South Western Sydney Local Health District

Surgical and Procedural Services Plan to 2031

NSW GOVERNMENT

Health
South Western Sydney
Local Health District

Contents

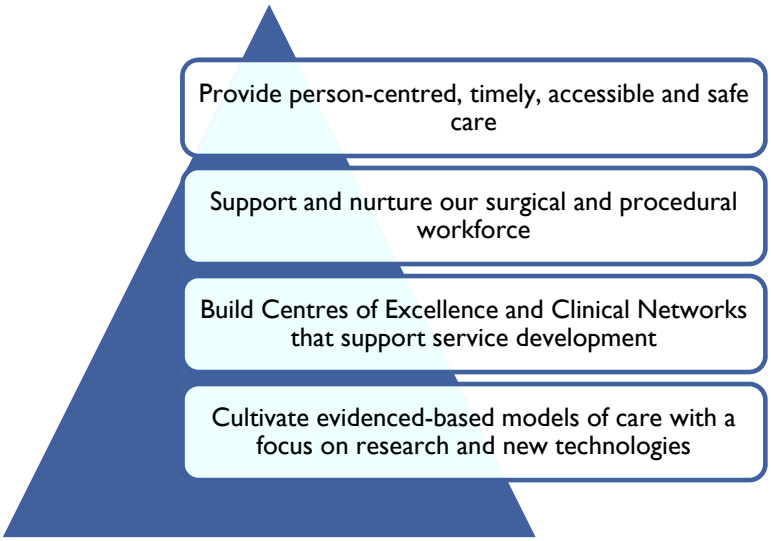
1. Surgical and Procedural Services in SWSLHD in 2031 – Plan Overview

Aim

The aim of the *Surgical and Procedural Services Plan to 2031* for South Western Sydney Local Health District (SWSLHD) is to identify the future models of care and service directions and priorities required to meet projected demand. The *Plan* will inform the development and enhancement of surgical and procedural services across SWSLHD.

Purpose of the Surgical and Procedural Plan

Surgical and Procedural Plan Principles



2. SWSLHD Surgical and Procedural Vision

SWSLHD will be internationally recognised as a provider of innovative, evidence-based surgical and procedural care. Excellence, equity of access, research and education will shape the care provided. SWSLHD will be the provider of choice for our community and a workplace of choice for the local and international surgical and procedural workforce

Future Role of Facilities within the SWSLHD Surgical and Procedural Network – 2031

Bankstown-Lidcombe Hospital

- Expanding key surgical and procedural role with tertiary services including Upper Gastrointestinal Orthopaedic and Breast Surgery that supports the wider District

Bowral & District Hospital

- Providing a broad range of district hospital surgical and procedural services in close network with Campbelltown
- Providing selected elective short stay surgery that supports the wider District

Campbelltown Hospital

- Increasing surgical and procedural complexity and volume building towards providing tertiary level services within a District network model.
- Providing peadiatric and short stay surgery that supports the wider District

Fairfield Hospital

- Providing a broad range of district hospital surgical and procedural services in close network with Liverpool and Bankstown -Lidcombe Hospitals.
- Providing tertiary hand surgery services that support the wider District

Liverpool Hospital

- Providing a range of tertiary and quaternary services such as complex Cancer, Trauma, Robotic, Cardiothoracic and Neuro Surgery and Interventional Radiology

3. Introduction

The aim of the *SWSLHD Surgical and Procedural Services Plan to 2031* is to outline the service requirements, directions and priorities, required to meet projected surgical demand in south western Sydney to 2031. The *Surgical and Procedural Services Plan to 2031* provides a strategic platform for the Local Health District (LHD) to further develop surgical and procedural services. The plan will also inform the enhancement priorities for surgical and procedural services across SWSLHD.

Previous surgical and procedural services planning resulted in the *Surgical and Procedural Care in South West Sydney Service Development Directions to 2021* developed in 2014. This Plan provided service development options for projected demand to 2021. Since the plan was developed, unprecedented population growth, changing demographics and significant facility planning and redevelopment projects have created the need to review surgical and procedural services planning.

Organisational Context

In SWSLHD, surgical and procedural services are governed by facility management structures and organised in Clinical Streams. Surgical and procedural services are provided at Bankstown-Lidcombe Hospital, Bowral & District Hospital, Campbelltown Hospital, Fairfield Hospital and Liverpool Hospital according to the facility's role delineation. Surgical and procedural specialities are distributed among the Clinical Streams as depicted in Figure 1.

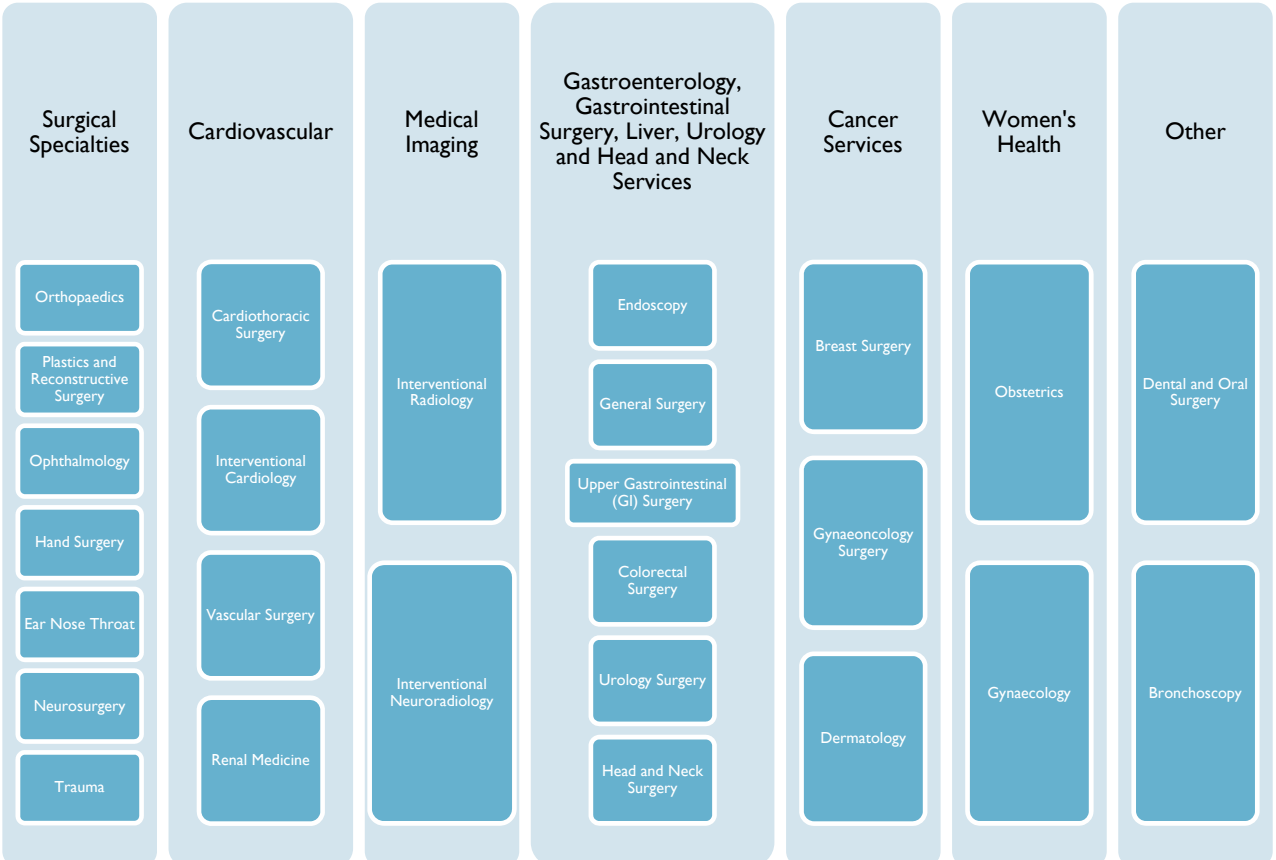


Figure 1: Organisation of Surgical Specialties in Clinical Streams

4. Issues, Challenges and Opportunities: Shaping Surgical and Procedural Services in SWSLHD to 2031

While there are many drivers for the development of the *Surgical and Procedural Services Plan to 2031*, three in particular stand out in their relevance to South Western Sydney:

1. Demographic trends
2. Impact of facility redevelopment projects
3. Evolving practice in surgical and procedural services

Demographic Trends

Population Growth

Population growth in South Western Sydney is largely shaped by development in South-West Priority Growth Centres and extensive in-fill development. In 2031, a significantly increased population of 1,284,600 is expected to live in SWSLHD. This population growth will create increased demand for health care services across the LHD. The increased demand will have a particular impact on Camden & Campbelltown and Liverpool Hospitals due to their proximity to the Priority Growth Centres.

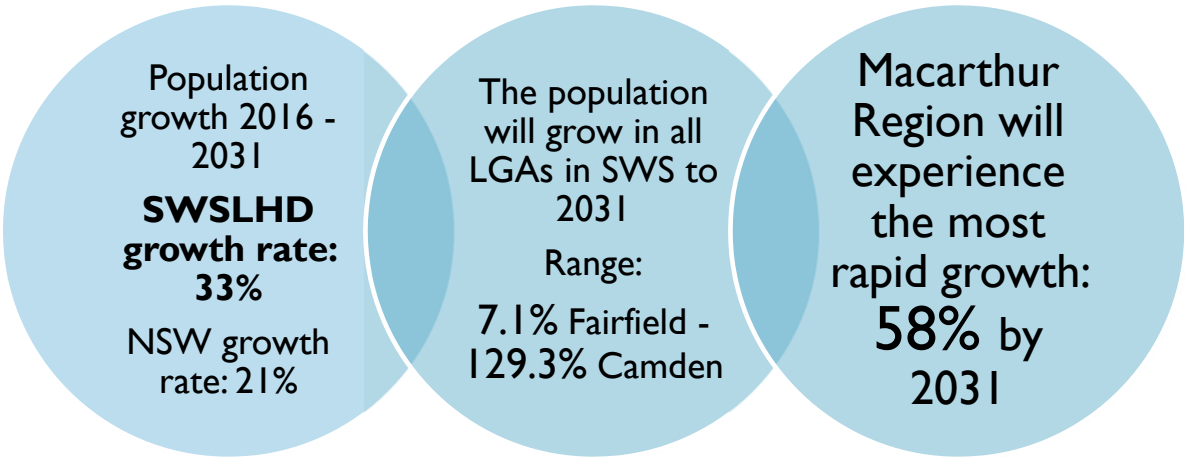


Figure 2: Population Growth in SWSLHD, 2016 - 2031

All local government areas (LGAs) across south western Sydney will experience population growth over the next fifteen years. The Macarthur region which includes Camden, Campbelltown and Wollondilly LGAs will experience the most rapid population growth of 58% by 2031, mainly due to growth in greenfield areas. The population growth across to 2031 is presented in Table 1 and Figure 3.

LGA	Increase in Population	Percentage Increase
Camden	104, 650	129.3%
Liverpool	87, 020	40.7%
Wollondilly	15, 110	30.6%
Campbelltown	49, 720	30.3%
Bankstown*	43, 560	21.4%
Wingecarribee	3, 280	7.2%
Fairfield	14, 280	7.1%

Table 1: Projected Population Growth in South West Sydney by LGA, 2016-2031

*Note 2016 LGA boundaries used for the purposes of this plan.

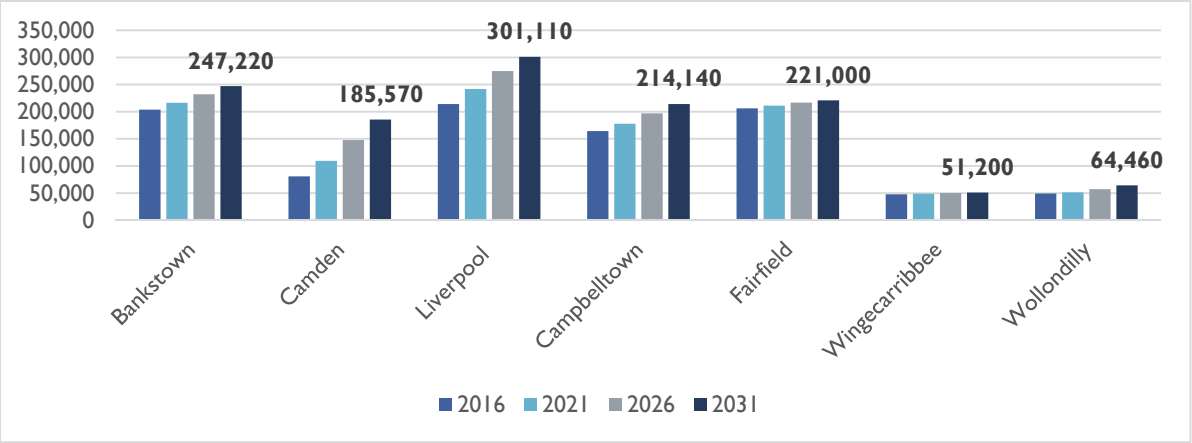


Figure 3: Projected population growth in South West Sydney by LGA, 2016-2031

Ageing

It is estimated that in 2016, 126,720 people living in South Western Sydney were adults older than 65. It is expected that the number of people over 65 years of age will reach 220,620 by 2031, an increase of 74%**.** Growth over the next fifteen years is expected to be particularly significant amongst those over 85 years of age with an additional 14,660 people.

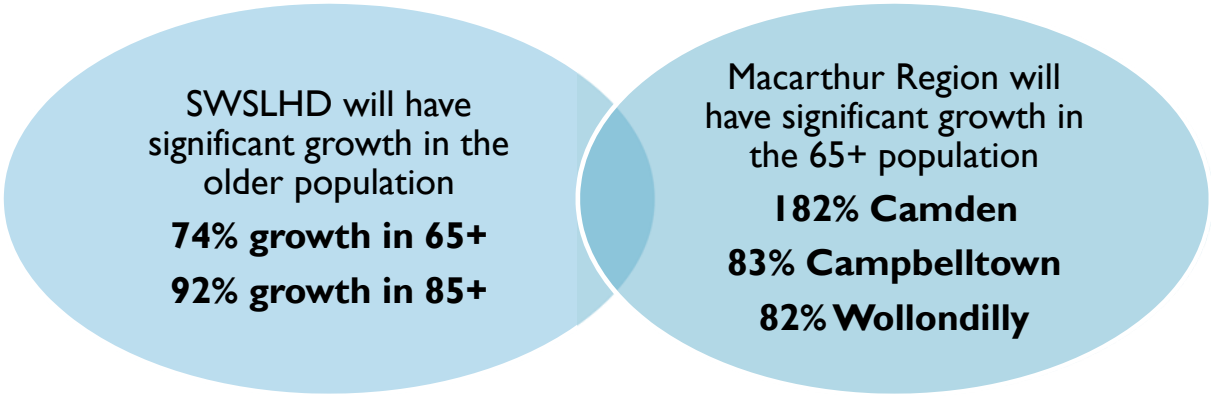


Figure 4: Demographic Trends in SWSLHD, 2016 - 2031

An ageing population will have significant impact on the demand for surgical and procedural care delivery in many areas such as ophthalmology, cardiothoracic surgery, interventional radiology and cardiology, urology, general surgery (including vascular, breast, hernia, abdominal and gastrointestinal procedures), neurosurgery and orthopaedic surgery. Older adults also frequently experience common chronic health conditions associated with ageing such as cancer, diabetes, cardiovascular disease and respiratory problems. There is a greater likelihood that this cohort will experience increased hospital length of stay, slow wound healing, higher risk of infection and delirium and functional decline while in hospital.

