Western NSW Local Health District

NSW GOVERNMENT

Orange Health Service

Clinical Services Plan

2025–2035

Consultation Draft | September 2025

Acknowledgement of Country

Western NSW Local Health District acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this Orange Health Service Clinical Services Plan Consultation Draft.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

Orange Health Service Clinical Services Plan 2025 2035

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Acknowledgements

Thank you to the staff and community of Orange and surrounds for providing their input and feedback in the development of this Plan.

1. Understanding a Clinical Services Plan

1.1 Introduction

Orange, alongside the surrounding smaller towns, comprises one of the largest communities within the Western NSW Local Health District (LHD). Orange Health Service plays an essential role in the delivery of acute, community and mental health care to the local community, and a broader catchment of communities as part of a network of health care services within the region.

The Orange Health Service Clinical Services Plan (the Plan) is a ten-year plan for 2025 to 2035 which looks at the current and future health needs of the Orange and surrounding communities and talks about how services could be developed to meet those needs.

The Plan includes all services delivered as part of Orange Health Service and Bloomfield, including Mental Health and Drug and Alcohol services. The Plan looks at both hospital-based services and healthcare provided in other places such as community health, care provided in the home and care provided virtually.

The Clinical Services Plan is currently in draft. This Consultation Draft is a summary of the full Plan, which outlines the key drivers and directions for the future, across the short, medium and long term.

1.2 What is a Clinical Services Plan?

A Clinical Services Plan identifies the current and future health needs of a community and outlines the changes required in healthcare services, practices, and infrastructure to meet those needs over time.

It considers key factors that influence both population growth and health service demand, including:

- Population projections and how communities are changing
- Demographic and health profiles, including health behaviours and prevalent conditions
- Current and projected service demand
- Contemporary and emerging models of care, policies, guidelines and evidence.

A Clinical Services Plan helps with setting the direction of services for the future and helps to inform capital planning if there are opportunities to undertake refurbishments or redevelopment of health facilities.

2. Development of the Clinical Services Plan

2.1 How was this Clinical Services Plan developed?

The Plan for Orange Health Service was developed by:

- Gathering information about the health and wellbeing of people living in and around Orange, also known as a health needs assessment
- Extensive data analysis about projected population changes, how services are being utilised, where our residents access care along with activity projections to see how health and service needs will change over time
- Consultation with staff, members of the communities, and with other organisations to learn more about health, social, and cultural needs
- Triangulating this information with best practice guidelines and evidence, and policies strategic documents.

Over 500 prioritised service directions were identified through these processes. Due to the technical nature, scale, and complexity of the full Clinical Services Plan, this summary has been developed for consultation. The full list of the endorsed priorities will be included in the Plan along with other requirements of Service Plans such as drivers for change, the intended models and their benefits, and an early options analysis of the options. These requirements have been supported by extensive analysis, clinical advice and modelling to establish future demand and infrastructure requirements.

Specific workforce proposals (such as additional staffing not specifically linked to a service direction) will be considered in more detail in the implementation of the Plan to follow once priorities have been confirmed. Workforce planning will be undertaken to support the sustainable expansion of services. This includes analysing immediate operational requirements as well as planning for long term workforce needs, particularly with the expansion of and development of new and evolving models of care.

2.2 What did we hear during consultations?

We heard from staff, community members, service partners and several key stakeholders. These groups advised on their priorities and perspectives on what needs to change to ensure public health services meets the needs of the population now and into the future. Consultation included staff and community surveys as well as a number of forums and working groups.

Key themes arising from community consultation included:

Top 3 rated health problems locally:

Mental health

Drug and alcohol

Obesity

Top 3 future focuses identified:

Easy and timely access to health care services

Preventative health care and a focus on improving the health of the population

Coordination with primary health care services

A range of suggestions for addressing heath issues in the community were made, including:

- a focus on health promotion and disease prevention to reduce the need for future health care services
- attract more health professionals, and match staffing to areas of service growth and demand
- investment in public specialist services and mental health services
- enhance services for kids including paediatric services/clinic, psychology/mental health services, oncology services, gender services and assessment services for children with learning and behavioural issues.

Staff were extensively engaged in the planning processes. A summary of the key themes and issues identified by **staff** are as follows:

- The general hospital frequently operates at full capacity, particularly with the general medical wards, with overflow patients (outliers) cared for in other wards within the facility
- There is a growing number of patients being admitted with complex discharge needs, both in the general hospital and in mental health services. This contributes to extended hospital stays beyond what is clinically necessary
- Local services play an important and increasing role in the network
- Significant investment is required in community-based services – including workforce, enhanced models of care and infrastructure improvements. This was heard from both general health and mental health services
- Surgery services are operating at capacity, and constraints of the space are limiting the ability for the service to expand
- Long wait times for specialist services is impacting timely and equitable access to care.

2.3 Why do our services need to change?

Orange Health Service plays an important role in the delivery of health services

Orange Health Services is a major referral facility and has an important role in the LHD and the Southern sector. It is often the central hub in a broader network of services such as intensive care, cardiology, renal, oncology and haematology, maternity, paediatrics, mental health and drug and alcohol services. Several Mental Health and Drug and Alcohol services also have state-wide responsibilities. As we work to increase our self-sufficiency by expanding the range of services delivered locally, it is essential that Orange Health Service is future proofed and remains well-resourced and functionally equipped to support surrounding spoke sites, and to ensure continuity and high-quality specialist care.

Projected population growth will contribute to increased demand for health services

It is anticipated that the surrounding Local Government Area catchment (LGA) of Orange, Blayney^ and Cabonne are projected to increase from approximately 61,200 to 66,000 people by 2041, around a 10% increase (1). Approximately 4,066 Aboriginal people live in the Orange LGA (2), equating to 9.3% of the population. This is significantly higher than the total NSW Aboriginal population of 4.2%.

