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Foreword by Clinical Director

Hospitals and services in the Sydney Local Health District are networked to ensure all patients have access to the best available treatments. This includes Canterbury Hospital, Concord Hospital and Royal Prince Alfred Hospital.

My role as director is to oversee Cancer Services and Palliative Care across the Sydney Local Health District ensuring our patients have access to the best cancer and palliative care available.

Concord Cancer Centre provides first class cancer treatment and is a research leader in a number of cancer related areas. Our vision is for a world class holistic centre providing the latest care based on sound research with access to a range of treatment options. Together with Royal Prince Alfred Hospital and, extending soon to the Chris O’Brien Lifehouse at RPA, our patients will have access to one of the largest concentrations of cancer expertise in the state.

Sydney Local Health District is home to some of the best research facilities in NSW. Clinicians and researchers work together to find better treatments to ensure that patients diagnosed with cancer achieve the best possible outcomes.

We are committed to providing quality cancer care to our patients at every step of the way. I am proud of the care that we offer and of the team that delivers that care.

Associate Professor Philip Beale
Clinical Director of Cancer Services and Palliative Care
Sydney Local Health District
Introduction

Sydney Local Health District (SLHD) Cancer Services Clinical Stream provides networked cancer care and treatment across Royal Prince Alfred Hospital (RPA), Concord Repatriation General Hospital (CRGH) and the Canterbury Hospital (TCH). The Cancer Services Clinical Stream within the SLHD has one of the largest concentrations of cancer expertise in NSW and is nationally and internationally renowned for the treatment of melanoma, multiple myeloma, head and neck cancer, lung cancer, colorectal cancer, sarcoma, gynaecological cancer and for our clinical cancer research.

The Sydney Cancer Centre (SCC) was established in 1996, based on best practice principles supporting a comprehensive cancer centre. The SCC incorporates the cancer services at RPA and CRGH and the inpatient palliative care unit at Canterbury Hospital. The Chris O’Brien Lifehouse at RPA (Lifehouse) is scheduled to open mid-2013 and will have a lead role in cancer care as one of two nationally funded integrated cancer centres. In September 2012, CRGH cancer services became officially recognised as the Concord Cancer Centre (CCC). This builds on existing services within CRGH and best practice models to deliver cancer care in a comprehensive and integrated model.

In 2012, there has been extensive consultation at both RPA and CRGH in preparation for Lifehouse and establishment of the CCC. The processes included completion of standardised proformas among cancer services departments, face-to-face consultation and broader planning forums. In addition to this, the process was informed by key strategic documents, which include the following:

- Cancer Australia Strategic Plan 2011 – 2014
- Caring Together: The Health Action Plan for NSW 2009
- NSW Cancer Plan 2011- 2015
- SLHD Asset Strategic Plan 2012
- SLHD Research Strategic Plan 2012 - 2017
- SLHD Service Planning for Concord Cancer Centre, 2012
- SLHD Strategic Plan 2012 – 2017
- RPA Strategic Plan 2012 – 2017
- The RPA and Lifehouse at RPA Model of Care Overview 2012
- The National Palliative Care Strategy 2010
- NSW Health Population Projection Series 1. 2009
- NSW Palliative Care Strategic Framework 2010 – 2013

Both cancer incidence and the number of people living with cancer are projected to increase thus requiring our services to be responsive to meet this demand.

The primary objective of the SLHD Cancer Services is to provide equitable access to timely, innovative, state-of-the-art cancer services for all patients within the LHD including medical and radiation oncology, surgical and palliative care services. Of great importance will be ongoing investment in maintaining our key resource of highly specialised workforce across medical, nursing, allied health and laboratory disciplines to provide world-class, integrated and comprehensive care.
Our Organisation

The SLHD currently provides cancer-related care through an integrated network of services. The Cancer Services Clinical Stream is under the direction of the Clinical Director, the Cancer Services Development Manager and the Clinical Manager. The service works with the SLHD Executive and Facility General Managers to oversee the provision of cancer care within cancer services and within cancer-related departments. Cancer services in the SLHD are provided in a multidisciplinary framework with tumour-specific streams each with a Tumour Program Leader.

Specialties within Cancer Services Clinical Stream include:

- Breast Surgery
- Cancer Genetics
- Dermatology
- Gynaecological Oncology
- Haematology
- Head & Neck Surgery
- Medical Oncology
- Melanoma and Surgical Oncology
- Palliative Care and Bereavement Services
- Psycho-Oncology
- Radiation Oncology
- Urology

There are some departments currently providing shared cancer services under inter-district agreements (IDAs) between SLHD and South Western Sydney LHD (SWSLHD). These include:

- Cancer Genetics (hosted by SLHD)
- Haematology services to Bankstown provided by CRGH (hosted by SLHD)
- Clinical Cancer Registry (hosted by SWSLHD)

The specialties provide consultative and treatment services to a number of facilities within the SLHD and provide an outreach service to Dubbo (Table 1). Role delineation levels for Cancer Services across SLHD are shown in Table 2.

### Table 1: SLHD Cancer Services Clinical Stream Consultation and Treatment Availability

<table>
<thead>
<tr>
<th>Current</th>
<th>Medical Oncology</th>
<th>Radiation Oncology</th>
<th>Palliative Care</th>
<th>Haematology</th>
<th>Gynaec Oncology</th>
<th>Dermatology</th>
<th>Head &amp; Neck Surgery</th>
<th>Breast Surgery</th>
<th>Urology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canterbury</td>
<td></td>
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<td>Dubbo</td>
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<tr>
<td>Future</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current</th>
<th>Medical Oncology</th>
<th>Radiation Oncology</th>
<th>Palliative Care</th>
<th>Haematology</th>
<th>Gynaec Oncology</th>
<th>Dermatology</th>
<th>Head &amp; Neck Surgery</th>
<th>Breast Surgery</th>
<th>Urology</th>
</tr>
</thead>
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<tr>
<td>RPA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifehouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Ambulatory Care Only
Lifehouse aims to provide integrated, comprehensive cancer care in a purpose-built facility in collaboration with RPA. The project is an innovative private-public partnership for the provision of cancer and support services. Building works and planning for the development have commenced with Lifehouse expected to treat outpatients from 1 July 2013 and inpatients from mid-2015. A timeline of key milestones for transition to Lifehouse follows (Figure 1).

Figure 1: Transition to Lifehouse Timeline

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).

2 Pathology. All smaller labs within the District are linked with a larger tertiary Pathology unit. For example, Balmain is the level 6 laboratory at RPA.

3 Concord Medical Oncology. Networked with RPAH for level 6 Nuclear Medicine services.

Table 2: SLHD Cancer Services Role Delineation Levels 2011

<table>
<thead>
<tr>
<th>Service</th>
<th>Balmain¹</th>
<th>RPAH/IRO</th>
<th>CRGH</th>
<th>TCH</th>
</tr>
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<tbody>
<tr>
<td>Pathology²</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Anaesthetics</td>
<td>0</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>0</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Coronary Care</td>
<td>0</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Operating Suites</td>
<td>0</td>
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<td>4</td>
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<tr>
<td>Emergency Medicine</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Dermatology</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Haematology – Clinical</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Medical Oncology³</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>0</td>
<td>6</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Urology</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>0</td>
<td>6</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>
It is understood that Lifehouse will accommodate:

- 96 inpatient beds
- 18 Intensive Care Unit (ICU) beds
- 10 operating theatres

The key principles underpinning the development of Lifehouse will include:

- Seamless service provision and integration of models of care between RPA and Lifehouse.
- Maintenance of activity and quality indicators equitable across both public and private patients.
- Successful leverage of expertise across both RPA and Lifehouse for both cancer and non-cancer treatment provision.

Lifehouse will provide world leading holistic cancer treatment, research and education building on the integrated model of cancer clinical care currently provided by RPA. This will encompass a full range of services including diagnostic, surgery, radiation therapy, chemotherapy, as well as support, wellness and complementary healthcare services.

The following departments will transition to Lifehouse:

- Breast Surgery
- Gynaecological Oncology
- Haematology Ambulatory Care (to be located in Lifehouse from 2013)
- Head and Neck Surgery
- Medical Oncology
- Psycho-Oncology
- Radiation Oncology

Cancer Services that will remain within SLHD and provide a consultative service to Lifehouse:

- Cancer Genetics
- Dermatology
- Haematology
- Melanoma and Surgical Oncology
- Palliative Care and Bereavement Services
- Urology
Our Community

NSW Health population projections indicate that in 2011, SLHD would comprise of 8% of all residents of New South Wales and contribute 6% of the total new cases of cancer load. By 2021, the SLHD population is expected to reach approximately 642,000 and almost 670,000 by 2031 (Figure 2).

**Figure 2: SLHD Population Projections, 2006 – 2036**

![Population Projections Graph](image)

Source: NSW Health Population Projections, 2009

All Local Government Areas (LGA) are projected to increase in population (Figure 3).

**Figure 3: Population Projections by LGA, 2006 – 2036**

![Population by LGA Graph](image)

Source: NSW Health Population Projections, 2009
The growth in the aged population of SLHD is especially important for health care delivery over the forthcoming decade, with a predicted increase of 29.2% and 28% in those aged 70-84 and 85+ respectively (Table 3).

### Table 3: SLHD Projected Population by selected age groups, 2011-2021

<table>
<thead>
<tr>
<th>Age-Related Projections</th>
<th>0-15</th>
<th>16-44</th>
<th>45-69</th>
<th>70-84</th>
<th>85+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>96,581</td>
<td>281,782</td>
<td>151,614</td>
<td>39,294</td>
<td>8,890</td>
<td>578,162</td>
</tr>
<tr>
<td>2016</td>
<td>104,382</td>
<td>290,291</td>
<td>164,529</td>
<td>43,324</td>
<td>10,388</td>
<td>612,914</td>
</tr>
<tr>
<td>2021</td>
<td>109,585</td>
<td>297,150</td>
<td>173,131</td>
<td>50,762</td>
<td>11,381</td>
<td>642,009</td>
</tr>
<tr>
<td>% Change 2011-2021</td>
<td>+13.5%</td>
<td>+5.5%</td>
<td>+14.2%</td>
<td>+29.2%</td>
<td>+28.0%</td>
<td>+11.0%</td>
</tr>
</tbody>
</table>

Source: NSW Health Population Projections, 2009

Almost half of the SLHD population speak a language other than English at home including significant numbers of refugees, asylum seekers and special humanitarian entrants. The major languages spoken include Chinese, Arabic, Greek, Korean, Italian and Vietnamese. Consequently, there is great variation in the Culturally and Linguistically Diverse (CALD) population across the SLHD.

Cancer incidence is an important parameter for estimating cancer related hospital activity (Figure 4). Cancer incidence is increasing while cancer deaths are falling. Improvements in survival are likely due to a number of factors, including better screening programs, earlier detection, better diagnostic methods and advances in treatment.

### Figure 4: SLHD New Cases at Diagnosis by Cancer Site, 2011

Source: Cancer Institute NSW, 2011

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* Cancer Australia Strategic Plan 2011-2014
New cases of cancer in NSW are expected to rise to over 45,000 cases by 2016 and approximately 51,000 by 2021. By 2016, there will be over 2,600 new cases of cancer affecting the residents of SLHD and over 2,800 by 2021 (Figure 5). This represents a 23% increase in cases between 2006-2021 and approximately 5.6% of the total NSW cancer population.

