

ACKNOWLEDGEMENTS

Socom Response would like to thank everyone in the Victorian community for their participation in this important community consultation.

In particular, we would like to thank Kathy Alexander, Sue Driscoll, Dale Fisher, Alex Campbell, Mari-Ann Scott, Elaine Canty and the Community Advisory Committee on Women's Health.

Our ability to prepare this Report is due to the hundreds of women, women's groups and individuals from the medical and nursing professionals who shared with each other and with us, their knowledge, experiences, hopes and aspirations for the future of women's health in Victoria. Our very special thanks go to you.

CONTENTS

ACKNOWLEDGEMENTS	1
CONTENTS	2
EXECUTIVE SUMMARY	3
CHAPTER 1: BACKGROUND, SCOPE AND PROCESS	11
INTRODUCTION	11
OBJECTIVES OF THE COMMUNITY CONSULTATION	11
METHODOLOGY	12
Research	12
Identification of Stakeholder and Special Interest Groups	13
Development of a Discussion paper	13
Appointing a Community Steering Committee	14
CHAPTER 2: COMMUNITY VALUES	15
INTRODUCTION	15
GENDER SEPARATION	15
CULTURAL RESPECT	16
RELIGIOUS RESPECT	17
CHAPTER 3: QUALITY	18
INTRODUCTION	18
EXPERTISE OF THE MEDICAL AND NURSING STAFF	18
SOPHISTICATION AND AGE OF THE TECHNOLOGY	19
RESEARCH CAPACITY, SKILLS AND FUNDING	20
TEACHING AND TRAINING OF ALL STAFF	21
COST EFFECTIVENESS	22
OPTIMAL THROUGHPUT OF PATIENTS	23
CHAPTER 4: ACCESS	24
INTRODUCTION	24
THE CENTRALITY OF LOCATION	24
Transport	24
Accommodation	25
Staff and Specialists	25
ACCESS ISSUES FOR RURAL WOMEN	26
ACCESS TO THE TECHNOLOGY AND THE CONDITIONS OF THAT ACCESS	26
ACCESS TO THE LEVELS OF EXPERTISE THAT ARE SAID TO BE AVAILABLE	27
ACCESS TO THE RESEARCH BASE	28
CHAPTER 5: SERVICE OPTIONS	29
CHAPTER 6: SERVICE OPTIONS	31
FAMILY FRIENDLY	31
WHOLE OF PATIENT V CLINICAL RESPONSE	31
High Dependency Patients	31
PRIVACY AND DIGNITY	32
ADEQUATE LEVELS OF NURSING STAFF	33
	34

EXECUTIVE SUMMARY

0.1 Nearly 1000 Victorians have participated in the community consultation on the location of The Royal Women's Hospital.

0.2 They have contributed through a street survey, responded by written submission, contacted the consultation hotline or joined in one of the community workshops that were held in both urban and regional communities.

0.3 With them we have been able to establish that there are five founding principles on which any decision about the future of The Royal Women's Hospital should be based.

THE FIVE FOUNDING PRINCIPLES

0.4 The five founding principles are:

1. **Community values**
2. **Quality**
3. **Access**
4. **Service Options**
5. **Patient care**

0.5 Each of these principles has a number of subsets as follows:

Community values

- Gender separation
- Cultural respect
- Religious respect

Quality

- Expertise of medical and nursing staff
- Sophistication and age of the technology
- Research capacity, skills and funding
- Teaching and training of all staff
- Cost effectiveness
- Optimal throughput of patients.

Access

- Of the location
- To the technology and the conditions of that access
- To the levels of expertise that are said to be available
- To the research base.

Service Options

- Critical care v all care
- General services v specific services
- Obstetrics v Gynaecology.

Patient care

- Family friendly
- Whole of patient v clinical response
- Privacy and dignity
- Adequate levels of nursing staff.

COMMUNITY VALUES

Gender Separation

0.6 Every single respondent argued that a separate hospital for women was the first criteria. The broad range of reasons included:

- a focus on health issues as they relate specifically to women
- a focus on health issues that are specific to women
- sensitivity to the special needs of women as patients
- concern, particularly among elderly women, that they would have to receive care in a mixed ward. Ex patients spoke of having to be temporarily moved to the Royal Melbourne Hospital or The Royal Children's Hospital and the indignity of lying on trolleys among men, or with children running around, at a time when their defences were down and their capacity to cope at its weakest.

0.7 Any relocation or co-location needs to respect the need to provide separate facilities and spaces for women.

Cultural Respect

0.8 The Royal Women's Hospital currently services women from a diverse range of ethnic backgrounds. All responded about the deep sensitivity which the hospital currently displays to the various cultural groups. They want it to continue because of the support it provides. Whether it is understanding that Koori women must have their family about them when they are seriously ill, or that others need to eat food prepared by their own family, all cultures are given equal value at the hospital.

0.9 The community view of culturally diverse groups is that any development at the hospital has to ensure that this can continue

Religious Respect

0.10 The Royal Women's Hospital is widely respected for its support for religious freedom. There is support and prayer spaces for both Christian and Muslim women as well as total acceptance of those without religion.

0.11 Spaces for the exercise of religious preference is essential in any future hospital.

QUALITY

Expertise of the medical and nursing staff

0.12 The expertise of both the medical and nursing staff is a key principle for all respondents. It is an essential ingredient in the location of the hospital.

0.13 Most comment was directed at the critical care services of the hospital. It is widely perceived that the hospital gets the most difficult cases. This is especially true for rural women who are brought to The Royal Women's Hospital when their care is beyond the expertise of the local services.

0.14 With certain conditions, the experts service more than one hospital. Access to these experts requires that The Royal Women's Hospital be close to them if they are to be called to service The Royal Women's Hospital patients.

0.15 Equally some of the expertise comes from Melbourne University and a location close to that expertise is seen as a valuable part of service delivery.

Sophistication and age of the technology

0.16 The quality of the technology is a key factor for the respondents. However, there is a strong view that all the technology in the world is of little value if the patient care is not the primary driver. Some patients and potential patients argue that they would rather not have the technology if they were to lose The Royal Women's Hospital.

0.17 Others, mostly ex patients, describe the discomfort and indignity associated with having to be “shipped out “ to other hospitals to get access to the technology not available at The Royal Women’s Hospital.

0.18 Some respondents, who were not employees of the hospital, but with medical training, argued that it would be difficult to continue to have access to the expertise if the hospital could not provide the technology.

