

# **South Western Sydney Health Network - The Way Forward**

**2004 - 2008**

*A New Health Plan for the People of South Western Sydney*



**June 2004**

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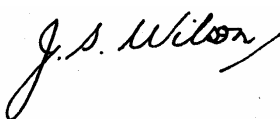
I wish to acknowledge the support and commitment of the Hon Morris Iemma, Minister for Health, for this, new Health Plan for the People of South Western Sydney. The Minister's commitment to having clinicians take the lead in the planning of clinical services has been paramount.

This Health Plan was developed by the unstinting and sustained effort of members of the Clinical Strategy Group who set aside time in and out of hours, and their own personal interests to steer a course for the future of SWSAHS. The sacrifices made by rearranging busy schedules and patient contact times are gratefully acknowledged.

To all clinicians and managers who put together the 'templates' over the Christmas and New Year period whilst consulting their colleagues, your contribution and effort in such a tight timeframe is gratefully acknowledged. This Health Plan is based heavily on your expert input without which the Clinical Strategy Group could not have been as effective. The work done is testimony to the dedication and spirit of those who work in South Western Sydney.

The Clinical Strategy Group was ably assisted by the staff of the Health Service Planning Division namely Ms Lou-Anne Blunden, Ms Maureen Fitzpatrick, Ms Pamela Garrett, Ms Rema Hayek, Mr Stephen Johnson, Ms Gertrudis Keeg, Ms Jyoti Khanvilkar and Ms Kylie Midson to whom our sincere thanks are extended.

Finally, a sincere thank you to the SWSAHS Administrator, A/Professor Debora Picone for creating the leadership for this process, and for the many hours of interaction and debate that have helped hone a product that will guide clinical services for the next three to five years.



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## FOREWORD

*South Western Sydney Health Network – The Way Forward 2004/05 to 2007/08, June 2004* provides a blueprint for how hospital and health services will be provided to the people of South Western Sydney (SWS). As a key strategy of the *SWSAHS Strategic Directions Statement 2004–2007*, the Clinical Services Strategy will create an environment to provide high quality clinical care through safety and compliance, clinical review, best practice and clinical risk management.

This plan outlines a series of high-level recommendations that will define new approaches and standards for the delivery of clinical care in South Western Sydney Area Health Service (SWSAHS). It establishes directions that are intended to ensure that people in SWS have appropriate access to quality health services.

The plan is a living document. As such, it will be used to guide more detailed clinical services planning and delivery, which will require ongoing involvement and consultation with our community and health staff. Equally important, will be the development of workforce strategies to ensure services are developed in a sustainable way.

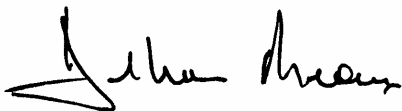
Over the past months SWSAHS has gathered information about the current and forecast needs of the population we serve, and has canvassed the views of staff, clinicians and members of the community including General Practitioners.

The direction for clinical services outlined in the plan is the culmination of the input and efforts of many people over the past 6 months and is a tremendous achievement. In particular, I wish to extend my gratitude to the Clinical Strategy Group for creating a new direction. This plan would not have been possible without their commitment and enthusiasm.

We in SWSAHS face significant challenges in meeting the current and emerging health care needs of our community brought about primarily by a growing and ageing population, social disadvantage and the sheer size of the Area we serve.

Through the direction outlined in this plan, SWSAHS will ensure the continued vitality and success of the health care system for the people of the South West of Sydney.

I look forward to the successful implementation of this plan.



**Associate Professor Debora Picone**  
**Administrator**



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## EXECUTIVE SUMMARY

In October 2003 a review team led by Professor Bruce Barraclough AO, made a number of recommendations concerning patient care and safety at Campbelltown and Camden Hospitals. One of the team's recommendations was that South Western Sydney Area Health Service (SWSAHS) develop an Area-wide clinical service plan. This report is the outcome of that recommendation.

In November 2003, the Administrator for SWSAHS appointed 16 prominent clinicians and a number of executives to a Clinical Strategy Group led by Professor Jeremy Wilson, Associate Dean, South Western Clinical School, University of NSW and Chair of the SWSAHS Clinical Council. Membership of the Clinical Strategy Group is listed in Appendix 1.

The role of the Clinical Strategy Group, reporting to the Administrator, has been to steer preparation of the report through co-ordination of 60 Area-wide clinical plans and development of the Area's new clinical governance structure.

The Group had the following terms of reference:

1. Develop an Area-wide Clinical Services Strategy for 2004/07 by:
  - Consulting widely with clinical and non-clinical staff;
  - Ensuring sign-off by clinical heads of departments at each SWSAHS facility;
  - Reviewing data and trends current and projected; and
  - Ensuring community participation in the planning process.
2. Ensure a communications strategy exists and is implemented to keep the process and its outcomes visible to staff and community; and
3. Devise and recommend an Area Clinical Management structure.

This report addresses the first term of reference. Part 1 includes a description of SWSAHS's services, the issues facing the Area, an Area Clinical Services Framework, definitions of hospital roles, and description of support services and systems that need to accompany the clinical reforms. Part 2 details each clinical service strategy.

## Background and Existing Services

### Geography and Demography

South Western Sydney (SWS) is one of the fastest growing areas of Australia, with a current population of about 800,000 people. It has the most culturally and demographically diverse population of any Area Health Service in NSW.

The Area comprises seven local government areas (LGAs), parts of which are amongst the most socio-economically disadvantaged areas in Australia. The Area includes the major suburban centres of Liverpool, Bankstown and Fairfield and the outer urban centre of Campbelltown. It also includes the comparatively isolated shires of Camden, Wollondilly and Wingecarribee.

By 2006, the population of SWS will reach 842,000 people. The population growth rate is expected to increase with the proposed 'Bringelly development' escalating the population to approximately 890,000 by 2009.

Growth will continue not only in Liverpool LGA but also in the Campbelltown, Camden and Wollondilly LGAs. Some growth will also continue in the Bankstown LGA, particularly amongst older residents. Fairfield LGA is expected to remain relatively stable.

### Health facilities and activity

SWSAHS has almost 8,000 FTE staff working in six general acute hospitals - Liverpool, Bankstown, Campbelltown, Fairfield, Camden and Bowral - In four other major health facilities, and across a range of community health services. Key indicators of acute service activity in SWSAHS hospitals in 2002/03 were:

- 135,256 inpatient separations;
- 42,682 theatre operations;
- 10,011 babies delivered; and
- nearly 2 million outpatient contacts.

### Background to Recommendations

The Clinical Strategy Group considered the following key drivers of change in making its findings and recommendations:

- Patient safety and medical coverage;
- Cohesion of hospitals' roles in the current sector management structure;
- The adequacy of the hospital-community interface throughout the Area;
- Equity of access;
- Seamless transfers of acute patients;
- Cross accreditation and appointment of clinicians;
- Clinical governance;

- Education and training; and
- Research.

### **Objectives of the Clinical Service Strategy**

The objectives of the Clinical Services Strategy include:

- Improved access of patients to tertiary and secondary services locally – 85% self-sufficiency;
- Patients' access to appropriate care levels in a network of services;
- Safety and quality through improved clinician leadership and registrar cover; and
- Clear direction for each clinical service over a three to five year horizon.

### **Area Clinical Framework**

In developing the report, the Clinical Strategy Group aimed to:

- Create Area-wide services with multi-campus delivery;
- Define complementary roles/centres of expertise for each hospital;
- Create SWSAHS as a single teaching Area;
- Cross-appoint all clinical staff;
- Ensure stronger hospital-to-primary care connections are in place; and
- Boost the training and quality of staff.

