

Healthtalk

July 2004

Better Health, Good Health Care

Special Edition

Minister unveils blueprint for our future

The services of each hospital and healthcare facility will be enhanced and redefined...

The people of south-western Sydney will now have access to a superior level of health services with the announcement of an increase of \$300 million over four years.

This includes \$26.2 million in 2004/05 financial year, increasing to \$112 million per annum by 2007/08.

NSW Health Minister Morris Iemma unveiled the new health plan, the *South Western Sydney Health Network: The Way Forward, 2004 - 2008*, which will see an increase in medical, nursing and allied health staff in critical areas such as emergency, intensive care and after-hours inpatient care.

A team of 15 of our eminent clinicians and staff worked with more than 500 SWSAHS staff including doctors, nurses, allied health experts, health planners, administrators and members of the local community to produce the strategy.

The plan for the people of south-western Sydney focuses on the development of a healthcare network that will see coordinated services throughout SWSAHS rather than services on a hospital-by-hospital basis.

The services of each hospital and healthcare facility will be enhanced and redefined to form a clinical network to give patients the best specialist care available.

A new clinical management structure for SWSAHS staff will provide enhanced leadership.

There will be additional academic appointments and a new health research institute.

Medical staff will be appointed across several hospitals so that care can be provided at the most appropriate site by the most appropriate clinical team.

A strengthening of the partnership between hospitals and community health will ensure patients receive ongoing care in the community after discharge and avoid unnecessary hospitalisation.



THE WAY FORWARD: NSW Health Minister Morris Iemma (left) and clinical architects Prof Patrick Bolton, A/Prof Debora Picone, Dr Teresa Anderson, Prof Jeremy Wilson, Dr Neil Merrett, Dr Neil Berry, Ms Jenny Morris, Dr Martin Berry and Dr Kathy Gibson (right).

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From Deb's Desk



This special edition of Healthtalk has been dedicated to the launch of our new health plan that will realise the greatest change for this area since the creation of area health services 18 years ago.

Called the South Western Sydney Health Network: The Way Forward 2004 – 2008, NSW Health Minister Morris Iemma launched the strategy on June 17.

This is an exciting time for south-western Sydney, one of the most dynamic and fastest growing regions of Australia.

The plan, designed to ensure that all people in south-western Sydney have appropriate access to quality healthcare, will deliver safe, improved and better-integrated services for patients and all people of the south-west.

Intended to be sustainable well into the future, it is a working document that will be subject to review and will continue to evolve to meet the changing healthcare needs of the local community.

This strategy was put together not by health bureaucrats or politicians, but by the clinicians and other staff working on the frontline, delivering health services to our community. It is truly your health plan.

It has required a huge amount of work over the past six months from hundreds of dedicated staff, often contributing much of their already limited free time.

I want to thank all those that have worked so hard behind the scenes to make it happen especially the unstinting and sustained effort of members of the

Clinical Strategy Group and their tireless chairman Professor Jeremy Wilson who have set aside time in and out of hours, and their own personal interests to steer a course for the future of SWSAHS.

To all clinicians and managers who consulted colleagues and put together the templates for each clinical service plan over the Christmas and New Year period, your contribution and effort in such a tight timeframe cannot go by without recognition and many thanks.

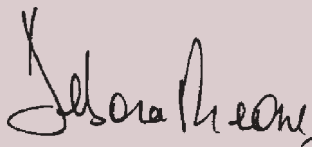
I would like to acknowledge the support and devotion of Mr Iemma. The minister's commitment to clinicians taking the lead in the planning of clinical services has been paramount.

This plan is a fitting testimony to the dedication and spirit of those who work in south-western Sydney and to the community.

We in SWSAHS face significant challenges in meeting the current and emerging healthcare 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 strategy, SWSAHS will ensure the continued vitality and success of the healthcare system for the people of south-west Sydney.

I look forward to the successful implementation of this plan.



**Associate Professor Debora Picone
Administrator, SWSAHS**

... continued from page 1

A single phone call system will be implemented for inter-hospital acute patient transfer, supported by a centralised system for safely transporting patients.

Stage two of Liverpool Hospital's building program will be expedited.

The plan boosts resources to our areas of need such as Campbelltown and Camden.

Subspecialty services at Campbelltown Hospital will be enhanced in key areas including cardiology, neurology and respiratory medicine.

The capacity of acute services in Campbelltown Hospital will expand with the addition of intensive care beds and high dependency beds.

