

# Cancer Clinical Stream Service Development Priorities 2014 - 2018

*Leading care, healthier communities*



**Health**  
South Western Sydney  
Local Health District

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## Foreword by Clinical Director

This strategic plan, developed by the clinical and administrative leaders, staff and consumers of the South Western Sydney Local Health District Cancer Service, reflects the recognition of our responsibility to the residents of this large, ethnically diverse, rapidly growing and densely populated part of NSW. It is also a statement of our intention and commitment to meeting that responsibility.

The Cancer Clinical Stream Service Development Statement 2014 - 2018 has been developed in consideration of the SSWAHS Strategic Priorities to 2021 and the Cancer Institute NSW Cancer Plan. The administrative and clinical structures of the Cancer Service are necessarily complex but we recognise the importance of streamlining these structures to accommodate our network of cancer centres and cancer units and allow us to address the principal strategic issues which will guide our actions over the next three years.

Professor Geoff Delaney  
Clinical Director  
Cancer Services

## Introduction

The health services provided by South Western Sydney Local Health District (SWSLHD) are organized both vertically within an area of geography (hospitals and health centres serving defined population catchments) and horizontally across a service or process (clinical streams). Financial, workforce, activity and performance management is vertically integrated at the facility level. Clinical streams primarily focus on:

- Clinical services planning and the development of clinical networks
- Identifying service gaps and reviewing the appropriateness and configuration of services
- Innovation, research and best practice in models of care
- Maintaining and improving patient access to care
- Flexibility and robustness of clinical systems to respond quickly to changing environments
- Improving consistency and quality of care, safety and clinical governance
- Workforce planning, ensuring the right clinical teams in the right place at the right time
- Strengthening partnerships between facilities within a clinical specialty and between clinical services within a facility

Three strategic planning documents guide the future directions of SWSLHD:

- Strategic and Healthcare Services Plan- *Strategic Priorities in Health Care Delivery to 2021*
- Corporate Plan 2013 – 2017 *Directions to Better Health*
- Summary of Strategic Directions

Together these Plans form the basis of aligning all SWSLHD services to achieving the Vision of **Leading Care, Healthier Communities**. SWSLHD facilities have prepared Operational Plans which outline local corporate strategies and actions. This includes the clinical streams with facility management responsibilities i.e. Mental Health, Oral Health, Community Health, Population Health and Drug Health. These Operational Plans outline how SWSLHD strategic and corporate priorities will be achieved within local vertically integrated facilities.

For those Clinical Streams that have not prepared an Operational Plan a high level *Service Development Priorities* plan outlines the priority actions that will be pursued horizontally in areas of Stream responsibility, to assist in achieving SWSLHD service development and corporate strategies. It outlines high priority actions for the Stream in the eight *Priority Strategic Directions in Service Development* from the Strategic & Healthcare Services Plan and for other core areas of Stream focus from the Corporate Plan i.e. providing high quality health services, community partnerships, developing our staff, supporting business and efficiency and sustainability.

The Strategic and Healthcare Services Plan outlined for each Clinical Stream in the timeframe to 2021, models of care for the future, service development directions and partners in service development. These are included at Attachment A, providing the framework for development of these Service Development Priorities.

## Vision, mission, values and primary purpose

The Cancer Clinical Stream is committed to achieving the **SWSLHD Vision** of

### ***Leading care, healthier communities***

It is also committed to the **SWSLHD Mission** which is to promote the health of the residents of the District and patients using our health services through the delivery of high quality healthcare.

We do this by providing health services that are population based, patient-centred and involve families and carers.

We use evidence to inform health practices; and consult, communicate, engage and collaborate with patients, local communities, agencies and care providers to improve the way we plan and provide health care services and programs.

We strive to deliver services that are respectful of personal dignity and autonomy; and sensitive to the needs of people from different cultures.

We emphasise learning and reflection and are committed to continuous quality improvement and innovation in delivering efficient and sustainable health care.

Our culture enables excellence and accountability, values our people and supports positive leadership and teamwork.