**Figure 5: SLHD New Case Projections by Cancer Site, 2011–2021**

![Chart showing SLHD New Case Projections by Cancer Site, 2011–2021](chart.png)

Source: Cancer Institute NSW, 2011

The SLHD is only 55% self-sufficient for clinical stream activity associated with cancer, with the majority of outflows being to the private sector, including private day procedure centres. The SLHD Enhanced Service Related Groups (ESRGs) which are least self-sufficient are Breast Surgery, Head and Neck Surgery and some Gynaecological Surgery. Table 4 and Figure 6 provide the outflow patterns of SLHD residents for Cancer Clinical Stream Activity in 2010-11.
**Figure 6: SLHD Patient Outflows for Acute Cancer Clinical Stream Activity 2010-11 Percent Self-Sufficiency by ESRG**

![Bar chart showing percent self-sufficiency by ESRG for 2010-11.](chart_image)

**Table 4: SLHD Patient Flows for Cancer Clinical Stream ESRGs, 2010-11**

<table>
<thead>
<tr>
<th>ESRGs</th>
<th>% Self-Sufficient</th>
<th>% to Private Hospitals</th>
<th>% to Private Day Proced. Centres</th>
<th>% to SESLHD</th>
<th>% to St Vincent's</th>
<th>% to Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>131 Dermatology</td>
<td>70.5</td>
<td>4.0</td>
<td>0.8</td>
<td>3.3</td>
<td>3.6</td>
<td>17.8</td>
</tr>
<tr>
<td>172 Lymphoma and Non-Acute Leukaemia</td>
<td>83.2</td>
<td>2.2</td>
<td>0.1</td>
<td>0.9</td>
<td>6.2</td>
<td>7.3</td>
</tr>
<tr>
<td>173 Acute Leukaemia</td>
<td>67.4</td>
<td>2.0</td>
<td>0.0</td>
<td>10.1</td>
<td>0.4</td>
<td>20.1</td>
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<tr>
<td>174 Bone Marrow Transplant</td>
<td>64.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>21.2</td>
<td>14.5</td>
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<tr>
<td>179 Other Haematology</td>
<td>81.4</td>
<td>1.7</td>
<td>0.0</td>
<td>2.8</td>
<td>1.9</td>
<td>12.3</td>
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<tr>
<td>192 Digestive Malignancy</td>
<td>65.8</td>
<td>13.1</td>
<td>0.6</td>
<td>7.2</td>
<td>2.0</td>
<td>11.3</td>
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<tr>
<td>199 Other Medical Oncology</td>
<td>75.8</td>
<td>6.1</td>
<td>0.0</td>
<td>3.5</td>
<td>3.7</td>
<td>10.8</td>
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<tr>
<td>411 Breast Surgery</td>
<td>40.5</td>
<td>45.7</td>
<td>5.4</td>
<td>1.7</td>
<td>2.1</td>
<td>4.6</td>
</tr>
<tr>
<td>484 Head and Neck Surgery</td>
<td>42.8</td>
<td>30.2</td>
<td>7.4</td>
<td>1.3</td>
<td>6.7</td>
<td>11.7</td>
</tr>
<tr>
<td>713 Conisation, Vagina, Cervix and Vulva Procedures</td>
<td>44.1</td>
<td>28.1</td>
<td>13.0</td>
<td>1.0</td>
<td>0.5</td>
<td>13.4</td>
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<tr>
<td>714 Diagnostic Curettage or Diagnostic Hysteroscopy</td>
<td>44.4</td>
<td>29.5</td>
<td>14.5</td>
<td>2.9</td>
<td>0.3</td>
<td>8.4</td>
</tr>
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<td>715 Hysterectomy</td>
<td>37.4</td>
<td>48.5</td>
<td>0.0</td>
<td>3.8</td>
<td>0.6</td>
<td>9.7</td>
</tr>
<tr>
<td>717 Non-procedural Gynaecology</td>
<td>68.9</td>
<td>7.3</td>
<td>1.8</td>
<td>2.7</td>
<td>2.9</td>
<td>16.3</td>
</tr>
<tr>
<td>719 Other Gynaecological Surgery</td>
<td>27.8</td>
<td>20.4</td>
<td>44.1</td>
<td>0.8</td>
<td>0.6</td>
<td>6.4</td>
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<tr>
<td>862 Palliative Care - Cancer Related</td>
<td>60.4</td>
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<td>0.0</td>
<td>0.8</td>
<td>27.7</td>
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<tr>
<td>863 Palliative Care - Non-Cancer</td>
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<td>5.2</td>
<td>14.7</td>
<td>24.8</td>
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<td>521 Cystourethroscopy</td>
<td>39.5</td>
<td>44.6</td>
<td>4.2</td>
<td>5.5</td>
<td>1.8</td>
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</tr>
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<td>522 Urinary Stones and Obstruction</td>
<td>70.6</td>
<td>6.6</td>
<td>0.0</td>
<td>8.6</td>
<td>4.6</td>
<td>9.3</td>
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<td>523 TURP</td>
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<td>5.8</td>
<td>3.3</td>
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<tr>
<td>524 Other Non-procedural Urology</td>
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<td>11.3</td>
<td>0.8</td>
<td>7.7</td>
<td>3.1</td>
<td>9.3</td>
</tr>
<tr>
<td>529 Other Urological Procedures</td>
<td>51.2</td>
<td>34.5</td>
<td>1.1</td>
<td>6.1</td>
<td>2.9</td>
<td>4.2</td>
</tr>
</tbody>
</table>
The SLHD has significant inflows for cancer stream services with 47% of beddays being provided to people living outside of the SLHD. The largest inflow LHDs were South Western Sydney, Western NSW and Northern Sydney, with 4% of cancer stream beddays being provided to people living overseas. Table 5 and Figure 7 provide the inflow patterns.

**Table 5: SLHD Patient Inflows for Acute Cancer Clinical Stream ESRGs, 2010-2011**

<table>
<thead>
<tr>
<th>District of Residence</th>
<th>Grand Total</th>
<th>Dermatology</th>
<th>Haematology</th>
<th>Oncology</th>
<th>Breast Surgery</th>
<th>ENT/Head and Neck</th>
<th>Gynaecology</th>
<th>Palliative Care</th>
<th>Urology</th>
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<tr>
<td>SLHD</td>
<td>53.5</td>
<td>61.5</td>
<td>40.1</td>
<td>50.6</td>
<td>53.0</td>
<td>47.4</td>
<td>49.2</td>
<td>89.7</td>
<td>49.6</td>
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<td>SWSLHD</td>
<td>11.1</td>
<td>5.6</td>
<td>13.5</td>
<td>10.4</td>
<td>16.8</td>
<td>10.2</td>
<td>10.6</td>
<td>7.3</td>
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<td>Western NSW</td>
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<td>2.1</td>
<td>0.0</td>
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<td>7.8</td>
<td>8.3</td>
<td>5.7</td>
<td>10.4</td>
<td>0.3</td>
<td>6.4</td>
</tr>
<tr>
<td>WSLHD</td>
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<td>12.5</td>
<td>4.1</td>
<td>7.0</td>
<td>5.8</td>
<td>3.3</td>
<td>7.2</td>
<td>0.8</td>
<td>10.2</td>
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<td>SESLHD</td>
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<td>3.4</td>
<td>6.5</td>
<td>5.2</td>
<td>4.1</td>
<td>5.9</td>
<td>6.6</td>
<td>0.9</td>
<td>6.1</td>
</tr>
<tr>
<td>Overseas</td>
<td>4.1</td>
<td>1.5</td>
<td>10.0</td>
<td>0.5</td>
<td>1.1</td>
<td>0.2</td>
<td>2.3</td>
<td>0.4</td>
<td>1.6</td>
</tr>
<tr>
<td>Other NSW</td>
<td>6.9</td>
<td>8.6</td>
<td>4.7</td>
<td>10.6</td>
<td>7.8</td>
<td>18.5</td>
<td>11.0</td>
<td>0.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Other Australia</td>
<td>0.5</td>
<td>0.8</td>
<td>0.6</td>
<td>0.5</td>
<td>1.3</td>
<td>3.5</td>
<td>0.6</td>
<td>0.0</td>
<td>0.1</td>
</tr>
</tbody>
</table>

**Figure 7: SLHD Patient Inflows for Acute Cancer Clinical Stream Activity 2010-11**

The Cancer Services ambulatory care activity is captured as Non-Admitted Outpatient Occasions of Service (NAPOOS) for RPA (Table 6) and CRGH (Table 7). While some variation may be attributable to greater complexity or changes in staffing, the trends for this service cannot be seen as data prior to 2010 is considered less reliable.
Table 6: RPA Cancer Services Outpatient Activity – Total NAPOOS by Department

<table>
<thead>
<tr>
<th>Department</th>
<th>2010-11</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanoma (Nursing only)</td>
<td>3604</td>
<td>3768</td>
</tr>
<tr>
<td>Med Onc (Curative)</td>
<td>7914</td>
<td>10116</td>
</tr>
<tr>
<td>Med Onc (Palliative)</td>
<td>4203</td>
<td>4476</td>
</tr>
<tr>
<td>Chemo (Curative)</td>
<td>4772</td>
<td>5563</td>
</tr>
<tr>
<td>Chemo (Palliative)</td>
<td>2546</td>
<td>2583</td>
</tr>
<tr>
<td>Head and Neck (GH)</td>
<td>202</td>
<td>184</td>
</tr>
<tr>
<td>Dermatology</td>
<td>8303</td>
<td>8434</td>
</tr>
<tr>
<td>Gynaecological-Oncology</td>
<td>6512</td>
<td>7716</td>
</tr>
<tr>
<td>Breast</td>
<td>7083</td>
<td>10977</td>
</tr>
<tr>
<td>Urology</td>
<td>655</td>
<td>572</td>
</tr>
<tr>
<td>Psycho-Oncology</td>
<td>1375</td>
<td>959</td>
</tr>
<tr>
<td>Palliative care</td>
<td>221</td>
<td>559</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>37092</td>
<td>38092</td>
</tr>
</tbody>
</table>

Source: Performance Monitoring and Casemix Unit, RPAH, 2012

A possible increase in demand for services may be expected with the comprehensive and innovative models of care planned with the development of Lifehouse and CCC which cannot accurately be predicted.

Table 7: CRGH Cancer Services Outpatient Activity – Total NAPOOS by Department

<table>
<thead>
<tr>
<th>Department</th>
<th>2010-11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemotherapy Ground East</td>
<td>5247</td>
<td>4752</td>
</tr>
<tr>
<td>Haematology Med Consult</td>
<td>4789</td>
<td>6395</td>
</tr>
<tr>
<td>Haematology Ground East</td>
<td>7488</td>
<td>8281</td>
</tr>
<tr>
<td>Oncology Ground East</td>
<td>7278</td>
<td>6884</td>
</tr>
<tr>
<td>Breast Surgery</td>
<td>3085</td>
<td>2662</td>
</tr>
<tr>
<td>Dermatology</td>
<td>3761</td>
<td>4683</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>285</td>
<td>559</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>730</td>
<td>723</td>
</tr>
<tr>
<td>Radiation Oncology Consult</td>
<td>678</td>
<td>638</td>
</tr>
</tbody>
</table>
Our Patients, Carers and Consumers

The SLHD is committed to the positive development of centres of excellence in cancer care with Lifehouse, establishment of the Concord Cancer Centre and completion of the Palliative Care Unit on the CRGH site as part of the SLHD network of facilities.