Growth in the Paediatric Cohort

It is expected that number of children (0-14 years of age) will increase by 33.4% with an additional 67,020 children by 2031, compared with an increase of 19.3% for NSW. A high birth rate, new housing developments and settlement of young families in South Western Sydney has led to the district having the second highest proportionate increase in infants and young children in NSW.

LGA	Population (0-14 years) 2016	Population (0-14 years) 2031
Camden	18,320	41,850
Liverpool	47,960	66,840
Wollondilly	11,090	14,070
Campbelltown	35,770	47,200
Bankstown*	44,290	52,840
Wingecarribee	8,470	8,210
Fairfield	41,050	42,960
SWSLHD Total	206,950	273,970

Source: 2016 New South Wales State and Local Health District Population Projections

Redevelopments and Clinical Services Planning

Hospital Redevelopments in SWSLHD

A number of facility and service planning processes are in development in SWSLHD. Four of the five hospitals where surgical and procedural services are provided are planning for or undertaking significant capital redevelopment. Major facility redevelopments are currently taking place at Campbelltown, Liverpool and Bowral & District Hospitals with completion scheduled prior to 2031. In addition, $1.3 billion of capital investment for the new Bankstown-Lidcombe Hospital was outlined in the 2019/20 NSW Government Budget.

The redevelopments of Campbelltown and Bankstown-Lidcombe Hospital will increase the complexity and volume of surgical activity managed in the Macarthur and Bankstown regions. It is anticipated that the new Bankstown site will play a key role in the delivery of surgical and procedural services.

This plan supports the clinical service planning undertaken to date and provides further detail on the development of surgical and procedural services in South Western Sydney.

Integrated Health Neighbourhood

The need for closer integration of primary, community and hospital health services is driving the development of new models of care. The concept of Integrated Health Neighbourhood (IHN) models is a feature of SWSLHD's strategic directions. The aim of IHNs is to provide comprehensive services across multiple settings which are linked to provide seamless patient care.
The core elements of the IHN are detailed below:

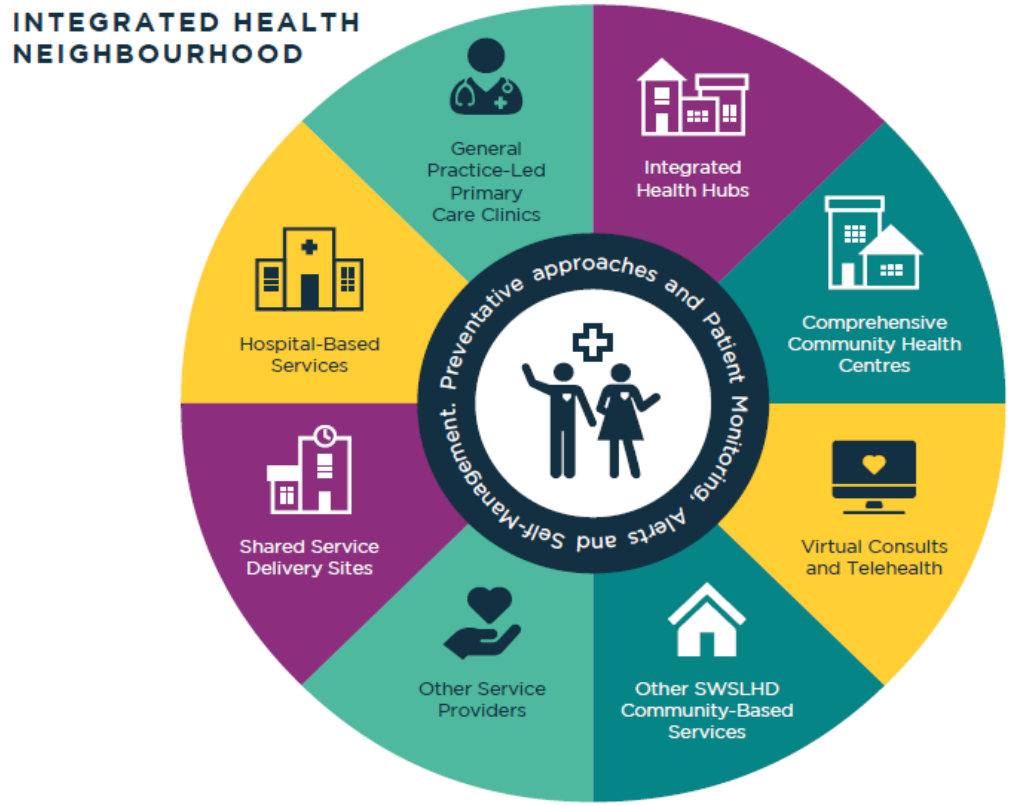


Figure 5: Diagram of SWSLHD Integrated Health Neighbourhood

Enhanced Paediatric Capacity Plan

In 2017, SWSLHD developed an *Enhanced Paediatric Capacity Plan to 2031* to support the development of services for the growing population of children. The driving principle of this plan is provision of quality care close to home, reducing reliance on the Sydney Children's Hospital Network (SCHN) for SWSLHD children. Campbelltown Hospital will be the focus for paediatric service capacity enhancement in South Western Sydney, however services will be enhanced in all facilities to ensure District wide access for paediatric services.

Virtual Care Strategy

The SWSLHD Virtual Care Strategy outlines a 10 year vision for the adoption of Virtual Care in SWSLHD. Particular focus will be placed on delivering; more services in the community, providing acute care more efficiently in hospitals and distributing more care into ambulatory, outpatients and community settings. In the medium-term, SWSLHD plans to scale and embed Virtual Care solutions in everyday practice. Longer term, SWSLHD aims to lead a connected health and social service system with consumers who are empowered to maintain their own health and wellbeing.

Evolving Practice in Surgical and Procedural Services

Technological advancement is rapidly changing the field of surgical and procedural interventions. The past decades have seen significant changes, particularly with the growth of robotic surgery, increasing use of imaging in surgery and the development of minimally invasive techniques and interventions. There has also been a broader application of laparoscopic and endoscopic techniques.

Into the future, it is expected that practice will continue to evolve. Machine learning will enable interventions to be undertaken with more guidance, precision, support and information available to the surgical team. The future may also include an expanded role for virtual and augmented reality technologies in education, training, simulation, diagnostics and imaging. Virtual and augmented reality are key to delivering less invasive interventions improving visualisation, guidance and diagnostic accuracy.

Surgical and procedural services will likely be impacted by the opportunity to better predict disease development and to provide more personalised and specialised interventions. This will include an increased ability to map and understand genomic data and subsequently tailor treatment for individualised care.

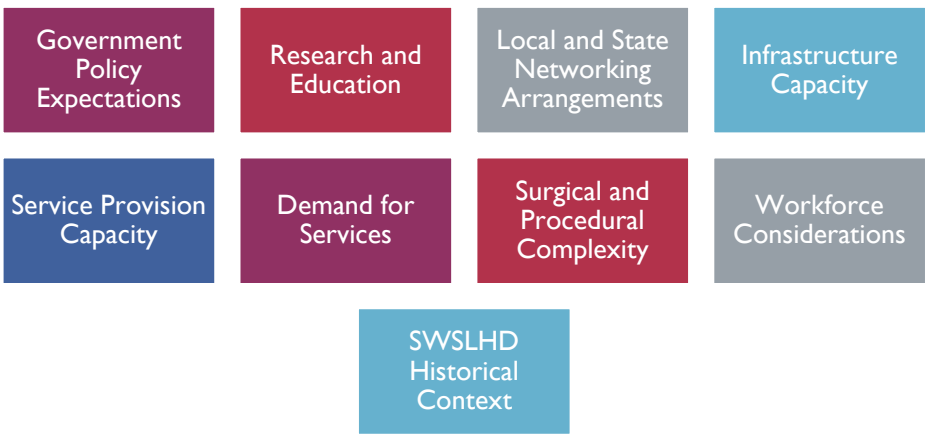
It is anticipated that developments in 3D printing and organ bioengineering will have significant impacts in the future of the surgical and procedural field. These technologies are already being used to inform preoperative planning, modelling, education, personalised implants and prosthetics, however there is an expectation these will become increasingly integrated into therapeutic interventions.

Considerations of complexity, cost and ethical implications will be critical as the landscape for surgical and procedural services evolves and changes.

Enhanced recovery after surgery (ERAS) protocols and increased development of clinical pathways also offer increased surgical efficiency and enhanced patient outcomes by reducing length of stays and increasing day only and extended day only procedures.

Other Drivers, Issues and Challenges

There are multiple other drivers impacting on the planning and development of Surgical and Procedural Services in SWSLHD including:



5. Surgical and Procedural Services in SWSLHD

Facility Service Map (Current and 2031 Future)

Clinical Stream	Surgical Specialty	Bankstown-Lidcombe Hospital	Bowral & District Hospital	Camden & Campbelltown Hospitals	Fairfield Hospital	Liverpool Hospital
Surgical Specialties	Major Trauma Service					
	Neurosurgery	Non-cranial surgery only		Non-cranial surgery only		
	Ear Nose and Throat					
	Ophthalmology					
	Elective non joint Orthopaedics					Complex Only
	Elective joint orthopaedics				Move to new Bankstown Hospital 2026+	Complex Only
	Emergency Orthopaedics					
	Hand Surgery	Move to Fairfield Hospital 2026+				Complex Only
	Reconstructive / Plastics			Melanoma service		
	Plastics - Microsurgery					
Cardiovascular	Cardiac Surgery					
	Thoracic Surgery					
	Structural Heart Program					
	Interventional Cardiology					
	Vascular Surgery					
	Renal Transplantation					
Gastro & Liver	General Surgery					
	Colorectal Surgery					
	Liver Surgery	Metastatic disease				
	Pelvic Surgery Unit					
	Upper GI Surgery					
	→ Whipples					
	→ Oesophagectomy					
	→ Pancreatectomy					
	→ Non-complex, non-malignant gastric and hepatobiliary surgery					
	Urology					
	Endoscopy					
	Interventional Endoscopy			ERCP and EUS		
	Bariatric/Metabolic Surgery					
	Endocrine Surgery					
	Head and Neck Surgery (Oncology)					
Cancer Services	Breast Surgery					
	Gynaeoncology Surgery					
	Dermatology					
Women's Health	Gynaecology Surgery					
	Obstetric Surgery					
Paediatrics and Neonatology	Elective	ENT Orthopaedics Ophthalmology	Orthopaedics	ENT Orthopaedics Ophthalmology Urology General	Orthopaedics	ENT Orthopaedics Ophthalmology Urology General

Clinical Stream	Surgical Specialty	Bankstown-Lidcombe Hospital	Bowral & District Hospital	Camden & Campbelltown Hospitals	Fairfield Hospital	Liverpool Hospital
						Plastic Surgery
	Emergency			General Orthopaedics Urology	Orthopaedics	General Orthopaedics Urology
Medical Imaging / Interventional	Interventional Radiology					Complex
	Interventional Neuroradiology					
Oral Health	Complex Dental and Oral Health Surgery					
Complex care and Internal Medicine	Bronchoscopy					

Key	Service to be reviewed	Continuing service	New Service by 2031

Future Services

The proposed changes in role delineation for SWSLHD Facility to 2031 are outlined in Figure 6 below.

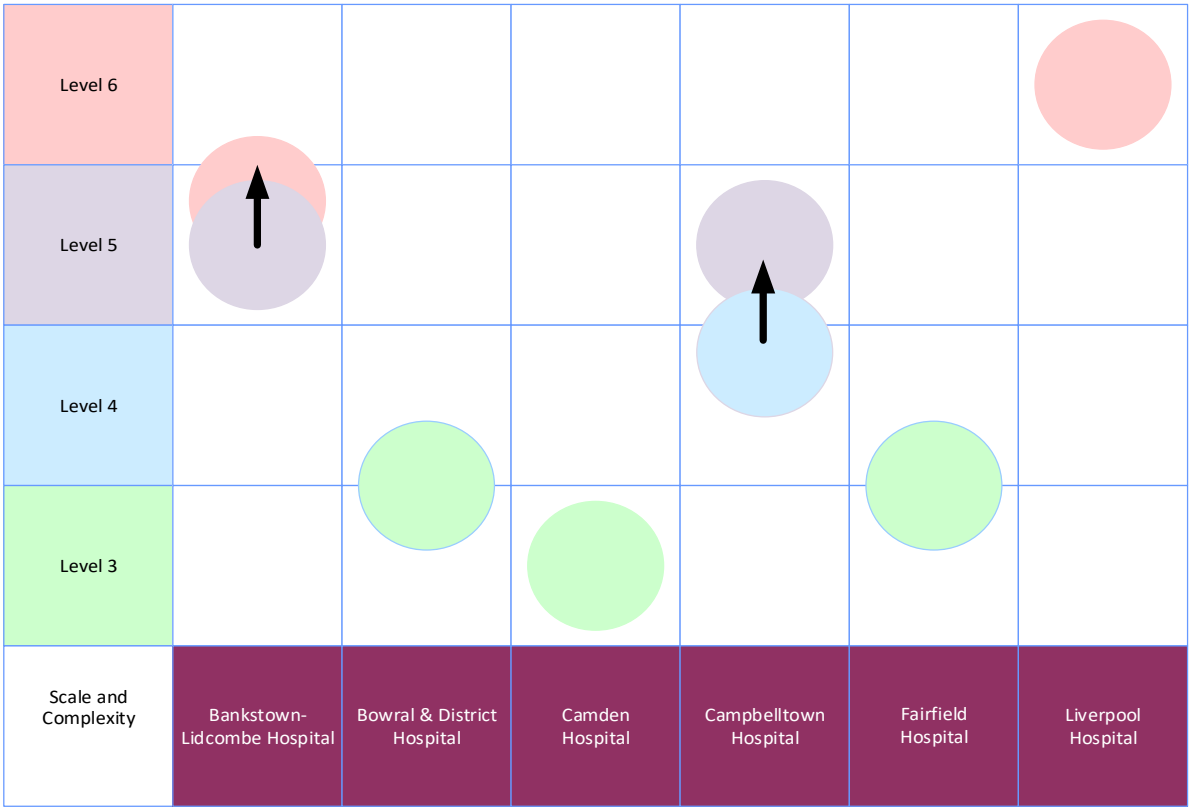


Figure 6: Future Role Delineations, SWSLHD

6. Plans for the Future

Enhancement and Service Development Guide to 2031

Short Term (2020-21 through 2022-23)

