

Gastroenterology and Liver Clinical Stream Service Development Priorities 2014 - 2018

Leading care, healthier communities



Health
South Western Sydney
Local Health District

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Foreword by Clinical Director

In as much as the principle aim of the Gastroenterology and Liver stream is to provide a world class, best practice model for SWSLHD, the stream also intends to pursue clinical and translational research as part of its core business. This will be implemented at every level and will include a multidisciplinary approach to research. Furthermore, a key element of the stream's model of care will be teaching and training and ensuring that this is done at an internationally recognised level.

The Gastroenterology and Liver Clinical Stream provides services in gastroenterology, hepatology, general surgery, upper GI and colorectal surgery, stomal therapy and complex wound management. The service is also responsible for general surgical emergencies including trauma; all trauma patients are initially admitted under the care of a general surgeon. General services are undertaken at all facilities and in addition, Bankstown and Liverpool deliver specialty gastroenterology, hepatology, upper GI and colorectal services.

Introduction

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

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

Three strategic planning documents guide the future directions of SWSLHD:

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

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

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

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

Vision, mission, values and primary purpose

The Gastroenterology and Liver Clinical Stream is committed to achieving the **SWSLHD Vision** of

Leading care, healthier communities

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

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

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

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

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

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

Staff in the Gastroenterology and Liver Clinical Stream upholds the **core values** of

Collaboration **O**penness **R**espect **E**mpowerment

The overarching aim of the Gastroenterology and Liver Clinical Stream is to provide timely, high quality services that improve health outcomes for consumers who are referred to our facilities and services for both general and specialist medical and surgical care.

Services provided by the Clinical Stream

BOWRAL HOSPITAL

Bowral District Hospital is predominantly a general community hospital dealing with general surgery. The service includes routine but not complex endoscopic procedures and there are no gastroenterologists on site.

FAIRFIELD HOSPITAL

Fairfield hospital largely provides general surgical and general gastroenterological services. The service includes routine but not complex endoscopic procedures.

CAMPBELLTOWN HOSPITAL

Campbelltown hospital provides general surgical services and is developing specialist colorectal and upper GI services. There are two dedicated endoscopic rooms within operating theatres which are developing as part of a HVSSU and a department of Gastroenterology with close links to Liverpool and Bankstown Hospitals. Outpatient hepatology services are also provided onsite.

An Oesophageal physiology service for SWSLHD as part of a networked service is also provided.

BANKSTOWN HOSPITAL

Gastroenterology

Bankstown hospital provides specialist endoscopic gastroenterological services on dedicated operating lists within the operating suite. The procedures include;

- Gastroscopy (PEG insertion, stenting, varicose banding & injection and argon plasma coagulation)
- Colonoscopy (polypectomy and colonic stenting)
- Duodenoscopy
- ERCP
- Endoscopic Ultrasound (EUS)
- Fine Needle Aspiration (FNA) under ultrasound guidance

In 2010 the unit began offering Radiofrequency Ablation (RFA) for Barretts Oesophagus treatment. The unit is one of the few in Australia to offer Confocal (micro Endoscopy) and Double Balloon Enteroscopy (DBE)

Hepatology

Outpatient clinics are provided onsite as part of the LHD Hepatology network.

Upper GI and Hepatobiliary Surgical Unit

The Upper GI surgical unit is an Academic led unit covering all three major sites. Advanced hepatobiliary surgical services which include pancreatic surgery are currently provided. Oesophageal and gastric cancer resection services are included as part of the unit, and are integrated with a research program. The services include complex endosurgical procedures.

Colorectal Surgery

This service provides a full range of colorectal procedures including complex laparoscopic surgery and a newly established Ano-physiology clinic.

Stomal Therapy

Services are provided on a consultative, outpatient and outreach basis and include wound & fistula care as the need arises. The Fairfield LGA is included as part of this profile.

LIVERPOOL HOSPITAL

Gastroenterology and Hepatology

Quality services are provided for patients with acute gastroenterology illness, admitted via the emergency department. Common problems requiring admission are acute gastrointestinal bleeding or inflammation/infection, blockages in biliary system with or without infection, acute or decompensated chronic liver disease, flare of inflammatory bowel disease and complications from liver cancer.