Research capacity, skills and funding

0.19 Quality is vital for The Royal Women’s Hospital. Because it probably gets a critical mass of complex cases it is in the best position to do quality research. However, it also means that The Royal Women’s Hospital has to be close to the researchers, able to access the necessary equipment which is essential to good research, able to find partners to access funds from the NHMRC and other funding bodies.

0.20 Respondents therefore argue that the research excellence of the hospital requires it to be:

- in a central location
- close to the university and other research institutes
- able to take the number of complex cases so that its research program can be conducted with the broadest possible base of patients.

Teaching and training of all staff

0.21 This is regarded as a most important role for The Royal Women’s Hospital. It goes hand in hand with the quality of the research. It is seen as being really important that The Royal Women’s Hospital staff share their knowledge of specialist health needs of women with those working in the suburbs and especially in rural communities.

Cost effectiveness

0.22 There was significant debate among participants about the importance of cost in assessing the future of the hospital. Some argued that The Royal Women’s Hospital was a fundamental element of a civil society and that cost should not be a primary consideration. Others argued that every public facility should be cost effective and public money not wasted.

Optimal throughput of patients

0.23 This relates to research, training and technology. There is a broad understanding that the quality of all these elements relies on there being sufficient patients with certain conditions being in the one spot so that the quality of the research, the use of the technology and the breadth of the training is optimised.

ACCESS

The location

0.24 The overwhelming response is that The Royal Women's Hospital must be in a central location in or close to the CBD. Access by public transport for staff, patients and their visitors is critical. People argue that they know where it is.

0.25 For younger women learning to be comfortable with their bodies and the support services who counsel them, a central location that provides for anonymity is very important. They argue that it must be a stand-alone hospital in its own right and provide patients with the reassurance that it is for women only.

0.26 For older women, particularly the ethnic groups we met, they argue that the current location provides a safe environment and allows them to feel confident in accessing the hospital.

0.27 The alternative to the central location was identified in the street survey. In this component of the consultation there was a minority, but quite strong view, that a women's hospital should be in the eastern suburbs, Geelong, Frankston or Sunshine.

To the technology and the conditions of that access

0.28 For all ex patients who participated the issue to access to the technology is critical. Our sample may have been biased in that it was those whose experience of The Royal Women's Hospital had been less than optimal who responded to the ads in the metro press and came to the workshops.

0.29 Their attitude is best summed up by one participant who explained her experience as follows:

"My routine operation turned into something very complex. I want to stress that at all times at The Royal Women's Hospital the clinical and nursing care was first class. The downside of The Royal Women's Hospital was that five times I had to shipped out to another facility to get access to the technology the doctors needed to treat me. There is nothing more humiliating at 60 than to find yourself half conscious lying naked on a bed in a radiography centre with the sheet having slipped off and children looking curiously at you. Why can't Victoria's only women's hospital have the essential technology to treat us when we are really sick. Isn't that what it is there for?"

To the levels of expertise that are said to be available

0.30 The Royal Women's Hospital has to work within tight public budgets. This leads to frustrations for patients and for the staff who treat them. The patients sense this.

To the research base

0.31 There is a perception among respondents that the hospital must be centrally located if it is to have access to the research knowledge that is available. This is not evidence based but it is a strongly held view.

SERVICE OPTIONS

0.32 This is the only founding principle where there is quite opposing views on what The Royal Women's Hospital should provide and therefore where it should be.

The contradictions are numerous but the majority can be categorised within the following three options.

Critical care v all care

0.33 There are three distinct groups who can be identified as follows:

- The demand for primacy for critical care comes from the community of women who have choices, come to The Royal Women's Hospital because of its expertise, its women only environment for their women's conditions, or the known expertise for their illness. They argue that their other conditions can be managed in a suburban or rural general hospital and are very comfortable with that.
- This is not the same for women who live to the north and west of the hospital, who have suffered with the closure of PANCH and now see The Royal Women's Hospital as their local general hospital that provides an outstanding service. They describe it as offering first class quality care, being sensitive to their cultural needs, hospitable to those whose first language is not English, tolerant to their families and their religious beliefs. The central location on tramlines is critical.
- The third group are adolescent girls from all over Victoria who are referred to the hospital by local and women's health centres for their gynaecological and obstetric needs. The referral agencies speak of the ease of access of a central location, a stand-alone hospital that provides some privacy and a wonderfully understanding staff.

Full suite of services v Specific services (with referral to other agencies)

0.34 The debate is between those who argue what The Royal Women's Hospital must do versus those who argue about the potential of what The Royal Women's Hospital could do.

0.35 Some want it to maintain its traditional service base. This is seen as either one of or all of

- a general hospital for women or
- a centre for critical care for complex cases
- a gynaecological service
- an obstetrics service.

0.36 Others argue that we should be looking to the future and an ageing population and become a centre of excellence in the complex conditions of an ageing female population.

0.37 Yet again others argue that the ageing population demands that The Royal Women's Hospital become a centre of excellence in preventative health, a shop front or resource centre for women to go to find out how to stay healthy.

0.38 The choice of the location of the hospital is dependent on which of these service options identified by the community are ultimately selected by the hospital.

Obstetrics v Gynaecology

0.39 All those who participated felt very strongly that a Women's Hospital must be able to cater to the needs of women at all stages of their lives. Specialist services for pregnant women at high-risk and those with other medical conditions as well as Neonatal Intensive Care are seen as being an important component of the overall function of the hospital. However, women see childbearing as only one aspect of their lives and strongly advocate for a comprehensive hospital facility to which all women, regardless of age, race, fertility and religion can attend.

PATIENT CARE

Family friendly

0.40 A central location close to inexpensive public transport and car parking is of prime importance to those who use the hospital and their families and friends who visit. The crèche service already provided by The Royal Women's Hospital was described as being a "life saver" for those women visiting their premature and sick babies and should be considered in any future planning.

0.41 Mothers of premature babies, who are no longer in intensive care, spoke of the strain of always being in a busy and noisy environment when they came to visit their babies. They wish there could be a quiet place where they could bond with their babies.

0.42 Many people described the lack of emergency accommodation for rural families and those with critically ill family members, as adding an extra stress and financial burden that many have found difficult to deal with.

0.43 The cultural needs of Koori families to stay by their sick relatives until the critical time has passed; accommodating families who wish to bring their own food and feed their sick family member; and allowing people to visit outside of strict visiting hours, are also seen as being important services.

Whole of patient v clinical response

0.44 There are those who argue that the role of The Royal Women's Hospital should be to respond to the needs of all women at all stages of their life cycle. This not only includes the traditional diagnostic, medical and clinical services, but preventative medicine, nutrition, meditation, massage, relaxation and counselling services as part of a more holistic approach to women's health issues.