Staff in the Cancer Clinical Stream upholds the **core values** of

**Collaboration    Openness    Respect    Empowerment**

Specifically the prime purpose of the Cancer Clinical Stream is to: *provide timely, high quality, comprehensive and compassionate care to people within the Local Health District who are affected by cancer and to those referred to our facilities and services for specialist care.*

**Services provided by the Cancer Clinical Stream**

	Medical Oncology		Radiation Oncology		Palliative Care		Haematology		Gynae Oncology		Dermatology		Head & Neck Surgery		Breast Surgery		Urology	
	Con	Rx	Con	Rx	Con	Bed	Con	Rx	Con	Rx	Con	Rx	Con	Rx	Con	Rx	Con	Rx
Bankstown	✓	✓	✓		✓		✓		✓						✓	✓	✓	✓
Braeside					✓	✓												
Bowral	✓	✓	✓		✓C*										✓	✓		
C' town	✓	✓	✓	✓	✓						✓	✓			✓	✓	✓	✓
Camden					✓	✓												
Community SWSLHD					✓													
Fairfield					C*										✓	✓		
Liverpool	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

## Demographic and health profile of SWSLHD communities

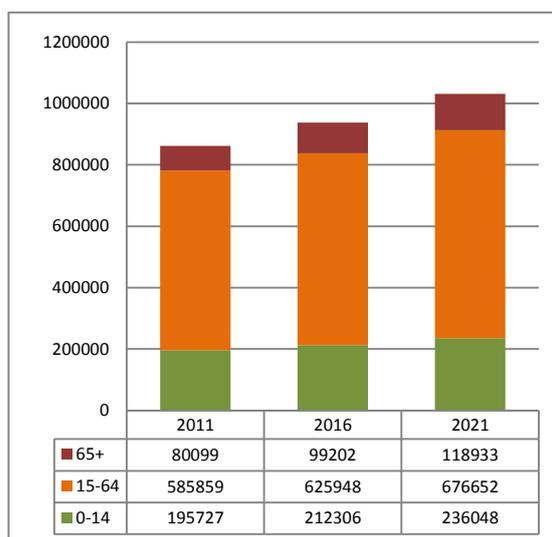
Comprehensive demographic and health status profiles of SWSLHD communities are available at <http://www.swslhd.nsw.gov.au/planning/>. The population of SWSLHD is expected to grow significantly over the period covered by the *Service Development Priorities* plan, with Attachment B outlining the projected population by LGA and age category in 2011, 2016 and 2021.

Aspects of the demographic and health status profile and projected growth of SWSLHD communities of particular importance for the Clinical Stream include:

SWSLHD is the most ethnically diverse Health Service in NSW with approximately 45% of the population born overseas and 45% of households speaking a language other than English at home. In Fairfield LGA, over 70% of households speak language other than English at home. This places unique demands on SWSLHD in ensuring its services are designed and delivered in ways to meet the needs of this growing and diverse population.

### Population & age Projections in SWSLHD 2011 – 2021

The population projections indicate that SWSLHD comprises 12% of the residents of New South Wales and contribute 10% of the total new cases of cancer load. The population of SWSLHD is ageing, which has a significant impact on the demand for health services, especially cancer services; the number of people 65 and over will increase by 72% in 2021; while those over 85 years will increase by 112%. The Cancer Institute NSW report that 65% of people diagnosed with cancer are expected to be alive in 5 years, with high curative outcomes, increasing the need for ongoing assessment and surveillance, and toxicity management relating to the cancer or treatment.



With population growth, demands on the clinical stream are expected to grow significantly. This will include demands for the provision of care as hospital inpatients, outpatients and care provided in the community. Attachment C illustrates the projected growth in demand from SWSLHD residents for inpatient hospital care by Service Related Group, a combination of DRGs that align with clinical specialties.

### Cancer Projections

The Cancer Institute *NSW Incidence and Mortality Projections 2011-2021* report indicates that there will be approximately 40,000 new cases of cancer in New South Wales per year and that this number will rise to over 45,000 cases by 2016 and approximately 51,000 by 2021. The major cancer sites of prostate (17%), bowel (13%), breast (12%), melanoma of the skin (10%) and lung (8%) will account for 60% of total new cases of cancer.

