

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY
GROWTH REGION**

Organisation: Bankstown Lidcombe Hospital Medical Staff Council
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Submission to the Legislative Council inquiry into the current and future provision of Health Services in Southwest Sydney growth region

Bankstown-Lidcombe Hospital Medical Staff Council

Executive summary

The Medical Staff Council (MSC) executive at Bankstown-Lidcombe Hospital welcomes the opportunity to provide a submission to the Legislative Council on the current and future health provision for SWSLHD. The MSC is made up of all Staff Specialists (SS) and Visiting Medical Officers (VMOs). They are from specialties including Surgery, Medicine, Emergency Medicine, Anaesthesia, Obstetrics and Gynaecology, and Paediatrics, in addition to the Director of Medical Service. We will specifically be responding to (c), (d), (f), (g), (h), (i) of the Terms of Reference.

The medical staff council sincerely appreciates the \$1.3 billion dollar NSW government investment in infrastructure for a new health neighbourhood for Bankstown, recently announced for the development of a new health neighbourhood as well as the commencement of the \$25 million Emergency Department upgrade. The council believes this is great recognition of the needs for our growing, culturally diverse population. We are looking forward to operationalising the new hospital which will provide state of the art facilities for the local population. The council also recognises the dynamic leadership across the district and the commitment to improving patient and staff experience through the Transforming Your Experience strategy which provides the district with a clear direction for working together to deliver safe and quality health services and build the health and build the health of our communities now and into the future.

The district and hospital leadership fosters a culture of innovation, improvement and excellence in patient care. The medical staff council believes that this context must be recognised whilst we are highlighting some of the challenges for Bankstown and the LHD in this submission.

Bankstown has a long history of delivering excellent care for the community by a dedicated team of staff. We face challenges highlighted in this document, but we feel that it is very important that in highlighting these challenges we don't detract from the excellence in care provided by Bankstown-Lidcombe Hospital and across the LHD.

Bankstown is one of the high growth areas in Sydney. Bankstown-Lidcombe Hospital is part of the South West Sydney Local Health District (SWSLHD) which includes the Liverpool, Fairfield, Campbelltown, and Camden Hospitals. In 2016, SWSLHD serviced a population of 964,342. Data from the NSW Department of Planning and Environment shows that the South-West Sydney region will experience average annual population growth of 2.1% between 2011 and 2031. By 2031 the SWSLHD is projected to be servicing a population 1.28 million.

Bankstown is also one of the most culturally and linguistically diverse suburbs in Sydney, with one in three of the residents being born Culturally and Linguistically Diverse background. This presents challenges in terms of health literacy, diagnostic accuracy and engagement with health services and adherence to treatment.

The principles underlying all our recommendations are to further improve patient outcomes, health equity, environmental sustainability and cultural competency of all health practitioners.

Health equity

This is an essential consideration in all future planning of health services for SWSLHD. This LHD has a low ratio of GPs per 10,000 residents and also lowest ratio of specialist per 10,000 residents (please refer to the graph in the Appendix) compared to other LHDs in Sydney.

South West Sydney is an area of high projected population growth. It is appreciated that this growth in Bankstown is being recognised by the provision of funding for the new state of the art health neighbourhood. Bankstown is the second most culturally diverse area in Sydney. The lack of adequate staffing compared in some areas with other LHD and added complexity of population growth and diversity puts some additional pressure on existing staff to care for patients.

The staff shortage across some levels of experience-consultant and registrar is one of the biggest challenges facing a growing Local Health District in a growing population. We are appreciative of the recent JMO enhancement we received which has addressed the deficiency at this level. It is a credit to our health care team that we manage to provide a high quality of care despite some areas of staffing that could be improved when compared with other health districts. This is testament to the resilience and commitment of our staff to excellent patient care which is consistently delivered.

The main challenges that we have identified through staff consultations are:

1. Relative lower numbers of staff at most levels, in particular Specialists in certain specialities such as Respiratory Medicine, Infectious Disease.
2. Emphasis on service provision (due to staff shortages and resources) which could be improved by additional investment in quality improvement, research and innovation in the workplace. to face the challenges of health care provision in the future
3. Addressing the challenges posed by our diverse populations and access to specialist care and resources for important services such as interpreters, outpatient clinics in public hospitals
4. Mental health patients boarding in Emergency department due to lack of inpatient and High dependency beds which leads to increasing violence, and lack of capacity in the management of mental health patients in the community setting

Recommendations

I) Workforce Planning - Trainees

- Registrars -Accredited and unaccredited need to increase in numbers, not only for service provision but also specialist training so that there is succession planning and for supervision of junior staff

II) Workforce Planning – Specialist

Emergency Medicine

Recommendations

- We need to have additional Emergency Specialists to accommodate the higher ED presentations, maintain supervision of junior staff and to attract more trainees to come to train in the ED.

Surgery

Recommendations

- A shift to a model which includes more staff specialists. This will allow for specialists who are more invested in the service, that can build up a training program (which will in turn attract more trainees to come), improve quality improvement activities of the service, staff retention and research.

Medicine

Recommendations

- Improve specialist numbers especially in high volume specialities like Respiratory Medicine and Geriatrics to match the demand we are experiencing.

Paediatrics

Recommendations

- Staffing planning that increases to meet the needs of the community, the Paediatric service and staff training requirements. This includes junior and senior medical staff, nursing and allied health and support staff.
- Maintenance of the SCHN network trainees with the infrastructure to ensure our capacity to train these staff.
- Increased numbers of paediatric Allied health staff for inpatients and hospital outpatients such as after-hours Social worker, and specialist speech therapy.

III) Future service provision

Many of the challenges highlighted here will be addressed as we move forwards with the planning and operationalising the new health neighbourhood. The hospital and district leadership are strongly focussed on developing innovative models of care which embrace the digital transformation.

Emergency Medicine

Recommendations

- More senior decision makers to match the increasing presentations to the Emergency Department
- The Emergency department is currently undergoing a \$25 upgrade which will include state of the art resuscitation rooms and a separate paediatrics emergency area. The new department will have innovative, contemporary models of care which will maximise safety and efficiency. The medical staff council is highly appreciative of this investment in the hospital and the local community.