The department has established specialist outpatient clinics with particular emphasis on inflammatory bowel disease, viral hepatitis and hepatocellular cancer and chronic liver disease as these things require all the supports of a tertiary care facility and cannot be easily provided in the private setting.

General gastroenterology outpatient services, including the rapidly increasing demand for colonoscopy to support the national bowel cancer screening program, are provided via our outpatient clinical service.

Endoscopy, outpatient and inpatient services include:

- Diagnostic and therapeutic gastroscopy (PEG insertion, stenting, varicose banding & injection and argon plasma coagulation)
- Colonoscopy (polypectomy and colonic stenting)
- ERCP
- Per oral cholangoscopy (Spyglass)
- Endoscopic Ultrasound (EUS) to stage upper gastrointestinal cancer

Investigator led and clinical trial research is conducted in a number of these domains.

FibroScan service

Liverpool provides the only service in the district, to non-invasively assess the liver for fibrosis and cirrhosis using FibroScan and newer technology shear wave elastography. Assessment of fibrosis is necessary to plan management for patients with viral hepatitis and other causes of liver disease.

Viral Hepatitis

The SWSLHD hepatitis advisory committee has overseen the development of a strategic plan for hepatitis in SWSLHD, aligning priorities with the newly released Ministry of Health NSW Hepatitis Strategy for 2014-2018. Treatment of viral hepatitis utilises nurse supported treatment pathways for hepatitis B and C therapy. Clinics are conducted at Liverpool and nurses from Liverpool support hepatitis clinics at Bankstown and Campbelltown. Mothers with Hepatitis B identified during antenatal screening (Liverpool, Bankstown and Fairfield) are supported by our Liverpool Viral Hepatitis Antenatal Clinical Service. Demand in our district is enormous, with estimated 13, 000 Hepatitis B and 10, 000 hepatitis C patients who are likely to require assessment and treatment to prevent cirrhosis and cancer in the next few years.

Upper GI Services and Hepatobiliary

Liverpool provides a tertiary referral service in complex, open and endoscopic procedures. In addition the service provides a liver resection program which is integrated with the Department of Gastroenterology and Cancer services.

Colorectal Unit

This is an academic colorectal surgical unit which provides complex open and laparoscopic colorectal surgery for inflammatory bowel disease, colorectal cancer and pelvic floor disorders.

Stomal Therapy

Stomal therapy nursing services are provided on a consultative, outpatient and outreach basis and includes wound & fistula care as the need arises. Macarthur and Southern Highlands regions are included as part of this service.

Colorectal Wound Service

This is an inpatient, ambulatory care and out-patient wound clinic service.

Service Summary Table

Facility/location	Bankstown	Bowral	Campbelltown	Fairfield	Liverpool	Community/ Outreach
Specialty/service						
Gastroenterology	✓		✓ Provides area wide oesophageal physiology service		✓	
Endoscopy	2 dedicated rooms within theatre precinct	In operating theatres	2 Dedicated rooms within theatre precinct	In operating theatres	Stand- alone unit	
Hepatology / Liver Unit	Outpatient clinics and Networked Service with LVH		Networked With LVH		✓	✓
Upper GIT Surgery	✓		Benign UGI specialty service Currently being developed		✓	
Colorectal Surgery	Provides area wide Anorectal physiology service		✓		✓	Stomal therapy
Hepatobiliary Surgery	✓		✓ non-malignant only		✓	
General Surgery	✓	✓	✓	✓	✓	

Demographic and health profile of SWSLHD communities

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

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

- Widespread ageing population increases the need for access to diagnostic and surgical services, particularly related to cancer diagnosis e.g. National Bowel screening for all over 50yrs.
- Population growth at Camden across all age groups will increase the overall need for Gastroenterology and Liver services within Macarthur region
- Obesity prevalence within the district will contribute to the need for bariatric services and equipment to be available at an increasing rate.

