

DEPARTMENT OF THE SENATE
PAPER NO. 4729
DATE PRESENTED 15 SEP 1966
<i>J.R. O'Connell</i>
of the Senate

1964-65-66

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

R E P O R T

relating to the proposed

ADDITIONAL FACILITIES

at

REPATRIATION GENERAL HOSPITAL

at

SPRINGBANK, SOUTH AUSTRALIA

CONTENTS

	<u>Paragraph</u>
The Committee's Investigation	1
The Proposals	2
Repatriation Department	
Functions	3
Departmental Institutions	4
Repatriation General Hospital, Springbank	
Location and Functions	6
Accommodation Needs	9
Out-patient Clinics	
Functions and Policy	11
Existing Out-patient Clinic Facilities in Adelaide	17
Inadequacies of Existing Facilities	21
The Proposed Out-patient Clinic	
Site	23
Functional Requirements	25
Accommodation	31
Construction	32
Engineering Services	34
Committee's Conclusion	38
Artificial Limb and Appliance Centre	
Functions	40
Present Facilities	44
Location	46
Representations by the Limbless Soldiers' Association and the Returned Services League	48
The Proposed Ralac	
Site	54
Scope of Need	55
Accommodation	56
Construction	58
Engineering Services	60
Committee's Conclusion	63
Emergency Generating Plant	64
Estimates of Cost	65
Programme	66
Recommendations and Conclusions	68

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

ADDITIONAL FACILITIES AT THE REPATRIATION GENERAL HOSPITAL,
SPRINGBANK, SOUTH AUSTRALIA

R E P O R T

By resolution on 24th August, 1966, the House of Representatives referred to the Parliamentary Standing Committee on Public Works for investigation and report, the proposals to provide additional facilities at the Repatriation General Hospital at Springbank, South Australia.

The Committee have the honour to report as follows:

THE COMMITTEE'S INVESTIGATION

1. Written submissions were received from the Repatriation Department and the Department of Works and evidence was taken in Canberra from representatives of these departments. We also held a public hearing in Adelaide at which evidence was taken from representatives of the Limbless Soldiers' Association of South Australia and the South Australian Branch of the Returned Services League of Australia. The Committee inspected the Hospital, the existing Artificial Limb and Appliance Centre in the city area of Adelaide and the Out-patient Clinic at Keswick Barracks.

THE PROPOSALS

2. The proposals submitted to the Committee comprise the erection in the grounds of the Repatriation General Hospital at Springbank of -

- (a) an Out-patient Clinic at an estimated cost of \$433,000 ; and
- (b) an Artificial Limb and Appliance Centre at an estimated cost of \$141,000.

REPATRIATION DEPARTMENT

3. Functions The Department is responsible for the administration of benefits available to those eligible under the Repatriation Act and associated legislation. This includes hospital treatment for disabilities attributable to war service and, subject to certain conditions, treatment and care are provided for disabilities not due to war service for -

- (a) eligible members receiving war pensions at or exceeding the 100% general rate;
- (b) service pensioners, including those from the Boer War;
- (c) widows and certain dependants of deceased ex-servicemen whose deaths are due to war service;
- (d) members suffering from pulmonary tuberculosis;
- (e) nurses who served in the 1914/18 War.

4. Departmental Institutions The Department provides in-patient treatment at its own institutions wherever practicable, so that the special responsibilities embracing both investigatory and treatment functions can be made effectively and without encroaching on general community facilities. Establishments provided for this purpose include a large general hospital in each capital city and a smaller auxiliary hospital in each state, except Tasmania. Limited use only is made of outside hospitals for in-patient treatment, mainly in country areas.

5. Out-patient treatment is provided by local medical officers, by specialists in the various branches of medicine who have been appointed to departmental panels at departmental out-patient clinics and, in some cases, at general hospitals.

