Bulli Hospital, in line with the community endorsed model represented in this document, is overwhelming.

We believe that by providing the emergency service at Bulli as recommended in this document, all communities in the Illawarra will benefit. Through implementing this model at Bulli, the load could be reduced at Wollongong and Shellharbour emergency departments. This benefit would be realised through a reduction in presentation numbers at those other ED's and in turn a reduction in triage times across the region.

The Save Bulli ED Group with support from the community, including the Atkins family (descendants of the late Mr Sid Atkins, once Chair of the Bulli Hospital Board) will continue to campaign until the ISLHD Board include the community endorsed model in their immediate plans for Bulli ED, and announce this publicly.

The Save Bulli ED Community Endorsed Model of Care for Bulli ED



Background

The fight to retain services at Bulli Hospital has been an ongoing one, over many years, with many community groups involved.

On March 19th 2012 Professor Denis King, Chair of the Illawarra Shoalhaven Local Health District Board presented a proposal at Bulli Hospital for the future of Bulli Emergency Department to a larger than expected gathering of concerned residents.

The residents attending the ISLHD meeting were clearly distressed at the prospect of something other than an Emergency Department at Bulli. An Urgent Care Centre was proposed which would treat only minor injuries or health concerns between the hours of 8am and 8pm only. This original proposal has recently been changed by ISLHD and we have been informed it will now be called an Emergency Primary Health Care Centre with the hours 7am-10pm. ISLHD have not presented a model for this service to the community.

A one page document in point form outlining the health needs of the residents of the Northern Illawarra, was handed to Professor King on the day by a resident, because it appeared no notes were being taken by the ISLHD to gather residents' views, or their considerable input regarding the future of Bulli Emergency Department.

The Save Bulli ED Group emerged organically from the meeting held on March 19th 2012

When the Save Bulli ED Group first met it was agreed that it was imperative to gather research on Urgent Care Centres (UCC's), the model proposed by ISLHD. Our research focused on UCC's as well as the difference between a UCC and an Emergency Department. It quickly emerged that no NSW Health approved model for an Urgent Care Centre existed, however, a trial was being undertaken in five centres across the state. At that stage no results were available in relation to outcomes from those trials.

Further research found that a number of UCC's were being run in other states in Australia, however the models of care varied across services. What we discovered was that in most cases UCC's did not treat children under one, or pregnant women, and in many cases services were not free. This rang alarm bells for the Group and further research was undertaken.

During the research process it became clear that all members of the Group held grave concerns for the safety and welfare of the community in the northern suburbs, and that a campaign to ensure a continuance of safety and well-being was necessary.

During this time local media was reporting that Wollongong Emergency Department was 'bursting at the seams' (*p16,Illawarra Mercury, 28.8.12*) while other media reports highlighted recent Bureau of Health Information data showing that emergency departments across NSW are in greater demand than ever before. According to the latest BHI data, cited by Dr Andrew McDonald, "patient numbers at NSW emergency departments jumped by seven per cent year-on-year." And "NSW hospital emergency departments resemble a war zone" (*AAP Sept 6 2012*)

Without any political or financial backing (no member of the core group is a member of any political party) the Save Bulli ED Group developed a new campaign to ensure that the community was kept well-informed about the ISLHD proposed downgrade of the present

service and to ensure as many people as possible had an opportunity to have their say on the ISLHD's plan.

On July 29th 2012 over 500 people attended a Save Bulli ED Rally at the Masonic Hall Bulli, where community members had an opportunity to listen and speak on the proposed downgrade of the Emergency Department. A number of resolutions were agreed upon on the day and a Model of Care developed by the Save Bulli ED group was unanimously endorsed (see p.6).

Media coverage, across all channels has been consistent, with the message 'Save Bulli ED' being seen and heard on local television, radio newspapers and through social media. It is planned that this media presence will continue until the ISLHD listen to the community and formally guarantee an ongoing commitment to the upgrade of Bulli Emergency Department, in the 2012-2022 Health Care Services Plan. This will be by way of including the model of care endorsed by the community.

This commitment by the ISLHD will also need to ensure that the 'light on the hill', (local story, see Attachment 1), the Bulli ED emergency sign, remains as the indicator of the level of care to expect at Bulli ED now and into the future.

