

MEDICAL / HEALTH CENTRE ADVISORY COMMITTEE MINUTES

MEETING HELD TUESDAY 12 FEBRUARY 2013 AT RECEPTION LOUNGE

Medical / Health Centre Advisory Committee **Terms of Reference**

That the Medical / Health Centre Advisory Committee endorses the following Terms of Reference:

- *Develop a communications plan to guide the consultation process, feedback mechanisms, surveys, public meetings, record keeping, and media releases from the Council and committee.*
- *To assess the needs for medical/ health centre accommodation:*
- *Review the current medical centre and hospital accommodation for Doctors and other primary health providers.*
- *Consider options under the Primary Health Care Demonstration Site model of the Southern Inland Health Initiative and advise Council on whether to participate in any call for expressions of interest.*
- *Review previous medical centre plans, options, and feedback / submissions from the community to guide the committee.*
- *Provide a short list of options for consideration of Council to allocate resources for detailed work up of plans.*
- *Develop a scope of works for appropriate architectural / design consultant / or building support for the options above based on the outcomes of the needs analysis and liaison with key stakeholders/ users.*
- *Review the detailed options and provide advice to Council on the outcome of detailed work up based on:*
 - *Meeting the identified community needs;*
 - *Meeting the identified functional needs of users;*
 - *Value for money*
- *Provide advice on funding, timing, and delivery of the project.*
- *Provide advice to Council on any other issue that the committee view relevant to the Medical / Health Centre consideration*



1. **DECLARATION OF OPENING/ANNOUNCEMENT OF VISITORS**

The Presiding Member welcomed Committee Members and opened the meeting at 11:01am.

2. **RECORD OF ATTENDANCE/APOLOGIES/APPROVED LEAVE OF ABSENCE**

Mr N Young	Community Member
Mr G Hobbs	Community Member
Mrs J Matthews	Community Member
Mr N Radford	Community Member
Mrs J Webb	Community Member
Mrs J Warland	Community Member
Cr J Mathwin	Council Member
Cr J Benn	Council Member
Cr R Hewson	Council Member

Mr A Middleton	Acting CEO	<i>(entered at 11:02am)</i>
Miss D Hodge	PA to the CEO	

Gallery	
Cr J Trethowan	Shire President

Apologies

Mr E Graham	Community Member
Mrs P Crook	Community Member

3. **RESPONSE TO PREVIOUS PUBLIC QUESTIONS TAKEN ON NOTICE**

Nil

11:02am The Acting Chief Executive Officer entered the meeting.

4. **PUBLIC QUESTION TIME**

Nil

5. **APPLICATIONS FOR LEAVE OF ABSENCE**

Nil

6. **DECLARATIONS OF INTEREST**

Nil



7. **CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS**

Committee Decision

3/13 MOVED: Cr Hewson seconded: Cr Mathwin
That the Minutes of the Medical / Health Centre Advisory
Committee Meeting held on 1st February 2013 be confirmed
as a true record.

Carried 9/0

8. **GENERAL BUSINESS**

8.1 Action List

ACTION LIST MEDICAL / HEALTH CENTRE ADVISORY COMMITTEE	
Item	Action Allocated to
Action 5 : Clarification of Aboriginal Heritage – Land adjoining Kojonup Hospital & the Old School Site Outcome: <ul style="list-style-type: none"> • Pending a decision on preferred location. 	Mr A Middleton
Produce Draft Report of the Committee’s finding so far Outcome: <ul style="list-style-type: none"> • To go to Council on 19th February 2013 to be received 	Neil Young Mr A Middleton
Contact Great Southern Development Commission regarding Royalties to Regions Funding Outcome: <ul style="list-style-type: none"> • In progress - Neil Young & Anthony Middleton to meet with Bruce Manning & Peter Rundle from the Great Southern Development Commission on 14th February 2013. 	Neil Young Mr A Middleton Cr Mathwin
Organisational Chart with all possible contacts for the committee Outcome: <ul style="list-style-type: none"> • In progress – Chart is not new structure yet 	Jo Webb
Consult both Doctors (Dr King & Dr Du Preez) individually Outcome: <ul style="list-style-type: none"> • Complete 	Mr A Middleton



8.2 St Luke's Family Practice

- Recommendation to Council

Council has requested the Committee to make a recommendation on a proposal to renovate a Shire owned house in order that it be used as a medical centre, with an indicative cost of \$93,000. This building is proposed to be leased to St Lukes Family practice.

The Chairman addressed the committee on the meeting with Dr King.

Cr Hewson spoke about an ABC Radio interview with Dr King regarding the Department of Health & health services in Kojonup.

The Chairman then addressed the committee on the meeting with Dr Du Preez.

Cr Mathwin gave an overview of the meeting with Dr King, stating that ideas have been given to Dr King and is going to go away and think about it. Cr Mathwin then gave an overview of the meeting with Dr Du Preez, stating he opened up to his future ideas of having 2 to 3 doctors in Kojonup. Cr Mathwin's perception was that the proposal is not a hurried situation and he is flexible with time. Dr Du Preez is also prepared to put money into the practice himself.