Across NSW, it is expected that there will be a 42% increase in new cases of cancer by 2021. In SWSLHD, the increase is expected to be 63%, the highest increase of any Local Health District. The number of new cases expected by 2016 is 4,470 and by 2021 5,300 cases – this represents 10% of

the NSW cancer population. In cancers with significant implications for treatment loads there are significantly higher than State average incidence rates (e.g. lung cancer in male residents, stomach and liver cancers in males and females).

	2011	2016	2021
Head & Neck	102	110	119
Upper GI	324	373	437
Bowel	480	559	660
Respiratory	391	444	514
Bone	28	32	36
Skin	321	386	470
Breast	458	516	582
Gynae	155	170	188
Urogenital	812	1000	1211
Eye	9	10	11
Brain, CNS	59	66	76
thyroid & endocrine	112	139	175
Lympho-haematopoetic	330	386	459
Unknown primary	143	157	175
Myelodysplasia	52	58	68
<b>TOTAL</b>	<b>3776</b>	<b>4406</b>	<b>5181</b>
<i>Source: Cancer incidence and mortality: projections 2011 to 2021 Cancer Institute NSW, Sydney: May 2011</i>			

### Number of actual and projected cancer deaths 2003 - 2021

The projected increase in cancer deaths for SWSLHD over 2006 – 2021 is 21%.

Region	Actual				Projected			% Increase p.a. 06-21
	2003	2004	2005	2006	2011	2016	2021	
SWSLHD	1,189	1,245	1,255	1,296	1,338	1,441	1,573	21%

Source: Tracey E, Central Cancer Registry 2008 data, 2009 version 2 Health Related Population projections, March 2011

## **Delivering on priority strategic directions in service development**

The SWSLHD Strategic and Healthcare Services Plan- *Strategic Priorities in Health Care Delivery to 2021* identified eight priority strategic directions to underpin service development, enhancing the way health care is delivered and organizations partner for better health in local communities. The following identifies priority areas where the Clinical Stream will contribute to delivering on the eight strategic directions.

### **Build capacity to effectively service growing demands for health care**

There are a number of development works that will directly impact on oncology service provision

- New radiation oncology research bunker at Liverpool Hospital to allow cutting-edge research into new methods of delivering radiotherapy
- Planning for additional growth in the Macarthur region to include treatment centre growth, paediatric oncology services and haematology treatments
- Planning for a new Cancer Centre in Liverpool that will incorporate growth, and new melanoma and sarcoma clinics
- Two Cancer Survivorship and Wellness Centres (Camden and Liverpool) to enhance survivorship care pathways and after care support
- Bankstown redevelopment of treatment centre to include new services including radiotherapy services, haematological chemotherapy and inpatient palliative care to meet demands on growing population
- Braeside day unit requires capital infrastructure and nursing staff to redevelop the space

### **Redesign of services bringing them closer to people and their communities**

- Review of service delivery and patient LGAs across the LHD to support the redevelopment of Liverpool, Campbelltown and Bankstown cancer centres
- Develop a new model for co-ordinating care between primary and tertiary services
- Linear Accelerator replacement program to consider effects of downtime
- Develop an improved Transport strategy
- Increase medical home visits for palliative patients

### **Integrated action with primary care providers and regional primary health organisations**

- Improve access to referral information and pathways to cancer services
- Develop improvements in communication with primary care providers, providing timely accurate and meaningful information regarding patient management
- Develop discharge & survivorship plans for primary care providers, patients and carers
- Resource development for carers/families of cancer patients
- Improve oral health referral pathways & treatment information

### **Partnering with external providers to deliver public health care**

- Wellness programs will build partnerships with multiple stakeholders to deliver balanced care for cancer patients, including supportive care providers, Universities and medical staff
- Wellness Centres will be built as community projects, involving multiple business partners
- Partnering with Illawarra LHD to deliver safe minimum volume surgeries for cancer patients

