

Planning Better Health

Background Information

July 2004

Contents

- Foreword.....2
- Restructure of NSW Health administration5
- Clinicians and community to have greater say in health planning8
- New Area Health Services – state and metropolitan maps12
- Northern Sydney / Central Coast Area Health Service.....14
- Western Sydney Area Health Service.....16
- South Western Sydney Area Health Service.....18
- South Eastern Sydney / Illawarra Area Health Service.....20
- North Coast Area Health Service22
- Greater Western Area Health Service24
- Greater Southern Area Health Service.....26
- Hunter / New England Area Health Service28
- Contacts for further informationBack cover

Foreword

The NSW health system is one of the best in the world.

To ensure that it continues to meet the highest possible standards, the NSW Government is committed to investing record resources in the state's public hospitals, almost \$10 billion this year alone.

The health system is confronting many challenges – an ageing population, increasing demand for ever more costly services and chronic medical workforce shortages.

To help meet these challenges, the NSW Government is undertaking the most significant reshaping of health administration since 1986.

These initiatives will create a forward-looking health system that

will build better clinical networks that can deliver enhanced services to communities across the state.

The reforms the Government is undertaking will create a more streamlined administrative structure that will unlock resources, which will be directed to frontline clinical services.

The first step is to combine the 17 existing Area Health Services to create eight larger Area Health Services.

This process will realise a number of benefits.

It will minimise administrative duplication, delivering additional funds for expanded clinical services. That means more resources dedicated to the work of doctors, nurses and allied health professionals.

It will link Areas that are experiencing medical workforce shortages with Areas where it is easier to recruit clinical staff, allowing improved distribution of specialist medical positions into Areas that have traditionally had difficulty attracting specialist staff. Larger Area Health Services will also have greater capacity to attract specialist workforce.

It will also improve academic and teaching linkages between the Area Health Services.

The NSW Government recognises that community involvement in the health system is crucial and I am taking steps to ensure that clinicians and local communities are given a greater voice in health decision-making.

To do this, each new Area Health Service will be served by an Area Health Advisory Council, which will comprise community representatives and clinicians.

These Councils will provide direct input to the Area Chief Executive Officers and give a voice to the many communities who currently invest time and initiative in their local hospitals.

The Government will also establish a new body to be known as the Health Care Advisory Council.

This body will be the peak community and clinical advisory group in NSW. It will be required to provide advice to the Government on how the health system can best meet the current and emerging health needs of the community.

To do so it will draw on the expertise of 13 new Health Priority Taskforces. These Taskforces will bring together clinical, academic, community and

consumer experts to focus attention on particular health challenges.

At the same time, NSW Health is embarking upon a significant change to the way it does business.

This involves creating a new body called HealthSupport which will provide the health system with corporate and business support services such as procurement of linen and food, warehousing and distribution. Savings achieved through the streamlining of these services will also be reinvested into frontline health services.

There will also be changes to the Department of Health. The Department will now be given a greater focus on strategic health planning and statewide clinical policy development and health system performance monitoring and improvement.

A consultation and implementation phase will now begin. I have appointed the

Rt Hon Ian Sinclair and Wendy McCarthy AO to begin a process of travelling around NSW to conduct consultations with local communities and facilitate their involvement in the reform process.

I encourage everyone who has an interest or a view to express to embrace the opportunity to have their say. Details on how to do that are contained in this booklet.

Meeting the growing demands of our health system is a complex task and no single initiative will provide all the answers, but the process we begin today will build strong foundations for the NSW health system for generations to come.



The Hon Morris Iemma
Minister for Health

Restructure of NSW Health administration

Why change health administration in NSW?

Demand for health care is rising largely due to the ageing of the population and the introduction of new technologies and medicines. These factors are having a major impact on the cost and demand for health services throughout Australia and the developed world. The changes to NSW health administration are part of a broad strategy to address this rapid increase in demand.

The restructure follows the review of NSW health administration by the Independent Pricing and Regulatory Tribunal (IPART). The review, conducted in 2003, recommended streamlining the administration structure and more clearly delineating roles and responsibilities between the Area Health Services and the Department of Health.

The IPART review also recommended improvements in accountability in the health system and increased community and clinician involvement in health service decision-making.

The administrative changes and the introduction of new arrangements for corporate and business support services will result in an estimated \$100 million a year being redirected to frontline health services, increasing the number of doctors, nurses and hospital beds. This is the equivalent of adding a hospital such as Sutherland, Hornsby or the Sydney Children's Hospital at Randwick to the NSW health system.

What will change?

The restructure will amalgamate the existing 17 Area Health Services into eight larger areas. The Boards of Area Health Services will be dissolved to allow for a period of transition to the new structure.

The Minister will introduce legislation into Parliament to support the establishment of the new Areas, which will be managed by CEOs reporting to the Director-General of Health. Details of the new structure, with descriptions of the eight new health areas, are included as part of this document.

The restructure will commence immediately and will proceed during a period of transition to the new administrative structure, which is to be in place by 1 January 2005. During this period of transition the Areas, and the Children's

Hospital at Westmead will be managed by Administrators appointed by the Governor on the recommendation of the Minister. Current Area CEOs not appointed as Administrators will be key members of the management groups responsible for implementing the restructure.

As a result of the new administration structure the operations and functions of the Department of Health will be further reviewed.

What effect will the changes have on clinical services?

One of the major aims of the restructure of health administration in NSW is to deliver more resources to frontline clinical services. The savings generated by the restructure will be directed to enhanced funding for doctors, nurses and allied health workers and the services they provide.

Each new Area will be required to develop a Clinical Services Plan to map the future of delivery of health services, marshalling and utilising the resources of each hospital in the Area for the benefit of the entire region.

The strengthening of clinical networks within and between Areas will build more collaborative clinical linkages between developing Health Services and established Services. Each new Area Health Service is to contain at least one major teaching hospital, or will have strengthened clinical and teaching links with major teaching hospitals in other Areas.

This will assist in supporting clinical staff and promoting greater consistency in the planning and management of clinical services. It will also help to reduce existing barriers to the integration and coordination of clinical services.

The changes in health administration will result in significant enhancements

to direct patient care, which will create expanded employment opportunities for clinical staff. The changes will also give doctors, nurses and allied health workers a greater say in the planning and delivery of health services.

How will additional funds be directed to frontline health services?

The process of streamlining administration and introducing more efficient arrangements for corporate and business services, such as procurement, warehousing and security, will fund additional clinical services in each Area.

The savings achieved in each Area through this administrative streamlining will be allocated to direct patient care services in local health facilities, which will create additional employment opportunities for clinical staff.

What effect will the changes have on community volunteer groups?