The Chairman highlighted both doctors are reluctant to share space with each other and Dr Du Preez stated he was putting money into the centre himself with medical equipment. Dr King put a warning to all present at his meeting that Kojonup's population is declining, don't build bigger than the town can support. Springhaven and Leschenaultia House are both full because of the ageing population. The aged require higher services. The Chairmand stated how great it is for Kojonup that both doctors have commitment to the town.

J Warland asked the question whether Dr Du Preez stated if the doctors are to live in town or not?

The Chairman replied saying the doctors live here and storage would be in Katanning with Kojonup being a branch.

J Webb asked were both doctors interested in setting up themselves if a facility wasn't provided?

The Chairman answered that both doctors assume something will be built. Dr Du Preez estimated it would require between \$50,000 and \$100,000 in equipment and fittings in any surgery, and Dr King had not yet thought about it. The Acting Chief Executive Officer reported he believed the total cost mentioned by Dr Du Preez was \$150,000.



The Chairman then tabled a report (attached to these minutes) for discussion.

The committee then workshopped through the report.

12:10pm J Webb left the meeting.

J Matthews made a suggestion of having a site visit to the Katanning Road House to weigh up the options.

Committee Decision

4/13 MOVED: N Radford seconded: G Hobbs

That the Council not proceed with this plan for the following reasons:

- 1. Introducing an additional practice to Kojonup in this way has the real potential to undermine the existing stable and accepted practice.**
- 2. The Shire will be locked into subsidising two practices, at increased annual cost to the Shire.**
- 3. Introducing a new practice into town in a refurbished building will be seen as inequitable treatment of the existing practice.**
- 4. The money spent on building alterations reduces the pool of money available for a purpose built medical centre should that still be needed.**
- 5. Discussions with both Dr King and Dr Du Preez confirm our view that the Shire does have time to make a considered transition to a new centre – something the community has repeatedly listed as a high priority. Both doctors see Kojonup as supporting a viable 2 doctor practice.**
- 6. The location of the house does not fit with some of the community wishes, or with the Health Department suggestions for good planning.**
- 7. The building would include a number of compromises on noise, accessibility, traffic flow and drainage.**
- 8. These compromises could perhaps be endured if we had no choice, but until we test the market for funds we are not in that position.**
- 9. Modifying an existing house is undoubtedly relatively quick, but as we are not currently faced with attempting to recruit, that is not a current issue. Should Dr King decide to leave town at short notice, we believe the level of commitment shown to Kojonup by Dr Du Preez means he**



would rapidly and willingly fill the vacancy using the current centre, secure in the knowledge a new centre was under way.

10. Using a Shire owned house for a medical centre carries an opportunity cost to the Council – either rent forgone, or capital value from its sale unavailable.

Carried 8/0

The Committee then started deliberating on Page 2 of the attached report.

12:41pm Cr Hewson left the meeting.

12:42pm Cr Hewson returned to the meeting.

Committee Decision

5/13 MOVED: N Radford seconded: G Hobbs

That subject to suitable funding being secured, the committee recommend that Council build a purpose built new Medical Centre, with the following conditions:

- 1. That it be located on "Walkers Block" in Spring St.**
- 2. That it have sufficient space to allow 2 full time GP, 1 visiting services provider, 1 practice nurse, and 1 treatment room.**
- 3. Reception and waiting area, staff facilities and storage to suit a modern facility to enable it to be accredited.**
- 4. The Shire owned carpark adjoining the hospital complex be used to service the centre and be incorporated in the plan.**
- 5. Planning should commence immediately in order that accurate funding requirements can be established.**
- 6. That provision be made in the plans for a staged process so that facilities suited to a dental clinic could be included at a later date. This will include 2 treatment rooms and separate reception area as a minimum.**
- 7. Detailed external funding can then be pursued with Health Department, Royalties for Regions, Great Southern Development Commission, Lotteries West and others yet to be identified.**
- 8. An open call for expressions of interest for a practice tenant should be made immediately, with Dr King being given first right of refusal in respect of his current position as incumbent doctor, with the objective of establishing a preferred tenant ready to commence**



practice in the new facility upon completion – currently estimated to be mid 2015.

- 9. The Shire should obtain a lease arrangement with the preferred tenant that clearly identifies the Shires ongoing commitment, and specifies minimum level of service and duration of service to be provided by the tenant.**
- 10. The preferred tenant, once established, should be involved in the planning of the Centre.**
- 11. The lease agreement should allow for extension if both parties are satisfied, and termination after due consultation if the Shire is dissatisfied.**
- 12. Should the dental facility be built, this will be subject to a separate lease agreement.**

Carried 8/0

12:55pm Cr Hewson left the meeting.

12:56pm Cr Hewson returned to the meeting.