Increases in this surrounding catchment are projected in age groups that typically require more health services. People aged 70 and over are projected to increase from 8,600 to 12,200 people by 2041 (about a 42% increase) (1). Older populations typically require more health services due to age-related conditions and a higher prevalence of chronic disease. Their care needs are often more complex than those of younger people. As a result, health service planning and resource allocation must account for the increased demand associated with an ageing population. The fertility rate in Western NSW is higher than the state average which will continue to drive demand for birthing and related services. The number of children aged between 0 and 14 years living in the surrounding catchment is expected to remain stable to 2041 at approximately 12,700.

Orange is also experiencing trends of internal and overseas migration gains, particularly post COVID-19 pandemic. More people are moving from metropolitan cities to larger regional centres such as Orange ("tree changers") and the trend of people moving from smaller, more remote communities to larger regional centres such as Orange is also continuing. A new driver of population growth is anticipated to 2041, with net overseas migration gain expected to be the most significant driver of the growth in Orange LGA to 2041 (1).

Orange Health Service also provides services to a broader catchment in the Southern Sector as well as the wider LHD. The Southern sector includes the LGAs of Bathurst, Blayney, Cabonne, Cowra, Forbes, Lachlan, Orange, Parkes and Weddin. These areas also have populations which are growing, are ageing, and also have higher proportions of Aboriginal people than the NSW average.

The LHD had an estimated resident population of 282,300 people in 2021 (3). This is anticipated to grow by 10.7% to 314,635 in 2041 (1). The LGAs in the District with the largest anticipated growth is concentrated in

^ 50% of Blayney LGA population totals have been halved for the purpose of this planning exercise to reflect that the LGA is equidistant from Orange and Bathurst and residents use health services in both cities

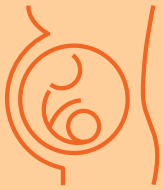
the larger regional cities and the southern parts of the District. Notably within the Southern Sector, Bathurst Regional has the highest expected growth in the District of 19.3%, along with Forbes 17.3%, Orange 11.3%, Parkes 8.3% and Cabonne 7.2% growth to 2041. Across the LHD, the age group 70 to 84 is expected to grow by 30.9% and 85 years and over, by 99.7%.

Poorer health status in the catchment compared to the rest of NSW

People living in the local catchment have a poorer health status when compared to the rest of NSW, but generally better than other areas within the District. Whilst the Orange Health Service catchment varies service by service and includes some LHD wide services, the Orange LGA is used here as a snapshot.

Compared to the NSW average, Orange LGA shows poorer outcomes across several key health determinants (4):

Smoking rates among pregnant mothers are **higher by 79%**



Adult smoking and risky alcohol use are **22% & 16% higher**, respectively

Child developmental vulnerability on 2+ domains is **higher by 15%**

Obesity is higher among **adults by 29%** and among **children by 30%**

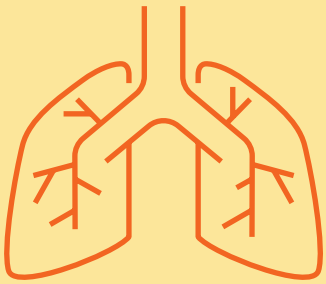
This is similar for burden of chronic disease, compared with the NSW average:

Potentially avoidable deaths are **higher by 39%**

Deaths are higher

- smoking **by 32%**
- circulatory diseases **by 14%**
- COPD **by 49%**
- diabetes **by 29%**
- injury/poisoning **by 51%**

Hospitalisations are **higher for COPD by 50%**



Self-harm hospitalisations are **higher by 49%**

The Orange LGA also has higher fertility rates (2.09) than the rest of NSW (1.68). People living in the Orange LGA are also more likely to have a chronic condition than the NSW population as a whole. The most prevalent chronic conditions seen are high blood cholesterol, respiratory disease (including asthma and chronic obstructive pulmonary disease) and musculoskeletal disease.

Bearing in mind, the Orange LGA has generally better health status than Western NSW LHD averages, and that service catchments vary, there is a strong imperative for services at Orange to be developed that meet these higher needs, but to also actively work to improve the health and mental health status of our communities.

Expansion of services and significant growth in activity

Orange Base Hospital relocated from Anson Street to the Bloomfield Campus in 2011 to be co-located with Mental Health and Drug and Alcohol services. Since this time, demand for services has continued to grow, along with the number and types of services delivered from Orange Health Service. There has been significant service development in recent years, including the establishment of the Cancer Centre, high level Interventional Radiology, installation of an MRI machine, establishing the Clinical Trials Unit and growth in our research capabilities, and substantial growth in both the number and range of specialist services. Its role as a training facility for medical, nursing and allied health staff also continues to expand.

Over the past decade, the supply of services from Orange Health Service has steadily increased across all areas. From 2015/16 to 24/25:

2015/16 → 2024/25

Emergency presentations have **increased by 15%**, from about 28,600 presentations a year to nearly 33,000 a year

Non admitted occasions of service (in person or virtual) **have more than doubled** since 2018/19 from about 96,000 a year to about 201,000 a year

Acute admitted activity has **increased by 5%** from about 20,000 to 21,000 separations a year

Mental health consumer contacts have **increased by 88%** since 2018/19 from about 13,300 contacts to nearly 25,000 contacts per year.

During the COVID-19 pandemic, service provision was adapted to protect healthcare capacity and limit infection spread. This has some impact on activity volumes at OHS, with increases observed in emergency, intensive care and in acute medical inpatient admissions. Some services had temporary reductions in activity, such as rehabilitation, mental health admissions and elective surgery. Since then, overall activity has rebounded and now exceeds pre-pandemic levels, driven by elective surgery recovery efforts, expansion of virtual care delivery and increasingly challenges with accessing primary health care in the community.

Mental Health and Drug and Alcohol services have continued to strengthen, with notable expansions in virtual care, growth in community care teams and new inpatient rehabilitation services. However, demand for community-based care has exceeded current capacity, with limited access at times and services delivered from multiple buildings located across the town.

