

NSW Government Response

Key Metropolitan Hospital Services

**The Hon Craig Knowles MP
NSW Minister for Health**

June 2001



NSW HEALTH DEPARTMENT

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A little over a year ago I announced the Government Action Plan for Health in response to the Report of the NSW Health Council. This Plan outlined the way forward for health in NSW.

Under the Plan, for the first time there is:

- guaranteed three-year recurrent health budgets
- a \$2 billion cash injection to health services
- fairer distribution of health dollars across NSW

Critical to this Action Plan was the involvement of consumers, clinicians...doctors, nurses, allied health staff, health planners...and administrators working as a team to have a real say in how health dollars are spent and how health policy is determined.

Since then, more than one thousand clinicians and others have participated in the development of plans to provide communities with the most appropriate health care services in the best locations.

Health professionals have been working with their peers to improve:

- Acute hospital services
- Care for people who are suffering chronic disease
- Services for rural communities
- Intensive care services
- Emergency services
- Mental health services.

That work has been integrated with studies to improve:

- Community participation in planning of health care
- Information Technology
- Organisation of metropolitan and rural health services
- Funding models
- Workforce issues around teaching and research.

All this work done has been focused on achieving better health outcomes for people. The report of Professor Kerry Goulston and Mr Jon Blackwell and the Greater Metropolitan Services Implementation Group (GMSIG) is one of these efforts focussing on acute hospital services.

In simple terms, their Metro Plan provides a blue-print, for the first time, of where and how specialty services will be provided in Sydney, Hunter, Central Coast and the Illawarra Area Health Services.

This is a breakthrough.

For more than 20 years clinicians have asked for a plan such as this.

Most importantly, the plan is one that has been created by the clinicians themselves.

The plan has now been delivered and is ready for implementation. The Government is committed to implementation, and we will ensure the necessary recurrent and capital funds are available to underpin the plan. We will move to immediate implementation by appointing a small group of clinicians, consumers and health administrators to oversight the process and be an integral part of the NSW Clinical Council and report to me through the Director-General of Health.

The implementation of this report will improve in a very real way health care delivery for the people of NSW.

Much has already been achieved...

For example, targets set by clinicians to improve the Day of Surgery admission rate have produced excellent outcomes resulting in better standards of patient care and increasing the capacity of hospitals to get more patients admitted.

An additional \$45 million over three years has been allocated to improve the health of people with chronic heart and lung disease and cancer.

... but there is much more to be done.

Let me tell you about Peggy - she's 70 years old and today is travelling from the Blue Mountains to Blacktown for life saving dialysis. She struggles with this long trek three times a week and she's been doing it for a year. This is why we need a better network of health services, why we need services for continuing care close to where people live and why clinicians have now come up with a Plan to do just that.

Today I want to outline that Plan and the work done by the 'Greater Metropolitan Services Implementation Group'.

The Health Council made specific recommendations concerning 'the urgent need to develop a single, coherent, long-term and agreed plan for metropolitan Sydney' and said that it was "now essential to think of Sydney as one city of network services". **Until now, no such clinician-based comprehensive plan has existed.**

The Health Council made specific recommendations to address the better distribution of health care services and the volume and location of key clinical services.

They recommended that clinicians, together with health system planners, should have concluded their work to commence the implementation of a Metropolitan Health Plan during the 2001/02 financial year.

I am pleased to advise that the consumers, clinicians and managers that make up the GMSIG have now completed that task.

They have reported to the Clinical Council which in turn has endorsed their work. Today, I announce the Government's commitment to moving forward on their recommendations.