### **Key Proposed Service Improvements**

This Clinical Services Strategy is a 4-year plan for 2004/08, which will lay the groundwork for sustainability into the future. Key improvements will be:

- Capacity to respond to growth and provide more services locally;
- Campbelltown Hospital builds up its sub-specialty services in key areas, including cardiology, neurology and respiratory medicine;
- Emergency Departments across the Area are safer, well staffed with improved triage performance and increased physical capacity to absorb growth – 7,000 ED attendances per year across the Area;
- Critical Care Services (ICU) in Campbelltown Hospital increase by 1,120 admissions per annum with seven ICU and eight HDU beds added;
- Major reduction in transfer of critically ill people, out of the Area.
- ICU bed numbers will steadily increase to meet state average;
- Improved performance for surgical long waits;

- Major boost to renal dialysis capacity via Campbelltown Hospital chairs;
- Extra transitional care beds placing nursing home patients and freeing 40 acute care beds;
- Weekend and out-of-hours medical officer cover substantially improved at all hospitals;

### **Implementation**

A phase of detailed implementation planning will follow endorsement of the strategy. In particular, a workforce strategy will be developed in parallel.

## KEY FINDINGS AND RECOMMENDATIONS

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### AREA-WIDE RECOMMENDATIONS

1. Clinician-led Area-Wide departments be formed to create a one service, multi-campus health services delivery system across SWSAHS, led by and Area Director who may also be a senior (clinical) academic appointment, with:
  - 1.1 Cross appointments and cross-credentialling of clinical staff consistent with service developments;
  - 1.2 Development of clear Area-wide admission policies;
  - 1.3 Systems established for monitoring the safety and outcomes of care;
  - 1.4 Development of common protocols for patient management;
  - 1.5 Development of systems to monitor compliance with policy and protocols;
  - 1.6 Introduction of training rotation of registrars;
  - 1.7 Development of complementary rather than competitive service delivery across the Area.
2. A single phone-call system – the Acute Care Response Unit (ACRU) – be implemented for inter-hospital acute patient transfer.
3. A centralised Area-wide transport system be designed to support acute patient transfer.
4. The Area adopt a clinical management structure for the purpose of implementing this Clinical Strategy.
5. Improvements be made as a priority to a number of service areas. Some of these, where there are workforce shortages, will need staging over a number of years. These are, in alphabetical order:
  - Aged Care\* and Aged Care Psychiatry, Transitional Care, Rehabilitation, Palliative Care;
  - Anaesthetics and Pain\*;
  - Cancer\*;
  - Cardiology and Cardiothoracic Surgery;
  - Diabetes services;
  - Emergency & Trauma\*/General / Vascular surgery and Neurosurgery;
  - Emergency Departments\*;
  - General Medicine\* at Campbelltown;
  - Intensive Care Units (ICU);
  - Maternal and Foetal\*;
  - Mental Health;
  - Neurology;
  - Paediatrics\*;
  - Radiology and Imaging – including an Area-wide PACS system;
  - Renal Medicine;
  - Respiratory Medicine; and
  - Rheumatology\*.

*\* Academic positions*
6. Establish a SWS Research Institute that progresses strategic development of health and medical research in SWSAHS.
7. NSW Health take action to promote fairer access to registrar allocations to bring SWSAHS into line with other metropolitan Area Health Services by 2005.
8. The Area forms a new leadership position, a Director of Primary Health Care, to improve the functioning of the hospital-to-primary care interface.
9. A Strategic Human Resource Plan be developed, and a review of the organisation of Human Resources in SWSAHS be undertaken to improve recruitment and retention of the clinical workforce.

10. A hospital bed capacity study be commissioned to underpin an integrated approach to health service acute care capacity to respond to increased emergency department activity and increased demand for waiting lists for planned procedures.
11. A review of operating theatre utilisation and assignment be conducted to define where further efficiencies in theatre utilisation could be achieved.
12. Feasibility planning commence in 2004 to assess the health service impact of the Bringelly urban release.
13. A Capital Asset Plan be finalised to develop the capital assets of the Area Health Service and support the funding of capital items for service developments contained in this Health Plan.
14. The Macarthur Strategy Stage Three be completed by 2006 depending on funding availability.
15. Collaborative effort with General Practitioners in SWS be accelerated for improved standardisation, effective communication and improved access of GPs to SWSAHS services.
16. Directors of Physician Training, Clinical Superintendents and Senior Medical Registrars be appointed at Bankstown, Liverpool and Campbelltown Hospitals to provide a leading edge teaching program for all registrars in SWSAHS.
17. Nurse educators and clinical nurse educators be enhanced across SWSAHS.
18. Clinical Academic leadership in Nursing and Allied Health be enhanced over the next five years.
19. All services explore opportunities for maximising revenue generation through the service model they adopt.

## KEY FINDINGS AND RECOMMENDATIONS

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### HOSPITAL ROLE RECOMMENDATIONS

The development of clinical services at SWSAHS's hospitals and health services will be complementary:

**Liverpool Hospital** will continue to be the tertiary referral hospital for SWSAHS, providing a comprehensive range of high-level emergency, medical, surgical, mental health, maternity, paediatric and newborn services. Research infrastructure will also be centred at Liverpool Hospital and it will maintain its leading role as the academic centre for the Area Health Service.

**Bankstown Hospital** will continue as a principal referral hospital operating its services mostly at Level 5. Bankstown will be the centre for plastic surgery and colorectal surgery, and with Liverpool, be a major provider of upper gastro-intestinal surgery, urology and Level 6 gastroenterology.

**Campbelltown Hospital** will progressively develop towards principal referral hospital status operating its services mostly at Level 5. Sub-specialty capabilities in medicine and surgery will be developed. It will be the centre for academic general medicine and a lead site for SWSAHS in paediatrics and ambulatory care. It will be a major centre for colorectal surgery and adult and adolescent acute and non-acute mental health.

**Fairfield Hospital** will continue as a major metropolitan hospital operating its emergency, medical, surgical, obstetric and paediatric services mostly at Level 4. It will be the centre for elective orthopaedic surgery and elective short stay, day only, low risk surgery. With Braeside Hospital it will develop as a centre for rehabilitation.

**Camden Hospital** will maintain a complementary role with Campbelltown Hospital, offering rehabilitation, normal risk obstetrics, palliative care, urgent care and an extensive day surgery program with ambulatory care.

**Bowral Hospital** will operate as a rural general hospital with more defined links to Campbelltown Hospital, as the latter develops. It will be linked with all the Area units to enable access for Wingecarribee residents to Level 5 and Level 6 services available at other SWSAHS hospitals. It will offer elective and emergency services to adult and children for medical, surgical and obstetric care.

## KEY FINDINGS AND RECOMMENDATIONS

### SPECIFIC SERVICE RECOMMENDATIONS

In this Plan, all services need enhanced nursing and allied health staffing commensurate with the service role. Senior leadership positions in nursing and allied health are required in most, if not all, services.

#### 1. Emergency Medicine Services

1. Emergency Medicine be managed as an integrated Area network.
2. An Area Director of Emergency Medicine be appointed.
3. There be cross credentialling and appointment of senior Emergency Department (ED) medical staff.
4. Training registrar rotation be established.
5. Appropriate resources be dedicated to EDs. Senior medical, nursing, allied health and other staff be enhanced.
6. A Chair of Emergency Medicine be created.
7. Liverpool and Fairfield be run as a single Emergency Department on two sites.
8. Fairfield ED be developed to have senior medical cover 12 hours per day, 7 days per week, coordinated from Liverpool ED.
9. A Paediatric Emergency Medicine Unit or Short Stay Unit be developed at Fairfield Hospital. This unit will be networked into SWSAHS and The Children's Hospital at Westmead's paediatric network.
10. Campbelltown and Camden EDs be run as a single department on two sites, with Camden further developing its urgent care role.
11. An Area Nurse Educator in emergency medicine be appointed.
12. Dedicated triage staff at Bowral be appointed.
13. Develop and implement newer models for short stay (EMU) medicine and transitional care medicine.