0.45 Others argue that The Royal Women's Hospital should only provide specialist services for those women at high-risk or in need of specialist critical care and that those not in that category can find the services they need elsewhere.

Privacy and Dignity

0.46 Ex patients from general hospitals spoke of feeling intimidated, uncomfortable, humiliated and upset that they had had to share a room with male patients when they were hospitalised. Others spoke of feeling embarrassed, compromised and distressed when, as patients of The Royal Women's Hospital, they had been sent in taxis or ambulances to receive treatments not available at The Royal Women's Hospital.

0.47 All people have the right to be treated with respect and dignity. Women who are also ill and feeling vulnerable and receiving treatment for conditions suffered only by women, which many are already uncomfortable and embarrassed about, expect to be treated with respect and dignity and have some privacy when they need it. This is too often not the case and needs to be addressed in the future planning of the hospital.

Adequate levels of nursing staff

0.48 All of the respondents spoke of the dedication and expertise of the nursing staff that had cared for them whilst in The Royal Women's Hospital. Many expressed the frustrations of seeing nurses having to look after "too many patients". They found this stressful and often felt uncomfortable asking for assistance "when they were already so busy".

CHAPTER ONE

BACKGROUND, SCOPE AND PROCESS

INTRODUCTION

1.1 Early in 2001, the Board and CEO of Women's & Children's Health implemented a comprehensive process of review to determine the most appropriate redevelopment options for The Royal Women's Hospital.

1.2 A Project Steering Committee comprising of representatives from State Government and Women's & Children's Health was established to oversee the review process and to have responsibility of reporting the findings and recommendations of the review to the Minister for Health.

1.3 As part of the review process, an unprecedented decision was made to consult with the community in order to obtain their views and ideas on the future redevelopment plans for The Royal Women's Hospital.

1.4 The findings of this community consultation would be incorporated into, and assist to inform, the recommendations to be made to the Minister for Health.

1.5 Socom Response Public Relations were appointed to conduct the Community Consultation in July 2001.

OBJECTIVES OF THE COMMUNITY CONSULTATION

1.6 The primary objective of the community consultation was:

- To obtain the community views on a set of options for the redevelopment of The Royal Women's Hospital. This could be used to inform the recommendations to the Minister for Health on the future redevelopment of the hospital.

1.7 To achieve the primary objective, three objectives were identified:

- Understand the community priorities
- Define community expectations in relation to the hospital
- Clarify the issues that the community regarded as central to the redevelopment of the hospital.

METHODOLOGY

1.8 Socom Response's methodology for undertaking this Community Consultation involved:

- Research
- Appointing a Community Steering Committee to oversee the Community Consultation process
- Receiving submissions from stakeholders and the broader community
- Establishing a 24 hour 1800 Information Line
- Conducting Public Meetings
- Conducting a street survey
- Convening a Panel Hearing
- Collating information from submissions, public meetings, the Panel Hearing, the Information Line and the street survey
- Presenting a summary of the draft report for comment from stakeholders
- Compiling a final report for presentation to the Board and CEO of Women's and Children's Health

Research

1.9 The following research was undertaken:

- Confirmation of the issues and objectives of Women's and Children's Health
- Identification of stakeholder groups
- Identification of special interest groups within the community
- Development of a Discussion Paper for use in obtaining community views
- Identification of people who would be suitable to be appointed to the Steering Committee

Identification of Stakeholder and Special Interest Groups

1.10 Three key stakeholder groups were identified:

- The research revealed an important stakeholder group with the Royal Women's Hospital – the Community Advisory Committee on Women's Health. Regular contact was maintained throughout the consultation by telephone and attendance at their meetings.
- Staff members of The Royal Women's Hospital
- Staff members of The Royal Children's Hospital

1.11 The research also revealed over 1000 special interest groups who were divided up as follows:

- Primary Health Funded Agencies
- Community Centres and Neighbourhood Houses
- CASA
- Ethnic Women's Organisations
- Koori Groups
- Libraries
- Women's Health Services
- Women's Organisations
- Local Council
- Members of Parliament
- Nursing Associations

Development of a Discussion Paper

1.12 To facilitate participation by the community in the consultation a nine point Discussion Statement was developed.

1.13 Participants were given the option of submitting their own views on whatever issues they believed needed to be addressed, or to respond to the points contained in the paper.

1.14 The Discussion paper was sent to all stakeholders and special interest groups and to all members of the community who responded to advertisements and/or who attended a Public Meeting.

Appointing a Steering Committee to oversee the Community Consultation process

1.15 The primary role of the Steering Committee was to oversee the community consultation process and ensure it was conducted in an open, equitable, and transparent manner.

1.16 As well, members of the Steering Committee were encouraged to attend public meetings and convene the Panel Hearing.

1.17 Copies of submissions and all other information obtained throughout the consultation was sent on a weekly basis to all Steering Committee members to keep them fully informed of the process.

1.18 The members of the Steering Committee are:

- Sue Natrass – Chairman
- Mary Murdoch – former RWH
- Cr Stella Kariofyllidis – City of Moreland
- Dr Lyn Clearihan – General Practitioner
- Dr Ric Charlton – RCH representative

CHAPTER TWO

COMMUNITY VALUES

INTRODUCTION

2.1 Gender, gender inequality and biological differences result in women and men having different experiences and needs of health and the health care system. These differences are also influenced by the economic position, race, sexual preference, and religious beliefs of individuals and communities.

GENDER SEPARATION

2.2 Every single respondent argued that a separate hospital for women was the first criteria.

2.3 Specific hospital facilities for women are seen as a necessary and appropriate response to the cultural framework of our society of which women comprise 51%. To deny women the right to choose to be treated in a women's only hospital is seen as being unjust.

2.4 A gender-specific approach to meeting the range of women's health needs is necessary because of the gender differences in health status and differences in health risks and health behaviours.

2.5 Women's health issues are a distinct and specialist area of health, which are different from generalist or children's hospital settings. Women require specialised care relating to childbirth and gynaecological problems and it is not appropriate to attend to these needs in wards occupied by both sexes, as is often the case in some hospitals. It is imperative that a specialist facility be available so those women can be treated with dignity.

2.6 In addition to the effects of gender, women and men's different physiology and biology also shape their needs and experiences of health and the health care system.

2.7 Women still experience difficulties in accessing health care facilities. In order to facilitate access there must be gender specific services, which are sensitive to the needs of all. Having gender specific services recognises the different needs and roles that women and men have in the community.

