Neurosciences, Bone, Joint & Connective Tissue Clinical Stream Position Paper
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Foreword by Clinical Director

The Clinical Stream that is Bone, Joint, Connective Tissue and Neurosciences encompasses a range of services including chronic pain, rheumatology, trauma, all orthopedic services, ophthalmology, neurosurgery, ENT Surgery, clinical immunology, infectious diseases, HIV medicine, allergy services, plastic and reconstructive surgery and the entire gamut of neurology and associated neuroscience services.

These services are provided at district, tertiary and quaternary levels to both residents of SLHD and the state as a whole. A strong and innovative research and education component underlies much of the service provision. We hope to develop this further with the proposed advent of the Institute of Academic Surgery.

There have been many changes to service provision and models of care but we are now facing a new era of increased complexity and therefore cost in service provision. This means that new models of service provision will become mandatory and we must become more efficient in their delivery where our budget remains constrained. To this end we will be looking at consolidation of service provision in many areas to obtain maximum benefit from economies of scale. This may mean concentration of some service provision particularly surgical occasions of service at one facility and a reduction at another. This will allow maximum utilization of expensive capital infrastructure items and dedication of surgical time to obtain maximum surgical throughput.

The areas that we will be looking at in particular are Ophthalmology, ENT, Neurosurgery and Orthopaedics. There undoubtedly will be resistance to change, as there always is, but the principle of improved quality of care and efficiency must drive us in this increasingly technological age. The stream needs to be district focused rather than institution focused for the provision of these services.

Our Stream priorities are as follows:

- The effective and economic networking of surgical services across the District. This requires the planning and reconfiguration of selected specialty surgical services. Opportunities for the consolidation of the following subspecialties will be explored:
  - ENT at Canterbury
  - Neurosurgery at RPA
  - Ophthalmology at Concord

- The establishment and support of the development of the highest quality of care at the new High Volume Short Stay Surgical facility at Canterbury. This facility will be developed as a District resource.

- The establishment of the 3T MRI at RPA.

- The establishment of a non-cancer and RPA Infusions Centre. Establish systems for home infusion of immunoglobulin products.
The development of innovative strategies to ensure the spare capacity at IRO (Institute for Rheumatology and Orthopaedics), available with the establishment of the Northwest Precinct, will be effectively and economically utilised.

The timely upgrading of the general stock of surgical instruments throughout the District.

Support for Ambulatory Care Service developments across SLHD.

Development of strong links with the Inner West Sydney Medicare Local to support primary practitioners in the management of complex conditions.

Review the adequacy and provision of specialised Stroke services across the District. A Stroke Strategy is required.

Implement the RPA Chronic Pain Service developments through the Ministry of Health enhancement.

Implement the SLHD Trauma Strategy.

Paul Stalley
Clinical Director
Neurosciences, Bone and Joint, Plastics and Trauma Surgery
Our Organisation

Organisationally, the Stream comprises a Clinical Director, Clinical Manager *(shared with Cardiovascular)* and an Executive Assistant.

The Clinical Stream includes the following range of services:

- Clinical Immunology, Allergy and HIV Medicine
- ENT Surgery
- Infectious Diseases
- Neurology
- Neuropathology
- Neurosurgery
- Ophthalmology
- Orthopaedics
- Pain Medicine (Chronic)
- Plastic and Reconstructive Surgery
- Rheumatology
- Trauma Surgery

These specialties provide clinical services within the SLHD and selected outreach and ambulatory services are provided in rural and regional areas. The following table provides a summary of the provision of these services across SLHD. All services are provided at the highest level role level, with the exception of Canterbury and Balmain’s services which are provided at a level consistent with their District role and networked with services at RPA and Concord.
### Table 1: Overview of Neurosciences, Bone, Joint and Connective Tissue Services in SLHD

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Immunology</th>
<th>Allergy HIV</th>
<th>Hand Surgery</th>
<th>ENT</th>
<th>Infectious Diseases</th>
<th>Neurology</th>
<th>Neuophys/yr</th>
<th>Neurosurgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPA</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>CRGH</td>
<td>√</td>
<td>(not HIV)</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Canterbury</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>

### Table 2: Overview of Neurosciences, Bone, Joint and Connective Tissue Services in SLHD

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Ophthalmology</th>
<th>Oralmax. Surg</th>
<th>Orthopaedics</th>
<th>Pain Medicine</th>
<th>Plastic &amp; Reconstructive</th>
<th>Rheumatology</th>
<th>Trauma Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPA</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>CRGH</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Canterbury</td>
<td>√</td>
<td></td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td></td>
</tr>
</tbody>
</table>

### Table 3: SLHD Neurosciences, Bone, Joint and Connective Tissue Services Current and Future Role Delineation Levels

<table>
<thead>
<tr>
<th>Service</th>
<th>Balmain</th>
<th>RPAH/IRO</th>
<th>CRGH</th>
<th>Canterbury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current</td>
<td>Future</td>
<td>Current</td>
<td>Future</td>
</tr>
<tr>
<td>Immunology</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Allergy HIV</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>ENT</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Neurology</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td></td>
<td></td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Plastcis and Reconstructive Surgery</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Trauma Surgery</td>
<td></td>
<td></td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

1 Balmain. For the following services: Dermatology; Emergency; Haematology – Clinical; Medical Oncology. Balmain Hospital is networked with RPAH for the provision of level 6 clinical support services (Diagnostic Imaging; Anaesthetics; Intensive Care Unit; Coronary Care Unit; Operating Theatres; Pathology; Pharmacy; and Nuclear Medicine).
Our Community

The SLHD comprises the eight local government areas of Ashfield, Burwood, Canterbury, City of Sydney (part), Canada Bay, Leichhardt, Marrickville and Strathfield. The District currently has a population of 582,100 (2011 erp).

By 2021, the local SLHD population is expected to reach 642,000 and almost reach 670,000 five years after that. Significant planned urban developments include the new Green Square Development in Zetland and Beaconsfield in the City of Sydney, urban consolidation along the Parramatta Road corridor and new developments in Rhodes, Breakfast Point, the former Carlton United Brewery site, Redfern/Waterloo and the former Harold Park site at Glebe. Since 2001-2011, the population of Sydney LHD has grown by 16.7%, with some LGAs having growth in excess of 50%. Over the last five year intercensural period, the District population has increased by over 50,000 people. The growth in the aged and the “old old” population of SLHD is especially important for health care delivery over the forthcoming decade, with an increase of 29.2% and 28% in the 70-84 age group and the 85+ age group respectively predicted by 2021. The population ageing has a significant impact on the Clinical Stream. Of particular interest is the significant increase projected in the population of the City of Sydney, projected to exceed Canterbury LGA by 2031.

This population growth, together with its ageing is placing significant pressure on services across SLHD. The growth, since 2001, is shown in Table 4. Table 5 and Figure 1 shows the projected population increases to 2036.

Table 4: Current Estimated Residential Population, SLHD by LGA and SLA, 30th June, 2012

<table>
<thead>
<tr>
<th>LGA</th>
<th>2011</th>
<th>Change 2001-2011</th>
<th>2001-11 %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>no.</td>
</tr>
<tr>
<td>Ashfield</td>
<td>43,683</td>
<td>7.8</td>
<td>3,162</td>
</tr>
<tr>
<td>Burwood</td>
<td>34,305</td>
<td>12.2</td>
<td>3,725</td>
</tr>
<tr>
<td>Canada Bay</td>
<td>79,905</td>
<td>28.2</td>
<td>17,583</td>
</tr>
<tr>
<td>Canterbury</td>
<td>144,751</td>
<td>5.3</td>
<td>7,259</td>
</tr>
<tr>
<td>Leichhardt</td>
<td>55,651</td>
<td>10.3</td>
<td>5,195</td>
</tr>
<tr>
<td>Marrickville</td>
<td>81,489</td>
<td>6.2</td>
<td>4,746</td>
</tr>
<tr>
<td>Strathfield</td>
<td>37,141</td>
<td>26.2</td>
<td>7,708</td>
</tr>
<tr>
<td>Sydney South (SLA)</td>
<td>60,911</td>
<td>50.4</td>
<td>20,409</td>
</tr>
<tr>
<td>Sydney West (SLA)</td>
<td>44,264</td>
<td>44.4</td>
<td>13,610</td>
</tr>
<tr>
<td>TOTAL</td>
<td>582,100</td>
<td>16.7</td>
<td>83,397</td>
</tr>
</tbody>
</table>

Source: The Picture of Health. SLHD Health Profile 2012
At the 2011 census, there were 4,875 people who identified as either Aboriginal or Torres Strait Islander living in SLHD. The Sydney (South and West Statistical Local Areas) and Marrickville LGAs have the highest number of Aboriginal residents (1,714 and 1,111 respectively). 16% of the SLHD indigenous population is aged over 50 years.

