Sydney South West Area Health Service
Transport for Health Plan
2007 - 2012

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

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FOREWORD

A major strategic direction of the NSW Health Plan and the SSWAHS Corporate Plan 2006-2010 is to create better experiences for people using health services. Access to health services is recognized as a key issue for those most disadvantaged in our community.

The Sydney South West Area Health Service (SSWAHS) Transport for Health Plan, 2006 sets the framework to improve access to the Area's health services and builds on previous work and consultation processes that were conducted over a number of years.

The plan sets an agenda for change over the coming years and will be implemented by the SSWAHS Transport for Health Implementation Group. A key source of consultation will be through the SSWAHS Reference Group consisting of major stakeholders and community members.

Working in partnership with our community and other service providers will enable us to improve access and the efficiency of health services to achieve one of our corporate objectives which is providing integrated and networked care across the whole of SSWAHS.

Mike Wallace
Chief Executive
SSWAHS

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1. INTRODUCTION

NSW Health has for some time recognised the need to improve access to health related facilities and services. Access can be facilitated by provision of information about health services, the delivery of health care in a range of settings, and through the provision of transport for those who are unable for various reasons to access either public or private services in their area.

Over the last ten years, numerous reports and reviews have made specific reference to health related transport within the context of broader health issues, or have specifically focused on health related transport. Lack of transport to and from health facilities for the transport disadvantaged has also been identified by the NSW Health Council, rural health councils, NSW Committee on Ageing, and Council on Social Service of NSW (NCOSS). At a local level, Home and Community Care (HACC) planning forums have consistently raised the issue of transport for patients as an ongoing problem.

Within the NSW Health policy context there has been considerable action. This includes the establishment of the NSW Health Related Transport Program in 1998, the Non-Emergency Health Related Transport Discussion Paper (2001)[1], NSW Rural Health Plan (2002), Metropolitan Hospitals Report (GMT2) (2002), and new IPTAAS Policy Guidelines in 2006.

In August 2006, NSW Health released the ***NSW Health Transport for Health Policy (PD2006_068)*** which is the key strategy through which NSW Health is working to improve access to health facilities for transport-disadvantaged patients and between facilities for those needing travel to other sites for health care. This policy recognises the need to: address non-emergency health related transport strategically; create a single multidimensional program; strengthen and develop partnerships; and incorporate travel considerations into planning and delivery of health services.

The NSW Government has also considered transport within the broader context. The Parry Report and Unsworth Report have made recommendations to improve the effectiveness and efficiency of public transport, including those in Sydney's West.

At a local level, a transport survey was undertaken in parts of the former Sydney South West Area Health Service (SSWAHS) in 2001. In 2003 and 2004/5, both SSWAHS and the former Central Sydney Area Health Service (CSAHS) commenced planning to develop a Transport for Health Plan. This involved consultation with local AHS transport providers and external agencies, including the NSW Ambulance Service and community transport service providers.

In July 2004, the NSW Government announced the amalgamation of area health services in NSW to create a more streamlined health care system and to strengthen and extend clinical links between established hospitals and developing health services. In January 2005, Sydney South West Area Health Service (SSWAHS) was created from the former SWSAHS and CSAHS.

The SSWAHS Transport for Health Plan aims to consider health related transport within the context of the local community profile, local transport corridors and arrangements. It sets an agenda for change over coming years which includes the establishment of coordination units, consolidation of transport administration, improved governance, development of a single point of access, improved compliance with regulatory requirements, and structures to support improved communication. It also provides a structure for identifying strategies to address current and emerging issues.

[1] NSW Health Non Emergency Health Related Transport – Facilitating Access to Health Services in NSW Discussion Paper December 2001

2. NSW STRATEGIC DIRECTION

NSW Health has adopted the vision of ***Healthy People – Now and in the Future***. This vision is underpinned by four goals and seven strategic directions. The four goals are:

- To keep people healthy
- To deliver high quality health services
- To provide the health care people need
- To manage health services well

The Seven Strategic Directions for NSW Health reflect the draft Future Directions developed through Futures Planning. These Strategic Directions build on work undertaken for the NSW Health Care Advisory Council and further developed at two Statewide planning forums, which involved a wide range of people including leading clinicians, academics, consumers, and government and non-government sector representatives.

These Seven Strategic Directions for NSW Health, reflected in the *Statement of Strategic Direction 2006-2010*, acknowledge the need to align Strategic and Future Directions for NSW Health and guide the longer-term development of the NSW public health system. These seven Strategic Directions form the basis of the *NSW State Health Plan 2006-2010*

The Seven Strategic Directions capture NSW Health priorities over the next five years and will be reflected in current Department and Health Service planning. Progress in achieving the seven strategic directions will be measured using existing dashboard and other indicators at Statewide and Health Service levels. Work is currently underway to ensure that there are adequate measures to highlight achievements against each strategic direction.

The Seven Strategic Directions are:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services and health support services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities

This Transport for Health will contribute to the achievement of Strategic Direction 2: Create better experiences for people using health services, and will also contribute to Strategic Direction 4: Build regional and other partnerships for health.

3. OVERVIEW OF SYDNEY SOUTH WEST AREA HEALTH SERVICE

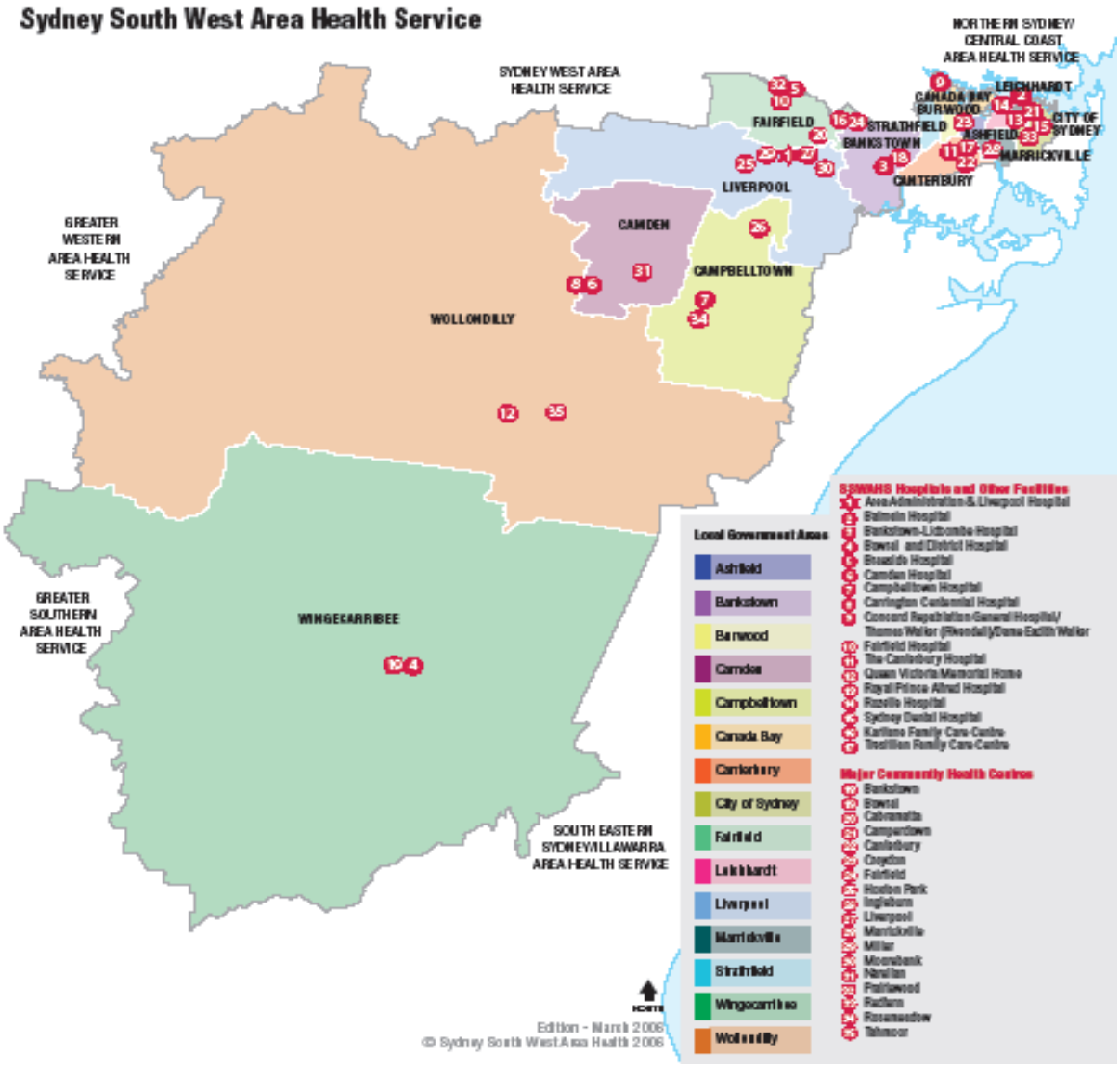
3.1 GEOGRAPHICAL COVERAGE OF SSWAHS

SSWAHS covers a geographical area of 6,380 square kilometres stretching from Balmain in the east to Bundanoon in the southwest. Settlements vary from the scattered rural townships of Wingecarribee and Wollondilly, through to the densely populated inner city areas.

3.2 LOCAL GOVERNMENT AREAS

The SSW region comprises 15 Local Government Areas (LGAs): the City of Sydney (part); Leichhardt; Marrickville; Canterbury; Canada Bay; Ashfield; Burwood; Strathfield; Bankstown; Fairfield; Liverpool; Campbelltown; Camden; Wollondilly; and Wingecarribee. Of note is that the former South Sydney LGA is now amalgamated with City of Sydney, and the former LGAs of Concord and Drummoyne are now amalgamated as Canada Bay.

Figure 2.1 Map of SSWAHS Showing Public Hospitals and Community Health Centres



3.3 ORGANISATION OF SERVICES

SSWAHS provides health services to 20% of the NSW population with 1.5 million people living in the area. To support the effective delivery of health care, the area is divided into two zones: the Eastern Zone (comprising the LGAs of City of Sydney (part), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood, and Strathfield); and the Western Zone (comprising the LGAs of Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee). The majority of the AHS (6,237 square kilometres) is in the Western Zone as indicated in the map of SSWAHS.

A detailed demographic profile of the residents of SSWAHS is in Appendix 1.

3.4 POPULATION DENSITY

The size of each council varies with geographically smaller, higher population density in the east, and very large sparely populated councils in the west. The table following indicates the relative size of each council. The area has relatively flat topography. In the eastern part of SSWAHS, the boundaries of the area are marked by Parramatta River to the north, the Sydney CBD to the east, ongoing urban development to the west and south. In the western part of the area, the boundaries are more diverse. To the north are rural areas, to the south and east the Georges River, Holsworthy Military Reserve and state forests, and to the west the Nattai Range (and Warragamba Dam).

Table 2.1: Profile of each Council within SSWAHS (Source: BNSW Department of Local Government

Council	Area (Km2)	Population Density (pop/ Area) as at 30 June 2003
Ashfield	8.3	4,858.55
Burwood	7.2	4,281.53
Canada Bay	19.8	3,266.21
Canterbury	33.6	4,034.91
City of Sydney [1]	12.4	6,444.52
Leichhardt	10.6	4,822.08
Marrickville	16.5	4.605.52
Strathfield	13.9	2174.10
South Sydney [2]	14.3	4,295.45
Bankstown	76.8	2,272.30
Camden	201.3	245.66
Campbelltown	312.2	482.35
Fairfield	101.7	1,853.12
Liverpool	305.4	542.40
Wingecarribee	2,688.8	16.35
Wollondilly	2,556.6	15.58

1. Total area incorporating SSWAHS and SESIAHS
2. South Sydney Council is now incorporated into the City of Sydney

3.5 IMPACT OF ENVIRONMENT, GEOGRAPHY AND POPULATION ON TRANSPORT

SSWAHS has large communities of people who are very disadvantaged: a significant Aboriginal and Torres Strait Islander population; the largest and most diverse CALD communities in NSW, including people admitted to Australia under the humanitarian program; a sizeable and growing aged community; almost 30% of NSW's public housing tenants; and a larger proportion of people living in group homes in the eastern zone than the state average. These communities are less likely to own their own vehicle, and are more

likely to be users of public health services. However at the same time, the variable level of public transport, particularly in the west, means that these groups often have poorer access to health services and/or that they are more dependent on health related transport to access health services.

For people living in the shires of Camden, Wollondilly and Wingecarribee, many experience the geographical isolation from health services that is usual for people living in rural and remote NSW. Because they live within 100km of major tertiary services, most residents are not eligible for financial and other support provided through programs such as the NSW Health IPTAAS program. For these communities, the infrequent train and/or bus scheduling means that access to health services can be poorer, again increasing their dependency on health related transport.

The history of Sydney's population growth and infrastructure development has meant that public transport options are better developed in the Inner Sydney and Inner West areas, with poorer public transport infrastructure in the south west. This has translated into a higher dependence on private cars and road development in the west. Irrespective of area, community transport is identified as a significant need for disadvantaged groups.

Social plans for local councils summarise local transport services concerns (as follows):

Eastern Zone

The Leichhardt Municipal Council Social Plan 2004 and *City of Sydney Social Plan 2006-10* indicate that due to relatively good bus and rail coverage, with a high reliance on public transport. With less parking for cars, there is also a higher use of taxis in Sydney. Although there is good public transport within the area, the *City of Canada Bay Social Plan 2003-8* indicates that the lack of accessible railway stations, unreliable taxi services, and the lack of a direct bus route between Concord and Drummoyne, including to Concord Hospital, as significant problems. Steep narrow roads around the bays and rivers in the inner city were seen to restrict public and community bus access.

The *Burwood Social Plan* and *Ashfield Social Plan* indicates that there is generally good public transport in the area, although accessibility to some railway stations is poor and bus routes to the Enfield pool are poor. Bus frequency is seen to be an issue as is community transport. *Strathfield Social Plan* identifies Strathfield as is a major public transport interchange with many buses and trains passing through the town centre.

Western Zone

Bankstown is serviced by two City rail train lines, a mixture of predominantly private bus routes (and one public bus route), access to Bankstown airport, taxis and roadways. The *Bankstown City Council Social Plan 2004* identifies transport particularly in relation to health services as an issue, as is timetabling and frequency of services, together with lack of a north south and cross regional bus services.

Fairfield has predominantly established and new residential areas with rural areas in Horsley Park and Cecil Park. The two major business centres are in Cabramatta and Fairfield. The *Fairfield City Community Profile 2000* indicates that rail transport is an issue for residents of the middle distance, new residential and rural areas. Bus services provide a crucial link in the area. The *Liverpool Social Plan 2004-2005* indicates that low use of buses, with the absence of reliable and frequent services in the Release and Western Neighbourhood areas.

The *Campbelltown Social Plan 2004-9* identifies Campbelltown as being a regional centre for transport. While Campbelltown has a major train line to the Sydney CBD, the rapid

population growth has meant that bus services and roads have not kept pace with demand. Traffic congestion, lack of car parking and condition of roads were identified as issues of concern.

Camden contains a mix of agricultural lands, country towns and new residential areas. The environment has the floodplains of the Nepean River and South Creek, and landforms of Central Hills, Crear Hill and Cobbitty Hills. *Camden Social Plan 2004-9* notes that while there is good accessibility to major freeways and general amenities, lack of adequate public transport was an issue. For Campbelltown and Camden residents, cost, unreliability and unavailability of public transport were significant issues

Wollondilly is predominantly rural in nature with a population scattered across 16 small towns and villages, the largest of which is Tahmoor with 4100 people. Many of the villages are isolated with no rail service and limited bus services. The *Wollondilly Shire Council Social Plan 2004-2009* indicates that transport is one of the major ongoing issues for the community. Residents have a high proportion of private vehicle ownership due to the relative isolation from employment and services.

Wingecarribee is a large semi rural area with over half the population living in the three major centres of Mossvale, Bowral and Mittagong. The remaining residents live in small towns, villages and rural areas. The area is a mixture of urban areas, state forests, national forests, and farming areas. The *Draft Wingecarribee Social Plan 2005-2010* indicates that community concerns with transport focus on the need for better public transport with more frequent village servicing. Demand for community transport is high and increasing among people with high support needs, with non-emergency health related transport utilising up to 60% of community transport resources.

4. SSWAHS HEALTH FACILITIES AND RELATED SERVICES

SSWAHS provides generalist and specialist health services for a large and diverse community through a network of tertiary referral, metropolitan, specialist, and rural hospitals, community health centres and other facilities. In addition, residents from across NSW travel to SSWAHS to access specialist services provided by the major tertiary facilities such as transplant services, trauma centres, the CRGH Burns Unit, and renal services.

Public health facilities are complemented by a range of private health services, including general practitioners, and government and non-government agencies.

4.1 SSWAHS PUBLIC HOSPITALS

There are a total of 15 hospitals in SSWAHS providing inpatient care. Figure 2.1 shows the location of the major public hospitals/facilities and community health services in SSWAHS. There are four principal referral hospitals: Royal Prince Alfred Hospital (RPAH); Concord Repatriation General Hospital (CRGH); Bankstown Lidcombe Hospital; and Liverpool Hospital. There are also three metropolitan hospitals: Canterbury Hospital; Fairfield Hospital; and Campbelltown Hospital. Camden Hospital is a district hospital and Bowral and District Hospital is a rural and district hospital.

There are also specialist facilities: Sydney Dental Hospital; Institute of Rheumatology and Orthopaedics; Balmain Hospital; Rozelle Hospital; Thomas Walker Hospital (Rivendell); Tresillian Family Care Centre; Karitane; and Braeside Hospital. Carrington Centennial Hospital and Queen Victoria Memorial Home provide residential aged care. The table following summarises inpatient activity occurring across SSWAHS. Appendix 2 provides details about each facility.

Table 3.1 Acute Inpatient Activity at SSWAHS Hospitals 2004-05

Hospital	Acute Separations	Acute Beddays	Acute Cost Weighted Separations (undiscounted) (CWTU)	Sub an Non Acute Separations[1]	Sub and Non Acute Beddays[1]
Royal Prince Alfred	41,315	195,166	73,107	867	13,189
Liverpool	32,387	167,636	55,561	1,161	21,132
Concord	24,398	117,494	40,723	3,802	13,968
Bankstown/Lidcombe	23,948	103,568	31,086	1,274	20,904
Campbelltown	19,194	72,722	20,439	1,282	14,777
Fairfield	13,923	50,942	15,906	9	50
Canterbury	13,706	47,323	14,607	518	6,587
Bowral	7,824	20,221	7,176	151	1,847
Camden	7,012	15,238	4,641	504	10,647
RPAH Institute of Rheum and Orthopaedic	2,129	10,073	5,683	0	0
Braeside	4	163	20	3,405	22,990
Rozelle				3,074	58,032
Tresillian (P/W)				2,368	11,268
Balmain				2,096	24,577
Thomas Walker				527	3,005
Karitane				883	3,421
Total	185,840	800,546	268,949	21,921	226,394

[1] Includes psychiatry in designated psychiatric units. Note sub and non acute separations do not carry cost weights.

Source: FlowInfo version 7.0 – excludes chemotherapy, renal dialysis and unqualified neonates

Key hospital based services which generate high levels of activity:

- Emergency Departments: RPA, CRG, Canterbury, Bankstown-Lidcombe; Fairfield; Liverpool; Campbelltown; Camden; and Bowral Hospitals; and GP Casualty at Balmain.
- Inpatient Medical and Surgical Services: RPAH; CRGH; Canterbury; Bankstown-Lidcombe; Fairfield; Liverpool; Campbelltown; Camden; and Bowral Hospitals
- Inpatient Mental Health Services: Rozelle Hospital; Rivendell; RPAH Missenden Unit; Banks House, Bankstown Lidcombe Hospital; Liverpool Hospital; Campbelltown Hospital
- Oncology Treatment: RPAH, CRGH, Liverpool and Campbelltown Hospitals
- Drug Health Services: RPAH, Canterbury, Fairfield, CRGH, Bankstown, Campbelltown and Rozelle Hospitals including Opioid Treatment Program Units at RPAH, Liverpool, Bankstown, Campbelltown and Canterbury; Harm Minimisation Primary outlets at Redfern, Canterbury, Liverpool and Campbelltown.
- Aged/Rehabilitation Services: RPAH, CRGH, Balmain, Bankstown-Lidcombe, Liverpool, Braeside, Camden and Canterbury Hospitals
- General outpatients (including allied health services): all facilities
- Dental Services: Sydney Dental Hospital, RPAH, CRGH, Liverpool, & Canterbury Hospitals; Marrickville, Croydon, Rosemeadow, Bowral, Ingleburn, Hoxton Park, Yagoona, Prairiewood, Wollondilly and Narellan CHCs, and school based outlets.

In 2004/5, SSWAHS facilities (including Community Health Services) generated 4.018 million outpatient occasions of services (NAPOOS). This activity includes services provided on site (including pathology tests) and services provided in the community in patients/clients homes. In addition there were 270,980 Emergency Department attendances. Data on hospital and community health activity (including laboratory work) for 2005/6 is presented below.

Table 3.2 Activity data for all facilities 2005/6 (*Source: NSW Health*)

Hospital name	Separations	Planned as % of total separations	% of same day separation	Total bed days	Average length of stay (acute)	Daily average of inpatients	Occupancy rate	Acute bed days	Acute overnight bed days	Non-admitted patient services	ED attendances
Balmain Hospital	2,093	0.48%	18.82%	24,624	8.6	67.5		12,087	11,700	135,989	17,016
Bankstown Hospital	29,018	40.08%	36.01%	138,672	4.5	379.9	100%	127,403	116,953	394,147	33,823
Bowral Hospital	8,629	23.88%	45.36%	23,127	2.6	63.4	76%	21,854	17,940	102,248	16,390
Braeside Hospital	2,875	0.38%	65.74%	23,392	1	64.1		2	1	20,953	
Camden Hospital	6,751	69.87%	82.46%	25,315	2.1	69.4	89%	13,021	7,461	102,995	10,833
Campbelltown Hospital	23,898	13.87%	14.32%	99,490	4.2	272.6	96%	98,726	95,323	298,420	39,490
Canterbury Hospital	16,577	23.39%	27.19%	60,604	3.3	166	91%	53,470	48,975	190,981	27,027
Concord Hospital	41,233	69.25%	60.83%	149,109	3.3	408.5	107%	135,060	110,052	301,490	25,525
Fairfield Hospital	16,664	22.81%	26.14%	61,633	3.7	168.9	82%	61,562	57,207	274,242	26,345
Karitane Mothercraft Society	578	0.00%	4.15%	2,009	3.5	5.5		2,009	1,985	31,756	
Liverpool Hospital	65,038	50.41%	55.65%	240,357	3.6	658.5	100%	231,434	195,243	628,397	51,794
Royal Prince Alfred Hospital	59,753	46.12%	42.81%	251,978	4.2	690.4	98%	251,626	226,048	663,911	49,960
Royal Prince Alfred Institute Rheumatology / Orthopaedics	2,195	85.51%	22.32%	10,012	4.6	27.4	57%	10,012	9,522	18,672	
Rozelle Hospital	3,085	0.00%	2.82%	60,391	13.2	165.5		35,534	35,453	11,953	
Thomas Walker	271	0.00%	0.37%	2,562	7.5	7		1,371	1,371	7,800	
Tresillian Care Centre	2,407	0.00%	1.41%	11,180	4.6	30.6		11,180	11,146	58,362	
Community Health - Central Sydney AHS										336,518	
Department of Forensic Medicine										44,423	
Queen Victoria (Thirlmere)										9,839	
Scarba House – Central Sydney										3,073	
Scarba House - South West Sydney										4,617	
Sydney Dental Hospital										188,657	
Sydney South West AHS Expenditure										310,783	
SSWAHS Total	281,065	42.76%	43.40%	1,184,455	3.9	3,245.10	96%	1,066,351	946,380	4,142,227	298,203

4.2 SSWAHS COMMUNITY HEALTH AND RELATED SERVICES

Community health facilities are located at Redfern, Camperdown, Croydon, Canterbury, Marrickville, Concord, Bankstown, Cabramatta, Carramar, Prairiewood, Liverpool, Moorebank, Hoxton Park, Miller, Ingleburn, Rosemeadow, Narellan, Tahmoor, and Bowral. These facilities provide services including Child and Family, and Mental Health Services.