2.8 Many respondents spoke of the very private nature of their conditions and of feeling embarrassed and intimidated when being treated in mixed wards. Ex patients spoke of having to be temporarily moved to the Royal Melbourne Hospital or The Royal Children's Hospital and the indignity of lying on trolleys among men, or with children running around, at a time when their defences were down and their capacity to cope at its weakest.

2.9 Many women have experienced indifference, disinterest, and disdain in relation to their health with male practitioners. A women's only hospital, with staff who are sensitive to the needs of women, can remedy many of those attitudes which are found elsewhere.

2.10 Any relocation or co-location needs to respect the need to provide separate facilities and spaces for women.

CULTURAL RESPECT

2.11 The Royal Women's Hospital currently services women from a diverse range of ethnic backgrounds. 96% of respondents believe that sensitivity to the cultural needs of the women from the many different communities in Victoria is an essential service of the hospital. All responded about the deep sensitivity which the hospital currently displays to the various cultural groups. They want it to continue because of the support it provides.

2.12 Many also believe that women need to know that ALL their requirements including cultural sensitivities are met. Women can only feel comfortable with their treatment if they know others respect their customs and beliefs. The Royal Women's Hospital is seen as a hospital for ALL women regardless of race and religion.

2.13 Cultural sensitivity also relates to other aspects of diversity – for example sexuality, ability and disability. Women need to feel a sense of ownership for this hospital and feel confident that they will be able to communicate their needs to a staff that understand and respond appropriately, regardless of cultural background.

2.14 There is a very strong view that only a public hospital dedicated to women can provide this service to the level the community needs and that a specialist women's hospital can take a leading role in this area.

2.15 Currently, approximately 37% of the patient population at The Royal Women's Hospital come from ethnic and Koori communities. The many non-English speaking projects and the multi-cultural information available are a great strength of the hospital. There is a perception that the hospital is often the ONLY community source for women from minority groups and that in this respect it is a community leader.

2.16 All services must be responsive to the preferences, needs and cultures of clients if they are to maximise health outcomes for individual clients. Birthing, antenatal and postnatal care and reproductive health are particularly sensitive issues for many clients. Awareness and responsiveness to cultural practices can make a significant difference to women's experiences at these times.

2.17 The Royal Women's Hospital has built up an excellent reputation as being sensitive to the cultural needs of women from the many different communities living in Victoria, including indigenous women. It is ideally placed to educate organisations and agencies in the cultural needs and sensitivities of the many ethnic groups.

2.18 Cultural respect is an important part of the hospital's expertise and influence, not only for service delivery but for health education to rural and remote health services as well.

RELIGIOUS RESPECT

2.19 The Royal Women's Hospital is widely respected for its support for religious freedom.

2.20 There is support and prayer spaces for both Christian and Muslim women as well as total acceptance of those without religion.

2.21 We spoke with a group of Muslim Afghani women, many of whom had been treated in other hospitals. They spoke openly about the issues they face when attending a hospital when they have women specific health problems.

2.22 They say their preference is not to have to be treated by a male doctor, but they understand this is often unavoidable and are willing to accept that. This is a view shared by many of the women we spoke with, including non-Muslim women. They prefer to eat their own food but again accept that this is often not practical in the hospital setting.

2.23 The most significant requirement for Muslim women is that they be able to have a bed that does not have their feet facing west. This is of the utmost disrespect for their God and they would do anything to avoid this situation.

2.24 These women could barely believe that The Royal Women's Hospital has a prayer room available for Muslim women. This obvious sign of religious respect indicated to these women that they are accepted. It cannot be overly emphasised how important this seemingly small gesture by the hospital was received by these women.

2.25 Spaces for the exercise of religious preference is essential in any future hospital.

CHAPTER THREE

QUALITY

INTRODUCTION

3.1 Quality is vital for The Royal Women's Hospital. Because it gets a critical mass of complex cases it is in the best position to do quality research. However, it also means that The Royal Women's Hospital has to be close to the researchers, able to access the necessary equipment which is essential to good research, able to find partners to access funds from the NHMRC and other funding bodies.

EXPERTISE OF THE MEDICAL AND NURSING STAFF

3.2 The expertise of both the medical and nursing staff is a key quality principle for all respondents. It is an essential ingredient in the location of the hospital.

3.3 The health issues relating to women's reproductive function and cessation, and various hormonal interactions are specific to women and require specialised attention. The widespread use of artificial hormones adds an extra dimension. The physical and emotional impact of abortions creates new health problems that need investigation. As women's life span increases new health issues arise.

3.4 A facility dedicated to women's health is clearly the best place to provide training in women's health needs to medical and nursing staff of.

3.5 It is widely perceived that the hospital gets the most difficult cases. This is especially true for rural women who are brought to The Royal Women's Hospital when their care is beyond the expertise of the local services.

3.6 With certain conditions, the experts service more than one hospital. Access to these experts requires that The Royal Women's Hospital be close to the other clinical centres if they are to be called to service The Royal Women's Hospital patients.

3.7 Equally some of the expertise comes from Melbourne University and a location close to that expertise is seen as a valuable part of service delivery.

3.8 Some medical staff argued that it is imperative that the hospital have its own dedicated team of gynaecological pathologists. Where cancer work is being done this is of the utmost importance.

3.9 The community endorses a central women's health teaching hospital, especially if such a hospital can enable new generations of researchers and practitioners to acquire not only practical skills and knowledge, but also an awareness and sensitivity to the specific needs of women which extend well beyond having children.

3.10 Women's health, just like paediatrics and gerontology is a specialist field and should have a specialist focus. There are health issues that are specific only to women that warrant specialist focus, research and training for health professionals.

3.11 There are other issues which impact on women's health such as domestic violence, social isolation etc. which should also form part of any women's health focus and which a women's only hospital is well placed to deal with. In the design of such a facility social wellbeing should also be catered for.

3.12 Special focus should be made to deal with the well being of culturally and linguistically diverse women in the design or development of any women's specialist facility. Given some of the needs specific to these groups of women, thought should be put into a specialist ethnic unit staffed by medical and welfare staff trained in cross-cultural communication and issues pertaining to women and their babies and, preferably, with welfare staff from a diversity of cultures.

SOPHISTICATION AND AGE OF THE TECHNOLOGY

3.13 The quality of the technology is a key factor for the respondents. However, there is a strong view that all the technology in the world is of little value if the patient care is not the primary driver. Some patients and potential patients argue that they would rather not have the technology if they were to lose The Royal Women's Hospital.

3.14 These people say that care is much more important than technology – that anyone can use a machine if they are taught. Machines are a servant to care. Care is the thing that cures – not machines.