The newly established renal dialysis service at Campbelltown Hospital will be progressively expanded from 6 to 10 chairs.

Information systems will be enhanced to support clinicians, managers and quality improvement.

By 2007-2008, SWSAHS will have:

- Significantly increased treatment capacity to improve local access to acute facilities

- emergency departments that are safer, well staffed, with improved triage performance and increased physical capacity

staff rotations between facilities will encourage a sharing of skills, improved communication and a reduction in duplication of services

- significantly increased intensive care and high dependency resources and beds, networked across the Area

the access to these expensive high technology services will be improved, reducing the need to transfer very ill patients around the system to receive high-level care

- weekend and out-of-hours medical cover will be substantially boosted in all our hospitals; and

- surgical waiting times will be reduced.

Pivotal to the success of the South Western Sydney Health Network is the role our hospitals will play.

Each facility will be a centre of expertise in a specific area and will work in a complementary way with each other.

Liverpool Hospital will continue to be the tertiary referral hospital, providing a comprehensive range of high level emergency, medical, surgical, mental health, maternity, paediatric and newborn services.

Research infrastructure will be centred at Liverpool Hospital which will maintain its leading role as the academic centre for SWSAHS.

Bankstown Hospital will continue as a principal referral hospital operating its services mostly at level five, providing for a mix of complex and routine patients.

It will be the centre for colorectal surgery and plastic surgery, and with Liverpool Hospital it will be a major provider of upper gastro-intestinal surgery and level six gastroenterology.

Fairfield Hospital will continue as a major metropolitan hospital operating its services mostly at level four.

It will be the centre for elective orthopaedic surgery and elective short stay, day only low risk surgery.

Fairfield Hospital will develop with Braeside Hospital as a centre for rehabilitation and aged care.

Its emergency department will be partnered with Liverpool Hospital and will have senior medical cover 12 hours a day, 7 days week.

Campbelltown Hospital will progressively develop towards principal referral hospital status operating its services mostly at level five.

Sub-speciality capabilities in medicine and surgery will be developed.

Campbelltown will be the hub for academic general medicine, include a centre for heart failure and be a lead site for SWSAHS in paediatrics and ambulatory care.

It will be a major centre for colorectal surgery and adult/adolescent acute and non-acute mental health.

Camden Hospital will maintain a complementary role with Campbelltown Hospital, offering rehabilitation, normal risk obstetrics, palliative care, emergency department 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 for emergency and medical patients. ■



PATIENTS FIRST: Mr Colin Cowie (left) in Liverpool Hospital's Coronary Care Unit with Prof Jeremy Wilson and NSW Health Minister Morris Iemma.

Sowing the seeds of opportunity

The plan meets a key recommendation of the Barraclough review that clinical services in SWSAHS be provided on an area-wide basis, rather than the existing sector basis...

The development of the South Western Sydney Health Network: The Way Forward 2004-2008 is the most significant development for SWSAHS since the inception of area health services in 1986.

Our comprehensive report was compiled by a team of clinical leaders led by the clinical associate dean, South Western Sydney Clinical School, University of NSW Professor Jeremy Wilson.

The implementation of an area-wide clinical service plan for SWSAHS was a key priority of the expert review team headed by Professor Bruce Barraclough in October last year following an inquiry into patient care and safety at Campbelltown and Camden hospitals.

The plan meets a key recommendation of the Barraclough review that clinical services in SWSAHS be provided on an area-wide basis, rather than the existing sector basis.

In other words, patients entering the SWSAHS system will have improved access to all the health services and facilities they need wherever they are located in the area health service, regardless of where they present.

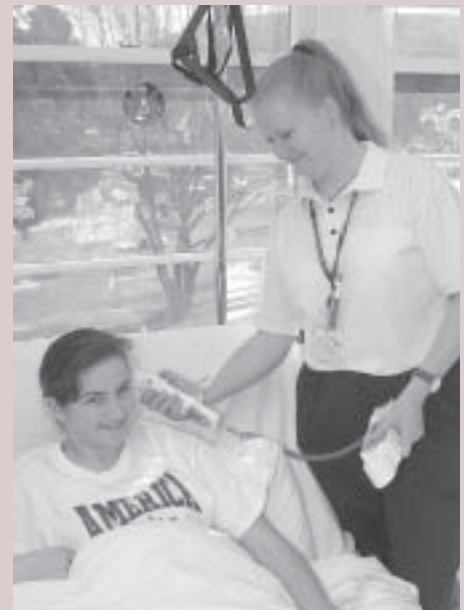
The key objectives of the South Western Sydney Health Network are to advance healthcare in a very real way for the people of south-western Sydney.