Surgery

Recommendations

Shift towards a Staff Specialist model

- extended outpatient service to review patients post-op, become more attractive for trainees, and provide a referral service for patients who are from low socio-economic areas who are not able to afford private appointments.
- Continue to promote excellence in Upper GIT and Colorectal surgery and build other surgical specialities

Medicine

Geriatric Medicine

Recommendations

Increase numbers of specialist and training registrars to address bring access into line with other districts across the district.

Multidisciplinary model for care to cater for increasingly complex Geriatric presentations

Continue to have Rapid Response Team in ED to facilitate early discharge to home, and Connecting Care Geriatricians to prevent inappropriate RACF presentations

- Need to establish a Geriatric/Surgery service similar to our Orthogeris service
- Continue funding the Acute Stroke Unit (for Geriatrics and non-Geriatrics Stroke patients) which has been shown to improve clinical outcomes

Respiratory Medicine

Recommendations

Increase numbers of specialist and training registrars to bring access to specialists into line with other districts across the district.

Fully funded Chronic respiratory CNC to follow up patients, facilitate discharge and continue community base care

Cardiology

Recommendations

- Continue to expand our Cath Lab capacity so that patients presenting with STEMIs can all be managed locally rather than being moved to Liverpool Hospital

Haematology

Recommendations

Establish a much-needed stand-alone Haematology Service at BLH. We currently have a non-admitting haematology service.

Paediatrics

Recommendations

Ensuring newborn, child and young person appropriate facilities in all aspects of inpatient and outpatient care

In planning and decision making ensuring that there is capacity to address the evolving population needs and future models of care

Increase inpatient paediatric Allied health resources to serve our Paediatric patients

Palliative Care

Recommendations

Address the lack of Palliative Care beds locally, in the hospital or externally

Establish a Palliative Care Admission service at BLH (It is currently Consult and outpatient only)

IV) Mental Health Services

Improve access to inpatient beds (including HDU) for all admitted patients to reduce violence in ED and further improve cadre for these patients.· Strengthen community support for MH patients

Improve funding of services to treat co-morbid conditions including Drug and Alcohol Services

Improve access to OPMHS (Older People Mental Health Services) in-patient beds.

V) Environmental impact

- Improve design of hospitals to be more environmentally sustainable
- Improve use of consumables and recycling
- Energy efficient lighting and equipment

Background

Bankstown is one of the high growth areas in Sydney. In 2016 SWSLHD serviced a population of 964,342. Data from the NSW Department of Planning and Environment shows that the South-West Sydney region will experience average annual population growth of 2.1% between 2011 and 2031. By 2031 the SWSLHD is projected to be servicing a population of 1,284,700 people. South West Sydney has a relatively young population profile, with 21% of residents under 15 years of age and a further (14%) in the 15-24 year age range.

The region is experiencing rapid population growth which extends across all LGAs, particularly Camden and Liverpool. High fertility rates (2.03) compared to (1.78) for NSW and new urban development are the major sources of population growth. The older population (65+ years) which is currently relatively small with 126,720 people or (13%) of the whole population will grow by (74%) by 2031 with additional 94,000 people. This demographic transition will put more demand on the health system for care. By LHD, the population growth in SWSLHD is second only to that of neighbouring Western Sydney LHD.

The Australian Bureau of Statistics Socio-economic Indexes for Areas (SEIFA) indicate that South Western Sydney (SWS) has some of the poorest communities in the State with Fairfield, Bankstown, Campbelltown and Liverpool being in the ten most disadvantaged LGAs in metropolitan Sydney, with SEIFA scores of 886, 946, 939 and 968 respectively, well below the Australian average of 1,000.

In response to the Terms of Reference of the Inquiry, we would like to make the following submission.

(c) the need for and feasibility of a future hospital located in the South-West Sydney growth Region to service the growing population as part of the Aerotropolis land use plan

As stated in the background section of this submission, Bankstown is located in one of the largest growth region in Sydney. In order to service the projected increase in population and also to accommodate increasingly complex medical needs of an ageing population and mental health needs of the young people in this area, we are looking forwards to the planned new state of the art health neighbourhood, which has been approved, and models of care are being developed at the time of this submission. The council is recognising the recognition of the needs of the community in the \$1.3 billion dollar investment. This is a great opportunity to design a neighbourhood that will grow in the next two decades to be able to provide high quality, innovative care to the community. It is also an opportunity to build an environmentally sustainable world leading facility.

(d) an investigation into the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region;

Mental health

With respect to the SWS region, many residents report high or very high levels of psychological distress compared with the rest of NSW, with women reporting higher levels of distress than men. We also know that Aboriginal people are twice as likely to be hospitalised for mental health disorders. (ABS data).

While self-harm and suicide rates are lower than the state average, suicide is the leading cause of death for 15 to 24-year-olds people in this region. In a related sense, there has also been a large increase in the number of child and adolescent mental health presentations in south western Sydney over the last 5 years. Over 50% were for self-harm and suicidal behaviour.

The limited number of mental health beds in our district (compared with other health districts) means that on many days a significant proportion of our Emergency Department (ED) beds are used by patients who need admission to a mental health unit. Length of stay of mental health patients can exceed 24 hours, and occasionally even more than 48 hours. We have excellent mental health and Emergency staff that consistently provide great care to these patients in somewhat challenging circumstances. The council believes that more investment in Mental Health inpatient beds as well as community services would address this issue.

In 2017 - 18 SWSLHD had the highest proportion of mental health presentations who waited over 24 hours in NSW (10%). In comparison, Northern NSW LHD had 5% of mental health presentations wait over 24 hours, while in nearby Western Sydney LHD 4% of mental health patients waited over 24 hours

A higher proportion of South West Sydney residents aged 16 years and over self-reported high or very high levels of psychological distress compared to the rest of NSW (16.1% and 13.4%, respectively). The number of suicide deaths in SWS in 2015 was the second highest reported in metropolitan Sydney after Western Sydney.