3.15 Trained medical professionals believe that one should not be compromised for another, that both are of equal importance. Some believe that if they had to choose, they would choose technology. Others believe that providing care is as expensive as providing the technology but is rarely considered in the equation, and therefore it is the obvious choice to go if the choice has to be made.

3.16 Some respondents, who were not employees of the hospital, but with medical training, argued that it would be difficult to continue to have access to the expertise if the hospital could not provide the technology.

3.17 There is a widely held belief that from the point of view of technology, The Royal Children's Hospital has benefited at the expense of The Royal Women's Hospital.

3.18 This view is substantiated by the many ex patients who participated in the community consultation, who described the discomfort and indignity associated with having to be "shipped out" to The Royal Children's Hospital to get access to the technology not available at The Royal Women's Hospital.

3.19 We heard from one woman who had chosen to go to the Royal Women's Hospital because she trusted it. Her experience left her bitterly disappointed. When she needed them, she found the hospital did not have the technology, diagnostic tools or ICU facilities to treat her and she was "shipped out" five times by ambulance to other hospitals to receive the treatment she needed. Others described the "humiliation" of being sent to the Royal Children's Hospital for the same reasons.

3.20 The Neonatal Intensive Care Unit is recognised as a world-class NICU and we heard from many women whose babies have benefited from the skill and expertise offered in the unit. We also heard from those whose experiences were clouded by the conditions that they endured when visiting their babies.

3.21 Although there is some understanding about the huge cost to hospitals in providing the required technology, women believe it is time for the government to address its priorities on women's health. They do not understand why a specialist women's hospital should not have these facilities on site and believe that a civilised society, which recognises that 51% of its population is female, would provide it.

RESEARCH CAPACITY, SKILLS AND FUNDING

3.22 There are health issues specific to women that need both research and practical understanding. The interaction of practice and theory within the one community provides the richest context of knowledge.

3.23 A research role is vitally important to build a body of knowledge and evidence on women-specific illnesses and conditions, as well as the impact of gender on more generalised health issues. Traditionally much medical research has not been gender specific and outcomes from research have often been generalised from male-focussed trials into women.

3.24 A central hospital in close proximity to universities, other research laboratories and diagnostic centres is better placed to interact with those establishments. The Royal Women's Hospital has focussed on important health issues such as premature babies and peri natal research, infertility, oncology, drug abuse, and sexual assault. These are all very important issues for women of all ages.

3.25 The research angle is very important because it directly affects practice. The Royal Women's Hospital through its specialist focus, its research and teaching roles is able to be the centre of excellence for women's health in Victoria. Such a specialist hospital needs to be centrally located so it can be reached by women and their families from any part of Victoria.

3.26 Removal of any one of these aspects would diminish these roles.

3.27 Research assists us to further increase our understanding and knowledge of how social and environmental factors affect women's health, particularly on those issues beyond the reproductive area. Current research focussing on women's health is essential to maintain a set of health status indicators that are sensitive to women's health. Current research on women's health will also assist to develop effective and relevant policies and legislation.

3.28 The Royal Women's Hospital has a research tradition and the expertise contained within its walls is too valuable to be lost as leading doctors age and retire with no avenue for their knowledge to be passed on to others.

3.29 Without a specific research focus there is an inability to amass information which highlights particular indicators requiring research. In particular, public health education and statistics relating to the demographics of disease patterns.

3.30 Although all participants advocate for a centrally located research facility, some also believe it is essential that teaching go beyond a central point and the hospital itself so that all providers and women can benefit from the learning offered. The hospital provides the prime site for development of specialist knowledge on women's health, however that knowledge should not be contained within the boundaries of the hospital but must be shared with other services and students.

3.31 We heard from one obstetrician who had elected to do her obstetrics training at The Royal Women's Hospital and has now returned as a full time staff member. One of her reasons for wanting to return to the hospital is because of her own research interest in high-risk pregnancies. The peri natal research being undertaken at The Royal Women's Hospital is world renowned.

3.32 Since returning to the hospital one doctor has found that research programs are diminishing. The research that is conducted largely happens because of the efforts of individuals rather than the organisation. One respondent argued that the hospital takes the credit but provides minimal support.

3.33 Midwives and both senior and junior clinicians are conducting very little clinical research and although there are pockets of research occurring, the lack of research leadership means that often no one knows about them.

3.34 Others who commented on the decline of research believe it can be partly attributed to the large proportion of sessional doctors attending the hospital. Because they only spend perhaps a few hours a week or fortnight there, they do not have the same research commitments as those who are fully employed by the hospital. This is seen as a great loss to the hospital, which once enjoyed an international reputation in this area. That, we heard, is no longer the case.

3.35 We also heard from medical staff who lament the loss of pathology skills within the Royal Women's Hospital. They say that it is imperative that in the highly specialised areas of histopathology and anatomical pathology, for example, specialist pathologists are required. These specialist skills are not necessarily found in a general pathologist.

TEACHING AND TRAINING OF ALL STAFF

3.36 This is regarded as a most important role for The Royal Women's Hospital. It goes hand in hand with the quality of the research. It is seen as being extremely important that The Royal Women's Hospital staff share their knowledge of specialist health needs of women with those working in the suburbs and especially in rural communities.

3.37 A teaching role is important to build a skilled medical workforce - doctors, nursing, allied health, diagnostic services - with a specific expertise in women's health. Such a focus attracts the best possible standard of clinician. It is necessary to provide an academic environment so that they can develop their academic careers while gaining and passing on clinical expertise.

3.38 The Royal Women's Hospital needs to be centrally located for accessibility to undergraduate and post-graduates to develop their expertise in a high profile and identified centre of excellence in women's health.

3.39 The teaching hospital element around women's health is vital to 51% of the population. Men's health issues are different and men's health cannot be assumed as the norm in medical health needs.

3.40 The Royal Women's Hospital is in a unique position to be a centre of excellence in service provision, research and teaching. It must continue to establish ongoing collaboration with key research organisations and universities.

COST EFFECTIVENESS

3.41 Women continue to have specific needs, which need to be acknowledged and provided for in the context of specialised services. Women's health services need to be protected from being subsumed into a general health budget where money could easily be diverted to other government priorities and taken away from women. **Such a hospital is one of first and last resort for women throughout the state and therefore should be given preferential funding.**

3.42 Others argue that funding should be based on the needs of the hospital's client base rather than political considerations and stress that the provision of quality public health services for women is an essential part of a civilised society.

3.43 There was widespread general concern amongst respondents that the funding the hospital receives may not be adequate and a belief that The Royal Women's Hospital should not have to compete for funding. Being a specialist hospital of excellence, funding should reflect this by being adequate to cover all costs – general running, research, and maintenance for the building and education.