Clinical Stream	Surgical Specialty	Facility
Surgical Specialties	Neurosurgery (elective non-cranial)	Bankstown
	Ophthalmology (vitreoretinal interventions)	Liverpool
	Melanoma/Plastics and Reconstructive Surgery	Campbelltown
Cardiovascular	Cardiothoracic Surgery	Liverpool
	Interventional Cardiology	Bankstown Campbelltown
	Structural Heart Program (TAVI)	Liverpool
Gastro & Liver	Metabolic and Weight Loss Procedures	Campbelltown
	ERCP and Diagnostic Endoscopy	Campbelltown
Cancer Services	Reconstructive Breast Cancer Surgery (in association with Surgical Specialties Clinical Stream)	Bankstown
Paediatrics & Neonatology	Elective Paediatric Surgery: ENT, Urology and Ophthalmology	Campbelltown
Medical Imaging	Interventional Radiology	Bankstown
Oral Health	Complex Dental and Oral Health Surgery (in association with Surgical Specialties Clinical Stream)	Liverpool

Medium Term (2023-24 through 2026-27)

Clinical Stream	Surgical Specialty	Facility
Surgical Specialties	Ear Nose and Throat Surgery	Campbelltown
	Day Surgery and Procedural Unit (including ophthalmology, endoscopy) – in association with Gastro and Liver Clinical Stream	Bowral
Cardiovascular	Renal Transplantation	Liverpool
	Thoracic Surgery	Campbelltown
	Vascular Surgery (Hybrid capability)	Campbelltown
Medical Imaging	Interventional Radiology	Campbelltown
Oral Health	Complex Dental and Oral Health Surgery (in association with Surgical Specialties)	Campbelltown

Long Term (2027-28 through 2030-31)

Clinical Stream	Surgical Specialty	Facility
Surgical Specialties	Neurosurgery (elective non-cranial)	Campbelltown
	Day Surgery Unit (including ophthalmology, endoscopy, dermatology, plastics and reconstructive, etc) – in association with Gastro and Liver Clinical Stream	Bankstown
	Elective Orthopaedic Unit	Bankstown/Bowral
Cardiovascular	Vascular Surgery (Hybrid capability)	Bankstown

Supporting Information and Actions for Service Provision

Models of Service Delivery

Short Stay and Day Only Surgical and Procedural Service Models

Day Only interventions are defined as those involving an admission and discharge on the same calendar day, usually only lasting 4 to 6 hours (*Quemby & Stoker 2013*). Short Stay covers all surgical and procedural admissions up to 72 hours but particularly focuses on those between 23 hours and 72 hours.

Data review of Surgical and Procedural Day Only episodes indicates an overall increase of 6% from 2013-14 to 2017-18. Significant increases are demonstrated in ENT & Head and Neck procedures (20%), Orthopaedics (25%), Urology (37%) and Vascular Surgery (73%).

Day surgery care in SWSLHD could be consolidated in ambulatory sites to improve efficiencies and release theatre capacity for the acute facilities. For these procedures to be transitioned from acute hospital sites to ambulatory settings robust risk stratification will be essential. Emergency escalation processes and emergency admission pathways to associated acute hospital settings will also be required.

Redevelopment planning at Campbelltown Hospital has included infrastructure for a Short Stay surgical services, including dedicated theatre space and inpatient wards. The Clinical Services Planning for Bankstown and Bowral Health Neighbourhoods also recommends the development of infrastructure and resources for Day Only surgery and procedural care.

In order to support the implementation of these service models throughout SWSLHD, a District-wide Model of Care will be developed. A pilot and evaluation will be undertaken at Campbelltown Hospital. A review of Day Only care pathways is recommended to encourage the provision of Day Only models for suitable procedures.

Actions

Ref. No.	Action	Responsible	Timeframe
1.	Develop SWSLHD Model of Care for Short Stay Surgery (23 hour). Campbelltown to be the pilot site for this model before evaluation and extension to other sites	• Program Director, Surgery SWSLHD • Clinical Stream Director, Surgical Specialties	December 2021
2.	Develop SWSLHD Model of Care for Day only surgery as part of future planning for Bankstown Health Neighbourhood.	• Planning Unit Manager • General Manager, Bankstown Hospital	December 2020
3.	Review opportunities for appropriate procedures to be transitioned from existing models of care to Day Only pathways.	• Executive Director, Nursing, Midwifery and Performance • Facility General Managers	December 2021

Surgical and Procedural Care Pathways

Care Pathways describe the optimal patient journey for key conditions with the aim of ensuring equity of access for patients. By aligning Care Pathways with the role delineation of facilities, SWSLHD can

ensure that surgical and procedural interventions are undertaken at the most appropriate site for particular interventions and that the journey of patients with the same surgical or procedural intervention requirements is consistent.

A number of Care Pathways exist across the District, resulting in clinical variation. The development and implementation of common Care Pathways for key surgical and procedural interventions is an ongoing focus. A Working Party has also been established to develop care pathways for High Volume Short Stay services in particular. Enhanced Recovery After Surgery (ERAS) models are to be considered in the development of Care Pathways.

Surgical and procedural interventions particularly mentioned in consultation for further review and implementation include Orthogeriatrics, Hand Surgery and Acute Abdominal Surgery.

Action

Ref. No.	Action	Responsible	Timeframe
4.	Establish agreed Care Pathways aligned with the role delineation of facilities. Including for: o Orthogeriatrics o Hand Surgery o Acute abdominal activity	Executive Director, Nursing, Midwifery and Performance, SWSLHD	December 2021

Geriatric Surgical Model of Care

Growth in the older population in SWSLHD is anticipated to be significant. As a result, the demand for surgical and procedural intervention by this cohort is expected to increase. (*Katlic & Haller 2011*). Geriatric surgical admissions can be complicated by a number of factors pre-operatively, during intervention and post-operatively. Therefore, input from both surgical, geriatric and anaesthetic care teams is required. Risk stratification in the pre-operative period is also important. Orthogeriatric models have already been developed in several SWSLHD facilities and have demonstrated a benefit to the quality of patient outcomes and reduced length of stay.

The development of a clear Geriatric Surgery Model of Service Delivery will enable SWSLHD to provide high quality care for the geriatric population and support smooth patient flow through perioperative and post-operative settings. The Model will be developed with consideration of the recently developed *Integrated Surgical Care for Older People,* a guide developed by the Agency for Clinical Innovation Surgical Services Taskforce. This Model will be piloted and evaluated in Bankstown, which will have a focus on Surgery, Rehabilitation and Older Persons health services. Following evaluation, the Model will be implemented at the other SWSLHD surgical sites.

Action

Ref. No.	Action	Responsible	Timeframe
5.	Develop a Geriatric Elective Surgery Model of Care to provide shared surgical and geriatric expertise and improve patient outcomes. Implement and evaluate the model at Bankstown-Lidcombe Hospital before extension to other sites.	• Clinical Stream Director Surgical Specialties • Clinical Stream Director Aged Care and Rehabilitation	December 2021

Cross-credentialing and Multisite Departments

Multisite departments refer to a networking arrangement in which services are provided at multiple sites with specialty or department governance managed by a lead site.
Credentialing is defined as the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of clinicians (*ACSQHC 2004*). This ensures that clinicians provide safe, high-quality healthcare services in accordance with good practice and legal requirements (*Frommer et al 2005a*).

Cross-credentialing refers to the process of credentialing surgeons across multiple facilities. Cross-credentialing allows for surgical expertise to be utilised in multiple services and for consolidation of some procedures. This avoids duplication and inefficiencies from low volume activity. Higher volume services are also recognised as improving outcomes and patient access.

As SWSLHD embarks on large-scale redevelopments of the majority of its surgical sites, there is a need to support emergent and developing surgical and procedural services and for robust networking arrangements between facilities. The establishment of multisite surgical departments and cross-credentialing arrangements will facilitate these outcomes.

Action

Ref. No.	Action	Responsible	Timeframe
6.	Expand cross-credentialing and multisite departments for further development of networked services across the District.	Director, Medical Services, SWSLHD	December 2021

Emergency Surgery Models

Emergency or Unplanned Surgery is activity which is not undertaken as a result of a Referral for Admission (RFA). Emergency or Unplanned Surgery makes up a significant proportion of surgical care in SWSLHD. The majority of Unplanned Surgery activity enters via the Emergency Department.

In order to meet the challenges of elective surgery, a review of facility models for Emergency Surgery provision is planned. Facility models should consider solutions such as extension of theatre hours or the development of acute surgical units. Patient flows across the District should also be considered to ensure equity of access and intervention at the most appropriate site.

There are a number of services which were highlighted for particular consideration throughout the consultation of this Plan including:

- Orthopaedics
- Trauma Surgery
- Hand Surgery
- Gynaecological and Obstetric Surgery
- Interventional Radiology and Interventional Neuroradiology
- General Surgery

Action

Ref. No.	Action	Responsible	Timeframe
7.	Review facility models for Emergency Surgery provision across the LHD.	Facility General Managers	December 2020

Vascular Access Services

Vascular access devices are used for giving fluids (infusion therapy) and intravenous (injected into a vein) medicines, taking blood samples and invasive monitoring. They are often crucial in providing treatment and care. This action particularly refers to the more complex vascular access methods used in the provision of care across the District such as Central Venous Access Devices (CVADs) and Peripherally Inserted Central Catheters (PICCs).
There are currently multiple models in place for the provision of vascular access across the District. Management and governance of this service is dependent on local arrangements. Numerous disciplines and specialties including Intensive Care, Vascular Surgery, Nursing, Interventional Radiology and Renal Services are able to deliver these services and operate under varying service models.

As vascular access devices are an important component of hospital- and community-based care, it is important for SWSLHD to develop clear governance structures and models for the provision of services. The development of a clear District-wide Model of Care for the provision of Vascular Access Services is crucial to guaranteeing ongoing service provision, encouraging innovation and ensuring patient safety.

Action

Ref. No.	Action	Responsible	Timeframe
8.	Develop a standardised Vascular Access Model of Care for the District.	Executive Director, Nursing Midwifery and Performance	December 2020

Low-Value Care

There is a growing international focus on value based healthcare. The NSW Ministry of Health has developed a number of programs targeting the provision of services that have high value to consumers and providers. These programs pursue the Quadruple Aim: positive health outcomes, positive experiences of receiving and providing care and efficiency and effectiveness (*Leading Better Value Care, MoH*).

In the context of surgical and procedural interventions, low value care is defined as 'use of an intervention where evidence suggests it confers no or very little benefit on patients, or risk of harm exceeds likely benefit, or, more broadly, the added costs of the intervention do not provide proportional added benefits' *(Scott & Duckett 2015*).

Action

Ref. No.	Action	Responsible	Timeframe
9.	Identify opportunities to improve value in surgical and procedural care consistent with current evidence	Executive Director, Nursing, Midwifery and Performance,	December 2021

Clinical Streams

Surgical Specialties

Enhancement and Service Development

Timeframe	Surgical Specialty	Facility
Short Term	Neurosurgery (elective non-cranial)	Bankstown
	Ophthalmology (vitreoretinal interventions)	Liverpool
	Melanoma - Plastics and Reconstructive Surgery	Campbelltown
Medium Term	Complex Dental and Oral Health Surgery (in association with Oral Health)	Liverpool
	Ear Nose and Throat Surgery	Campbelltown
	Day Surgery and Procedural Unit (including ophthalmology, endoscopy)	Bowral
Long Term	Complex Dental and Oral Health Surgery (in association with Oral Health)	Campbelltown
	Neurosurgery (elective non-cranial)	Campbelltown
	Day Surgery Unit (including ophthalmology, dermatology, plastics and reconstructive, etc.)	Bankstown

Reconstructive and Plastics Surgery

Currently, Plastics and Reconstructive Surgery is established at Liverpool Hospital and Bankstown-Lidcombe Hospital. The development of a Melanoma service and Redevelopment planning for Campbelltown Hospital includes the development of a Plastics and Reconstructive Surgery service. Initially, the growth of the Campbelltown service will be supported by Liverpool Hospital as a specialised workforce is developed.

Redevelopment planning for Bankstown Health Neighbourhood has identified the need for further development of the microsurgery workforce at the acute hospital site. This will facilitate increased reconstructive activity such as breast and lower limb.

It is proposed that Day Only reconstructive activity from across the District will be undertaken at the Bankstown ambulatory site with the aim of creating theatre capacity for more complex procedures at Liverpool Hospital and Bankstown acute site. Further detail regarding Day Only activity is contained in *Short Stay and Day Only Surgical and Procedural Service Models* above.

Melanoma Model of Care

SWSLHD has the highest severity rate for melanoma at diagnosis despite having an incident rate below the state average. Melanoma treatment in SWSLHD currently has a low self-sufficiency. The Reporting for Better Cancer Outcomes (RBCO) 2018 reports that between 2014 and 2017, 79 melanoma resections were undertaken for SWS residents in public hospitals. 22 resections were undertaken in SWSLHD hospitals giving a self-sufficiency of 28%. The majority of melanoma resections were undertaken in bordering LHDs such as Sydney LHD (48%) and Western Sydney LHD (18%).

As the current treatment practice is predominantly surgical intervention, access to clinics and theatre sessions provide crucial support for the model with an established multidisciplinary team approach consisting of dermatologists, surgeons, medical and radiation oncologists, pathologists, allied health professionals and nursing care coordinators.

The plan described in the approved Model of Care is to develop an initial service at Liverpool Hospital followed by an expansion and establishment of services at Campbelltown Hospital.

Currently there is no Model of Care guiding the delivery of Reconstructive and Plastic Surgery for the District. The development of a Model of Care will provide clarity around the roles of the three surgical sites (Liverpool, Bankstown and Campbelltown) in providing Plastics and Reconstructive Surgery services. The Model of Care will also define networking arrangements to ensure access, safety and quality of the service.