We need more funding and resources for to address some of the challenges faced by our mental health services but feel that it is important to recognise the high standard of care our teams currently provide.

Multicultural health

This service is very important in this area as Bankstown is one of the most diverse areas in Sydney. It plays an important role in improving health literacy, a sense of community belonging and social connections. It is also a bridge between community members of Culturally and Linguistically Different (CALD) background and the hospital and community health services.

Cultural competency enables health practitioners to deliver better service to diverse communities. It does so by improving communication and patients' understanding of their health conditions. We are also more likely to get the diagnoses right and be able to assist patients and caregivers in navigating the complex health care environment. With increased understanding of their condition and treatment options, we are able to make healthcare decisions together. A culturally competent workplace embraces diversity and through this lens, it can increase innovation.

Connecting care geriatricians

An important service that helps avoid unnecessary hospitalisations of Residential Aged Care Facility (RACF) patients and should be maintained, and expanded with the increase in Elderly population that will require RACF placement. This service provides a high standard of care for these patients in their own environment.

Allied Health in Paediatrics and Neonates

1. Equitable access to skilled allied health in hospital:

At Bankstown, there is not currently an inpatient speech therapy/feeding service for children. There is also no access to occupational therapy services in Bankstown- Hospital for children. The only dedicated allied health service would benefit from extra resources and paediatric social workers to cover maternity, newborn care and paediatrics.

The hospital currently has an excellent “in-hours” social work service however there is no evening and night time social work service at the hospital. Grieving families and patients in social crisis would benefit from better 24/7 social worker access

Ex preterm babies transferred from Liverpool NICU to our special care nursery (SCN) have limited access to allied health when compared with other LHD.

Dietetics is limited in our service with 0.5FTE allocated to paediatrics which is not back filled for maternity leave. There is only one paediatric dietitian outpatient clinic per month which means that children in the Bankstown LGA do not have ready access to manage issues of poor growth or specific advice around obesity, developmental issues and other paediatric matters.

The paediatric unit at Bankstown is supported by our excellent consult liaison psychiatry service, however currently there is very limited access to onsite child and young person psychiatrists or psychologists for acute mental health issues.

2. Equitable access to skilled allied health services in the community:

Allied Health Services with SWSLHD are LGA based. There is resultant inequity across the LHD.

Children living in the Bankstown LGA would benefit from access to services such as Park House, which is a multidisciplinary Infant, and Child mental health service (which address issues arising in the early years).

If a child lives in Bankstown LGA (and SWSLHD) and has feeding difficulties (common in disability and in general) they can attend feeding clinic in another LGA but this clinic has limited services, and a long waiting list. This means that children in SWSLHD do not get equivalent feeding clinic services .

The Bankstown Community Health Centre provides high quality speech therapy, physiotherapy, occupational therapy and psychology/counselling services but they would benefit from better resources. In addition, because health literacy in this area is low, for some children developmental issues are not identified until commencing school and there are very limited allied health services for school aged children.

3. Equitable access to services in the community including:

Paediatric nursing: There is very limited community paediatric nursing support in the Bankstown LGA, for children who have been discharged from hospital. This creates difficulties for families of children who are receiving palliative care and also those children who need some support in the home.

There is also limited access to specialised neonatal nurse home follow up for extreme preterm infants for issues including surveillance of chronic lung disease, O2 saturation monitoring, and feeding support, for families living in Bankstown LGA.

Interpreting Service

Interpreters are essential in providing high quality and culturally competent care to patients presenting to BLH. A high proportion of patients at BLH are of Culturally and Linguistically Diverse (CALD) and we need good and timely access to interpreter services not just to obtain a comprehensive history but also to obtain informed consent for emergency and elective procedures The district is currently investigating ine telehealth solutions to improve access to interpreters. This service needs to be matched to periods of high patient presentations.

(f) a comparison of the staffing allocations at health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011;

The Resource Distribution (Allocation) Formula, introduced in 1991 to more equitably provide funding to Local Health Districts, is a complex formula which takes into account at least three factors, premature mortality, socioeconomic status or EDOCC (Australian Bureau of Statistics SEIFA Index of Education–Occupation), and a rurality index. It is not currently adjusted for the high proportion of culturally and linguistically diverse people in our community, and this factor provides significant additional work for health staff in the South West Sydney Local Health District.

Emergency department

There were over 300,000 attendances at emergency departments in SWSLHD in 2018-19, an increase of almost 70,000 since 2011-12, up by 30 per cent. The performance of emergency departments in the LHD has improved, with the percentage of patients with treatment completed within four hours increasing from 48 per cent in 2011-12 up to 61.1 per cent in 2018-19. The percentage of patients commencing treatment in clinical benchmark time has also improved up from 78 per cent to 79 per cent. Bankstown ED performs consistently well when compared with our peer emergencies for the Emergency Treatment Performance Target whilst maintaining patient safety.

South Western Sydney LHD Access and Performance 2011-12 to 2018-19

Emergency Department		
Total ED Attendances	% Treatment Completed within 4 Hours	% Treatment Commenced in Clinical Benchmark Time
231,438	48.0%	78%
237,603	56.5%	80%
249,769	66.3%	82%
257,860	68.4%	80%
267,177	68.0%	83%
271,025	67.7%	83%
284,379	64.1%	81%
300,867	61.1%	79%

Table of comparison with other EDs in Sydney

Comparison of medical staffing allocation in metropolitan Sydney Emergency Departments.