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

- Gastroenterology services
- Diagnostic GI Endoscopy- particularly the National Bowel Screening Program
- Hepatology/Liver services
- Bariatric surgery
- Low volume oncology services identified as part of state-wide planning

Delivering on priority strategic directions in service development

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

Build capacity to effectively service growing demands for health care

- Planning for growth at Campbelltown and Camden hospitals during redevelopment to include hepatology services, bariatric surgery, home wards and high volume short stay services
- Planning for growth at Bankstown during redevelopment to include high volume short stay services, acute surgical unit and hepatology services
- Planning for partnership and mentoring programs with other LHD's and in particular ISLHD as part of the state-wide Low Volume Oncology Program for Upper GI malignancies
- Digital and robotic surgery availability within the LHD to yield efficiencies
- Develop IBD centre of excellence

Redesign of services bringing them closer to people and their communities

- Scope the potential for community based day only facilities for surgical procedures which have traditionally been undertaken in facilities
- Development of day only protocols for surgery traditionally requiring longer inpatient care
- Enhancing the outreach gastroenterology services for ATSI population
- Development of Ano- rectal services at Liverpool hospital
- Scoping of ambulatory care models to expand into community based centres with consideration given to the inclusion of a Nurse Practitioner model

Integrated action with primary care providers and regional primary health organisations

- Hepatitis C service planning to actively include GP's in ongoing care
- Development of a district Gastroenterology and Liver website inclusive of referral guidelines and resources
- Discharge planning from acute services to network with community services via MDTs
- Foster closer links with Primary Health practitioners including the delivery of educational programs to GPs and practice nurses in relation to service delivery in the acute setting.
- Investigate early discharge programs for patients leaving the Gastroenterology and Liver Service that rely on primary health involvement.

Partnering with external providers to deliver public health care

- Development of programs for gastroenterology and liver patients utilising external care providers to support early discharge
- Development of Clinical School precinct at Campbelltown to integrate UWS academic gastroenterology and surgery in to the services provided by the facility

Enhancing service networks and growing centres of excellence

- Enhancement of standalone endoscopy unit at Liverpool
- Establishing a Low volume UGIT surgery collaboration with ISLHD
- Interaction between sophisticated imaging techniques, endoscopy and surgery
- Develop centres of excellence for pelvic oncology, bariatric services, oesophageal surgery, hepatic surgery, complex colorectal surgery, day surgery and High Volume Short Stay Units

Shared access to unified information for all the health care team

- Increased focus on the use of eMR
- Embrace technology advances and enhanced surgical recovery programmes
- Primary Health electronic interface e.g. access to Cerner

An integrated focus on primary prevention for patients and communities

- Use of primary health care centres to improve access and equity for screening/diagnostic endoscopy services
- Collaboration with the Primary Health Organisations to develop care pathways on priority populations within the district

Embedding education and research within service delivery

- Integration of translational research into personalized care for patients with malignancies with increased collaboration within multidisciplinary teams across all sites
- Encouraging research amongst all staff within the service via leadership, support and increased involvement in clinical trials

Working with facilities on corporate enabling strategies

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

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

Providing high quality health services

- Maintain and promote home wards at all facilities
- Centralise HVSS procedures
- Strengthen clinical partnerships with internal departments e.g. IR, ID
- Continue to develop UGI Low Volume Oncology Service
- Collaborate with all facilities to develop an LHD Liver service model of care

Community partnerships

- Develop Gastroenterology and Liver services website
- Engage our consumers in service planning activities utilising links with Primary Health Organisations
- Enhance and maintain strong alliances with NGO's
- Ambulatory care models to expand into community based centres

Developing our staff

- Maintain and enhance relationships with UWS, UNSW, Sydney Uni and ANU
- Promote learning utilising simulation unit programs
- Promote and integrate research as a core component of all services
- Standardise competencies and training specific to Gastroenterology and Liver services

Supporting business

- Promote eMR
- Encourage district wide use of ProVation- Endoscopy Information System
- Participate in National Bowel Screening data collection
- Participate in State wide collation of UGI oncology data

Efficiency and sustainability

- Regular equipment replacement and maintenance planning inclusive of all sites
- Promote activity data collection, particularly in outpatient areas, to support ABF

Attachment A Models of care, service development directions and partners

Gastroenterology and Liver

The Gastroenterology & Liver Stream encompasses gastroenterology, hepatology, general surgery, upper GI and colorectal surgery, stomal therapy and complex wound management. It also covers general surgical emergencies, including trauma; with all trauma patients initially admitted under the care of a general surgeon. To optimise efficiency, the stream is undertaking a review and audit of its current practice through working parties of senior clinicians critically examining the processes underpinning current models of care.