The GMSIG, chaired by Professor Kerry Goulston, Professor of Medicine and Associate Dean, Royal North Shore Hospital and Mr Jon Blackwell, Chief Executive Officer, Central Coast Area Health Service, has provided recommendations on the distribution and level of service for each of the following clinical areas:

- Complex heart, pancreas and liver transplantation services
- Severe Burns
- Heart Services
- Gynaecological Cancer
- Radiology and Nuclear Medicine
- Neurology and Neurosurgical Services
- Eye Services
- Bone Marrow Transplant
- Kidney Disease Services
- Trauma Services
- Maternity Services
- Brain Injury
- Spinal Cord Injury

In collaboration with the GMSIG, the Emergency Department Implementation Group chaired by Dr Sue Ieraci, Area Advisor for Emergency Medicine, South Western Sydney Area Health Service and Jane O'Connell, Clinical Nurse Consultant, Concord Hospital are developing a NSW Emergency Department Plan. Dr Therese Jacques, Director, Intensive Care St. George Hospital and Kate Needham, Nurse Unit Manager, Intensive Care, Westmead Hospital chairing the Intensive Care Implementation Group are also preparing a Intensive Care Plan for New South Wales.

In addition, a paediatric network has been independently developed through excellent collaboration between The Children's Hospital at Westmead, Sydney Children's Hospital and John Hunter Hospital.

Each of these specialty services will now have a clinical plan to guide the future delivery of the service and underpin models for care, funding, training and treatment.

These plans represent a first step towards a more integrated distribution of health services based on:

- fairer access for communities
- delivering services closer to where people live
- formal links between metropolitan services and rural centres
- establishing clear roles for our various hospital levels and making sure they are well linked.
- providing people with a single entry point for specialist health care and consistent quality treatment.

This is a first.

The importance of networking

Networking means that whatever hospital you or your family attend, you will have access to the best specialist care on offer across Sydney. Networking means better quality and better care. Networking means consistent care plans and referral protocols, and networking means doctors, nurses and other health professionals working together to find new and better ways of doing things. Doctors from one hospital in the network will also now be able to see patients at other hospitals in the network.

Already networking is helping improve access to quality health services. John is a 54 year old taxi driver from Liverpool. He had a heart problem and needed surgery. In 1998 a network between Royal Prince Alfred and Liverpool Hospital was set up . Since it started the network has meant that John and 1,451 other patients have been able to stay close to their families in the Liverpool area while having heart surgery.

NSW Government Commitment

In response to this report, the Government will improve service delivery in the following areas:

Complex Transplantation

- The care of people who require complex transplantation will be improved by strengthening the existing Centres of Excellence:
 - Royal Prince Alfred Hospital – Liver Transplantation
 - Westmead Hospital – Pancreas Transplantation
 - St Vincent’s Hospital – Heart and Heart/Lung Transplantation

Severe Burns

- Concord, Royal North Shore Hospitals and The Children’s Hospital at Westmead will form the new NSW Severe Burns Service. These will be brought together under one clinical management structure and networked across NSW.
- Services for people experiencing severe burns will be significantly enhanced with new and upgraded facilities at both adult sites.

Heart Services

- There are dramatic and fast moving changes in the management of heart attacks. Deaths due to ischaemic heart disease are not confined to the inner city and to keep pace with changes the Government will upgrade or establish three new major heart services in the Illawarra, the Central Coast and Nepean. This is in addition to the twelve existing cardiac catheterisation laboratories.
- Bringing these services closer to where people live will provide world class treatments locally without the need to travel to, or across, Sydney.
- The Government will also expand heart surgery services for people of the Greater West at Liverpool Hospital.

Gynaecological Cancer

- Around 1200 women annually are diagnosed with a cancer of the reproductive organs. Women with these types of uncommon cancer need a specialist team. Four new specialist gynaecological service networks will be formed in NSW. These will be centred around:
 - **John Hunter Hospital** with expansion at the Central Coast
 - **Royal Hospital for Women** with St George Hospital
 - **Westmead** with Nepean and Royal North Shore Hospital
 - **King George V** with Liverpool Hospital.
- These networks will ensure that high quality cancer treatment is available to women throughout the public hospital system.