Changing models of care and new technologies

There have been major changes in the way healthcare is delivered in the past decades, and services are evolving at pace. One of the most significant changes relates to the amount of time people spend in hospital and models of care focussed on providing as much care at home or in outpatient settings as possible. This is evident across settings from emergency to surgery and services such as Hospital in the Home. However, the availability of primary care, community based, and residential care services is an important interdependency which can contribute to longer stays in inpatient settings.

Rapid advancements in digital health have presented new opportunities to enhance service delivery including electronic medical records, use of virtual care and artificial intelligence. The upcoming implementation of a Single Digital Patient Record will also help with communication between public health services – including within our own facilities, across care settings and with other hospitals outside our District.

The demand for healthcare is projected to increase into the future

All these factors contribute to anticipated increased demand for health services into the future. Utilisation of services is projected to increase across care types. Most significantly, the increase in inpatient activity is projected to be up to 17% (from about 21,000 to 24,000 separations per year) and emergency presentations increasing by up to 14% (from about 32,000 to 37,000 presentations per year) by 2036, if current models of care, resourcing, and infrastructure remain unchanged.

2.4 The way forward

Service directions in the Plan respond to the increasing demands

The general hospital's immediate priority is to relieve current demand pressures and improve patient flow throughout the hospital. The first strategy will be to expand inpatient medical ward capacity, which will assist in meeting the demand and improve the overall flow of the hospital. Part of this expansion will include developing some specialist inpatient services (such as higher observation beds post-surgery) and increasing the numbers of monitored beds, to help keep the intensive care unit for those who need it most. These expansions have been included in the short term, as the general hospital was designed with designated expansion zones, and there is also additional physical bed capacity that can be operationalised and staffed. Commissioning of this extra capacity requires recognition and agreement on an identified funding source, in collaboration with the Ministry of Health.

Providing more care in community-based settings is a high priority and a key focus for future health service models, particularly given the high cost, resource intensity of in-hospital care and the current demand pressures on Orange Health Service. However, several of these community-based services require significant staffing uplifts and infrastructure upgrades and expansions to meet growing demand and to support this shift in care delivery.

Enhancing specialist and surgical services is an important priority within the Plan, recognising Orange's role in the network and part of the direction to provide more care closer to home. There are related directions related to surgery, cardiology, cancer, paediatrics and a range of other specialities.

For Mental Health and Drug and Alcohol specifically, the Plan's focus will be on investing in responsive models of care that keep people well in the community, ensure timely local access to acute inpatient services when needed, and support the co-location of community services to improve integration and efficiency.

Changes will be implemented over short, medium and long-term timeframes

In summary, the short-term priorities of this Plan are focused on unlocking current capacity - optimising existing services, infrastructure, and equipment, while also enhancing and strengthening models of care that support treatment in the community and in the home wherever possible. This will also include changing the use of some existing spaces, staffing available beds and chairs, and extending hours and weekend support for some services. Most of the activities in the Plan will need additional funding which will require negotiating and securing additional operational funding and resourcing.

It will also include preparing for more major capital developments, which will involve using the expansion zones and additions to the current buildings.

The medium-and long-term priorities are focused on expanding the range of services we provide, implementing responsive models of care, deliver more services in the home, community and in virtual settings. Many of the longer-term priorities relate to delivering services from newly enhanced, fit-for-purpose infrastructure that future-proofs our services.

These numbers are not final and should not be referenced. They are included to assist in demonstrating the need for the priority service enhancements included in the Plan. These and other key non admitted infrastructure enhancements are referenced throughout the service directions in section 6, the roadmap.

It is important to note that Orange Health Service is operated under a Public Private Partnership (PPP) for certain non-clinical service delivery. Any capital investment proposal will require consideration of the impacts on (and of) the PPP contract.

With modelling and development of interdependent services, indicative future projections for bed numbers and spaces in some key areas include:

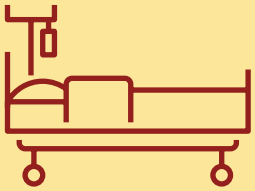
Adult General medical beds: 56 total (includes 4 high observation / respiratory beds, and 4 stroke beds)

Cardiology: 24 beds

Surgical ward: 32 beds (including 4 high observation beds)

HOPS ward: 24 beds (not including palliative care)

Perioperative spaces: 4 new perioperative spaces including adding 2 large operating theatres, adding a hybrid theatre for interventional cardiology and endovascular procedures and a contemporary procedure room