The Chairman then mentioned if the decisions are adopted at Council then the committee will have lots of work to do, such as; brief for architect, tender criteria, funding etc.

9. **ITEMS FOR DISCUSSION / DECISION**

Nil

10. **NEXT MEETING**

The next meeting of the Medical / Health Centre Advisory Committee to be held on Friday 15 March, 2013 commencing at 9.00am in the Reception Lounge.

Cr Hewson is unavailable for the 15th March 2013 meeting.

11. **CLOSURE OF MEETING**

There being no further business to discuss the Chairperson thanked the Members for their attendance and declared the meeting closed at 1:02pm.



Council has requested the KMHAC to comment on a proposal to renovate a Shire owned house in order that it be used as a medical centre, with an indicative cost of \$93,000. This building is proposed to be leased to St Lukes Family practice.

We have a number of concerns, and recommend **that the Council not proceed with this plan** for the following reasons:

1. Introducing an additional practice to Kojonup in this way has the real potential to undermine the existing stable and accepted practice. Should that happen the Shire will not be thanked by the community.
2. The Shire will be locked into subsidising two practices, at increased annual cost to the Shire.
3. If the district can support two practices, we believe the Shire should be reducing its overall subsidy to medical services, not increasing it.
4. Introducing a new practice into town in a refreshed building will be seen as inequitable treatment of the existing practice.
5. The money spent on building alterations reduces the pool of money available for a purpose built centre should that still be needed.
6. Discussions with both Dr King and Dr Du Preez confirm our view that the Shire does have time to make a considered transition to a new centre – something the community has repeatedly listed as a high priority. Both doctors see Kojonup as supporting a viable business, and neither is keen to walk away.
7. The location of the house does not fit with any of the community wishes, or with the Health Department suggestions for good planning.
8. The building would include a number of compromises on noise, accessibility, traffic flow and drainage.
9. These compromises could perhaps be endured if we had no choice, but until we test the market for funds we are not in that position.
10. Modifying an existing house is undoubtedly relatively quick, but as we are not currently faced with attempting to recruit, that is not a current issue. Should Dr King decide to leave town at short notice, we believe the level of commitment shown to Kojonup by Dr Du Preez means he would rapidly and willingly fill the vacancy using the current centre, secure in the knowledge a new centre was under way.
11. Using a Shire owned house for a medical centre carries an opportunity cost to the Council – either rent forgone, or capital value from its sale unavailable.

We do recommend that Council build a purpose built new Medical Centre, with the following conditions:

1. That it be located on “Walkers Block” in Spring St.
2. That it have sufficient space to allow 2 full time GP, 1 visiting specialist or sessional GP, 1 nurse practitioner, and 1 additional treatment room.
3. Reception and waiting area, staff facilities and storage to suit a modern facility to enable it to be accredited.
4. The Shire owned carpark adjoining the hospital complex be used to service the centre and be incorporated in the plan.
5. Planning should commence immediately in order that accurate funding requirements can be established.
6. That provision be made in the plans for a staged process so that facilities suited to a dental clinic can be included at a later date. This will include 2 treatment rooms and separate reception area as a minimum.
7. Detailed external funding can then be pursued with Health Department, Royalties for Regions, Great Southern Development Commission, Lotteries West and others yet to be identified.
8. An open call for expressions of interest for a practice tenant should be made immediately, with Dr King being given first right of refusal in respect of his current position as incumbent doctor, with the objective of establishing a preferred tenant ready to commence practice in the new facility upon completion – currently estimated to be mid 2015.
9. The Shire should obtain a lease arrangement with the preferred tenant that clearly identifies the Shires ongoing commitment, and specifies minimum level of service and duration of service to be provided by the tenant.
10. The preferred tenant, once established, should be involved in the planning of the Centre.
11. The lease agreement should allow for extension if both parties are satisfied, and termination after due consultation if the Shire is dissatisfied.
12. Should the dental facility be built, this will be subject to a separate lease agreement.
13. That should sufficient funding to allow a purpose built centre be demonstrated to be unavailable within 12 months then the proposed new centre not be built.

Rationale:

Kojonup currently has a medical service with which the community is familiar and accepts complete with its known limitations. The Shire has accepted a responsibility to enable the continuation of a reliable service, and the community will be dismayed should some Shire actions inadvertently jeopardise this situation.

The departure of Dr King would radically change that level of comfort, but as we believe there is no imminent threat of his departure there is sufficient time to make this an orderly and considered transition. We believe that the process of recruitment following his eventual and inevitable departure will be particularly difficult using the present medical centre. Having a new centre under construction, even if not built, will reduce this difficulty.

A Hydrotherapy service would make a tremendous contribution to the complex. It does require high levels of staffing, and very careful management of the water quality which make it an expensive undertaking. We believe that this can be best provided at the Hospital itself in conjunction with other physiotherapy facilities and services, and so recommend that it not be included in this facility.

DRAFT