#### 2. Intensive Care Services

1. ICU/HDU services in SWSAHS be operated as a single network with the following key components:
  - 1.1 An Area Director be appointed to oversee the effective operation of all units;
  - 1.2 An Area ICU/DHU intranet program with beds and services logged will be implemented;
  - 1.3 An Area retrieval and transport system for acutely ill patients be established. The system would operate on the basis of a single phone number system for transfer within the Area; and

1.4 Quality assurance systems, common protocols and policies will be developed. A data management system will be developed and implemented across the Area Health Services;

2. The service network be established to comprise Liverpool as the Level 6 tertiary ICU supporting Campbelltown; Bankstown as the Level 5 service in the north of SWSAHS supporting the Level 3 service at Fairfield. Campbelltown will be a Level 5 service for the south of SWSAHS supporting Camden and the Level 3 service at Bowral Hospital.
3. All hospitals to have medical, nursing, allied health and other support staff commensurate with defined ICU roles.
4. An Area coordinated stand-alone Medical Emergency Team (MET) system be present in all SWSAHS hospitals. A single phone number to be utilised and linked to each hospital ICU.
5. Additional SWSAHS ICU/HDU beds be developed as follows:

	B'ktn	F'fld	L'pl	M'thur	B'ral
2004/05	1 ICU		1 ICU	2 ICU 2 HDU	
2005/06	1 ICU		1 ICU	2 ICU 2 HDU	
2006/07			1 ICU	2 ICU 3 HDU	
2007/08				1 ICU 1 HDU	

Source: SWSAHS Intensive Care Services Plan, 2004 (draft)

#### 3. Maternal and Perinatal Services

The following are recommendations of a review conducted by Professor David Henderson-Smart:

1. Establish an Area-wide Maternal and Perinatal Service.
2. Appoint a full time Professor of Obstetrics as the Area Director for Maternal and Perinatal Services to provide leadership across the Area in implementing the recommendations of the review.
3. Appoint an Area Director of Midwifery Services who would be supported by an expert Clinical Nurse Consultant (Midwifery) to work with the Area Director of Maternal and Perinatal Services.
4. As a priority, engage the existing Area-wide multidisciplinary Maternity Service Network to develop and implement strategies to improve the integration, consistency and quality of maternal and perinatal services.

5. Develop and implement Area-wide protocols for patient selection, inclusion and exclusion, consultation and transfer, according to the role of the Units, to ensure that services are provided at an appropriate level of care to meet the needs of women.
5. Ensure that women are given the informed choice of a range of maternity service options consistent with the *NSW Framework for Maternity Services*, to be achieved by engaging consumer in the development of services.
6. Provide Area-wide supervision of, and support and education programs for, medical and midwifery staff to ensure that all staff are provided with, and maintain, the level of skills required to provide appropriate services, including the resuscitation of neonatal infants and obstetric emergencies.
7. Add two more ventilated beds to the neonatal intensive care unit and special care nursery at Liverpool, to bring the total number of Level 5 neonatal cots to 10, and add a further seven Level 3 and Level 4 neonatal beds as a step down from level 5 intensive care beds.
8. Appoint three new specialists to the Materno-fetal Medicine Unit. This will enable the provision of 24-hour on call specialist obstetric emergency ultrasound currently not available.
9. Appoint a staff specialist obstetrician as the Director of Maternity and Perinatal Services at Fairfield Hospital.
10. Fairfield be a level 3 Maternity and Neonatal Unit and refer women with higher-risk pregnancies to Liverpool.
11. Add four to six beds in Liverpool Hospital's inpatient maternity unit to allow for women with more complicated pregnancies to be referred from Fairfield Hospital.
12. Review the admission policies at Fairfield Hospital to ensure admissions into the nursery are appropriate for the level of service.
13. Camden Hospital be maintained as a low-risk level 3 Maternity service with appropriate on-call anaesthetic cover and on-call paediatric support. The provision of adequate paediatric and anaesthetic cover will be monitored.
14. Expand the range of pregnancy care options available to mothers at Bankstown and Campbelltown Hospitals.
15. Examine the option of Bowral Hospital developing a hospital-based antenatal clinic to provide publicly-funded services.
16. Assess the development of a networked Domiciliary Midwifery program to be managed at Area level.

17. Enhance allied health services, in particular social work and physiotherapy, across the Area's six maternity units to provide appropriate levels of support for mothers and babies.
18. Appoint an academic Chair as Director of Anaesthetics with an interest in obstetric anaesthesia.

#### **4. Paediatric, Child, Youth and Family Services**

1. Establish an Area Paediatric Service led by a Director / Clinical Academic.
2. Inpatient care be provided with 24-hour registrar cover at Liverpool, Campbelltown and Bankstown Hospitals. This will be achieved through continued participation with both the Greater Western Child Health Network and the Greater Eastern and Southern Child Health Network.
3. Fairfield Hospital provide a paediatric Emergency Medicine Unit (EMU) adjacent to the Emergency Department networked with Liverpool Hospital. Paediatric medical cover for Fairfield to be enhanced in line with obstetric service requirements.
4. Bankstown Hospital establish a paediatric ambulatory service and appoint a staff specialist cross-appointed with Canterbury Hospital to build networks between the two hospitals.
5. Area paediatric ambulatory services will work towards 7 days per week coverage.
6. Paediatric and adolescent community based services be enhanced across the Area.

#### **5. Paediatric Surgery Services**

1. Campbelltown and Liverpool be the two centres for elective paediatric surgery in SWSAHS, with more complex cases being cared for at Sydney Children's Hospital, Randwick and The Children's Hospital at Westmead.
2. An emergency paediatric surgical roster at Liverpool be commenced with surgeons cross-appointed to Sydney Children's Hospital, Randwick and The Children's Hospital at Westmead.
3. Continue participation in both the Greater Western Child Health Network and the Greater Eastern and Southern Child Health Network.

#### **6. Gynaecology Services**

1. An Area Gynaecology service be established.

2. SWSAHS continue to offer a comprehensive Gynaecological Oncology program primarily based at Liverpool. The surgical component of comprehensive cancer care be networked across the Area, provided post surgical emotional support can be also provided.
3. Bankstown Hospital should be considered as a site for this development.
4. General Gynaecology be enhanced at Fairfield and Campbelltown Hospitals to include menopause and endoscopic and minimally invasive gynaecology.
5. Camden Hospital provide day surgical services.

## **7. Clinical Genetics Services**

1. Genetics services be progressively developed as per NSW Health Genetics Services Advisory Committee planning standards.
2. The main service for Clinical Genetics continue to be delivered from Liverpool Hospital.
3. Enhance outreach services at Campbelltown Hospital by the appointment of a genetic counsellor.
4. An outreach service with weekly clinics at Bankstown and Fairfield be developed.
5. A dedicated pathology budget be provided to support genetic testing.
6. Develop comprehensive cancer genetics services for SWS.

## **8. Cardiothoracic Surgery Services**

1. Cardiothoracic surgery services be formally structured on an Area-wide basis.
2. Cardiothoracic surgeons be cross-appointed to Liverpool and Bankstown.
3. Liverpool Hospital continue to develop Cardiothoracic Surgery (open heart surgery)
4. Elective thoracic surgery be performed at Liverpool and Bankstown Hospitals.
5. A pacemaker and defibrillator service be developed across Liverpool and Bankstown Hospitals.
6. Coordination of care and the discharge processes be improved with the appointment of an Area CNC.
7. A single data collection system for Cardiology and Cardiac Surgery be developed across the Area. This data collection be implemented to track performance and outcomes.