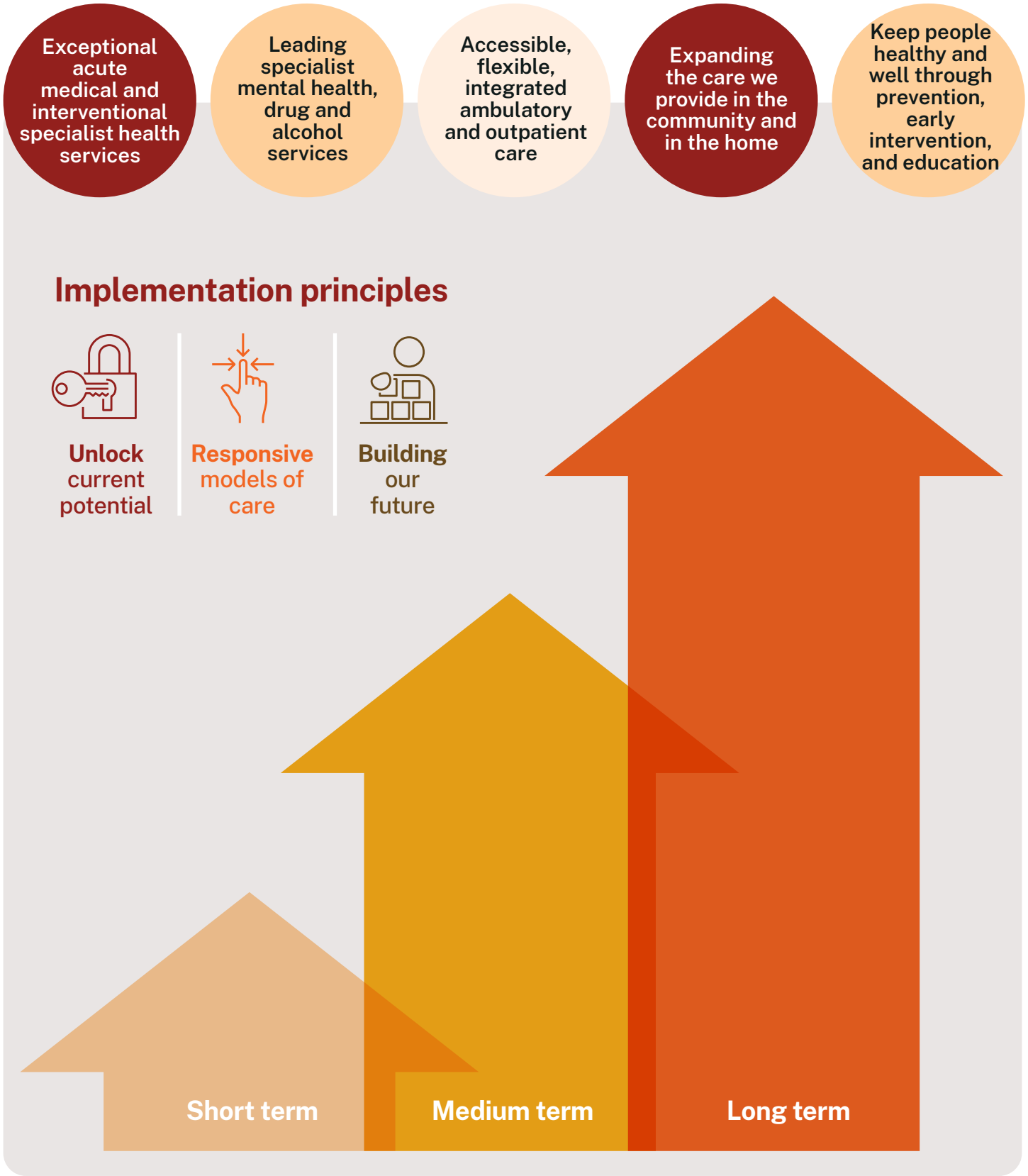
Non admitted cancer services: require around double the number of treatment and consultation spaces

Mental health and drug and alcohol community based services also **require enhanced number of spaces**, and a direction for developing a co-located, integrated community hub is included in the roadmap.

Outpatient and Community Health spaces: require around **double the number of treatment chairs** and room (including ambulatory care, specialist clinics, maternity outpatients)

Mental health and drug and alcohol inpatient wards also require refurbishments with **more treatment spaces, group spaces, family rooms and access to outdoor areas**

3. Plan on a page



4. Key priority areas

Five key priority areas will help guide our service directions and decisions on how our services will grow into the future.*

Exceptional acute medical and interventional specialist health services

Providing high quality acute medical and specialist care that meets the demands of our community is a priority focus area. Our future plans are focused on broadening service accessibility, integrating innovative care models, and bringing care close to home. This includes providing a hub role within the Southern sector and broader LHD, as well as growing our LHD's ability to provide services locally. Particular areas of focus include surgery, cardiology, cancer, intensive and acute medical services and services for kids and families.

Leading specialist mental health, drug and alcohol services

Our specialist mental health and drug and alcohol services are recognised for being state-leading, delivering evidence-based care tailored to the unique needs of rural and remote communities across NSW. Looking ahead, our future focus will be investing in multidisciplinary community models of care and ensuring local access to quality inpatient care when our consumers need it.

Accessible, flexible, integrated ambulatory and outpatient care

Outpatient and ambulatory services play a pivotal role in reducing emergency presentations, hospital admissions and reducing inpatient length of stay. By providing accessible, flexible, integrated outpatient and ambulatory care services – we contribute to a more sustainable and responsive health system.

Expanding the care we provide in the community and in the home

We will shift our focus toward expanding community-based models of care, enabling patients to receive safe and effective treatment in their homes or other community-based settings. This approach aims to reduce reliance on inpatient services, promote earlier intervention, improve continuity and coordination of care, and empower individuals to take an active role in their care.

Keep people healthy and well through prevention, early intervention, and education

By embedding preventive care into day-to-day service delivery, we can keep people healthier for longer, reduce the burden of chronic disease, and improve quality of life across the lifespan. Prioritising prevention eases pressure on acute services and ensures that our health system is focused not just on treating illness, but on promoting health and wellness.

* Listed in no particular rank or order

5. Implementation principles

Strategic timing of service changes is essential. These changes must be planned across short-, medium-, and long-term horizons.

To maximise use of resources and ensure cohesive service development — especially given the interconnected nature of health services — three guiding principles will support effective implementation:

Unlock current capacity to improve patient flow and meet current demand pressures

Optimise our existing capacity, expertise, and resources to enhance operational efficiency, improve patient flow, and respond effectively to the current demand pressures on our acute services

To effectively address the diverse and changing health needs of our community and region, it is essential that we implement responsive models of care grounded in evidence-based practice.

Implement responsive models of care and practical initiatives that meet evolving health needs of the community

Building into the future to enable us to continue to deliver high quality clinical services to our community

Having fit for purpose infrastructure will ensure we can continue to deliver safe, high quality health services that improves efficiencies and improves the patient and provider experience.

This will require significant capital investment. These infrastructure requirements and locations are subject to master planning and final numbers will need to be refined along with implementation of other new models of care.