REPATRIATION GENERAL HOSPITAL, SPRINGBANK

6. Location and Functions The hospital is situated about five miles south of the Adelaide city area on a site of 30 acres in the suburb of Daw Park. The hospital was erected in 1941/42 as the 105th Australian General Hospital and in 1947 was taken over

by the Repatriation Department. At present it includes a 2-storey administrative building housing the hospital administration, the Admission and Discharge Sections, the medical officers living quarters and the library. There are 16 pavilion type wards located generally on the periphery of the area. They are serviced from a central zone including operating theatres, X-ray, pathology, pharmacy, kitchen, etc. located immediately behind the administrative building. There are also two double storeyed nurses homes, non-professional staff quarters and ancillary buildings including boiler houses, entertainment facilities, chapel, etc.

7. The hospital provides a full range of service in the fields of general medicine and surgery treating acute as well as long term patients. There are also extensive facilities in special areas such as psychiatry and geriatrics. It is recognised as a post graduate teaching hospital by the Royal Australian College of Surgeons and is a training school for student nurses and nursing aides. Post graduate medical training is also conducted.

8. The following figures relating to in-patient treatment in 1965/66 indicate the scale of activity at the hospital.

Treatment Category	In-Patients First Day of Period	Admissions During Period	Total Patients Treated	Average Length of Stay(Days)	Average Daily Beds Occupied
General Medical	202	2,302	2,504	28	179
Surgical	113	2,182	2,295	14	85
Psychiatric	32	446	478	28	35
TOTAL	347	4,930	5,277	22	299

The bed capacity of the Springbank hospital is 352 in-patients.

9. Accommodation Needs Following a survey of needs of accommodation and services in all Repatriation Hospitals in 1963/64, the Government endorsed the first year of a four year programme of

priority improvements to this hospital and agreed that works in subsequent years should be dealt with in the annual budgetting context. The first works at Springbank under this programme are the two projects in this reference.

10. Other projects in the four year programme include -
- a 4-storey para-medical services building
(estimated cost \$1,000,000)
 - alterations and extensions to buildings now used by the Pharmacy, Pathology, Physiotherapy and X-ray Departments to provide additional operating theatres, an intensive care unit and additional staff dining facilities
(estimated cost \$500,000)
 - a new stores building and linen service
(estimated cost \$120,000)
 - a building to provide rehabilitation facilities for psychiatric patients
(estimated cost \$70,000)

OUT-PATIENT CLINICS

11. Functions and Policy Traditionally, out-patient clinics serving the general community are associated with public hospitals. They function as ancillary services to care for patients prior to admission or after discharge and in certain cases to provide for those who can be treated satisfactorily on a long term basis as out-patients. Treatment at the out-patient level, where this procedure is medically satisfactory has, in recent times, become an important means of avoiding the expense of in-patient treatment.

12. Until 1946, Repatriation beneficiaries in metropolitan areas could obtain out-patient treatment only at departmental clinics. Then a metropolitan Local Medical Officer scheme was introduced and general medical services were available from either the clinic or the local doctor. After that attendances at out-patient clinics for general (as opposed to specialist) medical purposes, declined and

in 1960 it was decided that the general treatment of service pensioners (a new class of treatment beneficiary from that year) would be provided exclusively by Local Medical Officers.

13. To that time the location of clinics had been determined to suit the convenience of patients attending them for general treatment and accordingly were situated either in or close to the centre of the city - in most cases they were either physically part of or adjacent to the Repatriation Branch Office.

14. The decision was taken in 1962 to gradually terminate general practitioner services at out-patient clinics. At the same time it was agreed that they should operate as specialised diagnostic and treatment clinics and provide treatment not normally available from Local Medical Officers. Earlier this year general practitioner services at clinics were terminated.

15. Concurrently with these developments, the Repatriation Commission has, when the opportunity permitted, taken steps to centralise its general hospital and out-patient facilities. The integration of these services is desirable for medical reasons and it is also economically sound as it makes more effective use of staff, equipment and other facilities. Also, the services of visiting specialists are more easily obtained at general hospitals.

16. Departmental out-patient clinics are now comparable with community out-patient services in that they provide -

- (a) a means of screening patients prior to admission to hospital;
- (b) special diagnostic and treatment centres for cases which do not require admission but for whom the form of investigation or treatment required is not normally available from the Local Medical Officer; and
- (c) a link between the hospital, the specialist and the Local Medical Officer services.