Specialist family services are located at Canterbury and Carramar. Youth health services are located at Camperdown, Canterbury, Bankstown, Carramar, and Campbelltown. Early childhood centres, primary health nurse services, drug health services, living skills centres and dental clinics are located in a range of outlets across the area.

Aged care respite centres are based at Bankstown; Concord (including the Dame Edith Walker Estate), Camperdown, Canterbury, Carramar, Camden; Lurnea; Minto; Hoxton Park; Rosemeadow; Ingleburn; and Picton. These centres provide transport for their clientele.

While clients travel to many services, a substantial component of these services are provided within the clients home, or in outreach settings, in cases where the client may be too physically sick or frail to travel, where assessment or treatment is preferable in the person's home, or where individuals or communities live in geographically isolated areas. The activity of these services is captured in Table 3.2 under community health and individual hospitals.

4.3 OTHER SIGNIFICANT DESTINATIONS WITHIN SSWAHS

The following non-SSWAHS are key health providers. Additional detail is provided in Appendix 3.

Aboriginal Medical Services
The Aboriginal Medical Service (AMS), Redfern and Tharawal Aboriginal Medical Service at Airds provide a range of medical, dental and other health related services to the Aboriginal community. The AMS Redfern covers Aboriginal residents in the eastern part of SSWAHS, and also residents from South-Eastern Sydney AHS and Northern Sydney AHS. Tharawal covers the western part of SSWAHS.

General Practitioners
General Practitioners operate as single operators and in group practices, meeting primary health care needs of the SSW community. These are predominantly private practices and include both those owned by GPs as well as larger corporate operated practices. The majority of these GPs are members of a local Division of General Practice. The area covered by SSWAHS includes seven Divisions of General Practice: Central Sydney; Canterbury; Bankstown; Fairfield; Liverpool; Macarthur; and Southern Highlands Divisions.

Many GPs working in these areas speak one or more languages other than English. The most common languages spoken are Chinese, Arabic, Vietnamese, Spanish and Hindi.

Private medical specialist services operate during working hours. These are often located adjacent to public hospitals or in major urban centres, including RPA Medical Centre, CRGH Medical Centre, Bankstown Medical Centre, and Queen Street Campbelltown. SSWAHS residents also access private specialists in Macquarie Street Sydney.

Private Hospitals
In April 2005, there were 10 private hospitals, with 583 licensed beds, operating within SSW (for profit and not for profit). The majority of these facilities and beds (66%) are located within the EZ. This indicates that access to private hospital facilities is greater in the inner

city areas, possibly associated with the higher levels of private health insurance, the catchment area for patients and the traditional preferred areas of operation for medical practitioners. There are fewer private hospital beds in SSW than in the other metropolitan AHSs.

Day Procedure Centres
In September 2005, there were 17 licensed Day Procedure Centres (DPCs), providing a variety of procedures. The majority (65%) of day procedure centres are located in the EZ.

Non Government Organisations (NGO's)
In 2004/5, there were 52 NSW Health funded NGOs operating in SSWAHS, providing advice, prevention, early intervention, health promotion and treatment services. In addition, Mental Health Services contracts a number of NGOs to provide non-clinical services such as rehabilitation and recovery for people with a mental illness, and carer support.

Residential Aged Care
In September 2005, there were 78 high care residential aged care facilities in SSWAHS with almost 6,000 licensed beds. 57% of these beds are located in the Eastern Zone. In June 2005, there were 69 low care residential aged care facilities with almost 3600 beds of which the majority (59%) are located in the Western Zone. There are approximately 80 residential high care (Extended Aged Care at Home) packages and 1043 low care (Community Aged Care) packages in SSWAHS.

4.4 FLOWS TO OTHER AREA HEALTH SERVICES

SSWAHS shares AHS boundaries with South East Sydney and Illawarra AHS (SESIAHS) to the east, Greater Southern AHS (GSAHS) to the south, and Sydney West AHS (SWAHS) and Northern Sydney/Central Coast AHS (NSCCAHS) to the north.

In 2004/5 approximately 17% of adult SSWAHS residents attended inpatient public health services outside SSWAHS. This represented 28,067 separations.

The majority of these services (53%) were provided by South East Sydney and Illawarra Area Health Service and with a further 33% provided by Sydney West Area Health Service. The majority of these flows are considered "Natural", representing use of a geographically close facility or long established medical referral network. Of the outflows, 14,760 were urgent cases admitted by Emergency Departments. 13,307 were planned admissions. A further 34% of all separations were provided through the private sector.

The principal hospitals used by SSWAHS residents are Sydney, St Vincents, St George and Prince of Wales Hospitals (including Sydney Children's Hospital) in SESIAHS and Westmead Hospital (including Westmead Children's Hospital) in WSAHS.

Table 3.3 Place of Acute Inpatient Treatment for SSWAHS residents age 16+years 2004/05

Area of Residence	Area of Hospital	Seps	Beddays	Cost Wtd Seps* Undiscounted
Eastern Zone	Eastern Zone	45,542	207,411	68,303
	SE/Illawarra	9,792	37,354	13,085
	Western Zone	3,505	15,552	4,864
	NS/CC	1,566	6,508	2,443
	SWAHS	1,595	5,105	2,075
	Other	516	1,734	715
Eastern Zone Resident Demand (public)		62,516	273,664	91,485
Western Zone	Western Zone	81,625	348,950	107,883
	Eastern Zone	6,268	26,055	10,792
	SWAHS	7,688	28,232	9,958
	SE/Illawarra	5,003	18,626	7,305
	NS/CC	837	3,206	1,441
	Other	1,070	3,301	1,189
Western Zone Resident Demand (public)		102,491	428,370	138,568
Total SSWAHS Public Resident Demand		165,007	707,034	230,053
Eastern Zone	Private Hospitals	34,776	60,481	31,323
Western Zone	Private Hospitals	51,926	98,265	48,414

Source: NSW Health FlowInfo v 7.0 Exclusions: renal dialysis, chemotherapy and unqualified neonates

74% of EZ residents aged 16+ years are treated in EZ hospitals, with 16% flowing to the former SESAHS and 5% flowing to the WZ. Similarly, in the WZ, 80% of residents aged greater than 16+ years are receiving their inpatient hospital care within WZ hospitals with 6% flows into the EZ and to the former WSAHS.

For EZ residents, the highest amount of flow activity to the former SESAHS is for ophthalmology, drug and alcohol, urology, diagnostic endoscopy, non-subspecialty surgery and plastic surgery. There are also flows for immunology and infections to the former SESAHS most probably representing natural referrals for HIV/AIDS treatment.

For WZ residents, significant flows to the EZ are in orthopaedics, haematology, urology, neurosurgery, cardiothoracic surgery and ENT, predominantly tertiary workloads, but still significant flows in non-tertiary work. Significant flows to the former WSAHS are in non-subspecialty surgery, gynaecology, interventional and other cardiology, plastic surgery and obstetrics, the majority of which would represent patient choice and local referral networks.

At the LGA level, significant flows outside of the resident zone are confined to LGAs where there are natural referral links to hospitals in close proximity over the border eg. 39% of City of Sydney residents flowing to SE/IAHS, 32% of Canterbury residents flowing either to the Western Zone or SE/IAHS and 14% of Bankstown residents flowing to the Eastern Zone.

Table 3.4 Intra Area flows: Place of Acute Inpatient Treatment by Residents' LGA age 16+years 2004/05: Separations

Area of Residence	LGA	EASTERN ZONE	WESTERN ZONE	SE/ Illawarra	SWAHS	Other	Grand Total
Eastern Zone	City of Sydney	56%	1%	39%	1%	3%	100%
	Leichhardt	79%	1%	13%	1%	7%	100%
	Marrickville	80%	2%	14%	1%	3%	100%
	Ashfield	86%	2%	7%	2%	3%	100%
	Burwood	84%	2%	6%	4%	4%	100%
	Strathfield	76%	6%	5%	9%	4%	100%
	Canada Bay	84%	1%	6%	3%	6%	100%
	Canterbury	64%	15%	17%	2%	2%	100%
Eastern Zone		*73%*	*6%*	*16%*	*3%*	*2%*	*100%*
Western Zone	Bankstown	14%	67%	8%	10%	1%	100%
	Fairfield	5%	79%	3%	12%	1%	100%
	Liverpool	4%	83%	5%	7%	1%	100%
	Campbelltown	3%	88%	4%	3%	2%	100%
	Camden	2%	90%	3%	3%	2%	100%
	Wollondilly	3%	80%	4%	10%	3%	100%
	Winge-carribee	2%	86%	7%	2%	3%	100%
Western Zone		*6%*	*80%*	*5%*	*8%*	*1%*	*100%*
SSWAHS		31%	52%	9%	6%	2%	100%

Source: NSW Health FlowInfo v7.0 (excluding renal dialysis, chemotherapy, unqualified neonate)

In 2004/05 there were 13,184 flows out of SSWAHS for paediatric inpatient services. Of these flows 6,036 were provided by Children's Hospital Westmead (CHW) and 3,392 by the Sydney Children's Hospital in SES/IAHS. 43% were urgent emergency admissions. Only 4% were for tertiary conditions, that is, the majority of the services provided could potentially have been provided by hospitals other than speciality paediatric children's hospitals.

4.5 AREA HEALTH SERVICES WHICH REGULARLY REFER PATIENTS

In 2004/05, a total of 39,518 acute adult separations accounted for 152,862 beddays provided for residents of other AHSs. Of these flows 74% were for non-urgent admissions and 50% of this activity was provided on an overnight basis. The majority of these separations were from SWAHS (12,517), SES/IAHS (10,119) and NS/CCAHS (8,771).

Inflows from Greater Southern, Greater Western, Hunter/New England and North Coast totalled 4400 separations. Almost 60% of these patients attended RPAH (and IRO), and almost 13% CRGH. Almost 23% attended hospitals in the WZ. In relation to children under 16yrs, of the 450 separations, 39% attended Tresillian and Karitane (combined), almost 14% attended RPAH, with other hospitals attracting 12% or less of the paediatric workload.

Approximately 80% of Aboriginal adult patients from country areas attended RPAH.

Inflows from Greater Western and North Coast mostly were provided by RPAH for interventional cardiology, cardiothoracic surgery and neurosurgery. The Greater Western flows reflect RPAH networking of services to Dubbo Base Hospital. For adults, there was a net flow of 3,960 separations. Liverpool inflows are related to cardiac and vascular procedures, orthopaedic surgery, and perinatology/antenatal investigations.

4.6 NETWORKING ARRANGEMENTS RELEVANT TO HEALTH TRANSPORT DEMAND

Intra-Area networking occurs for a number of speciality services. These arrangements are usually specialty specific. The following arrangements are in place:

- SSWAHS residents use Sydney and Westmead Children's Hospitals for: sexual assault counselling and medical services and PANOC medical services; specialist medical services e.g. paediatric diabetes, obese children; neurology; and audiology services (associated with the SWISH Program).
- Supra-area services such as the: CRGH Burns Unit; RPAH and Liverpool Hospital PET & MRI investigations; RPAH Transplantation Services in renal, liver and bone marrow; RPAH Interventional Cardiology and Neuroradiology; Radiotherapy at Liverpool and RPAH; and Brain Injury Unit at Liverpool.
- SSWAHS clinicians provide outreach services into country NSW. For example, the State Renal Service (EZ) has outreach services in non-metropolitan locations such as Brewarrinna, Bourke, Coffs Harbour, Dubbo, Wagga Wagga, Port Macquarie and recently to Goulburn; Sydney Cancer Institute has outreach clinics to Dubbo – medical oncology, haematology and radiation oncology; Sydney Dental Hospital to Queanbeyan and Wagga; and Clinical Genetics provides medical coverage to Greater Southern AHS. While specialists travel to the country areas, renal patients who require training or cannot access local services, attend dialysis services at RPAH and CRGH/Dame Edith Walker.
- There is a default intensive care referral network from Greater Western, and similar arrangements are in place for Neonatal Intensive Care (NICU).

These relationships place demand on country transport services where patients require a day only investigation, or demand on public transport services where the patient (and/or their carer) are staying in SSWAHS for prolonged visits. An issue for country transport vehicles is the lack of drop-off places close to specialty services, and gaps in the provision of parking for these vehicles. Transport can be an issue if treatment is provided at some distance from their temporary Sydney accommodation e.g. home dialysis at Dame Edith Walker.

4.7 INTERSTATE/TERRITORY BORDERS

SSWAHS shares all its boundaries with other NSW area health service i.e. it is not directly adjacent to the borders of any other state or territory. However there are patients from interstate and from other countries who will access larger teaching hospitals for tertiary care.

5. TRANSPORT FOR HEALTH

NSW Health Transport for Health seeks to integrate all non-emergency health related transport into a single streamlined and efficient program within each area health service and to improve patient access to health services across NSW and therefore improve health outcomes.

Transport for Health is concerned with demand responsive non-emergency health related transport, which caters for the travel needs of people who cannot reasonably get to or from local health facilities by their own arrangements and whose condition is not of an acute nature requiring ambulance transport. The needs of people who are transport disadvantaged are addressed through a wide range of transport service providers, supported by a range of government departments.

Transport for Health non-emergency health related transport in NSW includes:

- Isolated Patients Travel and Accommodation Assistance Scheme
- Statewide Infant Screening-Hearing (SWISH) Travel
- Health Related Transport Program – Rural and Metropolitan Area Health Services;
- Interfacility transport services;
- Greater Metropolitan Clinical Taskforce (GMCT) interfacility Transport;
- Transport for Health – Rural Area Health Services and South Eastern Sydney and Illawarra Area Health Service

A significant volume of health related transport is provided by community based non-government organisations (NGOs) funded by the NSW Government under programs such as the Home and Community Care (HACC) Program and the NSW Community Transport Program. Aboriginal controlled health services also provide health transport. Mainstream public transport which includes taxis, buses and trains also provide an important source of transport for people travelling to health facilities.

5.1 CORE PRINCIPLES OF TRANSPORT FOR HEALTH

The core principles of Transport for Health are:

1. The availability and accessibility of appropriate and affordable transport is a fundamental determinant of a patient's ability to receive timely and appropriate health care
2. Improved access to health facilities for transport disadvantaged patients is fundamental to achieving the goal of reducing health inequities within the community
3. Effective and well coordinated non-emergency inter-facility transport is important for patients who need to access health interventions at other sites
4. Considerable benefits will be derived by establishing a comprehensive and consistent approach to non-emergency patient transport issues across New South Wales
5. Through effective partnerships NSW Health will add value to and derive value from services funded or provided from other (non-health) sources. This will improve overall system efficiency and community wellbeing.
6. Non-emergency health related transport services should respond appropriately to the cultural requirements of communities and of individual patients in order to facilitate access to health care

5.2 CLIENTELE OF TRANSPORT FOR HEALTH SERVICES

The NSW Health Transport for Health Policy Framework defines those eligible for Transport for Health services. It indicates that Transport for Health (non-emergency health related

transport) services are to be provided on the basis of a patient's inability to reasonably gain access to local health services by either public or private transport, rather than convenience.

The appropriateness of a request for *Transport for Health* services may not always be readily apparent. Expert advice from relevant health professionals or appropriate community representatives may be required to clarify eligibility for services, particularly requests from or made on behalf of mental health patients, patients with disabilities, patients with challenging behaviours, members of specific cultural groups, and day-surgery patients.

Persons seeking access to *Transport for Health* services should be encouraged to make use of private transport options or alternative mainstream public transport services where these forms of transport can be reasonably accessed and utilised. The factors that should be taken into account when assessing what is 'reasonable' include:

- A person's ability to physically gain access to a vehicle or service
- The impact of a person's health condition
- Distances and duration of travel
- Waiting times and times of operation, departure and arrival times
- Number of transfers between services, or different modes involved in making a journey
- Physical and mental stress involved in organising or making a journey
- Conditions of roads
- Availability of suitable assistance or support by a carer or appropriate helper
- A person's capacity to meet the costs associated with the journey
- Impact of using public transport on the wellbeing of carers or helpers
- A person's ability to safely drive to and from the destination
- The ability of the friends or relatives to safely drive the person both to and from the destination
- Availability of suitable parking and/or waiting facilities at destination
- The frequency of a particular journey and the cumulative effect of the above factors involved in multiple journeys.

NSW Health Policy indicates that priority is to be given to requests for assistance that will have the effect of preventing the development of a medical condition or reducing the chance of an existing health condition becoming more severe. Decisions concerning priority of access will also be informed by reference to the availability of alternative transport options including public, local and community transport services, and a person's eligibility to receive transport assistance from other government programs. The policy further defines considerations in handling requests and determining priorities.

6. CURRENT HEALTH TRANSPORT PROVISION

Health related non-emergency transport is provided by a number of organisations and services including SSWAHS, the NSW Ambulance Service, community transport providers, local councils and community organisations, and government and non-government transport services, including taxi services. This is in addition to transport provided by individuals and families of patients and clients.

6.1 SSWAHS TRANSPORT SERVICES

Transport services in SSWAHS are currently configured into two zones – Eastern and Western. However, from 2007, the AHS will implement new governance arrangements for transport services.

6.1.1 Overview of the Eastern Zone Transport Services

Eastern Zone (EZ) Transport Services were configured into two sectors – Eastern and Western in 2002. Governance arrangements are through Corporate Services to Hospital Executive Directors/General Managers.

The Eastern Sector consists of RPAH and Balmain Hospital, which operate as a shared service and Rozelle Hospital operating as a single service. There is a Transport Service Manager (currently vacant) located at RPAH to whom the RPAH/Balmain Transport Coordinator reports. Rozelle has a Transport Manager who is responsible for courier and waste and fleet management services, as well as transport. RPAH and Rozelle have drivers and a nurse escort(s) located on site. Balmain has a part time nurse escort on site.

The Western Sector (of the Eastern Zone) consists of Concord Hospital and Canterbury Hospital. Concord has a Transport Coordinator, both Concord and Canterbury Hospitals have drivers and nurse escorts located on site.

The Eastern Zone transport services provide only inpatient services. The service is focused on intra-hospital (RPAH) and inter-hospital transfers, and patient transport for clinic and diagnostic test appointments. The Canterbury and Concord services (Eastern Sector) provide a patient discharge service, but the majority of transports are for appointments or inter-hospital transfers.

Taxis are used to supplement transport services. Balmain Hospital occasionally uses taxis for patient transfers from their General Practice Casualty to RPAH if there is no transport available (usually after hours). Rozelle (including Thomas Walker Hospital) uses taxis to transport patients/staff between health service facilities and appointments. Advice from RPAH Transport Service is that taxis for patient transport are booked through them during normal working hours. They are used for patient discharge only when causing bed block or a social issue has arisen. However, taxis are used to transport equipment, receive urgent blood supplies from the Blood Bank and transport staff. The Emergency Department uses taxis for patient discharge, to avoid access block.

Concord Hospital utilises taxis to transport patients to diagnostic appointments and discharge after treatment, and to return nurses following escorts in NSW Ambulances. Canterbury uses taxis at times to transport patients; they also average approximately two taxi trips per week to return escort nurses.

6.1.2 Overview of the Western Zone Transport Services

In Western Zone (WZ) Transport Services are facility based, reporting to facility management such as Director of Corporate Services through to the facility General Manager.

- Bowral Hospital does not have a Patient Transport Coordinator position – the Patient Care Coordinator (Discharge Planner) NUMs and PADP Clerk arrange transport.
- Bankstown Hospital has an integrated Wardsperson and Transport Service Supervisor who reports to the facility General Services Manager, who in turn is responsible to the facility Director, Corporate Services.
- Camden Hospital transport service is located within the Emergency Department and the NUM ED manages the service and reports to the facility Nurse Manager.
- Campbelltown Hospital has a Transport Coordinator who reports to the Corporate Services Manager and is responsible to the Director Corporate Services, Camden, Campbelltown and QVMH. NB: Camden and Campbelltown services have commenced a process to amalgamate the transport services.
- Fairfield Hospital has a Transport Coordinator who reports to the Corporate Services Manager.
- Liverpool Hospital has three Ward Orderly and Transport Supervisors who report to the Central Ward Orderly and Transport Manager reporting to the Director, Demand Management (Patient Flow Unit).

Bankstown Patient Transport Service provides only an inpatient service. Camden Patient Transport Service is inpatient with a focus on inter-hospital transfers from the Camden and Campbelltown Emergency Departments, mostly after hours. Bowral, Campbelltown, Fairfield and Liverpool Hospitals provide both inpatient and outpatient transport services.

Liverpool Hospital inpatient service priority is the discharge/transfer of patients. The second priority is the movement of patients for diagnostic tests/appointments. Other WZ inpatient services give priority to inter-hospital transfers and transporting to clinic and diagnostics appointments. If, as workload permits, patient discharge transports are provided. If facility transport services are unable to transport a patient, then the NSW Ambulance Service is booked.

There is networking of services within WZ on an informal and as needed basis. Liverpool Hospital Transport Service has a formal arrangement to provide an outpatient service to Campbelltown Hospital Cancer Therapy Centre Monday to Friday. This arrangement involves one vehicle – 8am to 11.30am. Also, an inpatient service to Bowral Hospital commenced approximately July 2005. All inpatient transport requests were forwarded to the Liverpool Coordinator who reviewed the requests and scheduled a Liverpool vehicle or booked the NSW Ambulance on behalf of Bowral. Initially, cardiac monitored patients were transported by Liverpool transport service, however it was ceased due to concerns over the skills set of escort nurses and drivers to manage 1 – 2 cardiac patients (predominately being transported for diagnostics at Liverpool) if a patient deteriorated on route. The service to Bowral has contracted further, since April 2006 Liverpool Transport Service has provided no inpatient transfers, but the arrangement to book NSW Ambulance transport for Bowral continues.

Bowral Hospital has one patient transport vehicle (approx 14 years old) that is used on a needs basis[2]. There is reliance on the NSW Ambulance Service and taxis are an integral part of their service. Bowral Hospital have a contract with a local taxi service to transport discharged patients home and bring community patients to hospital clinic appointments[3] and

[2] In 2005/2006 the use was 25 occasions of service.
[3] For Bowral taxi transports in 2005/2006: outpatients and equipment 1084; inpatients on discharge – 93

a Sydney based Taxi Service to return nurse escorts to Bowral following escorting patients in Ambulances to Sydney.

Other WZ hospitals use taxis to supplement their transport service if resources are fully committed or to provide necessary after hours patient transport. These may be to transfer suitable patients to another facility, discharge a patient to free a bed or free up emergency dept, and/or take patients to clinic or diagnostic appointments. Taxis are also utilised to transport drugs or equipment that are urgently needed.

6.1.3 Patient/Passenger Profile

Information about the support and care needs of patients who are transported by SSWAHS transport services is variable. Detailed information about journeys together with patient classification is not consistently collected. The table following provides information about the number of patient journeys in 2005/6 and by basic support needs where possible (where data was not able to be separated it was identified as stretcher). Information about taxi transport is not included. Data by diagnostic category e.g. cancer and renal, patient classification or service classification is not available.