## **9. Cardiology Services**

1. An Area Cardiac service be developed with locations at Bankstown, Fairfield, Liverpool, Campbelltown and Bowral.

2. Liverpool be the centre for interventional cardiology and electrophysiology services. A third cardiac catheter laboratory and a 24-hour/seven days per week Primary Coronary Intervention Service be established.
3. Enhanced non-invasive services (such as stress testing) be provided at Fairfield, Campbelltown, and Bowral.
4. Liverpool, Fairfield and Campbelltown Hospitals expand cardiologist presence.
5. A cardiac laboratory be provided at Campbelltown to enable non-invasive cardiology procedures such as transoesophageal echocardiography to be performed, with a view to providing interventional cardiology in the future.
6. Campbelltown develop as the centre for Heart Failure with a Director appointed.
7. An Area Cardiology Patient Flow Manager be appointed

## **10. Respiratory Medicine Services**

1. An Area-wide respiratory medicine service be established with Liverpool, Campbelltown and Bankstown developed as the major sites for comprehensive respiratory medicine services.
2. Liverpool Hospital provide level 6 respiratory medicine services with ready access to patients cared for in all other Area hospitals for:
  - 2.1 Tuberculosis service;
  - 2.2 Interventional bronchoscopy service;
  - 2.3 Invasive radiological service;
  - 2.4 Respiratory function laboratory;
  - 2.5 Sleep laboratory and CPAP/BiPAP service;
  - 2.6 Thoracic oncology (linked to other hospitals); and
  - 2.7 Asthma clinic.
3. An Academic Centre be established at Liverpool and an additional senior Academic Respiratory Medicine Physician appointed.
4. The following components of care delivery be available at Bankstown and Campbelltown, with ready access to patients from Camden and Wingecarribee:
  - 4.1 Invasive radiological service;
  - 4.2 Respiratory function laboratory;
  - 4.3 Sleep laboratory; and
  - 4.4 Asthma clinic
5. Respiratory Medicine physicians be appointed to Campbelltown and Fairfield with cross appointment to Bankstown or Liverpool.
6. The home respiratory appliance service be centralised and linked to home nursing support.
7. Access for non-inpatient asthma services, pulmonary rehabilitation patients, TB service

and expansion of smoking cessation be assisted by an Area Respiratory CNC.

8. Private practice-style outpatient facilities with procedure rooms be developed across the Area.

### **11. General Surgery Services**

1. An Area Department of General Surgery be established to foster cross appointment and to match patient complexity with hospital role. The Department will:
  - 1.1 Participate in across Area clinical audit to permit benchmarking between hospitals; and
  - 1.2 Develop and adapt to the evolution of General Surgery subspecialties (in particular, head and neck, vascular, upper-gastrointestinal, colorectal, breast, trauma and endocrine surgery).
2. Urgent/Emergency general surgery be provided at all sites with highly complex procedures supported at Liverpool.
3. Fairfield Hospital be developed as the centre for elective short stay, day only, low risk general surgery.
4. A research/protocol centre for short stay and day only surgery be established at Fairfield to foster and develop techniques and protocols to enhance the ability to perform short stay and day only procedures.
5. Elective day only surgery be provided at Camden Hospital.

### **12. Trauma and Injury Services**

1. The Major Trauma Service (MTS) in SWSAHS continue to be based at Liverpool Hospital in accordance with the NSW State Trauma Plan.
2. Further enhancements of specialist trauma surgeons, case managers and a registrar be provided to enable the admission of patients to a dedicated trauma unit.
3. An Academic Chair in Trauma and Emergency Surgery be appointed.
4. Support be provided for the development of the 'Australia Pacific Foundation for Trauma Education and Clinical Standards' at Liverpool.
5. Other hospitals fulfil their designated roles in the NSW Trauma Plan as defined by NSW Health.

### **13. Vascular Surgery Services**

1. Vascular Surgery be developed as an Area-wide service.
2. Vascular surgery be provided at Liverpool and Bankstown Hospitals as the two main

centres for SWSAHS. Surgeons will be cross-appointed between the two sites.

3. Liverpool concentrate on providing abdominal open and endoluminal aortic aneurysm surgery and other endoluminal work.
4. Vascular access surgery be provided at Liverpool and Bankstown Hospitals.
5. Bankstown to provide all other vascular surgery.
6. A co-ordinated approach to developing an endovascular service in SWSAHS be adopted so that peripheral stenting (e.g. renal, iliac, carotid) develops by a collaborative process between vascular surgeons, radiologists, cardiologists and cardiac surgeons.
7. A case manager be appointed to co-ordinate admission and discharge in and between the two sites.
8. An Area-wide consultative service be developed to ensure Fairfield, Macarthur and Wingecarribee residents have equal access to Liverpool and Bankstown surgical services.
9. Area protocols for vascular catastrophes in each SWSAHS hospital will be developed and a system for management clearly outlined.
10. An Area vascular roster be provided.

### **14. Head and Neck Surgery Services**

1. Head and Neck Surgery be developed as an Area service with complex head and neck surgery provided at Liverpool.
2. Liverpool's surgical, inpatient and rehabilitation services for head and neck surgery be enhanced with major resectional and reconstructive surgery for head and neck malignancies undertaken by multidisciplinary teams.
3. Elective thyroid Surgery continue at Liverpool, Fairfield, Bankstown, Campbelltown and Bowral Hospitals.
4. Established links with medical and radiation oncologists be enhanced by affiliation with Area Cancer Services.

### **15. Ear, Nose and Throat Services**

1. Ear, Nose and Throat (ENT) Services be developed as an Area-wide service with cross-appointed surgeons to enable sub-specialisation and appointment of an Academic Chair.
2. Bankstown and Campbelltown be the two sites in SWSAHS for the delivery of elective low risk ENT surgery.
3. All complex ENT surgery for the Area be performed at Liverpool Hospital.
4. A second advanced surgical trainee registrar be appointed.

5. An additional consultant otolaryngology head and neck surgeon with a specialty in skull base and neuro-otology be appointed at Liverpool Hospital. This appointment will also support neurosurgery.

### **16. Endocrine Surgery Services**

1. Endocrine surgery be developed as an Area-wide service.
2. Bankstown and Liverpool Hospitals be the two centres for major endocrine surgery with the continued development of specialist adrenal, parathyroid and thyroid surgery at both of these hospitals.
3. Elective thyroid surgery be performed also at Bowral, Campbelltown and Fairfield Hospitals.
4. A second endocrine surgeon be appointed to the Area Service.
5. Histopathology resources be enhanced to support endocrine surgery.

### **17. Oral and Maxillofacial Surgery Services**

1. Oral and maxillofacial surgery services be developed as an Area-wide service.
2. Complex oral and facio-maxillary surgery be developed at Liverpool to include elective and emergency surgery. Elective non-complex surgery be developed at Bankstown.
3. Establish a monthly joint cranio-facial clinic.
4. Establish an advanced trainee position with close ties to Plastic/Head & Neck/ENT surgical service provision.
5. Further development of reconstructive and prosthodontic rehabilitation post tumour resection/reconstruction be considered.

### **18. Plastic and Reconstructive Surgery Services**

1. Plastic surgery be developed as an Area-wide service.
2. Liverpool and Bankstown be the major service hubs with Camden providing a day surgery service for Macarthur.
3. Bankstown substantially increase its role and volume through establishment of a dedicated registrar position with links to Liverpool.
4. All VMOs be cross-accredited to perform plastic surgery at all hospitals in SWSAHS, consistent with role delineation.
5. A single, area-wide on-call roster be established so that patients presenting as emergencies to any hospital be triaged according to emergency, complexity, bed and

operating theatre availability at Liverpool and Bankstown Hospitals.