17. Existing Out-patient Clinic Facilities in Adelaide
The present Out-patient Clinic is located in the Army barracks at Keswick, less than two miles south of the city in the general direction

of the Springbank Hospital. The clinic occupies 16,000 sq.ft. of space in two brick buildings. The main building housing most of the investigatory services, is of two storeys with stairs providing the only link between floors. The ground floor comprises a reception area, a cardiac and specialist clinic for patients who are prevented from using stairs, X-ray facilities and general clerical services. Most of the specialist clinics are on the upper floor.

18. The second building, about 120 feet from the main clinic, contains the Chest and Dermatology Clinics, Physiotherapy, Pharmacy and Pathology.

19. To a minor degree an out-patient service is also provided at Springbank for psychiatric patients and others whose needs cannot be met at Keswick.

20. The Committee were told that because of the growing tendency for more intensive use to be made of out-patient services and due to the increasing age of those eligible for treatment, the work load at the Out-patient Clinic is rising. This trend is expected to continue in the future.

21. Inadequacies of Existing Facilities The proposal to move the Out-patient Clinic from Keswick Barracks to Springbank arises mainly because the existing buildings are on Army land, belong to the Army and for some time have been needed for military purposes. It has not therefore been appropriate for the Repatriation Department to have major improvements to the buildings carried out.

22. Apart from pressures from the Army to vacate the existing facilities, the other factors which have precipitated the proposed move include -

- inability to provide the additional space required for expanding services;
- unsuitability of space for modern specialist medical requirements;

- the difficulty of efficiently using the existing facilities without a lift;
- general inadequacies of the present space including lack of toilets, a cramped waiting room, etc.
- economic and medical advantages to be gained from the integration of medical services with the Out-patient Clinic adjoining the Repatriation General Hospital.

It was clear to the Committee from the evidence and inspection that there is an urgent need for a new Out-patient Clinic.

THE PROPOSED OUT-PATIENT CLINIC

23. Site As the existing facilities could not be extended, the choice of a site for the new Clinic lay between locating it at or near the Branch Office in the city or in the grounds of the Hospital at Springbank. The first alternative would have been considerably more expensive because of the need to purchase land and it would have been less satisfactory from the medical and management viewpoints. We therefore agree that it is appropriate to relocate the Out-patient Clinic at the Repatriation General Hospital at Springbank. The new building is to be sited in the south-west corner of the hospital grounds adjacent to Daws Road.

24. The Returned Services League drew our attention to the fact that the new Out-patient Clinic will be further from the city than the present facilities at Keswick Barracks. We noted that this may be less convenient and cause additional difficulties for some out-patients, but we are firmly of the opinion that a more effective and comprehensive out-patient service will be possible from the proposed location than if it is built elsewhere.

25. Functional Requirements An out-patient clinic at a general hospital should be close to public entrances and readily accessible to emergency services, laboratories and the medical departments. The hospital clinical records should also be nearby.

It is also desirable for the facilities of the clinic to be available at the one floor level as some patients have difficulty in climbing stairs and some require the use of trolleys and wheel chairs.

26. The medical procedures carried out fall into two main categories, viz:-

- (a) specialist consultations, often involving intensive investigations and diagnoses which may involve the collection of specimens over an extended period; and
- (b) minor operative procedures requiring local anaesthetic.

These procedures create a need for diagnostic rooms, X-ray and viewing rooms, facilities for obtaining electrocardiograms, blood sampling, urinalyses, audiograms and other clinical investigations.

27. There is also a requirement for ear, nose and throat services, eye examination rooms, chest consultation rooms, treatment rooms and general purpose consultation suites, some of which should provide two examination rooms to each doctor's room to allow efficient use of consultants' time. The clinic should also provide for physiotherapy, chiropody, diagnostic urology and a clinical records section. A pharmacy is also required so that most prescriptions can be made up on the premises. More elaborate pharmaceutical procedures can be done in the hospital's main pharmacy.