The core business of SLHD Cancer Services Clinical Stream is treatment and palliation with links to the essential elements of prevention and early intervention. The safe, high quality, compassionate care of our patients and their families requires a strong commitment to Safety, Equity and Quality. The service aims to plan for a balance across these key components of comprehensive care into the future (Table 8).

Table 8: Initiatives and Developments - Safety, Equity and Quality

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Safety</th>
<th>Equity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Information Program</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer Services Precinct at CRGH</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Multidisciplinary Teams</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Patient-Centred Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prevention</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiotherapy at CRGH</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Survivorship</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Supportive Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Cancer Information Program
- Development and implementation of the Electronic Medical Record (eMR) to ensure appropriate transfer of information among the various care providers within the SLHD including Lifehouse.
- Development of capacity for increased data collection to inform service improvements.

Cancer Services Precinct at CRGH
- Master planning for a cancer services precinct to co-locate services, accommodate increased demand, provide a designated site for radiotherapy, consideration of the new palliative care unit and proposed survivorship centre.

Multidisciplinary Teams
- Continued refinement and standardisation of meetings to improve clinical decision making and quality of care.

Palliative Care
- Completion of the dedicated 20 bed Palliative Care Unit on CRGH campus.
- Development of a district wide End of Life Care Strategy to support patients, carers and their families during terminal care.

Patient-Centred Care
- Development of a Cancer Information and Support Centre at CRGH within CCC in partnership with Cancer Council NSW.
- Implementation of CCC website to inform patients and the community of services available at CRGH.
- Development of CCC service directory for GPs to enhance access and clarify referral pathways.
- Consumer engagement with creation of the SLHD Cancer Services Consumer Advisory Committee to provide advice on the planning and delivery of cancer services incorporating representatives from CALD communities.
- Equitable access to care coordination for all patients with cancer including engagement with Medicare Locals and community-based health professionals.
- Development of a Customer Services Strategy that is an ongoing programme of assessment and response.

**Prevention: Public Health Promotion and Screening Programs**
- Melanoma Services active participation in Public Health Promotion campaigns.
- NSW Breast Screen is based on RPA campus.

**Radiotherapy at CRGH:**
- Best available evidence suggests the proportion of patients with cancer who require radiotherapy is approximately 52%\(^5\); however, actual utilisation rates fall significantly short.
- People within the CRGH catchment are disadvantaged due to lack of onsite radiotherapy.
- The development of the new Palliative Care Unit on the CRGH campus strengthens the case for onsite radiotherapy as a significant number of palliative care patients will require this treatment.
- Building and developing a business case for onsite radiotherapy at CRGH is in line with the SLHD Strategic Plan 2012 - 2017 and the SLHD Asset Strategic Plan 2012.

**Survivorship Centre**
- Development of the Sydney Survivorship Centre as part of CCC at CRGH.

**Supportive Care**
- Most cancer care is provided in an ambulatory care setting; therefore enhancements to Allied Health and Psycho-Oncology services need to be focused on ambulatory care.
- It has been highlighted through consultation that the inpatient setting is adequately serviced.
- Explore options for community based support.

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Our Research and Education

Health systems need to be ready to respond not only to the increased demand for cancer care, but to extend this to quality of life and longer term needs of cancer survivors. Research is integral to finding new and improved treatment options. The SLHD Cancer Services place significant emphasis on the importance of research through supporting collaboration and encouraging strong partnerships with research institutes.

Allied Health
- Malnutrition and cancer.
- The prevalence of cancer patients using alternative diets.
- Patients’ preferences for oral nutritional supplements.

Breast Surgery
- Tumour banking and immunohistochemical studies to further subtype breast cancers and to develop targeted treatments according to the subtypes developed.
- Studies on phyllodes tumours to attempt to predict those with malignant potential.
- Evaluation of aromatase inhibitor in prevention of breast cancer.
- Trial of Axillary dissection versus no dissection.
- Differentiation of benign and papillary lesions of the breast.
- Investigation of Wnt pathway proteins in the pathogenesis of phyllodes tumours of the breast.

Cancer and Cell Biology in Collaboration with ANZAC and ADRI
- Early molecular indications of Cancer Cachexia Syndrome (CCS).
- Patient differences in response to anti-cancer drugs.
- Evidence-based guidelines for the diagnosis/treatment of mesothelioma.
- Novel markers to assess diagnosis and prognosis of malignant mesothelioma.
- Novel targets - treating mesothelioma.
- Quality of life of patients suffering malignant mesothelioma and their carers.

Clinical Trials Program
- Establish baseline data for clinical trials participation with the goal to increase participation.

Dermatology
- Understanding of skin immune responses to infections and tumours: established new imaging technology- intravital multi-photon microscopy to study immune cells in real time.
- Non-Melanoma skin cancer: the role of UV in suppression of immunity.
- Novel therapies versus melanoma: efficacy of targeted drugs and immunotherapies.
- Cutaneous Lymphoma: prognostic factors effecting survival.
- Cutaneous oncology in solid organ transplant patients; epidemiology of skin cancer.
Gynaecological Oncology

- Improving patient outcomes after surgery: implemented and investigated a Fast Track Surgery Program which has proven enhanced recovery outcomes.
- In conjunction with the Centre for Medical Psychology and Evidence Based Decision Making (CeMPED) and the University of Sydney, a number of supportive care initiatives have been developed and trialled including:
  - Asymptomatic elevation of CA125 in patients with ovarian cancer.
  - Barriers and facilitators affecting vaginal dilator use after pelvic radiation therapy.
  - Information aids for women receiving pelvic radiation therapy.
  - Enhancing fertility preservation in women with gynaecological cancer.
  - Therapeutic pharmaceuticals and clinical trials.
  - Surgical procedure efficacy studies.

Haematology

- Multiple Myeloma.
- Immunotherapy.
- Role of microRNAs in the aetiology of acute promyelocytic leukaemia (APL).
- Mutations causing drug resistance in APL.
- Development of novel diagnostic methods to detect mutations in myeloproliferative neoplasms.
- Optimising management of APL through national clinical trial design.
- Extra-corporeal photopheresis to treat graft versus host disease post haemopoietic stem cell transplantation.
- Conditioning regimens in haemopoietic stem cell transplantation.
- Iron chelation in the haemoglobinopathies.
- The development of novel assessments of iron load by liver and cardiac MRI.
- The development of novel biomarkers in iron load- collaborative study.
- Clinical trials for patients with myeloid leukaemia, lymphoma and myeloma.
- Haemostasis, including trials of new anticoagulation therapy, and assays for hypercoagulability.
- Melphalan pharmacokinetics in bone marrow transplant.
- Dendritic Cell Biology and Therapeutics Group at ANZAC provide cutting edge bench to bedside research which will continue to grow and develop.

Medical Oncology

- Multi-centre clinical trials/CTC.
- Lung and neck cancers.
- Translational research in prostate and lung cancers & novel plasma and tissue biomarkers.
- Breast cancer: lessen toxicity of treatments.
- Testicular cancer.
- Gynaecological cancer.
- Renal cancer.
- Centre for Medical Psychology and Evidence-based Decision Making.
- Supportive care for cancer patients.
- Clinical Cancer registry collects public information about malignant tumours, treatment and performance.
Lifehouse

- Research is an integral part of the Lifehouse model of care with development of a cancer research division within the purpose-built facility.
- Clinical trials and research activities will be supported throughout the organisation, and the collocation of significant University of Sydney research groups within the facility will foster interaction leading to greater research collaboration.

Melanoma and Surgical Oncology

- Lymphatic mapping.
- Sentinel node biopsy efficacy.
- Melanoma Research Database and the International Staging System for Melanoma & database analysis.
- Isolated limb infusion with cytotoxic drugs developed by the Head of Department.
- Tumour mitotic rate as predictor of survival after melanoma- developed by Department.

Nursing

- The Cancer Nursing Research Unit has extensive research activities across four broad areas including: Supportive Care, Psycho-social and quality of life, Models of health care delivery and Improving research capacity and skills for cancer and palliative care nurses.
- Outpatient versus inpatient nursing treatment of chemotherapy patients.
- Role of the Oncology Nurse Practitioner.

Palliative Care

- Management of refractory breathlessness in advanced diseases including COPD, CCF and lung cancers.
- Evaluation of palliative care services and service provision including communication, role delineation in primary care urban and rural settings, and end of life care in the Emergency department.
- Participation in a multicentre cancer cachexia management and prevention study.
- Cochrane Review into the timing of involvement of palliative care in renal dialysis patients.

Psycho-Oncology

- Service evaluation project, encompassing both clients and referrers to the service.
- Provision of teaching and debriefing on a regular basis to medical and nursing staff each month.

Surgical Oncology

- The proposed development of the RPA Institute of Academic Surgery has potential to increase research in this area.

Radiation Oncology

- Research activity encompasses 3 major areas:
  i) clinical trials
  ii) physics research – principally in the area of radiation dosimetry, and
  iii) translational research investigating a) impact of new technology and b) effect of HPV
- Vocational training for Radiation Oncologists, Radiation Oncology Medical Physics and Radiation Therapists.
Translational Research
The 2011 SLHD submission for the Cancer Institute NSW-funded Translational Cancer Research Centre (TCRC) was successful. This has enabled development of Sydney Catalyst TCRC which supports translation of research into progressive application of evidence-based therapies. In addition to the above research networks, the TCRC has established links with:

- Cancer Epidemiology and Services Research Group
- CeMPED
- The Garvan Institute
- Psycho-Oncology Co-operative Research Group (PoCOG)
- Surgical Outcomes Research Unit (SOuRCe)
- University of Sydney Cancer Nursing Research Unit

World Class Research Facilities
The Cancer Services Clinical Stream is fortunate to have eminent research facilities working on cutting edge cancer research within the district including:

- Asbestos Disease Research Institute (ADRI)
- ANZAC Research Institute
- Centenary Institute of Cancer Medicine and Cell Biology

Education and Training
The Cancer Services Clinical Stream Model of Care has been crafted over a long period of time. Its key features are a strong commitment to evidence-based care, leading edge medical and health care delivery and integrated multidisciplinary models of care. This has evolved from the long history of integration with the collocated University of Sydney as well as other leading Australian tertiary educational institutions.

Research ranges from basic research (cell and molecular studies) to translational, public health and epidemiological studies. There is an expectation of innovative, cutting edge clinical practice, knowledge and understanding.

Cancer Services participate in an active teaching and training program for all staff with a rich heritage of under-graduate and post-graduate medical, allied health, nursing and healthcare provider training. Medical trainees are rotated throughout the district to ensure exposure to a wide variety of clinical settings and facility-based contexts.