- Primary care nursing for pain management & access to home medication (PEACH)
- Improve access to private cancer diagnostic synoptic reporting

### **Enhancing service networks and growing centres of excellence**

The South Western Sydney Cancer Service provides care through an integrated network of Hospitals and Cancer Centres – the Liverpool Cancer Therapy Centre, the Macarthur Cancer Therapy Centre, and a cancer unit at Bankstown Hospital. Outreach cancer services are also provided by the Macarthur Cancer Centre clinicians in Bowral and Bathurst. In addition, there are palliative care and inpatient facilities at Braeside and Camden Hospitals. Palliative Care provides consultative services across all facilities, including community and residential aged care facilities. We aim to grow all of these services, to meet demand, while advocating for networked services and the highest standard of care.

### **Shared access to unified information for all the health care team**

- Develop a structure and implement processes that support systems and IT infrastructure integrity
- Develop & maintain SWSLHD Oncology Information Systems
- Enhance technology utilisation
- Build sustainable data collection, quality assurance and reporting for quality purposes

### **An integrated focus on primary prevention for patients and communities**

- Redesign model for delivering co-ordinated patient care between acute, sub-acute & primary care
- Provide a multidisciplinary framework with tumour specific programmes to support patient management
- Standardised psychosocial assessments provided to all new patients
- Work with CINSW and Breastscreen for data sharing to establish early detection & referral mechanisms

### **Embedding education and research within service delivery**

- Improve clinical trials recruitment
- Develop phase 1 clinical trials unit to enhance patient outcomes
- Translate cancer research into practice through the Translational Cancer Research Unit (TCRU)
- Increase research grants through Ingham institute for Applied Medical Research (IIAMR)
- Improve communication and engagement in research, and raise research profile

### **Working with facilities on corporate enabling strategies**

The SWSLHD Corporate Plan 2013 – 2017 *Directions to Better Health* identified eight areas of corporate action where organizational values and vision can be included in the day to day operation of health services. The corporate areas of action are underpinned by the eight priority strategic directions identified in the SWSLHD Strategic and Healthcare Services Plan. Implementation of the corporate actions is primarily the responsibility of facilities and the way this will be achieved is outlined in each facility's Operational Plan.

Clinical streams will work with facilities on corporate actions which have close alignment to the areas of focus of the Streams. The earlier identification of priority areas where the Clinical Stream will contribute to delivering on the eight strategic directions also identifies the Stream's contribution to three corporate action areas – seamless networks; research and innovation; and enhancing assets and resources. Clinical Streams will also contribute to delivering on the remaining five corporate areas of action – providing high quality health services; community partnerships; developing our staff; supporting business; and efficiency and sustainability. The following identifies priority areas where the Clinical Stream will contribute to delivering on these five areas of corporate action.

#### **Providing high quality health services**

- Review patient information to ensure it is timely and appropriate.
- Patient feedback is scheduled and reported regularly
- Supportive programs are relevant, and offered to patients who have been screened/assessed uniformly.
- MDT care is co-ordinated and consistently provided to identified patients
- CALD population communication is appropriate

#### **Community partnerships**

- Engage consumers in service planning, through a dedicated consumer advisory committee.
- Work with local General Practitioners on improving communication regarding patient management.
- Raise the profile of Cancer Services through media and fundraising campaigns, incorporating strong branding
- Involve local business and community in the planning and building of wellness centres
- Increase volunteer presence in cancer services to advocate for and support patients

#### **Developing our staff**

- Co-ordinated professional development programs are available in cancer services
- Communication with staff regarding the service activities and directions
- Rewards programs exist for staff
- Enhance the level of Professional reputation of the service to attract & retain skilled workforce
- Establish Clinical Chairs in Dermatology, Haematology and Palliative Care to expand participation in teaching

### Supporting business

- Develop electronic ABF reporting mechanisms
- Improve revenue opportunities, through electronic billing systems.
- KPI reporting dashboard developed to monitor activity and efficiency of the service.
- Enable resource redistribution as necessary to the greatest benefit of service delivery