28. Although the arrangement of appointments keeps waiting time to a minimum, there is a firm need for adequate waiting space for out-patients and their companions. There is also a need to provide a small food service nearby for use by those who are required to be at the clinic over lengthy periods or who may have had to fast before a consultation. The small cafeteria proposed will relieve pressure on the waiting room.

29. Adequate areas are needed for administrative purposes, together with staff and patient service and toilet facilities. The nature of the functions performed in the building makes the free circulation of air by an air-conditioning system a most desirable feature.

30. The major savings in the duplication of medical services to be achieved by the proposed development will result from the pathology and sterilising requirements of the clinic being carried out in the hospital's existing facilities. There will be an additional flexibility and utilisation of services by having hospital and out-patient services such as pharmacy, electrocardiogram, physiotherapy, X-ray and chiropody adjacent to one another.

31. Accommodation The proposed building is to be a single storey structure measuring about 230 feet by 80 feet with a small cafeteria in an adjoining building. The principal area will include -

12 general clinics	2280 sq.ft.	Dispensary	810 sq.ft.
Chest clinic	270 "	Physiotherapy	640 "
Eye clinic	640 "	Chiropody	240 "
E.N.T. clinic	340 "	X-ray	1040 "
E.C.G.	120 "	Administration	1800 "
Treatment rooms	640 "	Patients toilets	560 "
Waiting areas	980 "	Staff rooms and amenities	780 "
Patient service, urine testing, etc.	140 "		

32. Construction As a result of experience in nearby buildings, it is proposed to found the structure on deep beam strip footings. It will be of two bay portal frame construction, the portal frames being supported on reinforced concrete piers with perimeter beams carrying the external walls. The galvanised steel roof deck will be carried on timber purlins which in turn will be supported by the portal frame. The adjoining cafeteria building will be of domestic type construction with deep beam strip footings.

33. External walls of the Out-patient Clinic will be face brickwork and the windows will be of aluminium. The internal finishes will be generally minimum adequate finishes appropriate to each location. The walls of toilets will be of brick construction

finished with vinyl tiles extending from floor to ceiling. The walls of the X-ray rooms will be of brick and covered with barium plaster. The doors of these rooms will be sheeted with lead for protection from scattered radiation. The other walls will be pre-fabricated demountable partitions of metal, timber and glass. Laminated plastic backing to basins and sinks will be provided where these are against timber framed walls. Vinyl surrounds will be provided to fittings on brick walls.

34. Engineering Services Except for toilet areas, the Out-patient Clinic is to be air-conditioned. Overhead infra-red heaters will be used in the cafeteria. Hot water will be supplied to basins and sinks from a steam heated calorifier. Miscellaneous equipment will include autoclaves in treatment rooms, constant water temperature for the dark room, water softening plant, drinking water coolers and exhaust fans.

35. Steam will be supplied to the plant room from the existing boiler plant and will be reticulated in the building as required.

36. As a consequence of the construction of the new Clinic, there will be a need to build a new electricity sub-station and an area switchboard. Artificial lighting will generally be from fluorescent fittings to a standard conforming with the appropriate Australian Standard Lighting Code. Fixed equipment will be direct wired and general purpose outlets will be provided elsewhere as needed. A thermal fire alarm system will be installed and connected to the local Fire Brigade through the hospital's fire alarm indicator board.

37. The existing hydraulic services within the hospital grounds will be extended to provide water supply, sewerage and stormwater reticulation to the building.

38. Committee's Conclusion Subject to the qualification which follows, the Committee recommends the construction of the Out-patient Clinic as proposed.

39. Although the rooms on the periphery of the building will be well lit naturally, we believe that steps should be taken to provide, as far as possible, natural lighting in all examination rooms, particularly those used for general medical and surgical purposes.

ARTIFICIAL LIMB AND APPLIANCE CENTRE

40. Functions Under existing policy, Repatriation Artificial Limb and Appliance Centres (RALAC) provide -

- (a) the full requirements of Repatriation patients;
- (b) artificial limbs and other services where necessary for Commonwealth Departments and instrumentalities; and
- (c) to the extent that surplus production is available, artificial limbs and other services for private patients who cannot be fitted satisfactorily elsewhere and for State Government and philanthropic organisations.