3.44 Women's needs are special and they must be catered to, irrespective of whether this fits into the usual funding model. There are obvious differences between a women's hospital and a generalist hospital and these should be acknowledged

3.45 Many women argued that there should be at least one public women's as women represent 51% of the population. As a major teaching hospital, which accepts and treats the many country and other women with complications that are referred to it, it should have all the technology it needs to be able to provide the service patients expect to be able to receive when they are admitted there.

3.46 One woman, described how when her sick baby needed an eco-cardiogram on a weekend, medical staff explained to her that it would cost the hospital too much to bring someone in on the weekend to do it. As a trained nurse, they thought she would understand. To this day she does not understand why it was more important to assess her baby's medical condition on cost rather than on need. This was particularly because as a trained midwife, she has chosen to go to The Royal Women's Hospital during a difficult pregnancy.

OPTIMAL THROUGHPUT OF PATIENTS

3.47 This relates to research, training and technology. There is a broad understanding that the quality of all these elements relies on there being sufficient patients with certain conditions being in the one spot so that the quality of the research, the use of the technology and the breadth of the training is optimised.

3.48 All of these components of a specialist hospital for women are necessary. There is a need for a specialist focus as well as acute hospital services for women presenting with highly complex cases, co-morbidities and multi-problems that can't be handled by a more generalist or rural/regional hospital.

3.49 If the hospital excludes all but the most complex and extreme cases the future of the hospital will be compromised. Learning from the normal enables the diagnosis and treatment of the abnormal.

3.50 Some medical staff spoke of the necessity of providing a specialist service for women in a women's hospital. This allows for a concentration of women with similar needs. It is only through volume that a hospital can develop into a centre of excellence. To achieve this, you must have basic gynaecological and obstetric services.

3.51 Some medical and nursing staff spoke of the importance of The Royal Women's Hospital having its own laboratories and pathology staff. Good research is based on seeing a critical mass of patients. Having access to this critical mass allows for identification of even minor discrepancies in the tests being undertaken on the patients being treated at The Royal Women's Hospital.

3.52 They say, that it is only through having the same dedicated staff that we can expect correct diagnosis but also appropriate research into women's diseases. This is seen as a vital component of any redevelopment.

3.53 Specialised care and the skills required to manage complex and difficult problems rests with the quality of the diagnostic services. The diagnostic services are dependent on those staff being exposed to diagnosing the mass. Without this they cannot feed back to the clinical services. Afterall, skill is based on knowledge and the number of times one has done something. Without the critical mass, not only is there a loss of skill but a loss of all the things The Royal Women's Hospital has stood for, for over 130 years.

CHAPTER FOUR

ACCESS

INTRODUCTION

4.1 The overwhelming response is that The Royal Women's Hospital must be in a central location in or close to the CBD. Access by public transport for staff, patients and their visitors is of critical importance.

THE CENTRALITY OF LOCATION

4.2 97% of participants in the community consultation share this view. Their comments can best be summarised as follows:

Transport

- 100% of respondents say that the hospital MUST be accessible by public transport
- Victoria's public transport and road system all run efficiently to the central city - the cheapest destination from the majority of places.
- Not everyone has access to a car – older women, migrant women, unemployed women, disadvantaged women, retirees. This is the case for a large proportion of the hospital's client base.
- For those who do have access to a car, finding a car park is an issue and the cost of parking in a car park is too expensive for most. Visitors and outpatients who often need to visit daily or several times a week cannot afford it.
- The cost of petrol and parking costs on top of that, make it extremely difficult for those coming from the country or outer suburbs
- Taxis are expensive and not a viable alternative for most people
- Women in the late stages of pregnancy tend to find it uncomfortable to drive and many prefer to use public transport.

Accommodation

- Emergency accommodation should be easily available for those families of critically ill women or babies or those requiring specialist care as well as those coming from rural, regional or interstate areas. A central location makes this easier for these families to locate as well as offering a variety of price ranges to choose from.
- A central location makes it easier to find affordable food and distractions for those times when being in the hospital becomes too hard and a break is needed.

Staff and Specialists

- A central location allows specialists to be within easy call
- Not all hospital staff and students have their own cars. A central location is ideal and easy to access especially for people with early/late rosters.

4.3 A central location ensures equity of access. Developing a hospital on a green field site in a growth corridor ignores the realities of where the health work force is actually located.

4.4 Location and accessibility are two of the most important issues for any health service and even more so for The Royal Women's Hospital as some of the service users attend the hospital when they are in labour. Accessibility for families and friends supporting women admitted long-term or during terminal illness is also important.

4.5 This is even more of an issue with the loss over recent years of city-based hospitals - the Queen Victoria Hospital, Prince Henry's, PANCH, the Mercy being relocated to the Austin, and the loss of St Andrew's to Peter MacCallum.

4.6 The move of the Mercy Hospital particularly accentuates the necessity for The Royal Women's Hospital to be retained as a centrally located facility and enlarges the 'market' population of women potentially utilising its services.

4.7 The relocation and enhancement of hospitals in regional metropolitan areas of Melbourne over recent years has meant that the growth areas of Melbourne are or will be reasonably well-served, for example, Sunshine and Mercy Werribee Hospitals in west; Austin/Mercy in north; Monash in SE.

4.8 Lack of access to health services due to poor transport is an issue constantly raised by women in the consultations. This is the reality for many women particularly those living below the poverty line and in rural areas.

4.9 Others argue for a slightly different model. They believe The Royal Women's Hospital should remain centrally located but say that not all women are going to travel to a central women's hospital with their minor problems. They say that a central facility should be retained for women with serious obstetric and gynaecological problems and that such a facility should offer high level specialist and sub specialist care for such women.

4.10 This would mean that The Royal Women's Hospital becomes a smaller facility as it relinquishes the care of women with less complex problems. The clinicians argue against this on the basis that doctors at the hospital need to see what is normal so that they can recognise the abnormal.

4.11 For younger women learning to be comfortable with their bodies and the support services who counsel them, a central location that provides for anonymity is very important. They argue that it must be a stand-alone hospital in its own right and provide patients with the reassurance that it is for women only.

4.12 For older women, particularly the ethnic groups we met, they argue that the current location provides a safe environment and allows them to feel confident in accessing the hospital.

4.13 The 3% of respondents, who argue against a central location, provided that that location is accessible by public transport, suggest that an alternative may be for The Royal Women's Hospital to be set up as a part of four outer suburban hospitals – North, South, East and West. As well, consideration should be given to a new central location for research, teaching, certain items of very expensive equipment, highly specialised theatres and wards.