Table 4.1 Patient Trips and Support Needs 2005/6

	RPAH	C'cord	C'terbury	L'pool	C'town/ Camden	B'town	F'field	Rozelle	Balmain	Bowral	Total
Stretcher	1774	950	NA	1761	3498	736	2557	NA	1550	NA	12826
Ambulant	3589	173	NA	31068	4711	1515	NA	NA	NA	NA	41056
TOTAL	5363	1123	NA	32829	8209	2251	2557	NA	NA	NA	53882

NB. Includes RPAH Day Hospital: excludes CRGH Day Hospital

An issue for SSWAHS is that data cannot be broken down by diagnostic category e.g. cancer and renal, nor is comprehensive information available by patient classification or service classification.

6.1.4 Hours of Operation and Geographical Service Areas

The hours of inpatient service provision range from 0700 hours to 2200 hours Monday to Friday. Outpatient services hours of transport service provision range from 0600 to 1630 hours Monday to Friday. Weekend services are only provided by three services: Liverpool (0930-2130hrs); Camden (1200-2200hrs) and RPAH, which provides an on call service only, between the hours of 0900-1800 hours. All services will flex starting and finishing times to accommodate specific transport needs. The table following displays the hours of operation of inpatient and outpatient transport services across SSWAHS.

The geographical area covered by the transport services is predominately SSWAHS, with some services being very specific, transporting patients only within specific LGAs (eg. Fairfield). Liverpool, Concord, RPAH and Rozelle transport patients to country NSW on a weekly or monthly basis. However it is exceptional for other services to travel beyond the Sydney metropolitan area.

Table 4.2 Hours of Operation and Area Covered

Transport Service	Hours of Operation	Service	Geographical Area
EZ- Eastern Sector			
RPAH	Mon-Fri 0730-2100hrs; W/E & PH on call service 0900-1800hrs Nurse escort provided by wards	Inpatient	SSWAHS - country trips ad hoc 0 – 4 per week
Balmain Hospital	Mon-Fri 0730-1600 hrs	Inpatient	SSWAHS – mainly EZ
Rozelle Hospital	Mon-Fri 07-0730 to 1530-1600 hrs	Inpatient	SSWAHS – country NSW trips 0 – 3 per week.
EZ- Western Sector			
Concord Hospital	Mon-Fri 0830-1700 hrs	Inpatient	SSWAHS – mainly EZ, country trips av: 1 per month
Canterbury Hospital	Mon-Fri 0800-1630 hrs	Inpatient	SSWAHS – mainly EZ, Bankstown Hospital
Western Zone			
Bowral Hospital	Taxi Service related	Inpatient & Outpatient	Bowral community; reliance on NSW Ambulance for inpatient – own vehicle used on needs basis
Bankstown Hospital	Mon-Fri 0700–1900hrs (Integrated with the wardsperson service)	Inpatient	SSWAHS geographical area – county trips not routine, approx. 3 trips/yr to Orange (Mental Health patients).
Camden Hospital	7 days: 1200–2200hrs	Inpatient	Campbelltown, Liverpool and Rozelle Hospitals
Campbelltown Hospital	Mon-Fri 0730–1630 hrs	Inpatient & Outpatient	SSWAHS geographical area – occasionally Warragamba (WSAHS)
Fairfield Hospital	Mon-Fri 0730-2100hrs	Inpatient & Outpatient	Fairfield and Liverpool LGAs. Very occasionally other Area facilities or outside Area.
Liverpool Hospital[4]	7 day Inpt Service: 0930 – 2130 hrs; Mon-Fri Outpt Service #0600 – 16.30 hrs	Inpatient & Outpatient	SSWAHS geographical area, other metropolitan hospitals and will transport patients to Canberra, Orange & Newcastle –country trips 1/wk average.

6.1.5 SSWAHS Transport Resources

SSWAHS transport is resourced by a range of staff and vehicles which enable the transport service to better meet the needs of patients. The table following notes the numbers and categories of transport service staff located at each facility.

There is inconsistency in the titles, position classifications and roles of transport coordination staff across the Area. The titles vary between Transport Supervisor, Coordinator and Manager; some have composite roles, teamed with orderlies/wards persons, fleet, and courier and or waste management service responsibilities. Position classifications vary between General Administration (GA) Ward Orderly / Wards person, and Administration Officers. Within these classifications grades also vary.

Bowral, Canterbury and Rozelle Hospitals do not have on site Transport Service coordination positions, nurse escorts or clinical support staff (nurse or administrative) undertake coordination in liaison with off site or facility Transport Coordinators or Managers. Camden Hospital duty Nurse Escort takes bookings (via mobile phone) and prioritises and schedules transport at each shift.

Clerical administration support is provided at five facilities and ranges from 0.3FTE to 2.0FTE.

[4] Liverpool Outpatient Service commences at 0600 hours to collect Day Dialysis patients

Liverpool Transport Service has a unique arrangement in providing adequate numbers of drivers for their service. The service is staffed with three transport service drivers and two ACAT service drivers. The ACAT drivers work in the outpatient service and operationally report to the Liverpool Central Ward Orderly and Transport Manager, but remain costed to the ACAT service. Liverpool Transport Service supplements it driver requirements from the Hospital Orderlies Pool (25.3FTE). The daily average number of ward orderlies deployed as drivers to maintain service levels is four – this number increases when leave needs to be covered. Ward orderlies are paid higher-grade duties when deployed as drivers.

Bowral has no dedicated staff for their Patient Transport Vehicle – if used, a Hotel Services staff member drives the vehicle.

Drivers at Camden, Campbelltown and Fairfield Transport Services are required to hold First Aid/Senior First Aid Certificates. Camden drivers also have Security Licenses. Other WZ and EZ transport services drivers are not required to possess these qualifications as drivers, but some hold basic first aid and resuscitation certificates by virtue of working in health eg. Rozelle.

Nurse Escorts are provided by all services:

- Balmain/RPAH and Rozelle provide a nurse escort with all patient transfers (mental health patients sometimes require two (2) or three (3) nurses to accompany one (1) patient);
- Bowral deploys a nurse escort from the ward depending on the medical status of the patient;
- Bankstown provides nurse escorts depending on the patient clinical need/safety requirements – the Ward NUM advises whether a Nurse Escort is required;
- Campbelltown provide Nurse Escorts for intra and inter-hospital transfers. Outpatient transports are not supplied with escort nurses,
- Camden and Fairfield provide nurse escorts for all transports, and
- Liverpool provide a nurse for stretcher patients; wheelchair/ walking patients are provided a nurse according to clinical need, if there are multiple patients being transported in the same vehicle, a second person (either orderly or nurse) is provided.

Bankstown, Canterbury, Concord, Fairfield and Balmain/RPAH have Enrolled Nurses attached to their services. If dedicated transport escort nurses are fully occupied / not available or additional nurses are required for specific cases, all facilities supply additional nurse(s) through re-deployment of ward nursing staff or from the casual pool. All hospitals are guided by individual case complexity in determining whether an RN or an EN is deployed to escort a patient. Staffing is reflected in the table following.

Table 4.3 Profile of SSWAHS Staff who support Non-Emergency Transport (FTE)

Transport Service	SV/ Coord /Mger	Driver	Admin	RN Escort	EN Escort	Comments
RPAH	1.0	3.5	2.0		3.0	Coordinator – transport only for RPAH & Balmain
Balmain Hospital					0.6	
Rozelle Hospital	1.0	3.0^		1.0		Transport Manager & Nurse Escort coords transports ^drivers also undertake waste collection/removal off site; courier service; food delivery; fleet management
Concord Hospital	0.5	1.5			1.0	Coordinator manages bookings - Concord - Canterbury
Canterbury Hospital		2.0		1.0	1.0	Escort Nurse allocates work locally where possible, all requests forwarded to Concord
Bowral Hospital						Bowral does not have any designated Transport Staff
Bankstown-Lidcombe Hospital	0.5	2.0	0.3		1.0	S/V combined role: Wards persons 0.5 FTE & Transport 0.5 FTE
Camden Hospital		2.0		1.5		Bookings coordinated by Nurses
Campbelltown Hospital	1.0	4.0	1.0	2.0		Transport S/V books diagnostic appts & coordinates transport
Fairfield Hospital	1.0	2.5	1.0	1.14	2.14	Transport S/V books diagnostic appts & coordinates transport
Liverpool Hospital	1.0	5.0*	0.75	2.0		S/V coordinates transports *Drivers consist of 2x ACAT drivers and 3 x Liverpool Transport Service Drivers
Total	6.0	25.5[5]	5.05	8.64	8.74	

6.1.6 SSWAHS Transport Vehicles

The EZ patient transport vehicles with the exception of Rozelle's Toyota Commuter (purchased 2001) are leased by arrangement with the State Fleet Service. In 2004, 2005 and 2006, these vehicles were replaced.

In WZ, Liverpool has one Ford Transit (2003) leased by the State Fleet Service and two Mercedes Sprites (2003 and 2004) leased by Toyota Financial Services. All other vehicles are owned by the facilities.

Bowral's Ford Econovan is fourteen years old and has 118,653 km on the odometer (its resale value is thought to be around $2000). Bankstown's two Toyota Commuters were purchased in 1997. Campbelltown has one Toyota Commuter and two Toyota HiAces purchased in 1998. Liverpool has one Ford Transit purchased in 1998. As these vehicles are a number of years old, they require replacement.

The remaining vehicles in WZ were purchased between 2002 and 2004. Camden's Mercedes Sprite, although only three years old is constantly requiring repairs – it currently (July 2006) needs the motor replaced.

[5] NB this includes the Rozelle Drivers whom have additional responsibilities in waste management, food delivery and fleet management – it also includes the ACAT Drivers from Liverpool.

The table below provides an overview by facility of the number, make, year purchased and capacity of vehicles across the Area Health Service.

Table 4.4 Description of SSWAHS Transport Vehicles

Transport Service	Number of Vehicles/ Function	Make/Year Purchased	Capacity
EZ – Eastern Sector			
RPAH	3 – Inpatient 1 - Neonatal 1 – day hospital bus (GGRM)	3x Mercedes Sprites/ 2004 (2) & 2005 (1) Neonatal Vehicle – Mercedes Sprite	Each vehicle has 2 *stretchers* JRRU vehicle is included. Neonatal ambulance coverts to take 1 adult stretcher Day hospital bus is wheelchair accessible and includes transport to Waves Hydrotherapy
Balmain Hospital	1- Inpatient	Mercedes Sprite/2005	2x Stretcher cases
Rozelle Hospital	2 - Inpatient	1x Ford Falcon Station Wagon/2006 1x Toyota Camry Sedan/2006 1x Toyota Commuter /2001	Cars seat five; Toyota Commuter has single stretcher and wheelchair lifter
EZ – Western Sector			
Concord Hospital	2 – Inpatient 1 – day hospital bus (GGRM)	2x Mercedes Sprite/ 2004	1x 2 stretchers + 3 seats 1 is Cardiac Amb* – 1 stretcher + 5 seats (* Stand-by for Angioplasty pts bet 0800-1300 hrs Day hospital bus is wheelchair accessible
Canterbury Hospital	2 - Inpatient	Mercedes Sprites/ 2004 & 2005	1 stretcher in each vehicle.
Western Zone			
Bowral Hospital	1 - Inpatient	Ford Econovan Maxi/ Approx 14 years old	1 stretcher and escort seat in back – outfitted with Oxygen etc. Used by demand only, majority transports via Liverpool Inpatient / Campbelltown Outpatient Service and local Taxi service (local community discharges/Bowral Hospital appts).
Bankstown Hospital	2 - Inpatient	2x Toyota Commuter /1997	Each vehicle accommodates 1 stretcher & 4 ambulant patients. No wheelchair lifter, these patients transported on stretcher.
Camden Hospital	1 - Inpatient	Mercedes Sprite/2003	2 stretchers and 2 seated/2 wheelchairs. Has wheelchair lifter.
Campbelltown Hospital	2 - Inpatient 2 - Outpatient	1x Ford Transit/2003 2x Toyota Commuter/ 1998 1x Toyota HiAce/ 1998	FordT: Capacity to carry 2 stretchers & 3 seated. Seating configuration changed prn. 1x ToyCom: 4 seats + tie down wheel chair & wheel chair hoist. 1x ToyCom: 6 seats + tie down wheel chair & wheel chair hoist. HiAce: 1 stretcher/4 seated. All vehicles have fittings for baby capsules.
Fairfield Hospital	2 - Inpatient/ Outpatient	2x Ford Transit/ 2002 & 2003	Stretchers

Transport Service	Number of Vehicles/ Function	Make/Year Purchased	Capacity
Liverpool Hospital	3 - Inpatient 5 - Outpatient	2x Mercedes Sprites/ 2003 & 2004 2x Ford Transit/ 1998 & 2003 2x Toyota HiAce/ 2000 2x Mercedes Coaster/ approx 10 years old	Inpt: 2x MecSpr – each: 2 stretcher & 4 seated or 2 Wheel Chair Cases or 1 stretcher & 6 seated or 2 wheelchair; Neonates are transported in one of these vehicles 1x FordT - single stretcher and 2 seats Outpt: 1x FordT - 10 seats 2x 21 seats – 1 vehicle has wheelchair lifter; 2x ToyH – 4 seater & 2 wheelchair
Total Inpatient		22	
Total Outpatient		9	

6.1.7 Designated Aboriginal Staff

There are no designated Aboriginal Transport Officers in SSWAHS.

6.1.8 SSWAHS Vehicles providing HACC and Respite Related Transport

SSWAHS is funded under the Home and Community Care (HACC) Program and Commonwealth Respite for Carers Program to provide respite services people, including frail aged, disability and dementia respite. As part of the funding agreement, SSWAHS purchases and operates vehicles to transport clients to respite centres and related activities. Day respite centres are located across the area, with many colocated with hospital or community health centres. The table following provides an overview of the vehicles supporting these programs. In some cases, NSW Health funds the respite programs.

Table 4.5 SSWAHS Vehicles providing Respite Services

Day Respite Centres	Vehicles and Funding Source
Jane Evans	1 x long wheel base bus with hoist and 1 car (HACC)
Sita Carter	1 x long wheel base bus with hoist (NSW Health)
Kalparrin	1 x long wheel base bus with hoist and 1 car (HACC & NRCP)
Kindalin	1 x long wheel base bus with hoist and 1 car (HACC)
Karinya	1 x long wheel base bus with hoist and 1 car (HACC)
Fairfield Aged Day Care @ Carramar	1 x 22 seater, 1x21 seater, 1x15 seater with hoist, 3 Station Wagons (HACC & NSW Health)
Amy's Place Dementia Day Care @ Fairfield	1 bus x16 seater with hoist, 2 Station Wagon
Lurnea Centre Based Day Care	1 bus x 19 seats Disability Access via step-lift, 1 car (Station wagon) (NSW Health)
Liverpool Ethnic Day Care	1 bus x 19 seats Disability Access via wheelchair access, 1 car (Station wagon)
Hoxton Park Aboriginal Day Care	1 x 22 seater coaster bus
Bankstown Ethnic Day Care	1 x 22 seater with hoist, 2 station wagons (HACC & NRCP)
Bankstown Frail Aged Day Care	1 x 14 seats with hoist & 2 wheelchair seats, 1 station wagon (Greenacre Senior Citizens Centre – Bankstown LGA, Panania Senior Citizens Centre – Bankstown LGA, Villawood Senior Citizens Centre – Fairfield LGA)
Rosemeadow	2 x 22 seater with hoist (NSW Health & HACC), 1 x car, 1 x car for DT – 1 bus being replaced (leased vehicle)
Broughton House	As above (shared with Rosemeadow & Aboriginal) (NSW Health & HACC)
Aboriginal day care (Janangalee @ Minto)	(bus shared with Rosemeadow & Broughton House) (NSW Health & HACC), 1 x car
Picton Day Centre	1 x 22 seater (no hoist), 1 x car – bus being replaced (leased vehicle)

The majority of respite centres operate five days/week, and in some cases extended hours. While the staffing complement usually includes a bus driver, the bus driver also provides support to the activity programs when not driving the vehicles.

The table following summarises available data about transport provided for HACC services. Annual Eastern Zone transport activity was estimated from 6 months of data (reflecting the commencement of electronic CCIS transport ordering).

Table 4.6 Transport for Respite Services (2005/06)

Service	Bus Trips	Individual Transports	Comment
Eastern Zone			
Karinya Day Centre	11556		Extrapolated from 6 months data
Kalparrin Day Centre	11438		Extrapolated from 6 months data
Kindilan Day Centre	10218		Extrapolated from 6 months data
Jane Evans/Sita Carter Day Centre	11400		Based on estimated 6 months data
Western Zone			
Lurnea Adult Activity Centre	3,862	1,080	
Ethnic Day Care	3,976	810	
Bankstown Ethnic Day Care	8988		
Bankstown General Day Care	6077		
Macarthur Day Care:	11,352		
Macarthur Transcultural Day Care	2,688		
Macarthur In Home Support:		696	Predominantly individual trips
Macarthur Reslink		3122	Mixed individual and group
Fairfield CALD Day Centre	13994		
Fairfield General Day Centre	7514		
Fairfield Dementia Day Centre	3564		
Total	106627	5708	

Myrtle Cottage, a non-government organisation at Ingleburn, also receives support from SSWAHS. It has been provided with a 1 coaster bus (1995), and insurance and registration costs to the value of approximately $800 pa.

Issues for SSWAHS attention are: difficulty recruiting drivers for respite services impacting on service efficiency; allocated HACC budgets do not split transport and respite provision costs; replacement of the HACC fleet is problematic given the age of this fleet and replacement costs; inconsistencies in day centre policies impacting on transport provision and client contribution; variable data quality; and potential exploration of cost recovery options if vehicles were to be used for other purposes .

6.2 HEALTH RELATED TRANSPORT PROVIDED BY NON-SSWAHS SERVICES

As noted earlier, health-related transport is also provided by a number of other service providers including the NSW Ambulance Service, air carriers, community transport providers, and council and community services and groups. At this stage the quantum of services is not able to be determined.

6.2.1 NSW Ambulance Service

Under the NSW Health Transport for Health Policy, the non-emergency service provided by the NSW Ambulance Service is not considered to be part of the NSW Health Transport for Health Program. However, it should be recognised that the NSW Ambulance Patient Transport Service provides transport to patients in SSWAHS whose condition is of a non-life threatening nature but are not well enough to travel by private or public transport. Some

examples include admission to hospital, inter hospital transfers and transports to and from nursing homes. The table below summarises information on trips undertaken by the NSW Ambulance Service for SSWAHS in 2005/2006:

Table 4.7 Trips Undertaken by the NSW Ambulance Service for SSWAHS (2005/6)

Service Type	Number
Air Ambulance	78
Helicopter	288
Road Ambulance	6174

6.2.2 Airline Carriers

Apart from NSW Ambulance air ambulance and helicopter transports, Balmain, RPAH, Rozelle, Concord, Bankstown and Liverpool use Wingaway Private Air Ambulance Service and on occasions, commercial flights to transfer patients. Their costs for the 2004/05 and 2005/06 financial years are in Table 4.6 following. Overall there has been a 25.34% increase in the use of Non NSW Ambulance fixed wing transport in the 2005/06 financial year.

Table 4.8 Non NSW Ambulance Fixed Wing Transport Expenses by Facility: Comparison 2004/05 and 2005/06

Transport Service	2004/05 $			2005/06 $			Var	Var
	**Fixed Wing	Com'cial Airline	Total	**Fixed Wing	Com'cial Airline	Total	$	%
EZ - Eastern Sector								
RPAH/KGV	422,377	0	422,377	569,813	0	569,813	147,436	25.87
Balmain Hospital	0	0	0	2,550	0	2,550	2,550	100.00
Rozelle Hospital	2,480	0	2,480	0	0	0	-2,480	-100.00
EZ – Western Sector								
Concord Hospital	25,165	3,760	28,925	18,580	3,186	21,766	-7,159	-24.75
WZ -								
Bankstown Hospital	0	0	0	6,937	0	6,937	6,937	100.00
Liverpool Hospital	13,993	0	13,993	25,464	0	25,464	11,471	45.05
Totals	464,015	3,760	467,775	623,344	3,186	626,530	158,755	25.34

*** Predominately Wingaway charges*

6.2.3 Taxis

Taxis are used to transport patients who are unable to use public transport and for whom an SSWAHS vehicle is not available. Information about the number of trips provided to patients by taxis is not routinely collected.

6.2.4 Community Transport Organisations

Within SSWAHS, there are a number of community transport service providers which provide transport to aged and disabled people. These non-government organisations (NGOs) are funded under the Home and Community Care (HACC) Program to provide a range of transport services including shopping transport, individual transport, and group transport. The community transport service providers in SSWAHS are listed in the table below.

Table 4.9 Major Community Transport Organisations Operating in SSWAHS

Community Transport Service Provider	Coverage
South Sydney Community Transport	Redfern Waterloo (and parts of SESIAHS)
Inner West Community Transport	Ashfield, Burwood, Canada Bay and Strathfield LGAs
Leichhardt Community Transport	Leichhardt LGA
Bankstown Community Transport	Bankstown LGA
South West Sydney Community Transport	Campbelltown, Camden, Wollondilly, Fairfield and Liverpool LGA
Southern Highlands Community Transport	Wingecarribee Shire
Walomi Aboriginal Community Transport *	6 LGAs

*Auspiced by South West Community Transport and the Ministry of Transport

As the population has aged and demand for community transport has increased, the capacity of these organisations to meet the growing needs of the community has decreased. A problem has been the increasing demand for health related transport with patients requesting transport to their GPs and specialists rooms, outpatient appointments and hospital care. For many community transport providers, these health related requests absorb over 90% of their individual transport capacity. An associated problem has been the growing frailty of patients who require an escort as part of their transport service.

Consultation will be required with these services regarding concerns about current demand for health related transport.

Two NGOs received Transport for Health funding to provide health related transport: Inner West Community Transport Inc.; and the Greater Inner West Transport Inc. (a consortium of agencies).GIWCTS provides transport for residents of Marrickville & Canterbury LGAs to Canterbury Hospital on Wednesdays; and IWCS&TS provides transport for residents of Canada Bay, Ashfield, Strathfield and Burwood LGAs to Concord Hospital on Fridays. Based on two years data, the average number of trips provided by NGOs funded under the NSW Health Transport for Health Program totals approximately 800 trips annually.

6.2.5 Other Organisations Providing Transport

In addition to these specific transport services, other agencies and services provide transport for patients. These include: local councils; Neighbour Aid; Aboriginal Medical Services; churches; and the Commonwealth Department of Defence. The transport provided varies considerably, however the experience of many of these services is that demand frequently exceeds supply.

It is not feasible at this stage to quantify the utilisation of these services for health-related purposes given the wide number of agencies involved. Identification of this broader range of services which provide transport to local GP's and health facilities will be an issue. Further their capacity to produce information about their transport may be problematic. These issues will be considered during the life of this plan.

6.2.6 Taxi Transport Subsidy Scheme

The NSW Ministry of Transport operates the Taxi Transport Subsidy Scheme to assist NSW residents who are unable to use public transport because of a qualifying severe and permanent disability. The NSW Ministry of Transport does not monitor the use of this subsidy for health-related purposes. This information may be held by the individual taxi companies. Consultation will be required with taxi services to identify whether information about trips to health facilities and services is collected.

6.2.7 Commonwealth Department of Veterans Affairs

Repatriation health and pharmaceutical cards are issued by the Department of Veterans' Affairs (DVA) to veterans and dependants who are eligible under the *Veterans' Entitlements Act 1986* for treatment at the Department's expense.

The Gold Card enables the holder to access health care and related services for all health care needs, for all conditions, whether they are related to war service or not. A comprehensive range of medical, hospital, pharmaceutical, dental and allied health services for which DVA has arrangements with registered health care providers is available to Gold Card holders, in addition to travel assistance to and from the nearest health care facilities where treatment is being provided.

