



Health
Mid North Coast
Local Health District

Clinical Service Plan 2018 - 2022

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Message from the MNCLHD Governing Board Chair

The Governing Board is delighted to present the Mid North Coast Local Health District Clinical Service Plan 2018-2022. The Governing Board is confident this document outlines the strategic intent of MNCLHD in the development, delivery and enhancement of its clinical services over the next five years to 2022 in order to continue to provide contemporary, quality and safe health services for Mid North Coast communities.

In developing this Clinical Services Plan, the LHD has identified key clinical service directions to address challenges associated with delivering clinical services that meet the higher expectations that each generation has for its health services, ensuring an appropriately skilled and experienced workforce capable of delivering the quantum of healthcare that will be required, achieving better value care in the delivery of these services and working in collaboration with the wide range of partners who will be vital to ensure the best outcomes for the local community.

In considering what will be required for the MNCLHD the following five key clinical service strategic directions were identified;

- *Working to Improve the Health of the Population of the Mid North Coast.*
- *Achieving Access Performance and Service Quality*
- *Providing Better Value Care*
- *Innovation, Education and Research*
- *Workforce Development*

We look forward to preparing the District to deliver quality and safe clinical services to address future health service needs of the District's diverse population. We will continue to implement integrated care, home-based treatment services, community services, innovation and research while continuing to maximise the efficiency of hospital based services through greater networked services and development of District supra regional services.

The MNCLHD Clinical Services Plans forms a basis on which local facility clinical service plans can be developed.



Warren Grimshaw AM
Chair
MNCLHD Governing Board
April 2018

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1. Executive Summary

The Mid North Coast Local Health District (MNCLHD) **Clinical Service Plan 2018 – 2022** replaces the MNCLHD Clinical Services Plan 2013 – 2017. It outlines the strategic intent of MNCLHD in the development of its clinical services over the next five years to 2022.

Over the next ten years to 2026, the total population of the Mid North Coast is projected to increase by 8%, with the population aged 65 years and over, who are the greatest users of health services, is projected to increase by 31%. The population of the Mid North Coast has twice the proportion of Aboriginal people as NSW and is also characterised by residents having significantly poorer health outcomes than the general NSW population in relation to chronic disease conditions and higher levels of health risk factors and lifestyle behaviours contributing to poorer health outcomes.

Using the latest projections of hospital inpatient activity. It has been identified that total acute inpatient separations to be provided by MNCLHD services in 2021/22 will be 10% higher than in 2014/15, and 20% higher in 2026/27. The total inpatient bed-days required are projected to increase by 12.4% and 19.3%, respectively, over this period.

Meeting the needs of this growing and ageing population with the right health services delivered at the right place and in the right time and doing this in new and smarter ways represents one of the key challenges for the MNCLHD over the next five years. In developing this Clinical Services Plan, the LHD has identified other key challenges that need to be addressed, and these include; meeting the higher expectations that each generation has for its health services, ensuring an appropriately skilled and experienced workforce capable of delivering the quantum of healthcare that will be required, achieving better value care in the delivery of these services and working in collaboration with the wide range of partners who will be vital to ensure the best outcomes for the local community.

In considering what will be required for the MNCLHD to respond to these challenges over the next five years, the CSP identifies five key clinical service strategic directions, and for each of these a set of sub-priority areas with strategies and actions identified.

The first key service direction is ***Working to Improve the Health of the Population of the Mid North Coast***. This recognises the importance of keeping people healthy in the community and avoiding hospital admission wherever possible through earlier intervention and improved management of chronic health conditions. The key sub-priorities within this service direction include:

- Aboriginal people
- Older People
- Maternal health, Children and Young People
- People with Chronic Health Conditions
- People with Mental Health and/or Drug and Alcohol Conditions
- People with Disabilities, and
- Ongoing Assessment of Health Needs and Priority Areas

The second key service direction is ***Achieving Access Performance and Service Quality***. Given the projected increase in demand for emergency and acute hospital services, the LHD will require both increased service capacity and optimal use of this capacity in order to achieve timely access to care for the local population. In providing this care, the ongoing pursuit of high quality and clinically safe services is always a priority. The key sub-priorities within this service direction include:

- Achieving National Elective Surgery Access Targets

- Achieving Emergency Treatment Performance Targets
- Developing Additional Service Capacity to Meet Increasing Population Demand
- Clinical Networking
- Developing District-Wide Supra Regional Services
- Ensuring Clinical Quality and Patient Safety
- Providing Patient-Centred Services

Providing Better Value Care is the third key service direction. As indicated, the population of the Mid North Coast has ever increasing and changing needs and high expectations about the way healthcare services are delivered. New models of care that create better value healthcare, optimising the use of healthcare resources while maintaining the safety and quality of patient care are needed to meet the challenges posed by an increased demand, an ageing population and the increased prevalence of chronic disease. The key sub-priorities within this service direction include:

- Providing Integrated Care
- Improving Care at Home and in the Community for those most at risk of Unplanned Admissions
- Implementing Improved Models of Care
- Improving Efficiency in the Delivery of Health Services
- eHealth
- Improving End of Life Care

The fourth key service direction is **Innovation, Education and Research**. MNCLHD aims to be a leader in the delivery of quality and evidence-based healthcare in a rural setting. It aims to foster a research culture and a learning environment for its workforce, evaluating outcomes against best practice and collaborating with academic partners to achieve this. The key sub-priorities within this service direction include:

- Promote innovation
- Develop Research Capacity
- Develop Education Strategy

The fifth key service direction is **Workforce Development** in recognition of the fact that none of the previous four key service directions are achievable without a sustainable workforce. The development of a sustainable workforce with the requisite knowledge and skill sets to deliver the type and level of health services required in future years is closely aligned with the fourth key service direction. Working towards the goal of becoming a leader in the delivery of quality and evidence-based healthcare in a rural setting will give the LHD a competitive advantage in attracting and retaining high quality clinical staff. The key sub-priorities within this service direction include:

- Workforce Recruitment and Retention
- Leadership

In Section 4, the main body of the CSP, a rationale is provided for each of these sub-priorities together with an outline of the strategies and actions that the LHD aims to implement over the next five years to achieve progress in each of these areas.

