

MostynCopper

Private Hospital Development

445-459 Canterbury Rd, Campsie

HIGH LEVEL CLINICAL REVIEW

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1. Executive Summary

1.1 HPG Project Overview

Canterbury Bankstown has a large diverse and growing population who would enjoy the benefit of improved access to health services including access to a broader range of elective private medical services. It is noted that the identified site is approximately 700metres from both the Canterbury Hospital and the Campsie NSW Ambulance.

With the exception of Day Surgery facilities, there are no acute / sub-acute private hospitals in the Canterbury Bankstown Local Government Area (LGA) and as such the proposed facility presents a compelling opportunity to provide a state of the art facility in the area pending partnership with a suitable operator.

The proposed development would include:

- Up to 218 beds including two (2) ICU beds
- Approximately eight (8) Operating Rooms with approximately 20 pre-procedure and 24 post-procedure beds / chairs, CSSD
- Ambulatory Care
- Clinical and non-clinical support spaces
- Consulting Suites
- Education spaces
- Staff and visitor parking
- Retail / café spaces

1.2 Report Findings and Considerations

High level themes have been identified following the documentation review and they include:

Themes	Aims, Objectives and Considerations
Patient experience	<ul style="list-style-type: none"> • Care as close to home as possible • Person centred care – patients, families and carers • Greater access and choice • Less invasive interventions • Decreased length of stays • Co-design with consumers • Integrated care
Population	<ul style="list-style-type: none"> • 39% increase to 2031 • 33% of Canterbury socially disadvantaged • High ethnicity – 48% born overseas and 66% do not speak English at home • High projected population increase for 65+yrs by 2031 • 18.8% Canterbury resident activity flows to Concord or RPA Hospitals • 16.8% activity flows to SESLHD or SWSLHD • 10% of all SLHD births are attributed to Canterbury residents
SLHD direction / Canterbury Hospital	<ul style="list-style-type: none"> • Decreased reliance on beds • New models of care and clinical redesign • Need for additional capacity to meet growing demand • Integrated models of care and out of hospital care • Improved ITC capability / digital health – high priority • Commitment to evidence based research • Redevelopment of Canterbury Hospital – high priority • Need for Renal Dialysis in Canterbury • Promotion of Breast Screen services in Canterbury • Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services • Build stronger / strategic partnerships • Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care • Concord Hospital provides significant support to Canterbury Hospital – back-up, beds and services including

	<ul style="list-style-type: none"> ○ Radiology ○ Nuclear Medicine ○ Pathology ○ Infectious Diseases ○ Intensive Care ○ Emergency Medicine ○ Specialised Aged Care ○ Rehabilitation ○ Cancer ○ Cardiology ○ Endocrinology ○ Colorectal Surgery ○ Neurology ○ Palliative Care Services • Focus on culturally appropriate care for Aboriginal people • Need for research and education infrastructure • Focus on co-design with consumers
Private Health Insurance	<ul style="list-style-type: none"> • Rates appear low – more robust work required with potential operators • Socioeconomically disadvantaged population • 30% of SLHD outflows for Canterbury residents are for private health services
Partnership opportunities	<ul style="list-style-type: none"> • Opportunities for strong collaborative relationships with Canterbury Hospital and other SLHD facilities • Provision of services to public hospitals e.g. elective surgery, • Complementary services • Clinical support services such as Pathology, Medical Imaging • Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health,
Spaces	<ul style="list-style-type: none"> • Opportunities to lease space to SLHD • Need for specialist consultation spaces • Need for Renal Dialysis space for SLHD • Potential for locally based cancer therapy / clinics for SLHD • Need for SLHD Community health space • More rigorous assessment of bed requirements, day only / overnight, service configurations • Need for research infrastructure • Opportunity for future expansion of clinical services vertically using Levels 9, 10 and 11 without compromising the functionality of the other floor plates.
Activity	<ul style="list-style-type: none"> • Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide • High needs – renal dialysis, chemotherapy services, mental health services
Suite of Services	<ul style="list-style-type: none"> • Day Surgery including high volume short stay • GP and Allied Health • Imaging • Endoscopy services • Rehabilitation services • Mental Health services • Interventional Cardiology • Interventional Radiology • Hybrid ORs • Orthopaedic services – ageing population / degenerative musculoskeletal disease • Ophthalmology • Pathology • Pharmacy • Ambulatory Care • Complementary services • Allied health services
Workforce	<ul style="list-style-type: none"> • Learning and development to build capacity and capability of individuals and teams • Cross accreditation opportunities • Potential academic links to support training and education • Employer of choice
Research and Innovation	<ul style="list-style-type: none"> • Potential academic links • Committed to evidence based research

	<ul style="list-style-type: none"> • Need for research facilities and strategic partnerships
Retail	<ul style="list-style-type: none"> • Pharmacy

Table 1: Documentation review findings and considerations

1.3 Conclusion and Summary Recommendations

The initial concept for the establishment of a private hospital in Campsie is a compelling one. Based on information available for this review, the size and scale will allow future expansion vertically using Levels 9,10 and 11 while maintaining clinical and functional adjacencies as horizontal expansion of the site in the future would be extremely difficult without compromising the clinical functionality and efficiency of the spaces. The Educational and Consulting Suite uses currently allocated to these levels could then be accommodated elsewhere in the precinct within a reasonable distance of the development. The size and scale of the proposed facility also allows for a wide range of services and modalities to be accommodated within the floorplate and height. This flexibility will be extremely attractive to potential operators and will also offer the potential complimentary services and collaboration to occur within the development.

It is also noted that the proposed rear laneway off Stanley Street will allow a safe drop-off zone for patients as well as allowing servicing/deliveries to the facility. This has the potential to lessen the traffic impact to Canterbury Road as a result.

There is however, considerable assessment of supply and demand data, private health insurance rates, existing private hospital services etc required, to ascertain the specific needs that will guide the development of services for this facility, to ensure that the venture meets the needs of the local community, is financially sustainable / profitable, and is reflective of how the private health provider and the SLHD, local public hospital facilities and other partners can collaborate for the benefit of the whole community.

The following recommendations are provided:

- Initiate discussions with potential private hospital operators to test appetite for the provision of private health care in Campsie.
- Initiate discussions with Sydney Local Health District to explore opportunities to collaborate and support the district and the Canterbury Hospital and to strengthen the opportunity to build a vibrant health precinct locally in Campsie to better meet community needs.

2. Background

Canterbury Bankstown has a large diverse and growing population who would enjoy the benefit of improved access to health services including access to a broader range of elective private medical services. It is noted that the identified site is approximately 700 metres from both the Canterbury Hospital and the Campsie NSW Ambulance.

With the exception of Day Surgery facilities, there are no acute / sub-acute private hospitals in the Canterbury Bankstown Local Government Area (LGA).

2.1 HPG Project Overview

The proposed development would include:

- Up to 218 beds including two (2) ICU beds
- Approximately eight (8) Operating Rooms with approximately 20 pre-procedure and 24 post-procedure beds / chairs, CSSD
- Ambulatory Care
- Clinical and non-clinical support spaces
- Consulting Suites
- Education spaces
- Staff and visitor parking
- Retail / café spaces

2.2 Project Report - Objective, Scope and Methodology

This Report has been prepared based on a high-level review of documentation provided by the client and publicly available information to make a general assessment about the suitability / appropriateness of the proposed private health service development on the site of 445-459 Canterbury Rd, Campsie from a clinical perspective. The high-level review will consider potential services, size / scale / capacity, project benefits, potential service collaborations and recommendations to support the potential development. Activities to inform the Report include:

- A high-level documentation review will be undertaken and include the following considerations:
 - Potential services
 - Capacity
 - Potential project benefits
 - Potential service collaborations
 - Recommendations
- Documents to be reviewed (and circulated by HPG and Team2 on 01 / 02 June 2020) include:
 - Consultation Report – Sydney Local Health District (*19_5_15_Consultation Report - Sydney LHD - Campsie site - 15.5.19 – FINAL*)
 - Consultation Report – South West Sydney Local Health District (*19_5_20_Consultation Report - SW Sydney LHD - Campsie - 20.5.19 – final*)
 - 445-459 Canterbury Road Campsie Concept Design (1) (*445-459 Canterbury Road Campsie_Issue for Pre-lodgement Meeting_200424*)
 - 445-459 Canterbury Road Campsie Concept Design (2) (*445-459 Canterbury Road Campsie_Preliminary_200601*)
 - Projected Demand for Healthcare Services around a site in Campsie – Evaluate (*20200225 HPG Final (002)*)
 - Hospital Peer Group Analysis for HPG Australia Pty Ltd – Caldrex Capital (*Caldrex_HPG_Campsie_Peer Group Analysis_18Oct19*)
 - Consultation Report - Central and Eastern Sydney PHN (*Consultation Report - Central and Eastern Sydney PHN - 27.5.19 – final*)
 - Local Strategic Planning Statement Submission - 445-459 Canterbury Rd Campsie - Mecone (*LSPS Submission - 445-459 Canterbury Rd Campsie*)
- Additional publicly available documents proposed to be reviewed (and self-sourced) include:
 - SLHD_Health_Profile
 - SLHD-strategic-plan-2018-2023
 - Strategic_Plan_19-24_Balmain
 - Strategic_Plan_19-24_Canterbury
 - Strategic_Plan_19-24_Concord
 - Strategic_Plan_19-24_RPA

2.3 Project Report Assumptions

In preparing this Report, the following assumptions apply:

- The purpose of this review is to give indicative advice only regarding the type / size / scale / configuration of potential services.
- Consideration and recommendations pertaining to size / scale will require full and comprehensive analysis by prospective private operators.
- The review does not consider any financial assessment to support the development and its viability - capital investment, recurrent, FFE.
- The proposed Concept Design was determined based on background activities undertaken to date to demonstrate community need, alignment with SLHD strategic need, and the establishment of health and innovation hubs.
- Clinical data such as Hards and NSW Ministry of Health demand / supply data has not been provided and is excluded in this review process.
- Recommendation and comment will be general in nature.

3. Documentation Review – Clinical

The review of documentation as listed below only considers the documents listed. It does not include consideration of activity projection data that is held by the NSW Ministry of Health or hospital demand modelling data held by Hardes & Associates as Mostyn Copper has no access to these data sets.