Concord RG Hospital continues to be a key public health facility accessed by veterans for their inpatient and outpatient health care needs. Veterans in receipt of a Gold Card receive transport in Commonwealth vehicles or similar. Data about patient transport provided by DVA is not currently available. Further consultation will be required.

6.2.8 Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) and the SHISH Travel Subsidy Program

Transport for Health provides a range of transport and travel assistance to people who cannot use or have difficulty using public and/or private transport or who are disadvantaged by distance. Transport for Health includes the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), the Statewide Infant Screening-Hearing (SWISH) Travel program, the Health Related Transport Program, inter-facility transport schemes and the former Transport for Health program. The criteria for access to these schemes are:

- People who need to access specialist medical or oral surgical treatment not available locally and who live more then 100km from the nearest specialist are eligible to access Transport for Health-IPTAAS.
- Babies with severe bilateral hearing loss who live more than 100km from the specialist audiologist conducting SWISH assessments are eligible for assistance under Transport for Health - SWISH Travel.
- Eligibility for other Transport for Health Services is based on a patient’s inability to reasonably gain access to local health services by either public or private transport, or their need to be transported between hospital facilities.

In March 2006, the Premier announced changes to the eligibility criteria for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) and the integration of all non-emergency health related transport programs into a single Transport for Health program.

Because of the relative proximity of most SSWAHS residents to tertiary facilities, the majority of SSWAHS residents are not eligible for these programs. The eligibility criteria changes benefit those Wingecarribee residents who live more than 100km from specialist services. SSWAHS resident demand under the revised criteria (first quarter 2006/7 - August – October 2006) was: 3 claims for IPTAAS support for SSWAHS residents approved at a total cost of $2863.

The major tertiary centres for babies requiring hearing tests under the SWISH Program are Sydney Childrens and Westmead Childrens Hospitals. Under the new distance criteria, most Wingecarribee Shire babies will be eligible in for SWISH/ assistance. As at 15 March, 2006 there was one baby eligible for this program.

The nearest IPTAAS office to SSWAHS is currently based at Goulburn. This office holds the budget for both SWAHS residents and SSWAHS residents. SSWAHS patients seeking IPTAAS funding apply to the Goulburn IPTAAS Office for approval of applications. Effective from 1 July 2007, NSW Health will transfer IPTAAS budgets to each area health service. It has directed that each AHS will administer IPTAAS claims for residents within their Area Health Service through the Health Transport Units. During the transitional period of 1 January to 30 June 2007, the Goulburn IPTAAS Office will continue to manage the claims but be reimbursed by SSWAHS. This decision is to be implemented in the 2007/8 financial year.

The SWISH Travel Subsidy Scheme is currently administered by NSW Health. Budget and administrative changes for this scheme are similar to that of the IPTAAS scheme with SSWAHS responsible for administration of the SWISH Travel program for SSWAHS residents effective from 1 July 2007.

Issues for SSWAHS are:

- Effective from 1 July 2007, the Health Transport Units will be responsible for the administration of IPTAAS and SWISH Travel Program. There are no staff in SSWAHS who currently manage or are trained in administration of IPTAAS or SWISH. Availability of the revised IPTAAS Administration Manual and SWISH Travel Program Guidelines, global position software and training for staff by July 2007 will be important.
- Local policies and procedures will need to be developed to ensure effective implementation. This includes effective communication to key health providers e.g. general practitioners, medical specialists and SSWAHS services to ensure that they are aware of these administrative changes, the implications for the application process and eligibility criteria. Copies of the *NSW Health NSW Transport for Health IPTAAS Guidelines for Medical Practitioners and Specialists* will need to be distributed once they are finalised.
- A number of rural and remote residents access SSWAHS hospitals for inpatient care (and specialist outpatient care).
    - IPTAAS support for the patient and carer is only approved prior to the journey or trip. SSWAHS Aboriginal Liaison Officers indicate that Aboriginal patients and families from rural and remote areas are not always aware of the IPTAAS scheme (and do not receive IPTAAS funding and support). As a result, SSWAHS Aboriginal staff and the staff of the Aboriginal Medical Service Redfern spend considerable time and effort providing additional support to these patients and their families.
    - For rural people who cannot afford the cost of transport home by ambulance, SSWAHS pays for the cost of transport. This adds unnecessary costs to SSWAHS expenditure.

6.3 SUMMARY OF TRANSPORT PROVIDED IN SSWAHS

As noted earlier, it has not been possible to quantify large components of health related transport. The table below summarises data available to the Area Health Service.

Table 4.10 Summary Table of Health Related Transport Provided in SSWAHS

Service	No of Trips 2005/6	Comment
SSWAHS Services		
SSWAHS Transport Services	53,882	Incomplete data, representing minimum activity only
SSWAHS Transport for HACC Respite	112335	Bus and individual trips
Other Services		
NSW Ambulance Service	Not applicable	Non-emergency transport is not part of the NSW Health Transport for Health Policy
Airline Carriers	n.a.	
Community Transport Organisations - Transport for Health Funding	791	
IPTAAS (currently managed	n.a.	Data for 2005/6 not relevant. Distance criteria revised March 2006
SWISH	n.a.	Data for 2005/6 not relevant .Distance criteria revised March 2006
Taxis	n.a.	Data currently held by individual organisations. Discussion will be required with these organisations to quantify this activity.
Community Transport Organisations (CTOs)	n.a.	
Other Community Organisations	n.a	
Aboriginal Medical Service Transport	n.a.	
Taxi Transport Subsidy Scheme	n.a.	
Commonwealth Dept of Veterans Affairs	n.a.	

Issues for SSWAHS include: a lack of data about the size of demand for transport for Health; gaps in information about the quantum of services provided; and lack of detail in the data available. For example, data is not routinely collected about Aboriginal people or people from CALD communities. Similarly, information about diagnostic category such as renal or cancer is not routinely collected. Data such as this is required for reporting purposes to NSW Health under the NSW Health Transport for Health Reporting Framework. Currently SSWAHS is not able to provide this data.

This data would be very useful for planning purposes. For example, transport to dialysis for renal patients and for cancer patients has previously been identified as a major concern. Collection of data at a more detailed level together with development of appropriate strategies to meet the needs of these patients is a priority.

7. CURRENT HEALTH PLANNING AND INFORMATION SYSTEMS

In 2004 and 2005, prior to the amalgamation of the former SWSAHS and CSAHS, discussions occurred with local non-emergency health related services about ways to improve non-emergency health related transport. These discussions occurred within the context of the Transport for Health policy directives. In the WZ, the discussions involved local community transport and SSWAHS transport providers, and provided a venue through which a range of issues and needs in the local community regarding access to health services and care were raised. The EZ discussions involved the NSW Ambulance Service, hospital transport providers, public transport advocates, and SSWAHS Aged Care, Aboriginal Health and Transport managers. A *Draft CSAHS Transport for Health Plan* was produced which identified a range of issues and solutions for the local community. The following outlines recent discussions:

7.1 SSWAHS HEALTHCARE SERVICES PLAN (HSP)

Throughout 2005 and 2006, SSWAHS clinical services undertook an extensive planning process that identified the key service developments anticipated in the next ten years. Consultation occurred with clinicians across the area in developing draft clinical plans for each specialty. These clinical plans have been brought together into one comprehensive *SSWAHS Health Care Services Plan* which identifies the future directions for all health services in SSWAHS. It is anticipated that this plan will be released as a draft in 2007.

Transport was identified by a number of clinical services as a major issue for access to health care service. Key actions identified in the plan include:

- The development of draft non-emergency health related transport (NEHRT) plans;
- Meetings with community and other NEHRT transport service providers;
- Identification of the need for effective transport services as part of the clinical services planning process to enhance patients access to specialist services;
- In the WZ, the need to develop a centralised Area-wide transport system to support acute patient transfer was identified (SWSAHS, 2004). A working party was established to examination transport services in SSWAHS. Amalgamation of all SSWAHS patient transport services and the appointment of a single transport manager for SSWAHS has been agreed. Best practice in transport services has been identified e.g. multifunction transport at Liverpool with the intention of providing on an area-wide basis.
- Meetings with Aboriginal staff in the Eastern Zone and transport providers to consider how best to support access by Aboriginal people to health services such as RPAH.

The draft SSWAHS HSP proposes the development of a transport plan over 2006/07 to improve patient transport, address patient flow and the networking arrangements of clinical services, further develop transport options for patients clients and carers, and strengthen coordination and communication.

7.2 DISCUSSION PAPER: DEVELOPMENT OF THE SSWAHS TRANSPORT FOR HEALTH NETWORK

In mid 2006, a review of SSWAHS transport services was undertaken and involved consultation with a range of SSWAHS facility managers and clinicians, and SSWAHS transport service providers. The review identified resources within the AHS and costed where possible the transport services provided as well as mapping the current data and activity of transport related activities at each facility.

The review primarily considered the administration and governance of the health transport units and recommended the centralising of the AHS transport resources under an area wide transport service with a number of transport hubs or units. Three options were identified for the SSWAHS Transport for Health Units. These were:

- Option A Model with 2 Transport units;
- Option B Model with 3 Transport units; and
- Options C Model with 4 Transport units.

Following advice from NSW Health in March 2007, the preferred model for SSWAHS is a variation on Option B consisting of a single transport unit with three transport hubs.

7.3 DEVELOPMENT OF TRANSPORT ACCESS GUIDES (TAGS)

Many patients do not know how to use public transport to get to SSWAHS facilities. To inform people about how to reach the facility by healthy and active transport (walking, cycling and public transport), Transport Access Guides (TAGs) have been developed. TAGs are now available for all EZ hospitals, major Eastern Zone CHCs and Liverpool Hospital (see picture below). Major WZ health facilities are now in the process of producing TAGs, commencing with Campbelltown and Camden Hospitals, with a progressive rollout to Bankstown Hospital and other campuses. An Aboriginal TAG is also being developed in the EZ as a result of Aboriginal Health staff identifying that access for Aboriginal people to health facilities could be improved through the availability of an Aboriginal TAG.

7.4 SSWAHS TRANSPORT PROVIDERS

Several meetings of the SSWAHS Transport Working Party have been held to support implementation to the Transport for Health Network.

7.5 EMERGENCY DEPARTMENT ACCESS COMMITTEE

Meetings are held with the NSW Ambulance Service to discuss issues relating to access to hospital emergency departments, including non-emergency access. The AHS requires that

individual hospitals with high utilisation of Ambulance for non-urgent transport, such as return to nursing homes and transport to hospital for tests, have been encouraged to co-ordinate local bookings and organise them for Ambulance “low-demand” times where possible.

7.6 HACC PLANNING FORUMS AND PROCESSES

HACC Planning forums are held annually and provide an opportunity for service providers to identify community issues and concerns and focus on potential strategies for improving service delivery. Community Transport providers and SSWAHS staff from Aged Care Services, Rehabilitation Services and Community Health Service staff participate in these forums.

In South Eastern Sydney, a HACC Project Officer has been employed for two years to identify the issues relating to health related community transport provision and make recommendations regarding solutions. Although the report predominantly focuses on SESIAHS, preliminary advice about the issues raised and potential solutions suggest that this report will be useful for SSWAHS planning.

7.7 TRANSPORT FOR ABORIGINAL PEOPLE AND TORRES STRAIT ISLANDERS

At a number of forums involving Aboriginal agencies and SSWAHS staff, transport for Aboriginal people has been raised. These discussions focus on the importance of access to services as a strategy for improving Aboriginal Health. Concerns raised include:

- the time spent by SSWAHS Aboriginal Health staff providing transport for clients and patients reduces the time available for those staff to provide health programs;
- the impost that lack of private transport has for Aboriginal patients/clients who need to access health services, on a frequent and sometimes daily basis;
- the difficulty that rural Aboriginal patients experience when accommodation is distant from care providers;
- the lack of information about transport options available to rural and remote Aboriginal people when first arriving at Central Railway Station and Sydney Airport;
- demand on Aboriginal organisations for patient related transport; and
- inconsistencies in application by Aboriginal people to the IPTAAS Program.

7.8 MINISTRY OF TRANSPORT INITIATIVES

The NSW Ministry of Transport has initiated a number of new projects to improve transport for disadvantaged people. For example, in Bankstown a working party is considering a new project focusing on taxi vouchers for people requiring transport. This will involve SSWAHS managers. There have also been more general initiatives, including improving the skills of people in using public transport. While these initiatives do not specifically focus on health service customers, they support more effective utilisation of public transport services for people who are mobile.

7.9 COMMUNITY RENEWAL INITIATIVES

Community renewal initiatives have provided an opportunity for government and non government agencies to develop a response to specific community needs. For example, as a result of issues raised in the Redfern Waterloo planning forums, health related transport was included in the Phase 2 Redfern Waterloo Human Services Plan to be implemented in 2007.

7.10 CONSULTATION WITH SSWAHS SERVICES AND NGO'S

Consultations have occurred with SSWAHS facilities regarding specific transport issues within each locality. Preliminary consultation also occurred with community transport providers and others in 2003 - 2005 under the former SSWAHS and CSAHS. These discussions are included in detail in the Summary Attachment. Several key themes have emerged from these consultations:

- the need for discussions with the Ministry of Transport and government/non-government transport providers about ensuring that transport routes link effectively with hospitals;
- attention needs to be given as to how patients can be grouped together to support growing numbers of patients who may require health related transport;
- changes are required in the manner in which SSWAHS staff book and use community transport so that transport providers can work more efficiently e.g. transit lounges, better communication, availability of short term parking close to hospital entrances;
- there need to be better solutions to improve access for Aboriginal people to health services which will enable Aboriginal health staff to focus on clinical care and health promotion ;
- the needs of rural people living in Wingecarribee accessing hospitals on a regular basis requires attention;
- enhanced communication is required between transport service providers and SSWAHS transport providers and services;
- all services need to work in a coordinated manner. Internal partnerships and partnerships with other service providers are required; and
- there is no clear picture of demand however many services are unable to respond to the requests from the community for transport.

The Attachment SSWAHS Transport for Health Plan: Consultation Background Summary Paper 2006 provides detail about the consultations to date. It should be used as a basis for targeted consultation regarding strategy development.

7.11 MAJOR HEALTH PROJECTS

7.11.1 Capital Works Projects

Capital works developments have provided opportunities for transport to health to be considered in detail at specific sites. For example the Liverpool Hospital Redevelopment required a Transport, Traffic and Parking Assessment to be completed. The Liverpool Hospital Redevelopment also included a Health Impact Assessment (HIA). The HIA considered issues of access during the period of construction of the new facility.

Discussions have also been held with the NSW Ministry of Transport (MoT) exploring opportunities for public transport for CRGH patients and staff. An issue in these discussions was public transport provision along areas adjacent to the Parramatta River and bays, and increased demand due to the transfer of mental health facilities from Rozelle to CRGH.

7.11.2 Clinical Redesign

Transport to health facilities has been raised within the context of the SSWAHS Clinical Redesign Project on Aged Care (2006/7). This project aims to: extend the health service's understanding of the care of aged / older persons in community and hospital settings; improve patient flow and reduce access block for targeted older patients requiring Geriatric and Aged Care Services; and identify, develop and implement a range of best practice models of aged care service. Consultation during the planning phase of this project has highlighted: the considerable time spent travelling to outpatient appointments via public transport due to the lack of direct routes; lack of after hours transport except for

ambulances; lack of affordable car parking at some hospitals; and gaps in transport for medical and allied health transport. The issue of requesting volunteers to stay with patients during appointments was also raised.

7.12 AD HOC MEETINGS

Various meetings have been held to address issues such as: the potential involvement of DADHC, the NSW Ministry of Transport (MoT) and community transport providers (October 2006) in the SSWAHS Transport for Health Plan; and with the MoT in bus access to Bankstown Hospital. Meetings with SESIAHS and SWAHS are also planned for 2007/08 to discuss how inter-area transport can be improved.

7.13 INFORMATION SYSTEMS

Data collection and information systems across the area are very ad hoc with a number of hospital facilities still maintaining paper records.

In the current EZ Transport Service, RPAH/Balmain and Concord transport coordinators schedule patient transport arrangements (facility) and book NSW Ambulance Service (road and air) during service hours of operation. The Canterbury Nurse Escort coordinates facility transport and liaises with Concord to book NSW Ambulance Service transport. Rozelle's nurse escort coordinates the facility transport and ward staff book NSW Ambulance transport as required. After hours, Nurse Managers/ward staff arranges transport according to the facilities resources and book NSW Ambulance.

RPAH /Balmain and Concord Ward staff book patient transport electronically via CCIS Powerchart Electronic Orders function. Rozelle ward staff telephone requests to the Nurse Escort who records the booking in a transport diary. Canterbury ward staff fax transport requests to the facility Transport Office, the escort nurse reviews requests and indicates which requests Canterbury drivers/vehicles can accommodate. The requests are then faxed to the Concord transport coordinator to book NSW Ambulances for the requests the facility transport cannot accommodate.

WZ transport requests are generally generated by the inpatient wards/ambulatory services. However, at Campbelltown and Fairfield Hospitals, the ward/ambulatory service staff book appointments and communicate transport requests by faxing a completed patient transport request form or telephoning the facility transport coordinator, who then arranges transport by facility vehicle or the NSW Ambulance Service (road and air) according to the facility protocol.

Campbelltown and Fairfield Hospitals Transport Service book patient appointments (clinic/diagnostics) and coordinate the transport/book NSW Ambulances. The reason given is that it allows more efficient use of patient transport resources in time and vehicles, as the transport coordinator can book appointments to coincide with others at the same facility or near locations. At times ward staff will book NSW Ambulance (road or air) usually after hours.

RPAH/Balmain transport service and Liverpool transport service use locally developed MS Access Database Scheduling programs to manage requests, allocate work, collate activity data and configure reports. Canterbury and Rozelle transport services do not have a system for collating transport data; the daily transport diary is their activity record. All other services have manual systems, collecting and collating service activity data in spreadsheets.

The NSW Ambulance Service maintains a comprehensive data base. Contracted community service Transport for Health providers maintain a computerised data base, however they

continue to utilise the NSW Health Transport for Health paper based records for reporting purposes.

The progressive rollout of the Clinical Information System CCIS and the electronic medical record across the western zone will improve booking of patient transport and the electronic collection of Transport for Health data. The SSWAHS IM&T Strategy 2005/08 indicates that this will occur over the next two years.

7.14 NSW HEALTH TRANSPORT REPORTING FRAMEWORK

The NSW Health Transport for Health Policy (2006) provides a Transport for Health Reporting Framework which requires Area Health Services to collect a range of data about each passenger trip provided which is part of the minimum data set. This data includes information about the patient including their transport needs i.e. passenger and service classification, purpose of trip, destination, etc. Data is also to be captured about patient's assessment eligibility status, grounds for determining eligibility, who undertook the assessment, and the date. The health transport unit will also capture data abut unmet demand.

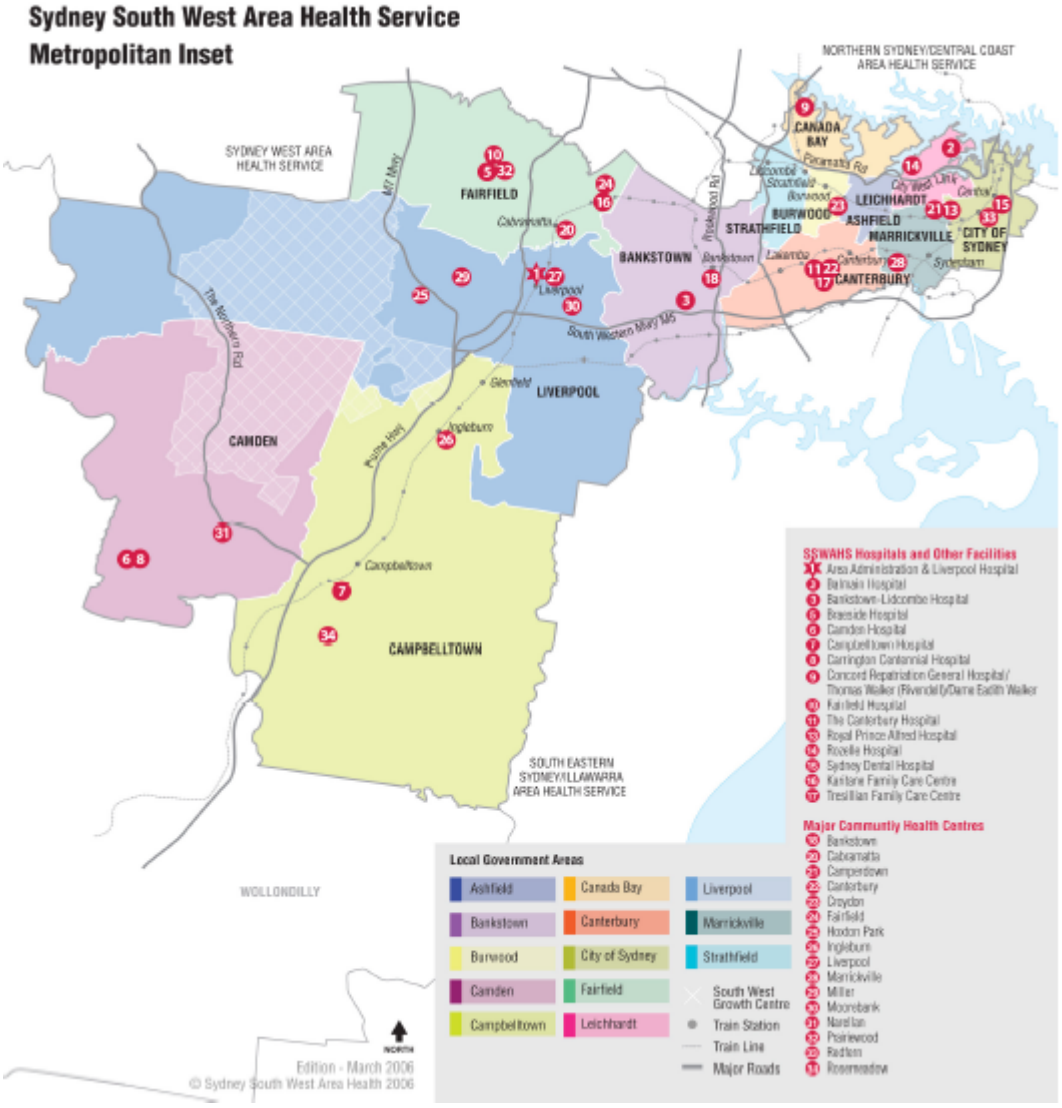
This information is to be provided on a quarterly basis to NSW Health. At noted in Chapter 4, SSWAHS does not collect this information currently on such a comprehensive basis. This plan includes actions to improve data collection and meet NSW Health reporting requirements.

8. TRANSPORT CORRIDORS FOR SSWAHS RESIDENTS AND PATIENTS

As a largely metropolitan health service, there is no single transport corridor for travelling within the area health service. Rather there is a network of highways and major roads, and public transport systems, which operate across SSWAHS and within local government areas.

The major routes of the M5, Parramatta Road, Hume Highway and City Rail link the eastern end of SSWAHS to the extreme south west, supporting patient flow to the larger SSWAHS tertiary facilities where necessary. The development of two zones with local networking further supports the flow of tertiary patients and minimises the distances that patients are travelling for all but super-specialty services. In the Eastern Zone, the major referral centre is RPAH, supported by CRGH. In the Western Zone, the major referral centre is Liverpool Hospital, supported by Bankstown-Lidcombe and Campbelltown Hospitals. The following map shows key facilities and their relative location with major road and rail transport routes.

Figure 6.1 Map of SSWAHS showing key facilities and major road and rail routes.



Local hospitals providing a range of core inpatient and outpatient services. These are supported by community health facilities servicing local geographically defined communities. These facilities are accessible by a network of major east-west and north-south highways and roads, and by public transport networks. In some cases, community health centres service very small geographically defined populations e.g. Miller and Redfern as a way of improving access for very disadvantaged communities. The focus is always on providing services where appropriate as close to communities as possible.