### Efficiency and sustainability

- Review & improve incident management systems
- Quality improvement committees at each facility continuously monitor improvement against action plans.
- Videoconferencing equipment is adequate to facilitate multiple site specialty MDTs
- Budget and staffing are managed within agreed allocations, to meet demand on services

## Attachment A Models of care, service development directions and partners

The model of care in Cancer will build on current arrangements whereby services are provided in a multidisciplinary team (MDT) framework within tumour specific programs, with regular scheduled meetings of medical and allied health professionals lead by a Tumour Program Leader. Patients will have access to specialist nurse care co-ordinators and psychosocial screening and support.

It is noted that under current organisational arrangements the Cancer clinical stream does not have direct responsibility for mammography services, which are provided through the joint Commonwealth/State funded program BreastScreen NSW. This program has been engaged in the planning process and provided an indication of service development directions, which are included below.

By 2021 this model of care will have been consolidated and enhanced, with:

- All MDT care plans documented in clinical notes and used in determining outcome-driven service priorities.
- End of life care planning implemented in all hospitals and across all streams
- Development of nurse-led Acute Assessment Units in all SWSLHD cancer centres, specifically to evaluate cancer patients that previously would present to ED for evaluation and management (i.e. ED avoidance pathway)
- Widespread use of Advance Care Directives
- The Palliative Care Extended Aged Care at Home (PEACH) model adopted widely, involving contracted services providing support for deaths at home.
- Involvement in NSW carers program with Allied Health involvement in the planning and implementation phases.
- Specialty models of care that address specific needs for paediatric patients, adolescent and young adults, CALD and Aboriginal populations
- Integrated model of primary health care with GPs for cancer survivors & to manage symptom control, linking with chronic & complex care services
- Availability of a telephone and web-based support program for cancer patients.
- Integrated psychosocial care for patients across all facilities
- Integrated Allied Health network sharing models of care across all facilities
- Standardisation of LHD policies on medication formularies and medication access for patients at home
- Maximise utilisation of EMR, providing access to patient records across all care settings by all clinicians including GPs and RACFs
- Website update, providing web tools that increase exposure of available services, providing referral pathways for GPs and patient information regarding services, treatments and cancer types
- Single point of referral for all cancer services
- Community Palliative care – increase in vehicle access to enable timely home visits
- Establishment of cancer survivors centres (Wellness Centres) for non-acute cancer therapy
- Development of community centre hubs, including within the SWGC, that could extend to providing infusion therapy for stable patients with chemotherapy and potentially radiotherapy delivery (subject to State-wide planning) and cancer survivorship clinics
- Resourcing of cancer care co-ordinators from 2014 within LHD budgets in recognition that current funding through the NSW Cancer Institute will no longer be available