Under the sector model, services have been provided to the geographic area of an individual hospital, rather than on an overall area-wide basis.

Under the new area-wide structure, clinician-led area-wide departments will be formed to create a one service, multi-campus service delivery system across SWSAHS, led by an area director who may also be a senior (clinical) academic appointment.

The aim of the four-year plan is to:

- Create area-wide services, that is one service with multi-campus delivery led by an area director
- define roles/centres of expertise for each hospital that are complementary
- cross appoint staff (as many already are), to ensure quality and consistency in patient care
- introduce training rotation of registrars
- build stronger hospital to primary care connections
- boost training and quality of staff
- develop an area-wide admissions policy
- establish SWSAHS as a teaching area, not a series of disconnected teaching sites
- establish systems for monitoring the safety and outcomes of care
- develop common protocols of patient management; and
- respond to the increasing specialisation of medicine by supporting general medicine through academic appointments.





The South Western Sydney Health Network focuses on achieving significant improvements in health outcomes for the people of south-western Sydney by:

- Improving patient access to local tertiary and secondary services health services within the south-western Sydney area
- ensuring safety and quality through significantly boosting clinician and academic leadership and importantly, improving the adequacy and distribution of medical and surgical registrar cover
- developing a network of services such that across the Area patients have access to the best specialist care available
- establishing clear directions and plans for more than 60 clinical services over a four to five year horizon. For each clinical service there will be a plan for service access, workforce strategies, agreed policies and clinical approaches, consistent care standards, cross-appointments of medical staff and improved communication systems right across south-western Sydney.

South Western Sydney Health Network plan sets forth a series of recommendations that define new approaches and standards for the delivery of clinical care in SWSAHS.

In making its findings and recommendations, the following were fundamental priorities:

- patient care and safety
- adequate 24-hour medical coverage
- complementary hospital roles
- the importance of hospital-community partnerships
- equity of access
- seamless transfer and transport for acute patients
- cross accreditation and appointment of clinicians
- clinical standards and governance
- education and training; and
- research.

Key recommendations:

Resources:

- Hospital bed capacity study be undertaken to assist integrated approach to acute care capacity to respond to growing activity for emergency services and longer waiting lists for planned procedures
- feasibility planning be undertaken to assess health service impact of the Bringelly urban release which will add an estimated 18,000 people a year to the population of SWSAHS
- capital asset plan be finalised to develop the capital assets of SWSAHS and support funding of capital items for service developments
- review of operating theatre uses to define where further efficiencies could be achieved.

Patient safety and medical cover:

- NSW Health to take action to promote fairer access to registrar allocations to bring SWSAHS into line with other metropolitan area health services by 2005.

Education and Training:

- It is recommended that clinical leadership should be improved with appointments of academic chairs in the specialties of Emergency Medicine, Maternal and Fetal, Paediatrics, Cancer, Aged Care, General Medicine, Anaesthetics, Rheumatology, Trauma and Emergency, Surgery and ENT
- training registrar rotations to occur across all relevant sites
- directors of physician training, clinical superintendent, senior medical registrars be appointed at Bankstown, Liverpool and Campbelltown hospitals to provide a leading edge teaching program for all SWSAHS registrars
- nurse education and clinical nurse educators be enhanced
- clinical academic leadership in nursing and allied health be enhanced ■



What the plan means

Liverpool Hospital

Liverpool will continue to be the tertiary referral hospital, providing a comprehensive range of high level services.

Research infrastructure will be centred at Liverpool Hospital and it will maintain its leading role as the academic centre for SWSAHS.