8.1 TRANSPORT CORRIDORS WITH SSWAHS

8.1.1 Roads

Major highways and arterial roads (frequently the major routes to and from Sydney) intersect the area. The major roads which radiate west and south set from Sydney include the Hume Highway, and Parramatta and Canterbury Roads, and the M5 which links the Sydney CBD in the East with the Hume Highway at Liverpool .

Major roads travelling north south include Victoria, Concord, King George, Horsley, Georges River, Newbridge, Milperra, Stacey and Woodville Roads, Elizabeth and Henry Lawson Drive, the Cumberland and Illawarra Highways, and The Great Northern Road. The Horsley Drive, Elizabeth Drive, Camden Valley Way, Menangle, Narellan, Bringelly, Campbelltown, and Appin Roads link further west into rural areas. The Westlink M7 links the Hume Highway south of Liverpool to Hornsby in the north; and the M3 travelling west from Strathfield which intersects with the M7.

Major traffic congestion and traffic delays occur on many of these roads particularly in peak hour, and on roads closer to the Sydney, Liverpool and Campbelltown CBDs. This impacts on travelling time. Tollways developed to improve the flow of traffic allow traffic to bypass major urban areas within SSWAHS, however peak hour travelling east in the morning and west in the afternoon on the M5 (and other major east-west highways) is problematic.

8.1.2 Bus Services

There are two bus systems operating within SSWAHS – government and privately operated. Government operated buses operate within the Eastern Zone with one Bankstown route. Private bus companies operate in the Western Zone. Costs of service, scheduling or buses and quality of service varies considerable with significantly fewer buses scheduled in outer metropolitan and rural areas. Geographical distance from major urban centres together with less frequent public transport services render these communities relatively isolated.

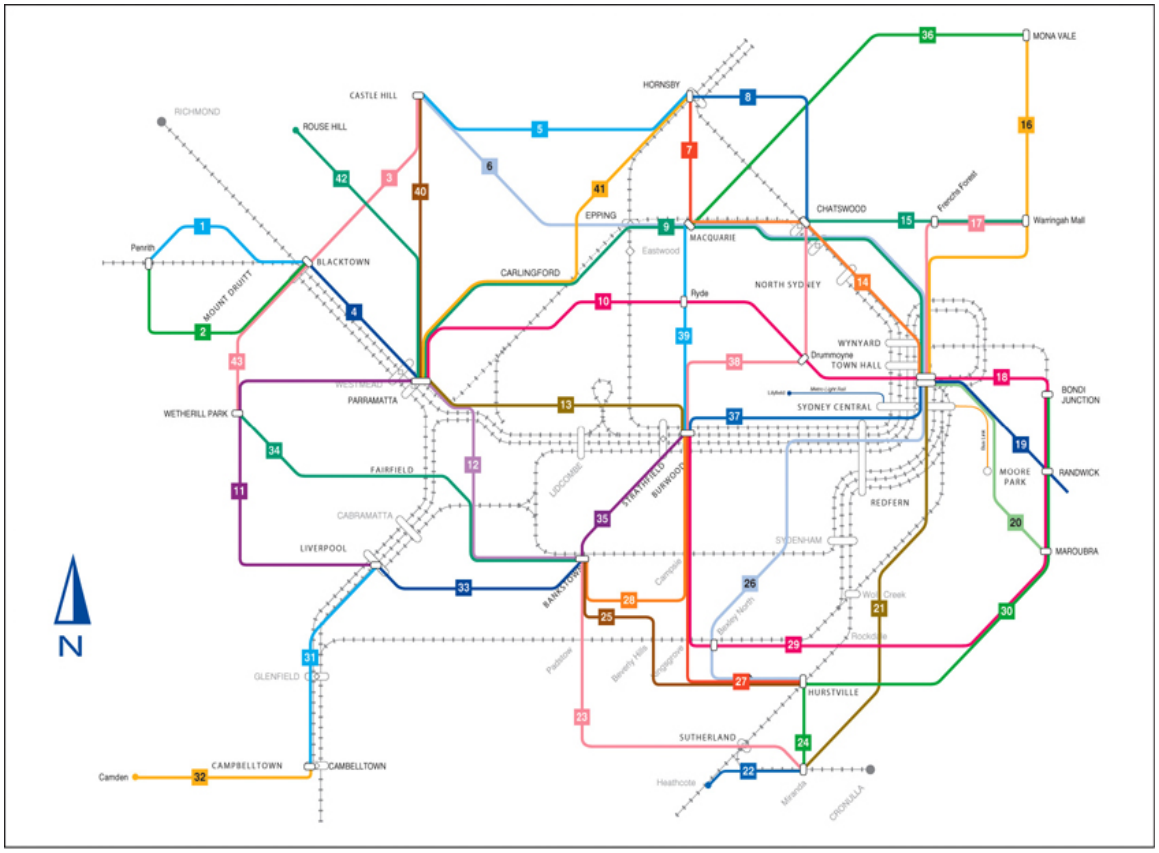
The Ministry of Transport (MoT) has created Bus Contract Regions to improve scheduling and coordination of bus routes. New transport corridors are being created to improve travel for buses between major urban centres e.g. Liverpool – Parramatta.

In Fairfield bus services are less frequent at night and on weekends with poor coordination of routes and services. Similar issues exist in Bankstown, Liverpool, Campbelltown and Camden. In Wollondilly, the private bus companies are Westbus, Busways and Picton and Berrima Buslines. Many villages are serviced by school buses i.e. morning and afternoon pickup with no school holiday service. Similarly in Wingecarribee, the Berima Buslines provides a north south route on an hourly basis linking the major town and limited daily routes for the villages. Kennedy's Bus Service operates daily from Mossvale to Nowra.

Access to wheelchair accessible buses across the public and private sector is mixed.

The graphic following shows the Sydney Metropolitan Strategic Corridor and Rail network Overlay for the Sydney metropolitan area linking bus with rail at major transport hubs.

Figure 6.2 Sydney Metropolitan Strategic Corridor and Rail Network Overlay (Ministry of Transport 2006)



8.1.3 Rail

Major urban and country rail routes operate within SSWAHS from Sydney CBD west and southwest via Strathfield and Bankstown linking the major urban centres. The major City Rail lines in south west Sydney are the Inner West, Bankstown, South and Airport, and East Hills Lines (see appendix 3). Although services run regularly, rail services in the outer west and south west are less frequent and many new housing developments are at a considerable distance from rail stations, necessitating lengthy bus or car journeys to get to a railway station. Examples include Fairfield and Liverpool LGAs, where the rail line is in the east of the area, and Camden LGA which has no direct rail line.

Many small towns and villages in Wollondilly and Wingecarribee shires are located at some distance from rail links. Within Wollondilly, a rail network services Menangle Park, Menangle, Douglas Park, Picton, Tahmoor and Bargo stations. Weekday services are most frequent to Picton, with weekend services favouring Bargo, Tahmoor and Picton. The service operates to Bowral and the Southern Highlands. Most train travel requires a changeover at Campbelltown and Central stations. The villages of Warragamba and Silverdale can access Penrith Train Station.

Within Wingecarribee, City Rail operates limited services daily through stations at Yerrinbool, Mittagong, Bowral, Burradoo and Moss vale. The journey to Sydney takes over 2 hours and involves platform transfer. Country Link Rail and Express Bus operates daily to the Sydney CBD and to destinations along this route.

The Southern Highlands Line is the major intercity line south linking Sydney with Canberra. The major terminus of all country link lines is Central Railway.

A light rail service runs from the City of Sydney (Central Railway) to Leichhardt LGA.

There is no wheelchair accessibility in a number of stations, particularly in the rural areas.

8.1.4 Ferry

The significant waterways include the Parramatta River, Cooks River, Georges River and Nepean River. Sydney Ferry operates on the Parramatta River.

8.1.5 Airports

Sydney Airport is in close proximity to SSWAHS and links country, interstate and international flights. Bankstown, Camden and Hoxton Park Airports service the freight and charter needs of Sydney and NSW.

8.1.6 Taxis

All LGAs have access to taxi services. However the availability is mixed, particularly in rural areas and outer suburban areas, and costs can be high particularly in rural areas.

8.2 TRANSPORT CORRIDORS LINKING SSWAHS WITH OTHER AHSS

Major corridors linking SSWAHS with other metropolitan and regional AHSs are as follows:

Area Health Service Link	Transport Corridors
With SESIAHS	Roads: M5, Princes Highway, King Georges Road, Fairford Road, Heathcoat Road, Bulli-Appin Road Illawarra Highway, and Parramatta Road Rail: South and Airport, Bankstown, East Hills, & Southern Highlands Lines Coach/Bus: Bowral to the Sydney Airport, long distance coaches from central Railway
With SWAHS	Roads: Great Northern Road, Cumberland Highway, Orbital Bipass M7 Tollway; Mamre, Silverwater, Wallgrove, Woodville, Rookwood and Parramatta Roads Rail: South and Cumberland Lines
With NSAHS	Roads: Concord, Victoria and Silverwater Road, and Harbour Bridge Rail: Northern, Carlingford and North Shore Lines
With GSAHS and the ACT	Roads: Hume Highway/M5 Rail: Southern Highlands, Country Link
Rural and Remote AHSs	Residents of rural and remote areas travel into Sydney via road (private vehicles or coach services), Country Link rail services, or via plane into Sydney Airport.

8.3 STRATEGIES IMPROVING TRANSPORT CORRIDORS

While the major roads facilitate east-west transport and to some extent transport to key hospitals, transport flows are reduced where: hospitals are off major East-West routes e.g. Fairfield Hospital and CRGH; patients utilising local health facilities do not live on major roads; health transport is required in peak hours; and public transport services do not link in easily with public hospital locations.

8.3.1 Bus Services

On 17 March 2004, the Minister for Transport Services released the *Final Report of the Hon Barrie Unsworth Review of Bus Services in NSW*. The report proposes: a network of viable strategic corridors to provide fast, frequent, direct and convenient links to regional centres in metropolitan Sydney, underpinned by 10 contract regions in the Sydney metropolitan area; provision of bus services along the Strategic Corridors should be integrated with local bus

services; the development of new 'service planning guidelines"; the establishment of regional service planning forums; improvements in the planning and delivery of services in country areas; and the development of Integrated Regional Transport Plans and Budgets developed in consultation with major government agencies including Health.

In July 2004, the NSW Government published guidelines setting out a new transport service planning framework for the new bus contract regions in the Sydney metropolitan area[6]. These guidelines set out a hierarchy of service types - from strategic bus routes; local routes; flexible demand-responsive transport services, and services for people with special needs. Under new legislation these guidelines are to take effect from January 2005. Figure 6.3 shows the new contract regions developed by the Ministry of Transport to improve coordination of public transport services in metropolitan Sydney.

As part of this framework, a network of strategic bus corridors is being developed to provide regular bus services between regional centres which integrate with local buses to connect residential communities (eg. the Liverpool to Bankstown corridor connects Milperra to Liverpool and Bankstown). This provides integrated bus services to help ensure people can effectively access employment, education, health and other services. The corridors allow buses and bus priority measures to be concentrated in critical areas, resulting in more frequent and reliable transport.

The NSW Ministry of Transport (MoT) is progressively implementing the recommendations. As part of this process, the MoT is consulting with SSWAHS and other agencies regarding critical needs and issues. As part of these consultations, SSWAHS has identified key health sites which are poorly serviced by public transport. This includes Bankstown Hospital, Concord RG Hospital, and access to RPAH from Redfern Waterloo.

8.3.2 Planning for New Growth Areas

SSWAHS and other NSW agencies have been participating in planning for the development of the new South West Growth Centre which includes Edmondson Park, Leppington and Oran Park. A rail corridor linked to Liverpool CBD has been identified for the future. As part of the planning process for this new development, SSWAHS has identified the locations of key health facilities, where feasible collocated with major transport hubs. SSWAHS will also be supporting urban design which encourages facilitates use of public transport and exercise.

8.3.3 Mental Health Facilities in the Eastern Zone

The relocation of mental health facilities from Rozelle to CRGH provides an opportunity for the consolidation of health services. Consideration is being given to the needs of patients and staff in travelling to CRGH. This includes planning for improved parking, and increasing awareness of public transport links. An issue will be to ensure that residents with drug health problems residing in the disadvantaged suburbs of Redfern and Waterloo are able to travel to CRGH for detoxification services.

8.3.4 New Road and Rail-Links

The NSW Government has contracted with the private sector to develop the M5 Tollway and the M7 orbital road (opened in 2006) travelling north from the M5. These developments will improve road transport for people living in the new residential areas in Liverpool and Fairfield LGAs. Similarly, the City Rail of the South and Airport Line provides improved and faster rail links from south west Sydney to the Sydney CBD.

[6] Ministry of Transport *Service Planning Guidelines: Sydney Contract Regions, NSW* July 2004 www.transport.nsw.gov.au/busreview/service-planning-guidelines.pdf

Figure 6.3: NSW Ministry of Transport Contract Regions in Metropolitan Sydney.

8.3.5 Health Transport

The amalgamation of SSWAHS Transport Services into a single service will provide opportunities to develop new transport corridors and to improve networking services in the area.

9. PRIORITIES FOR TRANSPORT FOR HEALTH SERVICE SYSTEM IMPROVEMENT

As noted in sections 5 and 6, over the last few years various planning and other meetings have been held where specific issues have been identified in relation to non-emergency health related transport. These included: meetings to develop the CSAHS Transport for Health Plan (2003/4) and with community transport providers in 2004/5 to develop a SWSAHS Transport for Health Plan; consultations with hospital and transport managers and clinicians regarding internal transport networks (2006); feedback from SSWAHS services regarding local transport issues (Nov 2006); and meetings with DADHC and the Ministry of Transport regarding the Transport for Health Policy (October 2006).

The following provides further detail of issues identified. In noting these issues, it is recognised that consultation is required with community service providers, particularly community transport providers, and key other government agencies such as DADHC and the Ministry of Transport particularly since the SSWAHS was established. This will ensure that the full range of issues is clearly identified and practical and achievable solutions developed that respond to the local needs of the SSWAHS community. The background consultation paper, *SSWAHS Transport for Health Plan: Consultation Background Summary Paper 2006*, has been developed to support the implementation of this plan which provides detail about the consultations with key stakeholders. This paper will also act as a base for developing strategies.

Summary of Issues and Strategies:

Priority Issues	What Can be Done?
Coordination of SSWAHS Patient Services	• Establish a SSWAHS Area Transport for Health Implementation Group; • Establish a Health Transport Unit in SSWAHS; • Appoint a Transport Manager to oversee effective management of system; • Establish local transport hubs to maximise local coordination and efficiency.
Cost effective utilisation of existing resources	• Establish effective systems for monitoring transport service need, utilisation and cost including creation of transport cost centres; • Produce financial and activity reports on patient transport; • Regularly review existing data to ensure cost effectiveness; • Review discharge transport utilisation for rural people, including airline carriage; • Rollout the taxi management system; • Review and make recommendations on vehicle replacement options for Health and Health HACC vehicles • Identify HACC funding utilised for transport purposes (dependent on negotiations between NSW Health and DADHC about HACC budget) • Identify and implement strategies to improve cost effectiveness
Effective consultation and planning for transport services	• Establish a Transport For Health Reference Group to consult with key SSWAHS service providers, NGO transport organizations and government agencies; • Undertake targeted consultations with service providers and services to ensure that key gaps and strategies are identified; • Identify key transport issues/needs within new clinical service developments; • Develop practical solutions to improve patient transport for SSWAHS and NGOs; • Ensure NSW Government Community Renewal projects and NSW Health Initiatives are considered in strategy development; • Review current Transport for Health provision for renal and cancer patients, and geographically isolated patients, and develop a plan (strategies) to address transport for health concerns
Oversight and governance of patient transport system	• Maintain a Transport for Health Implementation Group; • Monitor implementation of SSWAHS Transport for Health Plan and set timeframes for further action.
Inter-area transport coordination	• Review inter-area transport issues with other AHSs and develop efficiency strategies. • Identify access and reimbursement issues relating to the IPTAAS scheme and develop a

Priority Issues	What Can be Done?
	strategy for consideration by NSW Health • Identify implications for changes in distance criteria for babies needing to access the SWISH Travel program and develop strategies to ensure access
Future Health Service Planning	• Incorporate consideration of transport issues into all service planning • Provide input into the urban design of new communities which supports exercise and the use of public transport
IPTAAS and SWISH Transport Administration	• Training for HTU staff in the administration of this scheme; • Establishing systems for administering IPTAAS, SWISH and responding to ministerials; • Communication with service providers about administrative changes
Communication and Information	• Promote the plan within SSWAHS, to community transport providers and other service providers including the Divisions of General Practice; • Establish and promote a single telephone contact number for NGOs and clients/patients; • Develop brochures and other resources to inform patients/clients & service providers about the single Transport for Health phone number.
Reporting and Monitoring	• Identify key information required for reporting/monitoring to NSW Health and SSWAHS; • Develop an IT system which enables easy data collection and reporting; • Train staff in effective use of this system; • Implement systems which support quality data collection and entry; • Develop a routine report which meets mandated NSW Health reporting requirements and SSWAHS requirements.
Patient Related Transport Bookings	• Develop a booking system based through CERNER/CCIS, and develop systems for outpatient bookings • Provide relevant staff with training in booking transport; • Ensure that clinical services complete the Transport for Health – Patient Transport Screening Tool; • Develop criteria to support identification of transport disadvantaged; • Train HTU staff in patient and service classification criteria
Access to Facilities by Public, Community and SSWAHS Transport	• Develop TAGs for all major health facilities; • Include a link on the SSWAHS Website to the NSW Trip Planner; • In the context of new NSW contract arrangements, work with the Ministry of Transport and contractors to improve public transport to public hospitals and community health facilities; • Ensure that the MoT and Community Transport Service providers are aware of major hospital and community health redevelopments so that facility and transport planning is effective; • Rollout the Transport screening tool for the assessment of patients across all facilities and provide training in its use.
Aboriginal Patients	• Review provision of health related transport by Aboriginal health staff; • Finalise the EZ Aboriginal TAG and develop WZ Aboriginal TAGs; • Request NSW Health to review access of Aboriginal people to IPTAAS; • Develop IPTAAS information for rural and remote Aboriginal patients using SSWAHS facilities; • Develop strategies to improve Aboriginal patients access to services in consultation with the Aboriginal community e.g. outreach clinics, improved public transport routes, coordinated group transport
Classification Framework	• Ensure that the Transport for Health Patient Screening Tool is used by health services to determine patient eligibility; • Ensure that the Transport for Health – Classification Framework which includes passenger classification and Service Classification is used to match passenger requirements with an appropriate transport service.
Safety in NEHRT	• Consult with community and other transport providers re their safety needs; • Identify the service classification of Transport Services under the NSW Health Transport for Health Classification Framework • Develop a safety audit tool; • Develop policies and associated documentation to increase safety; • Develop Fitness to Travel Certificates for use by non-SSWAHS Transport for Health Service Providers; • Develop a system for providing escorts for patients who require them • SSWAHS to work with NSW Health and transport providers in development of an appropriate training program for drivers

10. PLANNED HEALTH TRANSPORT SERVICE SYSTEM

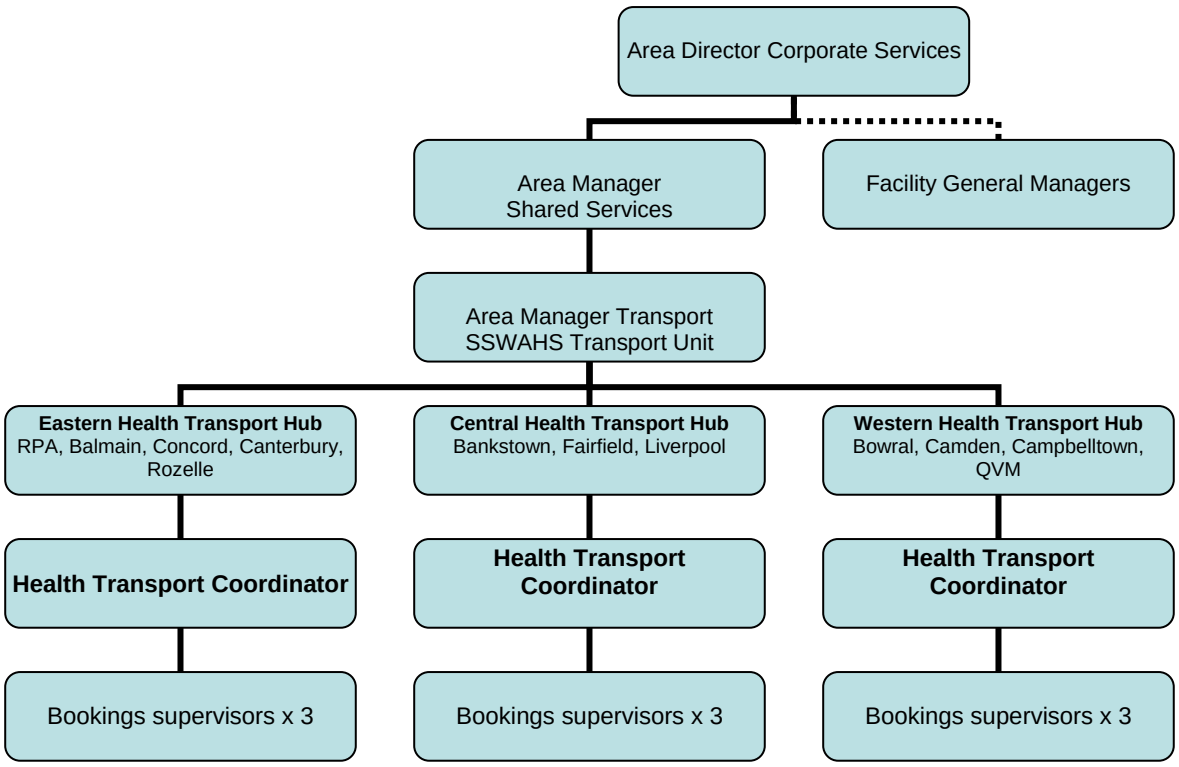
10.1 SSWAHS HEALTH TRANSPORT UNIT (HTU)

SSWAHS will progressively implement a new organisational structure for health transport based on a single health transport unit with three hubs. Transport for health services will be managed by the Area Transport Manager who will be responsible for ensuring effective transport coordination across the area. It is envisaged that vehicles and drivers would continue to the 'garaged' at different facilities, however the coordination of the transport service would be via the HTU. Health transport services are accountable to the respective facility Executive through the Area Manager Transport for Health.

The AHS plans to implement this new organisational model from 2007 requires minimal additional resources to implement in consideration to the additional vehicle and driver resources for Bowral. It does involve a change to the existing organisational structure for transport services and requires consultation with stakeholders and affected staff in the implementation of this model. The new organisational arrangements do not significantly alter the existing arrangements in the Eastern Zone but there would be significant change to the operations of the Western Zone transport services. A working party has been formed to progress implementation and the Health Service Union and Nurses Association will be engaged as per the working party as the group will also serve as a joint consultative committee between the two unions and the AHS.

At this time, the Area Manager Transport will be based at Royal Prince Alfred Hospital.

The new governance arrangements for implementation in 2007 are noted below.



10.1.1 Staff Roles in the Health Transport Network

The proposed staff roles for the SSWAHS Health Transport Service are:

Area Manager Transport for Health Network (HSM 2)
The Area Manager has overall responsibility for the strategic planning, financial control and management of Area transport operational activity. Areas of responsibility include NEHRT, Couriers, Staff international and domestic travel, Taxis and Area Relocations Services. The Manager will oversight the entire SSWAHS Transport Unit.