Further, at the time of preparing this Report, there is no publicly available Clinical Service planning documentation as it relates to the Sydney Local Health District or the public health facilities within it. However, publicly accessed documents include:

- A Picture of Health – Sydney Local Health District Health Profile 2015 (*SLHD_Health_Profile*)
- Sydney Local Health District Strategic Plan 2018-2023 (*slhd-strategic-plan-2018-2023*)
- Balmain Hospital Strategic Plan 2019-2024 (*Strategic_Plan_19-24_Balmain*)
- Canterbury Hospital Strategic Plan 2019-2024 (*Strategic_Plan_19-24_Canterbury*)
- Concord Hospital Strategic Plan 2019-2024 (*Strategic_Plan_19-24_Concord*)
- Royal Prince Alfred Hospital Strategic Plan 2019-2024 (*Strategic_Plan_19-24_RPA*)

The review undertaken considers the applicability to clinical services only. Other components of the documents outlined have not been considered.

3.1 Reviewed Documents summary

Based on the documents listed in *Section 2.2 (Project Report -Objective, Scope and Methodology)*, the purpose of the document review was to consider if proposed services are appropriate, other potential services, size / scale / capacity, project benefits, potential service collaborations and recommendations as they apply to 445-459 Canterbury Rd, Campsie. The following Sections 3.1.1 – 3.1.14 inclusive, summarise the key matters raised, and potential considerations gleaned from the review.

3.1.1 Consultation Report: Sydney Local Health District

On 15 May 2019, a meeting was held with representatives of Sydney Local Health District (SLHD).

The meeting recorded that:

- A Community Health Centre would meet local community needs, although being co-located with a hospital was not preferred. The Centre would ideally be:
 - Visible to the community
 - 3,000- 4,000m²
 - Accessible from the ground level
 - Have sufficient parking to support to meet staff and patient needs (upwards of 20 parking spaces)
- SLHD was planning to establish other Community Health Centres in areas such as Lakemba and Riverwood as these areas are not well served currently
- Canterbury and Concord Hospitals have strong working relationships – especially Neurosurgery and Cardiothoracic surgery
- Concord and Royal Prince Alfred Hospitals Cancer Services work closely with one another
- Stakeholder engagement to date included local Council, local MP (Sophie Cotsis)
- Health service development supported by Council
- Both parties agreed that further and more detailed discussions would be required once additional planning activities progressed to better inform all parties

Other identified needs included:

- Specialist support for cardiovascular and associated diseases
- Renal care (especially dialysis services)
- Cardiothoracic surgery

- Endocrinology

Challenges in this local community included:

- Frailty of patients
- Extended treatment times
- Mobility issues
- Estimated private health insurance rates are low (approximately 17%)
- Population growth – 50% increase in the Canterbury area between 2011-2031
- Increasing paediatric population
- Ageing population
- There is a significant aged care need locally
- Zoning for residential aged care not supported by Council – currently zoned as B6 (Commercial)
- Significant demand for mental health inpatient beds
- Lack of post-discharge places for mental health patients
- Insufficient mental health clinical support – psychiatrists
- Significant need for preventative health support
- High level of culturally and linguistically diverse communities
- Absence of cancer treatment centres / clinics locally – currently serviced by Royal Prince Alfred and Concord Hospitals and Chris O'Brien Lighthouse
- Canterbury Hospital Master Plan
 - Despite an identified need for upgrading the ED particularly from a paediatric perspective, there has been no commitment for funding to date
 - Does not consider consulting suite / specialist offices on/off site
 - Any redevelopment of the site would have implications for how community health service facilities would be considered

Considerations could include:

- Potential to develop opportunities to build strong collaborative relationships with Canterbury Hospital and other SLHD facilities
- Potential for SLHD to lease space for Community Health Centre – anchor tenant (4,000m²) with appropriate / favourable commercial rates
- Provision of specialist consulting suites
- Provision of locally based renal dialysis services
- Provision of locally based cancer therapy / clinic services

3.1.2 Consultation Report – South Western Sydney Local Health District

On 20 May 2019, a telephone meeting was held with representatives of South West Sydney Local Health District (SWSLHD).

The meeting recorded that:

- Whilst Campsie is outside the SWSLHD boundary, it was realistic to think that given the proximity to Campsie, Bankstown residents would travel to Campsie for health care
- There is an under provision of primary health in South West Sydney and SWSLHD keen to address this
- SWSLHD acknowledged the complimentary benefit of private and public health care services and also a critical factor in workforce attraction
- Very low private health insurance rates across SWSLHD
- Low socio-economic status across SWSLHD
- Any development of Campsie had little consequence for SWSLHD
- There may be more opportunities to discuss further with SWSLHD once the planning was further progressed

Challenges in this local community included:

- Under-provision of primary health related to financial viability
- Projected increase in population across SWSLHD and the need for sufficient health services to support the growth
- Maternity services shortfall however SWSLHD proposed that a private provider will provide these
- The conversation with SWSLHD (and potential opportunities to assist them) were viewed to be limited at this time

Considerations could include:

- Day Surgery
- GP and Allied Health services
- Imaging services
- Specialist consulting suites

3.1.3 445-459 Canterbury Road Campsie Concept Design (1)

This Concept Design Report was prepared on 24 April 2020. It proposes two options for consideration:

- Option 1 (30,907m)
 - Three (3) levels of basement car parking
 - One (1) ground floor
 - Nine (9) level above ground with plant
- Option 2 (28,146m²)
 - Two (2) levels of basement car parking
 - Two (2) ground floor level -upper and lower
 - Retail and non-clinical support
 - Allied Health / Ambulatory Care / Medical retail
 - Eleven (11) level above ground with plant
 - Operating Suite (eight ORs), CSSD, Pre/ post procedure and associated support areas, ICU x two (2) beds
 - Operating Suite support – change areas, offices, staff zones
 - Inpatient Units x six (6) levels
 - Consult / Education suites

The Report documents the following as it relates to the primary study area (PSA): *Within the Primary Study Area, there are four hospitals; two public and two private hospitals.*

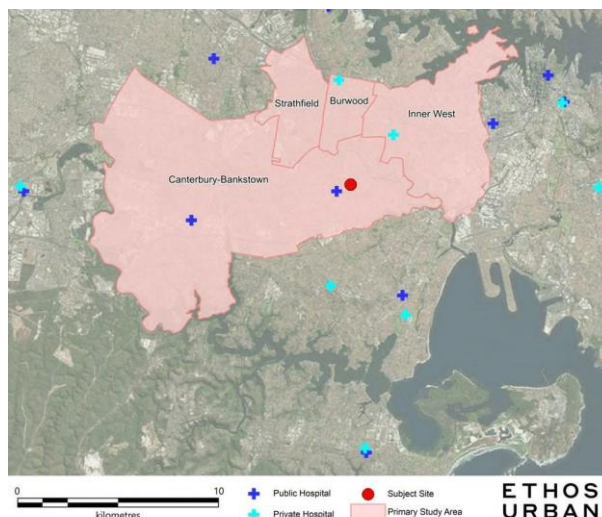


Figure 1: Primary study area

- By 2041 the population is anticipated to grow by 47% (from 634,010 in 2016) – with greatest growth in the 65yrs+ and children under 15ys
- There will be a constant increase of population for 65-84yrs by approximately 2,500 each year
- Based on 2016 data, 85yrs+ population will double to 26,070 in 2036
- Approximately 823 hospital beds in the PSA (public and private) – approximately 1.3 beds per 1,000 population (national average 3.9 beds per 1,000)
- Undersupply of beds based on national average (66% lower) – reflective of approximate shortfall of 1,650 beds
- Estimated need of 2,360 beds by 2036
- Anticipated escalation of hospital admissions
- The proposed development could address a key strategy to create the Eastern Medical and Lifestyle precinct in Campsie and would include:
 - Up to 218 beds including two (2) ICU beds
 - Approximately eight (8) Operating Rooms with approximately 20 pre-procedure and 24 post-procedure beds / chairs, CSSD
 - Ambulatory Care
 - Clinical and non-clinical support spaces
 - Consulting Suites
 - Education spaces
 - Staff and visitor parking
 - Retail / café spaces
- Strategic need
 - To meet the needs of a socially and culturally diverse ageing demographic
 - Redevelopment of Canterbury Hospital required to meet increased population and issues associated with ageing infrastructure
 - Private health care integral to broader health system
 - Improved access to service often provided in private hospital setting – elective surgery, cardiac procedures, rehabilitation and psychiatric care
 - Increased bed base
 - Attraction of professional specialist workforce
- Strategic planning alignment
 - Aligns with NSW Government 's response to Covid 19
 - Located within the Campsie Strategic Centre and the broader Eastern Lifestyle and Medical precinct
 - Improved links between Canterbury Hospital and the Campsie Town Centre
 - Campsie is a strategic centre within the greater Sydney Commission's South District Plan
 - Aligned with urban renewal plans (Sydenham to Bankstown Urban Renewal Strategy)
- Economic and social benefits
 - Increased employment opportunities – through the development phase (245 jobs) and on commissioning of the new health facility (765 jobs)
 - Improved choice and access to care closer to home – public and private health care
 - More vibrant business community
 - Increased health service and health provider collaborations
 - Increased professional workforce locally

Considerations could include:

- Opportunities to collaborate with public health facilities – teams, equipment, shared / contracted services, complementary services
- Cross accreditation for medical staff – public and private facilities locally and across the SLHD
- New and expanded Allied Health Services
- Provision of Interventional Cardiology services
- Opportunity to support more complex (long stay) and high volume low acuity (day only) activities
 - Operating Suite

<ul style="list-style-type: none"> ○ Day Procedure Centre with Day Only ORs ○ Interventional Radiology Suite / Hybrid OR ○ Endoscopy Suite ○ Interventional Cardiology Suite ● Provision of Endoscopy Suite ● Provision of Rehabilitation Services ● Provision of Mental Health Services ● Provision of elective surgery services including orthopaedic surgery, Ophthalmology to meet need of the 65yr+ cohort ● Provision of clinical support services on site – Medical Imaging, Pathology, Pharmacy
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3.1.4 445-459 Canterbury Road Campsie Concept Design (2)

From a clinical perspective, this document provides the same information as provided in *445-459 Canterbury Road Campsie_Issue for Pre-lodgement Meeting_200424* above in section 3.1.3

3.1.5 Projected Demand for Healthcare Services around a site in Campsie - Evaluate

The 'Projected demand for healthcare services around a site in Campsie prepared for the Hailing Property Group (HPG)' Report prepared in February 2020 by 'Evaluate' provides the following background narrative:

- The report was commissioned to 'review current and future demand for healthcare services surround the proposed HPG's site' (445-459 Canterbury Rd, Campsie which is situated 'within the statistical area (SA4) – Sydney – Inner South West'
- The report states that there were a range of assumptions that influenced the narrative in the report and that due the nature of constant changes in healthcare, the assumptions and associated projections may change over time
- Healthcare is provided by:
 - The state governments for uninsured patients – tertiary and associated acute services
 - Commonwealth government via Medicare and complementary (and discretionary) out of pocket contributions for primary scare and outpatient services
 - Commonwealth government via Medicare, private health insurance and out of pocket contributions
- Generally, privately insured patients needs are readily met
- Generally, for uninsured patients, access is often delayed due to hospital waiting lists, availability of subacute and outpatient specialists (due the incentivisation of private health insurance and out of pocket payments) and limited availability of specialist medical staff
- Future demand is driven by increase in population, consistent ageing of the population (due to longevity and relatively low birth rates)
- Report assumptions include:
 - Activities associated with managing / maintaining waiting lists – increased public hospital supply and consistent delays within each diagnostic related group due to an increased and ageing population
 - Private health insurance rates will grow due to population growth and older people seeing the value of private health insurance
 - Demand for services will vary by DRG
 - No changes in technology
 - No changes in epidemiology
 - Consistent socio-economic circumstances
 - Little change in the mean age
 - Does not consider demand growth for any DRG
 - Considers demand increase by age
- Considers overall demand (public and private) as this will highlight future consumption needs
- Casemix varies in public and private sectors – disparity in waiting lists, prioritisation and delays considerations, and preferences of specialists (which can be income related)

- In the future, state governments may provide services or purchase from third parties (e.g. private providers)
- A range of factors determine market share including:
 - Perceived quality of individual specialists often related to referral preferences
 - Options for how services are provided e.g. 'one-stop-shop' that facilitate diagnostic and interventional services alike, specialist services such as cancer care
 - Future competition – investors and also public health facilities seeking to attract insured patients for financial reasons
 - Convenience associated with location, transport access, parking, proximity to population centres
- The supply of practitioners can be a constraint due to training and registration requirements
- Generally, there is constant 'tweaking' of funding due to waitlist management, behavioural activities and out of pockets costs
- Aside from changes in private health insurance subscription rates, significant shifts in demand could result from significant changes in private health insurance rebates, impacts of a health epidemic and a step-shift in technology, changes in medical practice including diagnostics and interventions
- Whilst the national average for hospital coverage for private health insurance is 44.5% (and 53.8% have general 'extras' coverage), the Primary Health Network (PHN) estimate the rate locally to be as low as 17% and 'Evaluate' estimate it to be around 30-36%
- Based on information available, of total private separations:
 - 32% are day admissions
 - Currently psychiatric services (particularly for high prevalence disorder such as anxiety / depression, and the typically private treated conditions such as eating disorders and addiction) and rehabilitation services are the fastest growing in the private sector
 - There is an anticipated increase in day admissions and non-admitted interventions (which would align with international practice)
 - Consideration about the number of beds and treatment rooms should be given in development planning
- Apparent increase in demand for both public and private in the Campsie area which will need a multipronged approach to resolve

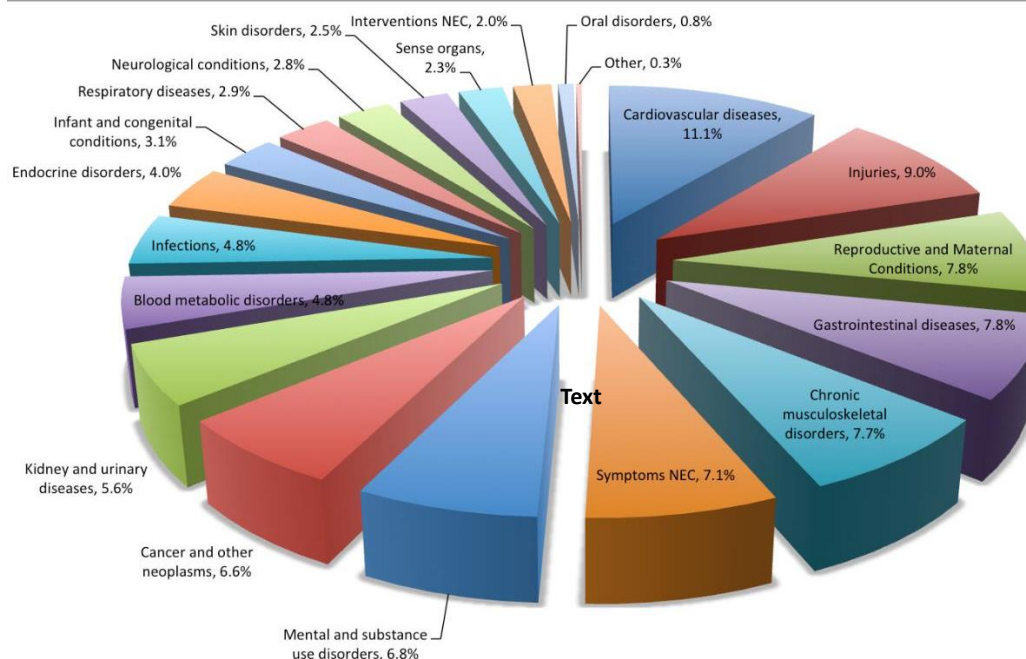
The following data has been considered:

Year	Population	Population Growth	Female	65+yrs	14yrs under	Average Age	Expenditure	Expenditure Growth
2016	588498	-	50.2%	14.0%	19.7%	37.3	\$1.292b	-
2036	782845	33%	50.1%	17.3%	19.5%	38.9	\$1.885b	45.9%
2056	994387	69%	50.0%	19.6%	19.0%	40.0	\$2.557b	7.9%

Table 2: Projected population Sydney Inner West and projected expenditure (constant 2018/19 prices) to 2056 and excludes alternative pathways such as time to death and disability free life expectancy which would both slow expenditure growth (Source: Projected demand for healthcare services around a site in Campsie prepared for the Hailing Property Group, February 2020 pages 11 and 12)

The following figure illustrates the expenditure for public and private hospital admissions by source of disease:

Figure 2: Most recent hospital expenditure by disease category – Sydney Inner West (Source: Projected demand for healthcare services around a site in Campsie prepared for the Hailing Property Group, February 2020 page 15)



Capturing Allied Health demand is difficult as the process to capture activity by central agencies is not robust. With the exception of dental services, MBS items numbers are unevenly distributed across Allied Health specialities and breakdown by SA4 is not easily accessible.

The following table illustrates expenditure for non-admitted patients (outpatients) including consulting rooms and outpatient treatment services and also dental services:

Year	Outpatient Expenditure	Outpatient Expenditure Growth	Dental Expenditure	Dental Expenditure Growth
2016	\$290.7m	-	\$220.5m	-
2036	\$405.8m	39.6%	\$297.5m	34.9%
2056	\$535.4m	84.2%	\$380.2m	72.4%

Table 3: Projected population Sydney Inner West and projected outpatient and dental service expenditure (constant 2018/19 prices) to 2056 and excludes alternative

The following table is a modified version of 'private' hospital, procedures by type of hospital 2016-2017 in the "Evaluate" Report

Procedures proportion (%)	Acute and Psychiatric Hospitals	Free standing Day Hospitals	All Private Hospitals
Nervous system	3.0	1.3	2.7
Endocrine system			0.1
Eye and adnexa	1.6	10.7	3.2
Ear and mastoid	0.5	0.1	0.4
Nose, mouth and pharynx	2.0	0.7	1.7
Dental	1.8	4.5	2.3
Respiratory	0.6	0.0	0.5
Cardiovascular	2.9	0.7	2.5
Blood and blood forming organs	0.3	0.1	0.3
Digestive system	10.6	17.7	11.9
Urinary system	3.9	8.7	4.8
Male genital organs	0.9	0.4	0.8
Gynaecological	3.0	5.3	3.5
Obstetric	1.8	0.0	1.5
Musculoskeletal	6.1	1.1	5.2
Dermatological and plastics	3.7	6.0	4.1
Breast	0.6	0.5	0.6
Chemotherapeutic and radiation oncology			0.9
Non-invasive, cognitive interventions	56.1	37.5	52.6
Imaging	0.5	0.1	0.4
Total	100%	100%	100%

Table 4: Distributed activity for private hospital services (Source: Projected demand for healthcare services around a site in Campsie prepared for the Hailing Property Group, February 2020 page 21)

Notes:

- Over 50% activity is non-invasive
- Anticipate some shift to day hospitals for orthopaedics (musculoskeletal)
- Gastroenterology comprises much of the digestive system procedures in day hospitals (particularly colonoscopy and gastroscopy)
- Approx. 2/3rds of urological procedures undertaken in private facilities
- 25.9% of total births in private facilities
- Assumes IVF and associated fertility services are included under gynaecological services
- Different priority is placed on Ophthalmology, Dentistry, Gynaecology, Dermatology, Plastics in public and private sectors
- Radiology appears low component of hospital services however it (like Pathology) is a critical clinical support service for any new private health facility

Considerations could include:

- Explore the opportunity to provide services to public sector
- Explore opportunities to formally collaborate with Canterbury Hospital to better determine and provide appropriate complementary services
- More robust assessment of private health insurance rates
- Better assess the impact of less invasive interventions to promote better patient experience, reduce length of stay and improve patient outcomes

- More rigorous assessment of Day Only and overnight activity to better determine bed base requirements, service configurations
- Ensure clinical support services are adequately determined and provided to support proposed activity

3.1.6 Hospital Peer Group Analysis for HPG Australia Pty Ltd – Caldrex Capital

The 'Hospital Peer Group Analysis for HPG Australia Pty Ltd for potential Health Care development at 445-459 Canterbury Rad, Campsie' Report prepared by Caldrex Capital in October states an overview of how 'Peer Group Analysis' is applied and how it relates to the 44-459 Canterbury Rd, Campsie site including:

- Potential relationships of a greenfield development to existing and planned health infrastructure
- Potential competition for current / planned private health facilities in the catchment
- Existing and potential operators and how a new development might be configured
- How the project might be presented to key stakeholders
- How to determine if the proposed development is a 'fit' within existing health infrastructure for the catchment and how the site could be used to deliver health care

Observations made by Caldrex Capital include:

- No apparent competing Private acute hospital (Category A or Category B)
- The site appears to be sufficiently sized to accommodate a Private Acute hospital (Category A or Category B)
- The site could accommodate a large scale Acute Psychiatric hospital
- The site could accommodate a range of Day Hospital uses although given the size of the site these would be typically integrated with Acute Private hospitals
- Many public hospitals have Emergency Departments, and this can impact on Casemix for admitted patients (few emergency admissions in private hospitals)
- Generally, private hospitals tend to be more specialised than public hospitals
- Some private hospitals are colocated with public hospitals, with sharing arrangements
- The Australian Institute of Health and Welfare (AIHW) considers peer hospitals in the following way:
 - Acute public hospitals
 - Acute private hospitals
 - Women's and Children's Hospitals
 - Early parenting centres
 - Drug and Alcohol hospitals
 - Psychiatric hospitals
 - Same day hospitals
 - Sub-acute and non-acute hospitals
 - Outpatient hospitals
- Private acute Group A hospitals - 24hr Emergency Department and an Intensive Care Unit and provide a number of other specialised services such as coronary care, special care nursery, cardiac surgery and neurosurgery
- Private acute Group B hospitals – do not have a 24hr Emergency Department, have Intensive Care Unit and have a number of other specialised services such as coronary care, special care nursery, cardiac surgery and neurosurgery
- Private acute Group C hospitals - do not have a 24hr Emergency Department or an Intensive Care Unit however have a number of other specialised services in a range of clinical specialities
- Private acute Group D hospitals - do not have a 24hr Emergency Department, an Intensive Care Unit and do not provide specialised services in a range of clinical specialities but have 200 or more separations
- Psychiatric Hospitals specialise in providing mental health services for people with a mental disorder or psychiatric disability, including some that primarily provide mental health services for specific population groups
 - Public mental health services for children, adolescent and young people

- Public general adult mental health services (excluding forensic and older persons)
- Private acute mental health services to general population
- Public sub and non-acute mental health services for older persons
- Public sub and non-acute mental health services for general adult population (excluding forensic and older persons)
- Public forensic mental health services for people with mental health disorders and have a history or are at risk of criminal offending
- Day hospitals are those where:
 - All separations are same day separations
 - They are classified as a day facility
 - They comprise approximately 50% of all private hospitals
 - Are generally highly specialised
- Dialysis clinics are private hospitals specialising in providing dialysis treatment on a same day basis
- Other private facilities include:
 - Hyperbaric health centres
 - Eye surgery centres
 - Plastics and reconstructive surgery centres
 - Fertility clinics
 - Reproductive health centres
 - Endoscopy centres
 - Oral and maxillofacial surgery centres
 - Gynaecology day hospitals
 - Cardiovascular health centres
 - Sleep centres
 - Private mixed day procedure hospitals
 - Other specialist day hospitals

Considerations could include:

- More robust assessment of private health insurance rates
- Better assess the impact of less invasive interventions to promote better patient experience, reduce length of stay and improve patient outcomes
- More rigorous assessment of Day Only and overnight activity to better determine bed base requirements, service configurations

3.1.7 Consultation Report - Central and Eastern Sydney PHN

On 27 May 2019, a meeting was held with representatives Central and Eastern Sydney Primary Health Network (PHN)

The meeting recorded that a number of key issues were being faced:

- Significant population growth
- Access issues being experienced at hospitals – outpatient clinics full / long wait times especially for diabetes, paediatrics and mental health
- Limited outreach from hospital to community
- Low socio-economic status / affordability issues
- High level of culturally and linguistically diverse (CALD) community
- High demand for mental health services (workforce challenges)
- Considerable work being done to support health literacy, but issues persist - effective follow-up care hard to deliver – e.g. paediatric dental care
- Early assessment needs prior to commencing school especially for vulnerable families – speech pathology
- Aged care – challenges in meeting needs due to CALD groups – health promotion, illness prevention

- Rehabilitation – limited access to rehabilitation services including hydrotherapy
- Specialist services – better engagement would be useful
- Academic primary care centres – having university links would benefit – training opportunities
- Role of PHN is to coordinate care and LHD role is to deliver care

Considerations could include:

- Assessment of the need, viability and composition of rehabilitation services
- How to attract specialist services locally
- Revisit potential academic links to support training and education
- Explore opportunities to formally collaborate with Canterbury Hospital to better determine and provide appropriate complementary services

3.1.8 Local Strategic Planning Statement Submission - 445-459 Canterbury Rd Campsie - Mecone

On the 15th of November 2019 a draught Local Strategic Planning Statement (LSPS) was prepared and submitted to the City of Canterbury-Bankstown Council.

The document records the following:

- HPG proposes a significant private health care facility at 445 - 459 Canterbury Rd, Campsie
- The configuration of this facility will ultimately deliver the most appropriate services to meet the health care needs of the local community
- It is proposed that the health care facility will complement the existing Canterbury Hospital services by providing arrange of elective procedures in a private hospital environment
- With the exception of day surgery hospitals there are no acute or subacute private hospitals in the local government area which reduces patients' choice and increases the burden on the public health system
- Canterbury- Bankstown is large diverse and growing population which requires greater access to a broader range of services including private healthcare
- The site is well positioned and within the Campsie medical precinct
- The existing planning controls do not align with the development of a private hospital on this site
- The Canterbury Hospital is located approximately 750m for the nominated site
- Demand drivers for a new private hospital include:
 - Lack of private hospital services in the local government area
 - Large, growing and diverse population – increased burden of disease
 - The need for greater access to health services locally
 - Aligns with the City of Canterbury – Bankstown Council's strategic plan to build the Eastern Lifestyle and Medical Precinct
- Final configuration of services will be determined by the operator
- Potential service delivery may be negotiated with NSW Health
- The following infrastructure options could be considered:
 - A significant private acute hospital including colocated public services could be considered (e.g. dialysis services)
 - A significant private / day / ambulatory hospital providing a range of specialist services
 - A significant mental health hospital
- A private hospital may provide a range of services including
 - Elective surgery, inpatient and outpatient services, Intensive Care, Maternity, Day Surgery, Cardiac Care, and Oncology
- The concept design considerations have been based on experiences of other similarly sized facilities and incorporate:
 - Clinical and clinical support services including surgical, procedural and diagnostic
 - Admitted and non-admitted services
 - Lobby and retail
 - Administration

- Back of house and loading dock
- Car parking
- Plant and storage

Considerations could include:

- How a private health care facility can provide complementary services to support the existing Canterbury Hospital
- Discussion with potential operators to determine most appropriate suite of services best meet the needs of the local community

3.1.9 A Picture of Health – Sydney Local Health District Health Profile 2015

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Profile (2015).

The Sydney Local Health District (SLHD) is located in the centre of the Sydney metropolitan area (126sq km) and covers the following local government areas (LGAs):

- Ashfield
- Burwood
- Canada Bay
- Canterbury
- City of Sydney (Sydney South and West only)
- Leichhardt
- Marrickville
- Strathfield

SLHD incorporates high density commercial precincts, strong employment and extensive health, education and sporting facilities.

The following table illustrates some high level population data:

SLHD Population	Total / rate
Estimated resident population 2016	639,530
Percentage 25-34yrs	21.5%
Percentage 65+years	12.2%
Projected 2021	706,850
Projected 2026	766,530
Projected 2031	832,790
Canterbury SEIFA score (lowest rank in SLHD)	922
Burwood SEIFA score (second lowest rank in SLHD)	996
Sydney LHD SEIFA	1006
Campsie (suburban ranking of disadvantage in SLHD)	6th

Table 5: SLHD Summary population (Source: A Picture of health – Sydney Local Health District Health profile 2015, pages 6, 10, 13, 16, 17)

The Sydney Local Health District Health Profile (2015), describes the population profile as follows:

- Approximately 640,000 residents can access healthcare in the LHD
- Generally, well educated (64.8% educated to year 12 or equivalent) with pockets of lower education and literacy levels
- Full-time employment - 63.5%
- Campsie, Canterbury and Punchbowl residents have low levels of economic resources available to them
- Couple families with children comprised 43.3% of all SLHD households
- Lone person household – 26.8%
- Dwellings rented from Housing NSW – 5.4%
- Dwelling owned by their occupiers – 54.6%

- Rented dwellings – 42.2%
- Homelessness is a significant issue and impacts on people with a mental illness, often substance abuse and comprises those who are 'rough sleepers', accommodated in hostels
- Pockets of social advantage and disadvantage
- Punchbowl, Canterbury and Campsie most socioeconomically disadvantaged
- Priority population groups
 - Aboriginal people (0.9%) – poorer health and poorer access to appropriate health services, reduced life expectancy, higher hospitalisation rates, higher rates of smoking, higher alcohol attributable hospitalisations, higher prevalence of diabetes
 - CALD communities – 43% speak a language other than English at home, 34.1% born in non-English speaking countries, generally better health profile than Australian born population – mortality, hospitalisations rates and prevalence of lifestyle related health risk factors, upwards of 125 languages spoken at home
 - Humanitarian arrivals – 8.9% of total NSW humanitarian arrivals – Afghanistan, Iran, Iraq, Burma, China, Pakistan, Syria, Sri Lanka, Egypt and Turkey
 - People with disability – 4.2% of SLHD population require assistance with core activities of daily living, anticipated increase in people with disability (consistent with growth and ageing)
 - Carers – high proportion of unpaid carers (8.2%) of the SLHD population – lower than the state average (9.2%), anticipated increase of persons identifying as unpaid carers
 - Older people – declining health status as older people age – lower levels of physical activity, inadequate nutrition, falls risks, high blood pressure, high cholesterol, respiratory illness, increased chronic illness, declining sight, hearing, oral health and continence, palliative care and advanced care planning, mental illness (particularly depression associated with social isolation), dementia, difficulty with activities of daily living
- Health status and lifestyle behaviours that impact of the health of the population include:
 - Smoking - 16.2% of the population smoke (decreasing since 2002)
 - Excessive alcohol consumption – 23.9% of population consume in excess of two standard drinks per day
 - Overweight and obesity – 45.1% of population are overweight, high prevalence of childhood obesity
 - Illicit drug use – a rise in the misuse of pharmaceutical drugs and some decline in the use of ecstasy, heroin and GHB
- Health service utilisation
 - Royal Prince Alfred – principal referral hospital – tertiary and quaternary services locally, regionally, nationally and internationally, broad range of specialty services including (and not limited to) liver and kidney transplantation, cardiothoracic surgery, neo-natal intensive care Critical care and trauma services
 - Concord Hospital – principal referral hospital providing tertiary and quaternary services locally, regionally, nationally and internationally – broad range of specialty services including (and not limited to) statewide burns service, bariatric surgery, medical rehabilitation, neurology and stroke, non-inpatient services such as Hospital in the Home (HITH), Concord Centre for mental health
 - Canterbury Hospital – major metropolitan hospital providing district level care – emergency, maternity, paediatrics, aged care, medical and surgical services and non-admitted services such as HITH
 - Balmain Hospital – specialist aged care and rehabilitation, non-admitted services such as GP services, HITH
 - SLHD community health and community based health services
 - Most common service related groups for hospitalisations across SLHD include renal dialysis, obstetrics, orthopaedics, non-specialty medicine, psychiatry, gastroenterology, Non-subspecialty surgery, respiratory medicine, Unqualified neonates (well babies), and cardiology
- Priority health areas
 - Cancer – as identified by the NSW Central Cancer Registry there are five key cancer sites – prostate, breast, lung, colon and melanoma. Across the SLHD incidence rates for head and