41. There is a RALAC in each state capital city as an integral part of the Repatriation treatment service. The manager is responsible for technical and management aspects and a departmentally trained medical officer supervises the medical aspects of manufacture, fitting and patient training. The department operates a small development unit in Melbourne, which sets standards, provides medical and technical oversight of the work of the State's centres and ensures that the techniques and approaches adopted are abreast of world developments.

42. Particularly since World War II, there have been significant medical and technical developments in this field and growing appreciation by the medical profession of the assistance available to amputees. The RALAC which in earlier years was essentially a factory, has now become an integrated medical centre embodying the skills of trained medical officers and technical staff associated with other medical specialties and the various para-medical services. This has speeded the search for better techniques and has resulted in

a better knowledge of both the physical and psychological implications of amputation and limb fitting.

43. A three year training course has been instituted to equip the fitting staff as fully competent medical technicians rather than as artisans. Centres have been able to keep up with world developments including the use of reinforced plastics, scientifically designed measuring and fitting techniques, complicated gas powered prostheses, the application of prostheses immediately after surgical amputation, the handling of badly deformed infants, etc.

44. Present Facilities The present RALAC in Adelaide is located in the city adjacent to the Department's Branch Office in Pulteney Street. Since it was initially established the role of the RALAC has changed from that of a factory to a centre whose service is now the result of a carefully co-ordinated technical and professional effort. The Committee's inspection confirmed that the space now available at the centre is totally inadequate for the present functions and expansion is not possible because of the nature of the facilities, their location and the restricted site. The substandard and overcrowded accommodation has resulted in unsatisfactory facilities for patient examination, assessment and training, for ancillary patient services including waiting and toilet areas, and for staff amenities and workshop purposes. Efficient supervision and patient care is most difficult and the development of a fully effective patient care programme and co-ordination of specialised limb fitting medical skills with other medical and para-medical skills, has been inhibited.

45. We agree that the only satisfactory way to overcome the space deficiency of the present RALAC is to build a new centre.

46. Location To ensure that a RALAC plays an effective part as a treatment service, it is now the Repatriation Department's policy, where possible, to transfer the centre in each state to the same site as the Repatriation General Hospital. This has already been done in Western Australia with satisfactory results and it is now proposed to do the same thing in South Australia and Queensland.

This action, which flows from greater use of medical skills in limb and appliance manufacture and fitting, is in line with current overseas practice. It makes available the full range of medical and ancillary services at the hospital, including rehabilitation facilities and makes possible the early fitting of artificial limbs to new amputees and co-ordination between the medical specialties concerned.

47. The proposal in this case is to relocate the Adelaide RALAC in the hospital grounds at Springbank and to use the space now occupied by the centre for the urgently needed expansion of Branch Office requirements. On balance, the Committee considered that the most appropriate location for the new centre is on the site proposed by the Repatriation Department.

REPRESENTATIONS BY THE LIMBLESS SOLDIERS' ASSOCIATION
AND THE RETURNED SERVICES LEAGUE

48. The Committee received strong representations from the Limbless Soldiers' Association against the location of the new RALAC at the Springbank Hospital. The Association was supported by the Returned Services League.

49. The view of the Limbless Soldiers' Association is that, at Springbank, the centre will mean -

- (a) less convenience to members of the Association and others who use services of the RALAC than with the facilities in the city;
- (b) access to the centre will be more difficult for seriously disabled and aged members;
- (c) greater distances will need to be travelled to obtain service, with increased out-of-pocket expenditure by patients on fares;
- (d) that with more travelling time the interests of members who require time off from employment to seek treatment may be prejudiced.

Finally, the Association doubted whether the location of the RALAC close to the facilities of the hospital would result in a better service than at the present time.