6. The roadmap

This section of the paper highlights the highest priority service directions across the five key priority areas, and organises into indicative short (1-3 years), medium (4-7 years) and long term (8-10 year) timeframes. The full set of endorsed service directions remain important directions in each craft group and will be used to inform future service evolution and enhancements over the life of the Plan.

Service directions requiring capital funding are generally kept to medium-and long-term timeframes due to the time it takes for approval, design and implementation of capital solutions, regardless of their priority or importance.

The included short-term directions generally do not require capital funding; however their implementation will depend on negotiating and securing additional operational funding, and most will require detailed operational and business planning to be implemented.

The Plan outlines these priority directions against which work will occur. Workforce models against priorities will need to be identified -some more immediately for implementation to respond to demand and unlock the current capacity, and others as part of a broader workforce plan in line with the medium-and long-term priorities.

Operationalisation of many of these directions, particularly in the short term, will require recognition and agreement on an identified, sustainable funding source in collaboration with the Ministry of Health.

Exceptional acute medical and interventional specialist health services

PRIORITY AREA: Exceptional acute medical and interventional specialist health services	
SHORT TERM	
Emergency, critical care and acute medical	
1.1.1	Increase the staffing profile to enable all physical beds in the Adult Medical inpatient ward (Medical ward B/C) to be utilised (up to 30), to improve workforce efficiencies and reflect existing demand
1.1.2	Establish a dedicated 'high observation' pod for medical patients with a priority focus on respiratory care by converting 4 existing surgical ward beds, aiming to leave Intensive Care for patients who need it most
1.1.3	Increase the staffing profile to provide an adequate number of intensive care beds and to support a number of 'outreach initiatives' such as the 'high observation' pods
1.1.4	Increase the staffing profile to provide an adequate number of dialysis sessions 6 days a week, to allow for flexibility to support Southern sector for acutely unwell patients or those commencing dialysis
1.1.5	Expand consultation liaison services for mental health and drug and alcohol with extended operating hours and over weekends, to ensure patients receive support when they need it most
1.1.6	Deliver integrated and coordinated care for patients with respiratory conditions across the care continuum by establishing a dedicated multidisciplinary team supported by specialised clinics, in-reach services to inpatients, lung function testing, and group-based programs
1.1.7	Developing clear principles and streamlining processes to enable the timely transition of patients to neighbouring hospital facilities to expand our service capacity and provide care closer to the patient's home. It is essential that these facilities are adequately equipped with the necessary workforce and resources, allowing our hospital to focus on patients with more acute and complex care needs
1.1.8	Integrate and enhance acute, Hospital in the Home and community services that support older people to avoid emergency presentations and/or hospital admissions
1.1.9	Establish rapid access clinics for priority specialist areas and conditions such as respiratory, Third Door (Over 65's) and paediatrics
1.1.10	Expand the current apheresis service with dedicated staffing and operational service planning to ensure the service is sustainable and meets growing demand
Surgery	
1.1.11	Optimise the use of our surgical workforce and theatre resources by increasing utilisation of available operating theatre capacity across the District—particularly for day-only and minor procedures—as part of a district wide surgical network
1.1.12	Establish a dedicated 'high observation' pod for surgical patients by converting 4 number of existing surgical ward beds, leaving Intensive Care for patients who need it most

1.1.13	Establish outpatient scope services, including cystoscopy and hysteroscopy
1.1.14	Enhance same day surgery models, including those prioritised at a state level, such as hernia repairs, elective cholecystectomy, particular ENT procedures and total hip and total knee replacements
1.1.15	Finalise a detailed business case for the development of regional capacity for robotic surgery
1.1.16	Conduct a detailed business case for the development of breast reconstruction (implant based) surgery service, an expanded head and neck surgery service; and explore additional surgery services with the aim of providing more care within the LHD
Cardiology	
1.1.17	Increase the number of coronary care beds by relocating medical patients who require closer or higher observation to the proposed medical 'high observation' beds
1.1.18	Increase the number of trans-oesophageal echocardiogram lists in the Procedure Room
1.1.19	Support the expansion of the public pacemaker Cardiovascular Implantable Electronic Device (CIED) implantation service including outpatient clinic support and consideration of remote monitoring across the District
1.1.20	Increase the scope and capability of the coronary care unit to manage 'high-dependency' patients with primary cardiac diagnoses who require non-invasive ventilation
Cancer services	
1.1.21	Establish a rapid access clinic for oncology patients in line with a Nurse Practitioner model of care
1.1.22	Provide CAR T-Cell and BiTe Abs therapy treatments and/or post therapy inpatient support in conjunction with Ministry of Health planning and emerging models of care
1.1.23	Establish a specialised lymphoedema service that focuses on early intervention and screening, assessment and management of lymphoedema, to support all cancer types
1.1.24	Increase opportunities for cancer patients to have one point of contact to assist in navigating their cancer journey by increasing the number of care navigation roles, including Aboriginal identified coordinators
1.1.25	Strengthen the focus on multidisciplinary, psychosocial, holistic support for cancer patients through their cancer journey – from prehabilitation, active treatment, rehabilitation to survivorship - by establishing services such as exercise physiology, psychology, survivorship programs and ensuring adequate access to allied health services
Paediatrics	
1.1.26	Establish a fit-for-purpose paediatric ambulatory care clinic with chair-based assessment spaces and treatment rooms and co-located paediatric hospital in the home service that functions as a true hospital substitution service, ensuring the clinic is a comfortable and convenient setting for children and their families
1.1.27	Expand access to paediatric specialist clinics by ensuring sufficient medical resourcing to meet demand
Maternity	
1.1.28	Enhance our midwifery continuity of care models, including enhancing access to dedicated multidisciplinary support, such as Aboriginal Health, psychology, dietetics and social work
1.1.29	Establish a Pregnancy Loss Coordination service to improve processes around pregnancy loss and stillbirth, including streamlining investigations, better coordination of the mother's physical and psychological care, staff training and education
1.1.30	Ensure appropriate psychological supports and resourcing is provided to patients accessing abortion/ termination of pregnancy services, in line with the district's revised model of care