Across Sydney LHD, 43% of residents speak a language other than English at home. The proportion and numbers of people speaking another language ranged from 64% (87,793 people) in Canterbury LGA to 15% (7,892 people) in Leichhardt LGA. Across the LHD, 7% of the population described themselves as not speaking English well, or not at all. The main languages spoken were Mandarin (28,712 people), Arabic (26,665 people), Greek (24,654 people) and Cantonese (22,881 people).
Our Patients Carers and Consumers

The safe, high quality, compassionate care of these patients and their families requires a strong commitment to the following:

- **Safety**

  A safe clinical environment requires sufficient consultants, junior medical, nursing, allied health, technical and ancillary staff based on clinical need and consistent with hospital roles to treat patients.

- **Equity**

  In ensuring equity, the service must equitably meet the increasing demand from the local health district and the agreed quaternary and tertiary catchments. The service should minimize the need for patients to seek healthcare outside of the District and improve access to those highly vulnerable patients from outside of SLHD who require access to high level tertiary care.

- **Quality**

  The service should ensure integrated care service provision supported by common protocols, District-wide databases, peer audit and review, academic leadership, research and education, clinical governance and a positive, compassionate culture committed to patient-centred care. The analysis of data, clinical performance and evidence-based medicine is essential.
Our Services

Table 6 shows SLHD resident outflows by ESRGs for the Neurosciences, Bone, Joint and Connective Tissue Clinical Stream for 2010 – 11. The Stream is 65% self sufficient overall. Major outflows are to private hospitals for hip and knee replacements, ENT and Plastic Surgery.

Table 6: SLHD Resident Outflows x ESRG for Neurosciences, Bone, Joint, Connective Tissue Clinical Stream, 2010-11

<table>
<thead>
<tr>
<th>ESRGs</th>
<th>% Self Sufficient (SLHD)</th>
<th>% to Private</th>
<th>% to SESLHD</th>
<th>% to SWSLHD</th>
<th>% to St Vincent’s</th>
<th>% to NSLHD</th>
<th>% to SWSLHD</th>
<th>% to Other NSW</th>
<th>% to Other States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious Diseases</td>
<td>77.2</td>
<td>0.3</td>
<td>6.8</td>
<td>0.9</td>
<td>7.5</td>
<td>0.1</td>
<td>3.1</td>
<td>4.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Stroke</td>
<td>72.9</td>
<td>0.3</td>
<td>11.9</td>
<td>10.1</td>
<td>3.0</td>
<td>0.8</td>
<td>0.6</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>TIA</td>
<td>68.6</td>
<td>1.6</td>
<td>14.5</td>
<td>6.0</td>
<td>8.4</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Seizures</td>
<td>75.1</td>
<td>0.1</td>
<td>10.9</td>
<td>5.9</td>
<td>3.1</td>
<td>2.5</td>
<td>1.6</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>2 Other Neurology</td>
<td>70.6</td>
<td>5.0</td>
<td>9.3</td>
<td>5.0</td>
<td>7.2</td>
<td>1.7</td>
<td>0.5</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>251 Rheumatology</td>
<td>80.6</td>
<td>3.9</td>
<td>7.3</td>
<td>3.7</td>
<td>4.0</td>
<td>0.3</td>
<td>0.0</td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td>261 Pain Management</td>
<td>73.8</td>
<td>6.7</td>
<td>12.6</td>
<td>1.9</td>
<td>3.0</td>
<td>1.8</td>
<td>0.1</td>
<td>0.0</td>
<td>0.2</td>
</tr>
<tr>
<td>275 Injuries - Non-surgical</td>
<td>84.3</td>
<td>0.0</td>
<td>5.9</td>
<td>8.6</td>
<td>1.2</td>
<td>1.0</td>
<td>0.8</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>278 Surgical Follow Up</td>
<td>52.4</td>
<td>39.2</td>
<td>0.9</td>
<td>5.6</td>
<td>0.0</td>
<td>1.2</td>
<td>0.6</td>
<td>0.1</td>
<td>0.0</td>
</tr>
<tr>
<td>461 Head Injuries</td>
<td>73.3</td>
<td>2.0</td>
<td>6.5</td>
<td>3.8</td>
<td>7.5</td>
<td>2.0</td>
<td>1.0</td>
<td>2.7</td>
<td>1.2</td>
</tr>
<tr>
<td>462 Craniotomy</td>
<td>71.3</td>
<td>9.7</td>
<td>9.5</td>
<td>1.7</td>
<td>5.5</td>
<td>0.8</td>
<td>1.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>463 Neurosurgery - Non-procedural</td>
<td>74.0</td>
<td>6.1</td>
<td>7.5</td>
<td>4.8</td>
<td>4.5</td>
<td>1.8</td>
<td>0.3</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>469 Other Neurosurgery</td>
<td>33.6</td>
<td>45.7</td>
<td>6.3</td>
<td>3.1</td>
<td>6.6</td>
<td>3.1</td>
<td>1.0</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>471 Dental Extractions and Restorations</td>
<td>51.2</td>
<td>26.0</td>
<td>0.0</td>
<td>6.5</td>
<td>0.0</td>
<td>2.4</td>
<td>13.8</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>482 Myringotomy W Tube Insertion</td>
<td>100.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>483 Non-procedural ENT</td>
<td>72.0</td>
<td>6.3</td>
<td>9.4</td>
<td>3.8</td>
<td>4.7</td>
<td>1.2</td>
<td>1.4</td>
<td>0.4</td>
<td>0.8</td>
</tr>
<tr>
<td>489 Other Procedural ENT</td>
<td>32.3</td>
<td>52.7</td>
<td>4.6</td>
<td>2.3</td>
<td>4.1</td>
<td>1.6</td>
<td>2.2</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>491 Injuries to Limbs - Medical</td>
<td>74.2</td>
<td>8.1</td>
<td>7.2</td>
<td>4.5</td>
<td>4.7</td>
<td>0.7</td>
<td>1.2</td>
<td>0.9</td>
<td>0.6</td>
</tr>
<tr>
<td>492 Wrist and Hand Procedures incl Carpal Tunnel</td>
<td>48.7</td>
<td>18.0</td>
<td>20.0</td>
<td>5.6</td>
<td>0.8</td>
<td>3.6</td>
<td>1.1</td>
<td>2.2</td>
<td>0.0</td>
</tr>
<tr>
<td>493 Knee Procedures</td>
<td>36.2</td>
<td>40.4</td>
<td>4.6</td>
<td>11.1</td>
<td>2.5</td>
<td>1.5</td>
<td>0.3</td>
<td>3.1</td>
<td>0.3</td>
</tr>
<tr>
<td>495 Other Orthopaedics - Surgical</td>
<td>68.2</td>
<td>11.8</td>
<td>5.9</td>
<td>4.0</td>
<td>5.0</td>
<td>2.5</td>
<td>0.6</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>496 Hip Replacement/Revision</td>
<td>61.8</td>
<td>20.4</td>
<td>3.8</td>
<td>6.8</td>
<td>6.8</td>
<td>0.1</td>
<td>0.0</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>497 Knee Replacement/Revision</td>
<td>40.4</td>
<td>46.7</td>
<td>3.1</td>
<td>5.6</td>
<td>2.5</td>
<td>1.1</td>
<td>0.2</td>
<td>0.3</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Table 7 shows inflows to SLHD hospitals by beddays for ESRGS for the Neurosciences, Bone, Joint and Connective Tissue Clinical Stream for 2010 – 11. Major inflows to SLHD are from Western Sydney LHD, NSLHD, SWSLHD and Western NSW.