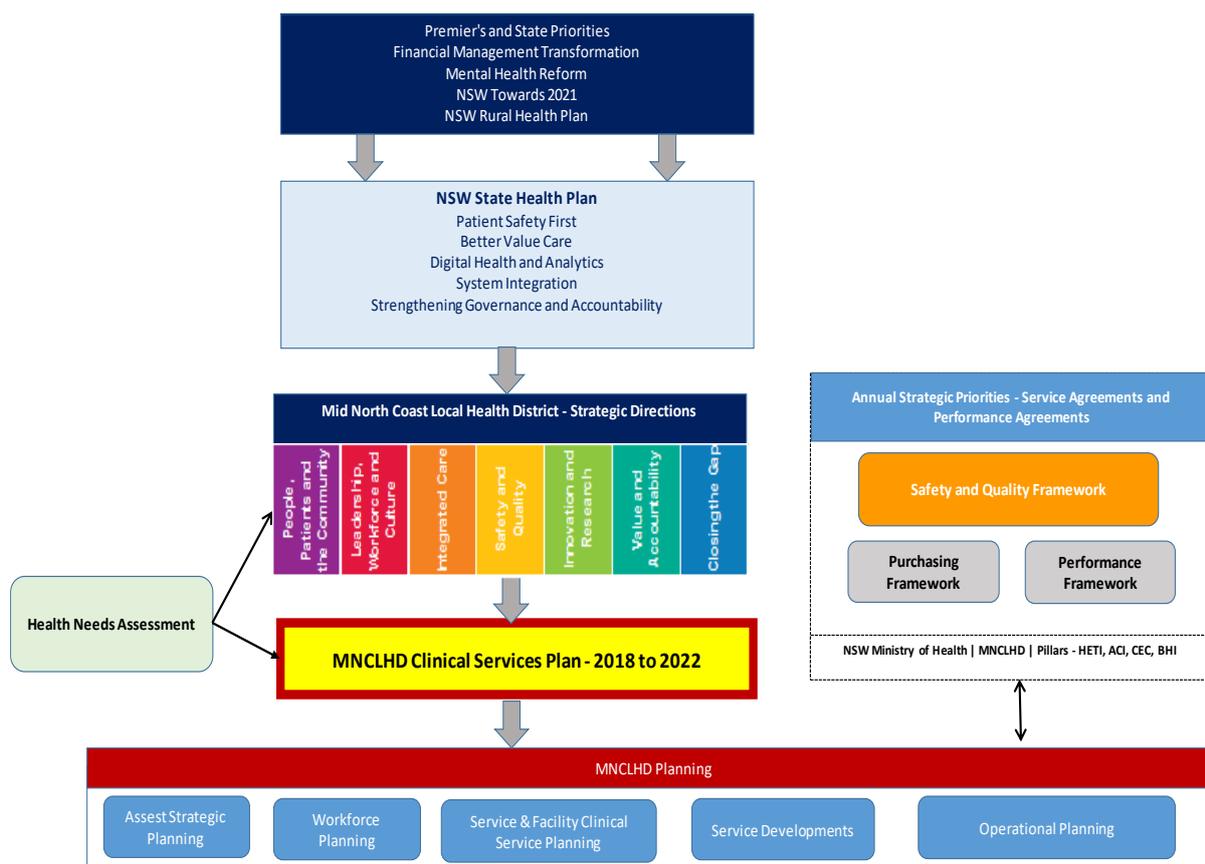
2. Introduction

The MNCLHD Clinical Services Plan 2017-2022 outlines the strategic intent of MNCLHD in the development of its clinical services over the next five years, to 2022. The CSP provides a high-level overview of the strategic direction for MNCLHD facilities to meet the growing population demand for emergency, acute and sub-acute inpatient, ambulatory care and community-based services that is projected over this period.

The LHD CSP is a key foundation document that guides the delivery of services and resource investment decisions based on local priorities in alignment with Ministry of Health state-wide plans and policy directions. All MNCLHD plans are aligned to the NSW State Health Plan – Towards 2021.

The CSP aligns with the MNCLHD Strategic Directions Plan 2016-2021, and in particular, the seven strategic priorities to deliver against the vision of Quality and Excellence in Regional Healthcare. Over the next five years the CSP will inform the development of individual facility CSPs, Clinical Network and other strategic and service plans within the District such as the Asset Strategic Plan and Medical Workforce Plan as illustrated in Figure 1.1 below.

Figure 1.1 Clinical Service Planning Framework



The CSP indicates the priorities for MNCLHD in clinical service development and provides a guide to the strategies and actions that will be required to be implemented to achieve the strategic vision of the LHD.

3. Key Challenges

Demography

Responding to the projected changes in the demography of the Mid North Coast population represents the greatest challenge for the LHD over the next five years and beyond.

The population of MNC is growing and ageing rapidly. It includes a significantly high population of people with chronic conditions, socio-economic disadvantage and Aboriginal people.

Between 2016 and 2026, the total population of the Mid North Coast is projected to increase by 8%, and the population aged over 65 years, who are the greatest users of health services, is projected to increase by 31%.

Within the Mid North Coast population there are significant groups of disadvantaged people including Aboriginal people, refugees from areas of conflict, people on low incomes and people living in small isolated communities.

In 2016, Aboriginal people comprised 6.2% of the total population of MNCLHD, two times higher than the NSW average of 3%. In the Kempsey and Nambucca LGAs, the Aboriginal population comprises 10% of the total population. These LGAs are also among the most disadvantaged within NSW in terms of socio-economic disadvantage.

The *Mid North Coast LHD Health Needs Profile 2016* has indicated very clearly that local residents have significantly poorer health outcomes than the general NSW population in relation to chronic disease conditions such as diabetes, asthma and other respiratory disease, coronary heart disease, and higher levels of health risk factors and lifestyle behaviours including smoking rates, poor diet, low levels of physical activity and overweight and obesity.

Resources

The cost of delivering acute health services continues to grow at a significantly higher rate than constrained health budgets. With the projected increase in health services that will be required to meet the projected demographic changes, there will be a need to achieve more from available resources. There is a need to provide better value health care.

Achieving better value health care will require services to be planned on a District or Clinical Network-wide basis that ensures effective and consistent models of care that make best use of available workforce and health infrastructure, minimises unnecessary duplication and eliminates outdated and less effective models of care.

Meeting the needs of the growing and ageing population will also require ongoing investment in new and expanded infrastructure with capacity to provide greater inpatient and ambulatory care services. The continuing development of health technology offers new opportunities, but also puts cost pressures on health services to meet the expense of new equipment and infrastructure. Infrastructure

requirements will also include community health and “HealthOne” centres and research facilities.

Meeting Higher Expectations of the Community

The community of the Mid North Coast expect public health services that meet their high expectations and that are of equal quality and safety to those provided in Sydney. They expect these services to be evidence based and informed by local research. They expect care to be connected across the different locations that they access services within the LHD via unique patient identifiers and ehealth records. They expect services to be patient centred and organised to meet their needs the same as they experience in the private sector e.g. use of online and SMS access to bookings. They will expect some services to be available locally, either in local clinics or in the home. Access to specialist services face to face or via telehealth.

Increasingly, there is an expectation that some tertiary services will be provided locally if the local demand is sufficient to support and specialised clinicians can be attracted.

Workforce

The MNCLHD aims to achieve a sustainable workforce capable of delivering the quantum and quality of healthcare services that will be required to meet future needs through making the most of the opportunities provided by its collaboration with key education and research partners.

The LHD aims to provide a lead in ensuring a respectful workplace culture where all staff are listened to, regardless of their position.

The health workforce across Australia is ageing. In 2017, many of the senior medical and nursing workforce are aged over 55 years, and many are expected to retire over the next five years. In order to deliver the higher quantum of health services and to provide new and emerging models of service delivery, there will need to be both a growth in the MNCLHD workforce and also the recruitment of clinical staff with new kinds of skillsets.

Achieving this will require workforce planning to identify the number and type of workforce to align with projected service demand, development of innovative approaches to workforce redesign, ongoing education and training and mentoring and coaching of new recruits, as well as ongoing monitoring and review of workforce requirements.

Working in Partnership

The health and social services system in Australia is complex with a myriad of service providers and funding sources. It is not possible for the LHD to achieve best health outcomes for the population of the Mid North Coast working in isolation. A key challenge for the MNCLHD in achieving the best health outcomes for the community is to work effectively with key partners.

Achieving the desired improvement in health outcomes and reduction in population risk factors requires the LHD to work effectively with the primary health sector including the North Coast Primary Health Network (PHN) in strategies designed to promote prevention, earlier

intervention and ongoing chronic disease management. Improving Aboriginal health outcomes for the local community requires an effective partnership with the Aboriginal Community Controlled Health Organisations.

Developing more integrated health services and a network of health and related support services that achieves best health outcomes for Mid North Coast residents across the age spectrum from antenatal to aged care and palliative care requires the LHD to work closely with arrange of funders, service providers and NGOs.

The national investment in new mental health service models means that delivering effective mental health services requires MNCLHD Mental Health Services to work closely and develop good partnerships with NGOs and Commonwealth funded services to ensure effective access and continuity of care.

The rollout of the National Disability Insurance Scheme will require the LHD to work closely with Aging Disability and Home care and a range of new providers to ensure a smooth transition for people with disabilities living on the Mid North Coast.

The development of a skilled workforce with a strong research and learning culture requires close partnership with universities and major research centres.

In the implementation of the Healthy Communities Mid North Coast, under the Direction of the Healthy Communities Advisory Committee (HCAC), the LHD will work in partnership with Communities to develop preventive health initiatives.

4. Service Directions and Key Strategies

Priority One: Working to Improve the Health of the Population of the Mid North Coast

Service Direction:

The Mid North Coast has a population with significant health needs due to the above average age of the population and prevalence of chronic diseases. The Mid North Coast will work with its key partners to improve health outcomes for the community with particular focus on high need populations.

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Aboriginal People</p> <p>The Mid North Coast has a significant population of Aboriginal people. At the 2016 Census there were 13,607 Aboriginal people in the MNC, representing 6.2% of the total population.</p> <p>Aboriginal people in NSW experience significantly poorer health outcomes compared to the non-Aboriginal population. For both males and females, the life expectancy for Aboriginal people is estimated to be almost 17 years less than for the general population</p>	<ul style="list-style-type: none">• Continue to take action in order to achieve progress in Closing The Gap in health outcomes for Aboriginal people compared to the broader population• Continue to develop the MNC Aboriginal Health Accord and Partnership Agreements between the LHD, Aboriginal Community Controlled Health Organisations and PHN and partnerships such as the Macleay Valley Partnership Agreement• Support Aboriginal Community Action via:<ul style="list-style-type: none">○ Health literacy programs○ Health promotion initiatives (eg “Dash with a Splash”, “Koori Moves”, “Koori Cook-off”, Aboriginal Go4Fun and Stepping On programs)• Establish formal Aboriginal Chronic Disease Network including a transfer of care pathway for Aboriginal patients• Develop HealthOne service at Bowraville with collocated services• Establish cultural and wellbeing spaces at all MNCLHD hospitals• Evaluate the Aboriginal Health Partnership Plan 2014-18 and develop new Aboriginal Health Plan.• Develop Aboriginal Cultural Safety and Security Framework• Map existing Aboriginal Community Engagement processes in place and identify best models for targeted engagement

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Older People</p> <p>The Mid North Coast has the highest proportion of older people of all the LHDs in NSW. In 2011, there were 43,800 people over the age of 65, representing 21% of the total population. By 2026, the population of older people is projected to increase by 53% to 66,900. At this time, older people will comprise over 28% of the total Mid North Coast population.</p> <p>While older people are generally healthier than previous generations, older people have a greater propensity to experience significant chronic and complex conditions as well as co-morbidities. In 2011, the over 70 age group, which comprised 14% of the total population, accounted for 37% of total separations in MNCLHD hospitals.</p> <p>The range of services available to older people is very complex with many providers and service options. There is a need to assist older people in navigating this complex service environment to effectively access the services they need. Older people want to have a greater say and information to make informed decisions about their healthcare options and choices</p>	<ul style="list-style-type: none"> • Implement the NSW Integrated Care for Older People with Chronic Conditions Chronic Disease Management Program (CDMP) • Review how information is shared at transition points during a patient care episode and identify appropriate information and timely processes to ensure safe and successful transfer of care between MNCLHD and other service providers • Enhance specialist psychogeriatric services to better meet the needs of older people within MNCLHD • Implement further Health Promotion programs targeted at older people • Implement the District Falls Injury Prevention Plan 2014-2018 • Develop specific aged care models for Dorrigo MPS • Develop a GEM Unit and Psychogeriatric beds at Coffs Harbour Health Campus • Implement an Action Plan to promote the uptake of Advanced Care Plans
<p>Maternal Health, Children and Young People</p> <p>In 2011 there was an estimated population of 51,876 children aged 0-19 years living in Mid North Coast LHD. An increase in the paediatric population of around 10% is projected by 2031. In 2015 around 12% of the local paediatric population were Aboriginal.</p> <p>Many lifelong diseases have their antecedents in the early years. The 2016 MNC Health Needs Profile</p>	<ul style="list-style-type: none"> • Improve linkages with tertiary children’s hospitals for children with complex and chronic health needs • Further develop skills and capacity for local Special Care Nurseries to provide higher level care • Establish residential child and family service and outreach services to support vulnerable families • Improve access to mental health services for children and young people

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>indicates that there is increasing levels of overweight and/or obese children and young people. The Mid North Coast has higher than average rates of low birth weight births.</p> <p>All NSW LHDs are required to develop key initiatives outlined in the Premier’s Priority Delivery Plan to reduce child overweight and obesity by 5% by 2025.</p>	<ul style="list-style-type: none"> • Review antenatal parenting programs to ensure they best meet client needs • Develop preschool screening program targeting obesity, malnutrition and audiometry needs • Ensure routine screening for psychosocial vulnerabilities and refer families to Safe Start and Triple P • Strategy to reduce the number of children in Out of Home Care • Develop integrated care pathway for Aboriginal Maternal Health, Children and Young People • Ensure specialised child and family assessments are accessible to vulnerable families • Deliver evidence-based healthy eating active living programs in early childhood services, primary schools and children’s settings (e.g. Munch&Move, Live Life Well @ School) • Deliver and support the Go4Fun treatment program for children who are above a healthy weight and their families
<p>People with Chronic Health Conditions</p> <p>The 2016 MNC Health Needs Profile indicated that the Mid North Coast has above average prevalence of people with chronic health conditions. These include:</p> <ul style="list-style-type: none"> • Rates of diabetes or high blood glucose 23% higher than the NSW average • Coronary heart disease hospitalisations 21% higher than the NSW average rate • Asthma hospitalisations 15% higher than the NSW average rate • COPD hospitalisations 12% higher than the NSW average rate • High rates of renal disease, one of the fastest growing diseases affecting the Australian population. In the MNC, the local prevalence is driven by the ageing population and high rates of diabetes 	<ul style="list-style-type: none"> • Work with the PHN to improve primary care and ongoing care for people with chronic conditions • Implement the NSW Health Strategic Framework for Integrating Care • Provide a greater proportion of care for people with chronic conditions in non-inpatient settings including ambulatory clinics and out of hospital community based care • Improve ambulatory care services for people with chronic conditions including the development of chronic disease management clinics on acute hospital campuses, and home based care. • Improve access to public outpatient clinics for medical services • Implement new models of care under the MoH Leading Better Value Care Program • Provide range of modalities to support patients with end stage renal disease including home and out of hospital dialysis • Develop strategies to assist in management of acute and chronic pain

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>People with Mental Health and/or Drug and Alcohol Conditions</p> <p>Mental illness is one the highest contributors to the overall burden of disease in the Australian population. One in five Australians continue to experience a mental illness in a given year. While significant improvements have been achieved in recent years, many people with a mental illness still don’t get the support they need.</p> <p>The future model of care for mental health services in MNCLHD will take a more holistic view of the mental health consumer. This will mean working more closely with service partners and will include:</p> <ul style="list-style-type: none"> • Strengthening prevention and early intervention by enhanced service integration and collaboration • Developing a more responsive system to improve access and better meet consumer needs, including for people with complex needs • Working to deliver person-centred care by working with partners to address both health and non-health issues and a greater focus on improving the physical health of mental health consumers. 	<ul style="list-style-type: none"> • Complete implementation of MNCLHD Mental Health Service models of care including Rapid Response and Integrated Treatment services • Develop greater local inpatient capacity for children and young people and older persons • Work with the IMHfact group and other stakeholders and community providers to design and implement an integrated model of care for mental health services on the Mid North Coast • Develop enhanced detoxification services (community based and inpatient) • Investigate options for providing greater Drug and Alcohol in-reach services to EDs • Investigate the scope of introducing a model for extended hours service for Mental Health and Drug and Alcohol in Emergency Departments to assist Emergency Department Staff with the specialist skills in determining clinical pathways for patients requiring Mental Health and Drug and Alcohol interventions.
<p>People with Disabilities</p> <p>The National Disability Insurance Scheme is changing the way in which services are provided in Australia for people with disabilities. There is a significant population of people with disabilities on the Mid North Coast.</p>	<ul style="list-style-type: none"> • Commence roll out of NDIS within MNCLHD from 1 July 2017 • Work with key partners to ensure smooth transition for people with disabilities living on the mid north coast • Develop training resources to build confidence in our staff when caring for people with disabilities • Continue to provide combined treatment options with NGOs • Implementation of the NSW Health Disability Inclusion Action Plan to meet NSW Health obligations under the disability inclusion Act 2014

Rationale: “Why is this important?”	Strategies: “What we will do”
	<ul style="list-style-type: none"> • Implement MNCLHD NDIS Transition Action Plan and communicate the importance of disability inclusion across the LHD • Progress development of an LHD Disability Action Plan
<p data-bbox="188 316 853 344">Assessment of Health Needs and Priority Areas</p> <p data-bbox="188 383 920 580">The MNCLHD Health Needs Profile (2016) identified that the Mid North Coast has a population with an above average level of hospitalisation for common health conditions and a high prevalence of chronic health diseases including diabetes, COPD, coronary heart disease and mental illnesses.</p> <p data-bbox="188 619 920 772">In taking steps to improve the health of its population, it is important that the LHD continues to monitor key health indicators to measure progress and to identify any emerging areas of concern and areas of unmet health needs.</p>	<ul style="list-style-type: none"> • Continue to work in partnership with the North Coast Primary Health Network in Joint Needs Assessment and development of service plans and strategies to address areas of high and/or unmet needs • Update the MNCLHD Health Needs Profile in 2020 with review of progress since 2016

Priority Two: Achieving Access Performance and Service Quality

Service Direction:

In providing safe and high-quality health services, the Mid North Coast Local Health district aims to achieve timely access to acute and emergency services and will increase its local capacity as required to meet the ever-increasing needs of its growing and ageing population.

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Achieving National Elective Surgery Access Targets</p> <p>The National Elective Surgery Targets (NEST) are a component of the National Partnership Agreement and aim to ensure that elective surgical patients are treated within their recommended clinical priority time frame.</p> <p>MNCLHD is committed to delivering timely, elective surgical services that ensure access, equity and good outcomes for local residents.</p>	<ul style="list-style-type: none"> • Strategies for improving patient flow • Strategies for networking elective surgery across the LHD • Identify opportunities for smaller hospitals within Coffs Clinical Network to increase elective surgical throughput • Identify opportunities for increasing throughput for surgical services at PMBH
<p>Achieving Emergency Treatment Performance Targets</p> <p>The Emergency Treatment Performance (ETP) target was formerly known as the National Emergency Access Target (NEAT). It is no longer a Commonwealth target, however MNCLHD is still committed to improving access to care and building on the significant improvements already seen using the four-hour target as a driver for change.</p>	<ul style="list-style-type: none"> • Strategies for improving flow for emergency and acute patients within Hastings Macleay and Coffs clinical networks • Local Health District Whole of Health strategies • Review patient flows and develop strategies to direct patients to most appropriate service

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Improving Care at Home and in the Community for those most at risk of Unplanned Admissions</p> <p>The Mid North Coast has a significantly high rate of potentially preventable hospitalisations - 22% above the NSW average in 2012/13.</p> <p>The aim is to relieve pressure on the use of high cost healthcare resources such as hospitals by making it easy and equitable to treat particular chronic conditions at least as effectively and more cheaply in a primary healthcare setting.</p> <p>Achieving this aim is facilitated by improving the efficiency of Non-Emergency Health Related Transport Programs</p>	<ul style="list-style-type: none"> • Improve care coordination and support for frail older people • Undertake joint seasonal planning with PHN and other key partners (e.g. Ambulance NSW) • Work with PHN in implementing the Leading Better Value Care models of care • Work with other community service agencies in delivering whole of health strategies • Ensure transport disadvantaged members in the community are linked with an appropriate Transport assistance to attend medical appointments to enable early treatment and prevent progression of illness, and collaborate with agencies in this process • Process IPTAAS claims within the Statewide KPI of 30 days
<p>Developing Additional Service Capacity to meet Increasing Population Demand</p> <p>Between 2011 and 2026, the population of the Mid North Coast is projected to increase by 13.5% with an additional 28,000 people. The population aged over 65 years, who are the primary user of acute hospital services, is projected to increase by 53% over this period.</p> <p>In order to meet national elective surgery and emergency access targets in delivering timely care, the MNCLHD will require additional service capacity in emergency, acute and sub-acute hospital services and in ambulatory care and community-based services.</p>	<ul style="list-style-type: none"> • Plan and invest in capital development priorities as outlined in the MNCLHD Asset Strategic Plan, these priorities will include: <ul style="list-style-type: none"> ○ Redevelopment of Coffs Harbour Health Campus ○ Macksville Hospital ○ Wauchope Hospital ○ Bellingen Hospital ○ Dorrigo MPS ○ Development of increased research capacity ○ Community Based Facilities – HealthOne Service • Redesign services to achieve optimal use of available resources and bed capacity in both Clinical Networks

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Clinical Networking</p> <p>The MNCLHD has developed Clinical Networks as a means to ensure that the same standard of high-quality health care is provided across all facilities within the District. The development of clear roles for each facility within the network and the provision of support for the smaller facilities by the Rural Referral Hospitals at PMBH and CHHC ensures that unnecessary duplication is avoided and that patients are able to access the best possible care as close to home as possible.</p>	<ul style="list-style-type: none"> • Implement Coffs Clinical Network Five Year Strategic Plan 2017-2022 • Develop Hastings Macleay Clinical Network Plan • Unlock underutilised service capacity in smaller district hospitals • Review medical governance of services on a network-wide basis to ensure sustainability of service models (e.g. HITH, sub-acute care) across the Network • Review models of care (with particular focus on community health services) to ensure consistency of service models across the LHD in line with Leading Better Value Care priorities and aged care reforms • Develop District-wide standardized best practice models of care for high risk, high volume conditions.
<p>Development of District-Wide Supra Regional Services</p> <p>The Mid North Coast LHD has made great progress in the development of tertiary health services for its population. It now has two Rural Referral Hospitals providing a range of tertiary specialty services at Level 5 Role Delineation.</p> <p>Further enhancement of tertiary services will enhance local access to specialty services and reduce the requirement for patients to travel to Sydney and Newcastle for complex care. Some specialised services, will however, have relatively low patient volume for the Mid North Coast population and to establish these services locally will require a Supra Regional or whole of LHD approach to ensure sustainability in terms of clinical quality, efficiency and effectiveness.</p>	<ul style="list-style-type: none"> • Continue to develop District-wide clinical service streams as has been achieved in Cancer and Mental Health services • Consider the development of other specialised services on a District-wide basis e.g. Palliative Care, Rehabilitation, ENT, vascular surgery • Review requirements and modalities for delivering key clinical support services across the LHD including Imaging and Pathology services

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Ensuring Patient Safety and Clinical Quality</p> <p>Ensuring the safety of staff, patients and the community is at the core of everything we do. The MNCLHD uses data, research and evidence to inform the delivery of quality care.</p> <p>The provision of effective governance mechanisms for safety and quality is an essential component. The need to provide safe, high quality and high value care for patients is recognized and is now part of the NSW System Purchasing and Performance Safety & Quality Framework and a core component of the NSW Leading Better Value Care program.</p>	<ul style="list-style-type: none"> • Local strategies to support whole of health high value care for patients and better value purchasing • Implement strategies designed to improve performance in <ul style="list-style-type: none"> ○ Reducing falls ○ Reducing hospital acquired complications ○ Unwarranted clinical variations (e.g. COPD, Heart failure) • Ensure effective governance mechanisms for safety and quality • Monitoring and reporting on NSW Health Safety and Quality KPIs • Maintain accreditation against national standards • Optimise use of ehealth including eMeds to deliver safe care
<p>Provide Patient-Centred Services</p> <p>The MNCLHD aims to be a leader in the provision of patient-centred health services. The District will engage with the community and listen to what is important to consumers and their carers in accessing healthcare.</p>	<ul style="list-style-type: none"> • Develop more patient-centred admission and clinic booking and attendance processes that make use of online and SMS means to facilitate ease of communications • Deliver care closer to, or at home, through innovative use of technology including telehealth • Redesign how the LHD works with key partners (e.g. GPs) including sharing of information to facilitate the provision of patient centred care • Provide consumers and their carers with the opportunity to give direct, timely feedback about their health-related outcomes and experiences to drive improvement of healthcare in MNCLHD • Implement an Action plan with Accountability Framework to achieve the NSW Health Recognition and Support for Carers Key Directions 2018-2022

Priority Three: Providing Better Value Care

Service Direction:

The Mid North Coast LHD is continually adapting its services to suit the changing needs and expectations of the community, patients and carers. New models of care such as those identified in Leading Better Value Care create better outcomes, optimising the use of healthcare resources while maintaining the safety and quality of patient care are needed to meet the challenges posed by an increased demand, an ageing population and the increased prevalence of chronic disease.

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Providing Integrated Care</p> <p>The NSW health system is moving to a more patient-centred integrated health system, with connected service provision across different healthcare providers. The aim is to develop new, innovative models of integrated care, which will transform the health system to routinely deliver person-centred, seamless, efficient and effective care, particularly for people with complex, long term conditions. Implementing these models is the core business of all services across the LHD.</p> <p>Integrated care involves the provision of seamless, effective and efficient care that reflects the whole of a person’s health needs; from prevention through to end of life, across both physical and mental health, and in partnership with the individual, their carers and family.</p> <p>Nationally, it has been identified that there is a need to improve the support and coordination of care for people moving from one healthcare provider to another (eg patient movements between hospital, general practice, community providers and residential aged care facilities)</p>	<ul style="list-style-type: none"> • Implement the MNCLHD Integrating Care Framework • Work with key partners to implement Leading Better Value Care models and appropriate models of care to prevent potentially avoidable admissions • Implement Health Pathways with key partners for targeted conditions • Further development of health literacy • Development of integrated care enablers as indicated in MoH NSW Health Strategic Framework for Integrating Care • Assist the North Coast PHN in measures to improve access to general practice across the Mid North Coast including increasing the number of GPs in areas of need, growing after hours and peak holiday period cover in general practice and implementing multidisciplinary teams in the community working across acute services and primary care

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Improving the coordination of care at these transition points will result in improved quality of care and outcomes for patients and their carers as well as more efficient healthcare.</p> <p>It requires greater focus on a person’s needs, better communication and connectivity between health care providers in primary care, community and hospital settings, and better access to community-based services close to home.</p> <p>Improving access to general practice across the Mid North Coast will result in a significant reduction in avoidable hospital admissions. approach to ensure sustainability in terms of clinical quality, efficiency and effectiveness.</p>	
<p>Implementing Improved Models of Care</p> <p>Healthcare is changing, and so are the needs and expectations of communities, patients and carers. In order to ensure that the right resources are available at the right time and in the right place to deliver the right healthcare for the right patient, it is essential to identify initiatives that create better value healthcare.</p> <p>A key component of the Leading Better Value Care program is the development of improved models of care for the treatment and ongoing management of many high volume health conditions based on the latest evidence</p> <p>Value in healthcare is a comprehensive approach that covers the Quadruple Aim of; Improving peoples experience of care (including quality and satisfaction);</p>	<ul style="list-style-type: none"> ● Implement Models of Care under the Leading Better Value Care Program, including <ul style="list-style-type: none"> ○ Management of Osteoarthritis ○ Osteoporotic Refracture Prevention ○ Local musculoskeletal service ○ Management of Diabetes Mellitus ○ Diabetes High Risk Foot Services ○ Management of Chronic Heart Failure ○ Management of Chronic Obstructive Pulmonary Disease ○ Renal Supportive Care (End Stage Kidney Disease – Palliative and End of Life) ○ Adverse events: Falls in Hospitals ● Implement new, innovative evidence-based models of care ● Review and develop best value models for providing accessible pathways for patients with chronic conditions that ensure early intervention and effective ongoing management of these conditions

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Improving the health of our population; Reducing the per capita cost of health care; and Enhancing Clinician Experience.</p> <p>Attention to health literacy and better engagement of patients in service design is a key element of this system redesign.</p>	<ul style="list-style-type: none"> • Refine models of care in response to data on causes of hospital acquired complications
<p>Improve Efficiency in the Delivery of Health Services</p> <p>With limited public health resources and ever-increasing population demand for health services, there is an ongoing need to ensure that healthcare is delivered in the most efficient manner possible.</p> <p>In the implementation of Leading Better Value Care, NSW Health is moving from volume to value with a strong focus on patient outcomes in the purchasing of health services.</p>	<ul style="list-style-type: none"> • Identify and implement delivery models that provide more cost-effective outcomes and services • Review and improve discharge processes at all hospitals • Review hospital performance against Length of Stay and other key benchmarks for peer facilities • Review procurement policies to increase agility and maximise service efficiencies • Implement recommendations from recent MNCLHD Review of Data Governance
<p>eHealth</p> <p>In support of Integrated Care, electronic health initiatives are making possible new and innovative ways of delivering health services and of connecting patients with clinicians and medical advice. The development of eHealth represents a major enabler to facilitate the implementation of integrated care initiatives in MNCLHD.</p> <p>Telehealth is particularly important in the rural setting, enabling consultations with specialists in the major cities as well as enabling improved networking of health</p>	<ul style="list-style-type: none"> • Continue to build eHealth capacity and connectivity • Continue the development of the electronic patient record and single patient identifier across MNCLHD • Continue implementation of digital imaging modalities including medical imaging, PACS, Radiology Information System • Increase clinical use and optimization of the new eHealth infrastructure that has been installed (eg use of e-meds) • Seek opportunities to redesign methods of communicating with patients and their carers that replace paper based systems with use of electronic messaging • Further develop the “digital hospital” and navigation tools to improve health

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>professionals within clinical networks.</p>	<p>literacy</p> <ul style="list-style-type: none"> • Upgrade CHOC system • Develop broad messaging tools eg use of social media for health promotion
<p>Improving End of Life Care</p> <p>Australia-wide there has been a low take up of advanced care plans. With increased communication between families, carers and clinical staff there is great potential to improve outcomes for people at the end of life and their families and to reduce futile treatment or unwanted medical interventions.</p> <p>There is an agreed need to find out better what it is that patients and families most value at the end of life and to strive to deliver care that is consistent with their wishes</p>	<ul style="list-style-type: none"> • Implement Advanced Care Planning at all facilities within MNCLHD • Review how advanced care conversations are conducted at our facilities and identify opportunities for initiating earlier and more effective communications with our patients and primary health partners • Implement Medical model for District Palliative Care service • Continue initiative in the upskilling of general staff in the understanding of end of life care

Priority Four: Innovation, Education and Research

Service Direction:

The MNCLHD supports the development of its clinical care and workforce through learning and development, with a culture that supports staff to be their best. Outcomes are evaluated against best practice and collaboration with academic partners ensures that research is part of this culture.

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Promote Innovation</p> <p>Healthcare practice is always changing, driven by new evidence, new technology and changing community expectations and needs. It is important for health services to review service delivery and continually update models of care to reflect this changing environment. The LHD believes in the ability of its staff to innovate and create solutions.</p> <p>To ensure high quality outcomes for patients it is important to evaluate health outcomes against best practice.</p>	<ul style="list-style-type: none"> • Work with key partners to develop, implement and review new models of care tailored to local needs • Leverage innovative approaches to workforce redesign to ensure safe and effective workplace models
<p>Develop Research Capacity</p> <p>MNCLHD aims to support and engage with its staff to embed a culture of innovation and research. To this end it works with partners in research in projects that align with local community needs.</p> <p>MNCLHD aims to build the activity, presence and culture of research across the District.</p>	<ul style="list-style-type: none"> • Implement MNCLHD Research Plan 2017-2021 • Work with key research partners in collaborative projects • Develop research hubs including dedicated spaces to conduct clinical trials • Work with partners to form research alliances e.g. Rural Research Alliance • Develop research projects in identified priority areas e.g. how to reduce hospital admission rates through enhanced chronic disease management and health literacy, enhancing health ageing etc.

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>MNCLHD undertakes research and uses evidence to inform the delivery of best practice.</p>	
<p>Develop Education Strategy</p> <p>The MNCLHD is committed to developing a culture of learning within the organisation through:</p> <ul style="list-style-type: none"> • Professional development and educational opportunities for staff • Building and maintaining workforce skills and capability to match new models of care • Teaching of junior staff through structured and “bedside” learning • Clinical placements for tertiary students • Vocational education traineeships • Enhanced focus on research within the LHD 	<ul style="list-style-type: none"> • Further develop partnerships with HETI, CEC, and tertiary and VET sectors at the local level, to facilitate better alignment between education outcomes and health workforce needs • Develop new models of learning through multidisciplinary approaches, simulated environments • Increase access to learning and further education for current and future employees • Develop leadership programs (refer to Workforce Development) • Develop new models of learning through multi-disciplinary approaches, simulated environments and increase access to learning and further education for current and future employees (Refer MNCLHD Workforce Plan 2016-20)

Priority Five: Workforce Development

Service Direction:

The MNCLHD will achieve a sustainable workforce capable of delivering the quantum and quality of healthcare services required to meet future needs through making the most of the opportunities provided by its collaboration with key education and research partners.

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>Further Develop a Respectful Workplace Culture</p> <p>The MNCLHD aims to provide a positive and respectful workplace culture where all staff are listened to regardless of their position, and are able to contribute to the ongoing improvement of services.</p> <p>Managers play a key role in setting the culture of the workplace and the team through the behaviours they model, and those they expect of their employee. Positive workplaces are built by consistently respectful behaviour and clear expectations of employees.</p>	<ul style="list-style-type: none"> • Continue to undertake regular People Matters surveys and develop strategies to take action in response to the key findings
<p>Workforce Recruitment and Retention</p> <p>Developing a sustainable workforce is the foundation of enabling the capacity to deliver the health services required by a growing and ageing population on the Mid North Coast.</p> <p>Achieving this will require workforce planning to identify the number and type of workforce to align with projected service demand, changing technology and models of care. It will require the development of</p>	<ul style="list-style-type: none"> • Utilise Workforce Planning Toolkit to better predict workforce supply and demand • Identify key changes and predicted areas of need and develop partnerships with the tertiary and VET sectors to facilitate better alignment between education outcomes and health workforce needs • Develop Workforce Plans for Nursing and Midwifery, Medical and Allied Health Professionals • Develop broader strategies to increase a sustainable supply of Mental Health trained nurses

Rationale: “Why is this important?”	Strategies: “What we will do”
<p>innovative approaches to workforce redesign, ongoing education and training and mentoring and coaching of our staff, as well as ongoing monitoring and review of workforce requirements.</p>	<ul style="list-style-type: none"> • Develop strategies for talent acquisition and retention ensuring we have the right people providing the right services in the right location at the right time • Prepare for workforce refreshment through the capturing of exit plans to enable the development of succession plans in target areas • Implement MNCLHD Aboriginal Workforce Plan 2017-2020 addressing the key strategy to increase our Aboriginal workforce to match population and progress towards 1.8% employment across all salary bands • Implement the MNCLHD Aboriginal Affirmative Action Strategy
<p>Workforce to support Clinical Redesign</p> <p>Support innovative approaches to clinical redesign through strategies for workforce re-design which ensure and safe and effective workforce practice models</p>	<ul style="list-style-type: none"> • Build and maintain workforce skills and capability to match new models of care and services • Ensure graduates and the emerging clinical workforce reflect the future workforce requirements of the community by location, specialty and skills in consultation and forward planning with education partners • Develop maternity nursing workforce to support new continuity of care models
<p>Leadership (refer to Develop Education Strategy Section 4)</p> <p>Learning and continuous development is a cornerstone of the culture of MNCLHD and one of the key strategic directions for the District</p>	<ul style="list-style-type: none"> • Build and maintain workforce skills and capability to match new models of care and services • Develop strategies for learning and development of future leaders • Provide mentoring for new recruits and staff commencing in new roles • Work with external providers to develop staff as coaches trained to deliver coaching programs • Continue to implement the Leadership and Talent Development Strategy 2016-2019 which identifies key strategies to enhance leadership capability and career development for staff at all levels across the District and with consideration of programs from the various pillars

5. Projected and Future Hospital Inpatient Activity

In 2014/15, residents of the Mid North Coast utilised a total of 77,084 acute hospital inpatient separations. Approximately 62% of these separations (47,542 separations) were provided in MNCLHD hospitals. Almost one third (24,058 separations or 31.2%) of the resident separations were provided in private hospitals. Of the total 52,826 **public** hospital separations for MNC residents, 90% (47,542 separations) were provided in MNCLHD hospitals.

Using the HealthAPPanalytics2017 acute inpatient modelling tool, it is projected that the total demand for acute inpatient separations for MNC residents will increase by 19.6% over the twelve years between 2014/15 to 2026/27 (refer Table 5.1 below). Within the Mid North Coast, the greatest projected increase over this period was 22% for the Coffs Harbour LGA, followed by Nambucca with 21% and Port Macquarie-Hastings (20%).

Table 5.1 Projected Demand: MNC Residents Hospital Inpatient Separations 2014/15 to 2026/27

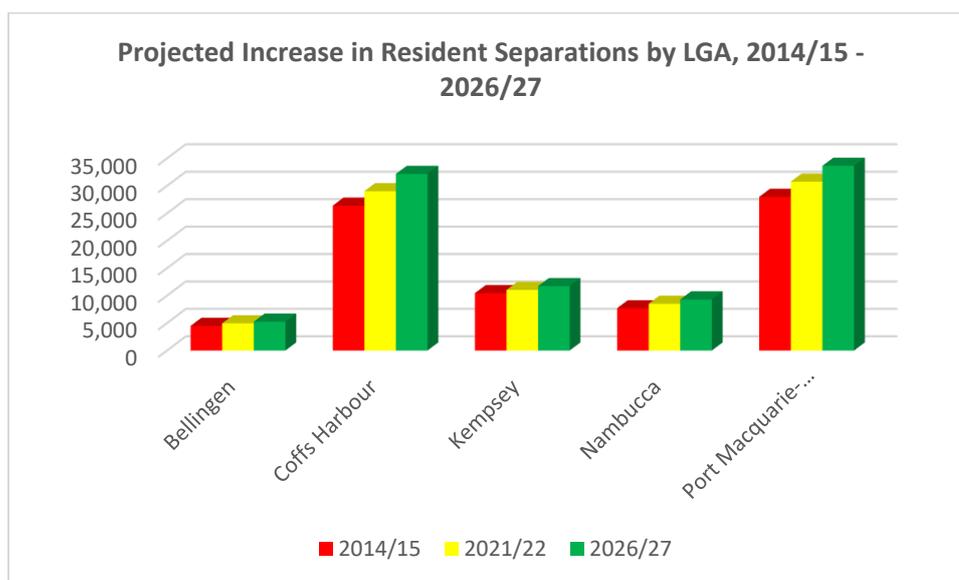
MNC Demand - All Residents LGA	2014/15		2021/22		2026/27		% change 14/15-26/27	
	separations	bed-days	separations	bed-days	separations	bed-days	separations	bed-days
Bellingen	4,501	13,482	4,950	14,194	5,260	14,861	16.9%	10.2%
Coffs Harbour	26,405	71,547	29,033	76,417	32,191	82,867	21.9%	15.8%
Kempsey	10,461	30,836	11,046	33,143	11,747	34,574	12.3%	12.1%
Nambucca	7,705	22,060	8,530	24,858	9,315	26,487	20.9%	20.1%
Port Macquarie-Hastings	28,012	73,916	30,770	83,716	33,663	89,221	20.2%	20.7%
Grand Total	77,084	211,842	84,329	232,328	92,176	248,010	19.6%	17.1%
Total Acute Separations (Excludes Renal Dialysis, Chemotherapy, Unqualified Neonates, ED Only and HITH)								

The projected 20% increase in resident separations to 2026/27 reflects population growth and ageing. Between 2016 and 2026, the total population of the Mid North Coast is projected to increase by 8%, and the population aged over 65 years, who are the greatest users of health services, is projected to increase by 31%.

By accounting for the age adjusted separation rates for the various Service Related Groups, the projections incorporate the growth in utilisation rates for interventions such as joint replacement and cataract surgery and these are compounded by the substantial increase in the population group most likely to utilise these.

In addition to the increased demand for surgical interventions, the increase in the aged population will substantially increase the proportion of the population affected by chronic and complex medical conditions such as cardiovascular disease, stroke, renal failure, COPD and diabetes.

Figure 5.1 Projected Demand: MNC Residents Hospital Inpatient Separations 2014/15 to 2026/27



The projected hospital inpatient separations to be provided by MNCLHD hospitals (“Supply”) includes local residents and the inflow of residents from other local health districts. It is projected that the total acute separations provided by MNCLHD hospitals will increase by 9.7%, from 51,469 separations in 2014/15 to 56,455 separations in 2021/22 (refer Table 5.3 below). Acute inpatient bed-days in MNCLHD facilities are projected to increase by 12.4% from 146,355 bed-days to 164,432 bed-days over this period.

It is projected that the total acute separations provided by MNCLHD hospitals will increase by 19.6%, from 51,469 separations in 2014/15 to 61,550 separations in 2026/27 (refer Table 5.2 below). Of the 51,469 separations provided by MNCLHD hospitals in 2014/15, 20% were day only separations. Day only separations are projected to increase by 18% to 24,171 in 2026/27.

In 2014/15 there were a total of 146,355 acute inpatient bed-days at MNCLHD hospitals, and 125,904 of these (86%) were for overnight separations. The total bed-days are projected to increase by 19.3% to 2026/27, and the overnight bed-days by 19.5%.