### **19. Urology Services**

1. Urology be developed as an Area-wide service with cross appointments to facilitate this.
2. Day only services be provided at Bankstown, Fairfield, and Camden/Campbelltown hospitals, including surgery for benign prostate disease. There will be a limited day only service at Liverpool. Emergency admissions for these services will be triaged accordingly.
3. Complex surgery such as radical prostatectomy, cystectomy and major nephrectomies, reconstructive and malignancy surgery be performed at Liverpool and Bankstown.
4. Clinics for treatment of superficial bladder cancer be developed at Bankstown and Campbelltown.
5. A CNC in Urology will be appointed to coordinate inpatient and outpatient services.
6. Campbelltown be developed as a site for the treatment of urological cancer
7. Services at Bowral be developed over time assisted by a stronger base developing at Campbelltown.

### **20. Orthopaedic Surgery Services**

1. Orthopaedic surgery be developed as an Area-wide service.
2. Orthopaedic surgery be performed at Liverpool, Bankstown, Fairfield, Campbelltown and Bowral Hospitals.
3. Bankstown Hospital and the Whitlam Joint Replacement Centre at Fairfield Hospital be enhanced as the major centres for elective joint replacement and reconstruction.
4. Traumatic orthopaedics be centred at Liverpool, the designated Major Trauma Service. Liverpool Orthopaedic Department continue to provide for most paediatric and specialised reconstructive surgery.
5. The orthopaedic service at Campbelltown Hospital be enhanced to a level 5 service, 7 days a week.
6. Paediatric orthopaedics and trauma continue to be provided at Liverpool with progressive development of this service at Campbelltown Hospital with additional registrar coverage.
7. Macarthur to develop its role in day surgical and non-joint replacement elective procedures.
8. Provide comprehensive rehabilitation services support for orthopaedic services.

## **21. Hand Surgery Services**

1. Hand surgery be developed as an Area-wide service.
2. Liverpool be developed as Sydney's third major hand unit.
3. A satellite service be provided at Bankstown Hospital for an elective workload.
4. A separate hand roster be provided at Liverpool, reflecting the establishment of a Hand Surgery Department.
5. Hand clinics be provided.
6. Access to hand clinics to support postoperative rehabilitation be enhanced at Campbelltown, Bankstown and Liverpool.

## **22. Rheumatology Services**

1. Rheumatology services be developed as an Area-wide service.
2. An Academic Chair in Rheumatology be appointed.
3. Liverpool Hospital continue to develop a tertiary level service for the Area with access for patients with complex inflammatory and autoimmune disease to dedicated Rheumatology beds and multidisciplinary clinics.
4. General Rheumatology and metabolic bone disease clinics and outreach services be provided progressively at Bankstown, Fairfield, Campbelltown and Bowral, as the service develops.
5. A dedicated drug budget be established to support Rheumatology.

## **23. Neurology Services**

1. An Area-wide Department of Neurology be established with the three centres located at Bankstown, Liverpool and Campbelltown enhanced to provide neurological and stroke services.
2. Specialised areas of expertise be developed at each hospital:
  - 2.1 Bankstown
    - Management of stroke;
    - Neurology of ageing and dementia in association with aged care; and
    - Rehabilitation.
  - 2.2 Liverpool
    - Tertiary investigations and treatment modalities (MRI, PET, interventional neuroradiology);
    - Management of stroke;
    - Neuro-otology;
    - Neuro-ophthalmology;
    - Neuromuscular disorders; and
    - Multiple sclerosis and neuro-immunological disease.

2.3 Campbelltown/Camden  
Management of stroke; and  
Rehabilitation.

3. Additional registrar positions be appointed to enable a registrar roster for weekend cover and ambulatory/outpatient neurophysiology services' cover.

## **24. Neurosurgery Services**

1. Neurosurgery continues to develop as an Area-wide service.
2. Liverpool continue its role as the centre for the investigation and management of aneurysms, arteriovenous malformations, complex neuro-otological surgery, neuro-oncology, complex spinal surgery, trauma, clinical research and post graduate training.
3. Bankstown specialise in spinal and peripheral nerve surgery.
4. A similar service to Bankstown be developed at Campbelltown Hospital.
5. Liverpool develop an interventional neuroradiological service.
6. In 2005/06 the fifth neurosurgeon be appointed with an added operating session and extra beds provided at Liverpool. Operating microscope, stereotactic localisation system and neuro-endoscopy equipment at Liverpool be updated by this time.

## **25. Colorectal Surgery Services**

1. An Area Colorectal Surgical Unit be established at Bankstown Hospital with an Academic Chair appointed.
2. The Area colorectal surgical unit formally monitor colorectal surgery outcomes (cancer and non-cancer) of all general and colorectal surgeons offering the service and develop a coherent system to improve outcomes, and co-ordinate patient education.
3. Highly complex colorectal surgery (cancer and non-cancer) be provided at Bankstown. Other specialised colorectal surgery be provided at Campbelltown Hospital.
4. Stomal Therapy Nursing function as an Area service across the continuum of care (pre-operative, post operative and community phases); and link with colorectal surgeons; case coordinators and other clinicians (inpatient and community) consumer/carers; GPs nursing homes and ostomy associations. Staffing to be enhanced.

## 26. Gastroenterology Services

1. An Area-wide Department of Gastroenterology and Hepatology be developed.
2. Bankstown and Liverpool provide Level 6 gastroenterology services.
3. Endoscopy units be stand alone services with dedicated staff.
4. ERCP be performed in established, dedicated endoscopy units.
5. All emergency GI endoscopy be performed at Bankstown and Liverpool Hospitals. Elective gastroscopy & colonoscopy continue to be performed at Fairfield, Campbelltown, Camden and Bowral Hospitals.
6. Gastroenterologists and surgeons performing endoscopic procedures participate in regular clinical audits.

## 27. Upper Gastrointestinal Surgery Services

1. Upper GI surgery be an Area-wide service concentrated at Liverpool and Bankstown as the referral hub services and with other Area hospitals following agreed referral protocols.
6. An Area-wide roster for Upper GI Surgery be created. This roster be the central referral point and widely advertised.
7. Subspecialisation at Bankstown and Liverpool be encouraged:
  - 7.1 Gastric surgery, severe acute pancreatitis and benign surgery for motility disorders at both Bankstown and Liverpool;
  - 7.2 Hepatic, pancreatic and biliary malignancy surgery at Liverpool only;
  - 7.3 Elective Oesophageal cancer surgery will be at Bankstown Hospital;
  - 7.4 Bankstown and Liverpool to have a combined Gastroenterology and Upper GI ward to permit nursing, allied health skill development and foster cooperation;
  - 7.5 Purchase appropriate equipment e.g. equipment for complex stone dissolution techniques, RFA equipment and manometry; and
  - 7.6 Develop brachytherapy expertise in the treatment of cholangiocarcinoma.