4.14 Other alternatives to the central location were identified in the street survey. In this component of the consultation there was a minority, but quite strong view, that a women's hospital should be in the eastern suburbs, Geelong, Frankston or Sunshine.

ACCESS ISSUES FOR RURAL WOMEN

4.15 A centrally located public women's hospital will also allow for statewide services to be extended through outreach services, satellite clinics and the development of partnership arrangements with other relevant health related services. This could include the provision of training programs, registrars, residents, secondary consultations etc in rural areas. There should be satellites in outer metropolitan, regional and rural Victoria. A redistribution of resources might achieve this. Not all services have to be central. However, the main campus should be within proximity to the city.

4.16 Many women in rural areas use The Royal Women's Hospital for specialist services. In addition to quality health care, the hospital offers them a level of anonymity and confidentiality that is often lacking in rural communities.

4.17 From a rural perspective accessibility to an airport would be beneficial for those patients that need transfer to The Royal Women's Hospital.

ACCESS TO THE TECHNOLOGY AND THE CONDITIONS OF THAT ACCESS

4.18 For all ex patients who participated the issue to access to the technology is critical. Our sample may have been biased in that it was those whose experience of The Royal Women's Hospital had been less than optimal who responded to the advertisements in the metro press and came to the workshops.

4.19 Their attitude is best summed up by one participant who explained her experience as follows:

My routine operation turned into something very complex. I want to stress that at all times at The Royal Women's Hospital the clinical and nursing care was first class. The downside of The Royal Women's Hospital was that five times I had to be shipped out to another facility to get access to the technology the doctors needed to treat me. There is nothing more humiliating at 60 than to find yourself half conscious lying naked on a bed in a radiography centre with the sheet having slipped off and children looking curiously at you. Why can't Victoria's only women's hospital have the essential technology to treat us when we are really sick. Isn't that what it is there for?

ACCESS TO THE LEVELS OF EXPERTISE THAT ARE SAID TO BE AVAILABLE

4.20 The Royal Women's Hospital has to work within tight public budgets. This leads to frustrations for patients and for the staff who treat them. The patients sense this.

4.21 The community perception is that the expertise is available at the hospital and the majority of potential patients would never think to ask the question prior to being admitted.

4.22 The majority of women unquestionably trust that the hospital will look after them. The Royal Women's Hospital has a strong and excellent reputation that leads the community to assume that this is equal to the availability of services.

4.23 For those ex patients we heard from and for whom this was proven to be inaccurate, the feelings of disappointment and anger have left a lasting impression.

4.24 The comments of some of the medical staff we heard from echoed these frustrations. They spoke of having to turn patients away, for example, pregnant women with congenital heart disease, because they cannot be looked after adequately at The Royal Women's Hospital.

4.25 Equally, having to transfer critically unwell patients because of inadequate facilities, requires medical staff having to locate a bed elsewhere – and this is often not as easy as it sounds - arrange an ambulance for transportation and accept the fact that the transfer ultimately impacts on the progress of the patient. For medical staff this is an intolerable situation. Having to explain the rationale to the patient's family places them in a situation they do not want to be in.

4.26 Other staff spoke about the difficulties of getting a physician to attend the hospital outside their normal hours or days, and of being reluctant to call other specialist staff, such as ultrasound technicians, even when they are on call.

4.27 When speaking about co location of The Royal Women's Hospital with another hospital, concerns were raised about the sharing of services. In particular, operating theatres. Some medical staff we spoke with had experienced difficulty in securing theatres for gynaecological procedures in hospitals with shared services, when other surgeons believed their cases should take precedence. Often it is very difficult to argue the case as it is always one patient or another who will have to wait. The consensus of opinion is that theatres should be dedicated services and no sharing should be expected to occur.

ACCESS TO THE RESEARCH BASE

4.28 There is a perception among respondents that the hospital must be centrally located if it is to have access to the research knowledge that is available. This is not evidence based but it is a strongly held view.

4.29 Some medical and nursing staff spoke of the importance of The Royal Women's Hospital having its own laboratories and pathology staff. Good research is based on seeing a critical mass of patients. Having access to this critical mass allows for identification of even minor discrepancies in the tests being undertaken on the patients being treated at The Royal Women's Hospital.

4.30 They say, that it is only through having the same dedicated staff can we expect correct diagnosis but also appropriate research into women's diseases. This is seen as a vital component of any redevelopment plans.

CHAPTER FIVE

SERVICE OPTIONS

5.1 This is the only founding principle where there is quite opposing and often, quite conflicting views on what The Royal Women's Hospital should provide and therefore where it should be.

5.2 Since its beginning in 1856 as a benevolent institution to help poor women survive childbirth, The Royal Women's Hospital has taken on the most difficult and desperate cases. The hospital was once well run and developed an international reputation for its focus on the whole range of women's issues.

5.3 Many staff hold the view that in recent times the hospital has been run by administrators and session doctors and that because staff have not been valued, services have been compromised. This is a widespread view and a cause for great sadness amongst those who share this view.

5.4 69% of all respondents believe that the primary service of The Royal Women's Hospital should be the care of women and their babies. However, 100% of respondents say that while ante and postnatal care of the new born child is an essential part of women's health it is only one aspect. There are many other aspects of women's health during the various stages of their lives that are equally important, and that therefore, the hospital should provide health services for all women at all stages of their lives.

5.5 Despite the long-standing obstetric history of The Royal Women's Hospital, women's health is not restricted to their reproductive health. Many women are now choosing not to have children, to have fewer children or to have children much later in life. The range of health issues affecting women are much broader than pre- and post-natal related services and impact on all stages of their lives – not just their reproductive years.

5.6 Many women believe that a specialist women's hospital is about more than obstetric care. Indeed, a focus of a women's hospital on the care of women and their babies reinforces a medicalisation of women's reproduction that has long been recognised as problematic for women, if not detrimental to good health outcomes.

5.7 There should be increased emphasis given to health concerns of older women but not at the expense of women at other stages of the life span. The health needs of older women should be a major priority of The Royal Women's Hospital, particularly with demographic changes, ageing population, women living longer than men and thus longer periods of age-related and post-menopausal illness (eg cancers, incontinence, CVD, osteoporosis and arthritic conditions), menopause issues and age-accentuated chronic conditions.

5.8 Other women believe there should be a focus on mental health and well-being issues as impacted by ageing – eg isolation, loneliness, grief and loss, depression, fears and anxieties. They are not saying that there should not be a shift to older women's health but a focus on the issues of ageing.