Action

Ref. No.	Action	Responsible	Timeframe
10.	Develop a Model of Care for Reconstructive and Plastic Surgery in SWSLHD.	Clinical Stream Director Surgical Specialties	December 2022

Complex Dental and Oral Health Surgery

There is significant demand for Complex Dental and Oral Health Surgery within Cancer Services Clinical Stream and a number of other Clinical Streams.

To increase the District's self-sufficiency for provision of Complex Dental and Oral Health Surgery, the development of services at Liverpool and Campbelltown Hospitals will be pursued in the medium- to long-term in line with redevelopment projects. Service provision will focus on those services provided by surgical dentists rather than broader oro-facial maxillary surgical specialty. In the short-term, the SWSLHD Oral Health Services will work with Surgical Specialities Clinical Stream to develop a detailed Model of Care for the LHD which will address patient flows in a two site networking arrangement.

Supply

In 2017-18, 37 procedures meeting these criteria were undertaken in SWSLHD. The vast majority were performed at Liverpool Hospital.

Demand

In 2017-18, 1736 procedures were undertaken for SWSLHD residents at other LHDs and 1574 (91%) were undertaken in private settings. When procedures undertaken in private settings are excluded, SWSLHD has a self-sufficiency of 22%.

Action

Ref. No.	Action	Responsible	Timeframe
11.	Develop a Complex Dental and Oral Health Surgery Model of Care for SWSLHD	• Clinical Stream Director Surgical Specialties • Director, Oral Health Services	June 2021

General ENT

General Ear Nose and Throat (ENT) Surgery services are currently well established at Bankstown-Lidcombe and Liverpool Hospitals, however there is a need to build up Elective General ENT Surgery services at Campbelltown Hospital. It is expected that Liverpool Hospital will continue to manage the high complexity General Ear Nose and Throat (ENT) procedures. More support from Bankstown and Campbelltown will be provided as these sites move towards managing their local demand for standard complexity services in line with redevelopment. Similarly, this will support the required growth in Paediatric General ENT Surgery at Campbelltown Hospital. Currently, there is no emergency ENT Surgery cover provided onsite at Campbelltown Hospital with all cases being referred to Liverpool for assessment. Hence this element of service requires attention as capability is developed.

General Ear Nose and Throat Surgery services will move towards a networked service model which encourages cross-credentialing, consistent and connected training programs and broad service clinical meetings such as Morbidity and Mortality Reviews.

Develop common day only protocols for the treatment of common ENT procedures particularly for paediatric patients in consultation with the protocols from the Sydney Children's Hospitals Network.

Actions

Ref. No.	Action	Responsible	Timeframe
12.	Develop a District-wide networked ENT model. The model should allow for standard complexity General ENT Surgery at Bankstown and Campbelltown Hospitals and higher complexity ENT surgery at Liverpool.	Clinical Stream Director Surgical Specialties	June 2021
13.	Develop the relationship between Campbelltown and Liverpool ENT departments with an initial focus on solutions for emergency cover arrangements, junior staffing models and cross-credentialing.	Clinical Stream Director Surgical Specialties	June 2021

Orthopaedics

Orthopaedic Surgery is provided by all five surgical sites with sub specialisation provided at specific sites. For example, Liverpool Hospital undertakes only emergency and high complexity joint replacement procedures whereas the elective joint replacement procedures are managed by Fairfield Hospital. The provision of Elective Joint Replacement Surgery across the District is fragmented with Fairfield, Bowral and Bankstown sites managing the bulk of the District's demand for services. Currently, cross-credentialing arrangements do not exist for Campbelltown orthopaedic surgeons to undertake Elective Joint Replacement Surgery within SWSLHD. Local demand for services in Liverpool is managed by Fairfield Hospital with the exception of high complexity interventions and orthopaedic trauma interventions.

The number of hip and knee joint replacements undertaken each year in Australia is expected to increase due to rising prevalence of osteoarthritis, greater expectations for enhanced quality of life and improved surgical and anaesthetic techniques (*Department of Health, Western Australia 2010*). Knee replacements (5.0%) are growing at a faster rate than hip replacements (1.1%) but both interventions continue to see year on year growth (*Australian Orthopaedic Association 2018*).

In the short and medium-term, Elective Joint Replacement Surgery will continue to be provided at Bankstown, Bowral and Fairfield Hospitals, with high complexity interventions at Liverpool Hospital.

Osteoarthritis Chronic Care Program (OACCP) models aim to provide interventions that support people with osteoarthritis of the hip and/or knee to self-manage their condition and co-morbidities and reduce pain, increase function, and improve their quality of life. OACCP models consider and support management of physical and psychosocial health care needs and have benefit for both before a decision for Elective Joint Replacement Surgery, and while awaiting surgical intervention. In support of the Elective Joint Replacement Surgery services, Osteoarthritis Chronic Care Program (OACCP) pre- and post-waitlist models of care will continue to develop across the three Elective Orthopaedic Joint Replacement sites.

In the long-term, Elective Joint Replacement Surgery will be provided at Bankstown-Lidcombe and Bowral & District Hospitals with high complexity interventions being undertaken at Liverpool Hospital. Cross-credentialing opportunities will be developed across the LHD for orthopaedics.

Long term clinical services planning will separate Elective Joint Replacement Surgery from other elective and emergency interventions. This will reduce procedure cancellations and enable a patient flow driven by protocols. As Elective Joint Replacement Surgery is typically a "one-off" procedure (with the exception of additional procedures for further joints), it is deemed appropriate to provide these services at a limited number of sites across the District. Conversely, Emergency Orthopaedic Surgery is provided at multiple sites across the LHD (Liverpool, Campbelltown, Bankstown and Bowral) and this arrangement is expected to continue.

Action

Ref. No.	Action	Responsible	Timeframe
14.	Develop a Model of Care for elective Orthopaedics to support the proposed networked model of service delivery	Clinical Stream Director Surgical Specialties	December 2022

Cardiovascular

Enhancement and Service Development

Timeframe	Surgical Specialty	Facility
Short Term	Cardiothoracic Surgery	Liverpool
	Interventional Cardiology	Bankstown Campbelltown
	Structural Hearth Program (TAVI)	Liverpool
Medium Term	Renal Transplantation	Liverpool
	Thoracic Surgery	Campbelltown
	Vascular Surgery (Hybrid capability)	Campbelltown
Long Term	Vascular Surgery (Hybrid capability)	Bankstown

Structural Heart Program

Over the short term, it is proposed to establish Transcatheter Aortic Valve Implantation (TAVI) as an alternative method to treat patients with severe aortic valve stenosis (AS). TAVI is a recognised treatment option for eligible patients with severe AS who are considered at high surgical risks or deemed inoperable. Timely treatment with TAVI has the potential to reduce hospital admissions for heart failure, syncope and acute coronary syndromes from severe valvular dysfunction, and allows for treatment to occur outside theatre. TAVI can be performed at a lower overall cost to Surgical Aortic Valve Replacement (SAVR) in patients at high risk for surgery, resulting in significantly reduced in-hospital length of stay as well as major adverse events.

At Liverpool Hospital, the current standard of care for patients with severe AS is surgical aortic valve replacement in theatre under general anaesthetic, involving cardio-pulmonary bypass and open heart surgery. In contrast, TAVI can now be performed in a hybrid theatre or catheter laboratory (Cath lab) using minimally invasive techniques without bypass or open heart surgery.

Between January 2015 and December 2016, 157 patients underwent Aortic Valve Replacement (with or without concomitant coronary artery bypass surgery) at Liverpool Hospital. The audit identified 22 patients over two years (11 patients per year), who were at potentially increased surgical risk and may have been candidates for TAVI. Amongst these 22 patients, the median postoperative length of hospital stay was 13 days. The median Intensive Care Unit (ICU) stay was 85 hrs. (3.5 days). In a contemporary Australia-wide study of 200 patients that underwent TAVI in the SOLACE AU study, the median total length of stay was (4.7 days), suggesting a saving of approximately 3 ICU days and total of 8 - 9 in-hospital days per patient if these patients were treated with TAVI.

There is a proposal to commence a Transcatheter aortic valve implantation (TAVI) program at Liverpool Hospital with a multidisciplinary team approach (Heart Team) to appropriately assess, select and treat patients with symptomatic severe aortic stenosis (AS) who are determined to be at high risk for surgical aortic valve replacement (SAVR) or to be inoperable. A detailed business case has been developed to support the implementation of this service.

Renal Transplantation

SWSLHD has the second largest renal dialysis service in Australia. There is a significant correlation between the incidence of End- Stage Renal Disease (ESRD) and level of socio-economic disadvantage. Between 2012 and 2017, dialysis patients residing in SWSLHD made up 5% of the total dialysis population of Australia (696 of 13789 patients), while SWSLHD renal transplant patients comprised only 2.6% of the Australian total (122 of 4626 patients).

Renal Transplantation is the optimal therapy for patients with End-Stage Kidney Disease (ESKD), both in terms of extending life and improving quality of life. The Surgery is also cost-effective by avoiding the need for expensive dialysis and taking pressure off critically stretched dialysis services.

Advantages of transplantation over dialysis include increased life expectancy and quality of life, and lower costs (*Karnellis 2010*). Drawbacks include taking ongoing medications to prevent rejection of the kidney, as these medications may cause complications (*CIHI 2013*). Donated kidneys come from either deceased or living donors (*Kidney Health Australia 2017*). In SWSLHD, 30% of the ESKD population has a functional renal transplant. Currently, SWSLHD patients have their transplants performed at Royal Prince Alfred Hospital (RPAH) and Westmead Hospital, with the majority completed at RPAH (76%).

In 2016-17, 55 patients residing in the SWSLHD received a renal transplant. 376 renal transplantations were performed in NSW with SWSLHD residents making up 14.6% of this total, the highest proportion of any NSW LHD.

Table 3: Number of patients received renal transplants, NSW and SWSLHD residents, 2016-17

Hospital	Total number of patients	Number and (%) of SWSLHD Residents
RPAH	131	41 (31%)
Westmead Hospital	103	11 (10.6%)
Total NSW	376	55 (14.6%)

Note: Only two hospital sites in NSW where SWSLHD residents received transplants are listed.

There are currently five active renal transplant units in Sydney: RPAH, Westmead, Prince of Wales, St Vincent's and Royal North Shore Hospitals. John Hunter Hospital also has a renal transplant unit. All other hospitals in NSW form networks with the individual transplant hospitals to provide access for their patients. The below map identifies the locations of the five renal transplantation units in Sydney.

Figure 7: Metropolitan Sydney Renal Transplantation Units Locations, 2019

A service provided in SWSLHD would have significant patient and LHD benefits:

- Patient centred care model - access to health care in the local community. For example, following renal transplantation, the patient will attend at least 50 outpatient appointments within three months of transplantation.
- Accessibility for lower socio economic and non-English speaking populations who would otherwise experience access issues to renal transplants.
- Improved standard of care due to immediate access to local health facilities.
- Improved attraction and recruitment of specialised workforces, reputational benefit as a desirable employer, technological advances extending beyond the initial State-wide Service and increased volumes for the State-wide Service.

A Model of Care is a crucial part of the initial phase of developing a Renal Transplantation service within SWSLHD. The Model of Care will guide both:

- The developing service elements such as Liverpool Hospital receiving acute renal transplant patients back from the transplanting hospital after one week, as is currently the practice in some other non-transplanting centres (e.g.: Canberra)
- The eventual move towards the entire process of pre-transplant workup including coordination of tissue typing and transplant listing and the actual transplant surgery being undertaken at Liverpool Hospital.

Action

Ref. No.	Action	Responsible	Timeframe
15.	Develop SWSLHD Model of Care for Renal Transplantation to support the development of services in SWSLHD.	Clinical Stream Director, Cardiovascular	June 2021

Gastroenterology, Gastrointestinal Surgery, Liver, Urology and Head and Neck

Enhancement and Service Development

Clinical Stream	Surgical Specialty	Facility
Short Term	Metabolic and Weight Loss Procedures	Campbelltown
	ERCP and Diagnostic Endoscopy	Campbelltown
Medium Term	Day Surgery and Procedural Unit (including ophthalmology, endoscopy) in association with Surgical Specialties	Bowral
Long Term	Day Surgery Unit (including ophthalmology, dermatology, plastics and reconstructive, etc.) in association with Surgical Specialties	Bankstown

Low Volume Surgery Consolidation

It is increasingly common for various surgical oncology interventions to be consolidated at a single site in order to meet volume thresholds as prescribed by the Cancer Institute NSW. The Cancer Institute NSW encourages this approach to oncological surgery indicating that, "The volume of surgeries that a hospital performs to treat different types of cancer is an important determinant of a person's outcomes, especially for highly specialised procedures" (*Cancer Institute NSW, 2018*). Particularly within oncological surgical interventions, there is strong evidence to suggest that patients treated in centres managing higher numbers (or volumes) have higher rates of survival. The factors that contribute to these outcomes are still debated.

In order to ensure that patients requiring low volume surgical oncology interventions have equity of access, the development and implementation of clear Care Pathways for key low volume surgical oncology interventions is recommended. The expansion of this approach to other surgical interventions may be considered into the future in line with the evidence base.

Action

Ref. No.	Action	Responsible	Timeframe
16.	Develop Care Pathways for low volume surgical oncology interventions ensuring alignment with Cancer Institute NSW guidelines and recommendations.	Clinical Stream Director, Cancer Services	December 2021

Upper Gastrointestinal Surgery

Bankstown-Lidcombe Hospital has a long history of managing the District's requirement for Upper Gastrointestinal Surgery. In January 2015, Bankstown-Lidcombe Hospital became the centre for pancreatic cancer surgery within the SWSLHD. Currently, access to Interventional Radiology services has required some interventions to be undertaken at Liverpool Hospital rather than Bankstown-

Lidcombe Hospital. The development of Interventional Radiology services at Bankstown-Lidcombe Hospital will enable the return of these interventions in the future.

In order to ensure the ongoing success of this service model, a formalised Model of Care is required to guide the provision of services across the District. Into the future, whipples, oesophageactomy and pancreatectomy will continue to be managed at Bankstown with Liver Cancer resections managed at Liverpool Hospital. It is expected that Liverpool and Bankstown along with the other three surgical sites (Bowral, Fairfield and Campbelltown) will continue to manage local demand for other hepatobiliary surgeries as per each facility's role delineation.