## 28. Cancer Services

1. An integrated Area Cancer Service, co-ordinated by an Area Clinical Director be further developed.

2. The Area continue developing its Comprehensive Cancer Centre at Liverpool and Cancer Units at Campbelltown and Bankstown in accordance with *A Cancer Care Model for NSW Optimising Cancer Management (1999)*; *A Clinical Framework for Optimising Cancer Care in NSW and NSW Cancer Plan*.
3. A Professor/Director of Medical Oncology be appointed consistent with the recommendation of the external review undertaken in 2003.
4. Medical oncology departments at Campbelltown, Liverpool and Bankstown be enhanced with cross-credentialling of medical oncologists to provide for increasing subspecialisation within medical oncology. Chemotherapy treatment will continue at Bowral Day Surgery.
5. By mid 2005 radiation oncology to have two linear accelerators operating at Campbelltown Cancer Therapy Centre. Liverpool will replace an older LINAC in 2005. The total Area configuration be five linear accelerators.
6. Consultative services for radiotherapy and chemotherapy be available within each hospital in SWSAHS.
7. The main locations for cancer surgery will be as follows:

Campbelltown	Liverpool	Bankstown
Genito-urinary	Thoracic Upper GI Genito-urinary Endocrine Neurological cancer Orthopaedic Head and Neck Reconstructive surgery after cancer	Thoracic Upper GI Genito-urinary Endocrine
Colorectal		Colorectal
Breast	Gynaecology	Breast (also at Fairfield) Gynaecology
Skin cancer surgery – all hospitals		

8. Care coordinators for site-specific tumours be appointed to enhance timely access for patients' initial consultation, unscheduled follow-up visits and to co-ordinate the care in community settings by GPs and other service providers.
9. There be rotation of registrars in oncology between Liverpool, Bankstown and Campbelltown Hospitals.
10. Inpatient beds and support staff be made available for admitting medical and radiation oncology patients at Campbelltown Hospital.

11. Tumour stream leaders currently appointed develop research and standards and protocols for the management of tumour types.
12. Enhancement of the numbers of inpatient beds for medical oncology at Liverpool Hospital.
13. Significant enhancement of cancer research across the area with wet laboratories and medical physics research.
14. Enhanced staffing in medical, nursing and allied health.
15. An Area Cancer Registry be established.
16. The provision of rural outreach services be planned as part of the statewide role of radiotherapy.
17. A feasibility study be performed to evaluate the development of a “private” clinic in SWS for the delivery of chemotherapy.

### **29. Breast Surgery Services**

1. Breast Surgery be developed as an Area-wide service.
2. Develop a purpose-built and designed Area Breast Assessment and Referral Centre at Liverpool.
3. Facilitate the credentialling of surgeons performing breast surgery consistent with the College of Surgeons, Breast Section guidelines and NHMRC clinical practice guidelines.
4. Bankstown, Fairfield, and Campbelltown hospitals be the sites for the provision of breast surgery for cancer.
5. Reconstructive breast surgery be concentrated at Bankstown and Liverpool in alliance with the plastic surgeons.

### **30. Haematology Services**

1. Haematology services be provided as an Area Service.
2. Inpatient care of haematology patients be established at Bankstown Hospital with appropriate senior nursing and allied health support.
3. Area appointments of additional haematologists be primarily based at Bankstown and Campbelltown Hospitals.
4. Plans for the future provision of allogeneic bone marrow transplantation be developed.
5. Liverpool Hospital continue to be the centre for the management of complex haematological disease. Inpatient facilities at Liverpool Hospital be given priority for re-development including the Apheresis Unit.

### **31. Palliative Care Services**

1. The WHO definition of Palliative Care be adopted as standard and ensure that all services providing end of life care have the basic clinical and communication skills required.
2. Palliative care services continue to operate as an Area-wide specialised service with inpatient care based at Camden and Braeside Hospitals.
3. Palliative care beds be increased across the Area. Additional palliative care beds be provided at Liverpool, Braeside and Camden Hospitals.
4. An Area service model be developed including a centralised intake system utilising the Palliative Care Electronic Clinical Record (ECR).
5. Palliative care services be enhanced based on staffing level standards of Palliative Care Australia, as adopted by NSW Health.

### **32. General Medicine Services**

1. General Medicine be developed as an Area Service with a Professor of General Medicine appointed as the Area Director, located at Campbelltown Hospital.
2. Liverpool and Fairfield Hospital continue to provide General Medicine.
3. Bowral Hospital appoint an additional general medicine physician with linkages to Campbelltown Hospital. The continued involvement of general practitioners at Bowral Hospital be encouraged.

### **33. Clinical Immunology Services**

1. Clinical immunology be an Area Service based at Liverpool with an Area Director of Clinical Immunology/Allergy appointed.
2. An additional immunologist be appointed to the Area. This additional position will enable clinics to be increased at Campbelltown Hospital and established at Bankstown Hospital.

### **34. Dermatology Services**

1. Dermatology services based at Liverpool Hospital Service to provide inpatient and outpatient consultations for the whole of SWSAHS.
2. Services at other Area hospitals be developed in line with the commencement of a training program for the Area.

### **35. Infectious Diseases Services**

1. Infectious diseases clinical services be enhanced and based at Liverpool Hospital with inpatient beds established.
2. Additional infectious diseases positions to be appointed to the Area Service.
3. The Area Infection Control service be enhanced with both a Medical and Nursing Director who will co-ordinate the service.

### **36. Renal Medicine Services**

1. Renal Medicine services be developed further as an integrated Area Service.
2. An Area Renal Service Director be appointed to oversee the provision of the Area service.
3. The core comprehensive unit be provided at Liverpool Hospital.
4. Develop and implement an isolation haemodialysis unit in Liverpool Hospital to care for patients carrying multiresistant organisms such as MRSA, VRE, and hVISA.
5. Renal transplant service to be developed over time.
6. Campbelltown Hospital renal service to progressively develop comprehensive care to include out of hours consultation, an after hours roster and ICU dialysis.
7. Bankstown Hospital renal dialysis expands its current haemodialysis unit to 10-12 chairs.
8. Appropriate levels of renal dialysis services to be provided.
9. Fairfield and Bowral Hospitals be provided with outreach clinics.
10. Comprehensive plans be developed for future satellite haemodialysis units at Bowral and Fairfield Hospitals.
11. Dialysis access surgery be increased at Liverpool and Bankstown.
12. A renal clinical database be implemented to track inpatient and outpatient care in patients with renal disease, hypertension, renal impairment, dialysis and transplantation, including download and analysis of SWAPS pathology data.

### **37. Hypertension Services**

1. Bankstown Hospital be the Area referral centre for complex hypertension problems.
2. Hypertension services be developed as an Area network.
3. A uniform approach to the investigation and management of patients be developed in collaboration with the Divisions of General Practice.

### **38. Endocrinology Services**

1. Diabetes services be developed as an Area Service with Diabetes Centres located at Liverpool, Bankstown and Campbelltown, each with an Advanced Trainee Registrar.
2. Multidisciplinary ambulatory diabetes teams be available across the Area. These teams will be situated at Bankstown, Liverpool/Fairfield, will be structured as one team and Campbelltown/Camden/Bowral structured as another team.
3. Diabetes/Hypertension staff be cross-accredited to the Primary Care Division to facilitate closer ties to general practitioners and community based services.
4. Strategies be developed in conjunction with General Practitioners to enhance diabetes primary prevention.
5. An Area Diabetes Register including the Divisions of General Practice be implemented.
6. Diabetes educators and other relevant allied health staff be enhanced.

### **39. Ophthalmology Services**

1. An Area-wide Department of Ophthalmology for research, teaching and the promotion of eye care be created under the leadership of the Professorial position, based at Liverpool.
2. Liverpool retain a focus on emergency and complex surgery.
3. Bankstown Hospital be developed as a centre of cataract surgery servicing Liverpool, Fairfield and Bankstown.
4. Registrar training program at Bankstown and Liverpool be developed on an Area basis.
5. Further consideration be given to developing a second centre for cataract surgery at Camden.
6. Bowral continue to offer eye surgery at existing levels.