The role and activities of community volunteer groups will be maintained under the new structure. The relationships that volunteer groups have with particular hospitals and/or health services will continue.

All funds donated for specific hospitals or health services will be retained for that purpose. The funds will be held in trust by the new Areas in the same way that they have been held in trust by existing Area Health Services.

What impact will the restructure have on health employees?

The process of streamlining administration and reducing duplication within the health system will result in a reduction in administrative positions

over a period of approximately 18 months. This will occur in consultation with health service unions.

The changes in health administration will result in significant enhancements to direct patient care, which will create expanded employment opportunities for clinical staff.

NSW Health intends to redeploy employees who are displaced as a result of the restructure to other positions for which they have relevant skills and experience, or for which they can gain relevant skills after reasonable training. Voluntary redundancy is to be offered where redeployment is not practical. There will be no forced redundancies.

More details of the effects of the restructure within each Area Health Service and arrangements for displaced employees will be made available following detailed consultation between the NSW Department of Health and health service unions.

How will the changes affect corporate and business services?

The process of streamlining administration and introducing more efficient arrangements for corporate and business services will fund additional clinical services in each Area. The process of reforming corporate and business services will take time to finalise and will be implemented in consultation with health service unions.

The new arrangements are aimed at replacing the numerous individual systems for functions such as procurement, warehousing and security, with statewide or region-based shared services models.

The savings achieved through this administrative streamlining will be allocated to direct patient care, which will create additional employment opportunities for clinical staff.

Clinicians and community to have greater say in health planning

The reforms of health administration will give doctors, nurses, allied health workers and local communities a greater say in health decision-making.

A Health Care Advisory Council (HCAC) will be established as the peak clinical and community advisory group to set future directions for the NSW health system. The HCAC will provide advice to the Health Minister and the Director-General.

At an Area level, Area Health Advisory Councils will be established by law to strengthen clinical and community involvement in the planning and delivery of local health services.

Under the old Area Health Service structure, clinicians were represented by only one member on the Area board. Under the new administrative structure, the Area Health Advisory Councils will include a number of clinicians from a range of disciplines to elevate clinical input into local health decision-making from across the Area.

New peak clinical and community advisory council

The Health Care Advisory Council (HCAC) will be the peak clinical and community advisory body on health in NSW and will replace the existing Clinical Council.

The HCAC will have a wide membership, including the Chair of the Clinical Excellence Commission, the Chair of the NSW Health Participation Council and senior practising clinicians. It will be supported by the following Health Priority Taskforces:

- Aboriginal Health
- Acute Care
- Child Health
- Chronic, Aged and Community Health Care
- Critical Care (ICU, Retrieval, Trauma)
- Information Management and Technology

- Maternal and Perinatal Health
- Mental Health
- Metropolitan Clinical Taskforce
- Public Health
- Rural Health
- Sustainable Access
- Workforce Development.

These taskforces will provide advice on policy directions and service improvements, channelling the thoughts and opinions of community members and clinicians.

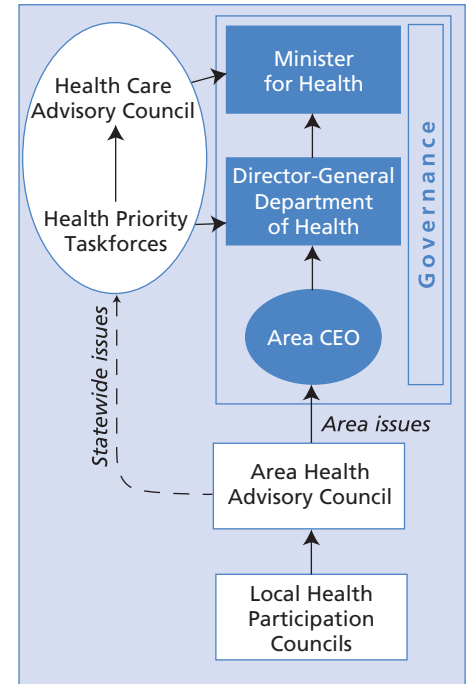
The work of the Greater Metropolitan Transition Taskforce established under the Government Action Plan for Health will move to a new phase as the Metropolitan Clinical Taskforce. The Taskforce will work with the Area Health Services and will be supported by a series of clinician-led sub-specialty based groups.

New Area Health Service governance structure

Clinician and community involvement in health system governance will be strengthened at a local level through the formation of Area Health Advisory Councils.

The Advisory Councils will be established to give doctors, nurses, allied health workers and local communities more say in how local health services are provided. The Councils will advise the Area CEO and are intended to strengthen clinical and community involvement in the planning and delivery of health services.

The establishment of Area Health Advisory Councils is intended to build on existing consumer and community participation structures at a local level and not replace them.



New Area Health Service Governance structure

The Area Health Advisory Councils will be established under the *Health Services Act 1997*. Members will be appointed

by the Minister for Health. Meetings of the local Advisory Councils will be attended by Area CEOs.

Generally, the proposed role of the Councils will be to:

- Obtain the views of clinicians, patients and the community about the accessibility, quality and safety of the health services provided by the Area Health Service, ensuring that appropriate local consultation mechanisms are in place.
- Incorporate the views of clinicians, patients and the community in the planning, delivering, monitoring and evaluation of health services provided by the Area Health Service, including the Area Clinical Services Plan.
- Work with the Clinical Excellence Commission to promote the delivery of safe and quality clinical services based on best available evidence and the most clinically and financially effective models.

- Report to the community and clinicians about Council and Area Health Service activities to improve health service accessibility, quality and patient safety.
- Provide advice to the Health Care Advisory Council about Area Health Service activities that may have statewide implications for the delivery of accessible, quality and safe health care services.
- Monitor the Area Health Service's performance in promoting and establishing clinical networks.
- Monitor the Area Health Service's performance in relation to major health initiatives and annual clinical and consumer performance targets based on key performance indicators (the 'dashboard' indicators).
- Develop a two-year work plan for approval of the CEO.

It is proposed that Advisory Council members receive sitting fees, determined with reference to Advisory Council

remuneration rates under the Premier's Department June 2003 *Guidelines for NSW Board and Committee Members: Appointments and Remuneration*.

Clinicians and community to be consulted

The Minister for Health has established a *Clinical and Community Advisory Group* to consult with clinicians and the community on the functions, terms of reference, composition and operation of the Area Health Advisory Councils.

The *Clinical and Community Advisory Group* will consist of prominent community representatives including the former Federal MP, the Rt Hon Ian Sinclair AC, Wendy McCarthy, AO. The *Advisory Group* will also include clinicians from metropolitan and rural areas and some representatives of existing Area Health Boards to ensure effective transition.