Action

Ref. No.	Action	Responsible	Timeframe
17.	Formalise the existing Model of Care promoting: • Whipples, oesophagectomy and pancreatectomy at Bankstown-Lidcombe Hospital • Primary Liver Cancer resections at Liverpool Hospital • All other sites to continue to manage other hepatobiliary surgery as per role delineation	Clinical Stream Director, Gastro & Liver	June 2020

Urology

By building on existing strengths across SWSLHD surgical sites, Urology will develop a model of subspecialisation which cultivates clear areas of expertise and excellence. The increase in minimally invasive interventions will shape the development of services into the future. Technological advances are likely to also play a significant role in shaping future urological surgery services.

Action

Ref. No.	Action	Responsible	Timeframe
18.	Develop a model of subspecialisation within Urology across Liverpool, Campbelltown and Bankstown.	Clinical Stream Director, Gastro & Liver	December 2021

Endoscopy (including. EUS, ERCP and Interventional Endoscopy)

District-wide projections have been undertaken for Endoscopy procedures. The Endoscopy Information System (Provation) was used to provide detailed activity data for procedures matching the following labels:

- Gastroscopy
- Colonoscopy
- Colonoscopy + FOBT Positive
- Sigmoid
- Other

This activity data along with the *National Bowel Cancer Screening Program: Monitoring Report 2018* (AIHW 2018) and population projections for SWSLHD enabled the development of projections for Colonoscopy + faecal occult blood test (FOBT) Positive procedures. A significant increase is expected as a result of increased bowel cancer screening participation rates and the ageing of the local population.

These projections will be used to guide the development of a Model of Care considering screening,

diagnostics and interventional modes and their provision across the District. Particular areas for consideration in the development of the Model of Care include:

Action

Ref. No.	Action	Responsible	Timeframe
19.	Develop an Endoscopy Model of Care considering Screening, Diagnostic and Interventional modes across the LHD.	Clinical Stream Director, Gastro & Liver	December 2021

Complex Head and Neck Oncology Surgery

Complex Head and Neck Oncology Surgery will continue to be provided via a networking arrangement in SWSLHD. Surgical resection for this subspecialty will be undertaken at Liverpool Hospital in line with Cancer Institute NSW minimum volume guidelines (RBCO 2018, Cancer Institute NSW). Complex Head and Neck Oncology Surgery is undertaken by surgeons who have undertaken specific Head and Neck Surgical Oncology training but who may be otherwise qualified in a broader specialty such as ENT Surgery or General Surgery.

Currently, there are workforce constraints for the provision of services at Liverpool Hospital which have influenced the need for a clear Model of Care for Complex Head and Neck Oncology Surgery. A detailed review of Complex Head and Neck Oncology Surgery services has been completed by the Clinical Stream with broad consultation and will inform the future Model of Care.

Action

Ref. No.	Action	Responsible	Timeframe
20.	Develop a comprehensive Complex Head and Neck Oncology Surgery Model of Care	• Clinical Stream Director, Gastro & Liver • Clinical Stream Director, Cancer Services	June 2020

Endocrine Surgery

In addition to considering the provision of Complex Head and Neck Oncology Surgery in SWSLHD, the provision of Endocrine Surgery into the future is considered in line with redevelopment planning. Endocrine Surgery refers to operations on one or more of the endocrine glands including the thyroid gland, the parathyroid glands, the adrenal glands, and some neuroendocrine glands, but in the SWSLHD context the term usually refers to thyroid procedures.

Currently the majority of demand for Endocrine Surgery services in SWSLHD is met by Liverpool Hospital.

In 2017-18, 495 procedures meeting these criteria were undertaken in SWSLHD. The majority were performed at Liverpool Hospital.

- Campbelltown Hospital has a self-sufficiency of 36%.
- Bankstown- Lidcombe has a self-sufficiency of 13%.

In 2017-18, 973 procedures were undertaken for SWSLHD residents and 392 (40%) were undertaken in private settings. When procedures undertaken in private settings are excluded, SWSLHD has a self-sufficiency of 75%.

Action

Ref. No.	Action	Responsible	Timeframe
21.	Develop an Endocrine Model of Care to support the development of services in SWSLHD.	Clinical Stream Director, Gastro & Liver	June 2020

Cancer Services

Enhancement and Service Development

Clinical Stream	Cancer and Surgical Specialties	Facility
Short Term	Reconstructive Breast Cancer Surgery (in association with Surgical Specialties)	Bankstown

Breast Surgery

At present, Breast Surgery is undertaken at each of the five surgical sites in the District according to role delineation. Breast Surgery procedures are varied and include breast-conserving interventions, mastectomies with or without delayed reconstructive work and mastectomies with immediate reconstruction. There are also significant elements of breast surgery involving axillary and sentinel node procedures. Currently immediate reconstructive breast surgery is undertaken across Liverpool, Bankstown- Lidcombe and Campbelltown Hospitals. All three sites do expander or implant procedures and Liverpool and Bankstown do autologous free flap procedures.

A broad Model of Care for Breast Health will ensure that breast surgery patients across the District are provided with the most appropriate options for their individual case. The Model of Care should also consider that an increase in Immediate Reconstruction availability for those patients undergoing mastectomy is desirable. The Model of Care will consider both surgical intervention, medical and radiation oncology treatment, diagnostic services and other supporting services for breast health including the provision of BreastScreen services across the District.

Reflecting consultation, the Model of Care across the District should allow for:

- Non-complex breast surgery to continue to be managed across the five surgical sites in the District.
- SWSLHD to pursue increased activity in immediate reconstructive breast surgery (including implants, expanders and free flaps).
- All surgical sites to pursue the development of low complexity immediate reconstructive breast surgery or provision of clear referral pathways for patients to access these services at other SWSLHD surgical sites.
- Further development of Oncoplastic Breast Surgery as a specialty within SWSLHD
- Dual site approach to complex microsurgery services (Liverpool and Bankstown)
- Consistency across the District including:
    - Systematic processes for offering choice to patients for reconstruction
    - Clear pathways for access to reconstructive services according to complexity

  - Further development of multidisciplinary team approach for Breast Cancer patients including increased Clinical Nursing Consultant, Allied Health and Lymphoedema Services
  - Investigate models for pre and post-operative Oncoplastic Breast MDT with Plastics/Reconstructive Surgeons and Breast Surgeons collaboration
  - Continuing the existing combined Morbidity and Mortality meeting for Bankstown and Liverpool for Complex Breast Plastics/Reconstructive procedures
- Increasing Day Only Breast Surgery activity at the future Bankstown Ambulatory Surgical Unit in line with redevelopment planning with an aim of reducing this activity at Liverpool Hospital.

Action

Ref. No.	Action	Responsible	Timeframe
22.	Develop Model of Care and Service approach for Breast Health (including surgery)	Clinical Stream Director Cancer Services, Clinical Stream Director, Surgical Specialties	June 2020

Women's Health

Surgical services within the Women's Health Clinical Stream can be broadly categorised as either gynaecological or obstetric surgery. Both surgery types are offered at the five surgical sites in the LHD in line with the varying role delineation of the surgical and maternity services.
There are minor changes to the surgical and procedural elements of the Women's Health Clinical Stream reflecting redevelopment work in the LHD. Obstetric surgery is a key part of the provision of maternity services and the role delineation of the various maternity services across five sites manages the requirements for obstetric surgical intervention and associated complexity.

Gynaecology Surgery

Due to the broad demand and routine nature of gynaecological surgical interventions it is appropriate that gynaecological surgical interventions continue to be offered across the five surgical sites in the LHD. Increasing minimally invasive and interventional procedures and increasing cohorts of Day Only and Short Stay surgical patients will be a crucial element of the future Gynaecology Surgery Model of Care.

Paediatrics and Neonatology

Enhancement and Service Development

Timeframe	Surgical Specialty	Facility
Short Term	Elective Paediatric Surgery: ENT, Orthopaedics, Plastics, Urology and Ophthalmology	Campbelltown

Paediatric Surgery

The enhancement of paediatric surgery at Campbelltown Hospital, and to a lesser extent, across SWSLHD, is a crucial element of the development of a hub of paediatric services at Campbelltown Hospital. Due to significant growth in the paediatric population in the Macarthur region, the development of services at Campbelltown Hospital is well-placed to serve the bulk of this cohort with support from the other hospital sites across the LHD.

The Enhanced Paediatric Capacity Plan (EPCP), developed in 2017-18, steps out the planned growth to paediatric services across the LHD. The EPCP notes that, "*a number of clinical services will need to be introduced and/or enhanced over the next 15 years to reduce the number of outflows of SWSLHD children accessing services from hospitals outside the District (mainly the two children's hospitals) and to increase the level of self-sufficiency in service provision in some non-tertiary and all non-quaternary services to 70% by 2031/32. This includes in particular, surgical subspecialties such as orthopaedics, ENT, ophthalmology and most high volume short stay surgery,*" (*SWSLHD Enhanced Paediatric Capacity Plan, 2017*).

Currently, emergency paediatric surgery policies are inconsistent across SWSLHD facilities, with variation in the type of procedures and age of the child. Services would benefit from standardised age cut-offs across the District.

Action

Ref. No.	Action	Responsible	Timeframe
23.	Clinical Streams and facilities to continue to work closely with the Paediatric and Neonatology Stream to develop clear models for Paediatric Surgery provision with standardise age cut-offs and appropriate workforce training programs across the District.	Clinical Stream Director Paediatrics and Neonatology	December 2021

Medical Imaging and Interventional

Enhancement and Service Development

Timeframe	Surgical Specialty	Facility
Short Term	Interventional Radiology	Bansktown
Medium Term	Interventional Radiology	Campbelltown

Diagnostic and Therapeutic Imaging

Medical Imaging has become a key part of pre-operative surgical planning, therapeutic and interventional procedures. Image guided surgery uses pre-operative and real-time imaging to provide increased detail to surgeons as they operate and has become increasingly common. These techniques have implications for physical infrastructure requirements which will be required to enable this technology to be utilised. Nuclear medicine involvement is crucial in many with surgical and procedural interventions including guiding sentinel lymph node location and administration of radioactive iodine following thyroidectomy.

It is anticipated that medical imaging will continue to play a crucial role in surgical and procedural interventions. This will continue as augmented and virtual reality technologies further develop. Clinical Streams and facilities will be required to work with Medical Imaging to ensure that image guided surgery is considered in the development of surgical and procedural infrastructure at each surgical site.

Enabling Services

The successful development of surgical and procedural models of care involves the consideration of a range of enabling services. It is important for Clinical Streams and facilities to consider the following when developing these services:

- networking arrangements and approaches most appropriate for the delivery of care in particular surgical and procedural specialties and sub-specialties
- post-operative Intensive Care Unit admissions, Intensive Care Unit capacity and capability
- impacts on Anaesthetics teams
- impacts and opportunities for research programs
- workforce changes as part of models of care
- impacts on key Corporate Services departments, acknowledging the multidisciplinary nature of service provision.

Clinical Services

Intensive Care Units (ICU)

Intensive Care Units and surgical and procedural activity are inextricably linked as complex major surgical intervention often requires intensive care admission post-operatively. This may be a planned admission as part of routine care for particular surgical interventions or an unplanned admission as a result of complications. Where an ICU admission is expected following a planned surgical intervention, ICU capacity is essential as planned surgical interventions may be delayed if there is no ICU capacity. The development of all new models of care should include consideration of ICU capacity and capability at each facility.

Anaesthetics

Anaesthetics are an important part of the future planning for Surgical and Procedural Services in SWSLHD. Anaesthetics are changing as a result of key drivers such as technological advancements, population demographic trends and demand for services.

Anaesthetics will continue to play a vital role in the assessment and risk stratification of patients. This role may become more prominent as ambulatory and other settings are explored across SWSLHD for various procedures and interventions. Similarly, the risk stratification of key population cohorts such as older persons and paediatrics, will become increasingly essential as these population groups grow across SWSLHD.

As many Models of Care and Service Delivery are developed across the District for various specialties and sub-specialties, it is essential that each of these consider the role and function of Anaesthetics within these models. Extensive consultation with Anaesthetic Departments at each of the surgical sites is encouraged in the development of Models of Care.

Networking Arrangements

A significant enabler of surgical and procedural service provision across SWSLHD are the networking arrangements of various clinical streams, specialties and subspecialties. Networking arrangements enable equity of access to key services for the residents of SWSLHD alongside ensuring that the services are provided by the most appropriate facility e.g. highly complex surgery at tertiary sites.

SWSLHD has developed principles which guide the development of models of care reliant on networking arrangements and outline desired outcomes. The principles are listed below in Figure 9 and key examples of networking arrangement types are described in Figure 10.

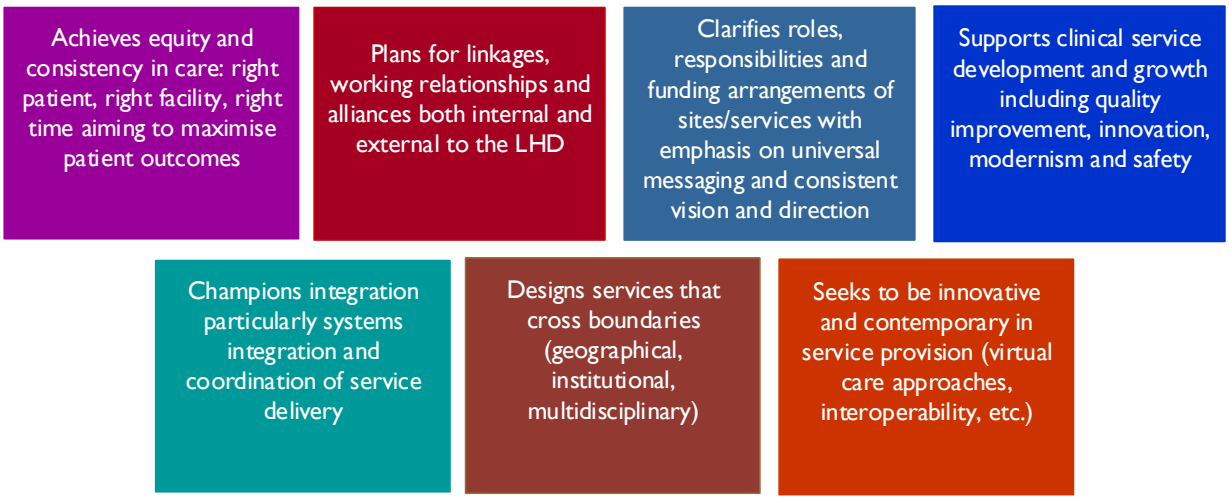


Figure 8: SWSLHD Networking Principles

Single service which is led and located at only one site but serves patients from across the LHD. May or may not be a Centre of Excellence.

- Example: Cranial Neurosurgery at Liverpool Hospital

Single service which is led from one site but provides services across the LHD (Hub and Spoke)

- Example: Renal Supportive Care, led from Liverpool Hospital with clinics in Campbelltown Hospital and Bankstown-Lidcombe Hospital.