### **40. Aged Care Services**

1. Aged Care services be an Area-wide service with an Area clinical leader.
2. An Academic Chair be appointed.
3. Acute inpatient aged care services be provided at Bankstown, Liverpool, and Campbelltown with appropriate links to ACAT services.
4. Fairfield Hospital and Camden Hospitals provide non-acute aged care beds and the majority of transitional care beds. Geriatric medical cover at Fairfield will be provided in collaboration with Liverpool. Development of a number of transitional care beds at Liverpool will be considered, to facilitate

appropriate patient flow out of the acute beds located at Liverpool.

5. Aged care services be progressively enhanced in acute, sub-acute and transitional beds.

#### **41. Aged Care Psychiatry Services**

1. Aged Care Psychiatry services be provided as an Area-wide service with inpatient aged care psychiatry services provided at three sites: Bankstown, Braeside and Campbelltown Hospitals. A smaller service be provided at Liverpool Hospital.
2. Dementia specific beds be sought for the Area at locations to be determined. Specialty nursing and allied health staff be appointed.
3. An Area position responsible for co-ordinating clinical governance, service quality and service co-ordination be developed.
4. Community teams and multidisciplinary ambulatory teams be developed across the Area according to aged care population projections.

#### **42. Brain Injury Rehabilitation Services**

1. Liverpool Brain Injury Unit provide additional beds to improve access for non-traumatic brain injury patients. A Procurement Feasibility Plan be conducted to identify the capital options to provide the additional beds.
2. Additional medical, nursing and allied health staff be provided to fulfil its role as a Statewide Service.

#### **43. Rehabilitation Services**

1. Rehabilitation services form into an Area-wide service based at Liverpool, Bankstown, Fairfield, Braeside and Camden Hospitals.
2. There be Area-wide cross-accreditation of medical rehabilitation staff.
3. Rehabilitation beds and transitional care services be enhanced and operate collaboratively with Braeside Hospital rehabilitation service.
4. Further develop outpatient rehabilitation services across the area.

#### **44. Mental Health Services**

1. Area-wide mental health services be developed around four networks with major inpatient centres at Liverpool, Bankstown and Campbelltown.

2. Significant further workforce enhancements be provided to meet 80% of the targeted resource levels presented in the "Mental Health Clinical Care and Prevention Model".
3. A centre of expertise in perinatal and infant mental health be developed at Fairfield.
4. A centre of expertise in adolescent mental health be developed at Campbelltown.
5. A centre of expertise in child and family mental health be developed at Liverpool.
6. Existing intake / triage / referral processes for all age groups consolidate with the goal of establishing a single point of contact for all mental health services in SWSAHS.
7. Psychiatrist and registrar positions be commensurate with Area Health Services of similar size.
8. Hospital-based psychiatric consultation/ liaison services be commensurate with the complexity and size of SWSAHS hospitals.
9. Enhance access to Intensive Management inpatient beds through other Area Health Services whilst SWSAHS develops its capital infrastructure.
10. Non-acute inpatient facilities be developed as planned at Campbelltown Hospital with continuing and improved access to existing non-acute beds in the Western Network.
11. Community-based mental health services be progressively enhanced to enable improved access and more assertive acute and continuing care for the communities of SWS.
12. The mental health capital program be funded to meet facility requirements for planned service enhancements.
13. Enhance information systems development to support clinicians, managers and quality improvement.
14. Develop stronger prevention/promotion activities linked to all age groups.
15. Collaborative partnerships with emergency departments, GPs, aged care services, related government departments, non-government organisations and other key service providers be strengthened.
16. Capacity to provide specialised assessment / consultation / treatment programs (specifically for forensic, borderline personality and eating disorder patients) be developed.
17. Planning for facility development to care for dementia patients with violent or severely aggressive behaviour be undertaken.
18. Dedicated research in mental health be supported and enhanced as a core service activity.

## **45. Hospital to Community Interface**

### **45.1. Primary Health Care Services**

1. An Area Division of Primary Health Care be established with a Director of Primary Health Care.
2. A standardised intake system and process be developed across the Area, particularly for non-inpatients and those patients within the community, with standardised hours of operation, protocols etc. that provides one point of entry for consumers and referrers and enables triage to the appropriate services.
3. Ongoing review of service models across the Area to ensure that they are evidence-based and meet the needs of the local communities.
4. An effective Information system be established across acute/primary health care interface to enable coordination of care, data collection and exchange of clinical information between care providers and to support improvements in clinical practice. This will also reduce duplication of investigations, diagnostics etc.
5. Standard clinical indicators, clinical guidelines and protocols be developed across the Area.
6. Primary health care services to include community and allied health services, patient flow, discharge and ambulatory care services and develop clear service agreements to key departments such as the Emergency Department.
7. Local primary health networks be established comprising SWSAHS primary health staff, general practitioners and other primary care providers. These primary health care teams will create a mechanism for strong clinical links and care teams at a local level and enable general practitioners to take on medical leadership in the shared management of individual patients, particularly those that fall within standard care paths.
8. Mechanisms be developed for SWSAHS medical specialists to have clinical governance over primary care programs through clear oversight of care protocols, pathways and consultant advice on complex patients.
9. ComPacks be available across all sites.
10. Services for primary health nursing and allied health be progressively enhanced to enable increased capacity within the community sector.
11. An external independent review be commissioned to assist delineation of service roles for the Area Division of Primary

Health Care. This to include further consultation with relevant staff.

### **45.2. Ambulatory Care Services**

1. Ambulatory care services be developed as an Area-wide Service with an Area Director.
2. Campbelltown, Camden, Bankstown, Fairfield, Liverpool, and Bowral Hospitals continue to develop ambulatory care services consistent with the role and function of each hospital.
3. The ambulatory care service network be expanded towards 24-hours/7 days per week with increased geographic equity.
4. Ambulatory care specialist positions be enhanced across the Area.
5. A single data reporting system be established across the Area to facilitate peer review, quality management and the development of clinical standards.

### **45.3. Patient Flow & Discharge Planning Services**

1. Patient flow / bed managers be formed into an Area-wide team to support the smooth transition and discharge of patients from SWSAHS hospitals.
2. Staff dedicated to patient flow be enhanced.
3. Ambulatory Care and Primary Health support teams develop across each hospital and improve patient flow from Emergency Departments and hospital into care settings.
4. An Area Discharge and Patient Flow Unit be established to support, monitor and evaluate discharge and patient flow processes.

### **45.4 Allied Health Services**

1. Allied health services be developed as an integrated Area network with an Area Director of Allied Health.
2. A standardised intake system be developed with other parts of the primary health care division.
3. Common protocols and standards, clinical guidelines, research, training and education be developed at an Area level.
4. The allied health information management system be integrated with other information systems across the area to improve integration of information, data analysis etc.
5. An Academic Allied Health Unit be established within the next five years.
6. Academic positions within all of the Allied Health disciplines be established within the next five years.
7. Clinical Educator positions be developed in each discipline.

8. Psychology services be organised into an Area-wide service with a professional structure.
9. Allied health services be developed commensurate with all other clinical services development.

#### **45.5. Sexual Assault Services**

1. Sexual assault services be organised as an Area-wide service with Area leadership, professional development, information management, quality improvement programs and audit.
2. Sexual assault medical assessment services be further developed to provide daytime services at Bankstown, in addition to Liverpool and Campbelltown.
3. Sexual assault counselling services be further developed over the next five years to support group work and children under the age of ten years exhibiting sexualised behaviours.