Allied Health and Aboriginal Health *(noting majority of service expansions identified are also contingent on commensurate growth of support services)*	
1.1.31	Become a fully functioning 7 day a week acute inpatient service, with extended operating hours and weekend availability for existing clinical and support services to be able to provide consistent and ongoing care and reduce in-hospital length of stay.
	This includes allied health, pharmacy, Aboriginal health, and medical imaging (with an on-call MRI service for after hours and weekends)
1.1.32	Appropriately resource allied health inpatient services – particularly critical care services, oncology, maternity and special care nursery, orthopaedics and rehabilitation
1.1.33	Establish a dedicated multidisciplinary allied health stroke care team enable timely access to allied health services for the provision of acute assessment and commencement of rehabilitation
1.1.34	Expand Aboriginal Health services—including through the provision of weekend coverage and extended hours in inpatient wards and the emergency department
Specialist outpatient clinics	
1.1.35	Enhance medical specialist outpatient clinics to meet population need, service demand (waiting times etc), and cognisant to medical training requirements. This includes medical and allied health staff, as well as administration and adequate space. NB this will not mean expanding for all specialties and will be in line with community models of care and a tiered acuity level with consideration to what should be provided in primary care vs at specialist level.

PRIORITY AREA: Exceptional acute medical and interventional specialist health services

MEDIUM TERM

Emergency, critical care and acute medical

1.2.1 Improve the functioning and efficiency of the emergency department, via a range of infrastructure improvements and service development including:
- Increasing the number of resuscitation bays to 3
- Increasing the number of specialised treatment areas including a new paediatrics safe assessment room, a new dedicated sexual assault room and an enhanced paediatrics area (3 treatment spaces and dedicated family room)
- Establish an Emergency Department Short Stay Unit (EDSSU) with 9 dedicated treatment spaces, including isolation rooms and consult rooms, to be co-located with the Emergency Department

1.2.2 Fit-out additional Adult Medical beds and a procedure room in the existing cold shell space at the end of Medical ward B/C (which is likely to accommodate 8 beds)

1.2.3 Refurbish the current dialysis ward to enhance the patient experience with more access to natural light and external windows, dedicated access, additional isolation rooms, waiting room and culturally appropriate environs

1.2.4 Providing a transit lounge which will helps patient flow and throughput for the facility

Surgery

1.2.5 Expand surgery services via a range of infrastructure enabled initiatives, with 4 new perioperative spaces*:
- Adding 2 large operating theatres to predominantly increase surgery capacity,
- Adding a hybrid theatre dedicated primarily to interventional cardiology and endovascular procedures
- Refurbish or redevelop the current Procedure Room to increase the range of surgeries that can be performed in the room, reducing reliance on standard operating theatres and improving overall surgical throughput
- Associated recovery spaces will also need commensurate increases in infrastructure and workforce to enable efficient use of existing and expanded spaces.

*required in the medium term, however it is acknowledged major capital works may extend the timeframe

1.2.6 Establish a local general vascular and endovascular surgery service

Cancer services

1.2.7 Refurbishing and expanding the current inpatient HOPS ward. The focus will be on ensuring there are enough single and two bed rooms associated with rising growth in voluntary assisted dying, neutropenic patients and iodine treatment and to allow for greater privacy with patients and their families

1.2.8 Expanding space for cancer services via a range of infrastructure enabled directions. The overarching intent is to support the continued growth of our oncology, haematology and palliative care services through co-location of these outpatient services as a Cancer Care Centre—ensuring we meet rising demand, with future-ready and fit for purpose infrastructure:
- Expand the outpatient clinic capacity at the Cancer Care Centre with a significant increase in clinic rooms (around double), group meeting spaces, procedure rooms and appropriate support spaces
- Establish a dedicated Haematology clinic space and procedure room
- Expansion of the Infusion Suite with more chairs, with the inclusion of treatment chairs prioritised for clinical trials and more single rooms
- Refurbish and reconfigure the Radiation Oncology clinic with additional dedicated patient education and consult rooms and prioritising the purchase of innovative technology within equipment lifecycles that best meets current and future service demands

1.2.9 Exploring shared care service development initiatives with tertiary facilities guided by the Ministry of Health, for example with the Sydney Children's Hospital Network

Maternity	
1.2.10	Significantly expand maternity outpatient capacity with more clinic rooms, a larger waiting room and improvements of layout to provide privacy for those that have experienced pregnancy loss
1.2.11	Establish a chair-based assessment unit for maternity patients, co-located with associated outpatient and inpatient services to support timely access to care, without a hospital admission

Medical Imaging	
1.2.12	Enhance the facility's medical imaging space and capacity through a range of infrastructure enabled directions: – Expanding CT services through the acquisition of 1 additional CT scanner and the development of supporting infrastructure within Medical Imaging. This will also improve service continuity and flexibility, reducing disruptions during maintenance or equipment downtime – Expand our ultrasound services through the purchase of additional equipment and providing the required supporting infrastructure in Medical Imaging – Refurbish the Medical Imaging space to accommodate any increased services including dedicated and separate emergency/inpatient and outpatient waiting rooms and an appropriate number of recovery spaces

PRIORITY AREA: Exceptional acute medical and interventional specialist health services	
LONG TERM	
1.3.1	Develop an enhanced dedicated Specialist Clinic hub that helps to centralise specialist outpatient clinics, meet population need and service demand. This will include a significant increase in the number of clinic rooms (around double) and with rooms that are suitable to deliver a variety of outpatient clinic services from (e.g. gases, suction, virtual care) with appropriate supporting spaces *(this does not include clinics that are required to be specifically co-located with inpatient and admitted services, such as paediatrics)*
1.3.2	Expand the general medical bed base further to meet demand, noting the short- and medium-term expansions listed above, and modelling to be updated factoring in the impact of the implementation of interdependent models that are aiming to reduce overall bed demand. Projections indicate the need for 56 general medical beds (including 4 stroke and TIA). In addition to the short-term service direction above related to subacute and step down models within LHD facilities, additional models may be needed over the medium to longer term including developing local services and / or models.
1.3.3	Convert the Coronary Care Stroke Unit into a closed cardiology unit by relocating stroke beds to be co-located with acute general medical beds. Projections indicate the need for 24 cardiology beds