Health Transport Coordinators (HSM 1 to be Hay Assessed for grading)
The Health Transport Hub Coordinators have responsibility for a range of functions relating to transport services for the hub. The role involves the management of the transport service including staff management, liaison with facility executives, staff travel such as issuing of taxi vouchers, postal and courier management. Other duties include liaising with fleet management with regards to vehicle maintenance, checking of running sheets and finance responsibility such as reconciliation of Ambulance charges.

Health Transport Bookings Supervisors (ADMIN 5 to be Hay Assessed for grading)
The Bookings Supervisors have the day to day responsibility for the allocation, coordination and supervision of transport requests and vehicle runs for NEHRT and courier/postal work. While all enquiries will go through a single number, calls will be diverted to the closest hub. The Booking Supervisors are the central contact point for inquiries, administration and bookings of transport requests. The Bookings Supervisors have access to the bookings across the Area and liaise with the other coordinators to ensure health transport bookings are allocated to maximise vehicle utilisation not only within the cluster or network but across the network.

Identification of designated Aboriginal transport positions is not planned at present.

The key senior positions for Transport for Health are:

Title	Contact Details
Area Director, Corporate Services	Phone: 9828 5762 Fax: 9828 5914
Area Manager, Shared Services	Phone: 9828-5700
Acting Area Manager, Transport Services	Phone: 9515 7075 Fax: 9515 8898

10.2 SSWAHS HEALTH TRANSPORT UNIT ROLES AND FUNCTIONS

10.2.1 The functions and activities of the HTU

The proposed functions of the HTU's are:

1. Coordination and bookings of all NEHRT requests
2. Coordination and bookings of ASNSW requests
3. Coordination and bookings of courier requests
4. Management of staff travel requests
5. Provision of referral and information for clients and consumers
6. Administration of the IPTAAS and SWISH Travel Programs

10.2.2 Health transport resources that will not be managed by the HTU

It is the intention of the AHS that all transport related resources of the health service will be managed by the Area Transport Service through the Health Transport Unit. However, as the area is moving to a new governance model of administration and management for transport services, there will be a progressive implementation and transfer of responsibility to the HTU from the AHS facilities during 2007.

10.2.3 Strategies to be implemented to streamline inter- Area Health Service or cross-border health transport flows.

It is intended that early in 2007, discussions will be held with adjacent area health services regarding mechanisms to improve cross border flows.

SSWAHS also intends to review in more detail the problem of rural and remote patients being discharged home who are unable to pay for their transport costs. In these situations, some patients are being transferred back to their local hospital to avoid payment of ambulance costs. Once reviewed it is anticipated that SSWAHS will raise this with NSW Health.

10.2.4 Risk Management Advice for non-SSWAHS Health Transport Providers

General discussions undertaken to date have indicated that community transport providers experience considerable difficulty in transporting people with specific medical conditions e.g. patients undergoing chemotherapy or radiotherapy. More detailed consultation with community transport providers is required as to the patients of concern and potential strategies to address this issue. Issues that will be considered include: the medical status of patients; eligibility to receive transport; patient contribution towards the cost of transport; tools that could be used by transport providers to support safe transport e.g. patient medical certificates and related policies; development and promulgation of safe transport procedures; and provision of training for SSWAHS and NGO transport providers.

10.2.5 Role in the HTU in streamlining and recording transport referrals generated by Area Health Service facilities

To improve the coordination of transport requests and ensure consistent data collection throughout the AHS, it is the intended that all transport related requests will be managed and coordinated by the HTU. Further development of a CERNER based computerised system to make requests is being considered. Consultation is required with non-SSWAHS transport service providers as to how requests for transport by NGOs are to be processed.

10.2.6 Coordination strategies employed by the HTU to assist operators increase efficiency in health transport delivery

There are examples where several patients are transported as a group e.g. use of a bus to transport frail aged and disabled people to day hospitals, or HACC clients to day respite centres; transport to Hydrotherapy Waves programs; and Transport for Health programs targeted to specific geographical areas. Issues and strategies raised by community service providers include: transport providers having to pick up patients from clinics in difficult to access spots e.g. RPAH Level 10; lack of parking close to outpatient clinics; potential use of transit lounges; and lack of parking for patients needing a return journey. SSWAHS will consult with community providers at the Transport for Health Reference Group Meetings to identify solutions.

10.2.7 HTU policy work or development goals.

The AHS has identified areas of priority policy development in 2007. Priority polices to be reviewed or developed in 2007 include:

- Standardisation of operating procedures for patient transport including nurse escort
- Establishment of hierarchy protocols for transport provided by external providers
- Workforce development and training of AHS transport service staff and drivers
- Implementation of central number for consumers and clients of the health service with queries relating to transport

- AHS ambulance vehicle type

10.2.8 Administration of the IPTAAS and SWISH Travel Programs.

The transfer of administration of the IPTAAS and SWISH Travel Programs to the HTUs will occur at a time when the new Health Transport Unit is being established. The NSW Health Administration Manual will need to be applied to the SSWAHS context with local processes developed and implemented. In addition to HTU staff training in administration of these schemes and use of global positioning software, local service providers will also need to be informed about the changes and the new procedures.

10.3 TRANSPORT FOR HEALTH IMPLEMENTATION GROUP & REFERENCE GROUP

SSWAHS will establish an area wide transport service with hubs. In addition, a Transport for Health Implementation Group and a Transport for Health Reference Group is to be established in 2007.

It is proposed that the Area Transport Manager will act as the secretariat for the Transport for Health Implementation Group and the Transport for Health Reference Group (a sub-committee of the Implementation Group). The Area Director Corporate Services, SSWAHS will Chair both the Implementation Group and also the Reference Group.

See Appendix 4 for Terms of Reference for Transport for Health Implementation Group

See Appendix 5 for Terms of Reference for Transport for Health Reference Group – a sub-committee of the Transport for Health Implementation Group.

Milestones identified in Section 10 show the process for the development of the Transport for Health Work Plan. These timelines build on the timeframes taken from the two transport reviews conducted by SSWAHS in mid 2006.

10.4 COMPOSITION OF THE TRANSPORT FOR HEALTH SERVICE SYSTEM

As a result of the review undertaken in mid 2006, SSWAHS has developed a strategy for bringing together SSWAHS resources into a coordinated service. This strategy has been agreed to by the General Managers of all facilities. Over the coming year, actions to improve coordination will gradually be implemented. At the same time, additional strategies and actions will be progressively identified to support the goal for improved efficiency and effectiveness. In relation to community based and commercial services, consultation and discussion will need to be undertaken to support this goal. This will occur throughout 2007 and 2008 and beyond.

11. TRANSPORT FOR HEALTH FINANCIAL MANAGEMENT

11.1 TRANSPORT FOR HEALTH PURCHASING STRATEGIES

11.1.1 NSW Health Transport for Health Programs

Two community agencies in the Eastern Zone are funded to provide health-related transport under the NSW Transport for Health program. Initial funding commenced in 1999 with selection of NGOs and funding allocations determined by the NSW Health Department, with agencies providing detailed information about each trip and the characteristics of transport recipients on the NSW Health Transport for Health Reporting Form.

In 2004/5, these services were incorporated into the NSW Health NGO Program. The current agreement is a triennial funding agreement from 2004/5-2007/8 with agencies required to complete a Funding and Performance Agreement, providing details of the objectives, activities, performance indicators and evaluation. The F&P Agreements for these agencies specify the target group and hospital covered by this transport. There are no numerical targets. Details about these arrangements are below:

	2005/6 Funding	Geographical Coverage	Hospital Serviced	Trips 2004/5	Trips 2005/6	Days/ week
Inner West Community Transport Inc.	$16,000	Ashfield, Burwood, Canada Bay , Strathfield	Concord	375 (TBC)	370	1
Greater Inner West Transport Inc.	$16,000	Marrickville, Canterbury	Canterbury	442	421	1

The Inner West Community Transport Inc holds both contracts and provides detailed information about trips annually. The NSW Health Reporting Form is a manual form and does not support efficient data analysis. IWCT has indicated that the manual collection of data is inefficient with recording of data utilising approximately 1/2 day month of service time i.e. approximately 12.5% of funded time. It has proposed that utilisation of the Community Transport information data base may be more efficient.

By segmenting the EZ into geographically defined areas and restricting facilities covered to specified days, IWCT improves efficiency in transport provision. Further consultation will be required with the IWCT and other community service providers as to how further efficiencies could be achieved.

11.1.2 Vehicle Purchase and Lease Arrangements

The patient transport fleet is a combination of SSWAHS owned vehicles and leased vehicles. With the exception of two larger transport vehicles at Liverpool, all other large patient transport vehicles in the WZ are owned by SSWAHS. The majority of this vehicle stock requires replacement. In the Eastern Zone the majority of vehicles are leased and are in good condition. Smaller vehicles in both zones are leased.

Only one respite service bus (at Rosemeadow) is leased with a second bus for Rosemeadow about to be leased. Most other vehicles are purchased through the HACC and/or NRCP Program – the full cost of replacement does not always appear to be met.

Changes to the leasing arrangements through State Fleet with unlimited kilometres may provide opportunities for more cost effective leasing of modified vehicles, particularly for larger patient transport vehicles in the WZ which have a significantly higher mileage. The value of leasing arrangements will need to be compared to the value of SSWAHS ownership and savings achieved through the transfer of modifications to new vehicles purchased. SSWAHS is able to achieve savings through the bulk purchasing of smaller vehicles,

however it is unclear if similar savings could be achieved with patient transport vehicles. A business case will be required.

11.1.3 Transport of Patients to Country Areas

Some facilities are utilising patient transport vehicles to transfer patients to country areas. This strategy has been developed as a cost saving mechanism due to the high cost of transport via air and other available options. This issue will be considered in the context of discussions regarding cross area flows.

11.2 CONSOLIDATED TRANSPORT FOR HEALTH FINANCIAL MANAGEMENT

11.2.1 NSW Health Transport for Health Funding

As noted in Section 9.1, funding for this initiative in 2005/6 was $32,000.

11.2.2 HACC Funding

Transport costs are incorporated into the total budget provided for each HACC program. NSW Health does not currently provide a budget breakdown but has indicated that this breakdown will be available in the future. The timeframes for quantification of these budgets will be determined by the negotiations between NSW Health and DADHC.

11.2.3 Departmental Transport Budgets

Information on departmental transport is currently not collected.

11.2.4 Taxi Budgets and Expenditure

Bowral, Camden & Concord Hospitals are the only facilities that have accurate records of taxi expenditure for patient transport. Other sites that have provided data have given an approximation by reviewing clinical cost centre Cab Charge expenditure, an assumption being taxi costs by clinical units are generally related to patient, medical equipment or nurse escort transport. The table following provides information about CabCharge Usage.

Table 9.1 Taxi Expenditure related to Patient/equipment transport by Facility: 2004/05 and 2005.

Transport Service	2004/05 Taxi $			2005/06 Taxi $			Var $	Var %	Comments
	Pt / Equip	Nurse Escort	Total	Pt / Equip	Nurse	Total			
EZ - Eastern Sector									
RPAH/ KGV			5,800			5,800	0	0.00	Estimate of ward & ED taxi transports booked M-F by Transport dept - data not kept
Balmain Hospital									No data available; infrequent usage reported
Rozelle Hospital (incl Thomas Walker)			7,085			12,080	4,995	41.35	Approx costs - separate data not collected for patient transports. Process in place for 2006/07

Transport Service	2004/05			2005/06			Var	Var	Comments
	Taxi $			Taxi $			$	%	
EZ – Western Sector									
Concord Hospital	2,318	282	2,600	1,096	329	1,425	-1,175	-45.19	Actual costs
Canterbury Hospital									Data not available; approx 2 nurse escort trips/week
Western Zone									
Bowral Hospital	33,367	7,023	40,390	34,292	5,550	39,842	-548	-1.36	Actual costs
Bankstown Hospital			48,664			57,717	9,053	18.60	Approx - determined by clinical cost centre taxi use
Camden Hospital	2,313	3,092	5,405	1,147	764	1,911	-3,494	-64.64	Actual costs - 04/05 staff costs high due to Locum Anaes for O&G issue
C'belltown Hospital									No data available; infrequent usage reported
Fairfield Hospital			11,150			12,014	864	7.19	Approx - determined by clinical cost centre taxi use
Liverpool Hospital			68,733			47,066	-21,667	-31.52	Approx - determined by review of cab charge
			0			26,825	26,825	100.00	Satellite Renal Dial Unit-Btown cabcharge to collect/return pts commenced July 2005.
Totals			189,827			204,680	14,853	7.26	

(NB: WZ - SWAPS usage not included)

11.2.5 Vehicle Replacement Budgets

There is currently no identified budget for replacement of patient transport vehicles. To date most of the larger vehicles used for patient transport have been purchased through donations to the hospital.

11.2.6 Passenger Contributions and Vehicle Hire

SSWAHS does not maintain records on passenger contributions however a policy will be developed. NGOs currently record this information.

Leasing costs for larger patient transport vehicles are approximately $1,800 per vehicle per month.

11.2.7 HTU Expenses

A preliminary budget for HTU staffing costs has been developed and is reflected in the table following. This budget excludes G&S and RMR.

Table 9.2 Preliminary S&W Budget for the SSWAHS HTU (Nov 2006)

Description	Base Salary	FTE	Total FTE $	On-Cost $	Total $'s
Area Manager	79721	1	79721	9567	89288
Zone Coordinator	68780	3	206341	24761	231102
Zone Supervisor	46027	9	414241	95275	509516
Motor Vehicle Driver	36749	18	661489	152142	813631
Nurse Escort	42125	18	758254	174398	932652
Total S&W	273403	49	2120046	456144	2576189

11.2.8 NSW Ambulance Service

The table following displays NSW Ambulance expenditure by facility for the 2004/05 and 2005/06 financial years. The shaded results highlight facilities that have reduced NSW Ambulance expenditure in 2005/06 compared to 2004/05 financial years. The overall result is a 6.87% reduction in NSW Ambulance charges in the last financial year. Campbelltown Hospital being the main contributor to decrease in the AHS's expenditure with a 25.20% decrease in charges. Liverpool, Bowral, Camden, Rozelle and Canterbury have also achieved decreases in expenditure. Balmain, Concord, RPAH, Bankstown and Fairfield have increased charges.

Table 9.3 NSW Ambulance Expenditure by Facility: Comparison 2004/05 and 2005/06

Transport Service	2004/05 Ambulance $				2005/06 Ambulance $				Tot Var	Tot Var
	Road	Air-Amb	Heli-copter	Total	Road	Air-Amb	Heli-copter	Total	$	%
Eastern Zone : Eastern Sector										
RPAH/KGV	157,731	73,456	143,539	374,725	125,509	61,876	210,627	398,013	23,287	5.85%
Balmain Hospital	61,373	0	0	61,373	80,259	0	0	80,259	18,886	23.53%
Rozelle Hospital	26,108	0	0	26,108	24,076	0	0	24,076	-2,032	-7.78%
Eastern Zone: Western Sector										
Concord Hospital	80,294	7,998	29,064	117,357	86,121	3,499	41,564	131,183	13,826	10.54%
Canterbury Hospital	164,241	11,240	0	175,481	169,296	3,668	0	172,965	-2,517	-1.43%
Western Zone										
Bowral Hospital	261,588	1,561	55,376	318,524	251,639	0	35,421	287,060	-31,465	-9.88%
Bankstown Hospital	122,135	13,848	3,333	139,316	134,628	4,455	3,368	142,450	3,134	2.20%
Camden Hospital	132,897	1,965	12,484	147,345	122,498	3,991	6,728	133,217	-14,129	-9.59%
Campbelltown Hospital	459,179	16,562	93,481	569,222	361,294	2,093	62,948	426,334	-142,888	-25.10%
Fairfield Hospital	159,990	8,693	1,072	169,755	167,290	3,106	2,199	172,594	2,839	1.65%
Liverpool Hospital	184,836	20,659	117,356	322,850	180,946	13,789	92,693	287,428	-35,423	-10.97%
Totals	1,810,371	155,983	455,703	2,422,057	1,703,556	96,476	455,546	2,255,578	-166,479	-6.87%

NB: EZ - Sydney Dental Hospital and Dame E Walker & WZ - Queen Victoria and Braeside costs not included above

12. MILESTONES

The table following provide information on the preliminary timeframes for key milestones within the Transport for Health Plan. It is noted that further actions and strategies will be developed to meet the NSW Health Transport for Health Policy (PD2006_068) requirements. These strategies will be developed in consultation with the SSWAHS Transport for Health Reference Group and the SSWAHS Transport for Health Implementation Committee:

Required Action	Strategies	Target Completion Date
Key Objective 1: Development of a SSWAHS Health Transport Unit		
Formation of an Area Transport Working Party to overseer phased implementation.	Appropriate membership identified and sought from facility transport services staff. Facility management representation sought and agreed upon. Working party terms of reference drafted.	October 2006
Recruit to identified management and supervision positions.	Approval from senior management for establishment of identified positions and recommended remuneration. Consultation with HSU regarding recommended remuneration. Positions to be Hay Assessed for HSM	November 2006
Recruit to identified management and supervision positions.	Job descriptions written, approval to advertise positions sought and attained, recruitment process completed.	March 2007
Formal relationships between facilities established.	Consultation with facility management and transport services personnel. Shared extended in-house patient transport services established.	March 2007
Identification of patient transport services staff wishing to be included in area transport unit.	Consultation with effected staff and HSU representatives.	March 2007
Identification of Nurse Escort requirements.	Consensus between Zone Coordinators regarding minimal escort requirements. Consultation with Area Nursing Management and representatives of the NSW Nurses Association.	May 2007
Identification of non-patient transport services personnel (mail, couriers and relocation) to be included in area transport unit.	Consultation with effected staff and HSU representatives.	May 2007
Final establishment numbers for Area Transport Service identified.	Analysis of staffing levels and identification of position shortages. Recommendations and submissions made to Area management regarding employment shortfalls. Approval to recruit identified vacant positions sought and attained.	May 2007
Policy and procedure development	Operational Policy and Procedures drafted.	June 2007
Establishment of SSWAHS Health Transport Unit	Final identified establishment numbers transferred from facility to Area Transport Service cost centre. Main unit fully operational	July 2007
Zone Hubs established.	Identified areas modified / fitted out and furnished. I.T. requirements addressed / hardware obtained. Effected staff orientated to new environment and operational changes. Identified training requirements completed.	July 2007
Zone hubs fully operational.	Facility wards and departments informed of operational changes and implementation date.	August 2007

Required Action	Strategies	Target Completion Date
Key Objective 2: Establish and Maintain a Transport for Health Implementation Group (THIG)		
Establish the Transport for Health Implementation Group (THIG)	Draft terms of reference	Dec 2006
	Confirm membership and send letters of invitation	March 2007
	Hold first meeting	March 2007
Develop a workplan for the THIG	In consultation with THIG membership identify agenda for future actions	August 2007
	Annual review of achievements	July 2008, 2009
	Develop 2nd Transport for Health Plan	2010
Key Objective 3: Establish a single telephone contact number for SSWAHS Transport for Health Non-Government Organisations and Patients/Client		
Establish the single phone contact number system	Collate information about SSWAHS transport services and routes	April 2007
	Provide HTU staff with training about the single contact number, and SSWAHS transport services and routes	June 2007
	Single SSWAHS telephone number commences operation	July 2007
Increase service/agency awareness	Promote the single telephone number system via the SSWAHS website, hospital newsletters, Division of GP newsletter, letter to local transport providers, councils; and interagencies	July/August 2007
Monitoring and Review	Three month post implementation assessment/refinement	Aug – Jan 2008
	Review of the effectiveness of a single contract number via consultation with local community transport providers, patients and health services	December 2008
Key Objective 4: Establish a Computerised Booking System through CERNER/CCIS for Patients requiring health related transport		
	Commence consultation with SSWAHS ISD regarding timeframes for CERNER roll-out and programming	Feb 2007
	Incorporate NSW Health Transport for Health Classification Framework data fields and reports into CERNER system	July 2007
	Training of transport staff in use of this booking system	July 2007
	Continue progressive rollout of training at each facility in use of the electronic transport booking system	June 2007
	Investigate opportunities for electronic ordering for outpatients	July 2008
Key Objective 5: Review of Inter-Area Transport Issues and Cross Area Efficiency Strategies		
	Review and prepare report on inter-area transports and associated matters	Jan 2007
	Convene meeting with representatives from SEIAHS and SWAHS	March 2007
	Identify and develop feasible strategies for improving efficiency in consultation with other AHSs	TBD
	Monitor access to IPTAAS and request NSW Health to investigate access by Aboriginal people to IPTAAS support	September 2007
	Develop a proposal regarding AHS reimbursement by IPTAAS for consideration by NSW Health	December 2007

Required Action	Strategies	Target Completion Date
Key Objective 6: Establish effective administration of IPTAAS and the SWISH Transport Program for SSWAHS residents		
	Identify Executive Director responsible for IPTAAS oversight	May 2007
	Develop local policies and processes for the effective administration of IPTAAS consistent with the revised NSW Health IPTAAS Manual. Timeframe dependent on release b y NSW Health of revised manual	May 2007
	Provide training to HTU staff in IPTAAS and SWISH Travel policy and procedures	June 2007
	Develop systems for managing ministerials and requests for information	June 2007
	Promote changes to the IPTAAS and SWISH Programs to SSWAHS clinical services and GPs, initially focusing on services in Wingecarribee, and other services in the WZ. Distribute IPTAAS Guidelines for Medical Practitioners and Specialists	Sept 2007
	Develop resources for rural Aboriginal people about IPTAAS and work with NSW Health regarding barriers to its effective use	Dec 2008
Key Objective 7: Development of information resources for patients and visitors for facility specific transport options		
	Write to facility GM's (and Health promotion Unit) requesting development of resources to provide information to visitors and patients for public and private transport options	March 2007
	Continue development of Transport Access Guides (TAGs) for all major facilities, including the rollout of TAGs through the WZ	2007 and ongoing
	Annually review TAGS and incorporate transport timetable changes (including new transport contracts finalised by the MoT	ongoing
	Develop a strategy for promoting transport changes in SSWAHS	July 2008
Key Objective 8: Work with the Ministry of Transport, DADHC, Community Transport Service Providers and other Transport providers in improving access to major facilities		
Establish oversight structures	Draft terms of reference and membership for the SSWAHS Transport for Health Reference Group	November 2007
	Establish the SSWAHS Transport for Health Reference Group	May 2007
Consultation, Issue identification and further development of strategies	SSWAHS TFH Reference Group to review TfH Plan (and consultation attachments) and identify key issues, make recommendations on timeframes, preliminary strategies to improve access to health services, and consultation process	November 2007
	Refine strategies in consultation with relevant services	May 2008
	Incorporate strategies where feasible into the Agenda for Future actions	July 2008
	Reference Group to consider progress reports and provide advice on implications	May 2007 and ongoing
	SSWAHS TFH Reference Group to provide advice and information to the SSWAHS THIG on community and other initiatives	May 2007 and ongoing
	Commence discussions with the Ministry of Transport about transport access to major health facilities including: - Disability access at Concord West Train Station; - improved bus services for CRGH in preparation of the	Nov 2006 and ongoing

Required Action	Strategies	Target Completion Date
	commissioning of the new CRGH mental health precinct; - Bowral Hospital	
	Work with partners in relevant Community Renewal Implementation. E.g. Redfern Waterloo Human Services Plan	December 2007 and ongoing
	In consultation with community service providers, identify strategies for capturing and quantifying demand for transport for health	December 2008
Specific Populations	Consider the needs of renal and cancer patients and develop a plan/strategies which address transport concerns	December 2008
Aboriginal patients	Consult and work with the Aboriginal community and SSWAHS partners e.g. Aboriginal Medical Services regarding transport needs and strategies	March 2008
Key Objective 9: Ensure that Area and Service Development Plans consider transport access issues		
	Ensure that new capital works developments consider location of and accessibility to public transport	Ongoing
	Incorporate consideration of transport issues and strategies into the development of new clinical services and clinical services plans	Ongoing
	Continue to consult with the MoT during design of Liverpool Hospital Stage 2 regarding bus access points	Ongoing
	Incorporate Transport for Health into the SSWAHS Aboriginal Health Plan currently being developed	2007/8
	Support healthy urban design through involvement in interagency planning in new urban developments	Ongoing
Key Objective 10: Provide safe transport of patients		
	Within the context of the NSW Health Transport for Health Classification System, consult with service providers regarding transport safety requirements	November 2007
	Provide staff and local services with training in the use of the Transport for Health Patient Screening Tool	TBC
	Provide training to staff in the matching of patient transport assistance needs with the transport classification framework	TBC
	Develop appropriate strategies to increase safety for patients and staff e.g. development and implementation of audit tools, provision of advice, and working with NSW Health in the development and provision of training for accreditation purposes	TBC
	Review and consider development of Patient Copayment Systems	Dec 2008
Key Objective 11: Identify and monitor expenditure and ensure that financial management strategies offer value for money		
Develop systems for SSWAHS Transport Expenditure	Develop SSWAHS Transport Unit Cost Centres	Sept 2007
	Develop and implement systems for identifying and monitoring G&S and RMR costs for the patient transport service and fleet	TBD
Develop financial management strategies	Develop financial management strategies within the context of the NSW Health Transport for Health Costing Framework	June 2008
	Consult with transport providers regarding options to improve efficiency in patient transport provision	December 2007

Required Action	Strategies	Target Completion Date
	Develop a business case for patient transport vehicle replacement which considers purchase and leasing options	TBD
	Develop a patient vehicle replacement plan	Dec 2007
Improve HACC Financial Management	Identify funding for HACC Day Respite Centre Transport (dependent on results of negotiations between NSW Health and DADHC)	Dec 2008
	Develop consistent Area-wide policies for client contributions to HACC Respite (including transport)	June 2009
	Explore options for full cost recovery for use of HACC vehicles for Transport for Health Purposes	Dec 2009
Key Objective 12: Improve Data collection, monitoring and reporting systems		
	Identify key information and data requirements for effective management, including mandatory information required by NSW Health for monitoring purposes. Consultation will be required with key interest groups.	2007
	Work with ISD in developing standard reports from CERNER/CCIS which can be used for monitoring and reporting	Dec 2007
	Progressively rollout the Taxi Management System	Dec 2009
	Implement a QI system for ensuring the quality of data	Dec 2008
	Analyse information provided and produce reports for use by the Area Transport Working Party, TFH Reference Group, Senior Managers and Clinicians. Use reports to identify new strategies to improve efficiency	Ongoing
	Report on activity through the NSW Health Transport for Health AHS Quarterly Reporting Framework ensuring that data omissions are noted	April 2007 and quarterly thereafter
	Meet NSW Health reporting requirement on a minimum data set for community transport once it has been determined	TBD

13. REPORTING FRAMEWORK

To improve oversight and governance of the SSWAHS Transport System, a SSWAHS Transport for Health Implementation Committee will be established. This committee will meet each month to monitor progress of actions outlined in Section 10 Milestones. The Terms of Reference of this group is outlined in Appendix 4. Once data is available, this committee will also monitor financial and activity data relating to Transport for Health activities.