5.9 One group suggested establishing a department that deals with women over a certain age so that all women can feel that their health issues are being addressed at the one location. However, other life stages for women also need to be a focus - particularly on illnesses and conditions which predominantly affect women or where gender plays a significant role.

5.10 The vast majority of respondents commented that for far too long women's services (health and community) have paid too much attention to women and their reproductive role thus reinforcing societal attitudes that a woman's role is primarily to bear children. Whilst this role is most definitely seen as important and should be recognised, there are other women's health problems that are not linked to their reproductive role and as a result are not considered by health service planners and managers.

5.11 These women say it would be beneficial if The Royal Women's Hospital acknowledged the other health problems that women of all ages encounter and reinvent itself to cater for the wide spectrum that is women's health.

5.12 It is also important that The Royal Women's Hospital maintains its strong clinical role. This includes responding to the physical and mental health needs of women and their babies; providing appropriate information for women about all aspects of their health; offering referrals to other agencies/sources of information when necessary; taking an active role in health promotion throughout the hospital; and providing care and treatment in ways that are respectful of women's autonomy and which take into account the ways that their gender impacts on their lives

5.13 Some of the medical staff we spoke with firmly believe that the future of The Royal Women's Hospital should be to provide specialist services to all women – not just pregnant women. They believe that if services such as oncology and gynaecology go somewhere else then the concept of women's health is greatly diminished.

5.14 They believe that the development of women's health has been one of the cornerstones of strengthening the position of women as a whole in the community. There is much overlap between the different areas of women's health and one of the advantages of The Royal Women's Hospital is that there is facilitated referral and consultation between areas.

5.15 The Royal Women's Hospital should provide holistic care in the broadest sense possible to encompass the whole life cycle – preventative health – education and general health knowledge as well as acute care in women specific areas – obstetrics, gynaecology, breast ailments and associated oncology. Innovative treatments backed by research and evaluation. Good allied health support – social workers well-versed in social issues affecting women. Research into specific health problems of women with evaluation.

CHAPTER SIX

PATIENT CARE

FAMILY FRIENDLY

6.1 A central location close to inexpensive public transport and car parking is of prime importance to those who use the hospital and their families and friends who visit. The crèche service already provided by The Royal Women's Hospital was described as being a "life saver" for those women visiting their premature and sick babies and should be considered in any future planning.

6.2 Mothers of premature babies, who are no longer in intensive care, spoke of the strain of always being in a busy and noisy environment when they came to visit their babies. They wish there could be a quiet place where they could bond with their babies.

6.3 Many people described the lack of emergency accommodation for rural families and those with critically ill family members, as adding an extra stress and financial burden that many have found difficult to deal with.

6.4 The cultural needs of Koori families to stay by their sick relatives until the critical time has passed; accommodating families who wish to bring their own food and feed their sick family member; and allowing people to visit outside of strict visiting hours, are also seen as being important services.

WHOLE OF PATIENT V CLINICAL RESPONSE

6.5 There are those who argue that the role of The Royal Women's Hospital should be to respond to the needs of all women at all stages of their life cycle. This not only includes the traditional diagnostic, medical and clinical services, but preventative medicine, nutrition, meditation, massage, relaxation and counselling services as part of a more holistic approach to women's health issues.

6.6 Others argue that The Royal Women's Hospital should only provide specialist services for those women at high-risk or in need of specialist critical care and that those not in that category can find the services they need elsewhere.

High Dependency Patients

6.7 We heard from staff who work in the four bed High Dependency Unit attached to Ward 51. In 2000, this unit had 130 admissions of which almost half were oncology patients. The majority of the remainder were gynaecology and uro-gynaecology patients and 10% were from public obstetric units.

6.8 58% of their patients were discharged within 48 hours. Five patients required transfer from HDU via ambulance to an Intensive Care Unit in another hospital, however, a further 13 patients were transferred directly to an ICU elsewhere as they were too sick to be treated at The Royal Women's Hospital.

6.9 The frustrations for the highly trained medical staff working in this unit are reflected by the fact that nursing staff working in the unit are not ICU trained which limits the services which can be provided, for example, invasive organ support systems. The unit fails to meet the basic requirements for accreditation as set out by the ANZ College of Anaesthetists; patients cannot be seen from the nurses station; there is no isolation bed and facilities for families are poorly located and less than ideal.

6.10 The medical support for this unit includes an anaesthetic registrar on site all day every day. Their view is that the demand for HDU beds is increasing, and will continue to increase as the population lives longer. They say that obstetricians and oncologists are asking for this facility to be expanded and its services increased and if this occurred then the patients would be admitted.

6.11 The nature of the facility drives the type of treatment it can provide. Staff in this unit would like to have access to at least six HDU beds, with the flexibility to grow. They would like to continue working in stand-alone women's hospital which has the support of a fully equipped Intensive Care Unit.

PRIVACY AND DIGNITY

6.12 Ex patients from general hospitals spoke of feeling intimidated, uncomfortable, humiliated and upset that they had had to share a room with male patients when they were hospitalised. Others spoke of feeling embarrassed, compromised and distressed when, as patients of The Royal Women's Hospital, they had been sent in taxis or ambulances to receive treatments not available at The Royal Women's Hospital.

6.13 All people have the right to be treated with respect and dignity. Women who are also ill and feeling vulnerable and receiving treatment for conditions suffered only by women, which many are already uncomfortable and embarrassed about, expect to be treated with respect and dignity and have some privacy when they need it. This is too often not the case and needs to be addressed in the future planning of the hospital.

6.14 One of the unique and very special characteristics of The Royal Women's Hospital is that it treats wellness (pregnancy) as well as illness. For those pregnant women who come to the Royal Women's Hospital to deliver their babies, they can participate in and make decisions about how they want to be looked after; they build strong relationships with the staff who respect their wishes and accommodate their needs. The uniqueness of this is what makes a women's hospital different to a general hospital

6.15 For many of the migrant women who use The Royal Women's Hospital, respect for their religious preference is of the utmost importance. We heard from many women about the understanding that staff at the hospital have demonstrated to them in this regard when they have been patients. This important aspect of service must be considered in any future redevelopment.

6.16 Some women discussed the very sexual and sensual nature of gynaecology and the vulnerability of women who need to undertake gynaecological examinations and treatment. Women have a right to be treated in an environment where there is a culture that can deal with that.

ADEQUATE LEVELS OF NURSING STAFF

6.17 All of the respondents spoke of the dedication and expertise of the nursing staff that had cared for them whilst in The Royal Women's Hospital. Many expressed the frustrations of seeing nurses having to look after "too many patients". They found this stressful and often felt uncomfortable asking for assistance "when they were already so busy".