The *Clinical and Community Advisory Group* will conduct consultations with clinicians and the community about:

- The functions of the proposed Area Health Advisory Councils.
- The composition and operation of the proposed Area Health Advisory Councils.
- How the functions and operation of the proposed Area Health Advisory Councils will assist in ensuring that the principles of consumer and community participation as outlined in the *Framework for Managing the Quality of Health Services* and the NSW Health and Equity Statement *In all Fairness – Increasing Equity in NSW* health across NSW can be addressed
- Exploring the linkages between existing Area clinician, consumer and community participation structures (including Area Health Service Quality and Clinical Councils) and the proposed Area Health Advisory Councils
- Exploring the linkages between the HCAC, Clinical Excellence Commission and the Area Health Advisory Councils

- The ongoing role of the Health Participation Council given the changes to statewide and Area clinical and community participation structures

How to have your say

Clinicians and local communities are encouraged to respond to the proposal for the functions, terms of reference, composition and operation of the Area Health Advisory Councils outlined in this document.

The *Clinical and Community Advisory Group* will hold meetings in metropolitan and country locations across the state over a period of two months following the announcement of the new structure. Meetings will be held at a number of venues across NSW including:

Albury
Bathurst
Bega
Broken Hill
Dubbo

Gosford
Lismore
Newcastle
Port Macquarie
Queanbeyan
Tamworth
Wagga Wagga
Wollongong.

Locations for meetings will be advertised in local media outlets and on the NSW Health website.

You can also respond to the proposals concerning the functions, terms of reference, composition and operation of the Area Health Advisory Councils by writing to:

The Director-General
NSW Health
Locked Bag 961
North Sydney NSW 2059
Fax. (02) 9424 5888

Please mark the letter to the attention of '*Area Health Advisory Councils*'. You can also email your response to participation@doh.health.nsw.gov.au

New Area Health Services

– state and metropolitan maps

A more efficient health system

17 Area Health Services are to be combined into eight to avoid overlap and waste. The restructure will redirect an estimated \$100 million a year extra to direct patient care – delivering more doctors, more nurses and more beds.

Stronger voice for clinicians and community

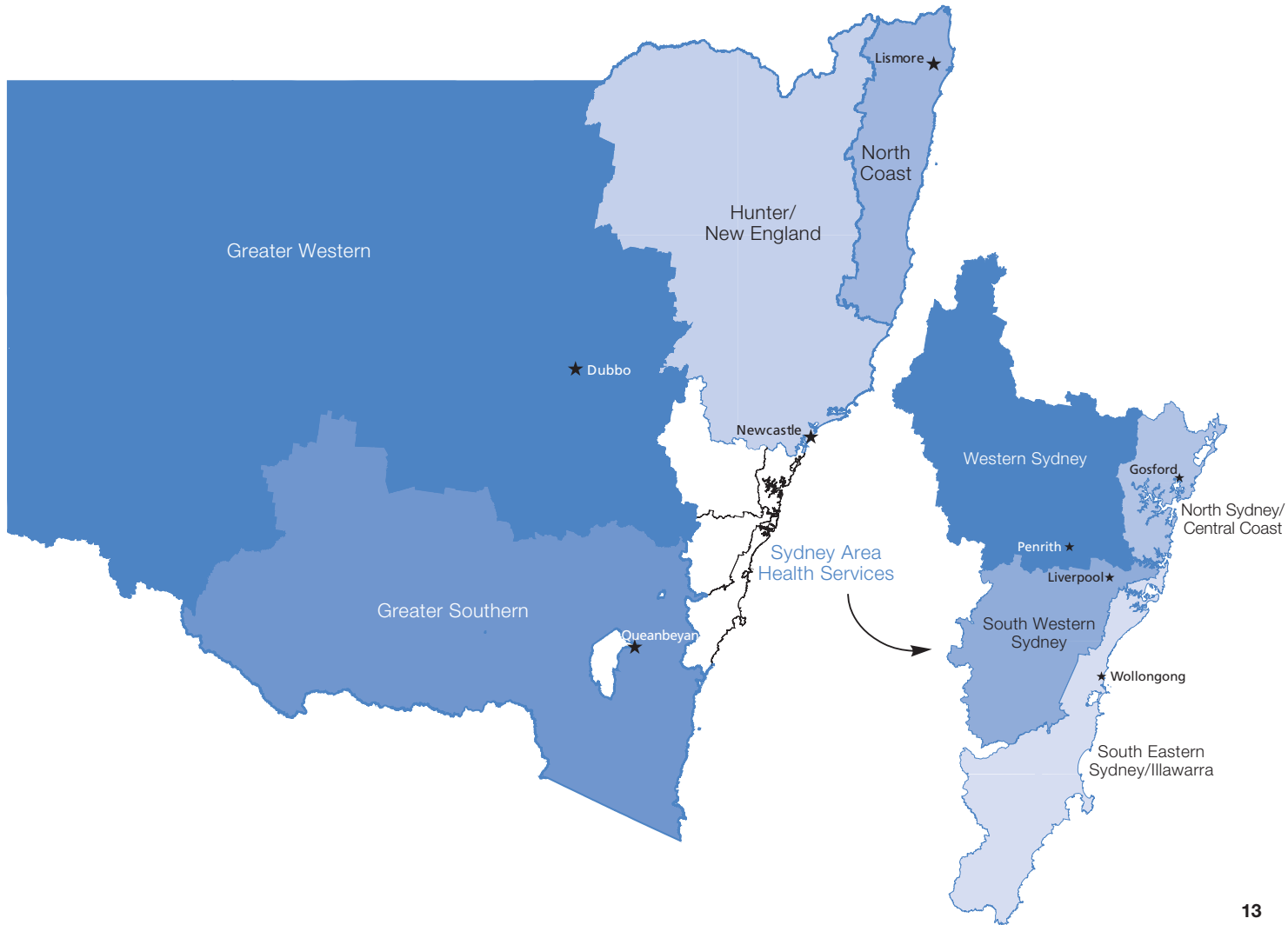
A Health Care Advisory Council is to be established as the peak clinical and community advisory group in NSW, drawing on the expertise of 13 new Health Priority Taskforces.

The Council will advise the NSW Government on how the health system can best meet the current and emerging health needs of the community.

Area Health Advisory Councils are to be established by law at a local Area level to give doctors, nurses, allied health professionals and local communities more say in health decision-making.

Benefits for health workforce

Doctors, nurses and allied health professionals are to have a greater say in planning and delivery of health services. More funds allocated for patient care will create additional employment opportunities for clinical staff.



Northern Sydney/Central Coast Area Health Service

Combines the existing Central Coast and Northern Sydney Area Health Services.