Emergency Department	Annual presentations (Oct 2018-Sept 2019)	Average daily presentations	Consultant per shift	Consultant per evening shift	Consultant per 24 hours	Average presentations per staff specialist per 24 hours	Total doctors per 24 hours	Patients per doctor per 24 hours
Liverpool Hospital	95103	261	4	3	7	37	38	6.9
Campbelltown	82530	226	3	2	5	45	30	7.5
Royal North Shore Hospital	89694	245	5	3	8	31	42	5.8
Royal Prince Alfred Hospital	83335	228	3	3	6	38	30	7.6
Prince of Wales Hospital	62572	171	4	2	6	28	28	6.1
St George Hospital	82828	227	4	3	7	32	-	-
Northern Beaches Hospital	55335	205	3	4	7	29	36	5.7
Westmead	78677	215	4	3	7	31	42	5.1

BLH ED sees a similar number of patients (but with higher proportion with CALD backgrounds and lower health literacy) per day compared to Prince of Wales Hospital in the SESLHD but has fewer Emergency Specialists overall and also on a daily roster. Extrapolation of the comparative staffing allocations data would suggest that all Emergency Departments in South-West Sydney are relatively less well resourced compared to other Sydney metropolitan health services. Whilst welcome funds are being spent on infrastructure improvements the hospital would benefit from further investment in staffing enhancements to bring the facility in to line with peer metropolitan hospitals.

Bankstown Hospital has seen a growth of demand on the health services that is provided. Every year, the Emergency Department sees an increase in the number of presentations. Admissions are also increasing, as well as demand for emergency and elective surgeries.

We continue to offer high quality care to patients, but the growth in population and the ageing of the population will put stress on the facility, as well as health care staff to maintain high quality care. For example

Surgery

In SWSLHD, there were over 23,000 admissions from the elective surgery waiting list during 2018-19, an increase of 8.6 per cent since 2011-12. Despite this increase, the LHD has improved the percentage of patients admitted for elective surgery within clinical benchmark times by 8 percentage points to 98.5 per cent. This is a remarkable achievement considering SWSLHD has the lowest surgeon to patient ratio compared to all LHDs in Sydney (See appendix)

Currently the staffing model for specialists is based on all VMOs including Director of Surgery. There is no physical Department of Surgery or secretarial support. There is at present no surgical research infrastructure and no surgical pathway for juniors with no surgical RMO pathways (PGY3). We currently have post fellowship accredited trainees in Upper GI and Colorectal to support high level work. We are the one of the busiest Colorectal and Upper GI services for the LHD and in Sydney.

We currently have 4 accredited trainees in General Surgery, one in plastics and one in urology. There is limited outpatient clinics, but this is being addressed by our outpatients review committee and will be further improved in the new health neighbourhood. The district is also investigating digital telehealth solutions for outpatient assessments and follow up.

Infectious disease

BLH has only one facility-based 0.4 FTE Infectious Diseases specialist for a 450-bed hospital and a population with a high migrant background. This limits the service to a consultative service despite patients admitted with complex infections. People admitted with infectious diseases are admitted under a physician of the day for example. The low staffing also limits the ID out-patient clinics which is a further disadvantage to the community who need to attend an ID clinic. The Hospital's Staff Health and Infection Control are also affected by not having a full time ID Specialist.

The difficulty due to funding restraints makes improving this service not possible, and this has been particularly evident during the current pandemic.

Any future workforce planning must include an Infectious Diseases Department with full time equivalent Infectious Diseases specialists who can admit patients with, for example, undifferentiated sepsis and tropical diseases, as well as provide timely advice and consultation to improve antibiotics usage and patient management. Early infectious diseases specialty intervention is associated with decreased mortality and lower healthcare costs which the community deserves.

Respiratory medicine

The COVID-19 Pandemic has revealed a shortfall in staffing in Respiratory Medicine at Bankstown Hospital.

In the Respiratory Medicine Department at Bankstown Hospital we have 3 registrars, 1.5 JMOs and 2.3 FTE consultants, with a locum over winter increasing to 2.7 FTE. Without the locum we are on call 1 in 4.

Comparison of Respiratory Services in different hospitals in SWSLHD

SPECIALTY (Respiratory Medicine)	Bankstown	Liverpool	Campbelltown
FTE Staff Specialist	2.3 – 2.7	+/- 7 - 9	+/- 4.5 - 6
BED DAYS FY 2019 -	8712	11076	8794

Comparison of daily number of patients in three hospitals in a one month period: December 2019 to January 2020

Dates	Bankstown	Liverpool	Concord
17-Dec	39	31	15
18-Dec	31	32	15
19-Dec	29	18	16
20-Dec	30	29	18
23-Dec	25	18	15
24-Dec	21	18	12
27-Dec	30	20	9
29-Dec	33	17	13
2-Jan	36	33	11
3-Jan	31	25	15
7-Jan	39	19	17
8-Jan	30	25	12
9-Jan	28	21	13
10-Jan	24	18	19
14-Jan	24	23	14
15-Jan	24	19	17
17-Jan	25	15	10

In winter it was similar numbers between Liverpool and Bankstown – 45 – 60. However, while BLH had only 2 teams with a registrar, JMO per team whilst Liverpool Hospital had 3 teams with an AT, BPT and JMO per team.

Geriatric Medicine Service

Bankstown will see a large growth of the elderly population. Our geriatrics team provides contemporary, evidence-based care to this cohort of patients. As the graph below indicates, there will be 50% growth of people in the 65+ age group in the next 15 years from 2016 to 2031, and a growth of 55% of those 75+. It is well known that most of the health expenditure is spent in the last decade of life of a patient. Geriatric Medicine service is already disproportionately represented in the hospital with admission, complexity of care and length of stay. They need to be expanded and funded as we look at growing our health care service.

Population growth in the Elderly in South West Sydney

Age Group	2016	2021	2026	2031	Difference 2016 - 2031	% Difference 2016 - 2031
65-69	8,380	9,223	10,782	11,378	2,998	36%
70-74	6,266	7,702	8,579	10,004	3,738	60%
75-79	4,955	5,713	7,139	7,969	3,014	61%
80-84	3,881	4,248	5,022	6,331	2,450	63%
85+	4,721	5,046	5,628	6,664	1,943	41%
Total 65+	28,203	31,932	37,150	42,346	14,143	50%
Total 75+	13,557	15,007	17,789	20,964	7,407	55%

Bankstown Lidcombe Hospital Bed days, staffing and daily in patients per FTE for medical specialities 2019