Liverpool Hospital



Braeside Hospital

Bowral Hospital

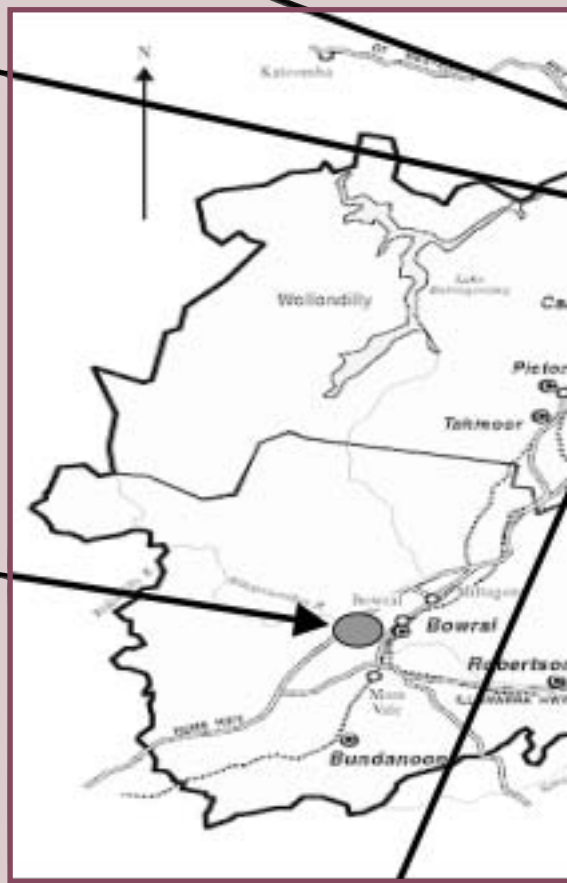
Bowral will operate as a rural general hospital with more defined links to Campbelltown Hospital.

It will be linked with all SWSAHS units to enable access for Wingecarribee residents to level five and level six services available at other SWSAHS hospitals.

It will offer elective and emergency services to adults and children for medical, surgical and obstetric care.



Bowral Hospital



Camden Hospital

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



Camden Hospital

Please see over for more detailed information

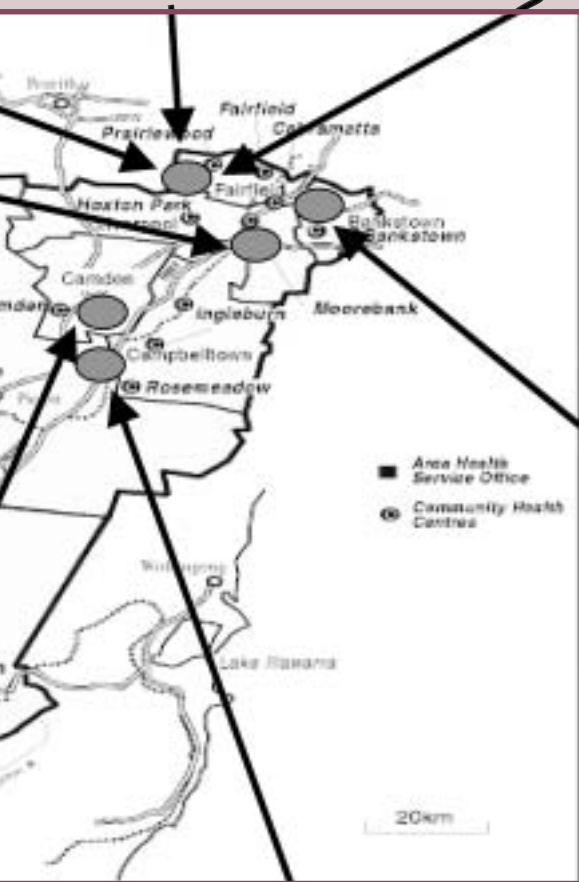
Plans for your hospital



Karitane



Fairfield Hospital



Bankstown Hospital



Campbelltown Hospital

Fairfield Hospital

Fairfield will continue as a major metropolitan hospital operating its services mostly at level four.

It will be the centre for elective orthopaedic surgery and elective short stay, day only low-risk surgery.

Fairfield Hospital will develop with Braeside Hospital as a centre for rehabilitation.

Bankstown Hospital

Bankstown Hospital will continue as a principal referral hospital operating its services mostly at level five.

It will be the centre for plastic surgery and colorectal surgery, and with Liverpool it will be a major provider of upper gastro-intestinal surgery, urology and level six gastroenterology.

Campbelltown Hospital

Campbelltown will progressively develop towards principal referral hospital status operating its services mostly at level five.

Sub-speciality capabilities in medicine and surgery will be developed.

Campbelltown Hospital 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/adolescent acute and non-acute mental health.

Information about each hospital plan

What the plan means for your hospital

Each facility will be a centre of expertise in a specific area and will work in a complementary way with all other public hospitals in south-western Sydney...

Critical to the success of the South Western Sydney Health Network is the role the hospitals will play.

Each facility will be a centre of expertise in a specific area and will work in a complementary way with all other public hospitals in south-western Sydney.