To facilitate the work of this Committee, a SSWAHS Transport for Health Reference Group will be established consisting of SSWAHS transport providers, key government agencies, Community Transport organisations, and the private sector. This group will work together to identify strategies and provide advice to the Implementation Committee on future actions and strategies.

The NSW Health Transport for Health Reporting Framework mandates key performance indicators and data which is to be provided to NSW Health on a quarterly basis. A copy of the data reporting template is included in Appendix 6. At this stage, the information systems available to SSWAHS are poorly developed. Information is recorded through predominantly paper based and limited electronic systems, making reporting and data analysis extremely difficult. Given the focus on improved efficiency underlying the Transport for Health Program, manual recording, collection and analysis of quantitative data at this stage does not present as a viable option for reporting. Rather the initial focus will be on achievement of key milestones.

SSWAHS has recognised that for data to be accurately recorded and collected, information must be seen to be useful, relatively easy to record/capture and collected in a manner to make analysis easy. Additional indicators to be used will be developed in consultation with the Implementation and References Committees, transport staff, clinicians, and administrative staff. It is anticipated that as data collection improves and regular reports are available that this data will be provided to the Implementation Group and the Reference Group.

Appendix 1 Population and Relevant Demographics

SSWAHS is the most populous of all Area Health Service regions in NSW, comprising an estimated 1.33M people in 2004 (20% of the total population of NSW).

Table 1.1 Population characteristics by LGA – 2001 Census and Projected

LGA	Pop'n 2001 (Census)	Aboriginal identified (2001 census)		Language* (2001 census)	Projected Population		
		No.	% 2001 pop		2006	2011	2016
Sydney (part)	32,698	61	0.19%	27	37,808	41,301	45,555
South Sydney (part)	25,813	1,134	4.39%	21.8	29,455	33,855	38,593
Leichhardt	50,450	631	1.25%	15.6	51,700	52,320	52,700
Marrickville	76,770	983	1.28%	38.6	76,230	75,880	78,700
Ashfield	40,540	205	0.51%	43.5	42,130	42,730	42,720
Burwood	30,590	113	0.37%	52.7	32,180	34,160	35,960
Strathfield	29,450	93	0.32%	53.7	33,940	37,680	41,160
Canada Bay	62,350	228	0.37%	30.3	67,000	73,890	78,610
Canterbury	137,520	664	0.48%	62.2	139,730	142,100	144,080
Eastern Zone	486,181	4,112	0.85%	39.1	510,173	533,916	558,078
Bankstown	172,030	1,303	0.76%	46.2	174,990	177,850	180,060
Fairfield	189,020	1,118	0.59%	66	191,920	193,350	191,460
Liverpool	159,070	2,038	1.28%	43.7	175,670	197,440	225,590
Campbelltown	150,160	3,602	2.40%	19.4	154,310	164,050	179,280
Camden	45,450	525	1.16%	8.5	54,630	69,020	83,030
Wollondilly	38,460	577	1.50%	5.1	42,210	45,510	47,840
Wingecarribee	42,760	497	1.16%	4.2	46,070	48,970	51,740
Western Zone	796,950	9,660	1.21%	38.9	839,800	896,190	959,000
SSWSAHS	1,283,132	13,772	1.07%	39	1,349,973	1,430,106	1,517,078
NSW	6,578,980	134,888	2.05%	19	6,872,530	7,164,950	7,434,050

Source: ABS Census 2001; DIPNR Population Projections 2004

* % Language other than English spoken at home

The age structure of SSWAHS reflects a combination of the generally older Eastern Zone structure and younger Western Zone structure. LGAs with the highest proportion of younger people (0-14) are in Camden, Campbelltown and Liverpool. LGAs with the highest proportion of older people (85 years+) are Ashfield, Burwood and Strathfield (See Table 1.2).

Table 1.2 Population Age Structure by LGA – 2001 Census

LGA	2001 (census)	0-14 years	%	15-44 years	%	45-64 years	%	65-84 years	%	85+ years	%
Sydney (part)	32698	2,705	8.27%	21,519	65.81%	6,148	18.80%	2152	6.58%	174	0.53%
South Sydney (part)	25,813	2,673	10.36%	15,596	60.42%	4,861	18.83%	2,473	9.58%	210	0.81%
Leichhardt	50,450	6,450	12.78%	27,660	54.83%	11,460	22.72%	4,270	8.46%	610	1.21%
Marrickville	76,770	10,820	14.09%	41,870	54.54%	16,240	21.15%	6,940	9.04%	900	1.17%
Ashfield	40,540	6,170	15.22%	19,580	48.30%	8,640	21.31%	5,090	12.56%	1,060	2.61%
Burwood	30,590	5,080	16.61%	14,400	47.07%	6,700	21.90%	3,830	12.52%	580	1.90%
Strathfield	29,450	5,480	18.61%	13,160	44.69%	6,700	22.75%	3,570	12.12%	540	1.83%
Canada Bay	62,350	10,000	16.04%	28,760	46.13%	14,480	23.22%	8,050	12.91%	1,060	1.70%
Canterbury	137,520	27,720	20.16%	62,530	45.47%	29,550	21.49%	15,950	11.60%	1,770	1.29%
Eastern Zone	*486,181*	*77,098*	*15.86%*	*245,075*	*50.41%*	*104,779*	*21.55%*	*52,325*	*10.76%*	*6,904*	*1.42%*
Bankstown	172,030	36,450	21.19%	74,490	43.30%	36,750	21.36%	22,250	12.93%	2,090	1.21%
Fairfield	189,020	41,890	22.16%	87,370	46.22%	41,260	21.83%	17,080	9.04%	1,420	0.75%
Liverpool	159,070	39,470	24.81%	77,290	48.59%	30,630	19.26%	10,730	6.75%	950	0.60%
C'town	150,160	38,690	25.77%	69,800	46.48%	32,330	21.53%	8,590	5.72%	750	0.50%
Camden	45,450	11,850	26.07%	21,210	46.67%	8,910	19.60%	3,070	6.75%	410	0.90%
Wollondilly	38,460	9,740	25.33%	16,810	43.71%	8,820	22.93%	2,820	7.33%	270	0.70%
W'carribee	42,760	9,760	22.83%	15,750	36.83%	10,710	25.05%	5,840	13.66%	700	1.64%
Western Zone	*796,950*	*187,850*	*23.57%*	*362,720*	*45.51%*	*169,410*	*21.26%*	*70,380*	*8.83%*	*6,590*	*0.83%*
SSWAHS	*1,283,131*	*264,948*	*20.65%*	*607,795*	*47.37%*	*274,189*	*21.37%*	*122,705*	*9.56%*	*13,494*	*1.05%*
NSW	*6,578,980*	*1,344,810*	*20.44%*	*2,861,870*	*43.50%*	*1,513,180*	*23.00%*	*766,620*	*11.65%*	*92,500*	*1.41%*

Source: DIPNR Population Projection (2004)

SSWAHS contains significant variations between LGAs in the characteristics of family households. LGAs with the highest proportion of single family households are in Camden, Wollondilly and Liverpool. The highest proportion of multiple family households are in Fairfield, Liverpool and Bankstown. The highest proportion of lone person and group households are in South Sydney, Leichhardt and Marrickville. (See Table 1.3).

Table 1.3 Family Household Structure

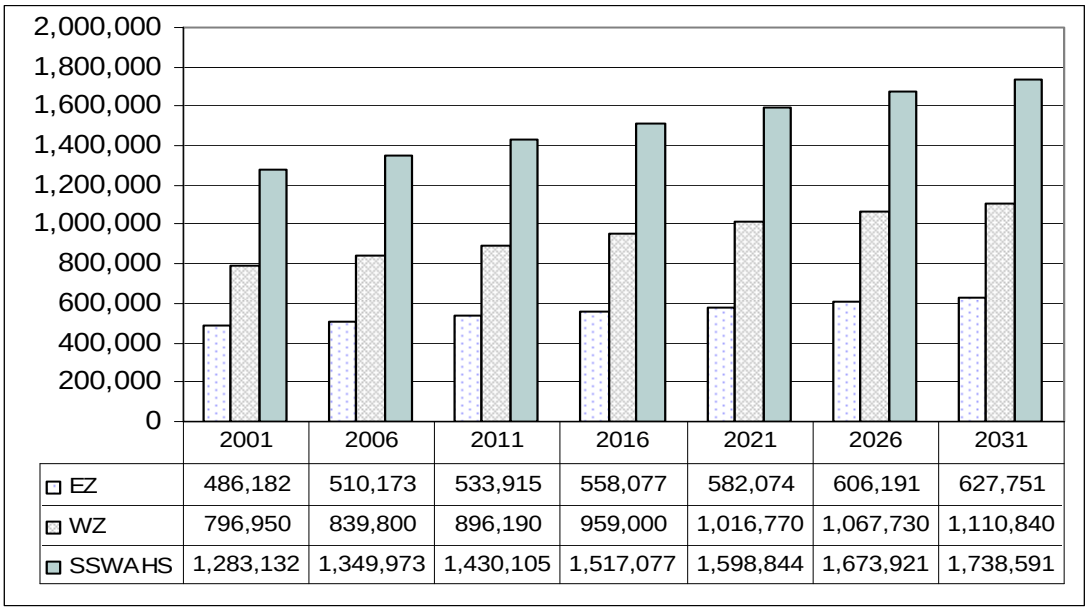
LGA	Population 2004 (est)	No. House-holds	% of Households				Average House-hold Size
			Single Family	Multiple Family	Lone Person	Group	
Sydney (part)	14,067	4,506 (est.)	48.3	0.4	36.2	15.1	2.0
South Sydney (part)	42,738	17,377 (est.)	41.9	0.5	44.5	13.1	1.8
Leichhardt	66,196	25,835	56.2	0.5	33.0	10.3	2.1
Marrickville	77,275	27,940	58.5	1.6	30.0	9.9	2.3
Ashfield	41,363	14,436	62.8	1.5	28.8	6.8	2.4
Burwood	31,796	9,931	67.7	2.2	23.6	6.5	2.7
Strathfield	31,408	9,035	73.0	2.4	20.8	3.8	2.9
Canada Bay	66,090	22,198	69.3	1.4	23.9	5.4	2.5
Canterbury	138,497	43,455	72.3	2.5	21.9	3.2	2.8
Eastern Zone	*509,430*	*174,713*	*60.3*	*1.4*	*30.1*	*8.2*	*2.3*
Bankstown	176,761	53,397	75.7	2.6	19.6	2.0	2.9
Fairfield	189,184	53,341	79.3	4.2	14.3	2.0	3.2
Liverpool	167,505	46,807	80.4	2.7	15.0	2.0	3.1
Campbelltown	152,975	45,195	80.1	1.8	15.3	2.2	3.0
Camden	51,055	13,985	83.2	1.3	13.5	2.0	3.0
Wollondilly	41,050	11,796	82.0	1.6	14.8	1.7	3.0
Wingecarribee	44,996	14,546	74.1	1.0	23.1	2.1	2.5
Western Zone	*823,526*	*239,067*	*79.0*	*2.6*	*16.3*	*2.0*	*3.0*
SSWAHS	*1,332,956*	*413,780*	*70.5*	*2.1*	*22.6*	*4.8*	*2.7*
NSW	*6,769,213*	*2,232,828*	*71.5*	*1.3*	*23.4*	*3.8*	*2.6*

Source: NSW Regional Profile 2004, ABS.

Population density is significantly higher in inner city LGAs (Leichhardt, South Sydney, and Ashfield) compared to suburban areas (Strathfield, Bankstown, and Fairfield) and urban fringe areas (Camden, Wingecarribee, Wollondilly). Fairfield, Campbelltown, Bankstown and Wollondilly have the highest proportion of population who were living in the same LGA five years ago. Sydney, South Sydney, Leichhardt, Ashfield, Marrickville and Camden have the highest proportion of newly settled residents. The highest proportions in rented accommodation are in South Sydney, Sydney, Leichhardt and Marrickville.

By 2016, the population of South West Sydney is projected to increase to 1.52M. This growth is due to the planned release of land in the South West corridor and urban consolidation in the Inner West. The majority of the population growth will occur in the WZ, with almost 120,000 new residents expected in the next 10 years, compared to nearly 48,000 in the EZ. Liverpool LGA will receive the majority of this growth with an additional 58,000 residents between 2004 and 2016, followed by Camden with 28,400 and Campbelltown with 24,970 additional residents in the same period.

Figure 1.2 SSWAHS Projected Population Growth 2001-2031



	2001	2006	2011	2016	2021	2026	2031
EZ	486,182	510,173	533,915	558,077	582,074	606,191	627,751
WZ	796,950	839,800	896,190	959,000	1,016,770	1,067,730	1,110,840
SSWAHS	1,283,132	1,349,973	1,430,105	1,517,077	1,598,844	1,673,921	1,738,591

Source: DIPNR 2004

In terms of the projected population growth, the most substantial growth is occurring in the older age groups. The population of people aged 65 and over is projected to increase by 45% in the 15 years from 2001 to 2016, and the over 85 population, who are substantial users of health services, is projected to almost double over the same period (See Table 5.4 below).

Table 1.4 Population Projections from 2001 to 2016 by Age for SSWAHS

Age Group	2001	2006	2011	2016	Total change 01-16	% change 01-16
0-4	89,787	87,091	86,316	88,601	-1,187	-1.32%
5-9	89,703	87,264	86,958	87,300	-2,403	-2.68%
10-14	85,458	89,340	89,130	89,648	4,191	4.90%
15-19	87,812	90,917	95,825	96,620	8,808	10.03%
20-24	94,415	100,016	105,362	111,309	16,894	17.89%
25-29	109,907	104,859	112,037	119,126	9,219	8.39%
30-34	109,929	114,864	113,278	121,285	11,356	10.33%
35-39	106,854	109,961	116,224	116,268	9,414	8.81%
40-44	98,879	105,271	109,808	116,240	17,361	17.56%
45-49	86,668	97,345	104,192	109,058	22,390	25.83%
50-54	80,006	84,041	94,610	101,330	21,325	26.65%
55-59	59,057	75,008	79,449	89,328	30,272	51.26%
60-64	48,459	54,910	69,742	74,125	25,666	52.96%
65-69	40,378	44,152	50,782	64,423	24,045	59.55%
70-74	36,408	35,883	40,088	46,678	10,270	28.21%
75-79	28,662	30,696	30,902	35,153	6,491	22.65%
80-84	17,257	21,901	24,102	24,924	7,666	44.42%
85+	13,494	16,452	21,302	25,664	12,169	90.18%
Total	1,283,132	1,349,973	1,430,105	1,517,077	233,946	18.23%

Source: DIPNR Population Projections (2004)

1. Aboriginal People

In 2001 there were approximately 14,000 Aboriginal people residing in SSW, which equates to approximately 10% of the NSW Aboriginal population. The majority (58%) of the SSW Aboriginal and Torres Strait Islander people reside in Campbelltown and Liverpool, with significant communities in the City of Sydney, Bankstown, Fairfield and Marrickville. Aboriginal people in SSW have a very young population profile, characterised by a higher than average mortality rate. Almost a quarter (12%) of the Area's Aboriginal population is aged 0-4 years, in comparison with those aged over 65 years, who make up only 3%. More broadly, almost half the Aboriginal population (45%) in SSW is aged under 20 and only 16% are aged over 45.

The life expectancy of NSW Aboriginal people is estimated to be approximately 20 years less than the general population. In 1999 - 2001, the estimated life expectancy of an Aboriginal male was 56.8 years and female was 63.8 years. This life expectancy was similar to that experienced by the general population in Australia in the early 1900s. In recognition of this fact, most aged care services (such as Home and Community Care and Residential Aged Care) are made available to Aboriginal people from the age of 45, when symptoms of ageing become particularly apparent.

2. Culturally and Linguistically Diverse (CALD) Communities

Sydney South West is the most culturally diverse Area Health Service in NSW, with 39% of people speaking a language other than English at home compared with 19% in NSW. Most notable is that in the Fairfield and Canterbury LGAs, over 60% of people do not speak English at home.

Of the people within SSW who speak a language other than English at home, 117,160 (23.8%) rate themselves as speaking English either not well or not at all. The greatest number of people who are not able to communicate in English speak Vietnamese, Cantonese, Arabic and Mandarin.

The Western Zone of SSWAHS has historically been a preferred area of settlement for both migrants and refugees arriving in NSW (SWSAHS, 2003). According to the Department of Immigration Multicultural and Indigenous Affairs (DIMIA) between January 1999 and October 2004, over 50,000 new arrivals settled in SSW. Of these, approximately 19% (over 9,000) were humanitarian arrivals, or refugees.

Table 1.5 describes the pattern of new arrivals in SSW, according to their entry status.

Table 1.5 Migration to SSW by Visa Type 01/01/99 to 31/10/04

LGA	Visa Type				
	Family	Skilled	Humanitarian	Other	Total
Fairfield	5,579	887	4,231	2	10,699
Canterbury	5,064	2,982	923	0	8,969
Liverpool	3,092	1,890	3,180	11	8,173
Bankstown	3,506	1,316	466	1	5,289
Marrickville	1,896	1,175	165	2	3,238
Strathfield	1,073	1,848	168	0	3,089
Ashfield	1,194	1,688	93	2	2,977
Campbelltown	1,505	1,261	171	1	2,938
Burwood	872	1,266	55	3	2,196
Leichhardt	1,003	865	22	7	1,897
Canada Bay	810	805	28	0	1,643
Camden	149	209	18	0	376
Wingecarribee	146	69	0	0	215
Wollondilly	0	0	0	0	0
Total SSWAHS	25,889	16,261	9,520	29	51,699

Source: DIMIA Settlement Database 2005 Note: excludes City of Sydney

3. Socio-Economic Status

Sydney South West has some of the poorest communities in the State, characterised by recent migrants, high unemployment and a high proportion of families dependent on welfare.

The LGAs with the highest proportion of the population being Centrelink customers are Fairfield, Bankstown, Canterbury, Marrickville and Ashfield. Mean taxable income is lowest in Fairfield, Canterbury, Campbelltown and Liverpool. (See Table 1.6)

Table 1.6 Socioeconomic Indicators, 2004

LGA	Popn. Density Persons / km^2	% Living in same LGA 5 years ago	% in rented dwelling	Public housing tenant households[1]	Centrelink Income Support Customers [2]	Centrelink Customers as % 2004 popn.	Mean Taxable Income $
Sydney (part)	4,586.8	14.7	50.4	399 (est.)	1,571 (est)	11.2	51,435
South Sydney (part)	5,068.2	39.4	52.9	2,980 (est.)	9,209 (est)	21.5	47,740
Leichhardt	5,007.9	51.5	44.2	2,385	10,755	16.2	55,107
Marrickville	4,630.4	57.1	40.5	828	17,779	23.0	39,212
Ashfield	4,871.0	56.2	38.0	193	8,784	21.2	41,065
Burwood	4,296.2	59.0	33.3	350	6,321	19.9	40,948
Strathfield	2,124.4	60.1	31.1	541	5,122	16.3	43,280
Canada Bay	3,206.1	62.4	26.9	763	10,180	15.4	49,947
Canterbury	4,074.6	67.6	34.4	3,213	35,023	25.3	34,239
Eastern Zone	*4,118.8*	*N/A*	*40.4*	*11,652*	*104,744*	*20.56*	*44,304*
Bankstown	2,256.7	74.1	26.4	6,431	45,121	25.5	35,688
Fairfield	1858.0	78.5	28.8	4,665	55,129	29.1	33,185

LGA	Popn. Density Persons / km^2	% Living in same LGA 5 years ago	% in rented dwelling	Public housing tenant households[1]	Centrelink Income Support Customers [2]	Centrelink Customers as % 2004 popn.	Mean Taxable Income $
Liverpool	535.3	61.2	30.2	4,867	35,188	21.0	35,592
Campbelltown	482.5	75.9	30.3	6,998	30,720	20.1	35,581
Camden	237.8	58.5	17.8	358	6,009	11.8	39,282
Wollondilly	15.2	70.2	13.7	142	6,605	16.1	37,884
Wingecarribee	16.2	69.7	19.7	382	8,754	19.5	40,582
Western Zone	*129.2*	*N/A*	*26.9*	*23,843*	*187,526*	*22.8*	*35,740*
SSWAHS	*214.7*	*N/A*	*33.2*	*35,495*	*292,270*	*21.9*	*39,610*
NSW	*8.3*	*69.4*	*27.5*	*125,401*	*1,474,412*	*21.8*	*41,623*

[1]Includes households receiving rental subsidy and those not.

