

## Why sub acute hospital beds are important

The southlake population is increasing and is predicted to grow to 50 000 in 15 to 20 years time. Currently the median age is 5 years above the national average and the median individual and household incomes are below the national average. The population will continue to age in this pattern.

### Sub acute hospital services

- provide rehabilitation services not readily available in acute care hospitals such as John Hunter Hospital
- provide appropriate transition care for older people to prevent unnecessary admission to nursing homes
- ease the demand for acute care hospital beds for people who are too ill to be cared for at home but who still need medical supervision.

*Sub acute care provides the 'glue' that connects acute care provided in hospitals with community care provided in peoples' homes. It includes services such as rehabilitation, geriatric evaluation and management, new programs such as Transition Care and other 'step-up' or 'step-down' programs. These services work hand-in-glove with other services such as respite care, community nursing, and home and community care services. Sub-acute services will often involve multidisciplinary teams, with strong input from a range of specialist allied health staff.*

National Health and Hospitals  
Reform Commission 2009

## Where will the health care facility be located?

The SIHC Committee believes that ideally all the services envisaged should be provided on one site and integrated into a public transport hub.

However, the committee has deliberately avoided the identification of a precise location for the proposed integrated health care facility for a number of reasons. The Morisset Hospital site is one possibility, but restricting the options to publicly owned land effectively rules out any public/private partnerships.

Co-locating health care services with a commercial retail development and or other community facilities also brings advantages, eg reaching the threshold of demand for child care centres, maximising use of land and thus reducing costs for car parking, creating a hub for retail/commerce and transport which would service both the general community and health facility employees.

This model is strongly supported by health care planners overseas.

### Committee members

John Quinlan , Chair  
Greg Combet AM, MP  
Councillor Wendy Harrison  
Robert Kemmis  
Rosmairi Okeno  
Carolyn Pettigrew, Secretary  
Greg Piper MP  
Col Roach  
Councillor Arnold Tammekand

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# A Southlake Integrated Health Care Facility



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The southlake area of the City of Lake Macquarie has virtually no public health facilities. There are no public or private hospitals in the area.

In 2007 following a public meeting called by Greg Piper MP, a committee, the Southlake Integrated Health Care Committee, was established to investigate the need for hospital facilities in the southlake area and investigate the range of services required.

The communities concerned about these issues include Morisset Peninsula, Morisset, Cooranbong, Wyee, Wangi Wangi, Dora Creek, Eraring and Rathmines.

Access to public hospitals is difficult as there is no adequate or direct public transport and distances to travel are considerable, ranging from 31 to 57 km.

Access to public allied health services is also difficult.

The committee has visited a number of different health facilities, met with healthcare providers and scanned health reports both Australian and overseas. The recently released National Health and Hospitals Reform Commission report confirmed and supported many of the findings of the committee. (see <http://www.nhhrc.org.au>).

The SIHC Committee's findings have been presented in a report available on [www.lakemac.com](http://www.lakemac.com) or can be viewed in Morisset Library.

In broad terms the facility envisaged will include Primary Health Care and Sub Acute Hospital services.

## Primary health care and services

- GP clinics and out of hours service
- Non-complex imaging, diagnostics and scans
- Specialist and out-patient clinics
- Basic treatments and nurse-care (wound dressing, inoculations etc)
- Minor procedures (minor fractures, cuts)
- Children's services
- Youth services
- Specialised services for Aboriginal and Torres Strait Islanders
- Mental health services
- Physiotherapy
- Speech therapy
- Dental services
- Ambulatory day care/ respite care
- Community care services for those with ongoing health issues but for whom hospitalisation is not appropriate.
- Specific chronic disease programs, both educational and treatment, for conditions such as diabetes, asthma, arthritis, respiratory diseases/smoking cessation, drug and alcohol treatments, mental health programs, sexual health
- Pre natal and post natal services, recognising that birthing will normally occur at a major hospital.
- Multi-disciplinary outreach teams ("hospital in the home" and palliative care)
- Pharmacy
- Voluntary support and carers facilities
- Community health care library
- Social services eg financial counselling

## Sub acute hospital care

- Urgent Care Centre (as opposed to full accident and emergency)
- Day procedures / day surgery unit
- Treatment programs delivering chemotherapy, kidney dialysis
- Full diagnostics including radiological services
- Step-down, rehabilitation and GP beds for those recovering from a major acute event such as heart attack, stroke or major surgery such as joint replacement; either as an external patient or as a transition inpatient; using the services of physiotherapists and other consultants in a facility that includes a range of exercise equipment, treatment benches and hydrotherapy.
- Palliative care
- Mental health unit (step-up and step down)
- Mortuary