The head office is to be located at Gosford. The new area includes the following public hospitals/health facilities:

- Gosford, Greenwich, Hornsby, The Entrance/Long Jetty, Macquarie, Manly, Mona Vale, Neringah, Royal North Shore, Royal Rehabilitation, Ryde, Sydney Dialysis Centre, Woy Woy and Wyong.

Projected population:

2006 – 1.13 million

2011 – 1.17 million

Combining the two areas will provide improved access to health services on the Central Coast.

The new Area is required to develop an Area Clinical Services Plan to provide improved access to clinical care. This will enable residents to access treatment as close as possible to where they live.

Priority consideration is to be given to the expansion of orthopaedics, urology, gastroenterology, ophthalmology, cancer services and renal dialysis services on the Central Coast. The Area will also be required to develop a strategy for the expansion of chronic care services for mental health, aged care, cancer care and chronic respiratory and cardiac disease.

Gosford Hospital's role as a teaching hospital will be expanded through

additional academic appointments and development of its research and health technology capability. Immediate priorities for service enhancement at the hospital are angiography, pacemaker services and diagnostic capacity.

The restructure will also strengthen clinical networks in neurosurgery and cardiology and will provide local residents with increased access to specialist mental health services, reducing the need for patients to travel to Sydney or the Hunter for treatment.

2004-05 capital funding for health facilities

Gosford Hospital

\$34.9 million for redevelopment.

Total project cost – \$115.8 million.

Includes – new cardiac catheterisation

service, emergency department, operating theatre suite, pacemaker services, diagnostic and support services. Stroke unit and autologous bone marrow transplantation unit to be enhanced. Upgrade will reduce need for many patients to travel to Sydney for treatment.

Wyong Hospital

\$29.1 million for redevelopment. Total project cost – \$86.5 million. Includes – expanded inpatient facilities for 305 beds, high dependency unit, operating theatre suite, diagnostic and support services, expanded educational facilities.

Royal North Shore Hospital

\$22.6 million for stage 2 redevelopment. Total project cost – \$470 million. Includes – reconstruction of central campus for clinical services, operating theatres, inpatient units, community health and support services.

Hornsby Hospital

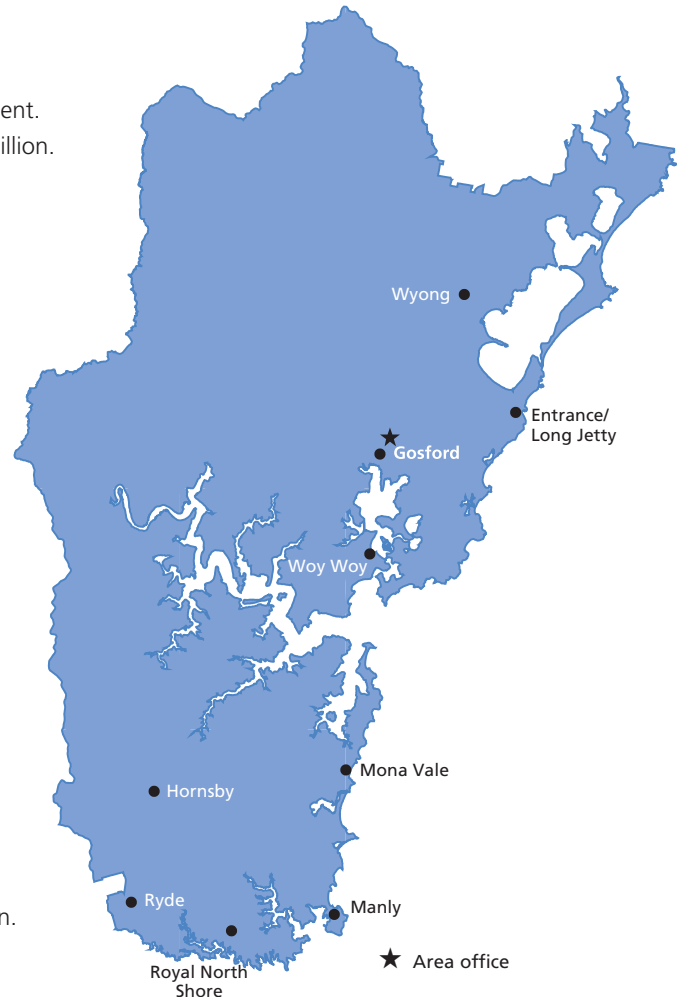
\$8.6 million for redevelopment. Total project cost – \$16.4 million. Includes – redevelopment of emergency department, obstetrics and paediatrics.

Macquarie Hospital

\$2.85 million for new 15-bed intensive care psychiatric unit. Total project cost – \$6 million.

Northern Beaches Hospital

\$0.5 million for site resolution and planning studies required to initiate the proposed Northern Beaches Hospital, which will enable Manly Hospital to be relocated centrally to the catchment population.



Western Sydney Area Health Service

Combines the existing Western Sydney and Wentworth Area Health Services and Lithgow local government area. The head office is to be located at Penrith.

The new area includes the following public hospitals/health facilities:

- Auburn, Blacktown, Blue Mountains, Cumberland, Governor Philip Nursing Home, Hawkesbury (under service agreement), Lithgow, Lottie Stewart, Mt Druitt, Nepean, Portland, Springwood, St Joseph's, Tresillian and Westmead.

Projected population:

2006 – 1.12 million

2011 – 1.17 million

Combining the two Areas enables more effective planning and networking of services to meet rapid growth in the region.

Improved clinical networks in the Area will provide Lithgow residents with increased outreach services for cardiology, renal and cancer services.

The new Area Health Service is required to develop an Area Clinical Services Plan to provide improved access to clinical care. This will enable residents to access treatment as close as possible to where they live.

The Area will also be required to develop practical measures to enhance recruitment, retention and support of clinical staff, particularly in the Blue Mountains area and Lithgow.

2004-05 capital funding for health facilities

Westmead Hospital

\$29.2 million for redevelopment. Total project cost – \$151 million. Includes upgrades to intensive care, ambulatory cancer care services, renal, urology and transplant services, women's health and newborn care.

Cumberland Hospital

\$0.5 million in 2004-05 for 20 extra acute mental health beds.

St Josephs Hospital

\$0.65 million for refurbishment of aged care psychiatric and neurosciences unit, increasing bed numbers to 19. Total project cost – \$1.7 million

Blue Mountains Hospital

\$7.6 million for redevelopment.

Total project cost – \$12 million.

Includes redevelopment of clinical and inpatient units, expansion of dental unit, new acute psychiatric inpatient unit.