SPECIALTY	BED DAYS FY 2019	EPISODE S FY 2019	DAILY IN- PATIENT S – MEAN	Staff Specialis ts FTE	VMO – Numbe r	VMO – FTE equival ent by SESSI ONS	Consulta nt Total FTE	Bed days per year per FTE	Daily in- patients per FTE
GERIATRICS	29684	4140	81.33	6.1	0	0	6.1	4866	13.3
CARDIOLOGY	8330	2408	22.82	3.2	3	0.9	4.1	2032	5.6
THORACIC	8220	1514	22.52	1.9	1 locum	0.2	2.1	3914	10.7
GASTRO	6501	1953	17.81	1.7	5	1.6	3.3	1970	5.4
NEUROLOGY	4970	988	13.62	0.5	4	0.9	1.4	3550	9.7
ONCOLOGY	3574	624	9.79	3.0	0	0	3.0	1191	3.3
RHEUMATOLOGY	2447	741	6.70	0	1	0.3	0.3	8156	22.3
ENDOCRINOLOGY	1532	283	4.20	3.5	0	0	3.5	437	1.2

	VMO Numbers	Sessions/Month	Sessions/Week	FTE Equivalent
CARDIOLOGY	3	36	9	0.9
THORACIC	1	8	2	0.2
GASTRO	5	65	16	1.6
NEUROLOGY	4	35	9	0.9
RHEUMATOLOGY	1	13	3	0.3

Paediatrics and Neonatal service

Bankstown- Lidcombe Hospital is a level 4 paediatric unit, level 3 paediatric surgical unit and a level 3 special care nursery. The unit has approximately 2000 admissions to the paediatric ward, approximately 2000 births per annum and 20 to 25% of ED presentations are paediatric presentation. In 2019 there were 419 admissions to the special care nursery.

The paediatric service has worked with the hospital executive to improve medical staffing over the last 10 years. The paediatric service has worked hard to ensure that staff are well trained and supported (with a particular focus on junior medical staff). The paediatric service has a strong relationship with SCHN and is accredited for Basic and Advanced Paediatric Training, FACEM trainees and for Pre-Vocational training. It is essential that the service maintains these accreditations and continues to have the capacity to train junior doctors.

The paediatric service at Bankstown strives to keep the child (and family) at the centre of care. The paediatric service strives to provide high quality safe care to children and their families. The hospital is undergoing a refurbishment of the emergency department area including a separate paediatric emergency area, which is addressing the concerns around exposure of children and families to trauma from being in ED with other emergency patients. The facility is also in the process of finalising models of care for the new development of the Bankstown Health Neighbourhood. It is essential in these models of care that there is provision of facilities that ensure that parents can be active participants in care, mothers can room-in with babies (especially premature babies) and that the facilities support and promote breast-feeding.

Outpatient capacity is limited due to the footprint of the facility. This has limited the number of general paediatric outpatient clinics, access of GPs to refer to these clinics and limited paediatric acute review follow up due to location, and availability of space. There is no capacity for multidisciplinary outpatient clinics at present due to staffing constraints.

Haematology service

We currently have no stand-alone Haematology service at BLH. All Haematology patients that require admission need to be transferred to Liverpool Hospital. We also have to refer some patients that need outpatient consultation to Liverpool Hospital although some are seen at the Cancer Centre at BLH. In 2019, there were 900 unique patients with a total of 2695 appointments seen as outpatients in Haematology at Bankstown cancer centre. If we consider a very conservative estimate of 5 – 10% of these patients requiring admission, that will be around 45- 90 inpatients a year.

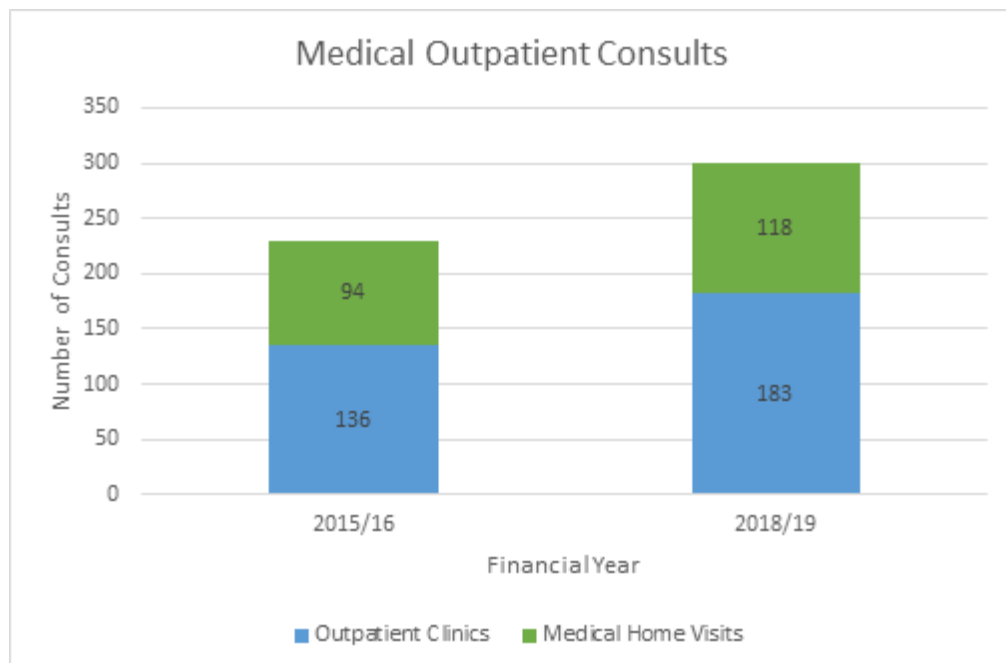
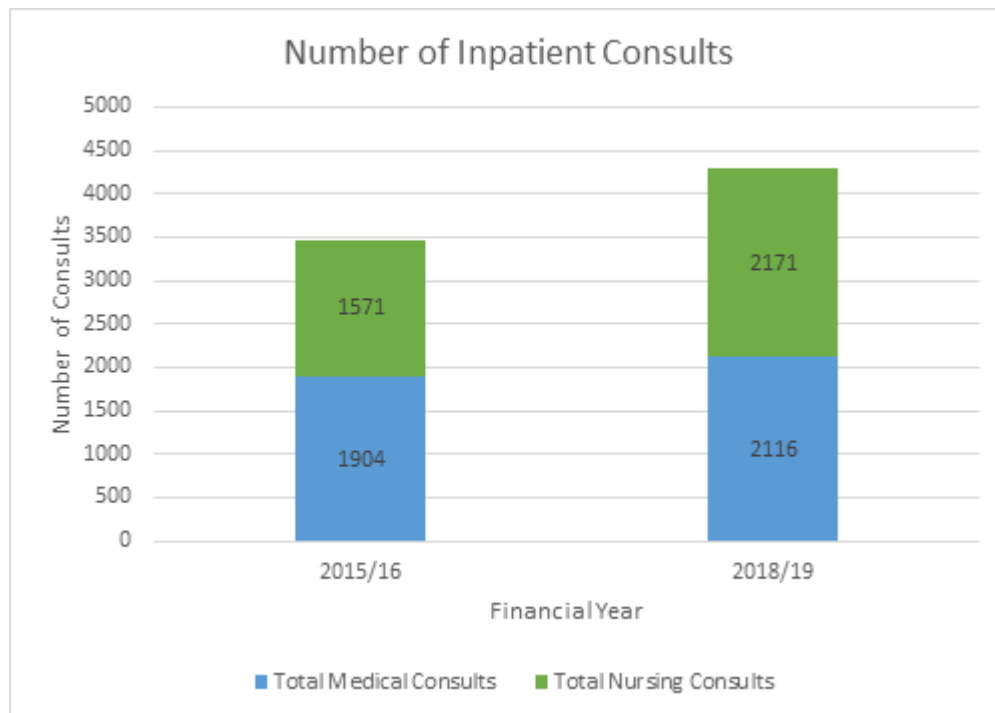
There are usually around 3-4 patients from Bankstown catchment as inpatients under Haematology in Liverpool Hospital at any one time.