Liverpool Hospital

Liverpool will continue to be the tertiary referral hospital, providing a comprehensive range of high level emergency, medical, surgical, mental health, maternity, paediatric and newborn services.

Liverpool Hospital will continue to develop:

- an academic centre for emergency medicine
- more intensive care unit beds
- obstetrics towards 4500 deliveries a year over five years
- additional ventilated and non-ventilated beds in the Neonatal Intensive Care Unit
- a new paediatric ward that will become one of two main sites (with Campbelltown)
- non-complex paediatric surgery as one of two main sites (with Campbelltown)
- the centre for clinical genetics
- cardio-thoracic surgery, increasing volume
- to become the main centre for interventional cardiology with three cardiac catheterisation labs (up from two)
- respiratory medicine

- trauma surgery
- expertise in endovascular and endoluminal vascular surgery, including vascular access for renal patients
- endocrine and head and neck surgery
- oral and facio-maxillary surgery
- hand surgery (one of three main centres in NSW)
- a centre for rheumatology
- stroke services (also at Bankstown, Campbelltown)
- neuroradiology
- endoscopy - will be consolidated to three sites: Liverpool, Bankstown, Campbelltown
- upper gastrointestinal surgery (one of two main sites, with Bankstown)
- develop radiation oncology, and medical oncology with three linear accelerators treating a maximum number of patients
- selected cancer surgery (thoracic, upper gastrointestinal, neurological, head and neck, urology, endocrine, orthopaedic, reconstructive surgery after cancer surgery)
- general medicine
- clinical immunology
- Infectious diseases
- aged care, especially the acute geriatric role and support Fairfield to develop a complementary service
- transitional care beds
- ambulatory care
- allied health
- dental surgery in theatres for inpatients
- pharmacy to a level six service
- radiology
- Centre for Pain Services
- mental health services.



What the plan means for your hospital (continued)

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Bankstown Hospital

Bankstown Hospital will continue as a principal referral hospital operating its services mostly at level five.

Future developments include:

- the intensive care unit (ICU) will partner Fairfield's ICU with senior medical coverage
- obstetrics will be maintained as a level four service, with residents offered a choice of attending Liverpool Hospital, which is primarily a medically driven service
- paediatric inpatient service will develop closer ties with Canterbury through a cross-appointed staff specialist and a new Canterbury-Bankstown ambulatory paediatric service
- thoracic surgery and implantable cardiac devices
- vascular surgery (one of two main centres, with Liverpool)
- Ear, nose and throat (ENT) will be consolidated at Bankstown for the Fairfield/Liverpool/Bankstown catchment area
- orthopaedics, which will become a major centre for joint replacements with Fairfield and Bowral
- selected elective neurosurgery
- a centre for colorectal surgery (other site Campbelltown)
- a level six gastroenterology service with Liverpool
- upper gastro-intestinal surgery (one of two main centres, with Liverpool)
- medical oncology to be enhanced by additional appointments
- haematology inpatient and outpatient services
- renal dialysis will be expanded to 10-12 dialysis chairs
- a medical assessment unit will be developed to enable seamless transfers from Fairfield and Liverpool hospitals.

Fairfield Hospital

Fairfield will continue as a major metropolitan hospital operating its services mostly at level four.

Future enhancements include:

- the emergency department (ED) will be partnered with Liverpool. It will have senior medical cover 12 hours a day, 7 days week. Clearly defined admission criteria will be developed for patient admissions from ED to each hospital in the network
- ICU will be linked to Bankstown ICU for senior medical coverage
- obstetrics and neonatal services will operate at level three
- a paediatric emergency management unit, or short stay unit, attached to ED will be developed
- appointment of a cardiologist and respiratory physician
- diagnostic equipment (stress tests) for cardiology will be put in place
- a centre for elective surgery for low risk patients
- the orthopaedic role will be strengthened
- A peri-operative suite with another theatre for day-only surgery to be built
- medical, surgical and anaesthetic cover increased
- aged care service will begin as a Liverpool/Fairfield service
- transitional aged care will be developed with Braeside's rehabilitation service linked in
- extra mental health adult beds in accordance with Adult Mental Health Plan endorsed by NSW Health
- increase in ambulatory care beds, hours and staff.



What the plan means for your hospital (continued)

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

Campbelltown Hospital

Campbelltown will progressively develop towards principal referral hospital status operating its services mostly at level five.

Future developments include:

- the emergency department will have 16-hour-7-day-a-week senior medical coverage
- intensive care unit expanded with support of Liverpool Hospital
- obstetrics operating at level four and neonatal at level three
- establishing Campbelltown Hospital as the leading site for paediatrics, academic medicine and ambulatory care
- new paediatric surgical services set up (with Liverpool)
- acute fracture orthopaedic surgery for children
- cardiology service to be established with a centre for heart failure
- respiratory medicine service will be expanded
- enhanced urology services
- colorectal surgery will be enhanced to become the a main centre (with Bankstown)
- a department of neurosurgery
- medical oncology to be expanded as radiation oncology service develops
- additional haematology clinics
- establishing a centre for general medicine through an academic appointment
- a 20 bed non-acute mental health facility by 2005.

Camden Hospital

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

Future developments include:

- emergency department run by senior ED staff cross-appointed with Campbelltown
- a normal-risk level three obstetric service
- day surgery role will expand to include gynaecology
- plans for satellite renal dialysis, chemotherapy chairs, haematology outpatients
- transitional care beds will be provided
- rehabilitation specialist to be appointed
- additional palliative care beds.

Bowral Hospital

Bowral will operate as a rural general hospital with more defined links to Campbelltown Hospital.

Future developments include:

- closer links will be established with Campbelltown Hospital for medical cover, emergency department and obstetrics
- satellite dialysis
- chemotherapy continuing in Bowral day surgery. ■

Our clinical architects

The clinical strategy that will change how we deliver services across the area health service has been developed and driven by a group of 15 of our prominent clinicians and staff led by Professor Jeremy Wilson, clinical associate dean, South Western Sydney Clinical School, University of NSW and chair of the SWSAHS Clinical Council.

Meet our clinical architects:

Professor Jeremy Wilson

Chair, Clinical Strategy Group
Chair, Area Clinical Council, SWSAHS
Clinical associate dean South Western Sydney Clinical School, UNSW

Dr Teresa Anderson

General manager
Liverpool Health Service

Dr Martin Berry

Director, Cancer Services
Area director, Cancer Services, SWSAHS

Dr Neil Berry

Chair, Clinical Council Fairfield Hospital
General surgeon, Fairfield Hospital

Professor Patrick Bolton

Director, Clinical Strategy, SWSAHS

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Professor Stephen Deane

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Associate Professor Brad Frankum

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Campbelltown and Camden hospitals

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Liverpool Hospital

Dr Neil Merrett

Gastrointestinal surgeon
Bankstown Hospital

Ms Jenny Morris

Area clinical nurse consultant
Emergency Services & Workpractice
Review, SWSAHS

Dr Mark Sheridan

Director, Neurosurgery
Liverpool Hospital

Mr Tim Wills

Director
Division of Health Service Planning
SWSAHS

A word of thanks



Dear Colleagues

I would like to take this opportunity to thank all members of the Clinical Strategy Group (CSG) who contributed to the development of the plan.

These individuals worked tirelessly for the past 6½ months to often near impossible deadlines in order to have the report ready for consideration for funding and general release.

I have been overwhelmed by their enthusiasm and desire to contribute to the betterment of SWSAHS. Thanks must also go to Tim Wills the then director of Health Services Planning for providing infrastructure support for the group.

This entire process would not have been possible without the driving force of our administrator Associate Professor Deb Picone.

It was Deb who commissioned the CSG and made us realise that a coherent area-wide plan was essential for enhanced funding to occur.

I am deeply grateful to NSW Health director-general Robyn Kruk for her support and to NSW Health Minister Morris Iemma who went to extraordinary lengths to secure the enhancement monies from government.

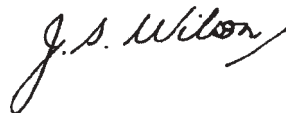
Our next step is to implement the plan and this is happening as I write.

Initially, the CSG will be responsible for advising the administrator about implementation but this task will be taken over by clinical directors once an area-wide clinical management structure is put in place.

With respect to the allocation of enhancement monies there will be an emphasis in the first year on critical areas where patient safety is of prime concern, such as emergency departments, critical care and maternity and neonatal services.

I would like to remind you all that this is a four-year plan with funding distributed over this period.

The CSG would like to hear any feedback about our approach and perceived areas of need which may be being overlooked. I would like to conclude by thanking the 61 correspondents who helped us formulate the plan and the 500 or more people who assisted them in this task.



Professor Jeremy Wilson
Chair, Clinical Strategy Group

Healthtalk Contributions:

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