Nepean Hospital

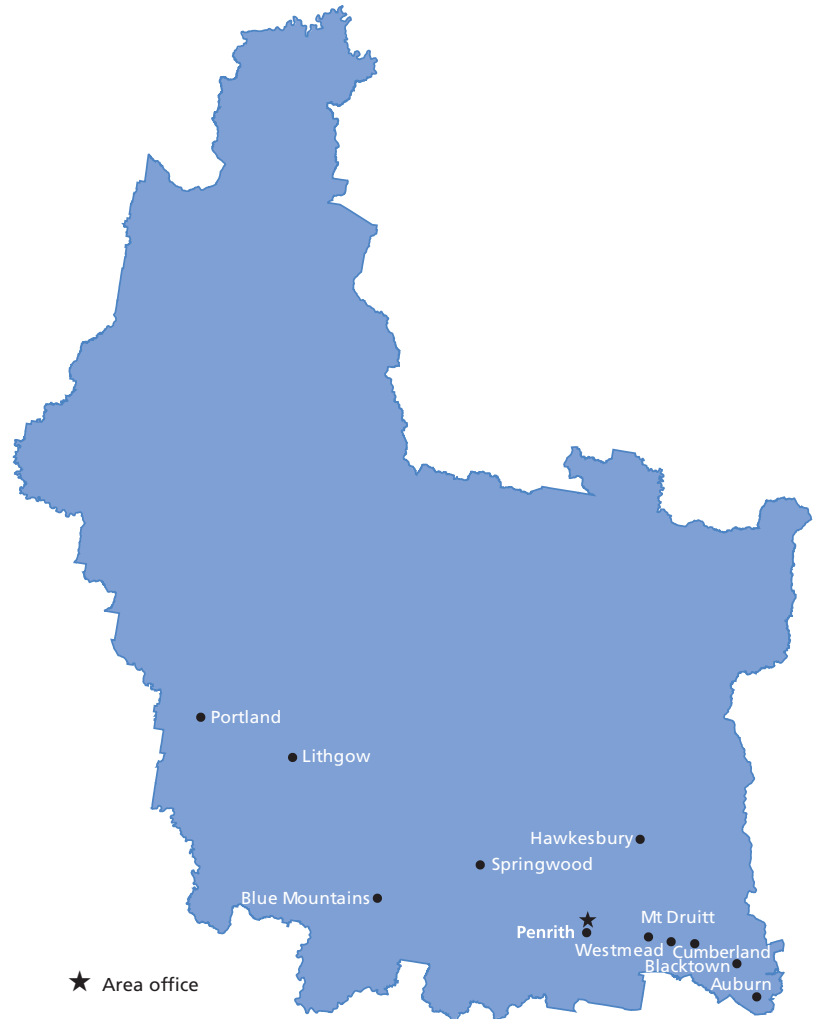
\$0.97 million for emergency department extension, includes acute treatment areas, paediatric treatment areas, short stay observation ward.

Total project cost – \$8.6 million.

New hospital – Portland

\$1.2 million for new hospital including non-acute beds, aged care beds, emergency and community health services, GP suite, staff accommodation.

Total project cost – \$5.7 million.



South Western Sydney Area Health Service

Combines the existing Central Sydney and South Western Sydney Area Health Services. The head office is to be located at Liverpool. The new Area includes the following public hospitals/ health facilities:

- Balmain, Bankstown/Lidcombe, Bowral, Braeside, Camden, Campbelltown, Canterbury, Carrington, Concord, Fairfield, Karitane Mothercraft, Liverpool, Queen Victoria Thirlmere, Royal Prince Alfred, Rozelle, Thomas Walker and Tresillian.

Projected population:

2006 – 1.36 million

2011 – 1.44 million

Combining the two areas will strengthen and extend clinical links between established hospitals and developing health services.

The new Area is required to develop an Area Clinical Services Plan to provide improved access to clinical care. This will enable residents to access treatment as close as possible to where they live.

The *South Western Sydney Health Network: The Way Forward, 2004-2008* will remain the platform for health service delivery in South Western Sydney and is to form part of the new Area Clinical Services Plan.

Funds allocated for the implementation of *The Way Forward, 2004-2008* will be preserved for that purpose.

The Clinical Services Plan will lay the groundwork for substantial improvement in all aspects of clinical care and patient safety at south-western Sydney hospitals.

Liverpool Hospital's role as a teaching hospital will be expanded through additional

academic appointments and development of its research and health technology capability.

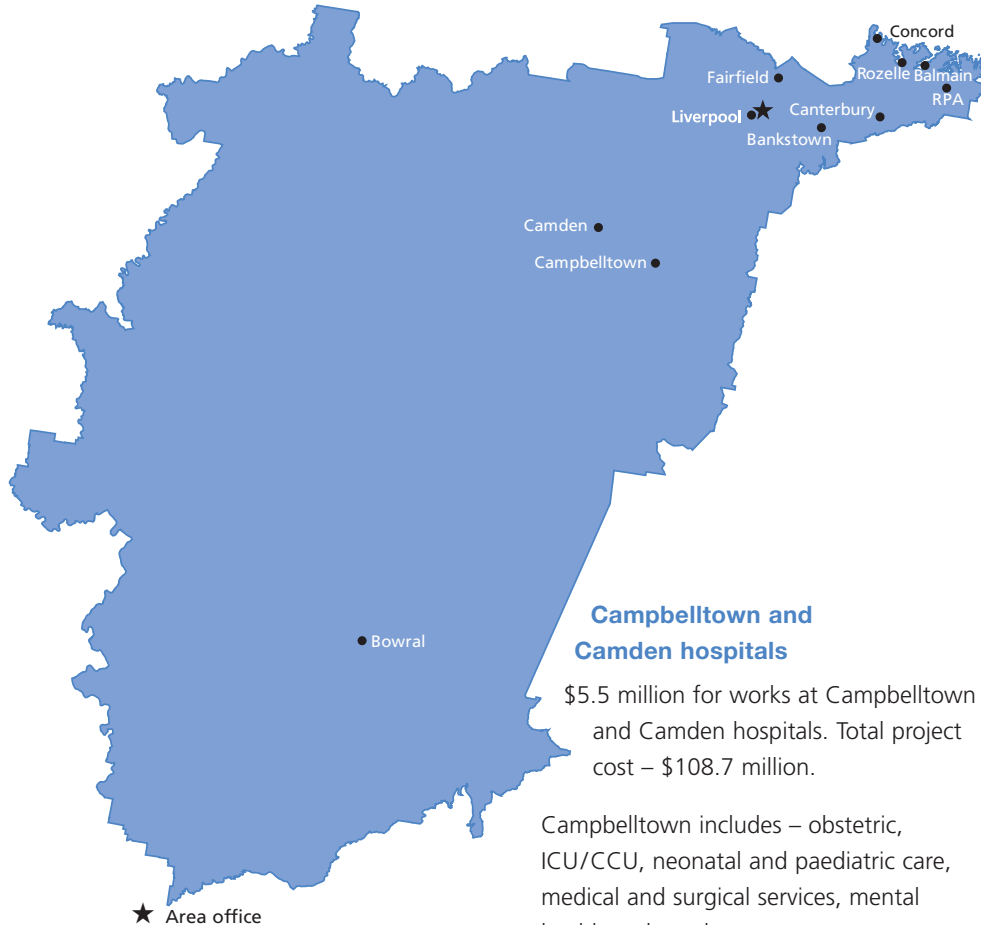
Additional specialist services are to be established collaboratively by clinicians in central Sydney and south-western Sydney to assist Liverpool, Campbelltown and Camden hospitals to meet demand associated with rapid population growth.