There were 400 episodes of chemotherapy for Haematology patients – most of them as outpatients in Bankstown cancer centre for 2019.

Palliative Care service

There has been an increase in inpatient Palliative Care consults at BLH as well as outpatient clinic visits. This is due to an aging population with multiple co-morbidities that are end stage, and also cancer patients who are for palliative management. Only approximately 50% of patients who require Palliative Care are able to access beds in the Palliative Care unit that we normally can refer to in the last 3 years, and our closest PCU is 10kms away. As a result, 136 patients stayed in Bankstown Hospital for terminal care despite being offered a PCU and we identified, we would have admitted at least 528 patients if we had a Palliative Care ward at Bankstown-Lidcombe Hospital. Despite increasing the number of outpatient clinics and home visits, we still have a 3-month waiting list.

These patients would benefit from improved access to outpatient clinics as well as home visits to enable them to die in their home environment.



Cancer Services

SWSLHD expects to see an incredible 60% increase in cancer cases in our LHD in the next 15 years. This equates to an additional 3000 cases per year compared with the current rate of 4,800. This is an increase that is greater than the workload currently seen in some inner-city Cancer Services in total. The Cancer Services Strategic Plan highlights some of the significant challenges that we face in our district. These include the lower levels of health literacy, the later stages of presentation (i.e. more patients present with more advanced stages of cancer than in other districts), the high levels of co-morbid diseases such as diabetes, heart disease, obesity and smoking related illnesses, the higher levels of non-English-speaking patients, and a higher proportion of patients who are refugees from war-torn countries with significant mental health and post-traumatic stress disorders.

In addition to looking after medical oncology patients, it also accommodates haematology patients.

The new Bankstown Health Neighbourhood redevelopment investment provides a tremendous opportunity to provide better access to cancer care for Bankstown patients especially with an expansion of chemotherapy facilities, greater cancer inpatient facilities and proposed radiotherapy treatment machines.

Pathology Services

The BLH Pathology service is heavily dependent on the Liverpool Hospital Pathology service. This can sometimes result in delays in getting results, as some blood samples need to travel by courier to Liverpool. Examples include joint aspirates and cerebrospinal fluid samples.

As the population in the Bankstown area grows, there should be a transition plan to having our own microbiology service based at BLH so that delays can be avoided.

(g) an investigation into the health workforce planning needs of the South-West Sydney Growth Region to accommodate population growth to 2050

Health workforce planning for the future needs to take into consideration projected population growth, service growth and redevelopments.

SWSLHD including Bankstown Lidcombe Hospital (BLH) has been relatively less well staffed for some time, both in senior and junior medical staff. Compared to other areas in Sydney such as Sydney region, South Eastern Sydney Region or Northern Sydney region, we have far fewer psychiatrists per 10,000 residents (2016 data), 3.9, 1.8, 2.5 vs 0.3 in SWSLHD. We also have fewer Anaesthetists with 3.8, 1.8, 2.5 vs SWSLHD at 0.4/10,000. For surgeons it is 5.1, 4.5, 5.8 vs 0.6 in SWSLHD. For Specialist physicians, it is 7.7, 5.2, 7.0 vs 0.9/10,000 in SWSLHD. (See Appendix)

Anaesthesia

High prevalence of chronic diseases (cardiovascular, respiratory, diabetes), poor health literacy, low levels of physical activity in the community, we need improved community health and engagement with GPs e.g. partnership to share pre-operative optimisation (which may include optimisation of pre-existing conditions, pre-rehabilitation. It would likely be cost-effective to invest in hospital outreach services and GP education with the aim of decreasing acute exacerbations of chronic diseases presenting to hospital.

An increase in staff specialist numbers and enhanced resources for audits and quality improvement are needed. For example at Bankstown hospital in the anaesthetic department there is only one FTE of staff specialist and all the rest VMOs (approx. 50+ at any one time), this means the onus is on clinical service provision and little resources are available to perform administrative duties including

quality improvement, education, research. Or these administrative duties are performed by VMOs at substantial cost to the hospital. Similarly, for the perioperative services nurses there's little education time budgeted in the rosters for continuing professional development and in the long term this can impact on staff morale and motivation.