<table>
<thead>
<tr>
<th>ESRGs</th>
<th>% from SLHD</th>
<th>% from WSLHD</th>
<th>% from NSLHD</th>
<th>% from SWSLHD</th>
<th>% from St Vincent’s</th>
<th>% from NSLHD</th>
<th>% from SWSLHD</th>
<th>% from NSW</th>
<th>% from Other NSW</th>
<th>% from Other States</th>
</tr>
</thead>
<tbody>
<tr>
<td>502 Non-procedural Ophthalmology</td>
<td>53.0</td>
<td>0.4</td>
<td>37.2</td>
<td>2.5</td>
<td>1.7</td>
<td>0.8</td>
<td>0.0</td>
<td>3.9</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>503 Glaucoma and Lens Procedures</td>
<td>34.5</td>
<td>32.7</td>
<td>30.1</td>
<td>2.7</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>509 Other Eye Procedures</td>
<td>22.5</td>
<td>16.1</td>
<td>59.6</td>
<td>1.4</td>
<td>0.0</td>
<td>0.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>511 Microvascular Tissue Transfer or Skin Grafts</td>
<td>64.7</td>
<td>11.7</td>
<td>10.9</td>
<td>3.6</td>
<td>6.8</td>
<td>0.5</td>
<td>1.4</td>
<td>0.4</td>
<td>0.0</td>
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<td>512 Skin, Subcutaneous Tissue and Breast Procedures</td>
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<td>513 Maxillo-Facial Surgery</td>
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<td>4.0</td>
<td>12.0</td>
<td>5.0</td>
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<td>0.6</td>
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<tr>
<td>519 Other Plastic and Reconstructive Surgery</td>
<td>53.5</td>
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<td>0.1</td>
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<td>1.0</td>
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<tr>
<td>Grand Total</td>
<td>64.9</td>
<td>14.5</td>
<td>7.9</td>
<td>4.8</td>
<td>4.6</td>
<td>1.4</td>
<td>0.8</td>
<td>0.6</td>
<td>0.3</td>
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In terms of the Royal Prince Alfred campus, 23% of the separations and 13% of the beddays occurred in the Institute for Rheumatology and Orthopaedics (IRO), a specialist orthopaedic hospital. Of the total beddays, 36% were for SLHD residents, 13% for SWSLHD residents, 12% for residents of the Illawarra and Shoalhaven, 9% for Nepean/Blue Mountains and 8% for residents of Sydney Western LHD.
Clinical Immunology, Allergy and HIV Medicine

Service Description

The Clinical Immunology services of SLHD are provided by two separate but integrated departments located at RPA and Concord Hospitals.

At RPA, the Department of Clinical Immunology is a Level 6 tertiary referral service which provides comprehensive multidisciplinary care to inpatients and outpatients with immune-deficiencies (including HIV/AIDS), allergic conditions, vasculitides and autoimmune diseases. The Immunology service administers cytotoxic drugs, biological agents and IVIG for the treatment of auto-immune and vasculitic diseases in short stay treatment settings. The Allergy Unit also provides multidisciplinary ambulatory services for the assessment and management of allergic and related disorders e.g. food reactions and intolerances, and coeliac disease. The Department provides allergy testing for the investigation of environmental, food and drug allergies, including anaesthetic reactions.

Immunology activities at Concord include the inpatient, outpatient, day stay and consultative management of patients with immunological disorders including:

- Autoimmune inflammatory diseases
- Neuroimmunology disorders (subspecialty collaboration with Neurology)
- Vasculitis
- Primary (PID) and secondary immunodeficiency (SID) – including National programs in PID
- Interventional Immunology
- HIV / AIDS
- Allergy and anaphylaxis
- Drug reactions

The HIV/AIDS Service is a multidisciplinary service which provides inpatient, ambulatory and community care for people with or at risk of HIV. The HIV unit co-manages malignancies (lymphoma and Kaposi’s sarcoma) with the specialist oncology/surgery group. HIV positive haemophiliacs are seen in the Haematology haemophilia clinics staffed by an Immunologist.

A community service is provided to assist people living with and affected by HIV/AIDS and Hepatitis C, improve and maintain their health and wellbeing. The Bridge residential care facility in Glebe provides 24 hour nursing residential support to clients with HIV Dementia and associated cognitive deficits. This service will be relocated to the refurbished Dame Eadith Walker Building at the Concord Hospital in 2013.
Activity

The following table provides the non-inpatient activity for the past two years.

Table 8: SLHD Clinical Immunology, Allergy and HIV Medicine Services Non Inpatient Activity 2010 - 2012

<table>
<thead>
<tr>
<th>SRG (Specialty)</th>
<th>RPA 2010-2011</th>
<th>Concord 2010-2011</th>
<th>RPA 2011-2012</th>
<th>Concord 2011-2012</th>
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<td>Clinical Immunology</td>
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<td>2840*1</td>
<td>3290</td>
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<tr>
<td>Allergy</td>
<td>12890</td>
<td></td>
<td>12134</td>
<td></td>
</tr>
<tr>
<td>HIV Medicine</td>
<td>3062</td>
<td></td>
<td>3433</td>
<td></td>
</tr>
</tbody>
</table>

Source: Concord Performance Monitoring and Casemix Unit and RPA Patient Information Services Department.
Note: For RPA *1 excludes multidisciplinary pulmonary HT Clinic.

Models of Care

Immunology will see significant advances related to discovery of genetic predispositions to, and the identification of genes for, diseases, development of antimicrobial treatments and therapeutic antibodies that target disease pathophysiology and with continuing translation into routine clinical practice of advances in immunological research. Children who have undergone successful bone marrow transplant and gene therapy for previously fatal diseases will start to attend adult Immunology services. The continuing increasing incidence of autoimmune and allergic diseases observed in the community over the last two decades will require the development of new and novel models of care.

Priorities

- Establish role in the RPA Infusion Centre once Medical Oncology relocates to Lifehouse (biological/cytotoxics/immunosuppresses etc.).
- Establish systems for home infusions of immunoglobulin products.
- At Concord, further development of the subspecialty discipline of Neuroimmunology, accommodating the rapid advances in interventional immunology in neuroinflammatory disease.
- Develop further multidisciplinary clinical activity in neuroimmunology, immune-mediated respiratory and autoimmune diseases.
- Expansion of Concord HIV services to include clinical supervision of the residents of the “Bridge” facility for HIV/AIDS associated neurocognitive deficits as it moves to become a Concord Hospital facility at Dame Edith Walker Estate in 2013.
- At RPA, rebuild clinical research capacity in clinical trials in HIV, immune-mediated and allergic diseases.
- At Concord, expand our work with the Clinical Excellence Commission (CEC) and the Agency for Clinical Innovation (ACI) in state wide implementation of our programs in safe immunosuppression.
- Workforce planning for senior medical staffing of the RPA department 2015-2025 (including
Integration of allergy services).

- Expansion of clinical services to patients with primary immunodeficiency including the further development of the ANZADA human genomics network for antibody deficiency – a project of national significance that has been initiated within the Concord department in association with Canberra Hospital.

- Develop a clinical database to support ongoing clinical management and research.

- Increasing diagnostic testing and clinical challenges in anaphylaxis and clinical allergy.

- Expand current activities in applied clinical research in autoimmune disorders.


- Expand mechanisms to better support primary care practitioners, through the Medicare Local, in management of allergy and HIV.

- Expand the service provided in Allergy to include a comprehensive drug allergy and hypersensitivity consultative service that includes a statewide pharmacogenomics program.

ENT Surgery

Service Description

Otolaryngology Head and Neck Surgery (OHNS) treats diseases and problems affecting the ears, nose, throat, head and neck.

Activity

Figure 2 shows the increase in ENT separations in SLHD hospitals from 2005 to 2011.

![Figure 2: ENT Separations in SLHD Hospitals 2005-11](source: Flo Info V 11.0)

Fifty two percent of inpatient services in ENT admissions are for SLHD residents. Major inflows are 19%
from Western Sydney LHD (WSLHD), 12% from Northern Sydney LHD (NSLHD) and 9% from South Western Sydney LHD (SWSLHD). Forty eight percent of SLHD residents requiring ENT admission receive treatment outside SLHD. Major outflows of SLHD residents are to private hospitals for Other Procedural ENT and to SESLHD for Non-Procedural ENT.

Table 9 shows ENT non inpatient activity for Concord and RPA Hospitals.

Table 9: SLHD ENT Services Non Inpatient Activity 2010 - 2012

<table>
<thead>
<tr>
<th>SRG (Specialty)</th>
<th>2010-2011</th>
<th>2011-2012</th>
</tr>
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<tbody>
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<td>ENT</td>
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<td>Concord</td>
</tr>
<tr>
<td></td>
<td>1990</td>
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Priorities

- Ensure the control of waiting lists, the timely completion of admissions and the efficient provision of care.
- Support opportunities for the development of ENT academic surgery through association with the proposed Sydney Institute for Academic Surgery.
- Assess new models of care across the District with assessment of the most cost-effective site for the provision of ENT services.
- Explore opportunities for the consolidation of selected ENT services at the Canterbury Hospital as part of the development of the High Volume Short Stay Service.

Otology and Neurotology

- Continuing the cochlear implant program.
Developing brainstem implantation.

Expanding endoscopic otology.

Continuing lateral skull base surgery.

### Rhinology and Anterior Skull Base

- Continuing the conjoint development with Neurosurgery of the extended trans nasal approach to the entire anterior, middle and posterior craniocervical skull base.
- Progressive refinement of image guided rhinology in complex rhinology

### Head and Neck Surgery

- Continued expansion of extirpative and reconstructive head and neck Oncological surgery, in conjunction with an integrated multidisciplinary team which will form an important unit within The Chris O'Brien Lifehouse at RPA.
- The development of an endoscopic laser service aimed at organ preservation surgery for laryngeal cancer.