One lead service at one site with separate but supported services at other sites. In this instance, the lead service plays a key role in support of the other services from assisting with complex patients to training and education of staff. Often the approach taken when establishing new services.

- Example: Establishment of Cardiac Catheterisation Laboratories at Campbelltown Hospital supported by Liverpool Cardiac Catheter Lab (lead service).

All services across the LHD are incorporated into a consistent Model of Care.

- Example: Interventional Radiology Model of Care

The LHD issues principles and/or guidelines which promote consistency in service provision across the LHD.

- Example: Integrated Care for People with Chronic Conditions

Consistent, LHD-wide approaches to service growth or change to delivery, structure, complexity etc. as part of Clinical Services Planning

- Example: Enhanced Paediatric Capacity Planning

Figure 9: Examples of Networking Approaches

Research

Surgical and procedural care delivery is rapidly changing in response to evidence gathered from research and the development of new techniques and equipment. Research is a fundamental part of the health care system. Vital research being undertaken across the globe enables improvements in diagnostics and treatment, all with a view to improving health and the wellbeing of the population.
The SWSLHD has a well-developed academic and research capacity across surgical and procedural services and sites and is recognised as a significant research domain of the District. Research is undertaken by and between multiple specialties and disciplines, including medical, nursing and allied health groups as well as technical staff.
Building capacity to lead translational research to inform clinical practice has been a significant focus of the District since its formation and SWSLHD is emerging as a centre of excellence in translational research. Continued investment and collaboration in these areas will facilitate greater national and international acknowledgement of this role and is fundamental to attracting a high calibre workforce.

Within Australia, SWSLHD is a partner of the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) and collaborates with a number of other health, university and research organisations, with the Ingham Institute for Applied Medical Research being the most significant local partner. Expanding the role of existing Clinical Academic Streams and building expertise through the recruitment of additional academic positions across Surgical and Procedural Services will enhance the availability of local clinical, research and teaching expertise. The SWSLHD Research Strategy has identified numerous actions to improve the overall research capacity and capability of the District. Implementation of this Strategy is ongoing and has been fundamental to enhancing surgical and procedural research in the District.

Workforce

Workforce is an enabler for surgical and procedural services provision in SWSLHD. Consultations undertaken in the development of this Plan indicated three main workforce considerations:

- Attraction, recruitment and retention
- Surgical and procedural workforce structures
- Increasing interventional and minimally invasive procedures

Attraction, recruitment and retention

Attraction, recruitment and retention are multifaceted however, a significant role is played by the capacity of the organisation to provide attractive training pathways. For surgical and procedural specialties, this particularly includes access to outpatient clinic work, access to theatre time and supportive levels of junior staffing.

Surgical and procedural workforce structures

Consultations undertaken for the development of this Plan identified an appetite across SWSLHD to further develop the surgical and procedural Staff Specialist workforce. Historically, the surgical and procedural workforce has been predominated by Visiting Medical Officer appointments. It is indicated that an expanded Staff Specialist workforce would encourage engagement and ownership of surgical and procedural services leading to sustained and consistent development of services. In addition, growth in the Staff Specialist workforce may create increased access to outpatient clinics for the training of junior staff enabling SWSLHD to become an attractive trainer and employer of this cohort.

Alongside the surgical and procedural workforce, the perioperative nursing workforce plays a significant role in service provision. The volume and clinical practice development of the perioperative nursing workforce is a key consideration for the future. Consultations indicated that the Clinical Nurse Consultant workforce specialising in surgical and procedural fields could be increased to enable enhanced clinical knowledge and expertise. The creation of clinical nursing advancement pathways such as clinical nurse consultant and nurse practitioner roles would encourage the nursing workforce to develop advanced surgical and procedural clinical practice.

Blood and Blood Products

Patient Blood Management (PBM) is the application of evidence based medical and surgical practices designed to prevent anaemia and decrease bleeding.

Blood products includes fresh blood components (red blood cells, white blood cells, platelets, fresh frozen plasma, extended life plasma, cryoprecipitate and cryodepleted plasma), plasma-derived (fractionated) blood products such (albumin, coagulation factors and immunoglobulins), autologous transfusions and any biologically derived products such as thrombin products.

SWSLHD utilised almost $37 million of blood and blood products 2018/19. Surgical patients were a high user group. Higher numbers of red cell transfusions are reflection of an increasing SWSLHD's population and recorded growing usage differs from a national downward trend.

The SWSLHD has undertaken multiple steps to ensure there are guidance and resources within our District in relation to the optimal blood management.

- The Business Intelligence Unit is collaborating with the SWSLHD Blood Transfusion Committee to automate current reporting processes and improve timeliness.
- Annual blood product transfusion audits in each facility will be undertaken by the Clinical Practice Manager – Haemovigilance to measure current practice against best available evidence. The audit results will identify key opportunities for improvement.
- Review of Blood and Blood product related policies and processes remain a priority for SWSLHD Blood Transfusion Committee.
- Processes to record Transfusion History and requirements will be enhanced within the District with the implementation of a NSW Health Pathology – Transfusion Medicine M Page. All patients will have a transfusion medicine tab in their PowerChart menu.
- Wastage of all products is trending down. 'Discards as a percentage of Net Issues' (DAPI) for SWSLHD are below the National benchmark.

Increasing interventional and minimally invasive procedures

Growth in interventional and minimally invasive procedures is resulting in a changing surgical and procedural workforce. For example, there is a developing workforce of physician-trained medical staff who are making use of procedural resources for patient treatments and diagnostics. This shift poses a challenge for future workforce planning which will need to ensure that all potential staffing models are considered as SWSLHD develops the required workforce to meet future surgical and procedural service demand.

Corporate Services

Consultation for this Plan identified the role of Corporate Services in the provision of high-quality surgical and procedural services. Corporate Services including Porter/Ward Orderly Services, Central Sterile Services, Stores, Environmental Services and Administration are all part of the multidisciplinary team and must be considered in Models of Care and Service Delivery. Particular consideration should be given to the impact of new and growing surgical and procedural services on the capacity of these Corporate Services areas.

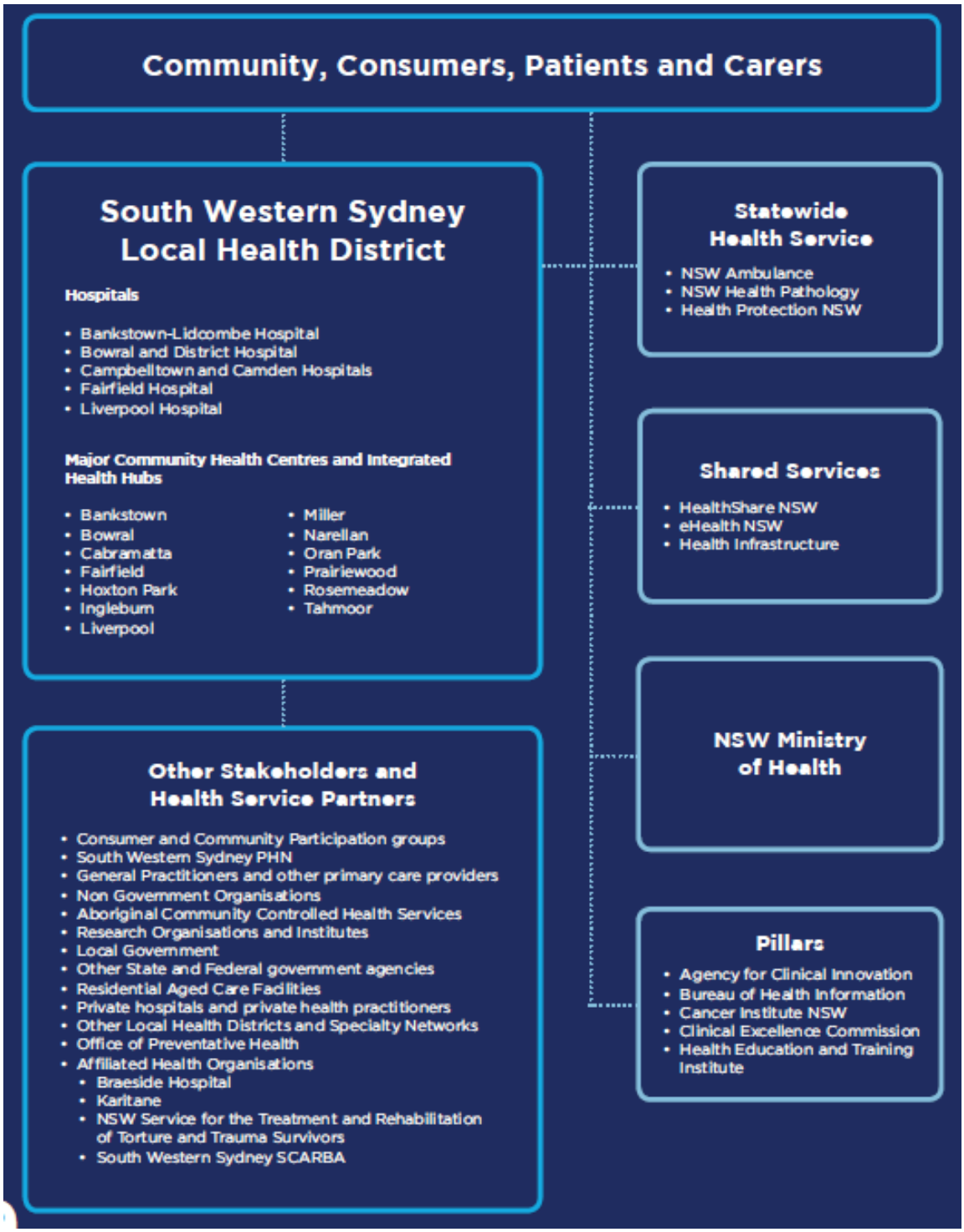
Standardised Equipment and Consumables

It was noted that, where possible, SWSLHD should see to use standardised surgical and procedural equipment and consumerables across SWSLHD sites. The hospital redevelopment projects across the district present an opportunity for this to be progressed.

7. Appendices

Appendix 1: Policy Context

Supporting Plans and Enabling Strategies fit within the policy and planning frameworks of the NSW Government, NSW Ministry of Health and SWSLHD as follows:



Source: SWSLHD Strategic Plan 2018-2021

Commonwealth and State Government health policy directions and service priority areas provide a framework for delivering health services in NSW. These are updated on a regular basis to reflect emerging international and national trends. Service planning activities in the health sector are informed by, and aligned with strategic plans that are linked to relevant system-wide policies, plans and programs. The *SWSLHD Surgical and Procedural Services Plan to 2031* will align with the following key policy directions.

NSW Premier's Priorities

The NSW Government is working to achieve 14 Premier's priorities and 18 state priorities to grow the economy, deliver infrastructure, protect the vulnerable, and improve health, education and public services across NSW.

The *State Priorities* of relevance to this Surgical and Procedural Services Plan include:

- Cutting wait times for planned surgeries: increase on-time admissions for planned surgery, in accordance with medical advice

NSW State Health Plan: Towards 2021

The State Health Plan provides the contemporary directions and key strategies to guide the development and operation of health services into the future and brings together NSW Ministry of Health's existing plans, programs and policies setting priorities across the system for the delivery of 'the right care, in the right place, at the right time'.

State Health Plan Directions and Strategies

Source: NSW State Health Plan Towards 2021

NSW Ministry of Health Corporate Governance & Accountability Compendium

The *NSW Ministry of Health Corporate Governance and Accountability Compendium* (the Compendium) provides a summary of the key governance requirements of NSW Ministry of Health agencies applicable at both a system and local level. It outlines strategic and service planning responsibilities, key documents governing the operation of the NSW public health system and individual agencies as well as expectations around the development of planning documents.

The Compendium encompasses information from legislation, directives issued through the Department of Premier and Cabinet and the NSW Treasury, NSW Ministry of Health policy directives, guidelines and best practice instructions.

Service Agreements between NSW Ministry of Health and SWSLHD

NSW Ministry of Health and SWSLHD negotiate an annual service agreement to underpin the devolution of decision-making, responsibility and accountability to the LHD to promote the provision of safe, high-quality, people-centred healthcare. This agreement is a key component of the NSW Ministry of Health Performance Framework and sets out the services to be provided, the performance expectations and outcomes to be achieved along with the funding this activity attracts. The Service Agreement is negotiated contingent on the services being delivered in accordance with the core values and priorities of NSW Ministry of Health.

NSW Process of Facility Planning

The NSW Ministry of Health Process of Facility Planning (POFP) details and directs the processes for the procurement of capital infrastructure across the public health system (including buildings, major equipment, information management systems etc.). The POFP requires an endorsed Clinical Services Plan that sets out the demonstrable need to procure the particular capital infrastructure before it can be activated.

Appendix 2: SWSLHD Planning Context

SWSLHD Strategic, business and healthcare plans

SWSLHD Strategic Plan 2018 - 2021

The *SWSLHD Strategic Plan 2018 – 2021* is the key strategic plan for SWSLHD. The Plan sets out the direction for the District over the four years 2018 to 2021, consistent with the vision of *Leading care, healthier communities*. The Plan builds upon priorities articulated in the *SWSLHD Strategic and Healthcare Services Plan to 2021*, the *SWSLHD Corporate Plan 2013 – 2017* and the range of other plans which have been developed since the District was established in 2011. Consumers, community, staff and stakeholders have all made significant contributions to the development of these plan, ensuring that the current priorities of the District reflect the views of the community.

The Plan outlines the health of the SWSLHD community and describes the workforce, budget and the high volume of activity which is currently provided. Challenges and opportunities for the coming years are identified. Six Strategic Directions frame future development directions for SWSLHD. A number of priority actions have been identified within each of these Strategic Directions and are closely tied to clear performance indicators.

Source: SWSLHD Strategic Plan 2018 - 2021

Facility and Service Operational Plans

In order to ensure delivery of the *SWSLHD Strategic Plan 2018 – 2021*, each facility, service and relevant business units has developed an operational plan that sets out:

- Implementation of the applicable actions of the SWSLHD Strategic Plan 2018 - 2021
- Other initiatives the Facility/Service/Business unit intend to implement during the period of the operational plan
- Operational Plans are updated biannually and new plans will be developed in 2020, 2022 and 2024.

To enable Operational Plans to be working documents, they are developed bi-annually.
Figure 10 below provides detail of the key elements of the Facility and Service Operational Plans.

Clinical Stream Service Development Priorities

- As part of the Implementation Strategy for the *SWSLHD Strategic Plan 2018 – 2021*, Clinical Stream Development Priorities documents have been developed by each of the 10 Clinical Streams. Clinical Stream Development Priorities documents are updated biannually and new plans will be developed in 2020, 2022 and 2024.

- Aged Care and Rehabilitation
- Gastroenterology, Gastrointestinal Surgery, Liver, Urology, Head and Neck
- Cancer Services
- Cardiovascular Services
- Complex Care and Internal Medicine
- Critical Care
- Medical Imaging
- Paediatrics and Neonatology
- Surgical Specialties
- Women's Health

These documents provide an overview of the services overseen by each of the Clinical Streams as well as key priorities for service development. In addition, current and future (2026) service maps have been developed outlining the service provision of each Clinical Stream and the vision for service provision into the future. Figure 10 below provides detail of the key elements of the Clinical Stream Service Development Priorities documents.

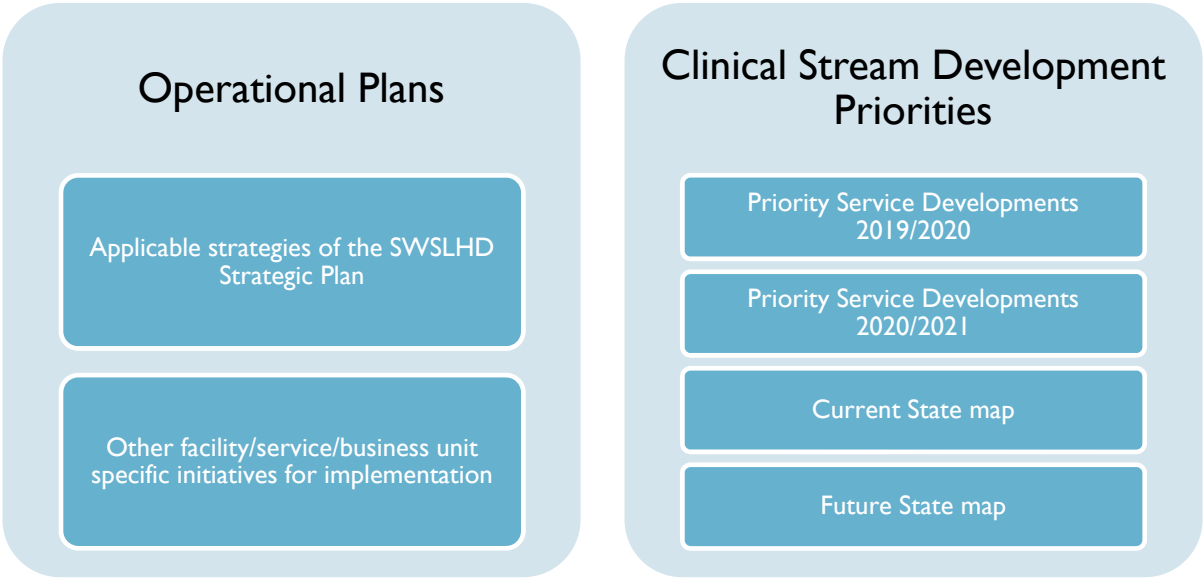


Figure 10: Key Elements of Facility and Service Operational Plans and Clinical Stream Service Development Priorities

SWSLHD Planning Principles

People-centered care
That is consistent, quality and safe

Equity in access
For vulnerable communities and provides care in accessible locations, ensuring easy access by the community

Health Care Neighbourhood
An approach to health that fosters healthy communities in South West Sydney

More care in the community
To be closer to where people live / empowers consumers and supports their navigation through the health system

LHD wide, networked approach
Planning approach to ensure consistency and equity in service delivery

Uses available & emerging technologies
To support care that is integrated across health providers and centred around patient and carer needs / encourages innovation in service provision

Seamless transition
For health consumers between service providers (NGOs, GPs, PHNs, LHD services) - right care, right place and builds capability of service providers

Embeds research and education
In clinical care fostering relationships between research and evidence-based care

Collaborative co-design
With key stakeholders (Consumers, Clinicians, LHD, PHN, GPs, NGOs and other health care providers) / encourages effective leadership and empowered staff through respectful communication and genuine engagement

Value-based care
Builds service models that provide value based care considering health outcomes, experience of care and efficiency and effectiveness of care

Relevant SWSLHD Plans

The *Clinical Services Plan for Liverpool Hospital to 2031* provides context for improvements in capacity of Liverpool clinical services in order to meet health care needs of its catchment population and partnering with external providers as a tertiary referral hospital with tertiary affiliations to the University of NSW and Western Sydney University.

The *Abridged Clinical Services Plan for Macarthur to 2031* outlines detailed planning for health services in the Macarthur Region to a 2031 horizon including ambulatory, community based and hospital services. Significant issues and challenges have been identified which will impact on the Macarthur region in the next fifteen years. Changes to existing models of care will be required to meet the challenges of the future. These include a shift to ambulatory and community based services, increase in the provision of short stay and day only units, a shift to less invasive procedural activity with the development and enhancement of interventional radiology and endovascular/endoscopy services and changes in the delivery of emergency services and innovations in technology will all drive the evolution of the way services will be delivered in the future.

The *Southern Highlands and District Health Neighbourhood Clinical Services Plan to 2031* outlines detailed planning for health services in the Wingecarribee Shire to a 2031 horizon.

The *Bankstown Health Neighbourhood Clinical Services Framework to 2031* outlines plans for provision of clinical services to the Bankstown region into the future. Consultation for the CSF and this Surgical and Procedural Services Plan were undertaken simultaneously to ensure cohesion.

The *SWSLHD Health Improvements for Children, Young People and Families 2016-2025* focuses on the life stages from preconception to young adulthood with emphasis on promoting health, preventing illness, embedding early intervention and delivering integrated and connected care.

The *SWSLHD Advance Care Planning, End of Life and Palliative Care Strategic Plan 2016-2021* addresses three aspects of end of life: the need for an earlier focus on advance care planning; providing optimal end of life health care and access to specialist palliative care for people with complex palliative needs and their families.

The *SWSLHD Workforce Strategic Plan 2014-2021* focuses on the strategies needed to attract, manage and sustain the right mix of the right people now and into the future. It identifies some potential challenges in building a sustainable workforce across the District.

The *SWSLHD Education and Training Strategic Plan 2015 – 2026* identifies four workforce strategic priority areas to guide action into the future - Meeting Future Health Needs, Building a Sustainable and Capable Workforce, Becoming an Employer of Choice and Developing Future Leaders - Clinical and Corporate.

The *SWSLHD Information Communications and Technology Strategy 2015 – 2021* outlines strategies to develop and promote IT systems to drive innovation and improve patient outcomes.

The *SWSLHD Care in the Community Clinical Services Plan to 2013* is an overarching Local Health District strategy that outlines the services required to meet the needs of the SWS population for primary care, ambulatory care, and other community based services into the future. The need for closer integration of community health services with hospital and primary care services is driving evolving models of care.

In south western Sydney, the concept of the Integrated Health Neighbourhood (IHN) is proposed. An integrated primary and community care model has long been identified as a future direction for SWSLHD. The health neighbourhood will provide comprehensive services across primary, community, hospital and other health related services, linked along the continuum to provide seamless patient care. The Care in the Community CSP proposes three Integrated Health Neighbourhoods: Bankstown, Liverpool Fairfield and Macarthur (including Wingecarribee).

Integrated Health Hubs (IHH) are a key element of the Integrated Health Neighbourhood. Offering a mix of complex care services able to be delivered safely and effectively in a community environment, IHHs will provide services according to the needs and size of the local population. This approach will assist with identifying distribution of IHH across the district and size of the physical infrastructure required. An IHH will not provide inpatient care, rather focusing on providing a comprehensive range of on-site ambulatory care and specialty services 'in-reaching', including potentially aged care and rehabilitation services, child and family counselling, community mental health, health promotion, drug health, youth health services, palliative care, chronic disease care coordination, antenatal care, satellite renal dialysis, chemotherapy and other infusion therapy. A range of Community Health services appropriate to the population catchment of the IHH would be co-located.

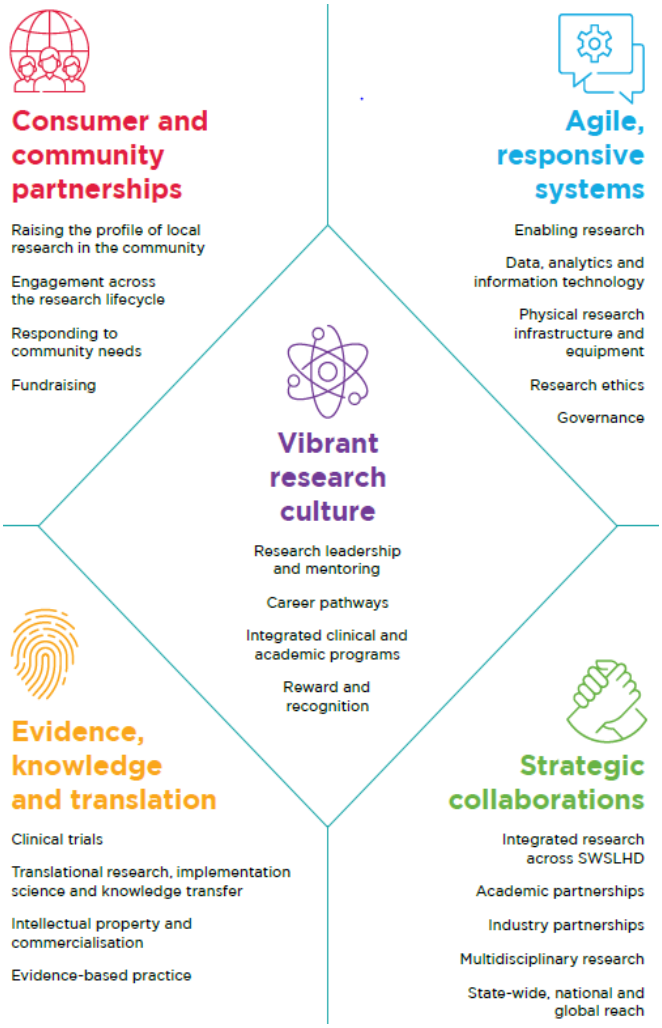


Figure 11: Research Strategy 2023 Strategic Directions

The *SWSLHD Aboriginal Health Plan* which was developed by the Aboriginal Health Unit. The Plan builds on the significant work to improve Aboriginal health outcomes done across the District to date and aligns with the philosophy and intent of the National and NSW Aboriginal Health Plans.

The *SWSLHD Prairiewood Health Campus Master Plan* which addresses the current Fairfield Hospital site indicates the continuation and expansion of minor and short stay procedures on this campus in addition to expanded elective orthopaedic surgery services. The hospital currently hosts the Whitlam Orthopaedic Research Centre with research expertise in multi-centre randomised controlled trials, in the fields of trauma surgery, joint replacement surgery and rehabilitation.

The *SWSLHD Research Strategy 2023* provides a framework for research development required over the coming five years. The intent of the Plan is for SWSLHD to be recognised locally and globally as a research active organisation with a culture that embeds research into clinical practice to improve health service delivery and the health of the community.

The SWSLHD Virtual Care Strategy developed in 018-19, defines the District's vision and objectives for virtual care and outlines prioritised initiatives over the short to medium term. The Strategy aims to develop the capability of the District to deliver an integrated and scalable approach to virtual care. Significant clinician and executive consultation occurred as part of the development of the Virtual Care Strategy.

The Strategy has identified three initial targets for virtual models of care including:

1. Deliver more care in the community (chronic conditions):
   Virtual care solutions will improve value and increase access by delivering more care in the community and by empowering other players in the healthcare neighbourhood to deliver services to patients to improve their experience and so that they do not need to enter a higher cost healthcare setting.
2. Deliver acute care more efficiently in hospitals (command centre):
   Virtual care solutions will optimise delivery and efficiency within acute settings by improving the connectivity, decision-making, processes and workflows of care teams.
3. Distribute more care from acute to Outpatient (Outpatient/Ambulatory Care):
   Virtual care solutions will enable us to shift low value activities that are currently delivered within the acute hospital environment to outpatient or home settings.

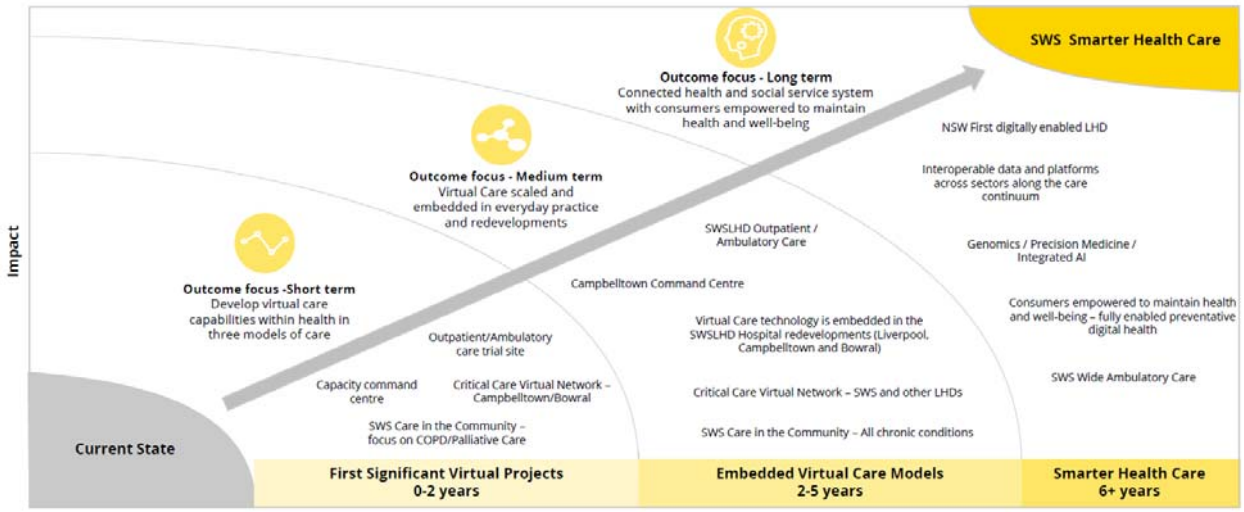


Figure 12: Virtual Care Strategy Timeline

Appendix 3: Consultation Process

The consultation process for the Surgical and Procedural Services Plan to 2031 has been extensive and multi-modal.

Scoping Paper

The Scoping Paper for the Surgical and Procedural Services Plan to 2031 was tabled to and endorsed by the SWSLHD Clinical and Quality Council in September 2018.

Informal Preliminary Interviews

Initial consultation involved informal interviews with key stakeholders and executive leadership to review the existing Plan and identify key areas for the future Plan to address. Meeting notes were kept for these meetings and the comments and feedback from these meetings have guided the development of the Surgical and Procedural Services Plan to 2031.

Working Group

A Working Group was formed to guide the Plan's development and provide advice and input throughout the consultation process. The membership of the Working Group included the Manager, Planning Unit, Senior Planners and Clinical Managers for the three key Clinical Streams (Cardiovascular, Gastro & Liver and Surgical Specialties). The Working Group met bimonthly as required.

Steering Committee

A Steering Committee was established to guide and inform the Plan's development. The Steering Committee membership included key stakeholders and executive leadership team members at both the District and facility level. The full membership of the Steering Committee is outlined below and the Terms of Reference are included in the attachment below.

Members	
Amanda Larkin, Chief Executive, SWSLHD (Co-Chair)	**Professor Neil Merrett, Surgery Program Director, SWSLHD (Co-Chair)**
Professor Les Bokey, Formerly Clinical Stream Director, Gastroenterology, Gastrointestinal Surgery, Liver, Urology and Head & Neck, SWLSHD	Dr Michael Kernohan, Clinical Stream Director, Surgical Specialties, SWSLHD
Professor Geoff Delaney, Clinical Stream Director, Cancer Services, SWSLHD	Professor Rohan Rajaratnam, Clinical Stream Director, Cardiovascular Services, SWSLHD
Sue Colley, Director, Allied Health, SWSLHD	Wendy Loomes, Director, ICT, SWSLHD
Dr Glen Schlaphoff, Director of Interventional Radiology, Liverpool Hospital	Sonia Marshall, Director of Nursing and Midwifery Services, SWSLHD
Dr Josephine Tan, Head of Department Anaesthetics, Camden & Campbelltown Hospitals	Gail Deakin, Nurse Manager, Operating Theatres, Liverpool Hospital
Peter Rophail, General Manager, Bankstown-Lidcombe Hospital	Alison Derrett, General Manager, Camden & Campbelltown Hospitals
Grant Isedale, Clinical Manager, Surgical Specialties and Critical Care, SWSLHD (Replaced by Paul Hudson)	Karen McMenamin, General Manager, Liverpool Hospital
Kylie Smith, Clinical Manager, Cancer Services and Gastro & Liver, SWSLHD	Jodie Ekholm, Clinical Manager, Cardiovascular and Medical Imaging, SWSLHD
Dr Richard Lee, Director of Surgery, Fairfield Hospital	Dr David Blomberg, Director of Surgery, Bankstown-Lidcombe Hospital
Simone Proft, Manager, Planning Unit, SWSLHD	Lynda Johnston, Manager, Consumer and Community Participation Unit, SWSLHD
Ross Sinclair, Director of Finance, SWSLHD (Replaced by Dimi Palamidas, Director of Finance, SWSLHD)	Ann Aziz, Senior Planner, Planning Unit, SWSLHD
Joanna Rae, Deputy Manager, Planning Unit, SWSLHD	Professor John Smoleniec, Clinical Stream Director, Women's Health, SWSLHD

Table 4: Membership of the SWSLHD Surgical and Procedural Services Plan Steering Committee

The Steering Committee met at five key points over the course of the Plan's development to confirm deliverables and provide direction for consultation.

In the initial meeting, the Steering Committee recommended that a Vision Workshop be undertaken to ensure key parties were in agreement regarding the plans for the future of surgical and procedural services in SWSLHD.

Vision Workshop

The Vision Workshop was held on 21 June 2018 and facilitated by Nous Consulting. A key outcome of the Vision Workshop was clarification and confirmation of the intent and principles of the Surgical and Procedural Services Plan to 2031. A detailed report was developed from the Vision Workshop and identified a number of recommendations for the development of the Surgical and Procedural Services Plan to 2031.

Action Plan Consultation

As part of the development of the *Surgical and Procedural Services Plan to 2031*, an Action Plan, outlining the key elements of the Plan's implementation and the proposed development directions for each specialty and sub specialty, was drafted to guide consultation. The actions outlined fed directly into the detail and content of the *Surgical and Procedural Services Plan to* 2031. The Action Plan was discussed with many key stakeholders in a variety of forums:

Steering Committee

At three Steering Committee meetings, in September, November and December 2018, the Action Plan and the development directions proposed for the Plan were discussed in depth. These were either confirmed by consensus within the Steering Committee or identified as requiring further consultation and discussion due to contention or requirement for further refinement.

Facility Specific Consultations

Once the Action Plan was confirmed by the Steering Committee, a process of broad consultation with the surgical and procedural groupings at each facility was undertaken. Consultation at the facility level has been broad and has involved many specialties and sub-specialties. In addition, particular consideration of clinical services planning alignment has been reviewed in the context of this consultation. These meetings aimed to socialise the Action Plan, confirm any changes to service provision and identify any areas of contention between facilities and between facilities and clinical streams.

Service and Specialty Specific Consultations

Once the Action Plan was confirmed by the Steering Committee, a process of broad consultation with the surgical and procedural groupings across the Clinical Stream structure. Specific specialties and sub-specialties were consulted to analyse particular issues or challenges identified through consultation or review of data, for example, Reconstructive Breast Surgery.

Consultation Draft

Following these specific consultations, the Consultation Draft of the *Surgical and Procedural Services Plan to 2031* will be circulated broadly within SWSLHD for feedback and comments. Feedback and comments received will be integrated into the final draft of the document for endorsement

Attachment A – Terms of Reference – Surgical and Procedural Services Plan to 2031 Steering Committee

Purpose

To lead the development of a SWSLHD Surgical and Procedural Care Strategic Plan to 2031

Objectives

- Support and approve on the structure of the planning process to be undertaken and fundamental issues on conduct of planning that may arise during the process
- Agree a set of planning principles to guide the development of the Plan
- Ensure the needs of SWSLHD communities and specific population groups are taken into account in planning and policy development
- Advise on the internal and external consultation process to be undertaken in the development of the Plan including a robust model for community and consumer consultation
- Advise on evidence based practice and emerging models of care for the delivery of Surgical and Procedural specialist and non-specialist services
- Overview processes undertaken to validate activity data (current and projected) and identify preferred models of care and service development priorities
- Consider previous planning, agreed models, networks of care and achievements in the context of informing future directions
- Ensure an integrated service planning outcome taking into account service provision in hospital and community care settings, the community, linkages with primary care, partnerships with other care and support
- Participate in discussions to develop a model of integrated care and provide advice regarding incremental development of healthcare services and priorities
- Provide advice regarding governance for implementation of the Plan

Responsibilities of Steering Committee Members

- Attendance at steering committee meetings
- Providing information and advice in areas of members expertise
- Reviewing and commenting on issues papers and planning updates provided
- Proactively providing information and advice on evidence based practice/ research to inform the planning process
- Ensuring that consultation is conducted with peers and clinical services about issues raised in the meeting and providing feedback

Membership and Quorum

50% of the committee membership plus one. Membership is listed on page 41.

Meetings

Three meetings will be held in March, June and September 2018 during the planning process.
The Chair/s reserves the right to call extra-ordinary meetings as required.

Venue

Boardroom, SWSLHD

Minutes

Formal minutes will be taken by Planner, SWSLHD. A list of action items will be produced following each meeting and will be circulated within 5 days of the meeting to all members.

Agenda

In consultation with the Co-Chairs, an agenda will be forwarded to Steering Committee members at least five days prior to each meeting.

Reporting to Board

One of the Co-Chairs will provide a status report to the SWSLHD Clinical and Quality Council following each meeting of the Steering Committee.

List of Meeting Dates

- 28 March 2018 at 9.00 – 10.30am
- 21 June 2018 at 10.30 – 12.00pm (Vision Workshop)
- 4 September 2018 at 12.30 – 2.00pm
- 20 December 2018 at 7:00 - 9:00am
- 11 July 2019 at 7:30 – 9:30am
- 15 November at 3.30 – 5.00pm

Attachment B – Consultation Involvement List

General Plan Consultation	
o Program Director, Surgery, SWSLHD o Directors of Surgery Bankstown, Campbelltown, Liverpool o Surgical Specialties Clinical Stream Director o Surgical Specialties Clinical Stream Manager o Cardiovascular Clinical Stream Director	o Cardiovascular Clinical Stream Manager o Gastro & Liver Clinical Stream Director o Gastro & Liver Clinical Stream Manager o Facility General Managers o SWSLHD Surgical Management Meeting (June 2019)
Intensive Care	
o Critical Care Clinical Stream Director o Critical Care Clinical Stream Manager	o HOD Liverpool
Anaesthetics	
o HOD Campbelltown	
Endoscopy	
o HODs all sites	
Ophthalmology	
o HOD Liverpool o Department representatives Campbelltown	o HOD Bankstown
Interventional Radiology	
o Medical Imaging Clinical Stream Director o Medical Imaging Clinical Stream Manager	o HOD Liverpool
Perioperative Nursing Management	
o Liverpool o Campbelltown o Bankstown	o Perioperative Nursing Managers Collaborative Meeting
Vascular Surgery	
o Cardiovascular Clinical Stream Director	o HOD District-wide

o Cardiovascular Clinical Stream Manager	
Paediatric Surgery	
o Paediatrics and Neonatology Clinical Stream Director	o Staff Specialists Paediatric Surgery, Campbelltown Hospital
Head and Neck (Oncology) Surgery	
o Model of Care Working Group	
Orthopaedics	
o HOD Liverpool/Fairfield o Surgical Specialties Clinical Stream Director o Surgical Specialties Clinical Stream Manager	o DMS Liverpool o GM Bankstown o Department representatives Campbelltown
Breast Surgery	
o Cancer Services Clinical Stream Director o Cancer Services Clinical Stream Manager o Surgical Specialties Clinical Stream Director o Department representatives Campbelltown o Department representatives Liverpool o Department representatives Fairfield	o Department representatives Bankstown o GM Liverpool o GM Bankstown o GM Campbelltown o Reconstructive Surgeon representative Liverpool
Neurosurgery	
o Surgical Specialties Clinical Stream Director o Surgical Specialties Clinical Stream Manager o HOD Liverpool	o DMS Liverpool o SAM Liverpool
Major Trauma Service	
o Surgical Specialties Clinical Stream Director o Surgical Specialties Clinical Stream Manager	o HOD Liverpool o Department representatives Liverpool
Ear Nose and Throat	
o Surgical Specialties Clinical Stream Director o Surgical Specialties Clinical Stream Manager	o HOD Liverpool o Department representatives Campbelltown
Urology	
o Surgical Specialties Clinical Stream Director o Surgical Specialties Clinical Stream Manager	o HOD Campbelltown o Department representatives Bankstown o Surgical Department representatives Bowral
Women's Health	
o Women's Health Clinical Stream Director	o Women's Health Clinical Stream Manager

Attachment C – Terms of Reference - SWSLHD Surgical and Procedural Plan Implementation Working Group

1. PURPOSE

To lead the implementation of the SWSLHD Surgical and Procedural Plan (the plan).

STRATEGIC CONTEXT

To provide a governance structure, and to engage essential stakeholders in delivering the plan.

1. Develop a framework for implementation of the SWSLHD Surgical and Procedural Plan
2. Ensure responsibilities and accountabilities of action items are clearly allocated and understood
3. Discuss and review implementation strategies for the 24 action items of the plan

4. Identify opportunities and risks, and develop strategies to overcome emerging challenges
5. Form workgroups to target strategies
6. Apply sustainability principles to all aspects of implementation
7. Monitor progress of the plan
8. Undertake an annual self-assessment, including review of terms of reference

2. MEMBERSHIP

2.1 Details of Membership

Status	Position
Co - Chair	Director of Surgery, SWSLHD
Co - Chair	Director of Nursing, Midwifery and Performance, SWSLHD
Member	Clinical Manager, Cancer Services and Gastro & Liver, SWSLHD
Member	Clinical Manager, Surgical Specialties and Critical Care, SWSLHD
Member	Clinical Manager, Cardiovascular and Medical Imaging, SWSLHD
Member	Nurse Manager, Operating Theatres, Liverpool Hospital
Member	Clinical Stream Director, Gastroenterology, Gastrointestinal Surgery, Liver, Urology and Head & Neck, SWLSHD
Member	Clinical Stream Director, Cardiovascular Services, SWSLHD
Member	Clinical Stream Director, Surgical Specialties, SWSLHD
Member	Clinical Stream Director, Cancer Services, SWSLHD
Member	General Managers, SWSLHD Facilities
Member	Clinical Stream Director, Medical Imaging, SWSLHD
Member	Director, Surgery • Liverpool • Bankstown • Macarthur • Fairfield

2.2 Terms of Office

Membership for the committee will be for the duration of the Surgical and Procedural Plan Implementation.

3. CHAIRPERSON & SECRETARIAT

3.1 Chairperson

The Chair of the Committee is to ensure that meeting papers comply with the SWSLHD Records Management Policy and that meetings are conducted in accordance with the SWSLHD meeting code of practice.

3.2 Secretariat

Executive Assistant, Surgical Services Clinical Stream, SWSLHD

The Secretariat of the Committee is to ensure that:

- meeting papers comply with the SWSLHD Records management Policy
- meeting papers are distributed one week prior to the meeting
- follow up actions occur as appropriate
- the preparation of correspondence as appropriate

4. MEETINGS

4.1 Notice of Meetings

Seven days. A Meeting schedule will be published on an annual basis.

4.2 Quorum

50% plus one.

4.3 Frequency

6 monthly

4.4 Disclosure of Interest

At the commencement of each meeting the chair will invite members to declare whether there are any matters in the agenda that they have a "direct or pecuniary interest". This will provide members/attendees with an opportunity to discharge their obligations.

4.5 Code of Conduct

Members/attendees of the Committee are bound by the SWSLHD Code of Conduct, the SWSLHD code of meeting practice and, if appropriate their respective organisational or professional code of conduct.

Responsibilities of members;

- Attendance and proactive participation at committee meetings
- Review and comment on issues and provide progress updates
- Provide information and advice in area of expertise
- Communicate implementation strategies back to departmental meetings
- Abide by the SWSLHD code of meeting practice

5. REPORTING RELATIONSHIPS

Recommendations, decisions and progress will be reported bi-annually to the Chief Executive via the SWSLHD Surgical Clinical Stream

6. EVALUATION

The Committee will undertake a self-assessment on an annual basis, including a review of its terms of reference.

7. RECORDS MANAGEMENT

The Committee will comply with the SWSLHD Records management Policy.

8. DOCUMENT HISTORY

Revision	Date	Describe
First draft	21.1.2020	Initial completion of Term of Reference details

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