Surgery

	Elective Surgery	
	Elective Surgery Volume	% Admitted in Clinically Recommended Time
2011-12	21,380	90.5%
2012-13	21,408	93.6%
2013-14	21,702	98.5%
2014-15	21,231	98.7%
2015-16	21,872	97.1%
2016-17	22,621	98.5%
2017-18	22,857	98.7%
2018-19	23,215	98.5%

(h) a review of preventative health strategies and their effectiveness South-West Sydney Growth Region since 2011 and the required increase in funding to deal with childhood obesity;

Given the increase in population and increase in complexity in patients with multiple medical conditions and an ageing population, it is even more important than ever to focus on preventive health strategies. Preventative health strategies are *cost effective* and will repay the investment many times over. Healthcare costs have been spiralling upwards. It is well known that the proportion of health care spending is disproportionately increased in the last decade of life. Implementing preventive health strategies aimed at younger populations can ensure that good health is maintained and that the aging population will be in better health.

SWSLHD has recognised this need and has invested heavily on preventative health strategies and this should continue to be a priority in any future planning. Among the important programs are Primary and secondary prevention for ischaemic heart disease, renal disease, low birth weight, screening for cancer and dementia and programs for lifestyle modifications such as healthier diet and active lifestyle. Please refer to the submission from NSW health for a more comprehensive discussion of all these programmes.

Childhood obesity

This has been an area of priority for the Premier as obesity is a risk factor for many chronic diseases including Ischaemic Heart disease, Diabetes, Hypertension.

In NSW in 2018, more than 1 in 5 children (24 per cent) aged 5–16 years were overweight or obese, of whom 75 per cent were overweight and 25 per cent were obese (estimate not available at an LHD level). Between 1985 and 2004, the rate of childhood overweight and obesity more than doubled from 11 per cent to 25 per cent. Since 2007, the rate of childhood overweight and obesity has been stable in NSW – a pattern that has been found in three independent surveys over the last decade.

Vaccination

Programs for HPV vaccinations at schools, and also for immunising children according to a set schedule. It is also important to ensure that health care staff get their yearly Flu shots.

(i) a comparison of clinical outcomes for patients in the South-West Sydney Growth Region compared to other local health districts across metropolitan Sydney since 2011, and;

Due to relative deficiency in some areas of health care staff, Bankstown-Lidcombe Hospital has always concentrated on service provision, which it does extremely well and provides a high standard of evidence-based care to its patients. However, more resources would allow us to focus on more quality improvement initiatives and research. There are many senior medical staff who are well published and have been involved in domestic and international studies. With the proposed co-location of a university campus and academic institution in the new Health Neighbourhood this will be much improved.

Emergency Department (ED) Wait times and patient outcomes

Bankstown-Lidcombe Hospital has greatly improved its Emergency Treatment Performance since 2014 whilst maintaining safety. It consistently performs better than peer hospitals across Sydney.

Cancer care

Over the five-year period of 2010 to 2014, a higher proportion of new cancer cases in South West Sydney were diagnosed with regional or distant spread than in NSW (39% and 36%, respectively) due to the late presentations and lower cancer screening participation rates.

Although the following headings were not in the Terms of Reference, we believe that it is important to list and briefly discuss

Infrastructure

The promised new hospital in Bankstown Lidcombe Health Neighbourhood has been enthusiastically welcomed by all staff at the hospital. While the infrastructure development in Liverpool, Campbelltown Hospitals and the planned new build hospital in Bankstown is welcomed, we need also more investment in staffing of the right number and skill mix so that we can deliver the care that we need in a growing population. This is also a golden opportunity to build the hospital with minimal carbon footprint and sustainable design with built in energy saving fittings. BLH can be a leader in environmental sustainability.

Environmental impact

Any future planning of health services, especially new buildings, should have an environmental sustainability plan. Health services contribute 7-8% of Australian's CO2 emissions.

There are tools to assess the environmental impact of architecture and building. One such tool, Green Star, can be used at the design stage to show the potential environmental impact. Australia has the National Australian Built Environment Rating System (NABERS) and New Zealand has a similar scheme (NABERSNZ). Assessment criteria for these tools include sustainability of site, energy efficiency, water efficiency, materials and resource in construction, indoor environmental quality, and waste and pollution.