### Service Development Directions

- Infrastructure redevelopment of the Liverpool, Bankstown-Lidcombe & Macarthur cancer treatment centres to manage current and projected demands, including requisite staffing enhancements
- Expansion of services in line with cancer projections, for Haematology (Bowral, Bankstown and Macarthur) and Medical Oncology & Radiation Oncology (Liverpool and Macarthur) with requisite staffing and consumable (drugs) enhancements
- Develop Cancer Genetics services accessible at Bankstown, Macarthur and Bowral
- Establishment of a SWSLHD service for patients at genetically high-risk of developing cancer, including access to appropriate screening and diagnostic tools e.g. breast cancer imaging including MRI and mammography available on-site
- Development of a public hospital mammography service
- Development of a prostate brachytherapy service at Liverpool
- Enhancement to Urology services at Liverpool & Fairfield hospitals, with requisite enhancement to theatre time and surgical staffing; enhancement to outpatient continence services
- Palliative care 20 bed inpatient ward operational at Liverpool; development of palliative care inpatient units at Bankstown and Macarthur; and infrastructure redevelopment of the Braeside Hospital day unit including requisite staffing enhancements
- 30 bed inpatient Haematology unit and Oncology inpatient unit operational at Liverpool Hospital
- Development of Cancer Acute Assessment units in all SWSLHD Cancer centres
- Establishment of a Haematology Step-down Unit in the Liverpool Cancer Therapy Centre
- Provision of enhanced Haematology services at Campbelltown, Bankstown and Bowral
- Continued provision of Allogeneic Bone Marrow Transplants at Liverpool Hospital
- Radiation oncology research bunker operational at Liverpool Hospital from 2012
- Installation of a planning MRI scanner at Liverpool Hospital
- Upgrading of radiation oncology machinery e.g. linear accelerator replacements at Campbelltown and Liverpool will be needed in the next ten years
- Development of a Cancer Care Centre in Bowral, noting Federal funded day oncology unit at Southern Highlands Private Hospital
- Increased access to Allied Health staff for community palliative care clients
- Within an Integrated Primary and Community Care Centre in the SWGC, provide chemotherapy and potentially radiotherapy delivery (subject to state-wide planning) and cancer survivorship clinics for the newly settled population of the South West Growth Centre
- Establishing Wellness centres, initially at Liverpool and Camden and potentially at Bowral and Campbelltown, to enhance survivorship care pathways
- Establishing a melanoma clinic at Liverpool Hospital with requisite enhancement to staff specialist and support staff and infrastructure for clinics, pathology services and treatments
- Establishing a sarcoma clinic with requisite enhancement to staff specialist and support staff and infrastructure for clinics, pathology services and treatments
- Establishing paediatric oncology services at Campbelltown Hospital, in response to growth in paediatric populations
- Additional fixed screening sites for BreastScreen NSW within SWSLHD (noting that a business case is under preparation for a fixed site in Fairfield)
- Enhanced access to cancer-specific allied health services, both in hospital and in the community
- Enhanced capabilities to provide community nursing support for cancer patients, including blood-taking, symptom control etc.

- Enhanced access to radiographer support for BreastScreen NSW through joint appointments with SWSLHD hospital radiographers
- Develop oncology, palliative care and haematology nurse practitioner roles
- Increased SWSLHD commitment to research development in partnership with the Ingham Translational Cancer Research Centre, boosting clinical trials, laboratory research, MRI linac and Health Services research
- Developing a training centre for undergraduates and also carers, to provide education programs on palliative care, and provide information on patient care options
- Expansion of palliative care inpatient beds, consultancy and palliative care services in community settings
- Enhancement and strengthening of the SWSLHD Cancer Genetics service
- Enhancement and strengthening of dermatology services across SWSLHD, including a redevelopment of the Dermatology clinic area at Liverpool Hospital and incorporation within the Cancer precinct
- Explore potential to lead or partner in supra-regional provision of low volume cancer surgery e.g. pancreatic

### **Partners in Service Development**

To implement this model of care and service developments Cancer services will work with a range of core partners including:

- Consumers, providing feedback on priority service developments including through representation on the Cancer Services Council, participation in research and development of care plans
- General Practice, through electronic notification of patient care plans to maximise involvement in models of care, developing survivorship care plans and enhancing primary healthcare provider access to oncology electronic records
- Private Health facilities, in the reporting of cancer diagnostic and treatment information to the clinical registry
- Cancer Institute NSW, on implementation of State-wide initiatives; for grants funding, data collection and KPI reporting; and participation in CanRefer, the cancer services directory for GPs and patients
- Cancer Council patient resource centres for patient information, volunteer and carer support
- BreastScreen NSW to effectively link screening, assessment and specialist care and treatment when required
- Community fund raising for equipment and services
- Ingham Institute for Applied Medical Research in research projects such as “Healthy me” on patient initiated records for psychosocial supportive care; and inclusion in the Annual research output report
- National Health and Medical Research Council (NHMRC) for research grants funding
- Universities (UWS, UNSW, UoQ, UoW) for conjoint appointments, training and higher degrees for clinical staff and research collaboration
- Professional Colleges for professional development and reporting of patient outcomes
- Clinical Oncological Society of Australia (COSA) through Innovation conferences
- Pharmaceutical companies for Phase 1 and Pharmaceutical Clinical Trials
- Medicare Locals and Integrated Primary and Community Care (IPCC) collaboration with primary care to optimise patient care and outcomes
- NSW Palliative Care and the Australian Department of Health and Ageing assisting in purchase of high cost equipment to enable patients to transition home
- Oral health on referral pathways, treatment and information
- Diagnostic services for palliative care access to on-line results
- Equipment loan pools for devices to support patients at home
- Community respite for carers of palliative care patients