#### **46. Population Health Services**

1. Population Health Services continue to be developed in an Area-wide Division focussing on epidemiology, health promotion and public health to facilitate improvements in population health outcomes.
2. Health promotion be organised as an Area-wide service and remain highly visible in local communities with a focus encompassing cancer, cardio-vascular disease, respiratory disease, mental health, communicable diseases and indigenous health.
3. An Area-wide, evidence-based approach to tobacco control be implemented for key target groups that complements social marketing campaigns initiated through the Cancer Institute and Cancer Council.
4. The importance of the role of population health in facilitating improvements in population health outcomes be reflected through the representation of Population Health Division in **all** key clinical networks and the development of service agreements.
5. Population health to provide leadership in the development of an evidence-based approach to policy and practice through its interface with **all** clinical networks.
6. The Epidemiology Unit be strengthened to provide support to the clinical networks, epidemiological research, interventional research, monitoring and evaluation. It will further develop its role as a resource to support clinical units in SWSAHS in the pursuit of, epidemiological research.
7. Public Health Unit be strengthened in its role in the prevention and control of infectious

diseases; prevention and control of blood borne viruses and sexually transmitted diseases; environmental health; and public health regulation and enforcement.

8. Population Health Services to provide timely, relevant and accurate epidemiological information and advice to Clinical Council, clinical networks and Area administration.
9. Population Health to have a special focus on providing guidance to all service providers who implement clinical initiatives that affect disadvantaged communities in SWSAHS.
10. Population Health to work with Primary Health Care Network to form effective partnerships with other agencies involved in health promotion and public health outcomes such as local councils, other government agencies, non-government agencies, Divisions of General Practice.
11. An external independent review be commissioned to assist delineate service roles for the Population Health Division vis-à-vis the Area Division of Primary Health Care. This to include further consultation with relevant staff.

#### **47. Drug Health Services**

1. Drug Health Services will continue its development as an Area-wide service through expansions to include:
  - 1.1 Collaborative shared care programs with general practice, pharmacies and other mainstream health care providers;
  - 1.2 Standardised post-intervention referral processes;
  - 1.3 Enhanced hospital liaison services;
  - 1.4 Support for generalist clinicians in dealing with drug health as per NSW Health policy; and
  - 1.5 Triage access mapping.
2. Drug Health Services develop with Mental Health Services appropriate systems of assessing and intervening with patients with dual diagnosis (Mental Health and Drug Health issues) across the continuum of care.

#### **48. Dentistry Services**

1. The Public Oral Health Program continue to operate within the quarantined allocation provided through NSW Health for SWSAHS eligible population, however, the Public Oral Health Program is not to fund services for hospital inpatients requiring dental services.
2. Dental Services for eligible persons requiring dental procedures under general anaesthetic, whether this be in operating theatres, the Pain Centre Liverpool or in other institutions (eg nursing homes etc) be

provided through increased access to operating theatre lists.

3. Dental services to support hospital inpatient services such as cardiology, cancer, trauma and emergency be developed.
4. Adult and Child Dental Services in Bankstown, Liverpool and Macarthur Health Services be consolidated in polyclinics to provide well-coordinated, improved clinical outcomes.

#### **49. Sexual Health Services**

1. Sexual Health services be an Area-wide service based at Liverpool's Bigge Park Centre with an Area Director appointed.
2. The Sexual Health Centre, with support from the HIV Service staff, provide supervision and training to clinics run by Aboriginal and Torres Strait Islander, multicultural, youth and women's health services to improve STD screening coverage across SWSAHS.
3. A registrar in sexual health/HIV medicine be appointed to enable expansion of services to other sites across SWSAHS.
4. Hepatitis services be formed into an Area department.
5. The Hepatitis Advisory Committee include representatives from the Infectious Diseases, Gastroenterology and Sexual Health.
6. The provision of staff occupational exposures and the screening and vaccination program for staff be fully integrated and enhanced across the Area.
7. Dedicated budget be allocated for HIV pathology testing.

#### **50. Interpreter Services**

1. Interpreter services will expand to reflect the clinical services development across the Area.
2. An interpreter service will be established at Campbelltown.

#### **51. Pathology Services**

1. Pathology services continue to run as an Area-wide service with primary medical laboratory services based at Liverpool and onsite laboratories and outreach clinics provided to Bankstown, Campbelltown, Bowral and Fairfield.
2. Outreach clinics at Bankstown and Campbelltown be expanded in line with their developing tertiary roles.
3. Anatomical pathology services be expanded to enable timely provision of testing and reports of increasing complexity and volume.

4. Cytology services at Bankstown be developed through recruitment of a cyto-technologist and pathologist.
5. Pathology involvement in clinical pathology meetings at Campbelltown and Bankstown be expanded.
6. Teaching and research capacity within Pathology be expanded.
7. Immunopathology be expanded.
8. Pathology courier service to be expanded to enable timely collection and delivery of specimens.
9. Department of microbiology and Infectious Diseases be expanded with additional registrar support
10. Capital requirements for Area SWAPS at Liverpool be informed by the completion of a master development control plan. Physical resources and equipment be enhanced to enable effective storage of blocks, tissues and slides.

#### **52. Pharmacy Services**

1. Pharmacy Services to be developed as an Area-wide service with Liverpool service developed as a tertiary level service.
2. Clinical training positions and pharmacy graduate programs be introduced across the area.
3. Clinical trials be conducted at all hospital sites.
4. Promote sub-specialisation in critical care, mental health and oncology pharmacy.
5. An Area Clinical Pharmacology service be developed.
6. Opportunities to collocate private pharmacy services within acute hospitals be explored.

#### **53. Radiology Services**

1. Picture Archive Communication System/Radiology Information System be implemented across the Area.
2. All imaging (including nuclear medicine) be incorporated into one Area-wide medical imaging service. Radiology continue to develop its Area network status to include Bankstown Hospital.
3. Interventional radiology and senior staff at Bankstown be enhanced. An interventional radiology service be developed at Bankstown, Liverpool, and Campbelltown Hospitals with Liverpool Hospital developing an interventional neuroradiology service.
4. Ultrasound services (excluding vascular and obstetrics) form as an Area-wide service to develop skills and training opportunities through a co-ordinated approach to in-house training and career pathways developed for ultrasonographers.

5. Radiology staffing across the Area be enhanced.
6. An equipment replacement program be developed for the service.
7. Two additional MRI licenses for SWSAHS be sought by NSW Health from the Commonwealth.

#### **54. Nuclear Medicine Services**

1. All imaging (including nuclear medicine) be incorporated into one Area-wide medical imaging service.
2. Nuclear medicine services provided at Bankstown, Liverpool and Campbelltown be networked to ensure quality and have:
  - 2.1 An Area Nuclear Medicine Advisory Committee;
  - 2.2 PET advisory and research committees;
  - 2.3 Radiation Safety Committee;
  - 2.4 Shared Clinical Governance Program; and
  - 2.5 Shared expertise in Physicists and radiopharmacists.
3. All nuclear medicine staff be funded from General funds.
4. The nuclear medicine department at Campbelltown Hospital progressively be developed as the third main site in SWSAHS from 2005.
5. Locally raised trust funds will remain locally held for use at the site where raised.

#### **55. Anaesthetic And Perioperative Services**

1. An Area-wide department be established to oversee clinical outcomes, training and education, resource allocation & co-ordination.
2. Appoint an Academic Chair as Director of Anaesthetics with an interest in obstetric anaesthesia.
3. The Area-wide department implement a consistent process for pre-operative assessment clinics to triage bookings to the appropriate role delineated facility for safe and efficient outcomes.
4. A review of operating theatre utilisation and assignment be conducted to define where further efficiencies in theatre utilisation can be achieved.
5. Additional anaesthetic services be provided to support obstetrics.

#### **56. Pain Management Services**

1. An Area Pain Service be fully developed with the central unit located at Liverpool Hospital.
2. A Medical Director for the Area Pain Service be appointed.
3. Anaesthetic Departments in Campbelltown, Fairfield, Bankstown and Bowral to provide acute pain services across the Area whilst chronic pain be managed by the Pain Service. The Pain Service will manage both acute and chronic pain services at Liverpool.