Table 5.2 Projected Supply: MNCLHD Hospital Inpatient Separations by Hospital 2014/15 to 2026/27

MNCLHD Supply	2014/15					2026/27					% change 14/15-26/27	
	Day Only	Overnight		Total		Day Only	Overnight		Total			
Hospital		separations	bed-days	separations	bed-days		separations	bed-days	separations	bed-days	separations	bed-days
Bellinger River	188	624	5,739	812	5,927	256	792	4,128	1,048	4,384	29.1%	-26.0%
Coffs Harbour	8,305	14,380	54,372	22,685	62,677	9,920	17,118	64,840	27,038	74,760	19.2%	19.3%
Dorrigo	22	132	687	154	709	19	171	804	190	823	23.4%	16.1%
Macksville	1,842	1,237	5,033	3,079	6,875	2,480	1,490	6,967	3,970	9,447	28.9%	37.4%
Kempsey	2,366	2,731	10,345	5,097	12,711	2,682	3,125	12,945	5,807	15,627	13.9%	22.9%
Port Macquarie	5,960	11,683	46,548	17,643	52,508	6,733	14,433	59,190	21,166	65,923	20.0%	25.5%
Wauchope	1,768	231	3,180	1,999	4,948	2,081	250	1,519	2,331	3,600	16.6%	-27.2%
Grand Total	20,451	31,018	125,904	51,469	146,355	24,171	37,379	150,393	61,550	174,564	19.6%	19.3%

Total Acute Separations (Excludes Renal Dialysis, Chemotherapy, Unqualified Neonates, ED Only and HITH)

Total separations provided by Coffs Harbour Health Campus and Port Macquarie Base Hospital are projected to increase by around 20% in the twelve years between 2014/15 and 2026/27.

There are greater increases projected for Macksville and Bellinger River hospitals (29%), and a more modest increase projected for Kempsey Hospital (14%).

Figure 5.3 *Projected Supply: MNCLHD Historic and Projected Activity Growth*

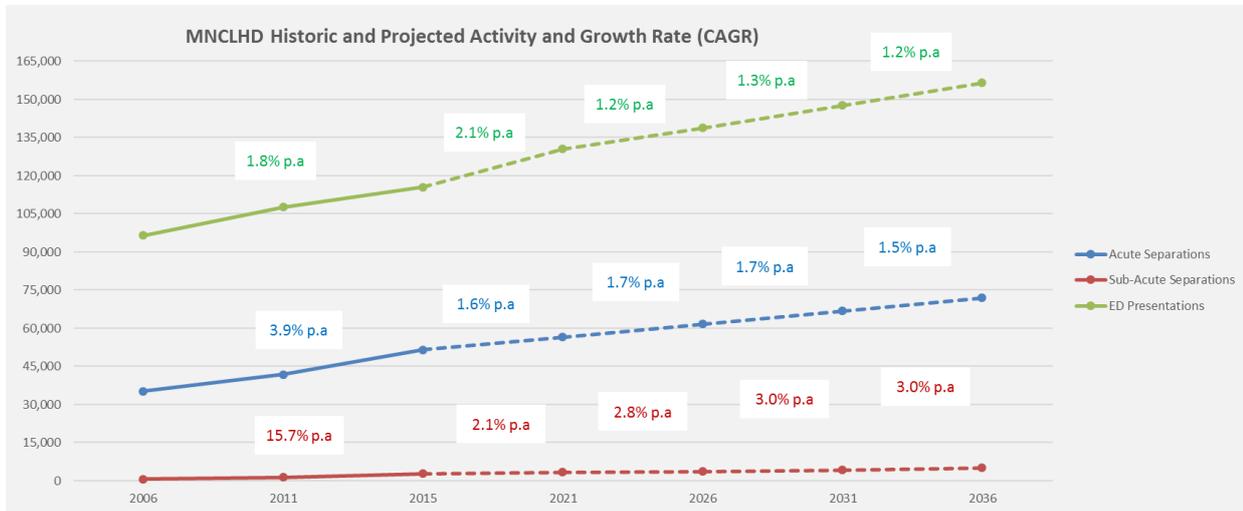
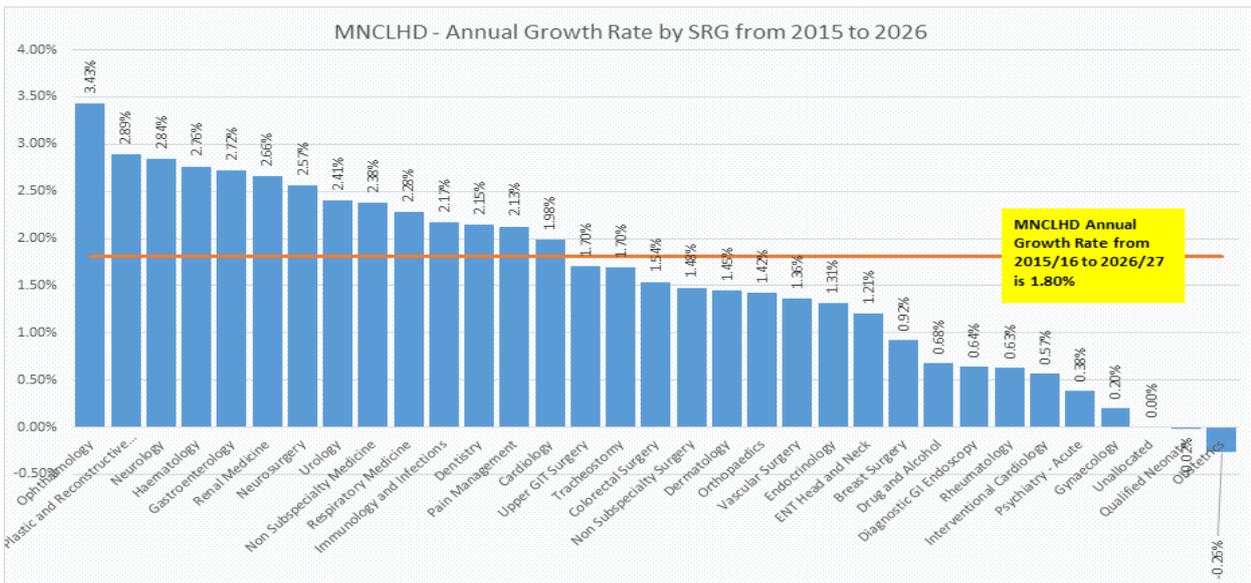


Figure 5.3 above show the actual activity from 2006 to 2015 and the projected activity from 2016 onwards. It indicates that for the period from 2006 to 2015, Emergency Presentations have increased by 1.8% p.a, Acute Separations have grown by 3.9% p.a, (noting this growth is also associated with the establishment of EMUs across the LHD) and Sub-acute has grown by 15.7%p.a, which to some extent reflects policy and data collection changes, along with day only rehabilitation in the Coffs Network and additional capacity. Further growth is projected over the next 10-15 years, and the projected increase reflects population growth, particularly the ageing population. Rates of Emergency Presentations are projected to continue to increase, by around 2% p.a to 2021, and by around 1.2% pa thereafter. Acute separations rate of growth will drop to 1.6% p.a over the next 5 years, and will increase from there to 1.7% to 2031. A breakdown of the projected volume of acute inpatient separations for MNCLHD hospitals by Service Related Groups is presented in Figure 5.4 and Table 5.3 below.

Figure 5.4 *MNCLHD Hospitals- Projected annual growth rate in Separations by Service Related Group: 2015/16 – 2026/27*



The individual Service Related Groups with the greatest percentage projected increase in separations are those most impacted by population ageing ie ophthalmology (3.4% pa or 40% increase over the period). There are also substantial projected increases in plastic surgery (33%), haematology (31%), gastroenterology (31%), renal medicine (30%) and non-subspecialty medicine (27%).

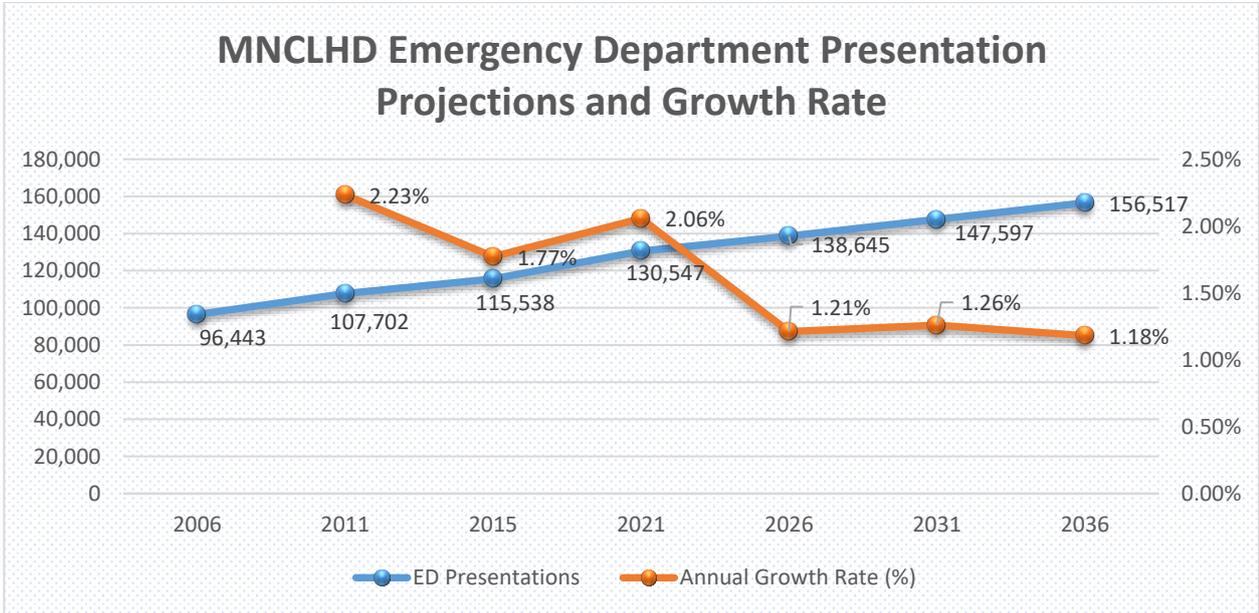
It should be noted that these projections represent high-level indicative projections of acute hospital inpatient activity for the MNCLHD. Projected capacity requirements for individual hospitals are always subject to detailed planning and hospital-specific clinical service plans.

Table 5.3 Projected Supply: MNCLHD Hospital Inpatient Separations by SRG 2014/15 to 2026/27

MNCLHD Supply - All Hospitals Service Related Group	2014/15		2021/22		2026/27		% change 14/15-26/27	
	separations	bed-days	separations	bed-days	separations	bed-days	separations	bed-days
Breast Surgery	302	455	301	496	331	517	9.6%	13.5%
Cardiology	3,845	10,476	4,236	12,366	4,680	13,194	21.7%	25.9%
Cardiothoracic Surgery	15	84	17	167	22	199	46.7%	136.9%
Colorectal Surgery	484	3,045	526	3,918	564	4,282	16.5%	40.6%
Dentistry	152	186	181	216	188	226	23.7%	21.5%
Dermatology	174	421	192	419	201	455	15.5%	8.2%
Diagnostic GI Endoscopy	3,358	4,485	3,329	4,551	3,580	4,950	6.6%	10.4%
Drug and Alcohol	471	1,094	481	1,338	504	1,402	7.0%	28.1%
Endocrinology	309	1,373	321	1,399	352	1,519	13.9%	10.6%
ENT Head and Neck	925	1,243	1,012	1,438	1,043	1,502	12.8%	20.9%
Extensive Burns	7	52	8	55	10	81	42.9%	55.8%
Gastroenterology	4,606	10,430	5,414	13,129	6,025	14,386	30.8%	37.9%
Gynaecology	1,517	2,603	1,503	2,287	1,548	2,265	2.0%	-13.0%
Haematology	1,544	3,333	1,797	3,901	2,028	4,230	31.3%	26.9%
Immunology and Infections	293	730	344	913	363	909	23.9%	24.5%
Interventional Cardiology	1,530	3,248	1,469	3,566	1,619	3,764	5.8%	15.9%
Neurology	2,494	7,231	2,960	9,461	3,301	10,112	32.4%	39.8%
Neurosurgery	548	1,959	617	2,923	706	3,282	28.8%	67.6%
Non Subspecialty Medicine	4,686	18,866	5,289	21,428	5,930	23,339	26.5%	23.7%
Non Subspecialty Surgery	3,380	8,130	3,624	8,556	3,915	9,035	15.8%	11.1%
Obstetrics	3,084	7,894	2,952	6,850	3,004	6,400	-2.6%	-18.9%
Ophthalmology	1,755	1,925	2,191	2,361	2,459	2,664	40.1%	38.4%
Orthopaedics	5,214	17,087	5,573	19,055	6,006	19,838	15.2%	16.1%
Pain Management	128	409	143	478	158	510	23.4%	24.7%
Plastic and Reconstructive Surgery	838	1,390	1,021	1,860	1,114	1,967	32.9%	41.6%
Psychiatry - Acute	362	968	375	967	376	965	3.9%	-0.3%
Qualified Neonate	607	3,629	614	3,486	606	3,445	-0.2%	-5.1%
Renal Medicine	410	1,663	482	2,234	533	2,351	30.0%	41.4%
Respiratory Medicine	3,791	15,964	4,279	16,325	4,748	17,402	25.2%	9.0%
Rheumatology	261	612	271	983	278	1,011	6.5%	65.3%
Tracheostomy	71	2,001	71	1,853	84	2,171	18.3%	8.5%
Unallocated	70	713	70	713	70	713	0.0%	0.0%
Upper GIT Surgery	930	3,869	1,026	4,232	1,101	4,430	18.4%	14.5%
Urology	2,557	5,005	2,983	5,880	3,243	6,248	26.8%	24.8%
Vascular Surgery	751	3,784	783	4,628	860	4,796	14.5%	26.7%
Grand Total	51,469	146,355	56,455	164,432	61,550	174,564	19.6%	19.3%
Total Acute Separations (Excludes Renal dialysis, Chemotherapy, Unqualified Neonates, ED Only and HITH)								

The total number of Emergency Department presentations at MNCLHD hospitals increased by 20% from 96,443 in 2006 to 115,538 in 2015. Rates of presentations are projected to continue to increase, by around 2% p.a to 2021, and by around 1.2% pa thereafter (refer Figure 5.2 below).

Figure 5.2 MNCLHD Emergency Department Presentations: Actual and Projected 2006 to 2036



6. Look Back – Mid North Coast Local Health District 1996-2016

		2006	2016
	Population	Approx. 190,000	Approx. 217,000
	Hospital Beds	559	714
	Total Separations provided by MNCLHD Hospitals	33,840	76,280
	Total Surgical Operations in MNCLHD Hospitals	15,439	23,566
	Total Births	2,020	2,140
	Total ED Presentations *	40,522	73,784
	Total Staff	Approx. 1,507	Approx. 3,378
	Self-Sufficiency (% of total Mid North Coast resident separations provided in MNCLHD hospitals)	MNC Self Sufficiency¹ Interventional Cardiology 1% Haematology 81% Rheumatology 73% Palliative Care 44% Vascular Surgery 69% Hip Replacement 60% Knee Replacement 61% Maxillo-facial Surgery 53%	MNC Self Sufficiency² Interventional Cardiology 71% Haematology 89% Rheumatology 92% Palliative Care 98% Vascular Surgery 90% Hip Replacement 94% Knee Replacement 96% Maxillo-facial Surgery 80%
	Diagnostic services	PMBH and CH provided X-Ray and CT	PMBH and CHHC provide MRI, dual core CT scans
	Renal Dialysis	18 renal dialysis chairs (CH 6, PMBH 6, KDH 6)	38 renal dialysis chairs located within MNCLHD (CCN 16, PMBH 12, KDH 10) and home training unit due to open in December
	Cancer Services	MNC residents requiring cancer services required to travel to Sydney and Newcastle	PMBH and CHHC provide radiotherapy and comprehensive cancer services,
	Coronary Care	MNC residents requiring interventional cardiology services required to travel to Sydney and Newcastle	PMBH and CHHC provide interventional cardiology

*Port Macquarie Base Hospital and Coffs Harbour Health Campus only

¹ 2000/2001

² 2014/2015

7. Acknowledgements

Richard Gilbert – Planning Consultant