- Interpreters in all settings
- State-wide Centre for Improvement of Palliative Care (SCIP), Palliative Care NSW and Palliative Care Australia for program and policy development and funding opportunities

**Attachment B Projected population of SWSLHD communities 2016 and 2021**

Population projections	SWSLHD			Bankstown		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	63,172	73,317	80,383	14,291	15,979	16,546
5 - 14 yrs	125,198	133,606	149,714	26,276	27,861	30,526
15 - 44 yrs	371,889	400,104	428,701	79,512	81,425	84,949
45 - 69 yrs	246,607	274,788	298,218	51,713	55,762	59,348
70 - 84 yrs	57,062	68,380	87,866	15,071	15,663	18,409
85+ yrs	11,835	15,942	19,065	3,988	4,834	4,971
<b>All ages</b>	<b>875,763</b>	<b>966,137</b>	<b>1,063,947</b>	<b>190,851</b>	<b>201,523</b>	<b>214,749</b>

Population projections	Camden			Campbelltown		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	4,678	6,110	8,585	11,118	13,499	15,095
5 - 14 yrs	9,326	12,974	15,932	21,558	22,983	26,739
15 - 44 yrs	25,499	38,139	47,235	65,809	71,687	77,402
45 - 69 yrs	15,115	21,298	27,282	44,008	47,798	50,674
70 - 84 yrs	3,045	4,685	7,030	7,307	10,037	14,549
85+ yrs	776	1,204	1,614	1,373	1,830	2,310
<b>All ages</b>	<b>58,439</b>	<b>84,409</b>	<b>107,680</b>	<b>151,173</b>	<b>167,834</b>	<b>186,768</b>

Population projections	Fairfield			Liverpool		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	12,736	14,680	15,085	14,407	17,017	18,882
5 - 14 yrs	26,337	26,318	28,653	28,611	30,359	34,330
15 - 44 yrs	84,114	84,237	86,146	84,603	92,302	100,482
45 - 69 yrs	56,978	61,545	64,396	49,085	56,654	63,815
70 - 84 yrs	13,826	15,627	19,228	9,809	12,367	16,091
85+ yrs	2,488	3,527	4,367	1,573	2,512	3,353
<b>All ages</b>	<b>196,479</b>	<b>205,933</b>	<b>217,875</b>	<b>188,088</b>	<b>211,212</b>	<b>236,953</b>

Population projections	Wingecarribee			Wollondilly		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	2,696	2,482	2,510	3,246	3,551	3,680
5 - 14 yrs	6,171	5,997	5,864	6,919	7,114	7,669
15 - 44 yrs	14,361	14,211	13,966	17,991	18,103	18,522
45 - 69 yrs	16,229	16,928	16,997	13,479	14,803	15,706
70 - 84 yrs	5,490	6,690	8,123	2,514	3,311	4,436
85+ yrs	1,179	1,433	1,675	458	603	776
<b>All ages</b>	<b>46,126</b>	<b>47,741</b>	<b>49,134</b>	<b>44,607</b>	<b>47,485</b>	<b>50,789</b>

Source: NSW Department Planning and Infrastructure, New South Wales State and Local Government Area Population Projections: 2014 Final

**Attachment C Growth in demand for inpatient care SWSLHD residents to 2016 and 2021****Projected separations of SWSLHD residents at all hospitals by Service Related Group**