These priorities will be accomplished by:

- Strategic succession planning
- Modest expenditure on equipment
- Providing continuing professional development to establish the RPA Otolaryngology Head and Neck Surgery Unit.

### Infectious Diseases

#### Service

The Infectious Diseases (IDS) Departments at Concord and RPA are separate departments but both provide comprehensive infection management services for the complex and multiple needs of their respective hospital communities. The senior medical staff of both departments also supervise the microbiology laboratories based at their hospitals.

Key among these is leadership and supervision of the Hospital Infection Control Committees, with multidisciplinary representation.

In addition to key infection prevention initiatives such as Hand Hygiene, ID services provide an Antibiotic Stewardship Service in the form of a restricted antibiotic approval system. Microbiology clinical support and management of the diagnostic laboratory further enhances the role the IDS has in infection management and in the detection of nosocomial pathogens in patients and the hospital environment.

Although there is strong leadership in antibiotic use policies and stewardship, further support is required to maintain this service at the level now mandated both by the CEC and the ACSQHC (Australian Council on
Safety and Quality in Healthcare).

At Concord, there is a clear deficiency in the service’s ability to provide a comprehensive and well integrated Hospital in the Home service (HiTH) which is the cornerstone of other units’ ID activities.

**Activity**

Figure 4 shows the increase in Infectious Diseases separations in SLHD hospitals from 2005 to 2011.

![Figure 4: Infectious Diseases Separations in SLHD Hospitals 2005 - 11](image)

*Source: Flo Info V 11.0*

Figure 5 shows that at RPA, 55% of Immunology and Infectious Diseases services are provided to SLHD residents. Major inflows are 15% from Overseas and 9% from SWSLHD.

![Figure 5: RPA Immunology and Infectious Diseases Inflows x Beddays x LHD 2005 - 11](image)

*Source: Flo Info V 11.0*

At Concord, 55% of Immunology and Infectious Diseases services are provided to SLHD residents. Major inflows are 22% from WSLHD and 9% from NSLHD.
Models of Care

Infectious Diseases remains primarily a consultative service, with more than 500 new inpatient referrals per annum at Concord and 550 per annum at RPA. Both services also support the Microbiology laboratory.

At RPA, important demographic features of the inpatient service include people from Aboriginal and Torres Strait Islander background, CALD background, homelessness, drug addiction and mental health problems. These features contribute significant complexity to the optimal management of patients.

The Concord Service provides comprehensive services to both Concord and Canterbury Hospitals. This includes bed-side patient consultation, telephone advice, clinical microbiology liaison service, infection control leadership and support for current antimicrobial stewardship activities. A weekly on-site consultation service is available, from Concord, to clinicians at the Canterbury Hospital. This places considerable pressure on the service within its current FTE number.

Figure 7 shows the increase in both Infectious Diseases consults and inpatient numbers, at Concord, from 2006 to 2011.

The Concord ID service provides inpatient care to members of the local and wider community, including complex aged care, and also outpatient consultation for General Practitioners and other medical specialties. Assessment and advice is given to all levels of the hospital’s clinical service providers including the inpatient mental health unit co-located at Concord. Regular weekly support at multidisciplinary meetings is provided for Intensive Care, the State-wide Burns Service, Haematology and Thoracic medicine. At
Concord, there are regular weekly Intensive Care and Burns Unit rounds and at RPA, there are clinical consultations to specialized units e.g., kidney and liver transplant, high risk obstetrics, cardiothoracic and neurosurgery and complex orthopaedic surgery.

A new Hospital in the Home service has commenced at RPA. It is expected that this will increase demand for ID consultation. The absence of a HitH service at Concord is a major gap in service provision.

It is expected that over the next 5-10 years, RPA will provide increasingly complex care as technologies such as gene therapy and next-generation sequencing yield their promised benefits. At the same time, there will be a move to community-based or short-stay models of care as has happened with medical oncology and HIV medicine.

In 2011, the ACSQHC specifically identified Antimicrobial Stewardship and Hospital Acquired Infections as important indicators of Health Service performance and patient safety. The Local Health District will require significantly greater input from Infectious Diseases and Microbiology staff in the form of more detailed and complex reporting, liaison and communication between clinicians and Infectious Diseases.

**Priorities**

- The development of comprehensive Ambulatory Care across the District, including care to all patients at Canterbury, Concord and RPA Hospitals. A full Hospital in the Home service for outpatient antimicrobial management to reduce demand on acute inpatient hospital services.

- In order to adequately address ASQHC requirements (Standard 3) for Antimicrobial Stewardship, significant and sustained investment in resources such as staffing, information technology and pharmacy are required. This includes electronic prescribing.

- Infection Control is an increasingly demanding area which has inadequate resources to achieve its KPIs. There is an expectation that there will be an increased demand for all aspects of infection management (clinical, infection control, antimicrobial stewardship and laboratory microbiology) as the District increase its capital and quality improvement investments.

- Ensure adequate clinic space is allocated for the future development of this service.

- The Concord ID Department has been interested in refugee health related to ID and the opportunity to provide clinical expertise for refugee health as part of Canterbury Community Health.

- Ensure appropriate lab, clinical and quality and safety support for Lifehouse.

- At RPA, implement sophisticated infection control management using whole genome mapping of MROs.

- At RPA, match diagnostic microbiological testing to the increasingly complex needs of RPA’s vulnerable patients.

- At RPA, expand its clinical and basic science research activities.
Neurology Service

The Level 6 RPAH Neurology Service provides care of patients with disorders of the brain, nerves and muscles. The service has particular expertise in epilepsy, multiple sclerosis, neuromuscular disorders, stroke, sleep apnoea, dizziness and balance and Parkinson’s disease and other movement disorders.

RPA has world leading hearing, balance and dizziness disorders service with innovative ambulatory care diagnostic and management technology, a comprehensive neuropsychological assessment team and the largest epilepsy service in the State.

The Institute of Clinical Neurosciences Ambulatory Care provides a service for the diagnosis and treatment of neurological illnesses including stroke, epilepsy, Multiple Sclerosis, autonomic dysfunction, and vertigo. A Neuro-otology clinic for assessment of patients with cerebellar and/or brain stem tumours includes the provision of audiometry. The Institute also provides MS Infusion, neurosurgery, epilepsy, stroke, neuromuscular, general neurology, hearing and balance, ENT, ophthalmology clinics.

The Level 6 Concord Hospital Neurology Service provides comprehensive inpatient and outpatient care for people with Neurological Disorders including a full range of Neurophysiology tests.

The Neurosciences ward has a dedicated 4 bed monitored Stroke Unit. Stroke services are based round a state of the art acute stroke unit and include thrombolysis, comprehensive investigation and treatment including outreach rehabilitation.

The comprehensive Parkinson disease clinic provides full multidisciplinary management of Parkinson disease.

Neuro-immunology clinic provides services for patients with Neurological disorders with an immunologic basis including myasthenia gravis and multiple sclerosis.

Level 4 Neurology Services are provided at Canterbury and Balmain in a networked arrangement with Concord and RPA.

Activity

Figure 8 shows the Neurology Separations in SLHD hospitals from 2005 to 2011.
Figure 9 shows that at RPA, 68% of Neurology services are provided to SLHD residents. Major inflows are from SESLHD and Western NSW.

At Concord, 64% of Neurology services are provided to SLHD residents. Major inflows are 15% from NSLHD and 11% from WSLHD.
At Canterbury, the majority of the 1360 beddays for Neurology services are provided to SLHD residents as would be anticipated. At Balmain Hospital, 490 of the 555 beddays for Neurology (88%) were SLHD residents.

**Figure 11: Canterbury Neurology Inflows x Beddays x LHD 2005 - 11**

Table 10 shows Neurology non inpatient activity at Concord and RPA Hospitals.

**Table 10: SLHD Neurology Non Inpatient Activity 2010 - 2012**

<table>
<thead>
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<th>SRG (Specialty)</th>
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</tr>
</thead>
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<td>Neurology</td>
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<td>Stroke Outreach</td>
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<tr>
<td>Neurophysiology</td>
<td>6393</td>
<td>1177</td>
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Source: Concord Performance Monitoring and Casemix Unit and RPA Patient Information Services Department.

Note:
- Stroke Outreach NAPOOS report Occupational Therapy, Physiotherapy and Speech Pathology activity, for this District wide service

**Models of Care**

Current staffing and inpatient services for the SLHD acute stroke units and hyper acute treatments need review. It is considered that Stroke beds could be expanded with an increased number of monitored beds and more step- down beds.

Concord and RPAH provide a continuous 24 hour thrombolysis service. Policy changes mean that ambulances will soon bypass hospitals that do not provide this service. This has particular relevance for Concord as Ryde, Auburn, Canterbury and possibly Bankstown will be bypassed. It will also increase the demands on afterhours services with increasing call back to the hospital for senior staff.
Allied Health Stroke Outreach Service for post discharge, or early intervention rehabilitation of stroke patients need review.