2004-05 capital funding for health facilities

Liverpool Hospital

\$18.6 million for mental health facility to provide 50 acute inpatient beds, ambulatory care and research services. Total project cost – \$29.9 million.

Additional \$6.5 million for expansion of emergency department. Total project cost – \$9.1 million.



Campbelltown and Camden hospitals

\$5.5 million for works at Campbelltown and Camden hospitals. Total project cost – \$108.7 million.

Campbelltown includes – obstetric, ICU/CCU, neonatal and paediatric care, medical and surgical services, mental health and aged care.

Additional \$2.5 million at Campbelltown for 20-bed non-acute mental health inpatient unit. Total project cost – \$6 million.

Camden includes – rehabilitation and palliative care, day surgery, operating theatre suite, renal dialysis and diagnostic services, inpatient care for medical and surgical cases.

Other Hospitals

\$23.4 million for upgrades to acute inpatient services, mental health services, aged care, rehabilitation and community health services at Royal Prince Alfred, Rachel Forster, Concord, United Dental, Dame Edith Walker and Balmain hospitals. Total project cost – \$410.2 million.

Cancer Services

\$3 million each for replacement of linear accelerators at Liverpool Hospital and Royal Prince Alfred Hospital.

South Eastern Sydney/Illawarra Area Health Service

Combines the existing South Eastern Sydney and Illawarra Area Health Services.

The head office is to be located at Wollongong. The new Area includes the following public hospitals/health facilities:

- Bulli, Calvary, Coledale, David Berry, Garrawarra, Gower-Wilson, Kiama, Milton-Ulladulla, Port Kembla, Prince of Wales, Royal Hospital for Women, Sacred Heart Hospice, St George, St Vincent's, Shellharbour, Shoalhaven, Sutherland, Sydney/Sydney Eye, Sydney Children's, Waverley War Memorial and Wollongong.

Projected population:

2006 – 1.20 million

2011 – 1.24 million

The new Area is required to develop a South Eastern Sydney and Illawarra Clinical Services Plan. The Clinical Services Plan will strengthen clinical networks between the two existing Areas to provide residents with improved access to treatment close to where they live.

An immediate priority will be expansion of services for cardiology, orthopaedics and ophthalmology in the Illawarra/ Shoalhaven, reducing the need for patients to travel to Sydney for treatment.

The Area is to ensure that there is equitable representation of clinicians and the community throughout the Area on the Area Health Advisory Council.

Wollongong Hospital's role as a teaching hospital will be strengthened in the new Area.

2004-05 capital funding for health facilities

Sylvania Community Health Services

\$5 million for construction of a new building to house services including speech pathology and occupation therapy for children, family mental health care, Aboriginal health, asthma and chronic care for children, and drug and alcohol services.

Milton-Ulladulla hospital

\$5.2 million for development.
Total project cost – \$7 million.

Shellharbour Hospital

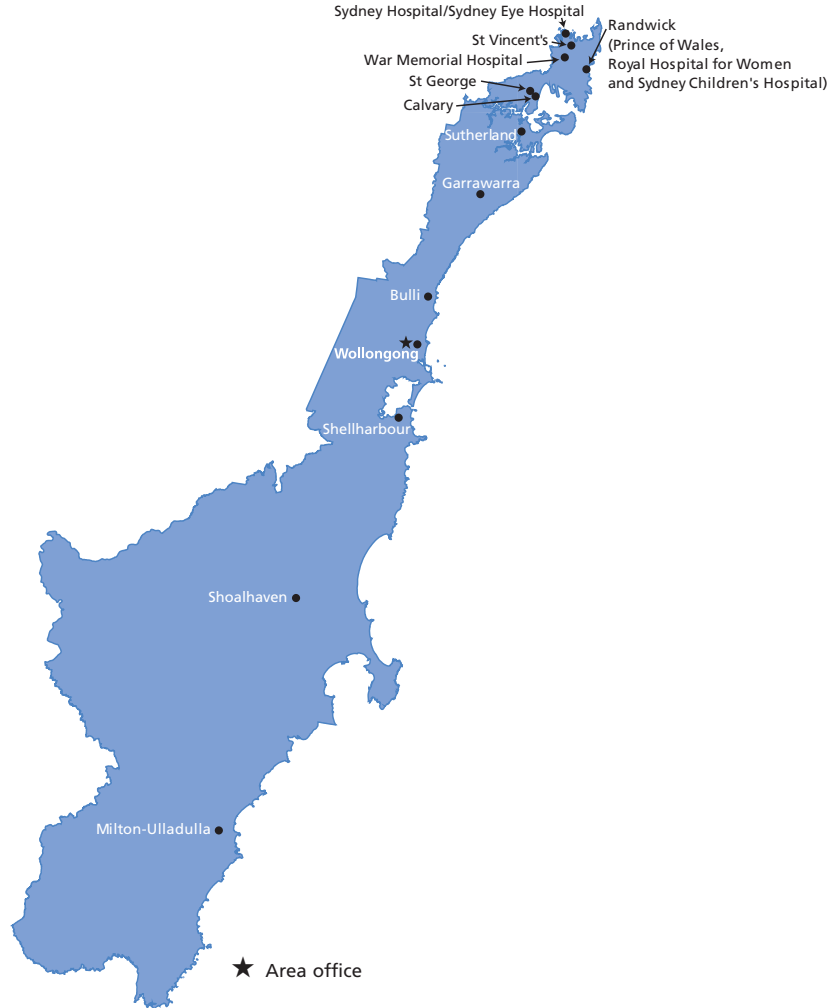
\$1.5 million for improvements to emergency department.
Total project cost \$4.4 million.

Prince of Wales Hospital

\$3.25 million for the Parkes Block at the hospital to enhance facilities for acute aged inpatient care, peri-operative unit, oncology services, short stay unit, radiation, haematology and urology services. Total project cost – \$7 million.

Wollongong Hospital

\$0.5 million for improvements to kitchen facilities.