Save Bulli ED Group's Response to ISLHD Health Care Service Plan 2012-2022

Focus of The Save Bulli ED group's response (extract from plan)

ED presentations at Bulli were 7,109 in the 2011/12 financial year, 89% of which were Triage Categories 4 or 5. This included 1,245 planned returns for follow up. There were 719 admissions with chest pain; the most prevalent condition leading to hospitalisation. This total volume appears too low for sustainable medical staffing and diagnostic capability 24 hours a day, 7 days a week. A level 6 ED is located 11 kilometres away at Wollongong. (p. 38. The Illawarra Shoalhaven Local Health District Health Care Services Plan 2012-2022)

Response

1. Bulli District Hospital Emergency Department is a critical 24 hour Ambulatory Care Service in the Northern Illawarra that at present assists in **reducing** "potentially avoidable" hospitalisations, which is noted in the plan as one of the current challenges to be addressed (*p19 ISLHD Health Care Services Plan 2012-2022)*

2. Maintaining and resourcing the present 24 hour Emergency Department, not downgrading it, is an expressed community need that will assist in the 2012-2022 Plans' goal of **reversing** "potentially avoidable" hospitalisations. (*p19 ISLHD Health Care Services Plan 2012-2022)* For the community endorsed Save Bulli ED Model of Care, see p.6

3. After hours Emergency Care is an essential service in all communities. At present, Bulli District Hospital provides the Northern Illawarra community with such a service. In the community's view and in the light of appropriate data, it remains an essential service to the area. There is nothing that has occurred over the last 120 years that makes downgrading this service either logical, appropriate, or safe. The population is continuing to increase in the Northern Illawarra. (See Fig, 1 p.10).

4. The data used on page 38 of the Plan related to Bulli ED should be classed as unreliable and misleading, for a number of reasons, including;

    a. The Bureau of Health Information (BHI), an independent NSW government-established body whose mission statement is "To provide the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of people in NSW", have elected not to publish statistics for Bulli ED for the period Jan – Jun 2012. They consider them unreliable because they have been extracted from a newly implemented software system. The only exception made was for Total Attendances. Triage Category subtotals as cited on p38 of the Plan were not published.

    b. The Bulli Hospital presentation figures are presented as a measure of the demand for ED services and fail to take into account:

        i. operational decisions managed by the ISLHD; for example when no doctor is rostered.

ii. Intermittent closures of the ED

iii. Media messages from ISLHD about closures of the ED creating subsequent community uncertainty. Intermittent hospital closure announcements have a further flow-on effect as closure information is not widely disseminated (many residents do not listen to radio or read *The Illawarra Mercury*) and potential patients who have heard of recent closures are unsure whether Bulli ED will be open. In an emergency it is an unacceptable risk to hope that the nearest hospital is open, so in an emergency situation many patients are currently forced to go directly to Wollongong Hospital ED.

c. Diversion of ambulances away from Bulli

i. There is only one Ambulance available for Northern Illawarra at any given time

ii. This Ambulance may be situated south of Wollongong when a call comes in to respond to an emergency in the Northern Illawarra. This could mean a lag time of around 30 minutes before attendance (a fact substantiated by community feedback). This timeframe is unacceptable in a life threatening situation.

d. A history of service downgrades

e. The steady increase in population (see Fig. 1) with planned, recently commenced or recently completed housing developments

i. Village Building Company's Edgewood Estate at Woonona (520 new dwellings)

ii. Stocklands - Sandon Point and McCauley Beach Estate Bulli and Thirroul (1200 new dwellings)

iii. Village Buiding Company's Proposed Bulli Brickworks Estate, Bulli (450 new dwellings)

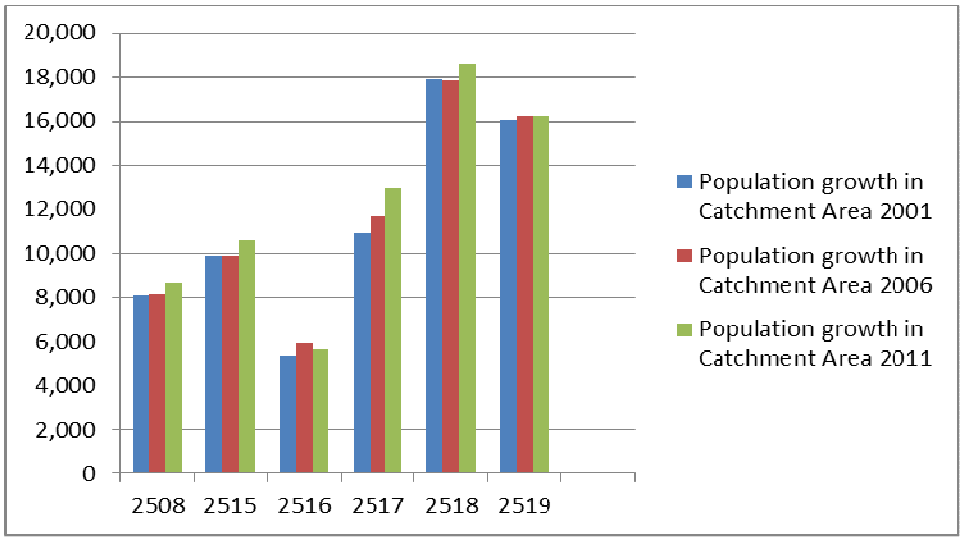


Fig1. Population Growth in Bulli Hospital District Catchment Area from 2001 to 2011. (Source: *ABS Census Data 2001, 2006, 2011*)

f. The recent emerging trend in increased presentations in line with the Illawarra Shoalhaven Health District and the national average, despite the impact of the factors listed above. The last six months has seen an increase of 11% on presentation statistics at Bulli ED for the previous six months. Triage 3 (imminently life-threatening) increased by 50% during this period (see Fig. 2)

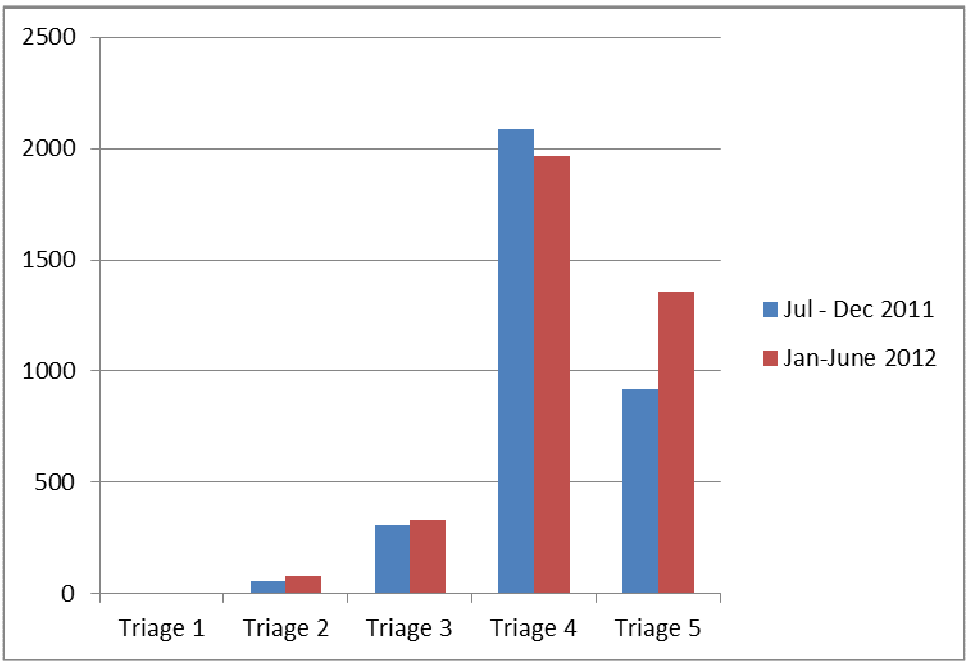


Fig 2. Six month increase in presentations to Bulli ED July 2011 – June 2012 (*Source BHI & ISLHD*)

g. Community feedback suggesting hundreds to thousands of presentations a year are not counted in Bulli ED data as people are turned away at the door, whether as a matter of policy or because a doctor was not available, that otherwise would have been treated, and Bulli ED was functioning as it had in the past. This is supported by data provided by ISLHD to the Save Bulli ED Group in relation to attendances at Wollongong or other ED's in the area by residents that live in the Northern Suburbs and who would in the majority, have attended Bulli ED if it was open on a regular basis.

h. The aggregation of Triage 4 and 5 as 89% is misleading. The individual percentages vary markedly with 60% being the more urgent Triage 4 (potentially serious) and only 29% being Triage 5 (less urgent).

i. The comment about Wollongong being 11km away is not a reliable indicator of ease or speed of access to Wollongong Hospital ED for residents living in the Northern Illawarra (see fig. 5 and fig. 6 on p14). It fails to account for traffic variations, route from residence (33 km from Stanwell Park to Wollongong ED, 20 km from Stanwell Park to Bulli ED) to the Emergency Drop-Off, car ownership and access to public transport, and the timing of the emergency, or the location of an ambulance when it is required.

j. The reference to the number of chest pain attendances which is described as 'the most common prevalent condition leading to hospitalisation' is misleading. No data is provided on other prevalent conditions and this also implies that the number of hospital admissions from emergency is a measure of functional efficiency. However, the reduction in admissions is a key objective in the Emergency Department, as an ambulatory care provider (*p19 ISLHD Health Care Services Plan 2012-2022).*

The need to attend an ED can be impacted by the time of presentation, as well as the patient's condition. From 10pm – 7am there are no other after-hours services available in the region with the exception of the Radio Doctor which is an extremely limited service in terms of personnel and resources and involves a long wait without any medical care and limited medical care once attended. A wait in an ED is a wait in a supervised medical environment. In 2011/12, between 10pm and 7am, 622 people presented at Bulli ED and 1,999 from the Bulli Hospital catchment area presented at Wollongong. Additional presentations at this time would have come from relevant areas of post code 2519 but this information was not available.

k. ISLHD data shows presentations at other ED's within the Illawarra by those living north from Corrimal (inclusive) were 10,486 over the year 2011/12. Of these 6,312 were Triage Category 4 and 5 (including 1,155 arriving between 10pm and 7am) and would be extremely likely to attend Bulli, the closest ED where waiting times for these categories are significantly lower and parking is readily available. If say 75% of presentations to other EDs by Bulli Hospital Catchment Area postcodes were to present at a functional Bulli ED, presentations there would increase by 7,864 to 14,973.

Initial data provided by ISLHD to the Save Bulli ED Group did not include the 18,613 residents of Corrimal, Bellambi, Towradgi, and Tarrawanna (post code 2518). The Save Bulli ED Group is aware that residents in these suburbs also see Bulli ED as their local emergency service and the Bulli Auxillary has a Corrimal chapter. These residents (who make up almost 40% of the Northern Illawarra's population) need to be counted as probable attendees if Bulli ED was fully functional.

In addition, data provided by ISLHD for presentations to Wollongong ED by Bulli Hospital catchment postcodes did not include Post Code 2519 (predominantly Balgownie, Fairy Meadow). This data was requested but could not be made available in time. The bulk of the population is located marginally closer to Wollongong ED (by 1.5 km) but in a Triage Category 4 or 5 situation (the significantly largest presentation categories) would choose the more convenient Bulli ED where waiting times are significantly shorter for these triage categories and parking is readily available. Post code 2519 adds a significant extra catchment population (see Fig. 1). In 2011/12 18% of the 2508 – 2518 population presented at EDs other than Bulli ED. The population of 2819 is 16,434. If 18% presented this would mean a further 2,923 of which the majority would have presented at Bulli ED. If say 50% of presentations were at Bulli ED the figure would increase by a further 1,461 to 16,434.

This would bring the probable presentation numbers at Bulli ED in excess of 16,000 (where it can be assumed they would have attended if Bulli ED was open consistently and properly resourced).

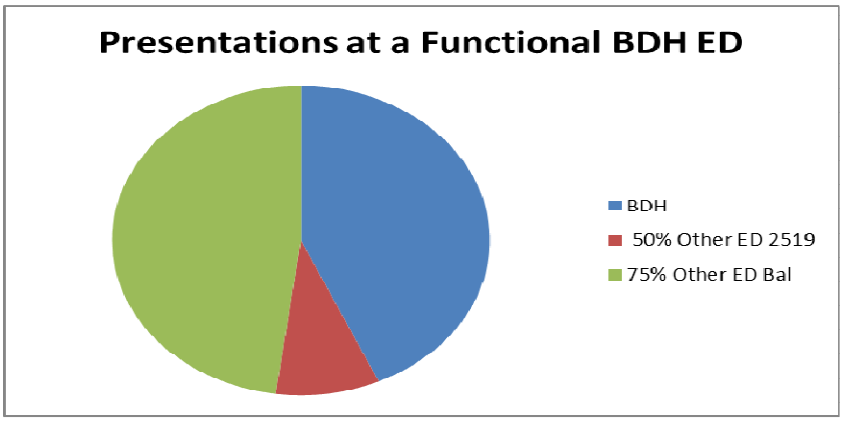


Fig. 3: Impact of Presentations at Other EDs (using 50%) added to current presentations at BDH ED for Fairy Meadow-Balgownie and 75% for Balance catchment Area (Source: Projection based on ISLHD data and 2011 census data).

5. Those people who evaluated as Triage Categories 4 and 5 are frequently referred to almost as if they are not worthy of ED treatment. It is important to remember that Triage Category 4 is "potentially serious". Further, many people who are assessed as Triage Category 5, "not serious" were people who did not know and could have known whether their condition was serious until they presented. Many people who are very worried by troubling symptoms are evaluated as Triage Category 5. This does not mean that their decision to go to the ED was wrong, although this is often the judgment of others:

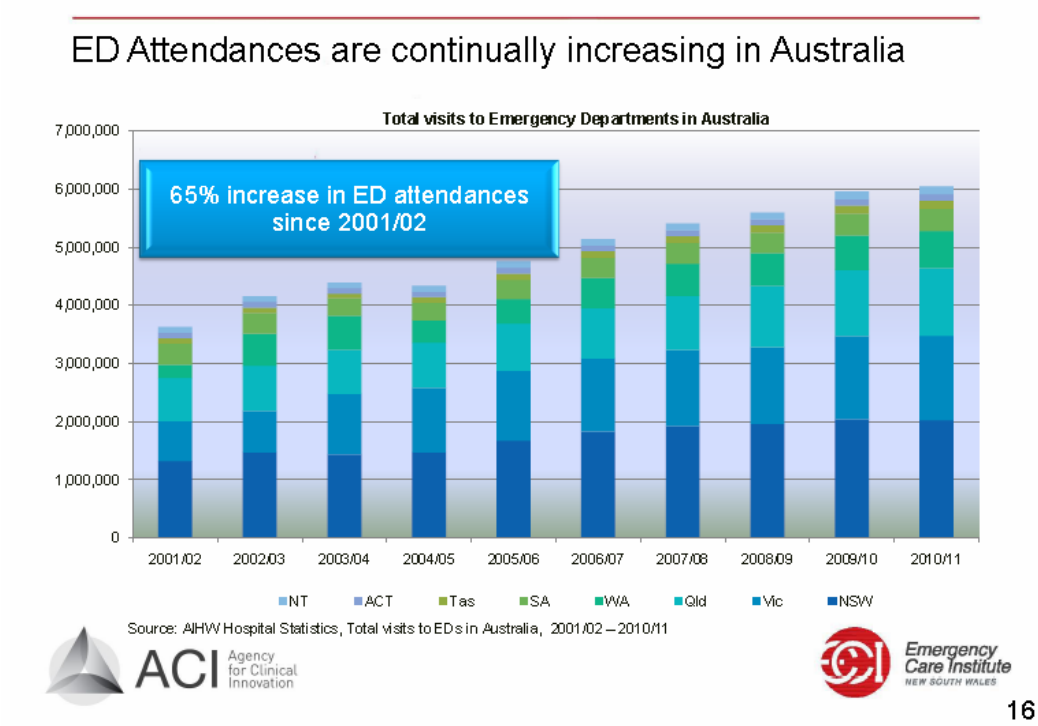
"There were evidenced differences regarding reasons for presentation to an Emergency Department between nurses and presenting patients. Nurses focused on free delivery of medical care and lack of access to General Practitioner services. Patients however focused on the urgency of their illness/injury believing it needed immediate care." Rebekkah Middleton, *What emergency nurses consider the reasons possible primary care patients present to an Emergency Department for treatment*, http://ro.uow.edu.au/theses/3153/