Radiology and Nuclear Medicine

- We will renew and upgrade key diagnostic equipment. Six new public MRI scanners and eight CT scanners, will be installed. These will go to Hospitals such as Liverpool, Nepean, Gosford and Wollongong to provide 24 hour access for public patients.
- MRI and CT scanners are essential tools in the diagnosis and treatment for conditions such as cancer, orthopaedics and neurology.

Neurology and Neurosurgical Services

- Four new neuroscience networks will be established at:
 - **Southern** - Prince of Wales, St Vincent's, St George and the Illawarra Hospitals
 - **Northern** - Royal North Shore, Gosford and John Hunter Hospitals
 - **Central** - Royal Prince Alfred and Concord Hospitals
 - **Western** - Westmead, Nepean and Liverpool Hospitals.
- Around 17,500 people are admitted to NSW hospitals annually for stroke. Stroke is a major cause of death and disability in our society, fortunately there have been major advances in the treatment of stroke. One such advance is the quality of care provided through major stroke units.
- Major stroke units, staffed by expert doctors, nurses and allied staff, improve survival rates and decrease the severity of disability from strokes.
- The Government will establish major stroke units in at least one hospital in each of the four new networks to ensure people suffering strokes reach the right treatment at the right time at the right location.

Eye Services

- The Government will establish a Statewide Ophthalmology Service (SOS). The SOS will increase public access to simple and complex eye surgery as well as promoting prevention, public health and rural linkages.
- Expanded services will be established at Liverpool Hospital through networked arrangements from the University of New South Wales and the Prince of Wales Hospital Eye Unit and at Westmead through Sydney Eye Hospital and the University of Sydney.

Bone Marrow Transplant

- Bone Marrow Transplantation (BMT) is a primary treatment for leukaemia. Autologous bone marrow transplants use a person's own bone marrow and these are increasingly becoming more common. This less complex form of bone marrow transplantation will now be able to be performed at Nepean, Wollongong and Gosford Hospitals.
- More complex forms of BMT where a family member is the donor will be concentrated at specialist transplant units at Westmead and St Vincent Hospitals.
- BMT will be supported by the establishment of a new statewide laboratory.
- There will be a single cord blood bank in NSW at the Sydney Children's Hospital

Kidney Disease Services

- Kidney dialysis services will be increased across all NSW Area Health Services to reflect the increased demand. Services will be developed closer to where people live. The number of new patients requiring renal dialysis in 2002 will be approximately 2,600.
- A new dialysis unit will be opened at Nepean Hospital in 2002.
- To strengthen centres of excellence, expertise in kidney transplant will be concentrated into five services that are networked, rather than the current eight individual units.

Intensive Care Units (ICU)

- ICUs are a pivotal component of the critical care system. Clinicians, managers and consumers have been working together over the past twelve months to create a better critical care system for the state.
- This Government has already committed \$15 million to the enhancement of intensive care services.
- An additional 10 ICU beds for 2001 are currently being opened to complement the 12 ICU beds opened in 2000, bringing the total to 22 new ICU beds.
- A new statewide Intensive Care Service Plan is being developed which will result in the establishment of nine metropolitan ICU networks. The Networks will ensure that all ICUs in an Area Health Service will be linked with common policy standards and communication. This will lead to patients receiving the most appropriate care regardless of where they enter the ICU network. This will improve the statewide coordination of ICU beds, improve the care of patients, increase access to ICU beds, reduce the need for patient transfer between units and establish formal links between metropolitan and rural areas.
- The Medical Retrieval Unit (MRU) is the coordination centre for all emergency and intensive care retrievals. The service has been enhanced with the appointment of three medical consultants to provide clinical advice regarding critically ill patients.
- Each rural Area will be linked to a metropolitan Area to improve networking across the state. These will be based on the current critical care networks.