* Modelling being finalised

Leading specialist mental health, drug and alcohol services

PRIORITY AREA: Leading specialist mental health, drug and alcohol services	
SHORT TERM	
2.1.1	Expand community mental health services across clinical streams, including adult acute, rehabilitation, older persons, children, youth and families incorporating allied health, peer worker (including carer peer worker) and Aboriginal support resources where required
2.1.2	Increase the availability of specialised allied health services to extended hours and weekend coverage for inpatient services
2.1.3	Increase resources for eating disorders support to improve continuity and coordinated care with general medical services and/or other health care providers
Rehabilitation	
2.1.4	Strengthen community-based clinical rehabilitation and psychosocial support services
2.1.5	Improve access to general physical health and wellbeing/wellness services and programs for rehabilitation patients
2.16	Expand access to educational, recreational, and functional improvement interventions through groups and other structured activities for inpatients and expand to include individuals living in the community.
Drug and Alcohol	
2.1.7	Expand outpatient withdrawal services for non-complex patients and for young people through strengthening partnerships with GP's and Aboriginal Medical Services, expanding to providing case management and follow up support
2.1.8	Provide drug and alcohol assessment and indicated interventions for rehabilitation patients
2.1.9	Incorporate drug and alcohol assessment and brief interventions into existing Infant, Child, Youth and Family mental health services

PRIORITY AREA: Leading specialist mental health, drug and alcohol services	
MEDIUM TERM	
2.2.1	Establish a dedicated, integrated mental health, drug and alcohol (MHDA) community hub that co-locates all community MHDA services, opioid treatment programs and potentially other service providers and partners such as non-government organisations to support the delivery of person-centred, collaborative care
2.2.2	Facilitate access to appropriate services for patients with behavioural and psychological symptoms of dementia (BPSD) – noting plans for a tiered approach for services, including enhanced care within hospitals, supporting access to Commonwealth Specialist Dementia Care Unit/s, and longer-term intent for a BPSD unit
2.2.3	Establish a dedicated Aboriginal Mental Health service, such as Aboriginal Transfer of Care model
Adult Acute	
2.2.4	Develop a model of care for adult acute mental health that facilitates movement across the care continuum—from intensive care to acute and sub-acute services, to community reintegration
2.2.5	Implement improvements to the physical environment of the adult acute wards to prioritise patient and staff safety, use of outdoor spaces and creating spaces that are both more aesthetically pleasing and culturally welcoming
Infant, Child, Youth and Families Mental Health	
2.2.6	Expand school-based mental health early intervention programs (such as Got It!) with a district wide focus
2.2.7	Establish an early intervention program for psychosis – focused on young people
Rehabilitation	
2.2.8	Develop care pathways that strengthen care coordination for patients with treatment-resistant or otherwise severe and persisting mental illness
2.2.9	Establish Repetitive Transcranial Magnetic Stimulation (rTMS) treatment services

PRIORITY AREA: Leading specialist mental health, drug and alcohol services	
LONG TERM	
2.3.1	Develop and co-locate fitness and recreational activities, able to be used by both consumers and staff. This could be a large multipurpose facility on the Bloomfield campus, managed by a third-party provider.
2.3.2	Establish an intensive eating disorders therapy program, based in the community, that incorporates meal support and group sessions
2.3.3	Implement improvements to the physical environment of inpatient wards to ensure there are appropriate number of treatment spaces, group spaces and family rooms

Accessible, flexible, integrated ambulatory and outpatient care

This section focuses on services delivered in outpatient settings such as Community Health, specialist outpatient clinics or the Ambulatory Care service, which provide treatment and management for a range of health conditions.

PRIORITY AREA: Accessible, flexible, integrated community based ambulatory and outpatient care	
SHORT TERM	
3.1.1	Extend operating hours and weekend availability for the Ambulatory Care service as well as enhancing their scope of practice with new service models such as nurse-led vascular access service
3.1.2	Enhance access to community and outpatient services through extended hours and virtual care options
3.1.3	Establish a women's health / pelvic floor physiotherapy service
3.1.4	Establish new models of care for diabetes services such as dedicated clinics on priority focus areas such as gestational diabetes, paediatric diabetes, type 2 diabetes, continuous glucose monitoring / pump clinics
3.1.5	Establish new models of care for to enhance community-based heart failure services such as community based multidisciplinary clinic and medication titration clinic
3.1.6	Implement and expand models of care to meet expanding sexual health needs such as transgender clinics
3.1.7	Enhance the capacity of the Renal Supportive Care program including strengthening partnerships with palliative care services
3.1.8	Ensure there is adequate access to allied health services to ensure best practice models of care. This will require the implementation of a sustainable workforce model that includes an appropriate level of resourcing
3.1.9	Having a range of specialised Aboriginal Health positions such as renal dialysis, women's and infants, cancer, palliative care and the emergency department as well as other community-based services such as complex & chronic care and child and family health

PRIORITY AREA: Accessible, flexible, integrated community based ambulatory and outpatient care	
MEDIUM TERM	
3.2.1	Expand the capacity of Ambulatory Care service with a significant increase in the number of chairs and supporting infrastructure (e.g. workstations / office spaces)
3.2.2	Co-locating non admitted patient services with fit-for-purpose infrastructure to improve the patient experience, assist in the transfer of care and provide opportunities for workforce efficiencies. This may include services such as ambulatory care service, community nursing, Hospital in the Home and High-Risk Foot Clinic as well as consideration to including satellite support services such as pathology, pharmacy and imaging (subject to master planning)
3.2.3	Establish outpatient rehabilitation services with appropriate infrastructure to support – including access to a gymnasium, therapy spaces and consultation rooms
3.2.4	Establish a dedicated adult community occupational therapy service
3.2.5	Establish paediatric audiology/audiometry services