[2] Includes age pension, disability support pension, Newstart allowance, parenting payment single, youth allowance, austudy, carer payment, double orphan pension, exceptional circumstances, mobility allowance, Newstart mature age allowance, parenting payment partnered, partner allowance, sickness allowance, special benefit, widow allowance, wife pension and widow class B. People receiving more than one payment type are only counted once using the main payment type.

Source: NSW Regional Profile 2004, ABS.

From census data, the ABS has developed an index of relative socioeconomic disadvantage which brings together a range of socioeconomic indicators such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations into a single index figure reflecting overall socio-economic disadvantage. The lower the value the more disadvantaged an area is compared to other areas. The median socio economic index for area (SEIFA) value for Australia is 1,000. Table 1.7 below shows each of the SSW LGAs according to their SEIFA value.

On the basis of this index, the LGAs in SSWAHS with socioeconomic disadvantage greater than the State median, in order of ranking, are Fairfield, Canterbury, Campbelltown, Liverpool, Bankstown and Marrickville. Fairfield has the second highest level of disadvantage of all NSW LGAs.

Table 1.7 Index of Relative Socio-Economic Disadvantage

LGA	SEIFA Value
Ashfield	1026.72
Bankstown	954.05
Burwood	1003.52
Camden	1040.92
Campbelltown	940.61
Canada Bay	1072.90
Canterbury	923.04
Fairfield	849.22
Leichhardt	1076.91
Liverpool	948.93
Marrickville	999.55
Strathfield	1027.95
Sydney	1052.29
Wingecarribee	1028.43
Wollondilly	1022.85

Source: ABS SEIFA 2001

4. People with a Disability

It is estimated that approximately 1 in 5 people in NSW have a disability (ABS Survey of Disability Ageing and Carers 2003). This includes people with an intellectual, psychiatric, sensory, physical or other impairment. These problems can result in a reduced capacity for communication, learning, mobility, decision making and self care. The profile and needs of people with a disability are not homogenous and their requirement for health care will reflect the nature of their disability and health problem. Within SSWAHS, this would represent over 256,000 people with a disability.

For people with a disability and their carers, particularly those without private transport, access to health services can be reduced if transport for health or community transport is there are waiting lists for transport, vehicles are not wheelchair accessible, or there are restrictions to the amount of transport available.

Appendix 2: Public Hospitals in SSWAHS

Royal Prince Alfred Hospital (RPAH) is a major principal referral hospital in the EZ of SSWAHS and teaching hospital for University of Sydney, providing referral and district acute services to a catchment that includes the local area, the whole State of NSW, as well as interstate and overseas patients. It provides a range of sub specialty services, at role delineation levels 6 in medicine, surgery, critical care, aged care, cancer care, mental health, drug and alcohol, obstetrics and gynaecology, neonatology (level 5) and paediatrics and transplant services such as Liver and Kidney.

Concord Repatriation General Hospital (CRGH) is a principal referral hospital and teaching hospital in the EZ, providing a range of tertiary and district level services at mostly level 6 to its local community and veterans across NSW who choose to continue receiving their care at the hospital.

Canterbury Hospital is a metropolitan hospital providing a range of district level services to its local community, including obstetrics and paediatrics.

Tresillian Family Care Centre is collocated on the Canterbury Hospital site. Provides inpatient day only consultation services and helpline for families.

Balmain Hospital provides general, geriatric and rehabilitation medicine services to essentially a local catchment population, along with transfers from RPAH and CRGH where the services of an acute care teaching hospital are no longer required.

Institute of Rheumatology and Orthopaedics (IRO) is a free standing joint replacement/ rheumatology unit on the RPAH campus with dedicated wards and operating theatres. The Institute specialises in complex orthopaedic joint replacement surgery and longer stay rheumatology patients.

Sydney Dental Hospital (SDH) – is one of the states' 2 specialist dental facilities, offering a range of treatment services to the local population, both adults and children, as well as tertiary services for all residents of NSW. SDH is a teaching hospital for the University of Sydney.

Rozelle Hospital provides supra area services for intensive psychiatric care, psychogeriatric, rehabilitation and extended care for mental health patients and some residential beds for veterans under a long standing agreement with the Department of Veterans' Affairs.

Thomas Walker Hospital (**Rivendell)** provides 30 adolescent psychiatry beds and is located adjacent to the CRGH site. It provides a tertiary referral service for adolescents and their families across NSW as well as services to the local adolescent population through the network of community and mental health services in the eastern zone of SSWAHS.

Bankstown-Lidcombe Hospital is a principal referral hospital providing services, primarily at role delineation level 5, in medicine, surgery, critical care, aged care, rehabilitation, mental health, obstetrics and paediatrics.

Fairfield Hospital is a metropolitan hospital providing services, primarily at role delineation levels 3 and 4, in medicine, surgery, critical care, obstetrics and paediatrics. Fairfield Hospital is the centre for elective orthopaedics for Liverpool-Fairfield and Macarthur.

Braeside Hospital is a third schedule hospital managed by Hope Healthcare and is located on the Fairfield Hospital campus. It specialises in palliative care, rehabilitation and aged care psychiatry.

Liverpool Hospital is the principal referral hospital and a major teaching and research hospital for the University of NSW. Serving both local residents and the WZ for higher level tertiary care, Liverpool Hospital provides a range of sub specialty services, primarily at role delineation levels 6 in medicine, surgery, critical care, aged care, cancer care, mental health, drug and alcohol, obstetrics and gynaecology, neonatology and paediatrics. PET commenced in August 2002. A new public MRI was commissioned in January 2003.

Karitane provides support, guidance and information to families experiencing parenting difficulties, health professionals and the community. Karitane, located at Carramar, provides the following services: education unit; pre/post natal depression residential unit; volunteer home visiting; Family Care Cottages; and a 24 hour care line. It includes Jade House at Fairfield.

Campbelltown and Camden Hospitals operate under a common executive management structure and services are networked between the two hospitals. Campbelltown is a metropolitan hospital providing a range of services primarily at role delineation level 4 in medicine, surgery, critical care (3), obstetrics, paediatrics, mental health and drug and alcohol. Camden is a district hospital providing services mainly at role level 3.

Bowral and District Hospital is a rural district hospital providing services mainly at role delineation level 3 in medicine, surgery, critical care and obstetrics. The Hospital has strong links with local GPs.

Carrington Centennial Hospital is a third schedule facility and situated 4 km southwest of the town of Camden, providing services in the following areas: residential care, including both nursing home and hostel type care; a retirement village; and community care.

Queen Victoria Memorial Home is a state owned nursing home located on 120 hectares at Picton. In addition to providing long term care services such as nursing home and hostel places, respite care is also provided.

Appendix 3: Other Key Service Providers in SSWAHS

GPs in SSWAHS 2005

Division	Members[1]	Non-members[1]	Total	Population estimates 2004 ABS	FTE GP: population ratio 2003[5]	Approx. No. of GPs that speak a language other than English[2,3,4]
Bankstown	175	21	196	175,428	1:1,107	102
Canterbury	154	49	203	135,048	1:1,185	102
Central Sydney	350	210	560	366,347	1:1,119	350
Fairfield	190	28	218	187,683	1:1,187	143
Liverpool	115	41	156	167,880	1:1,602	66
Macarthur	176	34	210	200,263	1:1,584	83
Southern	50	2	52	45,000[6]	1:1,525[1]	5
Total GPs	1,210	385	1,595	1,277,649	N/A	851

1. The seven Divisions of General Practice in SSWAHS (September 2005)
2. Database (GPs in Western zone 2004) GP Unit, SSWAHS
3. Eastern zone GP database SSWAHS intranet
4. Medical Directory of Australia 2005
5. Annual Survey of Divisions – Primary Health Care Research & Information Service www.phcris.org.au/resources/divisions
6. Wingecarribee Shire Council

Private Hospital Facilities in SSWAHS, April 2005

Name	Suburb	LGA	Number of Beds
Alwyn Rehabilitation Private Hospital	Strathfield	Burwood	26
Macarthur Private Hospital	Campbelltown	Campbelltown	40
Metropolitan Rehabilitation Private Hospital	Petersham	Marrickville	38
Southern Highlands Private Hospital	Bowral	Wingecarribee	67
St John of God Private Hospital	Burwood	Burwood	86
Strathfield Private Hospital	Strathfield	Burwood	88
Sydney Southwest Private Hospital	Liverpool	Liverpool	93
The Sydney Private Hospital	Ashfield	Ashfield	65
Wesley Private Hospital	Ashfield	Ashfield	38
Westside Private Hospital	Concord	Canada Bay	42
Total Private Hospital Beds	583		

Source: NSW Health April 2005

Day Procedure Centres in SSWAHS – September 2005

Name	Suburb	LGA
Burwood Endoscopy Centre	Burwood	Burwood
Excel Endoscopy Centre	Campsie	Canterbury
Centre for Digestive Diseases	Five Dock	Canada Bay
Drummoyne Eye Surgical Centre	Drummoyne	Canada Bay
Inner West Endoscopy Centre	Marrickville	Marrickville
Sydney Day Surgery	Darlinghurst	Sydney
Surry Hills Day Hospital	Surry Hills	Sydney
The Preterm Foundation	Surry Hills	Sydney
Diagnostic Endoscopy Centre	Darlinghurst	Sydney
Rosebery Day Surgery	Roseberry	Sydney
Sydney Day Surgery (Prince Alfred)	Newtown	Sydney
Bankstown Primary Health Care Day Surgery	Bankstown	Bankstown
Boulevarde Day Surgical Centre	Fairfield Heights	Fairfield
Sydney IVF Liverpool	Liverpool	Liverpool
Liverpool Day Surgery	Moorebank	Liverpool
South Western Day Surgery Centre	Liverpool	Liverpool
Bowral Day Surgery	Bowral	Wingecarribee

Source: NSW Health, 2005

Appendix 4: Terms of Reference – Implementation Group

Working Party:	**Transport for Health Implementation Group**

Chairperson: Director Corporate Services
Alternate Chair:
Secretariat: Area Transport Services

TERMS OF REFERENCE

1. **Purpose**: Strategic review and monitoring of the AHS's transport services

2. **Responsible To**: The Chief Executive

3. **Reporting To**: The Area Manager's Meeting

4. **Sub-Committees:** Transport for Health Reference Group

5. **Responsibilities and Activities**
   Responsibilities of the group include to:
   - to develop, implement and monitor the Transport for Health Implementation Plan;
   - to provide a consultative forum on the operations of the three health transport units;
   - to review specific non-emergency health related transport needs of the Area's clinical services e.g.: cardiology, mental health;
   - to develop, implement and monitor area wide transport related policies and procedures;
   - to receive advice from the transport for health reference group;
   - to review health related transport data, so as to recommend service adjustments and improvements to NEHRT.

6. **Membership**:
   Membership will include representatives from the following groups:
   - Area Health Service (AHS)
   - Area Transport Service
   - Clinical Services
   - Facility representatives (Eastern and Western Zones)

Members shall nominate an alternate delegate so that the particular group is always represented at the meetings. The list of members is attached [1]. Other persons can be co-opted if / when required.

7. **Frequency of Meetings:** Every month

8. **Quorum**: Half plus one member.

9. **Minutes**:

Distribution list will include:
- Committee Members
- General Managers
- Chief Executive
- Director Clinical Operations
- Area Clinical Council

Transport for Health Implementation Group Membership		
Representatives	**Name**	**Name – Alternative Rep**
AHS Representatives	Area Director Corporate Services, SSWAHS Director, Nursing and Midwifery (or nominee)	
Health Transport Units	Area Manager Transport Eastern Health Transport Unit Staff Central Health Transport Unit Staff Western Health transport Unit Staff	
Clinical Services	Aged Care and Rehabilitation Stream Clinical Manager Operational Nurse Manager Mental Health Area Director Social Work Aboriginal Health Director	
Facility Representatives	Director Corporate Services Bankstown – WZ Director Commercial Services Concord – EZ Assistant General Manager Community Health	
Ambulance Service of NSW	Nominee of Regional Manager	

APPENDIX 5: TERMS OF REFERENCE – REFERENCE GROUP

Working Party:	**Transport for Health Reference Group**

Chairperson: Director Corporate Services
Alternate Chair:
Secretariat: Area Transport Services

TERMS OF REFERENCE

1. **Purpose**: To achieve improved collaboration and co-ordination between the AHS and transport services and providers in Central and South West Sydney

2. **Responsible to**: The Chief Executive

3. **Reporting to**: The Area Manager's Meeting

4. **Responsibilities and Activities:**

   Responsibilities of the group include to:
   - to provide a consultative and communication forum for transport providers and services to engage with the AHS;
   - to identify gaps in service and over-supply of transport services
   - identify and address barriers to cross – sector resource co-ordination
   - to provide advice on the AHS transport for Health Implementation Plan

5. **Membership**:
   Membership will include representatives from the following groups:
   - Area Health Service (AHS)
   - Area Transport Service
   - Transport Providers
   - Other government agencies

   Members shall nominate an alternate delegate so that the particular group is always represented at the meetings. The list of members is attached [1]. Other persons can be co-opted if / when required.

6. **Frequency of Meetings:** Twice per year

7. **Quorum**:
   Half plus one member.

8. **Minutes**:
   Distribution list will include:
   - Committee Members
   - General Managers
   - Chief Executive
   - Director Clinical Operations
   - Area Clinical Council

Transport for Health Reference Group Membership		
Representatives	Name	Name – Alternative Rep
AHS Representatives	Area Director Corporate Services, SSWAHS Health Promotion Unit representative	
Health Transport Units	Area Manager Transport Eastern Health Transport Unit Staff Central Health Transport Unit Staff Western Health transport Unit Staff	
Other Government Agencies Representatives	Department of Disability, Aging and Home Care Ministry of Transport State Transit Authority	
Aboriginal Medical Services	Nominee	
Ambulance Service of NSW	Nominee of Regional Manager	
Divisions of General Practice	Nominee of Central Sydney/Inner West DGP group Nominee of the South West Sydney DGP group	
Community Transport Providers	South Sydney Community Transport Inner West Community Transport Leichhardt Community Transport Bankstown Community Transport South West Sydney Community Transport Southern Highlands Community Transport Walomi Aboriginal Community Transport	
Private Transport Providers	Taxi Council Private Bus Operators Council	

APPENDIX 6: NSW HEALTH REPORTING FRAMEWORK

Key Performance Indicators

Key Performance Indicator	Measurement (How much, How well, Is anyone better off)					
		IPTAAS	SWISH	Community Transport	Interfacility Transport	1 Jan - 31 Mar 2007 TOTAL TfH
Breakdown of Number of people assisted (some people are assisted more than once - only count them once for this measure)	Number of individual people assisted					
Breakdown of Number of Trips	Number of trips provided					
Breakdown of IPTAAS Trips (one-way travel between two points by one person)	Number of trips provided for Cancer		N/A			
	Proportion of trips provided for Cancer		N/A			
	Number of individual patients assisted for Cancer		N/A			
	Number of trips provided for Renal Dialysis		N/A			
	Proportion of trips provided for Renal Dialysis		N/A			
	Number of individual patients assisted for Renal Dialysis		N/A			
	Number of trips provided for Other Diagnostic Groups		N/A			
	Proportion of trips provided for Other Diagnostic Groups		N/A			
	Number of individual patients assisted for Other Diagnostic Groups		N/A			
	Number of trips provided coded Unspecified		N/A			
	Proportion of trips provided coded Unspecified		N/A			
	Number of individual patients assisted coded Unspecified		N/A			
Breakdown of Community Transport Trips	Number of multiple passenger trips					
	Proportion of multiple passenger trips					
Breakdown of Culturally and Linguistically Diverse Communities using Transport for Health (CALD)	Number of CALD passengers					
	Proportion of CALD passengers					*
Breakdown of Aboriginal and/or Torres Strait Islanders using Transport for Health	Number of Aboriginal and/or Torres Strait Islander passengers					
	Proportion of Aboriginal and/or Torres Strait Islander passengers					*
Breakdown of Concession Card Holders (Pensioners or Healthcare Card Holders using Transport for Health)	Number of Concession Card Holders					
	Proportion of Concession Card Holders					*
Breakdown of funding spent on direct patient assistance (the total amount of funding spent directly on patients assistance - ie not administrative costs)	Amount of funding spent on direct patient assistance					
	Proportion of funding spent on direct patient assistance					
Breakdown of patients finding out about Transport for Health-IPTAAS after their trip commences	Number of patients who find out about TFH – IPTAAS after their trip commences					
	Proportion of patients who find out about TFH – IPTAAS after their trip commences					

IPTAAS Reporting

Reporting Statistics	Quarter			
	1 Jan - 31 Mar 2007	1 April - 30 June 2007	1 July - 30 Sept 2007	1 Oct - 31 Dec 2007
Number of claims received and approved for quarter				
Number of claims received and approved for financial year to date				
Number of patients assisted				
Number of escorts assisted				
Average cost of a claim during the quarter				
Average waiting time for claims to be paid				
Year to date expenditure - Cancer related				
Year to date expenditure - Renal dialysis				
Year to date expenditure - Other Diagnostic Groups				
Year to date expenditure - TOTAL				

SWISH Travel

Reporting Statistics	**Quarter**			
	1 Jan - 31 Mar 2007	**1 April - 30 June 2007**	**1 July - 30 Sept 2007**	**1 Oct - 31 Dec 2007**
Number of claims received and approved for quarter				
Number of claims received and approved for financial year to date				
Number of families assisted				
Average cost of a claim during the quarter				
Average waiting time for claims to be paid				
Year to date expenditure				

APPENDIX 7: GLOSSARY

Access	The capacity or potential to obtain a service or benefit. Access incorporates notions of geographical access, cultural access, service appropriateness and affordability.
Activity	Refers to the work done by health services measured as hospital inpatient separations and outpatient occasions of service.
Acute	Acute care is where the principal clinical intent is to do one or more of the following: manage labour (obstetric); cure illness or treat injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce the severity of an illness or injury; protect against exacerbation and/or complications of an illness and/or injury; and perform diagnostic or therapeutic procedures.
Admissions	The administrative process by which a hospital records the commencement of an episode of care, whether it be same day or overnight. Admissions can be planned or unplanned or via the emergency department.
Ambulatory Care	The delivery of health services in a variety of settings including outpatient departments, short stay/day only beds, specialists' rooms and the patient's home.
Available Beds and Bed Days	A bed or treatment chair (eg. dialysis, endoscopy, chemotherapy), which is immediately available to be used for treatment of admitted patients in a hospital, that is, resources with services and staff and is located in a suitable place for care. Available beddays are the assessed number of beddays, which were available for inpatient care during the year. Same day inpatients are recorded as one inpatient bed day.
Average Length of Stay	The average (or mean) length of stay for a group of patients, less leave days.
Bed Capacity	Refers to the ability to meet current and forecasted demand.
Bed Occupancy Rate	The percentage of available beds which have been occupied over the last year. The bed occupancy rate is a measure of the intensity of the use of hospital resources by inpatients. It is calculated as occupied beddays – Unqualified babies beddays/Available beddays x 100.
Benchmark	A process of comparison of like processes, outputs or outcomes.
Best Practice	The care which will lead to the maximum benefit for an individual or a population.
Capital	Refers to assets including buildings, equipment and land.

Clinical Governance	The process by which the health system is accountable for continuously improving the quality of services and safeguarding high standards of care.
Clinician	Refers to Allied Health, Nursing and Medical personnel.
Community Participation	The process of involving community members in decision making about their own health care, health service planning, policy development, setting priorities and addressing quality issues in the delivery of health services
Consultation	The ways used to gain community input or feedback around a specific issue or topic. These are usually one-off or short term.
Consumer	A person who uses or has used a health service.
Corporate Governance	The system and structure by which the Area Health Service is directed and controlled.
Demand	Refers to the requirement for health services from the community. This demand may be met locally, or outside of the Area.
Diagnosis Related Group	A group of inpatient codes that consumes similar hospital resources. An inpatient code describes the diagnosis assigned to the patient for the admission.
Eastern Zone	The local government area's of City of Sydney, Marrickville, Leichhardt, Canada Bay, Strathfield, Burwood, Ashfield and Canterbury.
Effectiveness	The benefit achieved as a result of a service, intervention or process.
Efficiency	Best value for money and making the best use of limited resources.
Episode of Care	A phase of treatment during which the patient receives a particular type of care (eg. acute, rehabilitation etc.). When that type of care is concluded the episode of care is ended and the patient either undergoes a type change separation to a different type of care or a formal separation and leaves the hospital.
Equity	Equal opportunity for access to services for equal or similar need.
Evidence-Based Health Care	An approach to health care that requires the explicit, judicious and conscientious incorporation of the results of research in decision-making at all levels including individual patient care, public policy, planning and resource allocation.
Health Literacy	The capacity of an individual to obtain, interpret, and understand basic health information and services and the

	competence to use such information and services in ways which are health-enhancing.
Health Transport	Non-emergency health related transport primarily catering to the needs of sick or injured persons who are not inpatients and are not eligible for transport provided by the Ambulance Service
Inflows	People who are not residents of an Area Health Service who receive care with that Area Health Service's Hospitals.
Inpatient	A patient admitted to a hospital or health service facility.
Macarthur	Includes Camden, Campbelltown and Wollondilly Local Government Areas.
Natural Flow	Movement of an Area Health Service's residents across an Area Health Service border that occurs usually because a hospital or service in the neighbouring area is more easily accessed.
Non-Admitted Patient Occasions of Service	The number of occasions on which health care services are delivered to non-inpatients. An occasion of service may be an examination, consultation, diagnostic test, treatment or other service provided to the patient in each functional unit of the health service. Services may be provided to an individual or group. A group occasion of service would typically show the number of participants in the group.
Non- Government Organisations (NGOs)	Services provided on a non-commercial basis by state government agencies, local government, incorporated associations and other charitable organisations
Occupancy	The percentage of a hospital's beds filled at a specific time, or in a specific period.
Outflow	People resident of an Area Health Service who receive hospital services outside of their Area Health Service of residence.
Patient	A person in contact with the healthy system seeking attention for a health condition.
Passenger Trip	A standard measure of transport output representing the conveyance of a single passenger one way between two given points e.g. home and hospital.
Passenger Contribution	A contribution made by a passenger towards the cost of a trip provided by a community transport provider
Patient Flow	The movement of a patient through the hospital system.
Primary Care	The first point of access for the community to health services.

Primary Care Provider	Includes general practitioners, hospital emergency departments, community and allied health services, community pharmacists and non-government organisations.
Residential Aged Care Facility	A hostel (low care), nursing home (high care) or similar, for the aged.
Safety	The extent to which potential risks are avoided and inadvertent harm is minimised in care delivery processes.
Same Day Separation	A same day separation results when an inpatient is admitted and separated on the same calendar day. It includes inpatients who are transferred to another hospital and those who have died.
Self-sufficiency	Local residents treated locally i.e. the number of SSW residents treated within SSWAHS as a proportion of all SSW demand. This is usually expressed as a percentage.
Separations	A separation is a death, transfer or discharge of a patient from or in a hospital.
Supply	Refers to the total hospital activity provided to both Area residents and people from outside of the Area.
Sydney South West	The Sydney South West Region comprises the City of Sydney (part), Marrickville, Leichhardt, Canada Bay, Burwood, Ashfield, Strathfield, Canterbury, Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly and Wingecarribee local government areas.
Temporary Protection Visa holders	Persons who arrived as asylum seekers without a valid visa and were placed in detention, but have since been deemed a refugee and provided with a three year visa.
Tertiary	Refers to medical and related services that consume large inputs of health resources, usually on patients with high complexity.
Triage	A method of ranking sick of injured people according to the severity of their sickness or injury in order to ensure that medical and nursing staff facilities are used most effectively
Western Zone	The local government areas of Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee.