

South Western Sydney Local Health District

Surgical and Procedural Services Plan to 2031

2025 Addendum



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Plan Overview

Aim

The aim of the *Surgical and Procedural Services Plan to 2031* for South Western Sydney Local Health District (SWSLHD) is to identify the future models of care and service directions and priorities required to meet projected demand. The Plan will inform the development and enhancement of surgical and procedural services across SWSLHD.

2025 Midpoint Review

The SWSLHD Surgical and Procedural Services Plan to 2031 was released in April 2020. A Midpoint Review was always anticipated for this Plan given the 2031 timeframe, and potential changes to policy direction and directives, model of care developments, decisions on capital direction and general economic circumstances during this period.

Events over recent years, including the COVID-19 Pandemic and significant capital investment across SWSLHD Facilities emphasised the relevance of a Midpoint Review of the SWSLHD Surgical and Procedural Plan to 2031.

The Midpoint Review was undertaken. The aim was to build upon the existing Plan, to develop a revised SWSLHD Surgical and Procedural Services Plan to 2031, in consideration of the following key change elements within SWSLHD and across NSW, future service directions and priorities:

- Gap analysis of the current Plan actions
- Impact of the COVID-19 Pandemic on surgical and procedural services
- Services planning undertaken as part of SWSLHD Redevelopments, including New Bankstown Hospital and Fairfield Hospital
- Evolving surgical and procedural Models of Care
- Outcomes and progress of recommendations outlined in the SWSLHD Surgical Round Table report (December 2020)
- State-Wide Programs and Directives including changing Models of Service Delivery focused on planned surgery improvement initiatives, including 0-0-0 aim for all planned surgical clinical urgency categories, benchmarks for same date surgery for specified operations, and other initiatives including Building Resilience for Surgical Services in NSW, Value Based Surgery and the Net Zero Surgery Program.

The result of the above work was the development of this SWSLHD Surgical and Procedural Services Plan to 2031 – 2025 Addendum, which incorporates modified and updated actions, priorities and strategies to address the identified gaps and needs across surgical and procedural services within SWSLHD.

Surgical and Procedural Services in SWSLHD

Facility Service Map (Current and 2031 Future)

Clinical Stream	Surgical Specialty	Bankstown-Lidcombe Hospital	Bowral & District Hospital	Camden & Campbelltown Hospitals	Fairfield Hospital	Liverpool Hospital
Surgical Specialties	Major Trauma Service					
	Neurosurgery	Elective Non-cranial surgery only		Non-cranial surgery only		
	Ear Nose and Throat					
	Ophthalmology					
	Planned non joint Orthopaedics					Complex Only
	Planned joint orthopaedics	Move to Fairfield Hospital 2029+				
	Emergency Orthopaedics					
	Hand Surgery	Move planned hand surgery to Fairfield Hospital 2028+				Complex Only
	Reconstructive / Plastics			Melanoma service		
	Plastics - Microsurgery					
	Cardiac Surgery					
Cardiovascular	Thoracic Surgery					
	Structural Heart Program					
	Interventional Cardiology					
	Vascular Surgery			Commenced		
	Renal Transplantation					
	General Surgery					
	Colorectal Surgery					
Gastro & Liver	Liver Surgery	Metastatic disease				
	Pelvic Surgery Unit					
	Upper GI Cancer and complex Surgery					
	→ Whipples	Under Review				Under Review
	→ OG cancer					Complex only
	→ Pancreatectomy					Complex only
	Upper GI Non-complex, non-malignant gastric and hepatobiliary surgery					
	Urology					
	Endoscopy					
	Interventional Endoscopy					
	→ ERCP			Commenced		
	→ EBUS/EUS					
	Bariatric/Metabolic Surgery					

Clinical Stream	Surgical Specialty	Bankstown-Lidcombe Hospital	Bowral & District Hospital	Camden & Campbelltown Hospitals	Fairfield Hospital	Liverpool Hospital
	Endocrine Surgery					
	Head and Neck Surgery (Oncology)					
Cancer Services	Breast Surgery					
	Gynaecology Surgery					
	Dermatology	Day Only			Day Only	
Women's Health	Gynaecology Surgery					
	Obstetric Surgery					
Paediatrics and Neonatology	Planned*					
	Emergency*					
Medical Imaging / Interventional	Interventional Radiology					Complex
	Interventional Neuroradiology					
Oral Health	Complex Dental and Oral Health Surgery			Commenced	Minor Oral Surgery	Commenced
Complex care and Internal Medicine	Bronchoscopy				Simple Bronchoscopy	

Key	Service to be reviewed	Continuing service	New Service by 2031
	*Delivered in accordance with NSW Health Policy and Facility Role Delineation		

Planned new services reflect current planning at Bankstown and Fairfield Hospitals at the time of review.

Summary of Revised Actions

As part of the Midpoint Review process, a gap analysis was conducted to assess the progress of actions in the SWSLHD Surgical and Procedural Services Plan to 2031 (2020). The analysis aimed to identify areas where implementation was either incomplete or not fully realised, in comparison to initial targets set within the plan.


The below key will be used to indicate the status of new or modified action items. Any actions that were successfully completed prior to the Midpoint Review or superseded by new actions have been noted and will not be revisited in this Addendum (see Appendix 1 for detail). This Addendum will focus on actions that are still in progress, highlighting areas that require attention and further development.

Key:  New Action  Modified

Value Based Healthcare – Value Based Surgery

The NSW Ministry of Health has developed several programs targeting provision of services that provide high value to consumers and providers. Value-based healthcare involves matching and maximising the benefits of health resources to evidence-based outcomes, best practice and personalised patient outcomes, aligned with the patient's preferences.

The [NSW Health Value Based Surgery Clinical Practice Guide](#) identifies that getting the most value from surgery involves patients having the right procedures, for the right time reasons at the right time. The Guide identifies procedures that, in certain patient cohorts or clinical presentations, offer little to no benefit to the patient.

Ref	Action	Responsible	Timeframe	Key
1	Implement value-based surgery practices across SWSLHD, in accordance with NSW Guidelines	<ul style="list-style-type: none"> Executive Director, Operations and Performance, SWSLHD Relevant Clinical Stream Directors 	December 2025	

- This action has been modified to reflect current Value Based Surgery Clinical Practice Guide and SWSLHD LHD executive re-structure.

Short Stay Surgical and Procedural Service Models

Short Stay includes all surgical and procedural admissions up to 27 hours but particularly focuses on those between 23 hours and 72 hours. Short Stay includes same date discharge and extended day only (up to 28hrs) surgery. Several surgical procedures have strong evidence for the safety and suitability of admission and discharge on the same date. Supplemented by changes in surgical techniques and models of care this has enabled the transition of procedures that traditionally required an overnight stay to same date planned surgery for most patients.

- NSW Health have identified an initial range of high-volume procedures suitable as Same Date. This transition will support efficient use of resources, improve access to care for surgical patients and reduce length of stay.
- NSW Health have identified an initial range of procedures suitable for Extended Day Only surgery. This transition will support efficient use of resources, improve access to care for surgical patients and reduce length of stay.

Ref	Action	Responsible	Timeframe	Key
2	Develop an implementation plan for the consolidation and transition of the following procedures to same date by default, in high-volume lists, unless otherwise clinically indicated: <ul style="list-style-type: none"> • Minor Complexity Inguinal hernia • Planned Cholecystectomy • Tonsillectomy (adults and paediatrics) • Septoplasty • Functional Endoscopic Sinus Surgery (FESS) • Mastectomy • Other procedures identified as appropriate 	<ul style="list-style-type: none"> • Executive Director, Operations and Performance, SWSLHD • Relevant Clinical Stream Directors • Facility General Managers 	December 2025	
3	Develop an implementation plan to support the transition of the procedures identified as suitable for low volume same date surgery for minor complex patients: <ul style="list-style-type: none"> • Abdominal hysterectomy (including laparoscopic assisted) • Thyroidectomy / hemi-thyroidectomy 	<ul style="list-style-type: none"> • Executive Director, Operations and Performance, SWSLHD • Relevant Clinical Stream Directors • Facility General Managers 	December 2025	
4	Conduct a review to support the transition of the procedures identified as suitable for extended day surgery, as per the NSW Health Same day surgery admissions model	<ul style="list-style-type: none"> • Executive Director, Operations and Performance, SWSLHD • Relevant Clinical Stream Directors • Facility General Managers 	December 2025	

Same Date Surgical and Procedural Service Models

Same Date (patient admitted and discharged on the same calendar date, for planned surgery) surgery brings recognised benefits for patients and system-wide efficiencies related to quality patient care and experience, reduced waiting times and building resilient surgical services in the context of ongoing high bed demand.

Ref	Action	Responsible	Timeframe	Key
5	Develop and implement a clinical pathway for planned lower limb joint replacement surgery (hip or knee), with a focus on reducing length of stay	<ul style="list-style-type: none"> • Clinical Stream Director, Surgical Specialties 	December 2025	

- Same Date joint replacement surgery highlighted as an opportunity for alternative care pathways, enabling patients to be discharged within 24 hours of their surgical admission.

Surgical and Procedural Clinical Pathways

Clinical Pathways describe the optimal patient journey for key conditions with the aim of ensuring equity of access for patients. A SWSLHD Surgical Networking Framework will align clinical pathways with role delineation of facilities and cross-credentialing of clinicians, to ensure that surgical and procedural interventions are undertaken at the most appropriate site.

Several Clinical Pathways exist across the District, resulting in clinical variation. Development and implementation of comprehensive Clinical Pathways/Models of Care for key surgical and procedural clinical specialities is an ongoing focus.

Cross-credentialing allows surgical expertise to be utilised across networked surgical departments with consolidation of some procedures, avoiding duplication and inefficiencies from low volume activity.

As SWSLHD embarks on large-scale redevelopments of most of its surgical sites, there is a need to support emergent and developing surgical and procedural services and for robust networking arrangements between facilities. The establishment and expansion of multisite surgical departments and cross-credentialing arrangements will facilitate these outcomes.

Ref	Action	Responsible	Timeframe	Key
6	Develop a SWSLHD Surgical Networking Framework to support the development of networked surgical services.	<ul style="list-style-type: none"> • Executive Director, Operations and Performance, SWSLHD • Relevant Clinical Stream Directors 	December 2025	
	Develop Models of Care/Clinical Pathways for clinical specialties, commencing with Urology, Gynaecology, Ophthalmology and Upper Gastrointestinal Cancer	<ul style="list-style-type: none"> • Facility General Managers and Heads of Department • Relevant Clinical Stream Directors 	December 2031	
7	Expand and streamline method of cross-credentialing and development of multisite departments to support networked services across the District	<ul style="list-style-type: none"> • Executive Director, Medical Services, SWSLHD 	December 2031	

- The above actions supersede the development of speciality specific Models of Care identified in the 2020 SWSLHD Surgical and Procedural Plan.
- Action 6 is in progress; state-wide scope of clinical practice has been developed and will be utilised across SWSLHD for new interim contracts and quinquennial appointments. This action has been amended to update the timeframe.

Equity Access Pathways

Ref	Action	Responsible	Timeframe	Key
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8	Investigate opportunities to establish equity access models of care at an LHD level, including patient equity access (e.g. for Aboriginal people) and surgical pathway access	<ul style="list-style-type: none"> Executive Director, Operations and Performance, SWSLHD 	December 2027	
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- Exploring establishment of equity access models of care, in alignment with the [SWSLHD Fair Health Matters – Equity Framework to 2025](#) and [SWSLHD Aboriginal Health Plan 2023-2027](#) was raised throughout consultation.

Opportunities for Outsourcing

Ref	Action	Responsible	Timeframe	Key
9	Investigate cost neutral opportunities of outsourcing specific procedures to private hospitals	<ul style="list-style-type: none"> Executive Director, Operations and Performance, SWSLHD Executive Director, Finance, SWSLHD 	December 2027	

- Opportunities for the delivery of surgical and procedural care were raised throughout consultation; this includes investigating cost-neutral opportunities of outsourcing specific procedures to private facilities.

Emergency Surgery Models

Investigating opportunities for alternative emergency/unplanned surgery clinical models across the LHD is recommended. Clinical models should consider solutions such as extension of theatre hours, review of theatre rubrics to support separation of emergency and planned surgical lists, provision of lists for emergency presentations who require early but not immediate surgery, provision of emergency surgery at alternate site to presentation and development of acute surgical units within hospitals.

Ref	Action	Responsible	Timeframe	Key
10	Investigate opportunities for alternative emergency/unplanned surgery clinical models across the LHD	<ul style="list-style-type: none"> Executive Director, Operations and Performance, SWSLHD Facility General Managers 	December 2025	

- This action is in progress, requiring further development and consideration of emergency and unplanned clinical models. As a result, the timeframe has been modified.

Low Volume Cancer Surgery Consolidation

It is increasingly common for various surgical oncology interventions to be consolidated at a single site to meet volume thresholds as prescribed by the Cancer Institute NSW. To ensure that patients requiring low volume surgical oncology interventions have equity of access, development and implementation of clear surgical optimisation programs and clinical pathways for key low volume surgical oncology interventions is recommended. The expansion of this approach to other surgical interventions may be considered into the future in line with the evidence.

Ref	Action	Responsible	Timeframe	Key
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11	Continue implementation of surgical optimisation programs and development of clinical pathways for low volume surgical oncology interventions in accordance with Cancer Institute NSW Guidelines and recommendations	<ul style="list-style-type: none"> Clinical Stream Director, Cancer Services Clinical Stream Director, Liver, Urology, Gastrointestinal (LUGI) Services 	December 2025	
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- Action and timeframe have been amended to develop in accordance with Cancer Institute NSW Guidelines.

Endoscopy (including. EUS, ERCP and Interventional Endoscopy)

A focus on increasing participation in the National Bowel Cancer Screening Program (NBCSP) and the introduction of the National Lung Cancer Screening Program will significantly impact demand for screening and diagnostic services.

The NBCSP provides screening tests every two years for eligible Australians aged 50-74, identifying patients with positive Immunochemical Faecal Occult Blood Tests (iFOBT) who will require Direct Access Colonoscopy (DAC). Additionally, the introduction of the National Lung Cancer Screening Program, set to launch in mid-2025, will focus on enhancing prevention and early detection of lung cancer, further driving the need for diagnostic services. The impact of these programs should be used to guide the development of endoscopy services, including diagnostic and interventional models, across the District.

Ref	Action	Responsible	Timeframe	Key
12	Explore the establishment of EBUS/EUS at Campbelltown Hospital	<ul style="list-style-type: none"> Clinical Stream Director, Liver, Urology, Gastrointestinal (LUGI) Services Clinical Stream Director, Internal Medicine 	December 2026	

- To manage anticipated demand, this action has been added to explore the establishment of EBUS/EUS services at Campbelltown Hospital.

Breast Surgery

A District-wide approach to the delivery of Breast Health services, including surgery, will be progressed to support the development of networked surgical services. This will include cross-credentialing across the LHD. A Breast Health service model should consider surgical and medical interventions, radiation oncology treatments and diagnostic services and further development of a multidisciplinary approach, for breast health across the District.

Ref	Action	Responsible	Timeframe	Key
13	Review current service delivery, and develop a service approach for the provision of Breast Surgical Services across SWSLHD	<ul style="list-style-type: none"> Clinical Stream Director, Cancer Services Clinical Stream Director, Liver, Urology, Gastrointestinal (LUGI) Services 	December 2025	

- This action has been amended to remove reference to developing a Breast Health Model of Care, as the development of networked surgical services and models of care will be addressed in the new SWSLHD Surgical Networking Framework action (action 5).

Paediatric Surgery

To support the delivery of emergency paediatric surgery across SWSLHD facilities, the [NSW Health Paediatric Service Capability \(Paediatric Medicine and Surgery for Children\) Guideline](#), will be operationalised to support standardisation of procedures and age cut-offs. Provision of planned paediatric surgery will remain aligned with the [NSW Health Elective Surgery Access Policy](#).

Ref	Action	Responsible	Timeframe	Key
14	Develop an implementation plan for the delivery of emergency paediatric surgery in line with District guidelines in SWSLHD facilities.	<ul style="list-style-type: none"> Clinical Stream Director, Paediatrics and Neonatology 	December 2025	

- Action and timeframe have been modified to support the development of a SWSLHD Emergency Paediatric Surgery guideline, aligned with Ministry of Health policy.

Diagnostic and Therapeutic Imaging

Medical Imaging will continue to play a crucial role in surgical and procedural interventions. The Medical Imaging Clinical Stream will be required to work with Clinical Streams and facilities to develop clear pathways to expand the delivery of Interventional Radiology Services, use of minimally invasive techniques and image guided surgery is considered across a range of specialities and in the development of surgical and procedural infrastructure.

Ref	Action	Responsible	Timeframe	Key
15	Medical Imaging Clinical Stream to work closely with Clinical Streams and Facilities to develop clear pathways to expand delivery of Interventional Radiology Services and use of minimally invasive techniques across a range of Specialities	<ul style="list-style-type: none"> Clinical Stream Director, Medical Imaging Other Clinical Stream Directors as relevant Facility General Managers 	December 2031	

- Interventional Radiology has been prioritised through recent redevelopment projects, with equipment at Campbelltown Hospital and Bankstown Hospital anticipated to support Interventional Radiology capacity into the future.

Appendix 1

The below actions were either completed prior to the Midpoint Review or have been superseded by new actions as determined through the Midpoint Review process.

Completed Actions

Action	Responsible	Timeframe	Key
Develop SWSLHD Model of Care for Short Stay Surgery (23 hour). Campbelltown to be the pilot site for this model before evaluation and extension to other sites	<ul style="list-style-type: none"> Program Director, Surgery SWSLHD Clinical Stream Director, Surgical Specialties 	December 2021	

Action	Responsible	Timeframe	Key
Develop SWSLHD Model of Care for Day only surgery as part of future planning for Bankstown Health Neighbourhood	<ul style="list-style-type: none"> Planning Unit Manager General Manager, Bankstown Hospital 	December 2020	

Action	Responsible	Timeframe	Key
Develop a Complex Dental and Oral Health Surgery Model of Care for SWSLHD	<ul style="list-style-type: none"> Clinical Stream Director, Surgical Specialties Director, Oral Health Services 	June 2021	

Action	Responsible	Timeframe	Key
Develop SWSLHD Model of Care for Renal Transplantation to support the development of services in SWSLHD	<ul style="list-style-type: none"> Clinical Stream Director, Cardiovascular 	June 2021	

Action	Responsible	Timeframe	Key
Develop a comprehensive Complex Head and Neck Oncology Surgery Model of Care	<ul style="list-style-type: none"> Clinical Stream Director, Liver, Urology, Gastrointestinal (LUGI) Services Clinical Stream Director, Cancer Services 	June 2020	

Superseded Actions

Action	Responsible	Timeframe	Key
Review opportunities for appropriate procedures to be transitioned from existing models of care to Day Only pathways	<ul style="list-style-type: none"> Executive Director, Operations and Performance, SWSLHD Facility General Managers 	December 2021	

Action	Responsible	Timeframe	Key
Establish agreed Care Pathways aligned with the role delineation of facilities. Including for: <ul style="list-style-type: none"> Orthogeriatrics Hand Surgery Acute abdominal activity 	<ul style="list-style-type: none"> Executive Director, Operations and Performance, SWSLHD 	December 2021	

Action	Responsible	Timeframe	Key
Develop a Geriatric Planned Surgery Model of Care to provide shared surgical and geriatric expertise and improve patient outcomes Implement and evaluate the model at Bankstown-Lidcombe Hospital before extension to other sites	<ul style="list-style-type: none"> Clinical Stream Director, Surgical Specialities Clinical Stream Director, Aged Care and Rehabilitation 	December 2021	

Action	Responsible	Timeframe	Key
Develop a standardised Vascular Access Model of Care for the District	<ul style="list-style-type: none"> Clinical Stream Director, Critical Care 	December 2020	

Action	Responsible	Timeframe	Key
Develop a Model of Care for Reconstructive and Plastic Surgery in SWSLHD	<ul style="list-style-type: none"> Clinical Stream Director Surgical Specialities 	June 2021	

Action	Responsible	Timeframe	Key
Develop a District-wide networked ENT model. The model should allow for standard complexity General ENT Surgery at Bankstown and Campbelltown Hospitals and higher complexity ENT surgery at Liverpool	<ul style="list-style-type: none"> Clinical Stream Director, Surgical Specialities 	June 2021	

Action	Responsible	Timeframe	Key
Develop the relationship between Campbelltown and Liverpool ENT departments with an initial focus on solutions for emergency cover arrangements, junior staffing models and cross-credentialling	<ul style="list-style-type: none"> Clinical Stream Director, Surgical Specialities 	June 2021	

Action	Responsible	Timeframe	Key
Develop a Model of Care for planned Orthopaedics to support the proposed networked model of service delivery, including cross-credentialling	<ul style="list-style-type: none"> Clinical Stream Director Surgical Specialities 	December 2026	

Action	Responsible	Timeframe	Key
Formalise the existing Upper GI Model of Care promoting: <ul style="list-style-type: none"> Whipples, oesophagectomy and pancreatectomy at Bankstown-Lidcombe Hospital Primary Liver Cancer resections at Liverpool Hospital All other sites to continue to manage other hepatobiliary surgery as per role delineation 	<ul style="list-style-type: none"> Clinical Stream Director, Liver, Urology, Gastrointestinal (LUGI) Services 	June 2020	

Action	Responsible	Timeframe	Key
Develop a model of subspecialisation within Urology across Liverpool, Campbelltown and Bankstown	<ul style="list-style-type: none"> Clinical Stream Director, Liver, Urology, Gastrointestinal (LUGI) Services 	December 2021	

Action	Responsible	Timeframe	Key
Develop an Endoscopy Model of Care considering Screening, Diagnostic and Interventional models across the LHD	<ul style="list-style-type: none"> Clinical Stream Director, Liver, Urology, Gastrointestinal (LUGI) Services 	December 2021	

Action	Responsible	Timeframe	Key
Develop an Endocrine Model of Care to support the development of services in SWSLHD	<ul style="list-style-type: none"> Clinical Stream Director, Liver, Urology, Gastrointestinal (LUGI) Services 	June 2020	