Sydney Cancer Centre offers two rounds of scholarships annually for Nursing and Allied Health Professionals to access continuing education and professional development opportunities. Specialist nursing training is fostered and supported through the development of the Nurse Practitioner role in cancer specialty services such as Chemotherapy/Oncology, Gynaecological Oncology, Head and Neck Cancer and Urology.
Our Staff

Staffing within the Cancer Services Clinical Stream includes approximately 506.40 FTE with a workforce comprised of 79.5% female and 20.5% male employees:

<table>
<thead>
<tr>
<th>Department</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration/Support Services</td>
<td>60.11</td>
</tr>
<tr>
<td>Nursing</td>
<td>286.63</td>
</tr>
<tr>
<td>Medical</td>
<td>94.83</td>
</tr>
<tr>
<td>Scientific/Technical</td>
<td>59.81</td>
</tr>
<tr>
<td>Allied Health</td>
<td>5.03</td>
</tr>
</tbody>
</table>

Key strategic areas identified for staff providing services within the Clinical Stream include:

**Allied Health and Supportive Care Review to Meet Increased Demand**
- Review of Allied Health Professional staff allocation with investigation of opportunities to attract and retain high calibre staff within the oncology specialty.
- Broaden opportunities for specialisation to be able to provide targeted cancer support.

**Cancer Care Co-ordinators**
- Secure future funding for existing positions.
- Investigate opportunities to fund positions within all tumour groups.

**Cancer Genetics**
- Shortage of cancer geneticists and training opportunities will require future collaboration and partnership to evolve this field in a robust manner.

**End of Life Care Strategies**
- Support staff within other specialities in relation to palliation and end of life care.

**Integrated Networks with other Clinical Streams**
- Interventional Radiologists
- Nuclear Medicine

**Lifehouse@RPA**
- Establishment of ongoing communication and operational plans in the transition to Lifehouse and beyond, particularly with respect to staff and complex workflow issues within and across the organisations.

**Oncology Pharmacy**
- Develop staff with Oncology Pharmacy expertise.

**Palliative Care Unit**
- Ensure appropriate skill mix within a dedicated unit.

**Specialist Nursing Groups**
- Develop strategies to attract and retain nursing staff with specialist skills within the workforce eg Chemotherapy trained.
Our Services
The SLHD Cancer Services Clinical Stream consists of a comprehensive range of services provided in a multidisciplinary framework with tumour specific programmes incorporating Medical Oncology, Radiation Oncology, Palliative Care, Gynaecological Oncology, Dermatology, Haematology, Head and Neck Surgery, Breast Surgery, Urology, Specialist Nursing, Psycho-Oncology and Allied Health Professionals.

Breast Surgery

Service Description

CRGH
The CRGH Breast Surgery Unit provides a comprehensive breast cancer treatment and tertiary referral service. The unit participates in Multidisciplinary Team (MDT) meetings once per week as a collaboration between public (CRGH) and private (Strathfield Breast Centre) services. The Breast and Endocrine team also treat endocrine malignancy with thyroid cancer comprising approximately 25% of total cancer workload for the department. Most patients treated at CRGH are initially seen in private rooms and referred for surgery by the Visiting Medical Officer (VMO). General surgical clinics are held twice per week, which include breast and endocrine conditions.

RPA
For the RPA Breast Surgery service, the unit has two ambulatory care clinics per week and a high-risk genetic clinic once per month. There are four operating sessions per week. The unit provides on-call commitment for urgent general surgery and for trauma once per week. The specialist Breast Care Clinical Nurse Consultants hold a patient support group each month. An MDT clinic is held per week and a Morbidity and Mortality (M&M) review and surgical audit is held once per month.

Ambulatory breast cancer clinics will transition to Lifehouse in 2013 with surgery transferring in 2015. The SLHD will, after that time, have a role in establishing and monitoring the Key Performance Indicators (KPIs) associated with Lifehouse service provision.

Activity
Breast Surgery services experience significant flows for services. The SLHD is only 40.5% self-sufficient for Breast Surgery services with large outflows to private hospitals and private day procedure centres. This is detailed in Table 4.

The activity and inflows for Breast Surgery are outlined in Table 9, Figure 8 and Figure 9. There is little breast surgery undertaken at Canterbury Hospital. Concord Hospital has large inflows for Breast Surgery, particularly from Northern Sydney, Western Sydney and South Western Sydney, from suburbs close to Concord.
### Table 9: SLHD Inflows for Breast Surgery 2010–11

<table>
<thead>
<tr>
<th>LHD</th>
<th>Canterbury Beddays</th>
<th>% of Canterbury Total</th>
<th>CRGH Beddays</th>
<th>% of CRGH Total</th>
<th>RPA Beddays</th>
<th>% of RPA Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>47</td>
<td>68.1</td>
<td>123</td>
<td>30.0</td>
<td>548</td>
<td>62.6</td>
</tr>
<tr>
<td>Northern Sydney</td>
<td>0.0</td>
<td>0.0</td>
<td>80</td>
<td>19.5</td>
<td>33</td>
<td>3.8</td>
</tr>
<tr>
<td>South Western Sydney</td>
<td>10</td>
<td>14.5</td>
<td>71</td>
<td>17.3</td>
<td>146</td>
<td>16.7</td>
</tr>
<tr>
<td>Western Sydney</td>
<td>3</td>
<td>4.3</td>
<td>59</td>
<td>14.4</td>
<td>17</td>
<td>1.9</td>
</tr>
<tr>
<td>Central Coast</td>
<td>0.0</td>
<td>0.0</td>
<td>22</td>
<td>5.4</td>
<td>17</td>
<td>1.9</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>7</td>
<td>10.1</td>
<td>17</td>
<td>4.1</td>
<td>32</td>
<td>3.7</td>
</tr>
<tr>
<td>Illawarra Shoalhaven</td>
<td>0.0</td>
<td>0.0</td>
<td>11</td>
<td>2.7</td>
<td>17</td>
<td>1.9</td>
</tr>
<tr>
<td>Hunter New England</td>
<td>0.0</td>
<td>0.0</td>
<td>8</td>
<td>2.0</td>
<td>17</td>
<td>1.9</td>
</tr>
<tr>
<td>Western</td>
<td>0.0</td>
<td>0.0</td>
<td>6</td>
<td>1.5</td>
<td>17</td>
<td>1.9</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2.9</td>
<td>13</td>
<td>3.2</td>
<td>31</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>69</strong></td>
<td><strong>100</strong></td>
<td><strong>410</strong></td>
<td><strong>100</strong></td>
<td><strong>875</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

#### Figure 8: CRGH Inflows for Breast Surgery by LHD 2010–11

#### Figure 9: RPA Inflows for Breast Surgery by LHD 2010–11
Best Practice: Issues and Service Gaps
Best practice issues that have been identified:

CRGH
- Lack of development in some areas including data management, some diagnostics and research.
- Opportunities to increase efficiencies in the outpatient areas and in theatres should be explored.

RPA
- Implementation of routine axillary ultrasound and, where necessary, biopsy of abnormal axillary nodes in patients with proven carcinoma of the breast will avoid unnecessary sentinel node studies in patients in whom the node biopsy is positive.
- Ability to perform x-rays of breast specimens in the operating theatre to assess resection margins of excised cancers.

Workforce: Issues and Service Gaps
Major services gaps identified include:

CRGH
- Access to specialist Psycho-Oncology support services.

RPA
- Lack of radiologists to provide adequate cover for breast clinics.
- Enhancements to Surgeons and Breast Physicians will be required to meet the expected increase in demand for services with the transition to Lifehouse.

Priorities for 2012 - 2017
Future directions for Breast Surgery across the SLHD are:

CRGH
- Increased supportive care for outpatients.
- Future evaluation of the model of care.

RPA
- Managing a successful transition to Lifehouse.
- Expanding the high-risk genetic clinic to occur once per week.
- Providing additional resources for medical geneticists and genetic counsellors.
- Improving access to Breast MRIs to accommodate expected exponential demand.
- Integrating with the proposed RPA Institute for Academic Surgery.
- Exploring options with Lifehouse for Chair of Breast Surgery.
Cancer Genetics

Service Description

This Cancer Genetics Service is a shared service between SLHD and SWSLHD and is hosted by SLHD under an inter-district agreement. The primary purpose of Cancer Genetics Services is to provide appropriate high-risk genetics screening to people whose families are affected by cancer. The service provides consultations and counselling through direct patient care and clinical record management.

Current resources include 0.6FTE Staff Specialist who has dual specialisation as a Medical Oncologist and Cancer Geneticist. The team includes 2.0FTE Genetic Counselors based at RPA who counsel clients on genetic testing. Cancer Genetic clinics at CRGH are also provided two days per week.

Referrals are received from GPs, families with a known genetic issue (BRCA 1) and largely through MDT meetings. High-risk clinics for breast cancer are conducted and patients may be offered surveillance annually with MRI, Ultrasound Scan (USS) and Mammogram.

Best Practice: Issues and Service Gaps

Best practice issues that have been identified:

- Cost of new technology including biological testing.
- Ideally, it is preferred for optimum cancer care that patients are referred to Psychologists with an expertise and/or interest in cancer work.
- Psychiatric patients who develop cancer need the ongoing engagement of their Psychiatrist.

Workforce: Issues and Service Gaps

Major services gaps identified include:

- The accessibility of Psycho-Oncology services is limited at CRGH.

Priorities for 2012 - 2017

Future direction for Cancer Genetics across the SLHD is:

- Planning for expansion as demand for services increases.

Clinical Trials

The Oncology Clinical Trials Team at the Sydney Cancer Centre, formed in 1990 is one of the longest established clinical trials teams in NSW. There is a centralised governance model and the team is comprised of 14 nurses, one regulatory affairs officer overseeing three sites and one Nurse Unit Manager.

An active clinical trials program is maintained across all departments including Medical Oncology, Radiation Oncology, Gynae-Oncology, Breast Surgery, Dermatology, Haematology, Urology, Palliative Care, Psycho-Oncology, Sydney Melanoma Diagnostic Centre and Sydney Head and Neck Cancer Institute with coordination of a portfolio of over 100 trials. This includes pharmacological studies, psycho-oncology, quality of life studies, translational studies and radiation oncology studies in more than 25 tumour streams.
Services provide access to treatments that would not be otherwise available to patients, potentially improving patient Quality of Life (QOL), decreasing length of hospital stay (LOS) and increasing survival rates (SR). The treatments that this service makes available are often the last line of treatment for most patients.

Clinical trials are involved with the following:

- Industry – mostly involving pharmaceutical and drug specific trials.
- Co-operative Groups – involving groups such as the Australian and New Zealand Breast Cancer Trials Group (ANZBCTG), Australian and New Zealand Urological and Prostate Group, Australian Lung Trials Group (ALTG).
- Investigator initiative – this includes PhD projects.
- Observational – Psycho-Oncology research.
- University affiliated – such as the survivorship research.

Best Practice: Issues and Service Gaps
Best practice issues that have been identified:

- TBA

Workforce: Issues and Service Gaps
Major services gap identified includes:

- Recruitment and retention of highly skilled clinical trials staff.

Priorities for 2012 - 2017
Future directions for Clinical Trials across the SLHD are:

- Ongoing funding of clinical trial staff to ensure trial programme can continue.
- Establish baseline data for recruitment to clinical trials with the goal to increase participation.

Dermatology

Service Description

CRGH
The CRGH Dermatology Department provides inpatient and outpatient services. There are seven consultants, one registrar, one resident and intermittently a second registrar. Cancer-related work accounts for approximately 50% of the activity in the Dermatology Service. This includes melanoma, non-melanoma skin cancers and lymphomas.

RPA
Dermatology provides an inpatient consultative service with one registrar and several VMOs. There are outpatient clinics and treatment can involve infusion services which are currently done in Haematology Ambulatory Care. The service has major international research role with National Health and Medical Research Council funding laboratories at the Centenary Institute and an academic chair.
Activity

Dermatology is 70.5% self-sufficient in the SLHD, with minor flows to private hospitals, day procedure centres and “natural” flows to SESLHD and the St Vincent’s network. The following table (Table 10) provides activity on the inflows to SLHD services for Dermatology. For both RPA and Concord, inflows derive from metropolitan districts especially Western Sydney (Figure 10 and Figure 11).

Table 10: Dermatology Inflows by Beddays to SLHD 2010-11 by LHD

<table>
<thead>
<tr>
<th>LHD</th>
<th>CRGH</th>
<th>% of Total CRGH</th>
<th>RPA</th>
<th>% of Total RPA</th>
<th>Grand Total</th>
<th>% of Total Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>317</td>
<td>61.1</td>
<td>214</td>
<td>53.1</td>
<td>531</td>
<td>57.6</td>
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<tr>
<td>Western Sydney</td>
<td>81</td>
<td>15.6</td>
<td>46</td>
<td>11.4</td>
<td>127</td>
<td>13.8</td>
</tr>
<tr>
<td>Northern Sydney</td>
<td>46</td>
<td>8.9</td>
<td>18</td>
<td>4.5</td>
<td>64</td>
<td>6.9</td>
</tr>
<tr>
<td>Illawarra Shoalhaven</td>
<td>18</td>
<td>3.5</td>
<td>39</td>
<td>9.7</td>
<td>57</td>
<td>6.2</td>
</tr>
<tr>
<td>South Western Sydney</td>
<td>41</td>
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<td>10</td>
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<td>51</td>
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<tr>
<td>South Eastern Sydney</td>
<td>0</td>
<td>0.0</td>
<td>34</td>
<td>8.4</td>
<td>34</td>
<td>3.7</td>
</tr>
<tr>
<td>Overseas</td>
<td>7</td>
<td>1.3</td>
<td>9</td>
<td>2.2</td>
<td>16</td>
<td>1.7</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>1.7</td>
<td>33</td>
<td>8.2</td>
<td>42</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>519</strong></td>
<td><strong>100.0</strong></td>
<td><strong>403</strong></td>
<td><strong>100.0</strong></td>
<td><strong>922</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Figure 10: CRGH Inflows for Dermatology by LHD 2010-11

Figure 11: RPA Inflows for Dermatology by LHD 2010-11

Best Practice: Issues and Service Gaps

Best practice issues that have been identified:
CRGH

- To ensure the service is supported in providing best practice care, sufficient junior medical, nursing and clerical staff is required.
- Ensure general infrastructure and equipment are maintained, repaired and replaced as necessary.

RPA

- The ongoing relationship with Lifehouse needs to be fostered.

Workforce: Issues and Service Gaps

Major services gaps identified include:

CRGH

- Enhancements to Dermatology Registrar staffing and strengthening of out-of-hours coverage by Registrars is required.

RPA

- Nil identified.

Priorities for 2012 - 2017

Future directions for Dermatology across the SLHD are:

CRGH

- Enhance skin cancer management as part of the CCC.
- Provide and utilise high quality educational opportunities, particularly when the new education centre will be completed and fully operational.

RPA

- Establishment of a successful partnership with Lifehouse.
- Establishment of a non-cancer infusion service at RPA.
- Integrating with the proposed RPA Institute of Academic Surgery.

Gynaecological Oncology

Service Description

The tertiary referral Gynaecological Oncology Service provides inpatient and outpatient care for patients with confirmed invasive gynaecological cancer, suspected cancers, dysplasia and complex and benign gynaecology. Two thirds of the patient load of this service in the past have not had cancer, however, it is accepted that many patients could potentially have cancer when referred to the Gynaecological Oncologist. Ambulatory clinics for this service will transition to Lifehouse in 2013 with transfer of surgical services in 2015.

Activity

Activity data for gynaecological oncology is difficult to disaggregate from the benign gynaecology data. Thus, this data has not been included.
Best Practice: Issues and Service Gaps
Best practice issue that has been identified:

- Enhancements to medical staff in order to maintain service provision and meet growing service demands.

Workforce: Issues and Service Gaps
Major services gap identified includes:

- Successful recruitment to vacancies will be required.

Priorities for 2012 - 2017
Future directions for Gynaecological Oncology across the SLHD are:

- Managing a successful transition to Lifehouse.
- Establishing agreed KPIs between Lifehouse and SLHD for the service.

Haematology

Service Description

**CRGH**
The Haematology Department at CRGH provides clinical and diagnostic services for patients with malignant and non-malignant haematological disorders to both CRGH and Bankstown Hospital. A well-established Clinical Research Unit participates in both national and international cancer research.

The unit provides a range of both inpatient and outpatient treatment for autologous stem cell transplant, blood transfusion support, immunotherapy and chemotherapy for leukaemia, lymphoma, myeloma and myelodysplasia.

The onsite Apheresis and Transplant Unit offers a unique service including plasmapheresis, red cell exchange, autologous stem cell harvesting and stem cell transplantation in an outpatient delayed admission mode. The unit is also one of two Therapeutic Goods Administration (TGA) licensed facilities for the collection of stem cells in NSW.

The Haematology Ambulatory Care Unit (HACU) has 16 beds/chairs and a component of the work includes non-cancer cytotoxic treatment and infusion.

**RPA**
The RPA Haematology Inpatient unit is a 24 bed Acute Haematology and Blood Stem Cell Transplant Unit. The multidisciplinary team consists of Medical, Nursing and Allied Health Professionals working together to provide high quality patient care.

The Haematology Ambulatory Care Services is comprised of the Apheresis Unit (4 chairs), Blood Collection Unit, Haemophilia Centre, Haematology Step Down Unit (5 chairs and 1 bed), and the Transplant & Clinical Trials Unit.

The Institute of Haematology (IOH) provides a state-wide referral service in the areas of Apheresis, Haematology transplantation and Haemophilia, along with the education and training of staff both within the IOH and throughout NSW. Ambulatory Care Haematology Services will transition to Lifehouse in 2013 and continue to be managed by RPA.
Activity
Haematological ESRGs include lymphoma and non-acute leukaemia, acute leukaemia, bone marrow transplant and other haematology. Lymphoma and other haematology are quite self-sufficient. Bone marrow transplants have a 21% outflow to St Vincent’s, and acute leukaemia has a 10% outflow to SESLHD.

The Haematology services however, have significant inflows (Table 11), reflecting the tertiary and quaternary nature of the services, with almost 40% of services being for SLHD residents. Major inflows came from SWSSLHD, WSSLHD, Overseas and Northern Sydney (Figure 12 and Figure 13).

Table 11: Haematology Inflows by LHD 2010-11

<table>
<thead>
<tr>
<th>LHD</th>
<th>CRGH</th>
<th>% of CRGH Activity</th>
<th>RPA</th>
<th>% of RPA Activity</th>
<th>Grand Total</th>
<th>% of Total Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>1309</td>
<td>40.2</td>
<td>2809</td>
<td>38.3</td>
<td>4118</td>
<td>38.9</td>
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<tr>
<td>South Western Sydney</td>
<td>748</td>
<td>23.0</td>
<td>704</td>
<td>9.6</td>
<td>1452</td>
<td>13.7</td>
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<td>Western</td>
<td>0</td>
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<td>1449</td>
<td>19.8</td>
<td>1449</td>
<td>13.7</td>
</tr>
<tr>
<td>Overseas</td>
<td>85</td>
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<td>990</td>
<td>13.5</td>
<td>1075</td>
<td>10.2</td>
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<td>17.9</td>
<td>194</td>
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<td>776</td>
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<tr>
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<td>639</td>
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<td>701</td>
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</tr>
<tr>
<td>Western Sydney</td>
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<td>11.3</td>
<td>79</td>
<td>1.1</td>
<td>447</td>
<td>4.2</td>
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<td>155</td>
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<td>92</td>
<td>1.3</td>
<td>116</td>
<td>1.1</td>
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<tr>
<td>Central Coast</td>
<td>8</td>
<td>0.2</td>
<td>92</td>
<td>1.3</td>
<td>100</td>
<td>0.9</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>0</td>
<td>0.0</td>
<td>43</td>
<td>0.6</td>
<td>43</td>
<td>0.4</td>
</tr>
<tr>
<td>Other</td>
<td>70</td>
<td>2.1</td>
<td>79</td>
<td>1.1</td>
<td>149</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Figure 12: CRGH Inflows for Haematology by LHD 2010-11
Best Practice: Issues and Service Gaps
Best practice issues that have been identified:

CRGH
- Eighty percent of clinical treatment is provided in the outpatient setting, however, this service operates with no dedicated Allied Health Professional support.
- Lack of specialist Adolescent and Young Adult services.
- Personalised patient care, therapies and chemotherapy dosing decisions, based on biologic and genetic markers of disease and pharmacogenetic characteristics, will continue to expand in the next 5 years, requiring significant resource allocation to diagnostic, including molecular laboratory services.
- Currently there is a single Cancer Care Co-ordinator in charge of patient care co-ordination across the very wide spectrum of haematological malignancies.
- The modern era of personalised cancer care, characterised by the multidisciplinary team approach and a commitment to transparent quality peer review requires well integrated ISD and clerical administrative support.
- Enhancement of Ambulatory Care Facilities and Hospital in the Home will be necessary to facilitate early discharge and therapies at home.

RPA
- Single rooms for patients undergoing transplant and high dose chemotherapy are ideally required to reduce infection risk. Single rooms will be refurbished on Level 7 at RPA for Haematology inpatients in 2015 once medical oncology and radiation oncology inpatients transition to Lifehouse.

Workforce: Issues and Service Gaps
Major services gaps identified include:

CRGH
- Physical space for outpatient services is at capacity.
- Access to dedicated specialist Nursing and Allied Health Professional services to meet increased demand including Psycho-Oncology, Occupational Therapy and Physiotherapy.
- The haematology clinical research unit requires investment in workforce resources to ensure recruitment of patients to a broad portfolio of quality trials.

RPA
- Ongoing funding of clinical trial staff to ensure trial programme can continue.
Priorities for 2012 - 2017
Future directions for Haematology across the SLHD are:

**CRGH**
- The CRGH Executive is currently undertaking a review of existing models of care in Haematology, focusing predominantly on ambulatory care and cross-specialty infusion services.
- Expansion of Cancer Care Co-ordinator services will be essential.
- In the absence of on-site PET/CT scanning facilities the structured MDT process at Concord Haematology requires appropriate IT infrastructure to support this.
- Development of CRGH referral base to ensure equitable distribution of tertiary haematology services within SLHD.
- Strategic review of the long-term distribution of haematology and sub-speciality services across SLHD, to ensure recruitment and retention of quality staff.
- Expansion of haematology specific ambulatory services.

**RPA**
- Establishment of a successful partnership with Lifehouse with the relocation of Ambulatory Care Haematology Services to Lifehouse from mid-2013.
- Establishment of a non-cancer infusion service at RPA for delivery of biological products including clinical immunology and dermatology-related treatments.
- Undertake planning for expansion of Haematology Services.

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**Head and Neck Surgery**

**Service Description**

**CRGH**
The Head and Neck Surgery Service at CRGH is provided by three VMOs. There are five clinics per month and five full theatre sessions every four weeks.

**RPA**
The Head and Neck Surgical Service provides care for patients with head and neck malignancies. About 50-60% of patients have cancer, others require non-malignant thyroid and salivary gland surgical treatments. Some of these cases are jointly operated with neurosurgery. A Head and Neck MDT meeting is held at RPA once per week. New cancer patients, with a more complicated condition or advanced cancer, attend the MDT and are reviewed by a surgeon, Radiation Oncologist and Medical Oncologist. Ambulatory clinics will transition to Lifehouse in 2013. This service will be part of a review of surgical services in December 2014 with a view to transferring inpatient and surgical activity in 2015.

**Activity**
Head Neck Surgery is 40% self-sufficient in SLHD, with major outflows to private hospitals and also to the St Vincent’s network (6.7% of SLHD resident demand for Head and Neck Surgery). The majority of Head and Neck overnight surgery is undertaken in RPA Hospital. Forty-seven percent of the Head and Neck Surgical Services in SLHD is provided to Sydney residents. The remaining inflows derive from South Western Sydney, Illawarra/Shoalhaven, and South Eastern Sydney. Table 12 shows the inflow patterns for 2010-11.
### Table 12: Head and Neck Surgery Inflows for SLHD 2010-11

<table>
<thead>
<tr>
<th>LHD</th>
<th>CRGH</th>
<th>% of CRGH Activity</th>
<th>RPA</th>
<th>% of RPA Activity</th>
<th>Grand Total</th>
<th>% of Total Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>39</td>
<td>44.8</td>
<td>179</td>
<td>48.4</td>
<td>218</td>
<td>47.7</td>
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<tr>
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<td>20.7</td>
<td>29</td>
<td>7.8</td>
<td>47</td>
<td>10.3</td>
</tr>
<tr>
<td>Illawarra Shoalhaven</td>
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<td>0.0</td>
<td>28</td>
<td>7.6</td>
<td>28</td>
<td>6.1</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>0</td>
<td>0.0</td>
<td>27</td>
<td>7.3</td>
<td>27</td>
<td>5.9</td>
</tr>
<tr>
<td>Western</td>
<td>0</td>
<td>0.0</td>
<td>25</td>
<td>6.8</td>
<td>25</td>
<td>5.5</td>
</tr>
<tr>
<td>Northern Sydney</td>
<td>17</td>
<td>19.5</td>
<td>7</td>
<td>1.9</td>
<td>24</td>
<td>5.5</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>9</td>
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<td>12</td>
<td>3.2</td>
<td>21</td>
<td>4.6</td>
</tr>
<tr>
<td>Northern</td>
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<td>0.0</td>
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<td>5.7</td>
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<tr>
<td>Central Coast</td>
<td>0</td>
<td>0.0</td>
<td>12</td>
<td>3.2</td>
<td>12</td>
<td>2.6</td>
</tr>
<tr>
<td>Hunter New England</td>
<td>0</td>
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<td>0.8</td>
<td>3</td>
<td>0.7</td>
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<td>1</td>
<td>0.3</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>87</strong></td>
<td><strong>100</strong></td>
<td><strong>370</strong></td>
<td><strong>100</strong></td>
<td><strong>457</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Best Practice: Issues and Service Gaps**

Best practice issues that have been identified:

**CRGH**
- CRGH has the capability to undertake all head and neck surgery. There is less flexibility when coordinating a theatre session when a plastic surgeon is needed, for example, procedures including a free flap repair. Therefore, some patients will be referred to RPA to minimise delay in surgery.
- Capacity is managed by ensuring that patients attending the clinic are not general ENT referrals, but more specifically those requiring head and neck expertise.

**RPA**
- The RPA service will transition to Lifehouse in 2013 with surgery and inpatient capacity transferring in 2015.
- Ongoing involvement of Allied Health Professional services is essential. Review of capacity and enhancements to meet demand are required.

**Workforce: Issues and Service Gaps**

Major services gaps identified include:

**CRGH**
- No issues, the service at CRGH functions well. This is a small service which has the capacity to provide for SLHD, outside the Lifehouse agreements.

**RPA**
- Specialist Dietitian and Speech Pathologist services should be dedicated to the Head and Neck Service with the transition to Lifehouse.
Priorities for 2012 - 2017

Future directions for Head and Neck Surgery across the SLHD are:

**CRGH**
- Opportunities to expand services at CRGH with increased theatre time in the future would be beneficial.

**RPA**
- Managing successful transition to Lifehouse.

### Medical Oncology

**Service Description**

**CRGH**
The Department of Medical Oncology aims to provide optimal cancer care in both an inpatient and ambulatory care environment and forms part of the CCC. This ranges from investigation, diagnosis and management of patients with malignant disease including active treatment and palliation.

Patients may attend the Medical Oncology Day Unit (MODU) for medical oncology consultations, assessment and education, chemotherapy and supportive care. This includes intravenous therapy, enemas, abdominal and pleural taps and other infusions. The model of care based on the principles of providing seamless and coordinated care aims to reduce the stresses associated with frequent medical reviews and chemotherapy treatments. Maximal support is maintained for the patients as well as their family and carer.

MODU has 16 beds/chairs and a component of the work includes non-cancer cytotoxic treatment and infusion.

**RPA**
The RPA Medical Oncology Service provides multidisciplinary treatment of solid core tumours by systemic therapy. Ambulatory care, inpatient and consultation services are provided for adults with solid cancers excluding haematological malignancies. A cytotoxic pharmacy is currently located on-site. The ambulatory service has 27 beds/chairs (5 beds and 22 chemotherapy chairs). The service provides 125-140 non-chemotherapy treatment per month, 3-5 non-cancer treatments per month and 20-35 blood transfusions per month. A weekly outreach clinic is provided at Dubbo in the central west. This service will be transitioning to Lifehouse from 2013 with inpatient services commencing in 2015.

**Activity**
Under the Oncology SRG, the ESRG “Other Medical Oncology” is 76% self-sufficient in SLHD, with some outflows to private hospitals, the St Vincent’s network and South Eastern Sydney. For the ESRG “Digestive Malignancy”, the District is 66% self-sufficient, with 13% of activity outflowing to private hospitals and 7% to SESLHD hospitals.

Seventy-six percent of the SLHD inpatient medical oncology activity occurs in the RPA hospital.

Fifty percent of the Medical Oncology Services in SLHD is provided to Sydney LHD residents. The remaining inflows derive from South Western Sydney, Northern Sydney, Western NSW and Western Sydney Table 13, Figure 14 and Figure 15 show the inflow patterns for 2010-11.
Table 13: Medical Oncology Inflows for SLHD 2010-11

<table>
<thead>
<tr>
<th>LHD</th>
<th>CRGH</th>
<th>% Total CRGH Activity</th>
<th>RPA</th>
<th>% Total RPA Activity</th>
<th>Total</th>
<th>% Total Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
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<td>2634</td>
<td>48.7</td>
<td>3542</td>
<td>49.6</td>
</tr>
<tr>
<td>South Western Sydney</td>
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<td>9.8</td>
<td>772</td>
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<tr>
<td>Northern Sydney</td>
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<td>335</td>
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<td>578</td>
<td>8.1</td>
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<td>Western</td>
<td>5</td>
<td>0.3</td>
<td>554</td>
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<td>235</td>
<td>4.3</td>
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<td>3.3</td>
</tr>
<tr>
<td>Illawarra Shoalhaven</td>
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<td>2.1</td>
<td>129</td>
<td>1.8</td>
</tr>
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<td>7143</td>
<td>100.0</td>
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</tbody>
</table>

Figure 14: CRGH Inflows for Medical Oncology by LHD 2010-11

Figure 15: RPA Medical Oncology Inflows by LHD 2010-11
Best Practice: Issues and Service Gaps

Best practice issues that have been identified:

**CRGH**
- Clinic space is at capacity and inhibits provision of optimal multidisciplinary care.

**RPA**
- Timely access to chemotherapy.

Workforce: Issues and Service Gaps

Major services gaps identified include:

**CRGH**
- Timely replacement or backfill for Staff Specialists on leave.
- Lack of available Allied Health Professional services dedicated to Ambulatory Cancer care.

**RPA**
- Adequate support of skilled front-line staff to minimise burnout.
- Workforce issues associated with the transition to Lifehouse.

Priorities for 2012 - 2017

Future directions for Medical Oncology across the SLHD are:

**CRGH**
- It is projected that CRGH will require an additional five chairs/beds by 2016. It is critical to note that physical space is an issue as this projection is only related to medical oncology chemotherapy at CRGH. The Haematology Ambulatory Care Unit (HACU) is co-located with the medical oncology chemotherapy service and has not been considered in this projection.
- Development of the Sydney Survivorship Centre to explore survivorship models of care.

**RPA**
- Successful transition of the RPA Medical Oncology services to Lifehouse.

Melanoma and Surgical Oncology

Service Description
The Melanoma and Surgical Oncology Department provides a service primarily for patients with melanoma but also for patients with soft tissue sarcoma in collaboration with the Bone and Soft Tissue service. The service operates on an integrated model which includes diagnostics, surgery, regional chemotherapy, immunotherapy and domiciliary support.

Activity
For the two DRGs associated with skin malignancies, the vast majority of inpatient activity occurred in RPA Hospital, with 32 beddays of activity occurring in the Concord Hospital. In RPA, most of the activity was provided for non-metropolitan LHDs including the Central Coast, Mid North Coast, Illawarra/Shoalhaven and Hunter New England (Table 14).
Table 14: Inpatient Skin Malignancy Inflows for SLHD 2010-11

<table>
<thead>
<tr>
<th>LHD</th>
<th>CRGH</th>
<th>RPA</th>
<th>% RPA Activity</th>
<th>Total</th>
<th>% Total Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Coast</td>
<td>39</td>
<td>21.2</td>
<td>39</td>
<td>39</td>
<td>18.1</td>
</tr>
<tr>
<td>Sydney</td>
<td>32</td>
<td>33</td>
<td>65</td>
<td>32</td>
<td>17.9</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>31</td>
<td>16.8</td>
<td>31</td>
<td>31</td>
<td>14.4</td>
</tr>
<tr>
<td>Western Sydney</td>
<td>27</td>
<td>14.7</td>
<td>27</td>
<td>27</td>
<td>12.5</td>
</tr>
<tr>
<td>Illawarra Shoalhaven</td>
<td>14</td>
<td>7.6</td>
<td>14</td>
<td>14</td>
<td>6.5</td>
</tr>
<tr>
<td>Hunter New England</td>
<td>12</td>
<td>6.5</td>
<td>12</td>
<td>12</td>
<td>5.5</td>
</tr>
<tr>
<td>South Western Sydney</td>
<td>11</td>
<td>5.9</td>
<td>11</td>
<td>11</td>
<td>5.1</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>9.2</td>
<td>17</td>
<td>11</td>
<td>5.9</td>
</tr>
<tr>
<td>Grand Total</td>
<td>32</td>
<td>184</td>
<td>100</td>
<td>216</td>
<td>100</td>
</tr>
</tbody>
</table>

Best Practice: Issues and Service Gaps
Best practice issues that have been identified:
- Limited access to operating theatre time and inpatient beds.

Workforce: Issues and Service Gaps
Major services gaps identified include:
- Improve access to specialist CNCs to support services.
- The incidence of melanoma is increasing. Future planning is required to ensure staffing resources will be available to meet the associated growth in service demand.

Priorities for 2012 - 2017
Future directions for Melanoma and Surgical Oncology Services within SLHD are:
- Establishment of a successful partnership with Lifehouse.
- Further develop clinical trials in collaboration with Medical Oncology
- Integrating with the proposed RPA Academic Surgery Institute.

Melanoma Diagnostics

Service Description
The Sydney Melanoma Diagnostic Centre, which was opened in 2003 is a clinical unit of the Sydney Cancer Centre, located in level 2 of Gloucester House. The Centre utilises best practice methods for the diagnosis and management of skin tumours, with a particular emphasis on pigmented lesions (e.g. moles and melanoma). The Centre conducts research on diagnostic and therapeutic techniques for skin tumours, with a particular emphasis on pigmented lesions.

The centre runs a High Risk Clinic for the diagnosis of primary melanomas which is a research project funded by the Cancer Institute of NSW. This clinic is provided 3 days per week (1/2 day clinics) and has approximately 312 patients currently; however the number of patients is likely to increase to 400 in the next 6-12 months. These patients are seen twice per year. The Centre also runs a Procedure Clinic and Confocal microscopy.
Palliative Care and Bereavement Services

Service Description
Palliative Care services within the SLHD are provided within a complex model encompassing hospital consultancy, inpatient and community palliative care. The Palliative Care Service aims to provide pain and symptom management, end of life care, address quality of life concerns and future care planning whilst recognising the psychological, spiritual and cultural dimensions of care.

The Palliative Care Service provides for the assessment and care of patients not only with cancer, but for patients with complex care needs, including those with a non-cancer diagnosis. The service includes access to Bereavement Counsellors and works in collaboration with members of multidisciplinary teams and allied health professionals.

The Palliative Care Volunteer Service provides specially trained volunteers to support patients, their carers and families during their admission to hospital and within their home. Volunteers provide services such as respite for carers, companionship and helping with minor practical tasks around the home.

Canterbury Hospital
The Telopea ward at Canterbury Hospital has been allocated palliative care beds to service the SLHD. This provides capacity to transfer patients from the acute settings of CRGH and RPA into a suitable environment, allowing for respite or terminal care for patients who do not wish to die at home. Consultants from the CRGH and RPA services provide support to the unit and admit patients. There is also a registrar and specialist nursing personnel available on the ward. Fourteen of the 20 beds are due to transfer to CRGH in 2013. A plan for the remaining six beds and associated services is required.

CRGH
The Palliative Care Medical team provides an inpatient consultancy service with four acute inpatient beds. Four outpatient clinics per week are held. The registrars visit patients in their home in the Concord and Croydon local area when resources allow. The unit consists of two Staff Specialists with a third due to begin in early 2013, a CNC and a CNS. For SLHD residents, a new 20 bed palliative care inpatient unit is planned for the Concord Hospital site.

The 14 beds currently provided at Canterbury Hospital will be transferred to Concord and six new beds will be provided through Council of Australian Governments (COAG) sub-acute funding to form a 20 bed service. The capital work development of the new Palliative Care Unit will be completed in 2013 with an appropriate transition plan in place.

RPA
The Palliative Care Medical team provides an inpatient consultancy service although there are no dedicated palliative care beds at RPAH. The service includes medical and specialist nursing consultation to inpatients within the facility. They also attend various MDT meetings as well as provide home visitation for registered palliative care patients. Successful recruitment to key medical and nursing staff appointments has allowed for significant enhancements to service provision. Currently the unit has four Staff Specialists, a CNC and a CNS. An outreach service is provided to Dubbo once per month with attendance to weekly MDT remotely via teleconference.

Activity
The SLHD is 60% self-sufficient for palliative care services, with outflows of SLHD residents being to palliative care units in St Vincent’s, South Eastern Sydney, other private and South Western Sydney (Table 15).
Table 15: SLHD Resident Outflows for Palliative Care 2010-11

<table>
<thead>
<tr>
<th></th>
<th>Sydney</th>
<th>St. Vincent’s Network</th>
<th>South Eastern Sydney</th>
<th>Other Private</th>
<th>South Western Sydney</th>
<th>Other</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>% Self Sufficient</td>
<td>No.</td>
<td>% flow to St. Vincent’s</td>
<td>No.</td>
<td>% flow to SES</td>
<td>No.</td>
</tr>
<tr>
<td>862 Palliative Care - Cancer Related</td>
<td>4213</td>
<td>60.4</td>
<td>1930</td>
<td>27.7</td>
<td>675</td>
<td>9.7</td>
<td>67</td>
</tr>
<tr>
<td>863 Palliative Care - Non-Cancer</td>
<td>324</td>
<td>51.1</td>
<td>93</td>
<td>14.7</td>
<td>152</td>
<td>24.0</td>
<td>27</td>
</tr>
<tr>
<td>869 Palliative Care - Sameday</td>
<td>3</td>
<td>50.0</td>
<td>1</td>
<td>16.7</td>
<td>1</td>
<td>16.7</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>4540</td>
<td>59.7</td>
<td>2024</td>
<td>26.6</td>
<td>828</td>
<td>10.9</td>
<td>94</td>
</tr>
</tbody>
</table>

The SLHD receives minimal inflows for palliative care services: 90% of the patients cared for in Canterbury, the largest site of palliative care beds in 2010, were SLHD residents (Table 16).

Table 16: Palliative Inflows across SLHD designated Palliative Care Beds 2010-11

<table>
<thead>
<tr>
<th></th>
<th>Balmain</th>
<th>Canterbury</th>
<th>CRGH</th>
<th>RPA</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>% of Total Balmain</td>
<td>No.</td>
<td>% of Total Canterbury</td>
<td>No.</td>
</tr>
<tr>
<td>TOTAL Palliative Care</td>
<td>92</td>
<td>4790</td>
<td>137</td>
<td>44</td>
<td>5063</td>
</tr>
<tr>
<td>Sydney</td>
<td>64</td>
<td>69.6</td>
<td>4339</td>
<td>90.6</td>
<td>105</td>
</tr>
<tr>
<td>South Western Sydney</td>
<td>28</td>
<td>30.4</td>
<td>340</td>
<td>7.1</td>
<td>368</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>38</td>
<td>0.8</td>
<td>7</td>
<td>5.1</td>
<td>45</td>
</tr>
<tr>
<td>Western Sydney</td>
<td>31</td>
<td>0.6</td>
<td>8</td>
<td>5.8</td>
<td>39</td>
</tr>
<tr>
<td>Hunter New England</td>
<td>32</td>
<td>0.7</td>
<td>2</td>
<td>1.5</td>
<td>34</td>
</tr>
<tr>
<td>Other(999)</td>
<td>7</td>
<td>0.1</td>
<td>12</td>
<td>27.3</td>
<td>19</td>
</tr>
<tr>
<td>Northern Sydney</td>
<td>3</td>
<td>0.1</td>
<td>15</td>
<td>10.9</td>
<td>18</td>
</tr>
</tbody>
</table>

Best Practice: Issues and Service Gaps
Best practice issues that have been identified:
- Re-establish more frequent clinics to the Dubbo outreach service previously provided fortnightly.
- Although a relatively small service, the Bereavement Service is an important service that needs to be available to both RPA and Lifehouse.

Workforce: Issues and Service Gaps
Major services gaps identified include:
- Workforce issues related to the dedicated Palliative Care Unit to ensure access to highly specialised staff and services.
- Access to dedicated Allied Health Professionals specialising in Palliative Care for SLHD.

Priorities for 2012 - 2017
Future directions for Palliative Care & Bereavement Services are:
- Timely completion of the Palliative Care Unit project without compromising key elements critical to the high quality care and the patient and carer experience.
- Maintenance and protection of adequate staffing levels for the specialist Palliative Care Unit.
- Development of a Nurse Practitioner role for Community Palliative Care Services.
- An options paper to be developed examining the most appropriate and effective use of the 6 beds expected to remain at Telopea.
Psycho-Oncology

Service Description
The Psycho-Oncology Department is staffed by Clinical Psychologists and Social Workers who provide counselling and therapy to patients with cancer and their families. It is a specialist counselling and therapy service providing consultation, intervention and ongoing therapy to both inpatients and outpatients. It is agreed that the Psycho-Oncology Department will transition to Lifehouse in 2013.

Activity
Psycho-oncology activity in the Ambulatory Care Setting is captured in NAPOOS data (Table 6 and Table 7).

Best Practice: Issues and Service Gaps
Best practice issues that have been identified:

- Implementation of automatic referral of AYA patients to the service as an early intervention practice.
- Development of triage system to ensure timely pick-up of referrals, which to date, has ensured that referrals are attended to within 7 days for outpatient appointments. Inpatient referrals are generally attended to within 24-48hrs.

Workforce: Issues and Service Gaps
Major services gaps identified include:

- All roles within the service are contracted positions, dependent upon various funding sources and the availability of recurrent funding.
- A gap in the service is lack of administrative support, which is needed to sustain the clinical work done in the service.

Priorities for 2012 - 2017
Future directions for Psycho-Oncology Services are:

- Managing a successful transition of RPA Services to Lifehouse
- Development of clear pathways to referrals as an early intervention for other high-risk groups.
- Focus on developing the team, with recent enhancements to the service through appointment of a Psychiatrist and an additional Psychologist, enabling a greater focus on research opportunities.
- Improved access to Psycho-Oncology services at CRGH.

Radiation Oncology

Service Description
The Department of Radiation Oncology provides a Level 6 state-wide tertiary referral service. The Department of Radiation Oncology provides a multidisciplinary approach to treatment and support for patients with cancer and related conditions. Treatment includes external beam radiation, brachytherapy, stereotactic radiosurgery, orthovoltage/superficial X-ray therapy. Clinical trials and research are integral to the model of care. Clinics are held in Gloucester House (RPA), Concord, Strathfield and Dubbo. The service has four linear accelerators; a brachytherapy bunker; a superficial orthovoltage machine; a national stereotactic department and a fifth linear accelerator with Exac-Trac Imaging. An onsite CT scanner is available for treatment planning. This service will be managed by Lifehouse from 2013.