Models of Care for the future

The models of care for the future will refine current practice, aimed at maximizing efficiency and strategically planning for both the increase in demand and the complexity of services. This will require strengthening of clinical partnerships with certain departments e.g. cancer, radiology, Infectious Diseases, interventional radiology.

Service developments will proceed within an integrated framework across SWSLHD which will include the development of tertiary referral services with research, teaching and training capacity.

Following optimisation of efficiency through the current review process, there will still be a need to make strategic investments in staff, equipment and infrastructure e.g. efficiency dividends from deploying digital operating rooms, which can yield up to a 30% decrease for complex laparoscopic cases.

Models of care in the future will be characterised by strengthened networking arrangements within all disciplines, including development of (and strengthening of existing services):

- A Viral Hepatitis Treatment Service and Hepatocellular cancer service as centres of excellence, with a robust multidisciplinary clinical service, interaction with MDT and significant research activity and leadership
- An Inflammatory Bowel Disease (IBD) Centre of Excellence with multidisciplinary service and strong research focus.
- Centres of Excellence for pelvic surgical oncology, bariatric services, oesophageal surgery, hepatic surgery, gastric surgery, pancreatic surgery and complex colorectal surgery
- A Medicare Local electronic interface i.e. primary care access to Cerner
- Primary health care centre(s) to provide screening/diagnostic endoscopy services
- Ambulatory care models to expand into community based centres with consideration given to the inclusion of a Nurse Practitioner model
- Shared care arrangements with GPs and maternity Services to improve management of women with hepatitis during pregnancy
- Discharge planning and coordination of care transition from acute services to network with community services via MDTs
- CALD specific health literacy and patient information resources, along with staff education
- Nurse-led models of care e.g. nurse practitioners

Service Development Directions

Over the next decade a number of service developments will influence patient care and hospital stay, with priority service developments including:

- Ensuring sufficient access to Gastro and Liver services through enhanced use of home wards
- Integration of translational research into personalized patient care for malignancies with increased collaboration within MDTC across all sites, including the increased use of teleconferencing for these MDTC

- Proteomics/Comprehensive data bases
- Ensuring residents of south west Sydney can access digital and robotic surgery
- Establishing a National Centre for Excellence in surgical and endoscopic training
- Academic development of gastroenterology, upper gastrointestinal and colorectal surgery across SWSLHD
- Enhancement to outpatient continence services
- Use of day only facilities for surgical procedures which have traditionally been undertaken in hospitals i.e. cholecystectomy, breast surgery, hernia repair, ophthalmology and many other procedures
- Increased treatment capacity of Hepatitis services at Liverpool to develop new therapies, and develop multidisciplinary hepatitis services at Campbelltown, Bankstown-Lidcombe and Fairfield Hospitals
- Develop a Liver Cancer Service at Liverpool
- Advances in technology between sophisticated imaging techniques and endoscopy and surgery
- Stand-alone endoscopy units
- Surgical Ambulatory Care Units for procedures that can be safely performed as Day Only cases

Partners in Service Development

Service developments in the gastroenterology and liver stream will be pursued in close collaboration with a range of service partners, including in the following areas:

- Public and Private partnerships
- Priority groups e.g. Aboriginal Outreach Services
- CALD groups
- Medicare Local opportunities
- Consumer participation groups
- Closer links with General Practice, enhancing the ability to deliver educational programs to GPs in relation to service delivery in the acute setting. This will include early discharge programs for patients leaving the Gastroenterology and Liver Service and should also apply to community nursing services

Attachment B Projected population of SWSLHD communities 2016 and 2021

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

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

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

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

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

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

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



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