North Coast Area Health Service

Combines the existing Northern Rivers and Mid North Coast Area Health Services, except for Greater Taree, Great Lakes and Gloucester LGAs, which move to the new Hunter/New England Area Health Service. The head office is to be located at Lismore. The new area includes the following public hospitals/health facilities:

- Ballina, Bellingen, Bonalbo, Byron Bay, Campbell, Casino, Coffs Harbour, Dorrigo, Grafton, Kyogle, Lismore, Nimbin, Maclean, Macleay, Macksville, Mullumbimby, Murwillumbah, Port Macquarie (under service agreement), Tweed Heads, Urbenville, Riverlands and Wauchope.

Projected population:

2006 – 0.48 million

2011 – 0.52 million

Combining these areas allows more efficient planning and development of health services to meet the rapid population growth along the north coast. It also enables a greater range of specialist services to be developed across the new Area.

The new Area Health Service is required to develop an Area Clinical Services Plan to provide improved access to clinical care. This will enable residents to access treatment as close as possible to where they live.

The restructure creates more opportunities for clinical staff to develop cross-appointments at local health facilities, and will help recruit more clinicians.

The Area is to ensure there is equitable representation of clinicians and the community throughout the Area on the Area Health Advisory Council.

2004-05 capital funding for health facilities

Kyogle Hospital and Health Service

\$4 million for redevelopment,
including extra aged care, acute care
and emergency department beds
plus new community aged care
packages and 24 hour ambulatory care.
Total project cost – \$9.4 million.

Lismore Base Hospital

\$1.1 million for development
of a 40-bed mental health inpatient
unit at the Richmond Clinic.
Total project cost – \$25.8 million.

Nimbin Hospital

\$1 million for redevelopment.
Total project cost – \$4.8 million.

Coffs Harbour and Port Macquarie hospitals

\$6.4 million for construction
of radiotherapy facilities.
Total project cost – \$32.4 million.

South West Rocks

\$0.4 million for construction
of Community Health Centre.
Total project cost – \$0.8 million.



Greater Western Area Health Service

Combines the following Area Health Services – Macquarie, Far West and Mid West (excluding the local government area of Lithgow). The head office is to be located at Dubbo, with a regional office at Broken Hill. The new area includes the following public hospitals/health facilities:

- Balranald, Baradine, Bathurst, Blayney, Bloomfield, Brewarrina, Broken Hill, Bourke, Canowindra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran, Coonamble, Cowra, Dubbo, Dunedoo, Eugowra, Forbes, Gilgandra, Grenfell, Gulargambone, Gulgong, Lake Cargelligo, Lourdes, Molong, Mudgee, Narromine, Nyngan, Oberon, Orange, Parkes, Peak Hill, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington, Wentworth and Wilcannia.

Projected population:

2006 – 0.31 million

2011 – 0.31 million

The Greater Western Area Health Service provides a more effective structure for meeting the health care needs of a widely dispersed, small population with a high proportion of Aboriginal people.

The new Area Health Service is required to develop an Area Clinical Services Plan to provide improved access to clinical care. This will enable residents to access treatment as close as possible to where they live.

The Clinical Services Plan is to be consistent with strategies and recommendations of the Rural Health Report and Rural Health Plan. In particular, clinical services including mental health, oncology and critical care are to be strengthened at Dubbo Base Hospital.

The inclusion of Bathurst, Orange and Dubbo Base Hospitals in this Area provides an opportunity to attract and retain additional clinical staff to provide a comprehensive range of services, including core specialties such as intensive care and emergency department services. The redevelopment of Bathurst, Orange and Bloomfield Hospitals will create further opportunities to network services more effectively.

Most of the more complex health services required by the Broken Hill and district community are provided by South Australia. Continuing efforts will be made to improve arrangements for patients requiring services from across the border.

The Area is to ensure there is equitable representation of clinicians and the community throughout the Area on the Area Health Advisory Council.

2004-05 capital funding for health facilities

Dubbo Base Hospital

\$3.3 million for construction of acute psychiatric inpatient unit to accommodate 18 patients. Total project cost – \$5 million.

Dunedoo Health Service

\$1.2 million for redevelopment. Total project cost \$7.8 million.

Bourke Hospital and Health Service

\$2.8 million for redevelopment. Total project cost – \$15.3 million.

Menindee Primary Health Service

\$0.9 million for multi-purpose facility including consultation and treatment rooms and support services. Total project cost – \$1.5 million.

Tottenham and Tullamore

\$1.2 for construction of new hospitals. Total project cost – \$6 million.



Bathurst, Orange and Bloomfield hospitals

\$1.5 million for planning redevelopment of hospitals.

Multi Purpose Service – Upper Western Sector

\$350,000 to enhance services at locations including Lightning Ridge, Collarenebri, Brewarrina and Bourke.

Greater Southern Area Health Service

Combines the existing Southern and Greater Murray Area Health Services.

The head office is to be located at Queanbeyan. The new area includes the following public hospitals/health facilities:

- Albury, Barham, Bateman's Bay, Batlow, Bega, Berrigan, Bombala, Boorowa, Braidwood, Coolamon, Cooma, Cootamundra, Corowa, Crookwell, Culcairn, Delegate, Deniliquin, Finley, Goulburn, Griffith, Gundagai, Hay, Henty, Hillston, Holbrook, Jerilderie, Junee, Kenmore, Leeton, Lockhart, Mercy Care, Moruya, Murrumburrah Harden, Narrandera, Pambula, Queanbeyan, St John, Temora, Tocumwal, Tumbarumba, Tumut, Urana, Wagga Wagga, West Wyalong, Yass and Young.

Projected population:

2006 – 0.47 million

2011 – 0.48 million

The new Area is required to develop an Area Clinical Services Plan to provide improved access to clinical care.

This will enable residents to access treatment as close as possible to where they live. The Clinical Services Plan is to be consistent with strategies and recommendations of the Rural Health Report and Rural Health Plan.

The communities in this new area share a number of similar health care needs and issues in relation to the recruitment and retention of the health workforce.

Combining these existing areas provides opportunities for a greater range of services to be provided locally, closer to where patients live. A number of health services for the local population, however, will still be provided by Victoria and the ACT, with a significant proportion of more complex services for NSW residents provided by ACT hospitals.

It is proposed to strengthen services planning and delivery options with the ACT and to continue to strengthen cross-border arrangements with Victoria, particularly in relation to servicing the Albury-Wodonga area.

The Area is to ensure there is equitable representation of clinicians and the community throughout the Area on the Area Health Advisory Council.

2004-05 capital funding for health facilities

Young co-location

\$2.9 million for co-location of Young Hospital, Young Community Health Service and Mercy Health Service onto Young District Hospital site. Services to include emergency, operating suite, day procedures room, imaging, pharmacy and allied health. Total project cost – \$16.6 million.