Activity
Inpatient activity associated with Radiation Oncology is included in the Oncology ESRGs

Best Practice: Issues and Service Gaps
Best practice issues that have been identified:
Managing transition of services to Lifehouse the two key aspects:

i) Continuity of service and maintenance of quality of care.

ii) Retention of important key experienced staff.

Underutilisation of the Stereotactic Linear Accelerator (provided by Commonwealth Grant in 2009) because of workforce limitations.

**Workforce: Issues and Service Gaps**

Major services gaps identified include:

- National workforce projections predict growing workforce shortages in radiation therapy and radiation physics in the future.
- The major current workforce issue is lack of an agreed establishment. This manifests in delays in recruitment when staff leave and need to be replaced.

**Priorities for 2012 - 2017**

Future directions for Radiation Oncology Services are:

- Manage successful transition of Radiation Oncology Services to Lifehouse.
- Establishment of Radiation Oncology Services at CRGH.
- Implementation of the National Practice Standards.
- Replacement of linear accelerator – 21EX(A) which was installed in 1994 and due for replacement in 2014.

**Urology**

**Service Description**

**CRGH**

The Department of Urology at CRGH provides a wide range of in-patient and outpatient services with 6.0 FTE VMOs, 0.5FTE Staff Specialist, 2.0FTE Registrars, 2.0FTE Resident Medical Officer, 1.0FTE CNC, 0.84FTE CNS and 1.0FTE Analyst (shared with RPA).

The department is involved in management of all urological malignancies, including prostate, bladder, kidney and testicular cancer. Aligned with these services is an ongoing commitment to provide a high quality consulting service for other departments within the hospital.

There is a multidisciplinary clinic that provides care to patients with urological cancers, such as kidney, bladder, prostate and testicular cancers. The clinic consists of Urologists, an Oncologist, a Psychologist, Cancer Care Co-ordinator and Clinical Nurse Consultant.

**RPA**

The Urology Service treats urological malignancies and benign conditions of the urinary system – including cancers of kidney, bladder, prostate, testis, urethra and penis. Benign conditions include incontinence, stone disease, sexual dysfunction and stricture. Just over a quarter of the service provision is for cancer-related conditions. This service will remain at RPA, with private VMO sessions being provided at Lifehouse.

**Activity**

The self-sufficiency of Urology ESRGs is for 2010-11 is presented in Table 17.
Table 17: Urology Percentage Self-Sufficiency by ESRG

<table>
<thead>
<tr>
<th>ESRG</th>
<th>% Self-Sufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>521 Cystourethroscopy</td>
<td>39.5%</td>
</tr>
<tr>
<td>522 Urinary Stones and Obstruction</td>
<td>70.6</td>
</tr>
<tr>
<td>TURP</td>
<td>36.3</td>
</tr>
<tr>
<td>Other Non-procedural Urology</td>
<td>67.7</td>
</tr>
<tr>
<td>Other Urological Procedures</td>
<td>51.2</td>
</tr>
</tbody>
</table>

Outflows are primarily to private hospitals and private day procedures centres, with some activity also flowing to SESLHD.

Inflows for Urology are provided in Table 18, Figure 16 and Figure 17. Most inflows are from the metropolitan Districts.

Table 18: Urology Inflows for SLHD, 2010-11

<table>
<thead>
<tr>
<th></th>
<th>Canterbury</th>
<th>% of Total Canterbury</th>
<th>RPA</th>
<th>% of Total RPA</th>
<th>Concord</th>
<th>% of Total Concord</th>
<th>Grand Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>752</td>
<td>67.9</td>
<td>3614</td>
<td>54.3</td>
<td>1679</td>
<td>37.7</td>
<td>6045</td>
<td>49.5</td>
</tr>
<tr>
<td>South Western</td>
<td>231</td>
<td>20.8</td>
<td>665</td>
<td>10.0</td>
<td>813</td>
<td>18.3</td>
<td>1709</td>
<td>14.0</td>
</tr>
<tr>
<td>Sydney</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Sydney</td>
<td>21</td>
<td>1.9</td>
<td>179</td>
<td>2.7</td>
<td>1050</td>
<td>23.6</td>
<td>1250</td>
<td>10.2</td>
</tr>
<tr>
<td>Northern Sydney</td>
<td>0.0</td>
<td>2.9</td>
<td>191</td>
<td></td>
<td>592</td>
<td>13.3</td>
<td>783</td>
<td>6.4</td>
</tr>
<tr>
<td>South Eastern</td>
<td>42</td>
<td>3.8</td>
<td>566</td>
<td>8.5</td>
<td>136</td>
<td>3.1</td>
<td>744</td>
<td>6.1</td>
</tr>
<tr>
<td>Sydney</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western</td>
<td>0.0</td>
<td>9.5</td>
<td>630</td>
<td></td>
<td>22</td>
<td>0.5</td>
<td>652</td>
<td>5.3</td>
</tr>
<tr>
<td>Overseas</td>
<td>10</td>
<td>0.9</td>
<td>116</td>
<td>1.7</td>
<td>67</td>
<td>1.5</td>
<td>193</td>
<td>1.6</td>
</tr>
<tr>
<td>Illawarra</td>
<td>17</td>
<td>1.5</td>
<td>113</td>
<td>1.7</td>
<td>11</td>
<td>0.2</td>
<td>141</td>
<td>1.2</td>
</tr>
<tr>
<td>Shoalhaven</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.C.T.</td>
<td>0.0</td>
<td>1.9</td>
<td>127</td>
<td></td>
<td>4</td>
<td>0.1</td>
<td>131</td>
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<tr>
<td>Southern</td>
<td>24</td>
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<td>86</td>
<td>1.3</td>
<td>18</td>
<td>0.4</td>
<td>128</td>
<td>1.0</td>
</tr>
<tr>
<td>Murrumbidgee</td>
<td>1</td>
<td>0.1</td>
<td>117</td>
<td>1.8</td>
<td>5</td>
<td>0.1</td>
<td>123</td>
<td>1.0</td>
</tr>
<tr>
<td>Hunter New</td>
<td>1</td>
<td>0.1</td>
<td>109</td>
<td>1.6</td>
<td>10</td>
<td>0.2</td>
<td>120</td>
<td>1.0</td>
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<tr>
<td>England</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>8</td>
<td>0.7</td>
<td>77</td>
<td>1.2</td>
<td>5</td>
<td>0.1</td>
<td>90</td>
<td>0.7</td>
</tr>
<tr>
<td>Central Coast</td>
<td>1</td>
<td>0.1</td>
<td>26</td>
<td>0.4</td>
<td>17</td>
<td>0.4</td>
<td>44</td>
<td>0.4</td>
</tr>
<tr>
<td>Nepean Blue</td>
<td>0</td>
<td>0.0</td>
<td>20</td>
<td>0.3</td>
<td>24</td>
<td>0.5</td>
<td>44</td>
<td>0.4</td>
</tr>
<tr>
<td>Mountains</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>19</td>
<td>0.3</td>
<td>1</td>
<td>0.0</td>
<td>20</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1108</strong></td>
<td></td>
<td><strong>6655</strong></td>
<td><strong>4454</strong></td>
<td><strong>12217</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Best Practice: Issues and Service Gaps
Best practice issues that have been identified:

**CRGH**
- It is preferable to have a dedicated Urology Pathologist, rather than a General Pathologist for a urology cancer service. It is becoming best practice to have a dedicated urology pathologist to ensure consistently high standards.

Workforce: Issues and Service Gaps
Major services gaps identified include:

**CRGH**
- CRGH clinics attract patients from beyond the local government area and will require monitoring to ensure adequate capacity exists.

**RPA**
- Review of workforce issues in relation to transition to Lifehouse.

Priorities for 2012 - 2017
Future directions for Urology Services across the SLHD are:
CRGH

- At CRGH there is a planned introduction of a ‘check’ cystoscopy clinic later this year. This will enable patients to have a flexible cystoscopy done in the Ambulatory Care Unit rather than Operating Theatre. This will be a much more efficient and cost effective process, eliminating lengthy wait times, unnecessary stays in recovery and a more user-friendly environment for patients.
- Following the launch of the CCC, it is important to ensure that signage is prominent and reflective of the many services/departments providing cancer care.
- Enhanced capacity for minimally invasive surgery.

RPA

- Establishment of successful partnership with Lifehouse.
- This service will be part of a review of surgical services in December 2014.
- Explore opportunities to review case for robotic surgery.
Our Priorities

1. Lifehouse
   a. Efficient transition to Lifehouse to ensure successful integration of Cancer Services.
   b. Ongoing interaction with Lifehouse will be critical to the establishment of a long-term partnership for optimal service delivery for both Cancer Services transferring to Lifehouse and those remaining within RPA.

2. Infrastructure and workforce planning to meet increased demand for cancer services
   a. Master planning for developing the Concord Cancer Centre Precinct at CRGH.
   b. Develop a business case for establishing Radiotherapy Services within CCC at CRGH.
   c. Provide appropriate infrastructure and workforce for survivorship models of care research including development of a purpose-built facility for the Sydney Survivorship Centre.
   d. Enhancements to chemotherapy capacity at CRGH.
   e. Development of a multi-specialty infusion service at CRGH and RPA.
   f. Increased medical and surgical bed base for Cancer Services at CRGH.
   g. Ensure patients of SLHD have ongoing access to state of the art treatment technology and current treatment capacity is maintained with the replacement of one linear accelerator at the end of its functional life.
   h. Enhanced capacity for minimally invasive surgery.

3. Palliative Care
   a. Efficient transition to the SLHD Palliative Care Unit on the CRGH site.
   b. Development of an options paper regarding designated Palliative Care beds across the district.
   c. Development of an optimal model of care incorporating hospital consultancy, inpatient and specialist community health services.
   d. Definition and establishment of the Palliative Care Nurse Practitioner role.
   e. Development of a district-wide End of Life Care Strategy.

4. Research
   a. Ensure the ongoing collaborative relationship between Lifehouse and Cancer Services to foster world class cancer research within the SLHD into the future.
   b. Improve patient outcomes by providing increased access to clinical trials.
   c. Secure ongoing funding of clinical trial staff to ensure trial programme can continue.

5. Comprehensive Cancer Care
   a. Ensure increased capacity in radiology for diagnosis, treatment and therapy including PET, MRI and therapeutic procedures such as radiofrequency ablation across SLHD.
   b. Maintaining capacity for diagnostic pathology and meeting needs of new molecular testing for therapeutic decision making.
   c. Maintain established links with non-cancer streams in regard to cancer-related activity including Colorectal Surgery, Upper GI Surgery, Neurosurgery and Respiratory Medicine.
   d. Review, support and develop dedicated Allied Health Professional and Support Services with investigation of opportunities to attract and retain high calibre staff within cancer care specialties.

6. Information Management and Information Technology
   a. Ongoing development and implementation of eMR functionalities to ensure effective information exchange among the various care settings within the SLHD including Lifehouse.
   b. Support the development of electronic prescribing across the SLHD.
   c. Ensure accurate reporting of KPIs to stakeholders including Ministry of Health, Cancer Institute NSW and COAG.
   d. Development of capacity for increased data field collection for the Clinical Cancer Registry.
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Appendix
### Table 19: SLHD Cancer Clinical Stream Activity 2005 – 2011 x ESRG

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