In *'An Overview of Emergency Department Management in Australia, ED Managemnt Conference July 2012' by Dr Sally Murphy, Medical Director Emergency Care Institite NSW, Australia* she identified as an ED concern: "Focus on targets not on patients hitting the mark and missing the point."

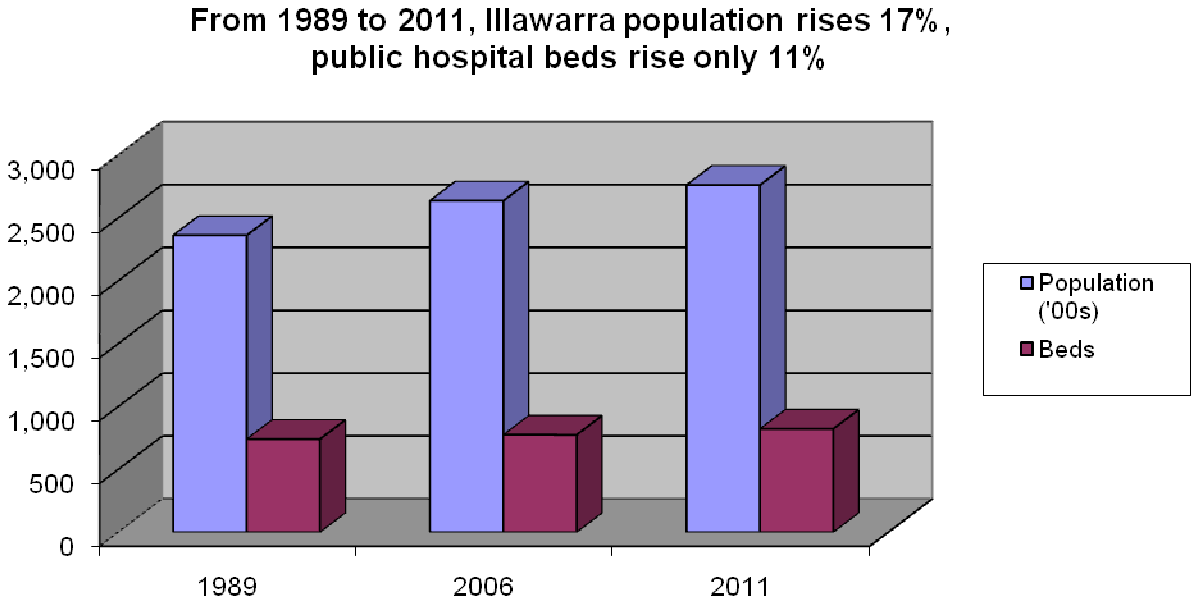
6. The pressure off Wollongong ED with a possible 9,325 Bulli Hospital Catchment residents presenting at a functional BDH ED would be substantial.

7. The Emergency Services in the Illawarra, most notably Wollongong ED cannot respond appropriately to the demand imposed on it, and has not been able to do so for some years. Hospital sources have been quoted as saying recently that the bed shortage in Wollongong Hospital, which is in essence causing the bed block and lengthy waiting times for Emergency Care is "disastrous". (*p1. Illawarra Mercury 27/8/12)*. In addition across NSW and indeed Australia ED pressures are continually

increasing. There has been a 65% increase in attendances in Australia since 2001/2 (Fig. 4 below *AIHW Hospital Staistics, Total visits to EDs in Australia, 2001/02-2010/11, cited by Dr Sally McCarthy, Medical Director Emergency Care Institite NSW, Australia in 'An Overview of Emergency Department Management in Australia, ED Managemnt Conference July 2012'*)



As population in the Illawarra increases, there has not been a commensurate increase in bed numbers:



(Fig. 5 Sources: *ABS Census for Small Areas: NSW 1991 Census for Population and Housing*, 1993; ABS Census Data 2006-2011); Illawarra Area Health Service Annual Reports and ISHLD web site. Please note that these population figures are based on

Census place of residence data which does not include overseas students who indicate they will be in Australia for less than one year (over 4,000 UOW overseas students in 2011). The data includes Wollongong Inner and Balance and Shellharbour and Kiama SLAs. Bed data is for public hospitals in those SLAs.

"One of the strongest measures of hospital capacity is to compare the number of available beds with the size of the population." (*AMA Public Hospital Report Card 2011, p. 5)*

It seems inconceivable that Bulli ED would be downgraded when there was such a high demand for services, exacerbated by bed shortages in both the Northern and Southern Illawarra.

"Retaining such a low number of available beds, at the same time that demand is increasing because the population is ageing and the prevalence of chronic disease is increasing, means that people needing to be admitted to hospital from emergency departments wait on trolleys in corridors and people needing elective surgery wait too long." (*AMA Public Hospital Report Card 2011, p. 5)*

8. On page 42 of the ISLHD Plan, it states that clinicians who were consulted identified "improving access to publicly funded ambulatory services" as a priority. Ambulatory Care includes Emergency Departments according to NSW Health. The community also agree that improving, **not reducing**, access to publicly funded ambulatory services is a priority and suggest that Bulli ED remain open as an ED 24 hours a day to ensure access is maintained and improved.

The Save Bulli ED Group has been told by ISLHD representatives that "there is only a limited pot of money" and that "we need to accept the hand we are dealt". This, in our view is a very negative message from the ISLHD to the community in relation to their ability to manage the access to health services crisis, that is occurring across the Illawarra. The delivery of public health care is an essential service, not a business. The cost of <u>not</u> providing essential services in line with the needs of the community is people's lives, not dollars and cents.

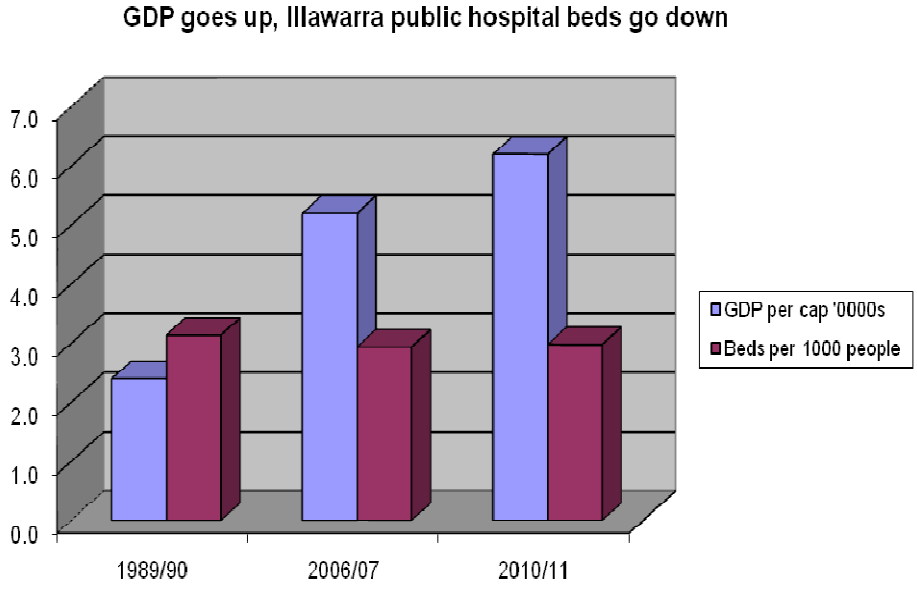


Fig. 6 Source: ABS *Australian System of National Accounts: Key National Account Aggregates*. Cat 5204.4; Illawarra Area Health Service *Annual Reports* and ISLHD website.

This graph shows clearly that the resources issue is not one of generation or availability, but rather one of allocation. Australia's GDP has soared over the past twenty years, yet bed numbers in the Illawarra have fallen in the same period.

"...growth in Australian health expenditure has exceeded growth in GDP for almost every year in the last decade." (Source: *Australian Institute of Health and Welfare (AIHW) Health expenditure Australia 2007-08 ,AIHW 2009,p. 18)*

Emergency Services are essential services and funding allocation in the Illawarra needs to reflect that fact.

"In November 2008, the Commonwealth Government provided an extra $4.8 billion to State and Territory Governments for public hospitals, and a one-off injection of $750 million in 2008-09. ... Over the two-year period from July 2008 to June 2010, only 433 new beds were opened across the country." (*AMA Public Hospital Report Card 2011, p. 5)*

It is clear that allocating resources to upgrading Bulli Emergency Department will provide core essential services which will have an immediate positive effect by easing the pressure on beds in the region.

9. The Ilawarra has above average levels of social isolation, cultural diversity and chronic disease such as diabetes, heart disease and obesity. In the Northern Illawarra we also have the tyranny of distance with many residents not having access to a private vehicle. Attempting to access emergency care without a vehicle, with a critical episode from a chronic condition or accident after 10pm under the present conditions would be life threatening. Ambulances are tied up at Wollongong, there is no public transport and many residents would not be able to

afford a taxi to Wollongong ED – however with Bulli ED as an option, lives can be saved and residents can sleep at night knowing the service is there if needed.

10. While the Plan notes Bulli Hospital is 11 km away from Wollongong Hospital, the reality is that over 19,000 residents live north of Bulli Hospital.

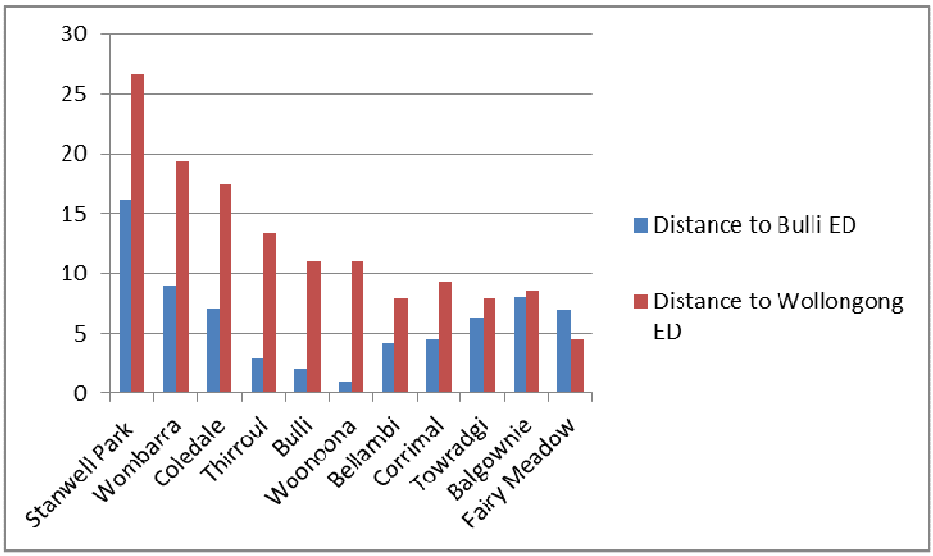


Fig. 7 : Comparison of distance from BDH Catchment Areato BDH ED and Wollongong ED

Distance is only one factor affecting access to ED services. Other factors are:

a. Time taken to travel. This depends on the distance, ease of access to the main road or freeway (some traffic lights can substantially affect travel time), the time of day and the traffic conditions.

   A physical drive of their travel routes using the Northern Distributor from Bulli to Wollongong ED during the middle of day in little traffic showed it took these residents twice as long to get to Wollongong ED, a critical time window in an emergency (Fig. 8)

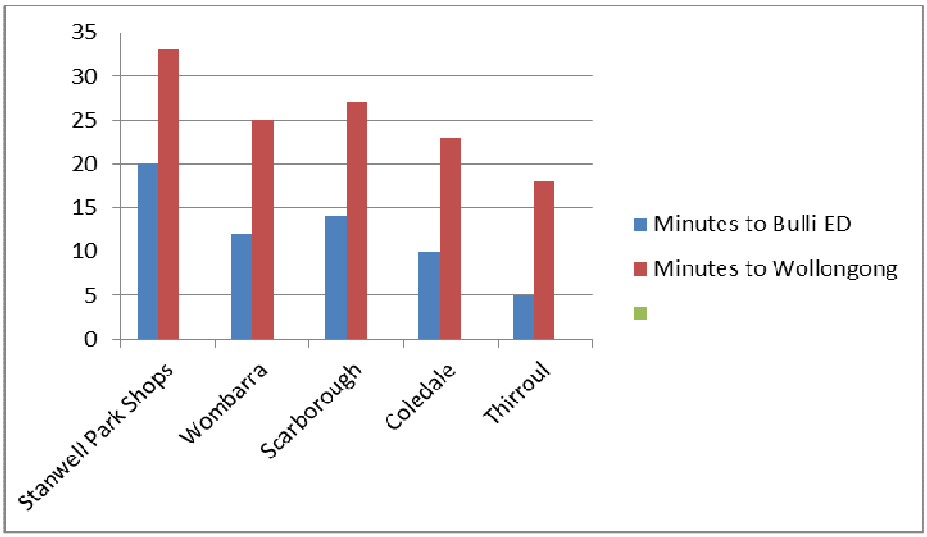


Fig. 8: Comparison of times from suburbs north of Bulli to BDH ED and Wollongong ED

b. Access to a vehicle. The Plan states that Inner Wollongong has a low car ownership percentage because of the availability of public transport. This is irrelevant to the northern suburbs (which is also part of Wollongong Inner). For patients in distress public transport is a very difficult option to take and is non-existent at certain times especially late at night.

c. Reliance on an ambulance.

d. The patient. The severity of the emergency can impact on how long it takes to get a patient into a vehicle. Similarly an ill young child or older person will take longer to secure into a vehicle. Door to door time is more than the km travelled.

Appendix A. A Personal Community Response

The Light on the Hill By Sandy Fussell

I heard someone recently refer to Bulli District Hospital as 'the light on the hill'. They were talking about the current Emergency sign – but the 'patients welcome all hours' light has been glowing since the hospital opened in 1863. Unfortunately progressive government downgrades have seen the light dim. Now moves are afoot to turn the light off at 10pm and replace the 24/7 Emergency Department with a reduced service Emergency Primary Health Care Centre.

Historically and culturally, Bulli Hospital belongs to the northern Illawarra community. The vision, time and financial contribution of early residents, resulted in the construction and operation of Bulli Cottage Hospital. The land was a gift from a local resident. The architect donated his services. Colliery proprietors made major donations of money and coal and the government contributed a 500 pound grant. Miners subscribed a weekly sum from their wages to keep the hospital open and available to the community. The Ladies Committee fundraised for furniture and equipment.

In 1922 the Bulli Hospital Cottage was formally named Bulli Hospital. In 1933 it became a community hospital, and during the depression, staff even offered to take a pay cut to keep the service open. In 1943 a government grant of 43,000 pounds was received and the community continued to provide major support to its hospital. In 1953 the Bulli Rotary Club and the Ladies Auxiliary raised 24,000 pounds for a new boiler house and laundry. By the late 1960's the X-ray department was considered one of the best in the state with the government providing $3,250 for the upgrade and the community raising $42,000.

Over the decades, northern Illawarra service and community groups have fundraised tirelessly to provide thousands of dollars worth of equipment for their hospital – from Girl Guides purchasing a hospital bed, a grateful family gifting a coffee machine and donations from local business. In 1975, community funds and voluntary labour built the Outpatients Waiting Room, ECG Room, Ambulance Port and Nurse's swimming pool. In 1982 local clubs and the hospital auxiliaries (Corrimal, Bulli and Bulli friends) donated $60,000. In 1998 Corrimal service Clubs donated $72,000.

In 1974 a government grant was received for a new ward. When individual Hospital Boards, (including Bulli) were replaced by the Illawarra Area health Service in 1983, Maternity and Pathology services were removed in a reorganisation of services. In 1990 a planned government upgrade failed to be funded but a strategy is currently in place to designate Bulli Hospital as a centre for excellence in aged care services.

I came to the northern Illawarra thirty years ago. My house is up that Hospital hill and whenever I drive at night, I pass the 'light on the hill'. I have had an operation at Bulli Hospital and so has one of my children. My family has visited the Emergency Department many times - for a range of problems – including a young baby with a temperature over 40 degrees, an appendix needing to be removed, a broken hand, a leg swollen inside a cast, the after effects of meningitis and an older relative with a breathing problem. Almost always after 10pm. It makes me feel safe, to know there are after hours emergency services closer than Wollongong, and that if it can't be dealt with at Bulli, arrangements can be made to stabilise and transport on to Wollongong.

I've always said if Bulli Hospital ever needed my help, I was willing to repay the debt. So when the Save Bulli ED Group (http://savebullied12.wordpress.com) campaigned in our street, my husband reminded me of my promise and I decided it was time to give back.

My story is nothing special - just another variation of the thread that runs through the northern Illawarra. We need our emergency department and the service it currently provides. Wollongong Hospital is over loaded and under resourced – and much further away for a time critical emergency. Over 500 people rallied at short notice on a cold, windy day in July, to send exactly that message. Babies rugged in prams and seniors wrapped in thick coats gathered outside the packed Masonic Hall, to register their opposition to the closure of Bulli Hospital's Emergency Department.

We have already seen the transfer of general surgery and other areas such as pathology (1983), the closure of the maternity department (1983) and the rerouting of ambulances (2004), despite increased demand for these services.

I don't expect the Illawarra Shoalhaven Local Health District (SLHD) to understand how we feel about our hospital, or that we share the vision of the people who lived here before us - to ensure emergency medical services are equally available in the northern Illawarra. I do however hope the SLHD will recognise that Wollongong Hospital is already operating beyond capacity (bed shortages, ambulance bock, extended waiting times) and that the current presentations at Bulli represent an extra stress that can't be absorbed elsewhere. The Health Department's own statistics show that even with the diversion of ambulances and intermittent recent closures, Bulli Hospital is a necessary and utilised community resource.

Syd Atkins' 100 *Years of Bulli Hospital* notes that in 1898 Hospital Committee meetings were held on the Tuesday closest to the night of the full moon because it was difficult to find the hospital in the dark. We need that Emergency light too! Bulli Hospital continues to provide a valuable and essential service, despite the gradual erosion of facilities. Imagine how much more it could contribute to the Illawarra health care crisis if those services were upgraded?