Service Related Group	2010-11	2016-17	% Δ to 10-11	2021-22	% Δ to 10-11
<b>Acute Care</b>					
11 Cardiology	10,655	11,897	11.66%	13,769	29.23%
12 Interventional Cardiology	4,346	5,219	20.09%	6,176	42.11%
13 Dermatology	783	820	4.70%	915	16.89%
14 Endocrinology	1,154	1,376	19.27%	1,586	37.43%
15 Gastroenterology	18,573	21,836	17.57%	25,079	35.03%
16 Diagnostic GI Endoscopy	14,184	16,345	15.24%	19,089	34.58%
17 Haematology	1,645	1,958	19.02%	2,199	33.66%
18 Immunology and Infections	2,067	2,252	8.96%	2,537	22.73%
19 Oncology	1,573	2,155	37.02%	2,565	63.04%
20 Chemotherapy	2,396	3,200	33.55%	4,021	67.80%
21 Neurology	6,695	7,536	12.57%	8,634	28.97%
22 Renal Medicine	2,383	2,666	11.87%	3,201	34.34%
23 Renal Dialysis	42,543	53,799	26.46%	64,444	51.48%
24 Respiratory Medicine	12,471	13,878	11.28%	15,769	26.45%
25 Rheumatology	1,032	1,368	32.57%	1,587	53.81%
26 Pain Management	1,380	1,362	-1.27%	1,559	12.98%
27 Non Subspecialty Medicine	10,686	12,256	14.69%	14,257	33.41%
41 Breast Surgery	1,615	1,833	13.47%	2,047	26.77%
42 Cardiothoracic Surgery	936	981	4.76%	1,094	16.89%
43 Colorectal Surgery	4,585	5,209	13.60%	5,823	27.00%
44 Upper GIT Surgery	4,486	4,862	8.39%	5,433	21.11%
46 Neurosurgery	4,129	4,617	11.82%	5,299	28.35%
47 Dentistry	3,098	3,607	16.45%	4,150	33.94%
48 ENT & Head and Neck	8,485	9,511	12.10%	10,676	25.82%
49 Orthopaedics	18,859	21,466	13.82%	24,743	31.20%
50 Ophthalmology	9,314	12,210	31.10%	15,496	66.37%
51 Plastic and Reconstructive Surgery	5,446	6,101	12.02%	7,023	28.95%
52 Urology	9,662	11,015	14.00%	12,665	31.08%
53 Vascular Surgery	2,669	2,781	4.20%	3,245	21.59%
54 Non Subspecialty Surgery	14,553	15,876	9.09%	17,819	22.44%
61 Transplantation	56	49	-12.73%	53	-4.86%
62 Extensive Burns	52	68	31.06%	75	44.15%
63 Tracheostomy	342	444	29.71%	519	51.81%
71 Gynaecology	10,690	11,634	8.83%	12,771	19.47%
72 Obstetrics	17,434	19,566	12.23%	21,132	21.21%
73 Qualified Neonate	2,739	2,981	8.83%	3,342	22.01%
74 Unqualified Neonate	10,623	12,145	14.33%	13,300	25.20%
75 Perinatology	617	578	-6.33%	657	6.47%
81 Drug and Alcohol	1,828	1,975	8.04%	2,126	16.31%
99 Unallocated	413	413	0.00%	413	0.00%
<b>Total Acute all Hospitals</b>	<b>267,197</b>	<b>309,846</b>	<b>15.96%</b>	<b>357,288</b>	<b>33.72%</b>
<b>Sub and Non Acute Care</b>					
84 Rehabilitation	12,153	17,395	43.14%	22,580	85.80%
85 Psychogeriatric Care	142	133	-6.46%	160	13.00%
86 Palliative Care	1,477	1,835	24.26%	2,095	41.87%
87 Maintenance	583	888	52.35%	1,106	89.77%
<b>Total Sub and Non Acute all Hospitals</b>	<b>14,355</b>	<b>20,252</b>	<b>41.08%</b>	<b>25,943</b>	<b>80.72%</b>
<b>Grand Total all Hospitals</b>	<b>281,552</b>	<b>330,097</b>	<b>17.24%</b>	<b>383,231</b>	<b>36.11%</b>



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