- neck, liver, lung, ovarian, stomach and thyroid cancers and non-Hodgkins lymphoma are higher than the state. Prostate and melanoma incidence are lower than the state rates
- Cancer screening – mammography, pap smear and bowel cancer screening – aligned with national screening programs
- Maternal health – focus on antenatal care, Aboriginal mothers, smoking in pregnancy, pre-term births
- Injury and poisoning – focus on decreasing suicide, unintentional poisoning, falls
- Infectious diseases – key focus on TB, HIV, chlamydia, gonorrhoea, infectious syphilis, hepatitis B, hepatitis C, pertussis, varicella and measles
- Chronic diseases
 - Diabetes – especially Type 2 due to inactivity, overweight and obesity, high blood pressure, high cholesterol
 - Respiratory disease – including influenza, pneumonia, asthma, chronic obstructive pulmonary disease and lung cancer
 - Cardiovascular disease – coronary heart disease and stroke
 - Musculoskeletal conditions – degenerative bone disease requiring hip and knee replacement
 - Oral health – can contribute to heart disease and diabetes, child dental health,
 - Falls and falls related injuries requiring hospitalisation
 - Dementia – increasingly important health issue for older people
 - Mental health – psychological stress, associated risk behaviours such as smoking, high alcohol use, other drug consumption, poor nutrition, low levels of physical activity, high use of psychotropic medication and associated high risk social behaviours, co-occurring conditions such as intellectual disability, organic brain disorders, alcohol and drug related problems; suicide
- Mortality – potentially avoidable mortality (premature deaths) – causation, prevention and healthcare; circulatory disease and neoplasms account for the majority of deaths

Considerations could include:

- How a private health care facility can provide complementary services to support the existing Canterbury Hospital
- Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide
- Discussion with potential operators to determine matters such as:
 - The most appropriate suite of services that best meets the needs of the local community
 - Assessment of response to SLHD high needs areas such as renal dialysis, chemotherapy services, mental health
 - Appropriate size and capacity of the new facility
 - Collaboration / negotiation with clinical support services such as Pathology, Medical Imaging
 - Specialist consult spaces / needs

3.1.10 Sydney Local Health District Strategic Plan 2018-2023

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023. All information detailed below comes directly from the Sydney Local Health District Strategic Plan 2018-2023.

As their Vision the Sydney Local Health District Strategic Plan 2018-2023 seeks to provide *'Excellence in health and healthcare for all'*.

Its Mission is:

- *'To work with our communities to promote*
 - *Co-designed and co-produced health policy, plans, new services models and research studies*
 - *Improvements in the social and environmental factors to sustain health*
 - *A healthcare system that is responsive to equity concerns*
 - *Best practice prevention, health promotion, and health protection programs and strategies*

- *Care in the community delivered close to where people live*
- *To ensure the community has equitable access to the highest quality patient / client / and family centred care that is:*
 - *Integrated, timely, culturally safe and competent, evidence based and efficient*
 - *Provided by a highly-skilled, compassionate workforce who are committed, accountable, supported and valued*
 - *Supported by leading-edge research, education and medical and information technologies*
 - *Supportive of healthcare of populations in other Local Health Districts, States and Territories, across Australia and in other countries'*

CORE values include:

- Collaboration
- Openness
- Respect
- Empowerment

The Foundation Principles include:

- Cross cultural patient, carer and family centred care
- Our culture – ensuring the needs of patients, families and carers are at the heart of everything; and valuing health, diversity, wellbeing and safety of employees (including engagement, management and leadership) will achieve the highest quality care
- Equity – everyone has a fair opportunity to enjoy good health and access to the health services they need
- Innovation, evidence and research
- Quality, safety and risk mitigation – strong, fair and ethical leadership and systems of governance
- Quality and data driven performance
- Professional governance
- Sustainability – ensuring continued value

SLHD priorities include:

- Partnering with patients, families, carers and consumers
- Strengthening and valuing the workforce and its capability
- An inclusive health care system that is responsive to local Aboriginal communities
- Developing, planning and constructing new and upgraded health facilities to address the significant population growth, increasing demand and ageing infrastructure
- Shifting the balance of care into primary, population health, ambulatory and community based services
- Influencing social and policy factors that affect health by working in partnership with the community and other sectors
- Shaping the future through healthcare and information technology – state of the art imaging, remote medical and health monitoring, point of care diagnostic, smart technologies, Apps, robotics, etc
- Growing health and medical research
- Enhancing models of care for multiple patient groups
- Growing tertiary and quaternary care to advance specialised care options
- Developing partnerships to better integrate care, build capacity and deliver on key strategic goals - universities, local councils, PHNs, local Aboriginal health services, NGOs, residential aged care services and government agencies
- Highest possible performance, outcomes, and value for money

Future activity across SLHD will respond to:

- A projected 30% population increase
- A growing elderly population
- An anticipated increase in chronic illness

- A projected increase in cancer related illness
- An increase in demand for chemotherapy and radiotherapy services
- An increase in demand for community based services (non-admitted services)

The following table outlines anticipated changes in hospital admissions:

Future Activity	
Day Only patients	Up 40%
Overnight admissions	Up 28%
Overnight bed stays	Up 12%
Overnight Average Length of Stay (5.63 days)	Down to 4.90 days
Overnight Sub-acute Average Length of Stay (15.45 days)	Down to 15.24 days
Patients staying overnight with sub-acute conditions	Up 28%
Overnight sub-acute bed stays	Up 27%

Table 6: SLHD activity forecasts (Source: Sydney Local Health District Strategic Plan 2018-2023 page 20)

SLHD recognises that in order to respond to increasing population and associated demand for services:

- There needs to decreased reliance on beds
- The implementation of new models of care and clinical redesign will not be sufficient to address increasing demand
- There will be a high need for additional capacity across the LHD equivalent to a new tertiary facility
- There need to be much greater emphasis on integrated care models and out of hospital care
- Each facility within the LHD will have its respective operational framework to implement key strategies
- The LHD is governed by 14 clinical streams, each with their own framework to provide services, leadership and future direction

SLHD Strategic Plan 2018-2023 has seven strategic focus areas:

Strategic Focus Area	Goals
SFA1: Our communities, partnerships and environment	<ul style="list-style-type: none"> • Respectful and purposeful partnerships that support integrated and collaborative care • Partnerships to advance care
SFA 2: Our patients, families, carers and consumers	<ul style="list-style-type: none"> • Care is patient and family centred • Patients can access care as close to home as possible
SFA 3: Our services	<ul style="list-style-type: none"> • Responsive, integrated, culturally safe and competent multidisciplinary services
SFA 4: Our facilities	<ul style="list-style-type: none"> • High quality facilities with leading edge technology to meet the future demand • ICT that better supports performance and personalised and tailored care • A sustainable health system
SFA 5: Our staff	<ul style="list-style-type: none"> • Empowered and resilient workforce • Staff are supported to deliver the highest quality care • A diverse workforce within a culturally safe and competent health system
SFA 6: Our research	<ul style="list-style-type: none"> • Drive a culture committed to research, informed by evidence and the consumer experience • Rapid translation of research to practice • Collaborative research
SFA 7: Our education	<ul style="list-style-type: none"> • Foster a culture of innovation, change management and collaboration • Evidence based education and training • State of the art education facilities

Table 7: SLHD Strategic Focus Areas (Source: Sydney Local Health District Strategic Plan 2018-2023 page 21-27)

Observations include:

- Focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

3.1.11 Balmain Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Balmain Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Balmain Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Balmain Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Balmain Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Balmain Hospital is a community based sub-acute facility providing:

- Aged care
 - Inpatient unit for assessment and treatment of medical conditions
 - Transitional Care Unit – to assist older people to complete their recovery
 - The Centre for STRONG Medicine – a leading research facility that uses exercise based medicine to treat disease in older persons such as arthritis, heart disease, depression, stroke, osteoporosis and diabetes
- Rehabilitation – assessment and treatment therapies to improve physical, cognitive, and communication abilities
- Ambulatory Care (demand has increased by 28% over the last three years)
 - Outpatients – Endocrinology, Nutrition Clinic, Hospital in the Home (HITH), Incontinence Clinic, Diabetes Education, Homeopathy, Acupuncture, Podiatry Services and Physiotherapy
 - Cardiac Rehabilitation (Increased demand by 100% since 2015 when established)
 - Pulmonary Rehabilitation
 - Fracture Clinic
 - Wound Clinic
 - Hospital in the Home
- General Practice (GP) casualty services

Key priorities for Balmain Hospital include:

- Support and empowered and resilient workforce
- Support employees to deliver the highest quality of care
- Foster a diverse workforce within a culturally safe and competent health system
- Maintain and improve infrastructure and facilities to meet the needs of our aged care and rehabilitation patients
- Implement information technology solutions to improve information accessibility and patient safety and care
- Support the implementation of efficiency improvements towards a sustainable health system
- Support and foster responsive, integrated, culturally safe and competent multidisciplinary services
- Streamline discharge processes to better support the transition from hospital to home and support strategies for patients to remain in the community
- Support and expand areas of clinical specialisation

- Engage and empower our community to be healthy
- Develop sustainable and proactive partnerships
- Ensure care is truly patient and family centred by engaging with patients and their carers to improve the patient experience
- Ensure that Balmain Hospital and its services meet and exceed National Safety and Quality Health Service Standards and other relevant standards
- Drive a culture committed to research, informed by evidence and consumer experience
- Establish and strengthen collaborative research with our partners
- Foster a culture of innovation, change management and collaboration
- Support equity, access and a values framework in our workforce, education and service delivery

Observations include:

- Emphasis on sub-acute care – aged care and rehabilitation, ambulatory care, general practice support
- Gap in information technology capability
- Committed to evidence based research

3.1.12 Canterbury Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Canterbury Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Canterbury Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Canterbury Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Canterbury Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Canterbury Hospital currently provides a wide range of services including:

- Emergency Medicine
- Intensive Care
- Surgical sub-specialties including:
 - General Surgery
 - ENT
 - Orthopaedics
 - Urology
 - Gynaecology
- Medical sub-specialties including:
 - General medicine
 - Endocrinology
 - Cardiology
 - Respiratory Medicine
 - Rheumatology
 - Diabetes and Endocrinology
 - Nephrology
 - Neurology
- Maternity
- Paediatrics and Specials are Nursery

- Imaging including:
 - CT
 - Ultrasound
 - General Radiology
- Pathology (part of Operations East NSW Health Pathology – NSWHP)
- Allied Health
- Aged Care and Rehabilitation (part of SLHD Aged Care Clinical Network)
- Cardiac Rehabilitation
- Ambulatory Care
- Drug Health (managed through SLHD Integrated Care Directorate)
- Oral Health (managed through SLHD Integrated Care Directorate)

Canterbury Hospital also accommodates complementary healthcare services including:

- Canterbury Community Health Centre
- Tresillian Family Care Centre
- After Hours General Practice
- NSW Health Pathology

Key priorities for Canterbury Hospital include:

- Plan for the expansion of the Emergency Department
- Plan for the redevelopment of Canterbury Hospital
- Upgrade Ambulatory Care including Renal Dialysis Services
- Improve hospital services to ensure that Aboriginal people feel welcomed
- Continue to improve ICT accessibility including the digital transformation of the hospital's eMR and other IT programs
- Support innovation and performance to drive service
- Support the District priority for a sustainable and holistic health system
- Deliver high quality and safe care aligned to the health needs of the local community
- Support new innovative models of care
- Explore opportunities to improve the integration of clinical services in collaboration with other services and agencies
- Identify opportunities to improve or redesign services including Endocrinology, Cardiology, and Respiratory Medicine and improving diagnostic imaging services on site
- Investigate opportunities to improve the integration of health services – enhancing outpatient and outreach services to better support prevention and chronic disease management, multidisciplinary and cross specialty clinics and alignment with LHD Aboriginal health strategies
- Support innovation and performance to drive service improvements
- Enhance staff safety, health and wellbeing
- Recruit and retain an engaged and diverse workforce
- Develop research strategies at Canterbury Hospital consistent with the District research strategy
- Build capacity to support research and promote participation in research – clinical trials
- Promote a culture that values and supports education and professional development – research forums, conferences and symposiums, potential sub-clinical school
- Plan for the integration of state of the art education and development at Canterbury hospital – education infrastructure and technologies

The Canterbury Hospital Strategic Plan 2019-2024 provides the following information:

- Canterbury Hospital is located in Campsie
- Part of the Canterbury- Bankstown LGA (referred to as Canterbury)
- Predominantly a residential area with smaller commercial and industrial areas
- Increased residential development recently
- Upwards of 35,000 new homes at 8000 jobs expected over the next 20 years
- Canterbury is a culturally and linguistically diverse community

- 48% of Canterbury residents were born overseas
- Over 66% of Canterbury residents do not speak English at home
- Significant humanitarian arrivals have settled in Sydney Local Health District
- Aboriginal people make up one point 1% of the district's population
- Canterbury has significant socioeconomic disadvantage
- 33% of the Canterbury population are among the most socioeconomically disadvantaged in Australia
- Social disadvantage and health need are intrinsically linked
- Canterbury has a young and growing population
- A projected population increase of 39% by 2031 (from 2016) and is projected to be higher than the increase in all equivalent age groups for the NSW population
- The highest projected proportion of growth from 2016 to 2030 are those aged 65+ years and these will typically have higher levels of hospital utilisation
- Almost 10% of all babies born in the Sydney Local Health District were those of residents living in Canterbury
- Risk factors affecting the health status of people include:
 - Language and communication barriers
 - Lack of knowledge of the NSW health system
 - Isolation, lack of social and family support networks
 - Cultural stigma and shame around mental illness
 - Previous poor or negative experiences with the health system
 - Past and ongoing experience of trauma
- Canterbury health status indicator trends include:
 - Smoking attributable deaths - decreasing
 - Smoking attributable hospitalisations - stable
 - High body mass attributable hospitalisations - decreasing
 - High body mass attributable deaths - decreasing
 - Alcohol attributable hospitalisations - increasing
 - Alcohol attributable deaths - decreasing
- Cultural and religious diversity of Canterbury residents may result in the low rates of smoking and alcohol attributable hospitalisations
- Key Canterbury resident stakeholder engagement strategies include:
 - Purposeful and strategic engagement with community organisations partners and other relevant stakeholder groups to ensure high quality care, excellent communication and health improvement
 - Strengthened relationships and partnerships with non-government and local organisations and groups, the PHN and the Canterbury-Bankstown Council
 - In collaboration with the local Primary Health Network and the University of NSW, reducing risks of inequity in health in the population and contributing to strengthening the social and physical environments to protect and promote health, by strengthening the capacity of the primary healthcare system
 - Promoting the 'Canterbury 50 campaign' established to encourage women in the Canterbury area to undertake breast screening
 - The establishment of community based health facilities to provide prevention early intervention and community-based care
 - Establishment of a Community Council to advise on and support its quality of care which has a strong connection with Canterbury Hospital

Residents of Canterbury receive over 15% of their total healthcare at Canterbury Hospital. Outflows to other facilities included:

- Royal Prince Alfred – Obstetrics, Gynaecology, General Medical, General Surgical, Urology, Gastroenterology, and tertiary services
- Concord Hospital – Acute Psychiatry, Interventional Cardiology, Gastroenterology, Neurology (including Stroke), Palliative Care, Intensive Care, Mental Health and Orthopaedics
- Sydney Children's Hospitals Network (SCHN) – specialist Paediatric services

- Bankstown Lidcombe Hospital (SWSLHD) – Gastroenterology, General Surgery, Cardiology, Respiratory Medicine

The following table illustrates key activity for Canterbury residents in 2017/18:

Overview of Canterbury Hospital	2017/18
Separations	20,113
Percentage of same day separations	30.6%
Total acute bed days	57,069
Average overnight acute length of stay	3.5
Daily average of inpatients	226
Bed occupancy rates	74.8%
Non-acute bed days	4,588
Non-admitted patient services	48,439
Surgical procedures performed	6,677
Inflows by total separations:	100%
SLHD	71.9%
SWSLHD	13.5%
SESLHD	6.4%
WSLHD	3.1%
Overseas	2.8%
Other	2.3%
Canterbury resident acute inpatient flows:	47.8%
Canterbury Hospital	27.6%
Royal Prince Alfred Hospital	10.8%
Concord Hospital	8.0%
Chris O'Brien Lifehouse (public patients)	0.7%
Other 0.7%	0.7%
Canterbury resident outflows	52.2%
NSW Private Hospitals	30%
SESLHD	9.1%
SWSLHD	7.7%
SCHN	2.7%
Other	2.7%

Table 8: Key activity data for Canterbury residents 2017/18 (Source: Canterbury Hospital Strategic Plan 2019-2024 page 19)

Observations include:

- 39% increase in population by 2031
- 33% of Canterbury population socioeconomically disadvantaged
- High ethnicity – 66% of Canterbury population do not speak English at home, 48% born overseas
- 30% of outflows for Canterbury residents are for private health care services
- High projected population increase in 65+yrs by 2031
- Redevelopment of Canterbury Hospital – high priority and need – infrastructure old and inhibits the implementation contemporary and new / emerging models of care, new technologies
- LHD focus on evidence-based practice / research
- ICT gaps
- Need for Renal Dialysis services
- Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services
- Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health, Pathology services
- 18.8% Canterbury resident activity flows to Concord or RPA Hospitals
- 16.8% activity flows to SESLHD or SWSLHD
- 10% of all SLHD births are attributed to Canterbury residents
- Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care
- Promotion of Breast Screening in Canterbury area

3.1.13 Concord Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Concord Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Concord Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Concord Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Concord Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Concord Hospital is a 542 bed role delineation 5/6 principal referral hospital (Group A1) and:

- Currently provides a comprehensive range of specialty and sub-specialty services including
 - Emergency medicine
 - Intensive Care and High Dependency
 - Statewide Burns Unit
 - Medical specialties including Cardiology, Endocrinology, and Metabolism, Gastroenterology and Liver, HIV/ AIDS, Immunology, Infectious Diseases, Neurology, Renal Medicine, Respiratory, Rheumatology, Dermatology
 - Cancer Services including medical Oncology, Breast and Endocrine, Head and Neck Surgery, Haematology, Palliative Care and Cancer Survivorship
 - Surgical specialties including Bariatric Surgery, ENT, Colorectal, Upper GI, Neurosurgery, Ophthalmology, Orthopaedics, Plastic reconstructive, maxillary Facial and Hand Surgery, Dental, Vascular Surgery, Cardiothoracic, Gynaecology, and Urology
 - Anaesthetic and Pain Management
 - Aged Care and Rehabilitation, Psychogeriatrics and Chronic Care
 - Andrology
 - Sports medicine
 - Imaging – Interventional Radiology, MRI, SPECT-CT, Nuclear Medicine, and General Radiography
 - Allied health including Physiotherapy, Nutrition and Dietetics, Occupational Therapy, Pharmacy, Podiatry, Psychology, Social Work, Audiology and Speech Pathology
 - Tertiary / quaternary services not already listed including skin culture laboratory, Dementia services, Collaborative Centres for Cardiometabolic Health in Psychosis, Neuro-immunology, Neuro-genetics, Ortho- geriatrics
- Employs almost 3000 staff
- Phase 1 Concord Hospital Redevelopment - \$150m (2015)
- Funding announced for delivery of Concord Hospital Redevelopment - \$341.2m (June 2017) – clinical services building (increased inpatient and outpatient capacity) due to be completed in 2021 including:
 - Rehabilitation and Aged Care – ambulatory clinics, assessment and therapy areas, rehabilitation gyms and psychogeriatric facility
 - Comprehensive Care Centre including ambulatory and inpatient oncology services
 - National Centre for Veterans Healthcare to support health and wellbeing of veterans and their families
 - Enhancement and integration of clinical research
 - Improved access and hospital entries with new dedicated patient drop-off
 - Retail space to link existing buildings and new building
 - Improvement in logistics systems and new loading dock
 - Establishment of cultural lounge for Aboriginal patients, families and carers
 - Demolition of WW2 ramp wards to provide future development zone

- Significant role (network services) in supporting Canterbury Hospital (back-up, support, beds and services)
 - Radiology
 - Nuclear Medicine
 - Pathology
 - Infectious Diseases
 - Intensive Care
 - Emergency Medicine
 - Specialised Aged Care
 - Rehabilitation
 - Cancer
 - Cardiology
 - Endocrinology
 - Colorectal Surgery
 - Neurology
 - Palliative Care Services