50. There was no disagreement on the part of the Association or the League that conditions in the existing RALAC are deplorable for both patients and staff and are in urgent need of improvement. They were, however, of the opinion that a more satisfactory service could be given to the patients by relocating the centre in the city area.

51. We noted that insofar as travel costs are concerned, the Repatriation Department provides or reimburses the cost of individual transport for its patients unable to use public facilities. The cost of fares by public transport is reimbursed to those who are able to use these services. We were told that most other patients who use the centre are assisted in the same way by their sponsors. The Committee were in no doubt that once at the new centre patients will enjoy an improved service because the new facilities will make possible a better standard of treatment. This, we feel, will outweigh any disadvantage that may result from some patients having greater distances to travel.

52. At the suggestion of the Committee, the Department proposes to establish a courier service between the Branch Office and the RALAC for the convenience of patients living or working in or near the city area and who require repairs or maintenance to artificial limbs or appliances. This service would be available to patients where a personal visit to the RALAC is not essential.

53. We can fully appreciate the opposition of the patients, used to a RALAC in the city area, having in the future to travel to Springbank. But after carefully considering the evidence we agreed with the view of the Repatriation Department that the establishment of the new RALAC in the city is neither economic nor medically desirable.

THE PROPOSED RALAC

54. Site It is proposed to erect the new RALAC on the north-east corner of the Springbank Hospital grounds in an area now used as a plant nursery. In this location the new facilities will have ready external access from Goodwood Road and Rockville Avenue.

55. Scope of Need The essential requirement is for the replacement of the existing facilities in an environment appropriate to the present functions of a RALAC. There is not a need to cater for a substantial rise in output although this is expected to occur to a minor degree with the availability of improved facilities. In this connection it is relevant that there is no full time commercial limb manufacturer in South Australia and the general community has therefore come to rely on the specialised technical and medical skills and facilities of the Repatriation Department.

56. Accommodation The proposal submitted to the Committee is for a single storey building providing in all some 9,200 sq. ft. (which compares with about 2,200 sq. ft. in the existing facilities) as follows:-

Workshops	3,440 sq.ft.
Patient facilities including fitting, training, waiting areas and toilets	1,560 sq.ft.
Staff amenities	700 sq.ft.
Store	860 sq.ft.
Administrative area, circulation space, etc.	2,640 sq.ft.

57. We were satisfied that the space and layout proposed will provide a satisfactory service to patients and good working conditions for staff.

58. Construction Reinforced concrete footings are to be used in the foundations of the RALAC. The building will be of steel frame construction with face brick external walls and aluminium windows. The concrete floor slab will be supported directly on consolidated fill. The insulated lantern roof will be finished with ribbed galvanised steel deck and supported on timber purlins.

59. The internal walls, except for the offices and workshop area, will be of brick construction. In the lunch and lecture room, corridors, entrance lobby, store and manufacturing areas, they will be of face brick work whilst in the remaining rooms the walls.

will be finished with hard plaster. In toilets, walls will be covered with vinyl tiles from floor to ceiling. In offices partitions will be pre-fabricated demountable sections.

60. Engineering Services Heating by overhead infra-red electric heaters and by electric convectors will be provided generally except in the toilets and staff locker room. Hot water will be supplied at all sinks, basins and in the shower in the Plaster Take room. Mechanical supply and exhaust ventilation will be provided in the Finishing and Plaster Work rooms and areas such as the Lunch and Lecture room. Locker rooms and toilets will be mechanically exhausted. Miscellaneous services will include compressed air reticulation, sawdust extraction, a chilled water drinking unit and minor kitchen equipment in the lunch room.

61. The electricity supply will be taken from existing mains. Illumination will generally be from fluorescent fittings complying with the appropriate Australian Standard Lighting Code. Fixed equipment will be direct wired and general purpose power outlets installed as necessary. An overhead bus bar system to provide maximum flexibility of power distribution for connection to various machine tools and appliances will be provided in the manufacturing area. A thermal fire alarm system to serve the RALAC will be connected to the local Fire Brigade through the hospital fire alarm indicator board.