Emergency Departments (EDs)

- Emergency departments are key entry points into the acute hospital system. This Government has already committed an additional \$30 million over 3 years to ease pressure on Emergency Departments.
- A new statewide Emergency Department Service Plan is being developed. This will result in the establishment of nine metropolitan ED networks. Emergency Department networks will ensure that EDs in all Area Health Services are linked with common policies, standards and communication. The ED Networks will also ensure quality of clinical care, encourage staff rotation between facilities, reduce unnecessary duplication of services, improve communication between hospitals and more efficient organisation of teaching and research.
- The Government has allocated \$2.8 million to create an additional 20 positions for the provision of specialist mental health nurses to assist with the management of mental health clients in Emergency Departments.
- Improved networking of Emergency Departments within metropolitan and rural Areas and across Area Health Service boundaries will ensure that a person presenting to any ED within the networks will benefit from the collective expertise of the network.

Major Trauma Services

- In NSW we are proud of our high quality Emergency Services. Across NSW, people turn to us for emergency care around 1.7 million times every year. Of these less than 3 people on average per week are treated for severe trauma in each of our nine existing major trauma centres.
- Treating trauma patients, like those with severe chest and head injuries from high speed car accidents, is a very specialised business. We need to concentrate expertise to get the best quality care.
- To ensure the highest standard of major trauma services we will create a new network of major trauma centres. The six major trauma centres will link greater metropolitan and rural Areas. Designated major adult trauma centres are at St George, Liverpool, Royal North Shore, Westmead and John Hunter Hospitals. The sixth hub which will serve the centre of Sydney will be at Royal Prince Alfred Hospital, noting that existing services at St Vincent's and Royal Prince Alfred Hospitals remain until construction of all new capital works are completed, which is estimated to be approximately two years.
- The paediatric centres will be The Children's Hospital at Westmead, Sydney Children's Hospital and the John Hunter Children's Hospital.
- We will establish a Virtual Trauma Institute. The Institute will undertake research and training of clinicians, gather evidence-based outcomes data, incorporate prevention and rehabilitation into trauma work and ensure a total government response to trauma with the aim of reducing deaths.

Maternity Services

Maternity Services will be networked with major centres. The relationship between community based maternity services, general and high risk maternity wards will be better integrated to provide more seamless care. This networking will ensure more consistent and appropriate care and offer opportunities to introduce new and innovative technologies.

Brain Injury

The current level of services for Brain Injury will remain. However, there will be a much improved network provided between these services to ensure greater support and improved continuity of care for patients.

Spinal Cord Injury

The Government will establish a NSW Spinal Cord Injury Service which will improve care to people with spinal cord injury by establishing transitional care and outreach programs; improving networking with Areas, other Government sectors and charitable organisations; coordination of research and staff training; and, improved injury prevention programs. The centres of excellence at Prince of Wales and Royal North Shore will be strengthened.

District Hospitals

Our district hospitals are the foundation of the NSW health system. The role of district hospitals will be strengthened as part of the network of hospitals within an Area Health Service. They will be an equal partner in the network: providing specialist care; meeting the tremendous needs of our growth Areas; and providing the necessary infrastructure for increasing our surgical activity.

Where to from here

It is important to bear in mind that the work of the Greater Metropolitan Services Implementation Group is just one component of the overall improvements happening across NSW Health.

For example, groundbreaking work continues to occur in the chronic illness areas of heart disease, respiratory illness and cancer.

Further improvements in the public health system will include the implementation of:

- A rural health services plan
- Enhanced community health services
- Budget holding to provide health services closer to where people live
- New aged care policy to improve acute health services for older people.

The work done last year by clinicians, consumers and managers working together as a team for patients has delivered real and lasting improvements to health care in this state.

The next two years will be about systematically embedding these recommendations for improvement across the length and breadth of NSW Health.

I wish to place on record my gratitude to the hundreds of individuals who have added to their already busy lives the task of assisting the government in the hard work of providing improved health care.