Concord provides a comprehensive outpatient Parkinson’s disease service, which provides support and advice throughout the state including a satellite clinic in Coffs Harbour. Outpatient management of Parkinson’s Disease and related disorders is provided.

Neuromuscular/Neurogenetic service and clinic have a statewide role in the multidisciplinary management of these disorders in combination with Clinical Genetics. The opportunities for expansion need to be considered.

Neuroimmunology service with clinics jointly staffed by Neurology and Immunology requires expansion and greater capacity to provide infusional therapies.

Early onset cognitive disorders clinic is required.

At Concord, Neurophysiology is facing increased demand for all services including EEG from the Mental Health facility.

Priorities

Improve access to MRI scanning. This is now standard of treatment for investigating many Neurological disorders.

Neurology requires an expansion of advanced training, more fellowship opportunities and an increased number of hospital specialists to provide training at all levels.

More effective PACS system is required for Neuroradiology. The current system does not allow access to thin sections which are often crucial in making decisions regarding stroke management.

Continual updating of electrodiagnostic equipment is required to improve efficiency and support new diagnostic procedures.

Access to an Infusion Centre for Multiple Sclerosis - especially with the relocation of Medical Oncology to Lifehouse.

Assess the requirements for the rapidly developing Epilepsy Service. There is a need for additional clinic space.

Assess the requirements for expansion of the Stroke Outreach Service to enable rehabilitation to be continued in the patient’s home post discharge

## Neuropathology - RPAH

### Service

The Neuropathology Department focuses on the provision of best practice diagnostic neuropathology expertise to RPAH as well as serving the broader NSW medical community. With close ties to the University of Sydney, the Neuropathology Department also has major research and education activities. The Neuropathology Department's core clinical duties are to provide diagnostic pathology services for our colleagues in Neurosurgery and Neurology. The Department works closely with both these RPAH
Departments to provide timely histopathological diagnoses on all RPA Hospital brain biopsies and brain tumour resections, as well as comprehensive diagnostic services for most of the adult muscle biopsies in NSW and the ACT. There is a large and growing referral base for brain biopsy specimens for second opinions. The Neuropathology Department also runs the NSW state referral laboratory for CJD diagnosis, and provides neuropathology expertise to all three NSW Forensic Pathology hubs (Glebe, Newcastle, and Wollongong).

The Department provides invaluable and specialised teaching and training for the next generation of medical graduates, pathologists, neurosurgeons and neuropathologists. Both neuropathology consultants are actively involved in pathology teaching in the Sydney University Graduate Medical Program.

The Department has the sole registrar trainee position for neuropathology in NSW. In 2012 we have also taken on Australia’s first Neuropathology Fellow, a post-specialist training position geared towards successful completion of the newly created post-Fellowship Diploma in Neuropathology offered by the RCPA. These activities ensure that RPA Hospital remains a national leader in neuropathology diagnostics, research and education.

The service provided 350 brain tumour and other neurosurgical biopsies per year and approximately 200 intraoperative consultations. It provides a molecular neuropathology service with 130 cases in the past 12 months. The Creutzfeldt-Jakob disease service accepted 16-19 referrals per year and processed between 1 and 3 brain biopsies. 60-100 forensic/coronial brain examinations are undertaken per year and more than 250 muscle biopsies.

**Priorities**

- Consolidate subspecialist Neuropathology services to form a sustainable service for RPA and the greater NSW. From 2013, the service will be provided from the Brain and Mind Institute.

**Neurosurgery**

**Service**

The Neurosurgery Units at both RPA and Concord provide a comprehensive range of Level 6 tertiary referral Neurosurgical Services on an inpatient, ambulatory and outpatient basis. Services are provided for both elective and emergency surgery.

The RPA Neurosurgery Unit’s activities continue to increase over time with 988 admissions and 808 operations in 2006 (including 217 spine, 211 intracranial tumour, 142 cerebrovascular and 78 trauma procedures) with overall ALOS of 9.8 days to 1160 admissions and 925 operations in 2011 (including 234 spine, 234 intracranial tumour, 195 cerebrovascular and 88 trauma procedures) with overall ALOS of 7.8 days. The activity for 2012 is similar with a current ALOS of 6.8 days. Bed occupancy on the ward and in NICU/HDU fluctuates between 80 and 94%.

In 2011 34% of patients were admitted to the service through the Emergency Department, 50% were elective (usually DOS) admissions and 16% were inter-hospital transfers.

The patient load of the Neurosurgery Service at RPAH is expected to continue to increase in proportion to
expansion of the populations of SLHD and the areas of rural NSW from which RPAH is referred patients. Spine surgery may increase with the ageing of the general population and Medicare funding of spinal arthroplasty. Endovascular treatment of cerebrovascular conditions is expected to face greater demand. Some evidence suggests that brain tumours, the leading cause of cancer-related morbidity, are occurring more frequently and Neurosurgical literature would seem to support earlier and more aggressive surgery for lower grade brain tumours.

Activity

Figure 12 shows Neurosurgery Separations in SLHD hospitals from 2005 to 2011.

![Figure 12: Neurosurgery Separations in SLHD Hospitals 2005 - 11](source: Flo Info V 11.0)

At RPA, 47% of Neurosurgery services are provided to SLHD residents. Major inflows are 16% from Western NSW, 7% from NSLHD and 6% from WSLHD.

![Figure 13: RPA Neurosurgery Inflows x Beddays x LHD 2005 - 11](source: Flo Info V 11.0)
At Concord, 60% of Neurosurgery services are provided to SLHD residents. Major inflows are 14% from NSLHD and 13% from WSLHD.

**Figure 14: Concord Neurosurgery Inflows x Beddays x LHD 2005 - 11**

Models of Care

Neurosurgical techniques increasing require high level support, diagnostic and interventional radiological services (MRI, CT etc) and specialised intensive care services. It is imperative in the ABF environment that high level services be provided in the most cost-effective way.

Priorities

- The Surgical Services Task Force has recommended the consolidation of the SLHD neurosurgical services at the RPA campus. Opportunities for this especially need to be considered as the development of Lifehouse frees capacity at RPA for additional level 6 surgical services. RPA is the appropriate SLHD site for level 6 neurosurgery.
- Opportunities for the further development of neurosurgical academic research should be explored within the proposed Sydney Institute for Academic Surgery.
- Succession planning and service provision of interventional neuroradiology in conjunction with the Department of Radiology.
- Maintenance and timely replacement of stereotactic neuronavigation systems and other operating room equipment as well as acquisition of new technology such as ICG-capable microscopy to facilitate tumour resection.
- Increased access to beds and operating time to meet NEAT benchmarks and maintain better than peer ALOS to optimise ABF especially if neurosurgical services are consolidated at RPAH.
- Increased staff members in Radiation Oncology to facilitate greater efficiency in the management of intracranial tumours by stereotactic radiosurgery (SRS).
- Acquisition of funding for genetic testing by the Neuropathology Department of the considerable volume of tumour cases treated at RPA to assist in prognostication and prospective management in addition to a Neuro-oncology fellow to continue research commenced in 2011 but discontinued in 2012 due to lack of funding.
With appropriate funding the Department of Neurosurgery has the expertise to address the inadequate provision of deep brain stimulation (DBS) procedures in NSW for movement disorders (confirmed in ACI recommendations for enhancements to DBS).

**Ophthalmology**

**Service**

Level 6 Ophthalmology tertiary referral services are provided at both Concord and RPA. The Concord Hospital Eye Department is one of the largest ophthalmological teaching units in Australia. It is proud of its teaching and training record and is affiliated with the University of Sydney (Sydney Medical School). It provides ophthalmic services for war Veterans, local community and patients beyond the catchment area in need of further expertise.

The Department sees more than 12,000 ambulatory care patients annually and performs more than 1000 operations.

At RPA, Ophthalmology provides a support to other departments. For example neurosurgery patients who have lost vision; head and neck patients who have complications from treatment such as palsy; radiation complications; haematology patients who have eye cancers and orbital tumours. The Ophthalmology Department provides 80% outpatients and 10-20% inpatient services.

**Activity**

Figure 15 shows Ophthalmology inpatient separations in SLHD hospitals 2005 – 11. There has been a steady increase in Ophthalmology separations, particularly Non-procedural Ophthalmology and Glaucoma and Lens Procedures.

**Figure 15: Ophthalmology Separations in SLHD Hospitals 2005 - 11**

![Ophthalmology separations graph]

Source: Flo Info V 11.0

At RPA, 46% of Ophthalmology services are provided to SLHD residents. Major inflows are 15% from both SESLHD and Western NSW and 7% from NBMLHD.

**Figure 16: RPA Ophthalmology Inflows x Beddays x LHD 2005 - 11**
At Concord, 51% of inpatient Ophthalmology services are provided to SLHD residents. Major inflows are 20% from WSLHD, and 11% from both NSLHD and SWSLHD.

Figure 17: Concord Ophthalmology Inflows x Beddays x LHD 2005 - 11

Table 11: SLHD Ophthalmology Services Non Inpatient Activity 2010 - 2012

Priorities

Opportunities for the consolidation of elective Ophthalmology at Concord need to be actively
explored.

- Establish a District On-call Roster for Ophthalmology.
- Explore opportunities for the development of research within the proposed Institute for Academic Surgery.
- Ensure ongoing staffing commensurate with the Level 6 role.
- Provide high quality formal ophthalmology teaching to Stage 2, 3 and 4 students as well as overseas elective medical students.
- Maintain the two highly sought after accredited advanced trainee positions in ophthalmology by providing high quality supervision in the clinics and in the operating theatre.
- Consolidate subspecialty Ophthalmology – to secure a Glaucoma subspecialist in the Ophthalmology Department.
- Undertake succession planning to attract newly trained and highly skilled ophthalmologists to the ophthalmology department.

**Orthopaedics**

**Service**

SLHD Orthopaedic Services provide a comprehensive range of trauma and elective services on an inpatient, day only and outpatient basis. Orthopaedics is a tertiary referral service at Level 6 at RPA and Concord. A Level 4 service is provided at Canterbury Hospital.

At RPA, the orthopaedic service has special expertise in the area of joint replacement, especially difficult revision procedures. The use of a bone bank (established in 1984, the first in Australia) enables the Institute of Rheumatology and Orthopaedics at RPA (IRO) to successfully perform joint replacement surgery in patients with very little bone stock who would have otherwise been inoperable.

At RPA, Orthopaedic Clinics reviewed 11,365 patients in 2011. 1398 new patients were seen in pre admission clinics and a total of 2755 patients were reviewed as GP-referred patients and a further 8610 were seen in the Fracture Clinic.

Bone & Soft Tissue Sarcoma Clinic are held in Gloucester house and see 15-25 patients per week.

**Models of Care**

There are significant pressures on Orthopaedics projected over the next 5 years due to:

- Ageing and increasing populations.
- Increasing pressure on Fracture Clinics, Trauma and increasing numbers of hip and knee replacements. The number of hip replacements in Australia has increased from 24,500 in 2002 to 37,300 in 2011 (National Joint Replacement Registry). The number of knee replacements in Australia has increased from 25,500 in 2002 to 46,600 in 2011 (National Joint Replacement Registry). In 2010/11 Concord had 588 new patients and 3176 follow ups, a 24% increase in activity
Waiting list pressures.

Orthopaedics at both RPA and Concord need to be maintained and further enhanced with the possibility of securing additional VMO appointments in the next quinquennium. Orthopaedics at Canterbury needs to continue to be supported as part of a networked District service.

Allied Health staffing, at all three Facilities, needs to be reviewed and resourced to speed patient mobility, facilitate early discharge and reduce length of stay.

The spare capacity at IRO, available with the development of the North West Precinct provides an opportunity for expansion, with 3 full wards available.

Similarly, outpatient services could be enhanced with the option at IRO to increase from five to six Fracture Clinics. Clinics at Concord and Canterbury could also be reviewed for enhancement.

At Canterbury Hospital both inpatient elective and trauma Orthopaedics is provided, as well as two Fracture Clinics per week.

Research will become an increasingly important aspect of the Orthopaedic Department. An academic role for an Orthopaedic Surgeon is currently being considered. This may be funded through the University of Sydney.

Activity

Figure 18 shows Orthopaedic separations in SLHD hospitals 2005 – 11. There have been ongoing increases in separations in the ESRG Other Orthopaedics. These separations are Orthopaedic surgical procedures other than hip and knee replacements and other knee procedures.

At RPA/IRO, of the 20,711 Orthopaedic beddays, 58% were provided to SLHD residents. Major inflows included 7% from SWSLHD and 6% from each of SESLHD, WSLHD and Rural NSW.
At Concord, of the 12,663 beddays in 2011, 54% of Orthopaedic services were provided to SLHD residents. Major inflows were 17% from WSLHD, 13% from NSLHD and 7% from SWSLHD.

At Canterbury, of the approximately 5,886 beddays for Orthopaedics, 77% were provided to SLHD residents. Major inflows are 11% from SESLHD, 7% from SWSLHD.
Table 12 shows Orthopaedic non inpatient activity at Concord and RPA Hospitals for 2010/11 and 2011/12. Table 13 shows Orthopaedic non inpatient activity at Canterbury Hospital for 2010/11 and 2011/12.

**Table 12: RPA and Concord Orthopaedic Services Non Inpatient Activity 2010 - 2012**

<table>
<thead>
<tr>
<th>SRG (Specialty)</th>
<th>RPA</th>
<th>Concord</th>
<th>RPA</th>
<th>Concord</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedics Incl Fracture Clinic</td>
<td>14,332</td>
<td>4,114</td>
<td>14,879</td>
<td>5,376</td>
</tr>
</tbody>
</table>

*Source: Concord Performance Monitoring and Casemix Unit and RPA Patient Information Services Department.*

**Table 13: Canterbury Orthopaedic Services Non Inpatient Activity 2010 - 2012**

<table>
<thead>
<tr>
<th>Fracture Clinics</th>
<th>2010-2011</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canterbury</td>
<td>1941</td>
<td>2200</td>
</tr>
</tbody>
</table>

*Source: Canterbury Finance Department.*

**Priorities**

Innovative approaches to the ongoing provision of high quality services at the IRO need to be explored, especially in view of the spare capacity that will be available with the opening of the Northwest precinct. One option is for the provision of an highly efficient elective Orthopaedic service to reduce waiting lists in other Districts.
Escalating prosthetic costs need to be managed to obtain the best financial advantage in the choice of prosthetics while ensuring the highest quality of care and outcome.

With the advent of Lifehouse, the Bone and Soft Tissue Sarcoma clinic will be physically relocated as part of an integrated outpatient service in Lifehouse, with the associated surgery to remain at RPA/IRO.

The District should review the adequacy of the number of Orthopaedic VMOs as part of the quinquennium process.

Opportunities for the further development of Orthopaedic Research should be explored within the remit of the institute for Academic Surgery.

**Pain Medicine (Chronic)**

**Service**

Pain Medicine (Chronic) services run at both RPA and Concord Hospital. Both tertiary facilities are accredited for pain management training with the Faculty of Pain Medicine ANZCA and also the Anaesthesia Fellowship of ANZCA.

The services offer a diverse range of assessment and treatment services that address the full spectrum of problems seen in people with chronic pain.

Evidence-based treatments include TENS, physiotherapy, occupational therapy, diagnostic and therapeutic injections, intensive pain management programmes, pain education programmes, psychological therapy, psychiatry, addiction management/drug health, and a range of pain programs including: pre-assessment educational programs, post-assessment intensive pain management programs and less intensive pain education programs.

The RPA Chronic Pain Service also provides intrathecal pumps and spinal cord stimulation, including an implant and refilling service for intrathecal baclofen pumps to treat spasticity conditions.

A consultative service is also provided to the Palliative Care and Cancer Services, with neuroablative procedures performed on these patients, such as percutaneous cordotomy, coeliac plexus and intrathecal phenol blocks.

The RPA and Concord Chronic Pain Service are each integrated with the Acute Pain Service and with outpatient care. Inpatient and outpatient sub-acute services are provided to patients at risk of progressing to chronic pain conditions, including those who may require prolonged opioid therapy.

A Chronic Pain inpatient consultation service is provided and interventional pain management procedures are undertaken for both inpatients and day only admissions.

Concord has developed the only Burn Pain Outpatient Clinic in NSW to improve transition care for burns victims who are at risk of persistent pain interfering with rehabilitation.

**Activity**
Figure 22 shows the increase in Pain Management separations across SLHD hospitals 2005 – 11.

**Figure 22: Pain Management Separations in SLHD Hospitals 2005 - 11**

![Graph showing Pain Management separations across SLHD hospitals from 2005/06 to 2010/11.](image)

*Source: Flo Info V 11.0*

At RPA, 67% of Pain Management services are provided to SLHD residents. The major inflow is 6% from NSLHD.

**Figure 23: RPA Pain Management Inflows x Beddays x LHD 2005 - 11**

![Pie chart showing Pain Management inflows to RPA for 2010-11.](image)

*Source: Flo Info V 11.0*

At Concord, 56% of Pain Management services are provided to SLHD residents. Major inflows are 20% from NSLHD and 15% from WSLHD.
Priorities

There may need to be enhancements to the service with the planned development of Palliative Care and Drug Health at Concord Hospital.

Increases in service requirements, including cancer related analgesia procedures, is anticipated at RPA with referrals from Lifehouse Cancer services.

With the new Ministry of Health funding, RPA will be increasing its medical Pain Management training from 1 to 2 pain fellow training positions.

The MOH enhanced funding will also require the RPA Pain Service to mentor the establishment and development of the new Tier 2 service at the Orange Base Hospital.

Refurbishment of Pain Centre reception area in IRO.

Teleconferencing/ tele-health consultation facilities are required to enable remote consultations with patients and their GPs. In particular, developing tele-consulting between the RPA Pain Service and the Orange Base Hospital is a mandatory requirement of the MOH funding.

Computerised patient records with CERNER interface.

**Plastic and Reconstructive Surgery**
Service

The Plastic & Reconstructive Surgery Services at RPA and Concord are Level 6 tertiary referral services, providing a comprehensive range of trauma and elective procedures on an inpatient, ambulatory and outpatient basis.

The Department is oncall for emergencies. At RPA, the service is part of the Trauma Service.

The Plastic Extended Care Service at RPA (outpatient service covering the local community), organises ongoing dressing care, education and post-operative wound management within the LHD. This service aims to decrease hospital length of stay.

Activity

Figure 25 shows Plastic Surgery separations in SLHD hospitals 2005 – 11.

Figure 25: Plastic Surgery Separations in SLHD Hospitals 2005 - 11

At RPA, 43% of Plastic and Reconstructive Surgery services are provided to SLHD residents. Major inflows are 11% from Rural NSW and 9% from SWSLHD reflecting the Level 6 tertiary role of the service.
At Concord, 27% of Plastic and Reconstructive Surgery services are provided to SLHD residents. Major inflows are 14% from NSLHD, 13% from Rural NSW, 11% from SWSLHD and 6% from Central Coast. This reflects the statewide role of the State Severe Burn Service at Concord Hospital.

There were 303 beddays in Canterbury Hospital for Plastic Surgery, with the great majority being SLHD residents.

**Hand Surgery**

Figure 5 shows Hand Surgery separations in SLHD Hospitals from 2005 to 2011. Hand Surgery services are provided between the Plastics and Orthopaedics Departments at RPA and Concord.
Table 15 shows Hand Surgery non inpatient activity for RPA and Canterbury Hospitals for 2010/11 and 2011/12. Hand Surgery at Concord Hospital is not reported as non inpatient activity.

Table 15: SLHD Hand Surgery Non Inpatient Activity 2010 - 2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands (Plastics)</td>
<td>2501</td>
<td>1387</td>
<td>3391</td>
<td>1041</td>
</tr>
<tr>
<td>Special Dressings / Extended Care Service (Plastics)</td>
<td>1821</td>
<td>N/A</td>
<td>2112</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: Canterbury Finance Department and RPA Patient Information Services Department.

Priorities

- The Plastic service at RPA will need to re-orientate in response to the development of Lifehouse. The transition of Breast Surgery to Lifehouse will be accompanied by selected Plastic Surgical service related to reconstructions.

- A review of surgical service provision at Lifehouse will be conducted in December 2014 and this will clarify the future role of the RPA Plastics Department at Lifehouse.

- It is expected that departmental growth at both consultant and registrar level to accommodate the likely expanded role for the Department with the commissioning of a fully functional cancer centre at Lifehouse.
Provide a continued and increasing role in reconstruction after oncological resection in Breast, Head & Neck, Colorectal, Solid tumour, Melanoma and other cancer surgery in either Lifehouse or RPAH.

Provide a more efficient delivery of Trauma care for hand, maxillofacial and soft tissue loss cases in the main RPAH campus.

Provide advice regarding wound care as requested for all other Departments within RPAH, and surgical treatment where required.

Increase use of modern technologies particularly in wound care to continue to decrease ALOS.

Clinical Education and Training for medical undergraduates, JMOs and SET Trainees, Nursing and Allied Health staff.

Prospective and Retrospective clinical reviews of specialised caseload for publication in surgical literature.

Comprehensive clinical care for residents of SLHD, and expand the reputation of SLHD to continue to attract referrals from "out of Area”.

Provide ongoing clinical support to Canterbury as required.

**Rheumatology**

Service

The Rheumatology Service cares for patients with many different types of arthritis, with connective tissue, inflammatory muscle, bone and spinal diseases in addition to patients with a wide range of other disorders that present with musculoskeletal manifestations.

Many of the patients present with diseases and conditions that can cause complex physical, psychological and possibly economic problems affecting their quality of life. Such complexity of problems requires a holistic approach to patient care with our philosophy being to facilitate the return of patients to a maximal level of functioning.

In the IRO at RPA, outpatient day only services are provided to rheumatology patients requiring intravenous infusions of specialised pharmacological agents. A small number of medical rheumatology patients, usually with infections or complicated multi-system disease, are cared for in the main clinical services block of Royal Prince Alfred Hospital.

Osteoporosis Clinics run at both Concord and RPA. The extensive Concord Osteoporosis Clinic is provided as part of Endocrinology. The Osteoporosis Clinics provide treatment to prevent osteoporotic fracture and re fracture.

**Activity**

Figure 29 shows Rheumatology separations in SLHD hospitals 2005 – 11.
At RPA, 69% of Rheumatology services are provided to SLHD residents. Major inflows are from Rural NSW and SWSLHD.

At Concord, 61% of Rheumatology services are provided to SLHD residents. Major inflows are 15% from WSLHD and 10% from NSLHD.
NSW Institute of Sports Medicine

The NSW Institute of Sports Medicine at Concord Hospital is a specialist public health facility providing assessment and treatment of sports injuries and a range of sports medicine related services. Established in 1994, the Institute provides over 19,000 occasions of service annually.

Assessment and treatment of sports injuries is provided by a specialist team of medical consultants and includes physiotherapy for acute injuries and sports massage therapy.

The Institute is dedicated to the undergraduate and post graduate teaching and research in the Sports Medicine Specialty.

The Institute’s clinical staff have many affiliations with NSW, National and International sporting teams and associations.

Priorities

- Provide comprehensive care for inflammatory arthritis, including delivery of timely and appropriate biologic agents.
- Optimisation of outpatient clinics to facilitate the early recognition and management of inflammatory arthritis.
- Continued development of fracture liaison service for secondary prevention of osteoporotic fractures.
- Development of clinician performed ultrasound services for the recognition of synovitis and the assessment and management of soft tissue rheumatism.
- Development of musculoskeletal ultrasound with emphasis on teaching of advanced trainees in rheumatology.
- Expansion of multi-disciplinary clinics for pulmonary hypertension, haemophilic arthritis and interstitial lung disease.
Delivery of secondary and tertiary referral service for crystal arthritis.
Delivery of state-of-the-art nailfold capillaroscopy service including upgrading of equipment.
Provision of infusion service for delivery of biologic agents, immunosuppressants and anti-osteoporosis drugs for clients of our Department and related services.
Provision of DMARD and BDAMRD therapies through a pro-active risk recognition strategy and specialized biologic clinic.
Provision of training in and development of invasive spinal pain investigation and management.
Review future options for the development of the NSW Institute of Sports Medicine at Concord Hospital.

**Trauma Surgery**

*Service*

In Australia, injury remains a leading cause of death, illness, and disability accounting for 5.8% of all deaths (ITIM NSW Health 2004).

RPA is a designated Major Trauma Service that currently provides adult trauma services for NSW. As a Major Trauma Service, RPA provides tertiary care facilities, including acute Neurosurgical, acute Cardio-thoracic, full Diagnostic Services and Trauma Rehabilitation services.

The Severe Burn Service at Concord while managed by the Critical Care stream is considered part of the State Trauma System.

The principal priority for Trauma Services is to continue to support the development of the subspecialty services that provide trauma care.

*Models of Care*

Trauma Care involves the collaborative efforts of many stakeholders including ambulance, emergency and critical care departments, imaging services, operating theatres, and allied health and rehabilitation services. Over the next 5 years we will be seeking ways to improve access to hospital and area based clinical and educational forums involving trauma. One of these will be the implementation of an institution wide trauma team training course. The development and implementation of an advanced clinical information system will assist in standardising practice and improve handover communication.

Alcohol is an important contributor to the injury burden in society. The spectrum of this burden includes road traffic accidents, assaults through to simple falls. Over 15% of all presentations to RPAH Emergency Department are related to acute intoxication or alcohol abuse.

Over the next 5 years we will be implementing a system of health status assessment of post trauma discharge using SF12, EQ5D & GOSE on follow up at 3, 6, 12 months. We will also seek to measure age adjusted mortality and continue to monitor in hospital outcomes such as length of stay and treatment
complications. Better outcomes measurement will ensure the cost effectiveness of new known interventions.

Priorities

- Implementation of advance clinical information system for trauma 2013-14.
- Establish funding for an integrated trauma team training course 2013.
- Hold regular multidisciplinary education meetings for trauma attended by general surgery, emergency, radiology, intensive care, anaesthetics and ambulance staff - biannual meeting.
- Establish ED/Trauma Fellowship 2015.
- Undertake alcohol use screening and three month post discharge follow up for all trauma admissions 2012.
- Evaluation of follow-up strategies for patients with alcohol problems.
- Develop follow up clinics for general trauma admission and minor injuries 2015.
- Undertake research with NSW Ambulance regarding prehospital triage protocols 2013.
- Work with the proposed Institute for Academic Surgery.
- Develop and improve trauma-related education for clinical staff

High Volume Short Stay Model of Care for Canterbury Hospital

The development of the Canterbury Hospital High Volume Short Stay Surgery Service provides an opportunity for the consolidation of selected elective services across the District.

General Surgery at Canterbury will continue at a District level, with stronger subspecialties in the short stay surgeries. This will allow improvements in the current elective surgical operation model by introducing the use of a dedicated high volume short stay surgical (HVSSS) unit - a model of care where the planned surgical cases requiring admission up to 72 hours are managed efficiently. The dedicated HVSSS theatre sessions will not be interrupted with emergency cases in order to maximize patient throughput. The HVSSS service will allow the provision of an additional 3 sessions per week across the year (48 week period) which equates to an additional 864 elective operations. There is evidence to suggest this model has a number of benefits.

Assisting improved access to planned surgical services decreases waiting times and improve service efficiency. Importantly, staff and patients have clearer understanding of the hospital stay and timeframe.
Table 16 shows the categories of clinical staff employed in the Neurosciences, Bone Joint and Connective Tissue Clinical Division. Note that the table represents full time and part time staff and does not represent the FTE.

Table 16: SLHD Neurosciences and Bone, Joint and Connective Tissue Services Staffing

<table>
<thead>
<tr>
<th>Clinical Staff</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>294</td>
</tr>
<tr>
<td>Medical Officer</td>
<td>63</td>
</tr>
<tr>
<td>Admin Officer</td>
<td>40</td>
</tr>
<tr>
<td>Staff Specialist</td>
<td>26</td>
</tr>
<tr>
<td>Physiologist</td>
<td>20</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
</tr>
<tr>
<td>Hospital Scientist</td>
<td>8</td>
</tr>
<tr>
<td>Clinical Academic</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Physiologist</td>
<td>4</td>
</tr>
<tr>
<td>HSM</td>
<td>3</td>
</tr>
<tr>
<td>IT</td>
<td>3</td>
</tr>
<tr>
<td>Med Tech</td>
<td>3</td>
</tr>
<tr>
<td>Biomed Engineer</td>
<td>2</td>
</tr>
<tr>
<td>Research Assistant</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>487</strong></td>
</tr>
<tr>
<td><strong>VMOS</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
Our Research and Education

Research and education is fundamental to the Stream providing high quality services as research findings are translated into novel treatments and improved patient care. Medical, nursing, allied health and management education occurs as an integral part of the clinical activities of the stream.

The following section outlines the current research interests and activities of the Stream. These are extensive. Much of our research is of national and international standing. The proposed development of the Institute for Academic Surgery will further ensure the District continues to be innovative and world leading in its surgical service provision.

Clinical Immunology

**RPA Immunology**

- Autoimmunity: Investigations to improve diagnostic tests for autoimmune disorders, particularly systemic lupus erythematosus
- Description of a novel method to establish clinical activity in systemic lupus erythematosus (SLE) using an antibody microarray able to capture white blood cells in the peripheral blood from patients with SLE.
- Infection and Immunity
- Studies in the pathobiology of infection with and the immune response to mycobacterial diseases including tuberculosis and leprosy.
- The cellular and cytokine responses and the immunogenetics of the control of Tuberculosis and other intracellular pathogens in humans and mice, and in the development of new vaccines against TB including protein and recombinant viral subunit vaccines and rBCG vaccines.
- Participant in multi-centre trials of therapy for HIV infection

**Concord Immunology**

- Primary Immune Deficiency (PID) Register
- Efficient use of IV Immunoglobulin (IVIg)
- Antibody deficiencies with normal IgG
- Association between PID and cancer
- Genetic basis for PID
- Lupus
- Use of intracellular phosphoproteins

Neurology

**RPA Neurology**

- Epilepsy – incidence, seizure prediction
- PET imaging in Epilepsy, Neuroscience
- Subarachnoid Hemorrhage in Inner Mongolia
• Stroke, Aust. Stroke Clinical Registry
• InTensive blood pressure Reduction in Acute Cerebral Haemorrhage Trial.
• Sleep Apnoea cardiovascular Endpoints
• Excitability of sensory and motor axons in human peripheral nerve
• Axonal excitability in diseases of the peripheral & CNS
• Spinal reflex mechanisms
• Excitability of the motor cortex neurons
• Management of venous sinus dis.
• Management of -non-critical carotid stenosis
• Autonomic dysfunction
• Peripheral neuropathy
• Advanced management of MS
• Use of Botulinum in spasticity management
• MS Immunopathology, Tissue Proteomics & novel therapeutic targets
• Neuromyelitis Optica
• MS Brain Bank
• Neuro-otology
• Human balance
• IV immunoglobulin & inflammatory neuropathy
• Pathology and immunopathology of neuromuscular disorders
• Nerve excitability
• Quality of life in neuropathy
• Parkinson’s disease
• Dementia
• Sleep and Chronobiology

Concord Neurology

• Stroke prevention
• Muscular dystrophy
• Parkinson’s disease treatment
• Hemi-facial spasm and episodic ataxia
• Multiple Sclerosis
• Molecular Medicine Laboratory research in Neuromuscular and Neurogenetic disorders.
• Responsible for discovering a number of genes for familial motor neuron disease and inherited neuropathies.
• Neuromuscular is part of a Centre of Clinical Excellence (major NH&MRC grant for the next 5 years) for Neuromuscular disease

Plastic & Reconstructive Surgery

• Development and testing of new plastic and reconstructive surgical techniques
• Giant Anterior chest wall Basal Cell carcinoma
• Use of the Microvascular anastomotic stapler in free flap surgery
• Secondary Sternal repair
• Traumatic AV malformation of scalp” – Rome, in preparation
• Use of Muscle flaps in Pelvic Exenteration surgery
• Predictable survival of DIEP flaps using CT angiography
• Evidence-based recommendations for Negative Pressure Wound Therapy

**Rheumatology**

• Biological drugs in rheumatoid arthritis
• Synovial fluid crystal analysis
• Secondary prevention of osteoporosis
• Back pain
• Clinical epidemiology
• Pain management in inflammatory arthritis
• Musculoskeletal ultrasound
• Early arthritis

**HIV Medicine**

• HIV clinical management and epidemiology

**Microbiology & Infectious Diseases**

• Epidemiology and testing of antibiotic resistance
• Nosocomial infections
• Parasitology
• International and national surveillance programs
  • antibiotic resistance research especially antibiotic resistance surveillance
  • multiple aspects of hospital infection control.
  • microbial genomic research in multi-drug resistant organisms.

**Ophthalmology**

• Orbital Inflammatory Syndrome
• Oculoplastic Surgery

**Orthopaedics**

• Extracorporeal irradiation and re-implantation of the bone
• Total knee replacement surgery
• Rotator cuff injury repair
• Methods of functional hip navigation for total hip replacement
Our Priorities

The effective and economic networking of surgical services across the District. This requires the planning and reconfiguration of selected specialty surgical services. Opportunities for the consolidation of the following subspecialties will be explored:

- ENT at Canterbury
- Neurosurgery at RPA
- Ophthalmology at Concord

The establishment and support of the development of the highest quality of care at the new High Volume Short Stay Surgical facility at Canterbury. This facility will be developed as a District resource.

- The establishment of the 3T MRI at RPA.

- The establishment of a non-cancer and RPA Infusions Centre. Establish systems for home infusion of immunoglobulin products.

- The development of innovative strategies to ensure the spare capacity at IRO, available with the establishment of the Northwest Precinct, will be effectively and economically utilised.

- The timely upgrading of the general stock of surgical instruments throughout the District.

- Support for Ambulatory Care Service developments across SLHD (Aged Care Stream).

- Development of strong links with the Medicare Local to support primary practitioners in the management of complex conditions.

- Review the adequacy and provision of specialised Stroke services across the District. A Stroke Strategy is required.

- Implement the RPA Chronic Pain Service developments through the MOH enhancement.

- Implement the SLHD Trauma strategy.
References

SLHD Research Strategic Plan 2012 -2017


The Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards*, 2011