The following table illustrates key activity for Concord Hospital in 2018/19:

Overview of Concord Hospital	2018/19
Separations (same day and overnight)	40,313
Separations – same day	20,796 (51.6%)
Total acute bed days (excludes psychiatric)	122,146
Average overnight acute length of stay (excludes psychiatric)	4.29
Daily average number of inpatients	635
Non-admitted patient services	413,084
ED presentations	42,327
Surgical procedures	14,940

Table 9: Key activity data for Concord residents 2018/19 (Source: Concord Hospital Strategic Plan 2019-2024 page 17)

Key priorities for Concord Hospital include:

- Aligned with Sydney Local Health District Research Strategic Plan 2018-2023
- Encouraging consumer participation in research activities
- Building capacity to undertake research by supporting emerging researchers
- Strengthening opportunities for research with existing research partners and explore opportunities for new partnerships
- Completing stage one redevelopment in accordance with the clinical services plan with upgraded Aged Care and Rehabilitation services, Cancer services and the National Centre for Veterans Healthcare, as well as Ambulatory Care, Emergency Department, Intensive Care, Theatres, Imaging, Diagnostics and Research facilities
- Finalise the clinical services planning for stage two redevelopment - comprehensive and consultative process to inform Stage 2 Redevelopment - consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Continue to improve ICT Accessibility – electronic health programs, eReferrals, eMeds, Patient ID barcoding,
- Support Sydney Local Health District's priority for a sustainable health system
- Deliver high quality and safe care aligned to the health needs of the local population
- Support the introduction of innovative new services and models of care e.g. critical care outreach,
- Explore opportunities to improve the integration of clinical services - neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – strengthen relationships with residential aged care facilities, further develop palliative care services and allied health
- Collaborate closely with the local Primary Health Network
- Provide Concord Hospital staff with the support to enable the provision of safe and high quality care

- Identify strategies to recruit and retain the Concord Hospital workforce
- Enhance staff safety and well being
- Promote and support a culture of patient and family centred care quality safety evidence based practise and innovation – research infrastructure, extend model of RPA institute of academic surgery, enhance clinical trials, opportunities for 'in-hospital' / local research
- Ensure that equity and the CORE values underpin all education and training activities
- Continue to support and encourage professional development for employees across all disciplines
- Support the integration of state-of-the-art education facilities as part of the Concord hospital redevelopment

Observations include:

- Clinical Services Planning underway for Stage 2 redevelopment
- LHD focus on evidence-based practice / research
- Consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Need for improved ICT accessibility
- Consideration of introduction of critical care outreach, improved integration neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – with residential aged care facilities, further develop palliative care services and allied health
- Strong PHN collaboration
- Need for state-of-the-art education facilities
- Need for research infrastructure
- Plan to extend model of RPA institute of academic surgery
- Plan to enhance clinical trials
- Explore opportunities for 'in-hospital' / local research

3.1.14 Royal Prince Alfred Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Royal Prince Alfred Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Royal Prince Alfred Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Royal Prince Alfred Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Royal Prince Alfred Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility to respond to the needs of a growing and ageing local and referral population evolving technologies, and future models of care

Royal Prince Alfred Hospital (RPA) is a tertiary / quaternary level 6 facility and currently provides a wide range of services. RPA has also led a number of life changing treatments including:

- Endo vascular aortic valve replacement
- Coronary angiography
- Endovascular surgery
- The first Extra Corporeal Membrane Oxygenation (ECMO) retrieval program

- Extracorporeal irradiation and re-implantation of bone for primary bone sarcoma
- the development of cochlear implants
- Developing the continuous positive airway pressure (CPAP) machine
- Undertaking pioneering work on the clinical use of routine HIV drug resistance genotyping of individual patients' virus
- Discovering a range of novel devices including a new approach to cardiotocography (CTG) monitoring
- The introduction of triage nurses
- Australian site for trialling genetic therapy

RPA's specialty services include:

- National Centre for Liver transplantation
- Kidney transplantation
- Cardiovascular and cardiothoracic services
- Genomics
- Neurosciences and neuro-intervention
- Haematology
- Cancer care
- Highly complex maximally invasive surgery such as peritonectomy and pelvic exenteration
- Intensive Care
- Neonatal care
- Maternity
- Gynaecology

Other services include:

- Emergency Medicine including Level 1 Trauma Services
- Surgical and procedural specialties including:
 - Cardiothoracic
 - Interventional Cardiology
 - Diagnostic Gastroenterology and Endoscopy
 - Colorectal
 - Upper GI
 - Neurosurgery
 - Ophthalmology
 - Otolaryngology (ENT)
 - Orthopaedics
 - Plastic and Reconstructive
 - Vascular
 - Gynaecology
 - Gynae-oncology
 - Urology
 - Breast
 - Head and Neck
 - Organ transplantation
- Medical specialties including:
 - Cardiology
 - Dermatology
 - Endocrinology
 - Obesity
 - Genomics
 - HIV / AIDS
 - Immunology
 - Infectious Diseases

- Neurology
- Renal Medicine
- Renal Dialysis
- Respiratory
- Sleep Disorders
- Aged Care
- Rehabilitation
- Rheumatology
- Neuropathology
- Cancer therapy including:
 - Medical oncology
 - Molecular oncology
 - Haematology
 - Palliative care
- Maternity, Foetal Medicine, Neonatal Intensive Care and Paediatrics
- Intensive Care
- Anaesthetic
- Medical imaging including Radiology (including interventional radiology and neuro-interventional radiology) Molecular Imaging (PET-CT, general nuclear medicine) and PET cyclotron
- Mental Health, Drug Health
- Allied Health such as Dietetics and Nutrition, Occupational Therapy, Orthotics, Physiotherapy, Podiatry, Psychology, Social Work, Speech Pathology
- Pathology services through NSW Health Pathology

The following table illustrates key activity for Royal Prince Alfred Hospital in 2017/18:

Overview of Royal Prince Alfred Hospital	2017/18
Separations (same day and overnight)	82,966
Separations – same day	40,011 (48.23%)
Total bed days	300,784
Acute average acute length of stay	3.12
Daily average number of inpatients	824.07
Occupancy rate	94.10%
Acute bed days	300,784
Average available beds	768
Non-admitted patient services event	537,936
ED attendances	75,854
Ambulance presentations	22,544
Births	5,140
Percentage from SLHD	68.4%
Identified as Aboriginal	1,697
Identified as Aboriginal and Torres Strait Islander	64
Identified as Torres Strait Islander	34
Born overseas	44%
Residents of SLHD who spoke language other than English at home	53%

Table 10: Key activity data for Royal Prince Alfred catchment 2017/18 (Source: RPA Hospital Strategic Plan 2019-2024 page 19)

Key priorities for RPA Hospital include:

- Plan for and champion the redevelopment and expansion of RPA hospital in accordance with the clinical services strategy and CSP to meet the needs of a growing and changing local and referral population
- Review and enhance RPA facilities with a focus on accessibility, cultural appropriateness and patient centred care including:
 - Expansion of inpatient capacity

- Remodelled and expanded ED including waiting area
- Enhanced Intensive Care capacity
- A major emphasis on ambulatory care and outpatients
- Expanded pre-admission clinic space
- Operating theatres including hybrid theatres
- Medical and surgical facilities
- Medical imaging and diagnostic capabilities
- Paediatric services
- Clinical support services
- Stronger rehabilitation capability
- Building digital capability with state of the art ICT infrastructure
- A purpose built research facility on the RPA campus
- Complete the roll-out and optimization of a mobile integrated lifelong eMR to support best practice care integrated across care partners in the primary, community and acute care system
- Collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- Build and leverage strategic partnerships across the health and social care system to minimise service fragmentation and ensure equitable access to high quality patient care – HealthOne, Universities, community, PHN, NGOs
- Strengthen engagement and existing partnerships with Aboriginal communities and organisations to 'Close the gap' in health behaviours, health outcomes and access to health services between Aboriginal and non-Aboriginal people
- Contribute to the planned establishment of RPA HealthOne East Green Square as part of the broader Sydney Local Health District integrated care strategy
- Implement flexible and adaptive models of care to address the needs and challenges of specific cohorts (such as aged, people with disability, indigenous culturally and linguistically diverse and people from rural and remote areas), high volume areas such as ED, ICU and paediatrics
- Consider informational and emotional needs of patients, families and carers in the design and delivery of clinical care services through co-design, leading better value care (LBVC)
- Design and implement easy to navigate care pathways which facilitate active involvement of patients, families and carers in their care
- Identify opportunities to improve or redesign services
- Investigate opportunities to improve the integration of health services
- Support innovation and performance to drive service improvements
- Future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Building its medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Ambulatory care services and the need to develop new multidisciplinary models to address complex medical issues and chronic diseases
- Promote opportunities for greater employee engagement and participation at both a strategic and operational level
- Support managers to build healthy teams and look after our staff including through participation in staff wellbeing programs
- Attract, retain and develop exceptional staff by becoming an employer of choice
- Inspire a culture of accountability through the high quality feedback continuous improvement development cycles and recognition of employee excellence
- Celebrate and maintain world class status of our RPA through proactive communication of research successes and innovation
- Advance translation of all healthcare research by leveraging strategic partnerships with medical research institutes, universities and industry partners
- Support involvement of staff, patients, families and communities in all phases of the research cycle

- Advocate and promote the development and successful implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Partner with universities in education institutes to offer sector ready professional development opportunities targeted to service needs
- Promote availability and access to modern evidence based education methods and infrastructure
- Embed a continuous learning culture through support for reflective learning and customized development pathways

Observations include:

- Planning for redevelopment and expansion of RPA hospital - clinical services strategy and CSP to meet the needs of a growing and changing local and referral population - with a focus on accessibility, cultural appropriateness and patient centred care
- Plan to collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- LHD focus on evidence-based practice / research, strategic partnerships
- Strengthen engagement / existing partnerships with Aboriginal communities and organisations to 'Close the gap'
- Focus on co-design with consumers
- To improve the integration of services
- Exploring future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Plan to build medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Expand ambulatory care services - develop new multidisciplinary models to address complex medical issues and chronic diseases
- High need for increased digital capability, improved ITC accessibility
- Implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Exploring opportunities to review / redesign services, flexible / adaptive models of care

3.2 Findings and Considerations

High level themes have been identified following the documentation review and they include:

Themes	Aims, Objectives and Considerations
Patient experience	<ul style="list-style-type: none"> • Care as close to home as possible • Person centred care – patient s, families and carers • Greater access and choice • Less invasive interventions • Decreased length of stays • Co-design with consumers • Integrated care
Population	<ul style="list-style-type: none"> • 39% increase to 2031 • 33% of Canterbury socially disadvantaged • High ethnicity – 48% born overseas and 66% do not speak English at home • High projected population increase for 65+yrs by 2031 • 18.8% Canterbury resident activity flows to Concord or RPA Hospitals • 16.8% activity flows to SESLHD or SWSLHD • 10% of all SLHD births are attributed to Canterbury residents
SLHD direction / Canterbury Hospital	<ul style="list-style-type: none"> • Decreased reliance on beds • New models of care and clinical redesign • Need for additional capacity to meet growing demand • Integrated models of care and out of hospital care

	<ul style="list-style-type: none"> • Improved ITC capability / digital health – high priority • Commitment to evidence based research • Redevelopment of Canterbury Hospital – high priority • Need for Renal Dialysis in Canterbury • Promotion of Breast Screen services in Canterbury • Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services • Build stronger / strategic partnerships • Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care • Concord Hospital provides significant support to Canterbury Hospital – back-up, beds and services including <ul style="list-style-type: none"> ○ Radiology ○ Nuclear Medicine ○ Pathology ○ Infectious Diseases ○ Intensive Care ○ Emergency Medicine ○ Specialised Aged Care ○ Rehabilitation ○ Cancer ○ Cardiology ○ Endocrinology ○ Colorectal Surgery ○ Neurology ○ Palliative Care Services • Focus on culturally appropriate care for Aboriginal people • Need for research and education infrastructure • Focus on co-design with consumers
Private Health Insurance	<ul style="list-style-type: none"> • Rates appear low – more robust work required with potential operators • Socioeconomically disadvantaged population • 30% of SLHD outflows for Canterbury residents are for private health services
Partnership opportunities	<ul style="list-style-type: none"> • Opportunities for strong collaborative relationships with Canterbury Hospital and other SLHD facilities • Provision of services to public hospitals e.g. elective surgery, • Complementary services • Clinical support services such as Pathology, Medical Imaging • Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health,
Spaces	<ul style="list-style-type: none"> • Opportunities to lease space to SLHD • Need for specialist consultation spaces • Need for Renal Dialysis space for SLHD • Potential for locally based cancer therapy / clinics for SLHD • Need for SLHD Community health space • More rigorous assessment of bed requirements, day only / overnight, service configurations • Need for research infrastructure
Activity	<ul style="list-style-type: none"> • Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide • High needs – renal dialysis, chemotherapy services, mental health services
Suite of Services	<ul style="list-style-type: none"> • Day Surgery including high volume short stay • GP and Allied Health • Imaging • Endoscopy services • Rehabilitation services • Mental Health services • Interventional Cardiology • Interventional Radiology • Hybrid ORs • Orthopaedic services – ageing population / degenerative musculoskeletal disease

	<ul style="list-style-type: none"> • Ophthalmology • Pathology • Pharmacy • Ambulatory Care • Complementary services • Allied health services
Workforce	<ul style="list-style-type: none"> • Learning and development to build capacity and capability of individuals and teams • Cross accreditation opportunities • Potential academic links to support training and education • Employer of choice
Research and Innovation	<ul style="list-style-type: none"> • Potential academic links • Committed to evidence based research • Need for research facilities and strategic partnerships
Retail	<ul style="list-style-type: none"> • Pharmacy

Table 11: Documentation review findings and considerations

3.2.1 Services, Facility Size, Scale and Capacity

Based on the documents reviewed, it does not appear unreasonable that the proposed scale and size of the private hospital development as proposed, would work towards meeting the needs for healthcare locally. There is significant projected population growth by 2031 and a projected ageing population also, which will increase demands for services. Anecdotally, at this time older people are more likely to be privately insured and therefore would appear to be high users of a private health care facility. However, more robust analysis of private health insurance rates and demands for private health care in this local area is required.

Without any additional data to better understand supply and demand, the provision 218 beds, eight Operating Rooms and supporting services such as pre and post procedure beds, CSSD, and other clinical support and non-clinical services all appear appropriate. With a shifting emphasis on reduced length of stay, more day only and ambulatory activities and out of hospital care, the operator would need to play a very significant role in determining the configuration of services and bed numbers required.

Assuming that the private hospital development will provide a suite of services to respond to the complex care needs of the community, will work in collaboration with SLHD hospital facilities, will provide medical and surgical specialty care and provide services in acute, sub-acute and ambulatory settings, the following is a list services that could be considered is provisional only:

- Perioperative Services including Operating Suite, Anaesthetics and Recovery, Day of Procedures / Day Only services
 - General Operating Rooms
 - Hybrid Operating Rooms
- Interventional procedure Suite including
 - Interventional Radiology
 - Interventional Cardiology
 - Endoscopy Services
- Broad range of surgical specialties (and sub-specialty services as appropriate)
- Broad range of medical specialties
- Clinical support services such as Medical Imaging, Pathology, Pharmacy
- Access to Rehabilitation Services
- Mental Health Services
- Ambulatory Care including:
 - Renal Dialysis
 - Chemotherapy services
- Allied Health services such as:
 - Physiotherapy
 - Occupational Therapy
 - Speech Pathology

The need for Intensive Care beds would be determined by the operator once assessment and decision have been made to determine the appropriate role delineation of the new facility. The omission of ICU beds will determine complexity

It will be critical to ensure that access to specialist consult services is part of the offering and the provision of education spaces to support learning and development of individuals and teams will be a significant benefit to attracting a sustainable workforce.

Despite good access to public transport, the provision of adequate staff and visitor parking will be a key success factor also.

Opportunities to partner with the public sector and provide complementary services on site will provide a culture of collaborate, improved access for all, and build a greater sense of community locally.

The opportunity to provides some retail services provides an avenue for the community support local business, adds to the business vibrancy at the hospital and more locally in Canterbury and provides easy access to goods and services that staff, patients and visitors may require when attending the health precinct.

3.3 High Level Project Outcomes and Benefits

The following table list potential outcomes and benefits of a new hospital development:

Outcomes	Potential Benefits
Improved patient experience	<ul style="list-style-type: none"> • Patient (and family / carer) centred care – greater inclusion and involvement in care • Co-design with consumers • Purpose built facilities • Improved access to services • Improved choice of healthcare services • Access to services closer to home • Wider range of service available locally • Improved patient outcomes • Improved health and wellbeing • Improved waiting times for care • Enhanced integrated care models • Opportunities to share equipment and staff • Decreased length of stay • Implementation of new technologies to support care needs
Community engagement	<ul style="list-style-type: none"> • Culturally sensitive care -Aboriginal, CALD • Improved business vibrancy • Meeting the needs of the local community • Enhanced relationships with aged care providers
Financial sustainability	<ul style="list-style-type: none"> • Cost effective and cost efficient care • Operational efficiency • Reduced unplanned returns
Sustainable infrastructure solution	<ul style="list-style-type: none"> • Modern infrastructure - safety, access, security • Functional clinical spaces • Functional workspaces • More accessible services – drop-off, wayfinding • Responsive to population increase and demand • Implementation of contemporary and new /emerging models of care • Improved ambulatory care / outpatient models - opportunity to shift the focus to non-admitted care where possible • Comprehensive suite of clinical support services such as Imaging, Pathology • Opportunity to place complementary services in health precinct

Workforce development	<ul style="list-style-type: none"> • Strong commitment to learning and development – capacity and capability • Improved staff recruitment and retention – employer of choice • Improved staff experience • Greater convenience for medical staff working across public and private sectors • Cross accreditation opportunities • Opportunities to anticipate in research activities
Research and Innovation Hub	<ul style="list-style-type: none"> • Translational research – evidence based • Collaborative research – health, universities, research institutes • Clinical trials
Partnership and collaboration	<ul style="list-style-type: none"> • Improved capacity to build strong and sustainable partnerships locally, across the LHD, metropolitan Sydney and statewide • Collaboration with other public and private health facilities (acute / subacute / ambulatory / outpatient / community health), primary health, residential aged care facilities, universities, community agencies, NGOs
Effective safety and risk management	<ul style="list-style-type: none"> • Effective clinical and corporate governance • Compliance with local, state and national standards, guidelines, policies and procedures • Accreditation aligned with National Safety and Quality Health Standards • Reduced clinical errors and infection, sentinel events

Table 12: High level benefits of new hospital development

3.4 Potential Service Collaborations

Key stakeholder groups will include:

- Potential Private Hospital Operators
- NSW Ministry of Health
- NSW Government
- Sydney Local Health District
- Canterbury Hospital
- Private Health Funds
- Research entities
- Universities
- Local Council
- Local Community
- Patients, Families and Carers
- Community agencies
- NGOs
- Retail community
- Other Local Health Districts such as South West Sydney Local Health District and South East Sydney Local Health District

4. Conclusion and Recommendations

4.1 Conclusion

The initial concept for the establishment of a private hospital in Campsie is a compelling one. Based on information available for this review, the size and scale will allow future expansion vertically using Levels 9,10 and 11 while maintaining clinical and functional adjacencies as horizontal expansion of the site in the future would be extremely difficult without compromising the clinical functionality and efficiency of the spaces. The Educational and Consulting Suite uses currently allocated to these levels could then be accommodated elsewhere in the precinct within a reasonable distance of the development. The size and scale of the proposed facility also allows for a wide range of services and modalities to be accommodated within the floorplate and height. This flexibility will be extremely attractive to potential operators and will also offer the potential complimentary services and collaboration to occur within the development.

It is also noted that the proposed rear laneway off Stanley Street will allow a safe drop-off zone for patients as well as allowing servicing/deliveries to the facility. This has the potential to lessen the traffic impact to Canterbury Road as a result.

There is however, considerable assessment of supply and demand data, private health insurance rates, existing private hospital services etc required, to ascertain the specific needs that will guide the development of services for this facility, to ensure that the venture meets the needs of the local community, is financially sustainable / profitable, and is reflective of how the private health provider and the SLHD, local public hospital facilities and other partners can collaborate for the benefit of the whole community.

4.2 Recommendations

The following recommendations are provided:

- Initiate discussions with potential private hospital operators to test appetite for the provision of private health care in Campsie
- Initiate discussions with Sydney Local Health District to explore opportunities to collaborate and support the district and the Canterbury Hospital and to strengthen the opportunity to build a vibrant health precinct locally in Campsie to better meet community needs