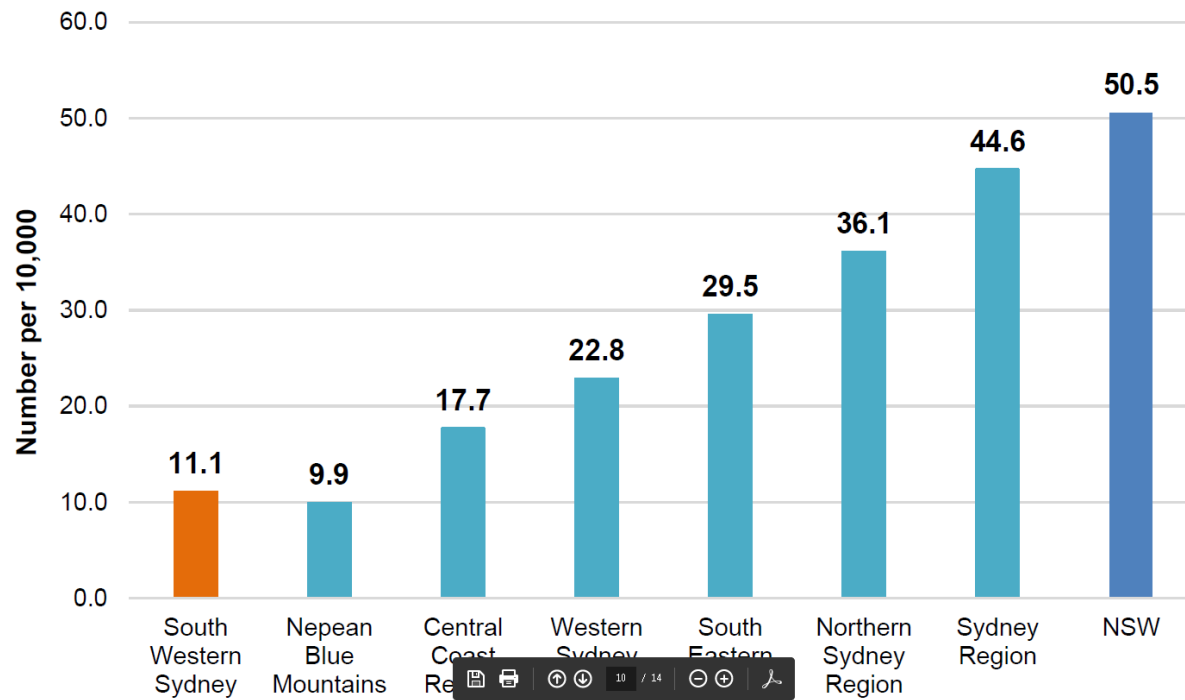
Recommendation

Promote more environmentally friendly installations in hospitals

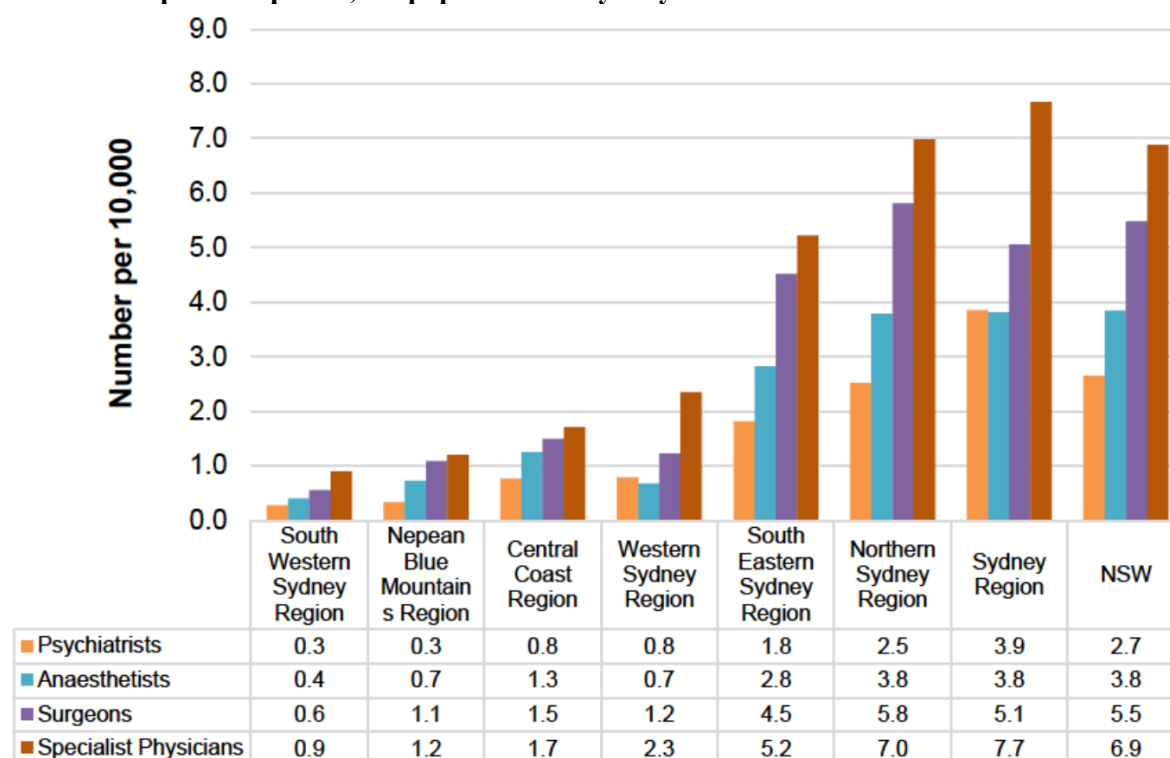
- Installation of newer and more efficient air-conditioning;
- Installation and optimally utilisation of air-conditioning controls such as time controllers that switch equipment off after hours;
- Improvement in the maintenance of building systems;
- Installation of variable-speed drives for fans or pumps;
- Installation of more energy-efficient lighting such as LEDs;
- Installation of lighting controls such as motion sensors in infrequently occupied rooms; and
- Turning off equipment when not in use including lights, computers and medical equipment.
- Encouraging application of energy efficient design principles (e.g. appropriate use of insulation and reflective materials and appropriate orientation relative to the sun's positioning etc) for new hospitals/department designs or refurbishments⁴.
- Encouraging the installation of solar power generators and appropriate energy storage facilities to supplement energy consumption

Appendices

**FIGURE 21: NUMBER OF GENERAL PRACTITIONERS AND
RESIDENT MEDICAL OFFICER PER 10,000 RESIDENTS, 2016**



Number of specialist per 10,000 population in Sydney



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References

<https://www.swslhd.health.nsw.gov.au/pdfs/SWS%20Our%20Health%20in%20depth.pdf>

WESTIR report commissioned by Liverpool Hospital Staff Council

https://www.swslhd.health.nsw.gov.au/pdfs/swslhd_workforce_strategic_plan_2014-2021.pdf

https://www.concert.org.au/wp-content/uploads/2019/06/SWSLHD_CancerPlan2018-2031_FINAL_LR.pdf

Dr Lai Heng Foong, Impact Evaluation of a Structured Wellness Program for Junior Doctors-Lessons learned. Poster presented at the Research Showcase, SWSLHD, 2019

<https://ama.com.au/position-statement/environmental-sustainability-health-care-2019>

Malik A, Lenzen M, McAlister S, McGain F. The carbon footprint of Australian health care. *The Lancet Planetary Health* 2018; 2: e27-e35

Monash University. Net Zero Initiative. Available from <https://www.monash.edu/net-zero-initiative>

Victorian Government Department of Health. Environmental Sustainability Strategy 2018-19 to 2022-23. Available from

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/environmental-sustainability-strategy-2018-19-to-2022-23>

http://www.preventivehealth.net.au/HCI_Program_direction.html

Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: Summary of Results. 2009. 4326.0, 2007. Canberra. [Cited 11 March 2020]. Available from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0>