Bateman's Bay Hospital

\$1.1 million for emergency department redevelopment to provide consulting, observation, resuscitation and support facilities. Total project cost – \$2.6 million.

Queanbeyan Hospital

\$500,000 to commence planning to redevelop the hospital, as committed by the Government.

Griffith Hospital

\$400,000 for planning redevelopment of emergency department. Total project cost – \$5 million.

Henty Hospital

\$1.9 million for co-location of new hospital and health service with existing aged care facility, integrated staff accommodation, residential high care and inpatient beds, emergency treatment and resuscitation rooms and x-ray. Total project cost – \$5.8 million.

Junee Hospital

\$500,000 for planning the hospital redevelopment. Total project cost – \$11 million.



★ Area office

Hunter/New England Area Health Service

Combines the existing New England and Hunter Area Health Services with the addition of the Greater Taree, Great Lakes and Gloucester LGAs. The head office is to be located at Newcastle, with a regional office at Tamworth. The area includes the following public hospitals/health facilities:

- Armidale, Barraba, Belmont, Bingara, Boggabri, Bulahdelah, Cessnock, Denman, Dungog, Glen Innes, Gloucester, Gunnedah, Guyra, Inverell, James Fletcher, John Hunter, Kurri Kurri, Maitland, Manilla, Manning, Mater Misericordiae, Merriwa, Moree, Morriset, Muswellbrook, Narrabri, Nelson Bay Polyclinic, Prince Albert, Quirindi, Scott Memorial, Singleton, Tamworth, Tingha, Vegetable Creek (Emmaville), Walcha, Warialda, Wee Waa, Werris Creek and Wilson Memorial.

Projected population:

2006 – 0.84 million

2011 – 0.86 million

Combining the Areas will extend clinical networks between the Hunter and New England, including renal services, trauma and critical care networks and oral health.

The new Area Health Service is required to develop an Area Clinical Services Plan to provide improved access to clinical care. This will enable residents to access treatment as close as possible to where they live.

The Clinical Services Plan is to be consistent with strategies and recommendations of the Rural Health Report and Rural Health Plan.

Academic and teaching links across the Area will be expanded. The new Area structure will enable a more collaborative approach to the development of mental health services for children and adolescents in New England, providing more equitable access to these services.

The Area is to ensure there is equitable representation of clinicians and the community throughout the Area on the Area Health Advisory Council.

2004-05 capital funding for health facilities

Belmont Hospital upgrade

\$2.7 million for new emergency and clinical care centre.
Total project cost – \$28 million.

Guyra Multi Purpose Service

\$2.5 million for new facility to provide acute care, aged care, emergency, medical imaging, community health and primary care. Total project cost – \$8.1 million.

John Hunter Hospital

\$42 million for James Wallis Access Project, including new bone and joint and ambulatory care centre.
Total project cost – \$97.4 million.

Newcastle Mater Hospital

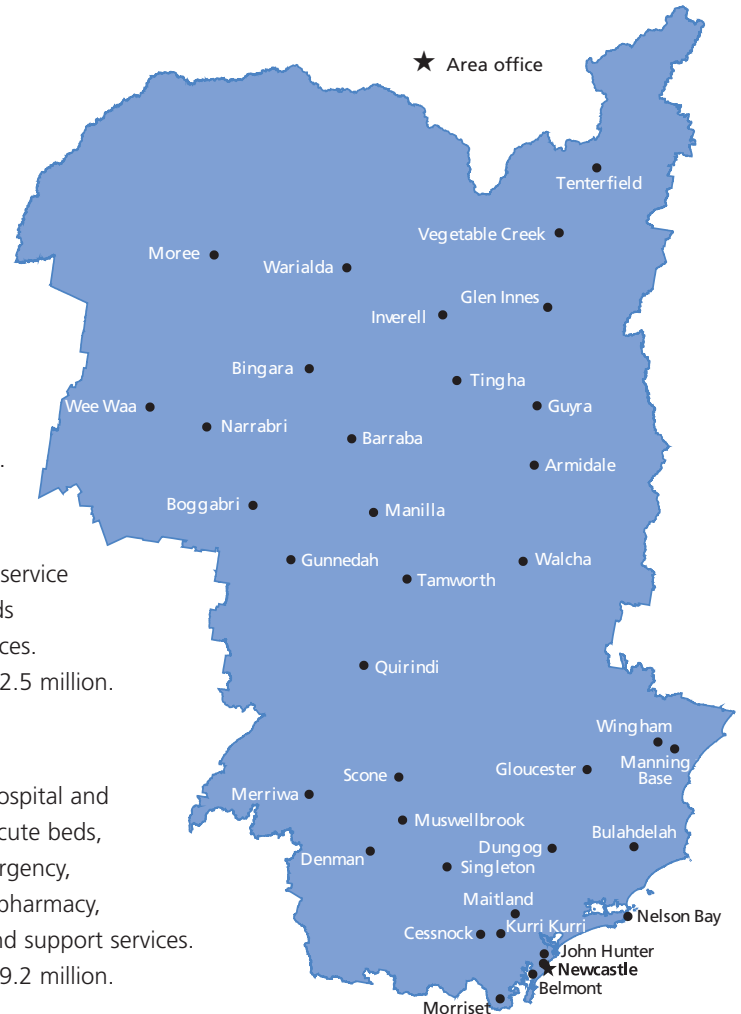
Progression of the Private Sector Partnership Project covering redevelopment of the acute hospital and enhanced mental health and radiotherapy services.

Tingha

\$300,000 for health service with 8 aged care beds and community services.
Total project cost – \$2.5 million.

Walcha

\$800,000 for rural hospital and health service with acute beds, aged care beds, emergency, imaging, pathology, pharmacy, community health and support services.
Total project cost – \$9.2 million.



Contacts for further information

For more information on the changes to health administration in NSW and the proposals for establishment of Area Health Advisory Councils contact the Area Health Service offices of NSW Health:

Northern Sydney / Central Coast Area Health Service	Tel. (02) 4320 2111
Western Sydney Area Health Service	Tel. (02) 9845 7000
South Western Sydney Area Health Service	Tel. (02) 9515 9600
South Eastern Sydney / Illawarra Area Health Service	Tel. (02) 4275 5111
North Coast Area Health Service	Tel. (02) 6620 2100
Greater Western Area Health Service	Tel. (02) 6841 2222
Greater Southern Area Health Service	Tel. (02) 6299 6199
Hunter / New England Area Health Service	Tel. (02) 4921 4960
Children's Hospital at Westmead	Tel. (02) 9845 0000

You can also obtain further information on the NSW Health website: www.health.nsw.gov.au