62. Existing water supply, stormwater and sewerage reticulation will be extended to the new building.

63. Committee's Conclusion The construction of the new RALAC as proposed is recommended by the Committee.

EMERGENCY GENERATING PLANT

64. The capacity of the existing 60 kW emergency generating plant which is already overloaded, will require augmenting when the Out-patient Clinic and the RALAC and the future para-medical building are completed. Investigations are still being carried out

to ascertain whether this would be better done by installing an additional 60 kW plant or replacing the existing plant with one of 120 kW capacity. Estimates show that there is no significant difference in cost between the two alternatives because of the heavier wiring costs of a single unit. The estimated cost for the Out-patient Clinic listed below includes the cost of the new emergency generating plant.

ESTIMATES OF COST

65. The estimated cost of the proposals referred to the Committee is \$574,000 as follows.

OUT-PATIENT CLINIC

Building work	\$226,000	
Electrical services	\$49,000	
Mechanical services	\$124,000	
Hydraulic services	\$9,000	
Roads and parking	<u>\$25,000</u>	\$433,000

RALAC

Building works	\$82,000	
Electrical services	\$31,000	
Mechanical services	\$10,000	
Hydraulic services	\$7,000	
Roads and parking	<u>\$11,000</u>	<u>\$141,000</u>
		<u>\$574,000</u>

PROGRAMME

66. It is expected that the preparation of contract documents, invitation and analysis of tenders and the letting of a contract will take 26 weeks after an approval to proceed is given. The Committee were told that the building contract for the RALAC is expected to be completed in 45 weeks and that for the Out-patient Clinic in 85 weeks.

67. As the latter time seemed to the Committee to be excessive for the construction of a single storey building, it is suggested that this aspect be closely investigated while the contract documents are being prepared, with a view to the reduction of the contract period.

RECOMMENDATIONS AND CONCLUSIONS

68. The summary of recommendations and conclusions of the Committee is set out below. Alongside each is shown the paragraph in the report to which it refers.

	<u>Paragraph</u>
1. THERE IS AN URGENT NEED FOR A NEW OUT-PATIENT CLINIC.	22
2. IT IS APPROPRIATE TO RELOCATE THE OUT-PATIENT CLINIC AT THE REPATRIATION GENERAL HOSPITAL AT SPRINGBANK.	23
3. SUBJECT TO THE QUALIFICATION WHICH FOLLOWS, THE CONSTRUCTION OF THE OUT-PATIENT CLINIC AS PROPOSED IS RECOMMENDED.	38
4. STEPS SHOULD BE TAKEN TO PROVIDE, AS FAR AS POSSIBLE, NATURAL LIGHTING IN ALL EXAMINATION ROOMS, PARTICULARLY THOSE USED FOR GENERAL MEDICAL AND SURGICAL PURPOSES.	39
5. SPACE AT THE REPATRIATION ARTIFICIAL LIMB AND APPLIANCE CENTRE IS TOTALLY INADEQUATE FOR THE PRESENT FUNCTIONS AND EXPANSION IS NOT POSSIBLE.	44
6. THE ONLY SATISFACTORY WAY TO OVERCOME THE SPACE DEFICIENCY OF THE PRESENT RALAC IS TO BUILD A NEW CENTRE.	45
7. THE MOST APPROPRIATE LOCATION FOR THE NEW CENTRE IS IN THE GROUNDS OF THE REPATRIATION GENERAL HOSPITAL AT SPRINGBANK.	47
8. THE CONSTRUCTION OF THE NEW RALAC AS PROPOSED IS RECOMMENDED.	63

Paragraph

9. THE ESTIMATED COST OF THE PROPOSALS REFERRED TO
THE COMMITTEE IS \$574,000. 65
10. THE EXPECTED COMPLETION TIME OF THE OUT-PATIENT
CLINIC SHOULD BE CLOSELY INVESTIGATED WITH A VIEW
TO THE REDUCTION OF THE CONTRACT PERIOD. 67



A. A. BUCHANAN
Chairman

Parliamentary Standing Committee
on Public Works,
Parliament House,
CANBERRA A.C.T.

14th September, 1966.