PRIORITY AREA: Accessible, flexible, integrated community based ambulatory and outpatient care	
LONG TERM	
3.3.1	Enhance infrastructure to support the continued growth of community and allied health services. This should include an adequate number of outpatient clinics rooms, group education spaces and meeting rooms, gymnasium and contemporary equipment and supporting infrastructure (e.g. workstations and office space) to enable the delivery of contemporary models of care

Expanding the care we provide in the community and in the home

This section outlines services predominantly delivered in patients' homes, such as Hospital in the Home and Community Nursing, which aim to minimise the need for in-hospital-based care.

PRIORITY AREA: Expanding the care we provide in the community and in the home	
SHORT TERM	
4.1.1	Reform our Hospital in the Home (HITH) service as a true hospital substitution service, ensuring patients can receive hospital-level care in the community, in line with the LHD's model of care. This should include: – Extended operating hours and over weekends – Appropriate resourcing and access to multidisciplinary care that is equivalent to that of in-hospital ward-based care
4.1.2	Invest in the utilisation of technology to support remote patient monitoring for acute care in areas such as cardiology, oncology and drug and alcohol services
4.1.3	Expand the capacity of in-home community nursing and allied health services
4.1.4	Prioritise home-first approach for renal dialysis care
4.1.5	Enhancing access to palliative care services with an emphasis on in-home care whenever possible

PRIORITY AREA: Expanding the care we provide in the community and in the home	
MEDIUM TERM	
4.2.1	Expand the range of Hospital in the Home (HiTH) services we provide including: – Rehabilitation in the home – Cancer care in the home – Emergency in the home (e-HiTH) – Services for older people

Keep people healthy and well through prevention, early intervention, and education

PRIORITY: Keep people healthy and well through prevention, early intervention, and education	
SHORT TERM	
5.1.1	Expand cancer screening initiatives in alignment with Health Promotion strategies, cancer incidence and prevalence and population health needs
5.1.2	Appropriately resource upstream comprehensive preventative health strategies and models of care to reduce the most common admissions (such as respiratory, heart disease and chronic kidney disease) and that are focused on older people (e.g. a focus on falls and delirium prevention)
5.1.3	Implementing new service approaches in the Child and Family Health service that target vulnerable populations such as: – young parents – single parents – those impacted by domestic violence – those from culturally and linguistically diverse backgrounds – Aboriginal populations with dedicated culturally appropriate child health and development services as well as partnering with Orange Aboriginal Medical Service – particularly where Australian Early Development Census (AEDC) data shows poorer outcomes and vulnerabilities.
5.1.4	Implement early childhood screening programs, such as Brighter Beginnings initiative
5.1.5	Increase the capacity of public oral health services to ensure timely and equitable access to services, including access to specialist oral health services
5.1.6	Empower people who identify as Aboriginal and/or Torres Strait Islander to live well in the community by establishing Aboriginal specific prevention programs that focus on priority areas such as reducing smoking during pregnancy and chronic disease prevention and management
5.1.7	Establish a healthy weight clinic
5.1.8	Establish a breastfeeding support clinic
5.1.9	Expand capacity of sexual health promotion activities including enhancement of Aboriginal workforce to ensure culturally sensitive care

PRIORITY AREA: Expanding the care we provide in the community and in the home	
MEDIUM TERM	
5.2.1	Establish holistic and multidisciplinary health screening across Community Nursing, Ambulatory Care service and Community Health programs. Consider integrating the use of assistant workforce (e.g. Allied Health Assistants and Assistants in Nursing) to extend service capacity
5.2.2	Improve patient's access to cardiac education by setting up cardiac education channels on the patient entertainment systems.

7. Next steps

The Planning team will incorporate feedback on this Consultation Draft into the final Service Plan, which will be submitted to the NSW Ministry of Health.

The final Service Plan will incorporate the full set of endorsed directions, along with other requirements of Service Plans such as intended high level models of care and their benefits, an early options analysis of the options included in the Plan, and will be informed by robust data analysis and modelling to arrive at proposed bed, chair, theatre and consult room numbers. These components have been informed by input from stakeholders and staff and overseen by planning governance groups. Western NSW LHD Executive and Board endorsement of the Plan will be sought prior to its submission to the Ministry of Heath for review and approval.

In addition to the finalisation and approval of the Plan, there will be a number of key actions that will occur in parallel, preparing for implementation. These include:

- Assessing the financial impact of the short, medium and long term proposed service changes and expansions, and seeking and negotiating funding to unlock current capacity. Many of the short term directions don't require capital but do require additional staffing and/or equipment to be implemented
- Developing a comprehensive workforce plan to unlock current capacity and to support new models of care
- Facility master planning, factoring in the hospital, Mental Health, Drug and Alcohol, and community buildings, to align physical infrastructure with future service needs. There are a number of additional spaces within the facility and campus that can be expanded into, and master planning will ensure a holistic assessment and most efficient use of these opportunities, for the highest priority services. The master plan will inform major capital bids, as well as identify opportunities for lower cost moves and expansions in the shorter term
- Preparation of a Capital Investment Proposal to NSW Government for the capital to fund the future infrastructure required for the agreed service directions.

8. Give us your feedback

There are a number of ways you can provide your feedback, including an online survey and drop-in sessions.

Consultation will open until **10th October 2025**.

Link to the Staff survey is here

Link to the Community survey is here

Email us with your feedback or questions:

wnswlhd-planningservicedevelopment@health.nsw.gov.au

9. References

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