

MESSAGE FOR: Robert

DATE 18, 2, 97

FROM: Johanna Cook

OF:

Dept of Human Services
TIME of Handwritten

TELEPHONE:

MESSAGE: Would like to speak
with re radiotherapy
services review. Johanna
is involved in interviews
all day wed. so will try to
contact you.
OPERATOR: Diana

TELEPHONED

PLEASE RING
BACK

RETURNED
YOUR CALL

WILL RING
BACK

CALLED TO
SEE YOU

WANTS TO
SEE YOU

URGENT

MESSAGE FOR: ROBERT

DATE 20, 2, 97
TIME 12:05 AM / PM

FROM: Johanna Cook Dept. of Human Services
OF: g Human Services

TELEPHONE: 96167269

MESSAGE: She is the project Manager
of the Review of Victorian
Radiotherapy Services,
wants to discuss issues about
the review.

OPERATOR: KAREN

TELEPHONED

PLEASE RING BACK

RETURNED YOUR CALL

WILL RING BACK

CALLED TO SEE YOU

WANTS TO SEE YOU

URGENT

Telecon: Nicole, Trish Mundy (KicH)
Wed 17 Dec

Re Centre for Child Health Development
Assessment:

Stage 1 took place on Tuesday 16 Dec

Stage 2 - Tuesday 22 Dec 3.45 - 7.30pm

RcB to participate in shortlisting.

- There will be 3 applicants to be interviewed and assessed with regard to their capacity for further development & intervention plans = to move to stage 3.

Attached: Copies of letters sent to applicants.

TO BOARD MEMBERS, VICHEALTH

Enclosed is a copy of the suggested draft for the revision of the Act under which VicHealth operates, and an accompanying letter to the Minister for Health, Mr. Rob Knowles. A preliminary draft was discussed at the last Board meeting, with insufficient notice/incomplete distribution, and a technically-deficient draft at the recent meeting of the Community Health Committee. The enclosed draft takes into account points raised on both those occasions, and emphasises the evolutionary nature of the transitions involved.

The Economic Review Committee, in its report earlier in the year, recommended that all the funds devoted to VicHealth be used for public health research. While this report is in no way binding on the Minister, he has six months to respond to it, and that response is close to finalisation. In his response the Minister has indicated that he will reject this suggestion, but acknowledge the importance of research to VicHealth's future by a commitment to increase funding for the promotion of health through clinical and public health research to levels equivalent to those for promotion of health in the community, and through sport, arts and popular culture. He has also suggested an evolutionary approach, with broad (25%-35%) windows, and the aim to reach the target of equivalent funding over a three year period. I have also explained to the Minister the unlikelihood of our being able to fund research to a level of 25% in 1998, or even perhaps 1999.

The version of the plan reviewed by the Community and Health Committee had inadvertently omitted the phrase "for the promotion of health" through clinical, translational and public health research in 32(4)(C). This perhaps prompted the suggested qualifications to be added to "research", which I believe are essentially subsumed by the original wording. The use of translational was intended to bridge clinical to public health, rather than basic to clinical research; given the interpretation by the Committee that it may be misunderstood as specifically the latter, it has been dropped.

The Minister has asked for this draft as a working document for the sequence of departmental, interdepartmental and Parliamentary processes prior to its introduction into the legislative program in the autumn session of Parliament. I believe that the present version, as amended, incorporates many of the suggestions made in various quarters, allows the Minister to make a positive

response to the Report of the Economic Development Committee, and provides VicHealth with an evolutionary pathway whereby it can adjust its areas of activity over time without real or perceived hardship to any of its constituencies.

A handwritten signature in black ink, appearing to read "John Funder". The signature is fluid and cursive, with a large initial "J" and "F".

John Funder
Chair, VicHealth

16th October, 1997

The Honourable Rob Knowles
Minister for Health
22/555 Collins Street
MELBOURNE, 3000

Dear Minister,

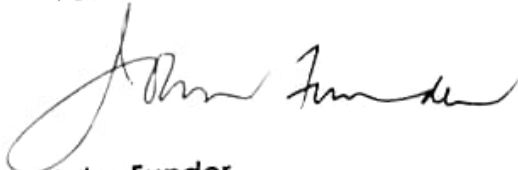
I am writing in response to your invitation to contribute to the amendments to Part 3 of the Tobacco Act 1987, extended earlier in the year to VicHealth.

In reviewing the legislation we believe that there are four major areas which might be refined in the amendments proposed. These relate to the objectives of the Foundation, its membership, the balance between prescribed funding areas and the budget planning process. The enclosed document covers each of these areas in detail, in terms both of suggested amendments and a descriptive narrative.

The broadbanding of the amounts to be paid out of the Victorian Health Promotion Fund will enable an evolutionary phase-in over time to achieve the goal of 30% allocation across each of the three program areas. The introduction of a three year agreement to replace the annual budget would very much assist in a number of ways, including such a transition, in that it may be difficult to raise funding on clinical and public health research to 25% of the total allocation in the first year.

I commend the enclosed draft documents to you for your consideration, and once again thank you for the invitation to contribute to the review process. I would be very happy to discuss any aspects of the process with you at your convenience.

Yours sincerely,



John Funder
Chair, VicHealth

AMENDMENTS

PART 3 TOBACCO ACT.

VICTORIAN HEALTH PROMOTION FOUNDATION

OBJECTIVES OF THE FOUNDATION

The Foundation has interpreted Section 17(a) broadly and jointly promoted “VicHealth” with a health message for a select number of health promotion activities in conjunction with a health partner. These include The VicHealth Herald Sun Tour and several major city horse racing events namely the VicHealth Cup, Sandown Cup and a major race on Melbourne Cup day.

This action is also consistent with Section 19(1) of the Act.

It has been the Foundation’s policy to strengthen the ability of health agencies to provide health promotion activities rather than provide activities itself. Should the Foundation consider a more active provider role in the future the amendment would enable this change in policy.

RECOMMENDATION: INCLUSION OF A NEW PROVISION

TOBACCO ACT 1987

AMENDMENTS

17. OBJECTIVES OF THE FOUNDATION

The objectives of the Foundation are-

- (a) to fund activity related to the promotion of good health, safety or the prevention and early detection of disease; and
- (b) to increase the awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture; and
- (c) to encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits; and
- (d) to fund research and development activities in support of these objectives.

- (a) to promote health and prevent illness within the Victorian community; and*
- (b) to fund activity related to the promotion of good health, safety or the prevention and early detection of disease; and**
- (c) to increase the awareness of programs for promoting good health in the community through the support of sport, arts and popular culture; and.*
- (d) to encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits; and**
- (e) to fund research and development activities in support of these objectives.**

MEMBERSHIP OF THE FOUNDATION

MAJOR AMENDMENTS

The Minister for Health, in reviewing other legislation, has adopted a policy of appointing members of Boards of Statutory Authorities based on their expertise and knowledge rather than from nominations by respected bodies.

A Board selected on skills and knowledge base, nominated by the Minister, is recommended as having an advantage over a Board comprising of interest group representation.

VicHealth has fulfilled its contractual agreements with the former tobacco replacement program. The introduction of Federal Tobacco Advertising Prohibition Act has removed the need for Victoria to continue its tobacco replacement program. VicHealth no longer gives priority to organisations that previously received income from tobacco companies. All funding submissions are considered on their health promotion potential. It is therefore proposed that number of persons with expertise in health and illness prevention be increased to four and the number of recreation persons be three.

POSSIBLE AMENDMENTS TO SECTION 21 OF THE ACT

MINOR AMENDMENT

TERMS OF APPOINTMENT

SECTIONS 22(2) & (3) pertaining to persons attaining the age of 70 years will be repealed when Section 224 of the **Equal Opportunity Act 1995** comes into operation.

MEMBERSHIP OF THE FOUNDATION

1. The Foundation shall consist of-

(a) three persons with expertise in health and illness prevention, one of whom shall be chosen by the Minister from a panel of three names submitted by the Anti-Cancer Council; and

(b) four people with expertise in sports or sports administration, one of whom shall be chosen by the Minister from a panel of three names submitted by the Sports Federation of Victoria or, if that body ceases to exist, another body representing amateur sport in Victoria and nominated by the minister and one of whom shall be nominated by the Minister as representing country sport; and

(c) two persons with expertise in business, management, communications or law; and

(d) one person with expertise in the arts or arts administration; and

(e) one person with expertise in advertising; and

(f) three persons who are members of the Legislative Council or the Legislative Assembly elected by the Legislative Council and Legislative Assembly jointly.

(2) The Minister may appoint a Chairperson and a Deputy Chairperson from amongst the members referred to in sub-section(1)(other than paragraph f)

(3) The members (other than the members referred to in sub-section (1) (f)-

(a) shall be appointed by the regulations; and

(b) are not, in respect of the office of member, subject to the Public Service Act 1974.

(4) If the regulation appointing a member is disallowed, the appointment ceases to have effect.

The Foundation shall consist of-

(a) four persons with expertise in health and illness prevention. The Minister shall consider persons with expertise in public health, social health, community health, cancer control or medical research.

(b) three persons with expertise in sports, arts or popular culture. The Minister shall consider persons with expertise in sport, sports administration, arts or culture generally.

(c) four persons with expertise in marketing, management, law, communications or education.

(d) three persons who are members of the Legislative Council or the Legislative Assembly elected by the Legislative Council and Legislative Assembly jointly.

(2) The Minister may appoint a Chair and a Deputy Chair from amongst the members referred to in sub-section (1) (other than paragraph d)

(3) The members other than members referred to in sub-section(1) (d)

(a) shall be appointed by regulations; and

(b) are not, in respect of the office member, subject to the Public Sector Management Act 1992

(4) If the regulation appointing a member is disallowed, the appointment ceases to have effect.

VICTORIAN HEALTH PROMOTION FUND

Monies to be paid into the Fund

At the time of the establishment of the Foundation, the then Treasurer approved the establishment of an account under Section 32(5) of the Act.

RECOMMENDATION : THAT SECTION 32 (3) (B) BE REPEALED

Monies to be paid out of the fund

VicHealth has applied its resources consistent with its legislative requirements ie Section 32(4). This provision has restricted the types of organisations to fund health promotion activities in these settings.

RECOMMENDATION: THAT SECTION 32(4) BE AMENDED.

Sports, Arts and Popular Culture

In the early years of the Foundation significant resources were paid to sporting and arts bodies to replace tobacco sponsorship. This placed a moral duty on sports and arts to take up funding from the Foundation rather than continue with tobacco.

VicHealth no longer gives priority to organisations that previously received income and benefits from tobacco companies. VicHealth assesses all sports and applications for funding on their health promotion value. A review of the Foundations' sports, arts and cultural activities have confirmed the value of these health promotion settings. The combining of sports, arts and popular culture into one category will enhance linkages between funded activities in regions.

Recognising the benefits of the sports, arts and popular culture value as health promotion settings it is proposed that VicHealth:

- continue to meet its commitment of the level of funding that was otherwise provided to the sports, arts and popular culture from tobacco companies;
- continue to provide monies to other sports, arts and popular culture considered to be valuable health promotion settings;
- reconfigure the spending on the sports, arts and popular culture to a level equivalent to that spent on community health and research. This will be achieved through a phase in over a three year period.

Research

VicHealth has funded public health research that has complemented the biomedical research undertaken in Victoria. In addition VicHealth has funded the establishment of four research centres in the areas of women's health, mother's and children's health, adolescent health and sexually transmissible diseases. These Centres have developed a range of interventions, and prevention and promotion programs that have positioned them as national leaders in the prevention of illness and disease. The Foundation has also identified a shortage of clinical and public health researchers and a need to attract senior research fellows to advance Victoria's expertise in this field. In light of this shortage VicHealth recommends the implementation of a senior research fellowship scheme to strengthen health promotion. In addition the Foundation recommends the funding of an additional research centre each year with an agreed level and duration of funding to compliment the existing centres.

Funding levels for Community Health, Sports Arts and Popular Culture and Research

RECOMMENDATION: THAT RANGES BE PRESCRIBED TO BALANCE FUNDING ACROSS THE THREE PROGRAM AREAS AND TO ASSIST IN THE FINANCIAL MANAGEMENT OF THE FOUNDATION.

The Foundation will aim to spend 30% of the annual allocation in each area. The broadbanding will enable a planned phase-in over three years to reach parity in funding across the three program areas.

VICTORIAN HEALTH PROMOTION FUND

- 32 (1)** There shall be established in the public Account as part of the Trust Fund an account to be known as the Victorian Health Promotion Fund.
- (2) The Fund shall be administered by the Foundation.
- (3) There shall be paid into the Fund-
- (a) the Victorian health Promotion Levy referred to in section 10 (8) of the *Business Franchise (Tobacco) Act 1974*; and
- (b) all other money received by the Foundation
- (4) There shall be paid out of the fund in accordance with the budget of the Foundation
- (a) amounts not being less than 30 per centum for the Victorian Health Promotion Levy, determined by the Foundation for payment to sporting bodies; and
- (b) amounts, being not less than 30 per centum of the Victorian Health Promotion Levy, determined by the foundation for the payment to bodies for the purpose of health promotion; and
- (c) other amounts by the way of grant or loan or financial payment in accordance with this Act to persons or bodies determined by the Foundation; and
- (d) the costs and expenses incurred by the Foundation under this Act; and
- (e) amounts determined by the Minister for payment to a body or bodies specified by the Minister for the purpose of medical research related to the prevention and treatment of illness; and
- (f) any other money authorised under this or any other Act to be paid out of the Fund.

- 32 (1)** There shall be established in the public Account as part of the Trust Fund an account to be known as the Victorian Health Promotion Fund.
- (2) The Fund shall be administered by the Foundation.
- (3) There shall be paid into the Fund-
- (a) *moneys as determined by (Parliament/Treasurer) and paid to the Foundation*
- (4) There shall be paid out of the fund in accordance with the budget of the Foundation
- (a) *amounts, being not less than 25 per centum and not more than 35 per centum of moneys determined by Parliament/Treasurer each year, determined by the Foundation, for the promotion of health through sports, arts and popular culture;*
- (b) *amounts being not less than 25 per centum and not more than 35 per centum of moneys determined by Parliament/Treasurer each year, determined by the Foundation for the promotion of health in the community;*
- (c) *amounts, being not less than 25 per centum and not more than 35 per centum of moneys determined by Parliament/Treasurer each year, determined by the Foundation for the promotion of health through clinical and public health research.*
- (d) other amounts by the way of grant or loan or financial payment in accordance with this Act to persons or bodies determined by the Foundation; and
- (e) the costs and expenses incurred by the Foundation under this Act; and
- (f) any other money authorised under this or any other Act to be paid out of the Fund.

STRATEGIC PLAN

The State Government no longer collects business franchise fees on tobacco products. The franchise fee has been replaced by an increase in the Federal excise levy.

The monies that are to be paid into the Victorian Health Promotion Fund can be either determined by Parliament or the Treasurer.

The Government has introduced a five year planning cycle with Departments. Should the Victorian Health Promotion's budget appear as a line item in the Department of Human Services Budget, the proposed amendment will reduce administrative costs for the Department, the Foundation and bodies in contract with the Foundation.

A three year strategic plan will assist the Foundation's financial and strategic planning. The Foundation will be able to maximise benefits through negotiating longer term contracts in its three program areas of community health; sports, arts and popular culture and research.

RECOMMENDATION: THAT SECTION 33 BE REPEALED AND REPLACED WITH THE PROPOSED DRAFT.

TOBACCO ACT**PROPOSED AMENDMENT****BUDGET****STRATEGIC PLAN**

33(1) The Foundation must, before 1 June in each year, submit to the Minister for the Minister's approval a budget for the next financial year of money to be paid into the fund and money to be paid out of the Fund.

The Foundation shall submit to the Minister a strategic plan for a period of 3 years including-

- (2) The budget must be in a form required by the Minister
- (3) The Minister may, after consultation with the Treasurer and the Minister administering the *Sport and Recreation Act 1972*, approve a budget as submitted to the Minister or approve it with such alterations as the Minister determines.
- (4) The Minister may, if requested to do so by the Foundation, at any time, approve alterations to the Budget

- (a) a vision*
- (b) a statement of program priorities; and*
- (c) an account of management objectives; and*
- (d) a statement of performance indicators; and*
- (e) a budget*



VicHealth

VICTORIAN HEALTH
PROMOTION FOUNDATION

Suite 2, First Floor
333 Drummond Street
Carlton Victoria 3053
PO Box 154
Carlton South 3053
Australia
Telephone: 61 3 9345 3200
Facsimile: 61 3 9345 3222

With Compliments

FYI please find attached the draft guidelines
for the Community Health Program as
raised by Rhonda at Monday's meeting

Please can you pass any comments
you might have to Lynn Walker by
Tuesday 29th April '97.

Wish Thedy

Message from the Chair of WHCN

Health services in the west and north-west are set to meet the needs of the community into the 21st century following the completion of the Western Health Care Network's Health Services Plan.

The WHCN is immensely proud of the health services it provides. Plans for the future provision of these services are outlined in this brochure.

The plan aims to build and develop services closer to where people live.

By improving accessibility to services and targeting them to the special requirements of our community, I am confident patients will get a world-class health service.



Melda Donnelly

Chair, Western Health
Care Network



Getting well soon, closer to home

The following hospitals form part of the Western Health Care Network:

- The Royal Melbourne Hospital, Parkville, Essendon & Royal Park
- Western Hospital, Sunshine & Footscray
- North West Hospital, Parkville, Greenvale & Royal Park
- Williamstown Hospital
- Wernbee Mercy Hospital
- Altona Hospital

There are 900,000 people in Melbourne's western and north-western suburbs and 80 per cent of all WHCN services are used by those people. The WHCN has recently developed a Health Services Plan to ensure health services meet the needs of this community. For example, there is a need for more services for those with chronic illnesses because the number of people over 65 years is growing much more quickly than the rest of Melbourne.

Twenty per cent of our patients come from the rest of Melbourne and rural Victoria. A number of the WHCN hospitals already provide specialist services to all Victorians. This role will be supported and extended so our hospitals can continue their role as leading service providers in infectious diseases, intensive care, medical emergency, neurological, cardiac, cancer, renal and trauma services.

The changes will mean all Victorians will have better access to quality WHCN services.

How the WHCN Health Services Plan delivers better care

The role of current health care facilities has recently been reviewed as part of the development of the WHCN's Health Services Plan.

The review found that some services need to be relocated, some current facilities refurbished, upgraded or extended and new facilities built.

A full range of services will continue to be offered throughout the WHCN region. New health services will be built at Broadmeadows and an integrated care centre will be set up in Sunbury by the year 2001. Western Hospital (Sunshine) will be expanded to provide a more comprehensive range of general services.

A greater range of women's and children's services will be offered at Wernbee Mercy, Williamstown and Western Hospital in Sunshine.

Over the next five years, psychiatric services will be available alongside other health care services across the Network.

Services at Altona Hospital and the Greenvale campus of North West Hospital will be relocated and these campuses closed.

The changes are outlined in more detail in the WHCN's Health Services Plan - *Improving health care services in the West, meeting a growing community need.*

Quality health care in the community

As well as the changes to the roles of hospitals in the WHCN, there are also a number of community-based initiatives:

- If patients need to be referred to a specialist or move on to treatment at another hospital or health service, there will be better links between hospitals and community-based services.
- A customer services program will act on community complaints and feedback. Patient needs at each hospital will be monitored and an interpreting service for patients from non-English speaking backgrounds will be available.
- More information to help prevent illnesses and enable patients to take good care of themselves when unwell will be available.
- Improvements in medical practice, new technology and a better range of facilities will reduce the need for overnight stays in hospital, as many more services will be available through integrated care centres which offer consulting rooms and facilities to support home and community-based health care.

The Western Health Care Network has published a booklet called *Improving health care services in the West: meeting a growing community's needs* that explains the changes in more detail. If you would like a copy, telephone 9342 8155.

Western Hospital (Footscray)

Maintain current role. Expand general services. Expand cardiology and thoracic surgery services.

Western Hospital (Sunshine)

Develop as a major community hospital. Increase services in paediatrics, obstetrics and gynaecology in association with the Women's & Children's Health Care Network. Expand services in general surgery, general medicine, aged care and some medical and surgical specialties. Establish mental health inpatient and community services.

Williamstown Hospital

Maintain current role. Continue obstetric and gynaecological services in association with the Women's & Children's Health Care Network. Increase day services.

Werribee Mercy Hospital

Expand services to meet population growth with a focus on obstetrics, general medicine, general surgery and palliative care services. Establish mental health inpatient and community services.

Sunbury Integrated Care Centre

Establish a new integrated care centre by 2001.

Broadmeadows Health Service

Establish a new health service, incorporating aged care, psychiatry, day surgery, day procedures and community care.

North West Hospital (Parkville)

Maintain current services to inner city aged population. Consolidate site by relocating nursing home beds to private sector. Redistribute some aged care assessment activity to Western Hospital (Sunshine).

The Royal Melbourne Hospital (Parkville)

Maintain and expand current tertiary service activity. Maintain secondary level activities to cater for inner city patients and shift selected secondary level services to outer suburban hospitals to meet growth in demand.

The Royal Melbourne Hospital (Essendon)

Continue all services over the next 3 years. Gradual relocation of services to newly developed facilities elsewhere in the west and north-west.

Getting well soon, closer to home

Western Health Care Network Health Services Plan

A guide to improvements to health services in west and north-west metropolitan Melbourne.

NOT BOOK

The enclosed brochure of the Inner & Eastern Health Care Network's plan, entitled *A Healthier Future for Inner and Eastern Melbourne*, presents the broad strategic directions for our Network services into the future.

Please contact us if you need further clarification.



INNER & EASTERN
HEALTH CARE NETWORK

File Welwals

With Compliments

3rd Floor 174 Victoria Parade East Melbourne Victoria 3002
Telephone (03) 9662 9692 Facsimile (03) 9662 9145 ISD 61-3-9662 9692

18 OCT 1996



➤ A HEALTHIER
FUTURE FOR
INNER AND
EASTERN
MELBOURNE



*Better access,
better care*



INNER & EASTERN
HEALTH CARE NETWORK

SHAPING OUR SERVICES FOR THE FUTURE

Change is essential to meet the future demands which will be placed upon our health services – demands associated with the changing needs of patients and significant advances in medical technologies and clinical practice.

The Inner & Eastern Health Care Network is committed to addressing these demands in a responsible manner so that people living in the inner and eastern areas of Melbourne have a healthier future.

Consistent with our mission, the Network's plan focuses on establishing a co-ordinated Network of health care services which will:

- improve the geographic distribution of services and reduce the inequality of access to these services, particularly for specialised acute care services.
- respond to emerging health service trends, particularly the shift towards community based services, preventative health care and integrated services for chronic conditions.
- enhance continuity of care for patients across the Network's aged care, rehabilitation, mental health and acute care services and through association with primary care providers.
- optimise the use of existing sites and redirect overhead resources to service provision.

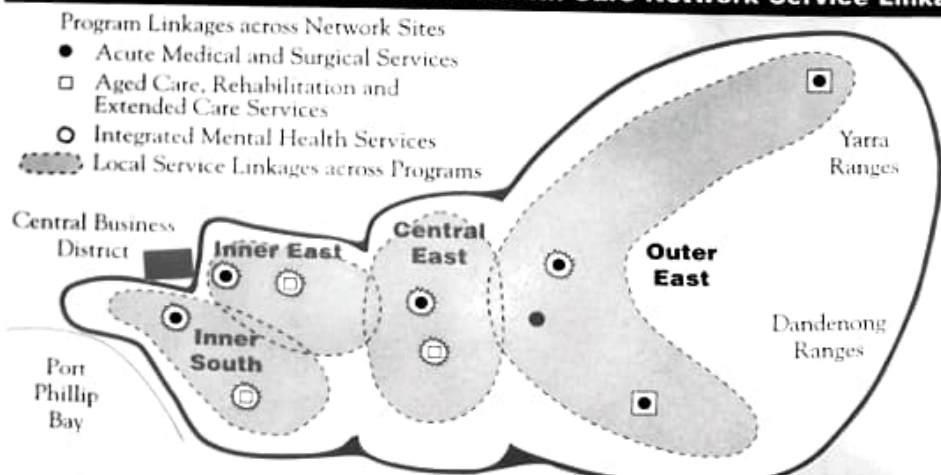
Our plan sets in place a clear service framework to provide the right service at the right location, based on an equitable geographic distribution of complementary health services. This approach allows the Network to develop its services to meet the health care needs of people living in inner and eastern Melbourne, now and into the future.

Within this framework, individual hospitals have a clearly defined role whether in acute care hospital services, aged/extended care services, mental health or community based care. It is not opportune for each hospital to attempt to provide all of these services, as many have tried to do in the past. To do so spreads our resources too thinly and leads to unproductive duplication. By being part of a Network, each hospital site can now focus on providing some specific services and allow complementary services to be provided by other hospitals in the Network in an integrated manner. Such consolidation is appropriate as it takes advantage of economies of scale whilst responding to patient's needs for services closer to where they live.

The plan develops a vision for the future location of teaching hospital services to meet current and anticipated future demand. The Network proposes the development of a new hospital at Knox in the outer east which will geographically complement the Alfred Hospital in the inner south in providing the Network's most highly specialised acute care services.

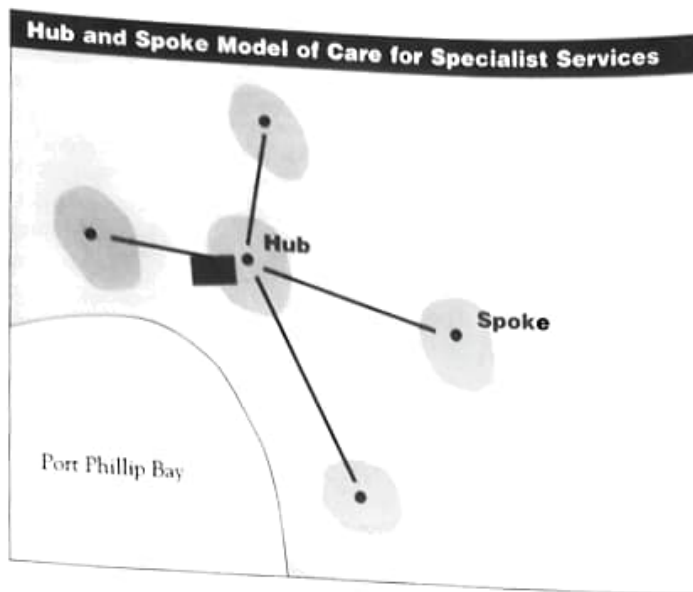
The right service at the right location

A Framework for Inner & Eastern Health Care Network Service Linkages



Inner South	Inner East	Central East	Outer East
Port Phillip Stonnington Glen Eira Bayside (Northern part)	Yarra Boroondara	Manningham Whitehorse Monash (Northern part)	Maroondah Knox Yarra Ranges

NOT TO SCALE



Separate "hub and spoke" services will be developed for:

- Eye and Ear Services
- Cancer (radiation oncology) Services
- Palliative Care Services

Teaching hospital services will also be provided at Box Hill Hospital in the central east and St Vincent's Hospital in the inner east. In the outer east, community hospital services will continue to be provided at Maroondah Hospital, Angliss Health Service and Yarra Ranges Health Service and link with the new facility at Knox. That is, local network inter-relationships will be developed for complementary health services in the outer east.

Aged care, rehabilitation and extended care centres will also be widely distributed to meet local area needs. Four "hubs" for aged/extended care services are proposed, namely at Caulfield General Medical Centre for the inner south, St George's Hospital & Inner Eastern Geriatric Service (Kew) for the inner east, Peter James Centre (Burwood) for the central east and, in the future, at Angliss Health Service for the outer east.

Mental health services will similarly continue to be developed in four broad geographic areas (inner south, inner east, central east and outer east) with close linkages with acute care and aged care services.

Specialist services such as eye and ear services, radiation oncology, and palliative care will be provided through "hub and spoke" models of care, to take these services closer to where people live. "Spoke" services will be established in outer metropolitan areas for a range of specialist consultations and services which are currently mainly provided at a centrally located "hub". The needs of rural referred patients for these specialist services will be addressed in this redevelopment.

As a result of the plan some services will be relocated, some resources redirected and one site, Burwood Hospital, will close completely. Whilst these changes will impact upon individual, formerly independently governed hospitals, the fact that these hospitals are now part of the same Network means that it is possible for the services to continue to be provided by the Network albeit from different sites. The Network will also ensure that the impact of these changes upon individual patients is minimised.

The plan will result in no net reduction in service levels – indeed there will be a modest increase over time – but the location of where services are delivered may change to provide a more equitable distribution for all people living in inner and eastern Melbourne and for people referred from rural areas for our Network's specialist services.

The Network is committed to its direction, its time frames and the cost-effectiveness and quality enhancing nature of its plans. However, we will need the support of our community, our staff and other health providers to realise the potential of our new Network as we respond to the challenge of better meeting the health needs of our community.

Graeme Samuel

Graeme Samuel
Chairman
Inner & Eastern Health Care Network



INNER & EASTERN
HEALTH CARE NETWORK

THE COMMUNITIES WE SERVE

The Network provides services to the inner and eastern metropolitan area, from Fitzroy and Port Melbourne in the inner city through to Ferntree Gully and Yarra Ranges in the outer east. There are about 1.2 million people living in this area, with approximately two thirds or 750,000 living in the central and outer east where the demand for health services is increasing.

Our Network has a number of highly specialised acute care services which are unique in the State, such as major trauma at Alfred Hospital and specialised eye and ear services at the Royal Victorian Eye & Ear Hospital. About four percent of our Network's acute care patients live in country areas. The Network will ensure that the needs of patients referred from rural areas will be given every consideration when planning changes to specialised services.

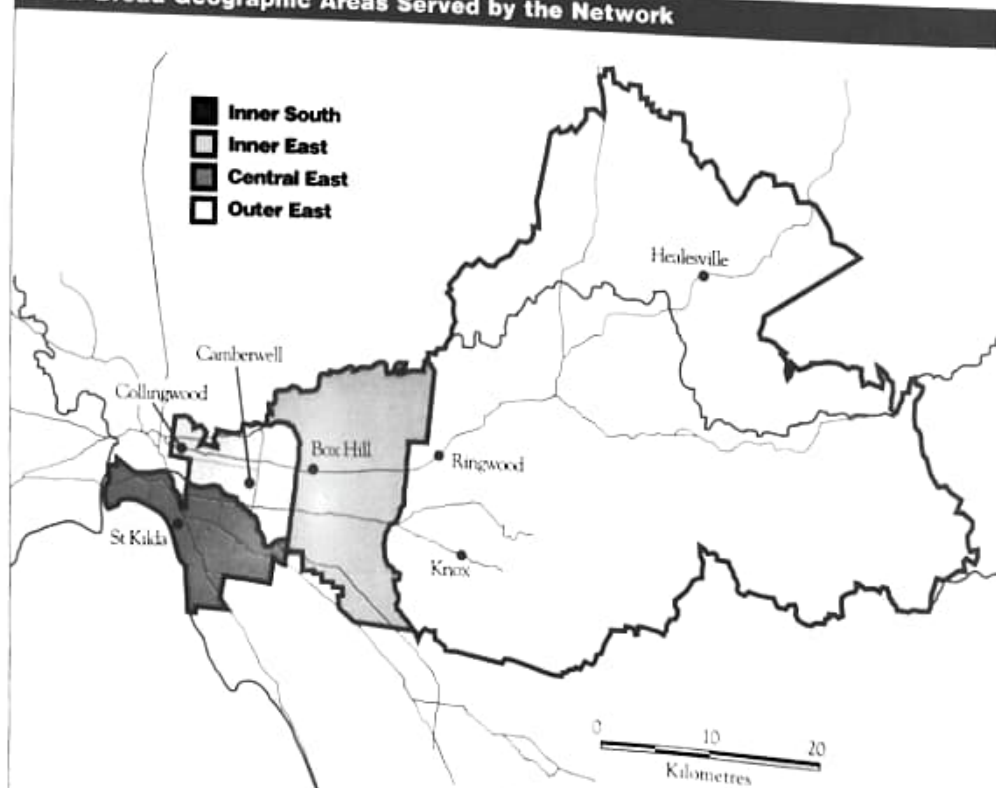
The outer east has the largest number of children, with one quarter of the population aged under 14, compared with 15 percent in the inner east. The outer east also has the highest number of women of child-bearing age, with around 73,000 women aged 15 to 39 years compared with the inner east which has about 42,000 in this age group.

Our population is ageing with an anticipated increase in elderly people placing greater demand on our resources and services over the next ten years. The aged population of the inner east and inner south is anticipated to decline over the next decade whereas in the outer east an increase by 16 percent is anticipated, from 32,000 to around 37,000 persons aged 65 years and over. In line with the ageing of our community, there will also be fewer children and fewer women of child bearing age.

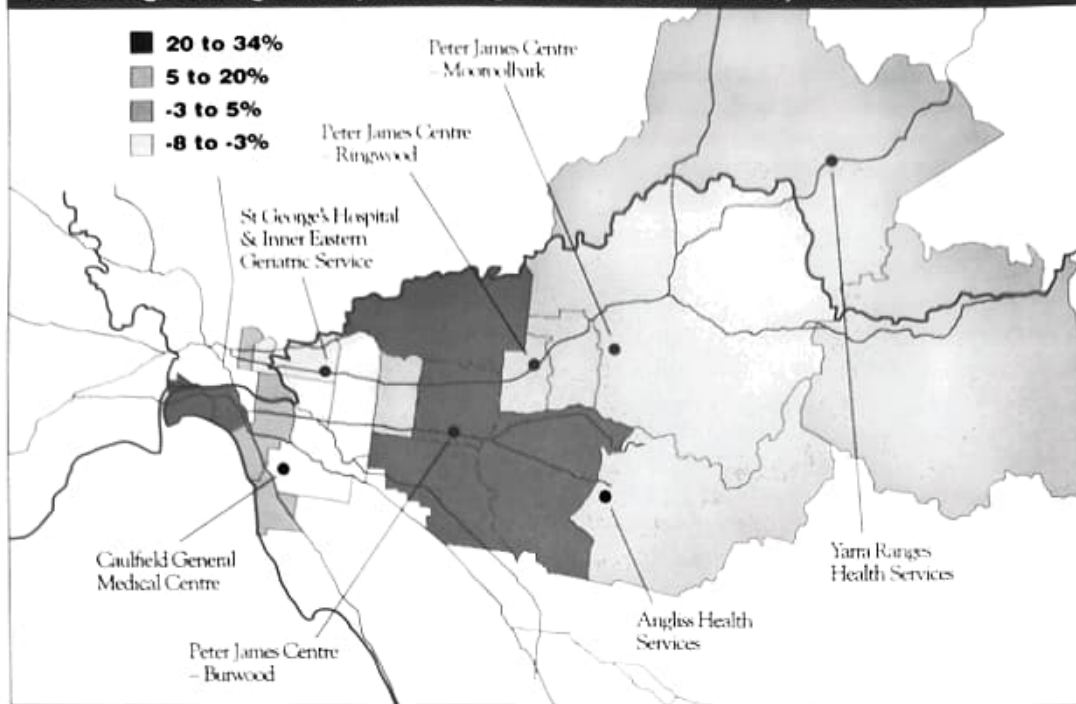
People living in the areas served by the Network are highly diverse in terms of socio-economic status. There are pockets of relatively high socio-economic status in the inner south and inner east such as in the suburbs of Camberwell, Hawthorn, Kew and Toorak. There are also areas of relative disadvantage in the inner south and inner east, such as in Collingwood, Fitzroy, Richmond, Port Melbourne and St Kilda. People living in the outer east are relatively consistent in socio-economic status with rates just above the average for Victoria. The unemployment rate is lowest in the central east with similar rates in the inner east and the outer east.

*From city
to country,
a diverse
community
with
changing
health needs*

Four Broad Geographic Areas Served by the Network



Percentage Change in Population Aged 75 Years and Over, 1996-2001



The outer east has a high level of demand for health services and it is increasing

The areas served by the Inner & Eastern Health Care Network have a diverse ethnic mix, although in comparison with other metropolitan regions the number of people from a non-English speaking background is relatively small and concentrated in the inner south and inner east. Just over one quarter of the population in the inner part of the inner east, inner south and in the central east are born overseas.

There are concentrated pockets of people born in Southern Europe and in South East Asia living in mainly the central east and to a lesser extent in Camberwell, Knox and Caulfield. Box Hill has a significant number of South East Asian born residents, mainly of Chinese extraction. Doncaster/ Templestowe, Waverley, Caulfield and Knox have above average numbers of people born in the Middle East.

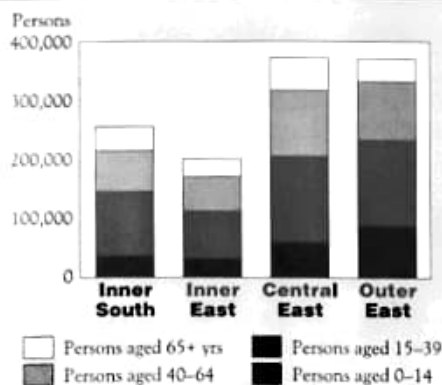
The outer east municipalities of Knox, Lilydale and Healesville and in some areas of Fitzroy and Richmond have above average numbers of Kooris and Torres Strait Islanders.

In short, it can be seen that the areas served by the Inner and Eastern Health Care Network are in a state of dynamic change, with major increases expected in the aged populations in the central east and outer east in contrast to the more established suburbs of the inner south and inner east areas where the aged population is in decline. This demographic transition occurring in the central and outer east is the principal factor driving increased demand for acute health and aged services, as the total population size is relatively stable. For the Network, this expansion to the east in health services demand highlights the importance of moving services closer to where people live.

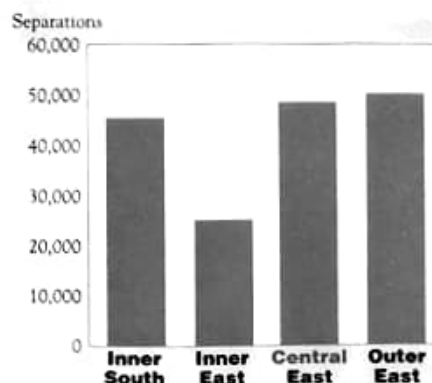


INNER & EASTERN
HEALTH CARE NETWORK

Demographic Profile of Areas Served by I&EHCN, 1996



Patient Admissions by Catchment Area, 1994-95



WHERE WE ARE TODAY

The Inner & Eastern Health Care Network (I&EHCN) was established by the Victorian Government on 1 July 1996 and includes the following health care services: Alfred Hospital, Angliss Health Service, Box Hill Hospital, Burwood & District Community Hospital, Caulfield General Medical Centre, Maroondah Hospital, Peter James Centre, Peter MacCallum Cancer Institute, Royal Victorian Eye & Ear Hospital, St George's Hospital & Inner Eastern Geriatric Service, and Yarra Ranges Health Service.

These hospitals and health services are now under the I&EHCN Board of Directors and, for 1995/96, had a total revenue of \$575 million, including capital, of which \$490 million was funded by the Department of Human Services.

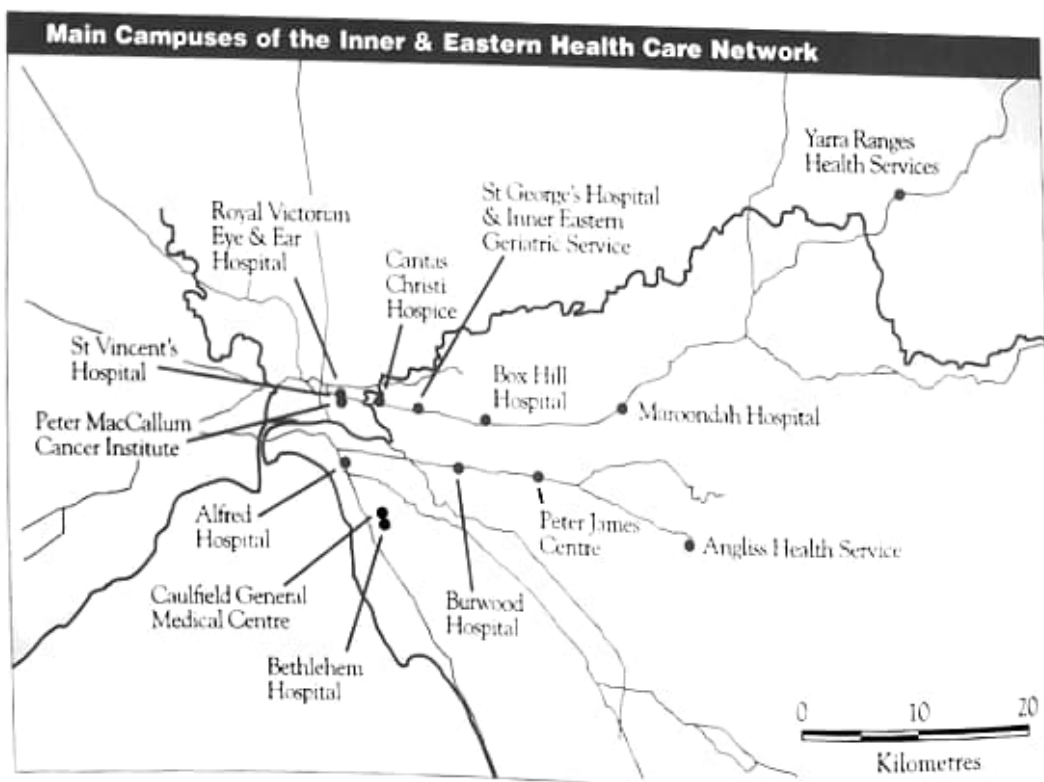
Services are provided by the Network through more than 50 service locations and, in 1995/96 over 180,000 inpatients, 1.25 million outpatients, 190,000 aged care program bed days and 50,000 mental health program bed days were provided. Services range from

highly specialised services (such as heart-lung transplants, micro surgery, bionic ear surgery) to hospital-in-the-home and community based primary care services. On average one in every two families living in the inner and eastern metropolitan area has direct contact with the Network's services in any one year. We are therefore keenly aware of our wider community responsibilities.

Independently managed church-affiliated hospitals are also integral to the provision of our services. The Network benefits by working constructively in association with the following denominational hospitals: Bethlehem Hospital Inc, Caritas Christi Hospice Ltd and St Vincent's Hospital (Melbourne) Ltd.

St Vincent's Hospital and Caritas Christi Hospice are members of the Sisters of Charity Health Service and are governed by the Interim Regional Board of that service. Bethlehem Hospital is managed by the Sisters of the Little Company of Mary.

The largest metropolitan health care network



OUR MISSION

The Network Mission is to provide health care of the highest quality which equitably meets the needs of individuals and the community.

The Network will work towards achieving this Mission in the following ways:

- By providing a *comprehensive portfolio of services* which:
 - are perceived by the patient to be *easy to use, coordinated and appropriately located,*
 - are provided in a *cost effective manner;* and which
 - produce *good outcomes.*
- By adopting *network-wide models of care* which are based on best practice protocols reflecting evidence-based medicine.
- By working with general practitioners and other primary care providers to facilitate *continuity of care* and to develop primary care-led models of care.
- By actively promoting teaching and research within our Network and strengthening our partnerships with academic and research organisations to further *staff education and the pursuit of knowledge.*
- By developing strategic alliances with the voluntary sector and the private sector to improve *service delivery, cost efficiency and cost effectiveness.*

Strengthening alliances to achieve common goals

COLLABORATION WITH OTHERS

The Network is keen to collaborate with other service providers and organisations, in the interests of developing a vibrant Network which better meets our patients' health care needs and staff development requirements.

The Network is also particularly keen to interact with the private sector in order to pursue our overall strategic directions and objectives.

We will work closely with our affiliated universities (Melbourne, Monash, Deakin, La Trobe and RMIT) to establish appropriate education facilities and programs across the Network to enable up and coming health professionals to be trained at the leading edge of service delivery. Our Network will provide undergraduate and post-graduate teaching and training for a range of health professionals across multiple sites in the Network.

Research of the highest international quality is carried out in the University and hospital departments of the Network as well as in world renowned research institutes and centres such as the Australian Bionic Ear and Hearing Research Institute, Baker Medical Research Institute, the International Diabetes Institute, St Vincent's Institute of Medical

Research, the Bernard O'Brien Institute of Microsurgery, the Melbourne Neuromuscular Research Centre and the Peter MacCallum Research Laboratories, amongst others. The Network recognises the value of strategic alliances with these organisations in relation to the development of leading edge services.

The Network is already working actively with general practitioners through their Divisions of General Practice in order to involve them in the planning process and to develop appropriate service linkages so as to enhance access for patients to Network services. Such a productive liaison is essential to the achievement of integrated services.

Linkages with community health centres, domiciliary nursing services and other pre- and post-acute care community services will also be maintained and strengthened where these are consistent with our strategic directions.

The Network will work in consultation with The University of Melbourne and Monash University in developing its plans for a tertiary facility at Knox.



INNER & EASTERN
HEALTH CARE NETWORK

Community Support

We value the significant effort and generous contribution by more than 30 auxiliaries associated with our Network's hospitals and by corporate and community donors over many years. In seeking their ongoing support we will endeavour to keep them fully informed about details of the plan as these evolve.

MAJOR INITIATIVES AT EACH CAMPUS

The right service at the right location

In this section, a summary is presented of the major initiatives at each campus. The Chief Executive Officer and clinical leaders at each campus are responsible for making the planned changes and will work with their Network colleagues to ensure that services are linked across campuses into a seamless service.

1 Alfred Hospital

- Maintain current role while consolidating services.
- Reconfigure selected services to shift some resources over time to meet demand for services in the eastern suburbs.
- Coordinate the William Buckland Radiotherapy Service with the Peter MacCallum Cancer Institute to provide Statewide radiation oncology services.
- Develop a new 50-bed psychiatric inpatient unit.
- Relocate some renal dialysis services to Caulfield General Medical Centre.
- Upgrade Emergency Department and coordinate with Trauma Centre.
- Progressively upgrade wards in Main Ward Block.
- Develop 20 bed HIV/AIDS Continuing Care Unit.
- Provide acute care services relocated from Caulfield General Medical Centre.
- Further develop academic research precinct involving Monash University, Baker Medical Research Institute and, subject to confirmation, Macfarlane Burnet Centre for Medical Research.
- Further develop Van Cleef Centre for Neurosciences.
- Lead the development of a decentralised system of trauma management across the Network.
- Senior clinicians from Alfred Hospital to work collaboratively with clinicians from other Network hospitals to establish clinical protocols and models of care across the Network.

2 Angliss Health Service

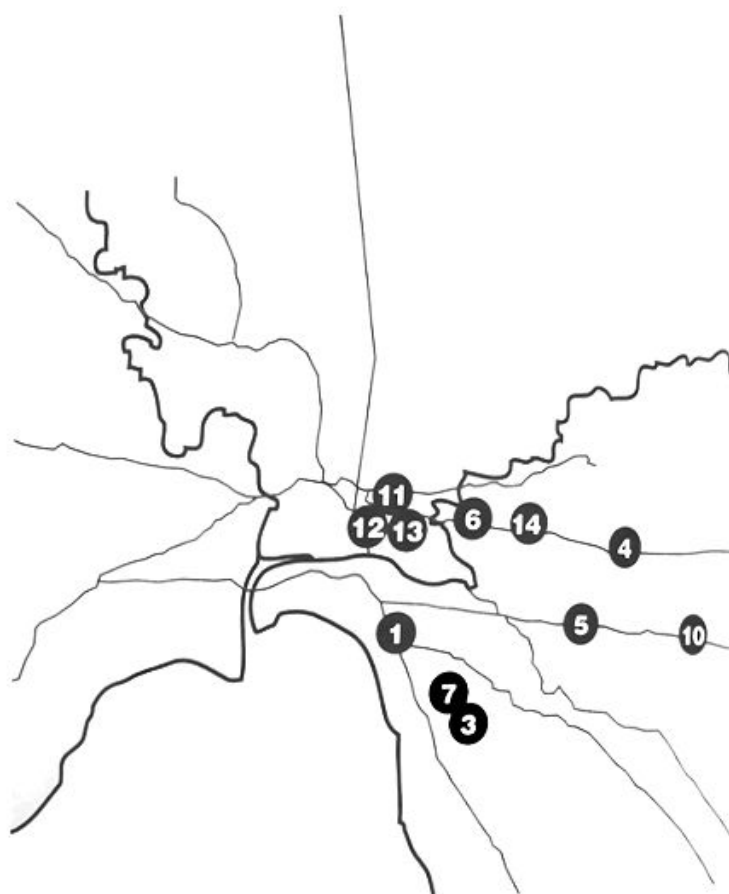
- Progressive expansion of acute care services pending the development of Knox Hospital.
- Up to 20 percent increase in patient throughput using existing facilities.
- Stabilisation of level of general acute care services after new hospital at Knox opens.
- Increase focus on aged care/extended care services with associated ambulatory acute care services following development of new hospital at Knox.
- Develop new 34 place residential hostel.
- Establish designated rehabilitation services using existing facilities.
- Contribute to ongoing Network-wide clinical service planning.

3 Bethlehem Hospital

- Redevelop as a palliative care "hub" service while retaining specialist services such as services for patients with chronic neurological disorders.
- Contribute to the development of a palliative care services plan for the metropolitan area incorporating a service delivery model involving domiciliary services, aged care services, acute care and hospice services.
- Contribute to the progressive establishment of decentralised palliative care services across metropolitan area.

4 Box Hill Hospital

- Increase level of service provision pending the development of the new hospital at Knox.
- Up to 15 percent increase in patient throughput utilising existing facilities.
- Stabilise the level of services and clarify the range and level of specialist services following development of new hospital at Knox.
- Provide acute care medical and surgical services relocated from Burwood Hospital to Box Hill from early 1997.
- Progressively provide selected acute care services relocated from St George's Hospital to Box Hill from 1996/97.
- Retain investigational cardiology and consider the development of cardiac surgery pending the establishment of new hospital at Knox.
- Senior clinicians from Box Hill Hospital to work collaboratively with clinicians from other Network hospitals to establish clinical protocols and models of care across the Network.



5 Burwood & District Community Hospital

- Relocate acute care medical and surgical services to Box Hill Hospital by early 1997.
- Relocate renal dialysis to a new central east renal dialysis service to be developed at Peter James Centre by early 1997.
- Close hospital site.

6 Caritas Christi Hospice

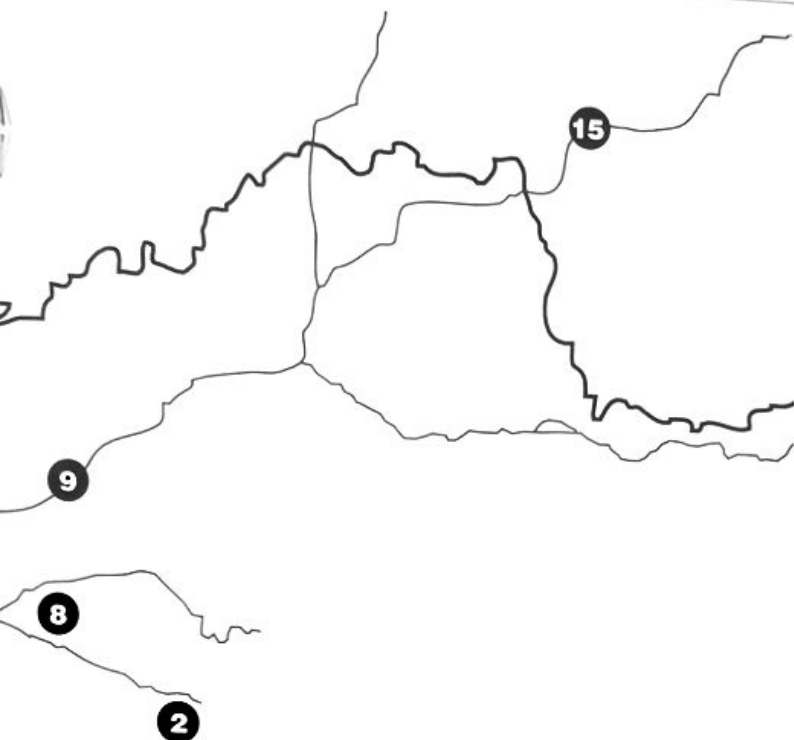
- Redevelop as a palliative care "hub" service with a focus on palliative care teaching and research.
- Contribute to the development of a palliative care services plan for the metropolitan area incorporating a service delivery model involving domiciliary services, aged care services, acute care and hospice services.
- Contribute to the progressive establishment of decentralised palliative care services across metropolitan area.

7 Caulfield General Medical Centre

- Retain and further develop role as aged care, rehabilitation and extended care "hub" for the inner south including aged psychiatric services.
- Develop a clear role for Caulfield in the Network, separate from Alfred Hospital.
- Relocate most acute services to Alfred Hospital while retaining a level of acute care services to support aged care/extended care services.
- General and specialist rehabilitation services will be provided.
- Establish renal dialysis satellite service with resources relocated from Alfred Hospital.
- Progressively sell part of site using proceeds to upgrade physical facilities of facilities.

8 New Hospital at Knox

- Planned new public hospital.
- Highly specialised acute care services for the population of the outer east.
- Developed in two stages with Stage 1 opening in 2001.
- Timing and scope of Stage 2 to be determined on the basis of community needs following Stage 1 implementation.



9 Maroondah Hospital

- Progressively expand services pending the development of new hospital at Knox.
- Up to 15 percent increase in inpatient throughput utilising existing facilities.
- Enhance ambulatory acute care services and open an operating theatre which has never been used.
- Focus increasingly on community hospital services including psychiatric and ambulatory care following development of Knox Hospital.
- Open a new child and adolescent inpatient unit.
- Contribute to ongoing Network-wide clinical service planning.
- Assess the needs of Lilydale catchment following implementation of the plan.
- Contribute to ongoing Network-wide clinical service planning.

10 Peter James Centre

- Maintain current focus on services for aged care, rehabilitation, aged psychiatry and extended care services.
- Retain and further develop role as an aged care/ extended care "hub" in the central east/ outer east including aged psychiatry services.
- Enhance capacity and range of services particularly in assessment, rehabilitation and palliative care to meet the increasing demand for extended care.
- Review role of Peter James Centre in the context of the longer-term role of Angliss Health Service in providing extended care services in the outer east.
- Develop renal dialysis service relocated from Burwood Hospital.
- Progress the development of mobility disorder unit.
- Review the future role of Manvantara campus taking into account poor standard of facilities.

11 St Vincent's Hospital

- Maintain teaching hospital role.
- Shift some resources over time to meet demand for services in the eastern suburbs.
- Maintain current level of emergency services, psychiatric and alcohol and drug services for inner city local community.
- Retain association with research institutes.
- Senior clinicians from St Vincent's Hospital to work collaboratively with clinicians from other Network hospitals to establish clinical protocols and models of care across the Network.

12 Peter MacCallum Cancer Institute

- Develop coordinated Statewide service in conjunction with the William Buckland Radiotherapy Centre at Alfred Hospital.
- Reduce the concentration of radiation oncology services in the inner city and develop "spoke" services in the west and outer east as part of a "hub and spoke" service model.
- Further develop head/ neck cancer services and specialisation in familial cancer.
- Retain commitment to cancer research.
- Senior clinicians from Peter MacCallum Cancer Institute to work collaboratively with clinicians from other Network hospitals to establish clinical protocols of care across the Network in relevant specialties.

13 Royal Victorian Eye & Ear Hospital

- Reconfigure as a "hub and spoke" Statewide service.
- Where appropriate, provide low complexity services closer to where people live in the outer suburbs.
- Provide highly specialised services and sufficient general services to meet the need of the local community and rural referred patients at a "hub" site in the vicinity of the inner city.
- Retain role in world-class academic and research activities.
- Senior clinicians from Royal Victorian Eye & Ear Hospital to work collaboratively with clinicians from other Network hospitals to establish clinical protocol of care across the Network in relevant specialties.

14 St George's Hospital & Inner Eastern Geriatric Service

- Focus Kew site on aged care, rehabilitation and extended care services with relocation of selected acute services to Box Hill Hospital.
- Retain some aged-related acute medical services to support the aged care/extended care role.
- Relocate acute surgical services progressively to Box Hill Hospital.
- Retain and further develop role as aged/ extended care "hub" for the inner east including aged psychiatric services.
- Relocate aged care/ extended care services provided at Victoria Parade (excluding the nursing home) and Henry Pride sites to Kew site.
- Relocate obstetric services by 1999. Develop options for this relocation taking into account service needs in the central and outer east and the impact of the co-location of the Mercy Hospital for Women with Austin & Repatriation Medical Centre.
- Include aged care, assessment, rehabilitation and psychogeriatric services at Kew site.
- Consideration to be given to 24-hour general practitioner service and academic general practice unit at Kew.

15 Yarra Ranges Health Service

- Maintain current services and retain local community role for acute care, community outreach and extended care services.
- Contribute to ongoing Network-wide clinical service planning.

NETWORKING OUR CLINICAL SERVICES

As a matter of priority, the Network will establish Network-wide models of care which are based on best practice reflecting evidence based medicine.

The Network will involve senior clinicians at all hospitals including St Vincent's, Alfred, Royal Victorian Eye and Ear, Box Hill and Maroondah Hospitals, Angliss Health Service and Peter MacCallum Cancer Institute to work collaboratively to plan acute care clinical services across the Network including the new hospital at Knox.

Priority will be given to reconfiguring cardiovascular, cancer, ophthalmology, neurology, neurosurgery, urology and nephrology services in order to take specialist services closer to where people live.

The Network will appoint clinical leaders in each of these specialty areas to work with colleagues in developing advice for the Network regarding the optimal distribution and delivery of health care within the Network. Particular attention will be paid to implementing clinical pathways which are underpinned by evidence of effectiveness and to promoting seamless models of care. A special emphasis on the key role of general practitioners and other community-based providers in caring for our patients will also be fostered.

Aged care services and mental health services will be coordinated across the Network, taking advantage of the clinical leadership associated with current area-based aged and mental health services.

Promoting
best practice
in our
clinical
services



Eye Services

Taking Eye Services Closer to Where People Live

One in four people by the age of 75 will develop cataracts of the eye. This is a progressive degeneration of the lens of the eye which results in cloudy vision initially and blindness if not treated.

The average age of cataract patients treated at the Royal Victorian Eye & Ear Hospital (RVEEH) is 73 years. They need to attend the hospital five times, on average, for pre-surgical assessment, day surgery and post-surgical review consultations. Being old and with poor sight, cataract patients frequently

rely upon other people to bring them to the hospital.

While not all people who develop cataracts require surgery, last year, about 700 patients travelled from the central east and outer east for cataract services at RVEEH, a journey of one or more hours each way.

The Network has a commitment to decentralise those services which are best provided at the local level.

To this end, services will be established to provide this surgical procedure, as well as other relatively routine eye services, closer to where people live as part of the "hub and spoke" service model to be developed for RVEEH.



TAKING SPECIALIST SERVICES CLOSER TO WHERE PEOPLE LIVE

The Network will establish "hub and spoke" models of service delivery (see diagram page three) to improve access for the following specialist services:

- **Radiotherapy Services:** Peter MacCallum Cancer Institute and the William Buckland Radiotherapy Centre at Alfred Hospital will develop a coordinated, Statewide radiation oncology service and will provide "spoke" services at appropriate locations in local communities to improve service access and quality of care. Priority will be given to establishing services in the west and outer east.
- **Eye and Ear Services:** The Royal Victorian Eye and Ear Hospital will be the "hub" for a Statewide service which will include outpatient and day surgery services.

This change will mean that a higher proportion of general and ambulatory care services will be provided in locations closer to where people live, particularly for elderly people who need these services.

- **Palliative Care Services:** Bethlehem Hospital and Caritas Christi Hospice will be redeveloped as "hub" centres within a decentralised palliative care service across the metropolitan area. Linkages will be developed between hospice services, domiciliary services, acute care services and with aged care residential and extended care services. The new services will include a mix of smaller hospice units and palliative care beds more widely distributed while retaining a "hub" hospice service for academic teaching and research.

Making specialist services more accessible



INNER & EASTERN
HEALTH CARE NETWORK

Cancer Services

Taking Cancer Services Closer to Where People Live

Cancer is the second leading cause of death in Australia, responsible for 26 percent of all deaths. Cancer occurs in many different forms, but the most common are lung, breast, bowel, prostate and skin cancers. The risk of cancer is lowest in childhood and increases with age. Cancer incidence is highest in the age group 65 years and over, affecting 59 percent of this population. Men have a one in three lifetime risk of cancer while for women the risk is one in four (for all cancers excluding skin cancers other than melanoma).

The main forms of treatment are surgery, drug therapy (chemotherapy) and radiation

therapy. About 50 percent of cancer patients benefit significantly from inclusion of radiotherapy in their treatment. Patients undergoing radiotherapy treatment require multiple visits over several months. The average patient with breast cancer requires 25 visits, and for lung cancer, 30 to 40 visits. After treatment the patient may often feel exhausted and unwell, needing assistance to travel home.

Last year, about one in five patients receiving inpatient radiotherapy treatment travelled from the outer eastern and western suburbs to the Peter MacCallum Cancer Institute. The Network proposes to further develop radiation oncology services in the outer metropolitan areas closer to where people live as part of a "hub and spoke" service model.

CHANGING THE ROLE OF SITES WITHIN A NETWORK OF SERVICES

Services will change at sites which have had a multiple focus in recent years. This will result in resources being better used to provide more focused services in sites which have a clearly defined role within the Network.

- Aged care assessment, rehabilitation and palliative care services will be progressively enhanced at Peter James Centre and at Angliss Health Service to meet the growing demand in the central and outer east. Links between age related acute care services, rehabilitation and domiciliary services will be developed at all sites to enhance continuity of care.
- The Kew campus of St George's Hospital & Inner Eastern Geriatric Service will become the major centre in the inner east for aged care and extended care services including rehabilitation and aged psychiatry services. Extended care services currently in old and inappropriate buildings at the Victoria Parade and Henry Pride campuses will progressively relocate to Kew campus. Acute surgical services will be progressively relocated from St George's Hospital to nearby Box Hill Hospital, about six kilometres away. The operating theatres at St George's are sub-standard and it is not cost effective to upgrade them as there is currently underutilised capacity at nearby sites. Obstetric services will be relocated from St George's Hospital by 1999. Where these services are relocated will depend upon service redevelopments in the north east (Mercy Hospital for Women will be re-located with the Austin and Repatriation Medical Centre) and on obstetric service needs in the central and outer east. Capital redevelopment of the Kew site will be completed by early 1999.
- Acute care services currently provided by Burwood Hospital will be relocated to Box Hill Hospital, about six kilometres away, by early 1997. The hospital has about half the number of beds of an average ward in other community hospitals yet requires ongoing capital maintenance and many of the overheads of a separate facility. A significant proportion of Burwood Hospital's patients are from quite distant locations, indicating that it no longer has a predominantly local community role. By relocating the services the Network will be able to provide services to an additional 650 more patients than Burwood currently provides for, because of operational savings which can be achieved.
- Acute care services at Caulfield General Medical Centre will be reconfigured as the centre develops its focus on aged care, rehabilitation and extended care services including aged psychiatry and general and specialist rehabilitation services. Significant reorganisation will take place on the site to address the problem of very old facilities. The majority of acute care services will relocate to Alfred Hospital but selected acute care services will be retained to support the aged care/ extended care role and the clinical requirements of the International Diabetes Institute which is co-located on the Caulfield campus. Caulfield General Medical Centre will be able to develop a clear role in the Network separate from Alfred Hospital, whilst recognising the beneficial service inter-relationships which exist between acute care at Alfred Hospital and aged care, rehabilitation and extended care at Caulfield. Capital redevelopment of Caulfield will be completed by early 2001.

Optimising the use of our sites

Over half of the Inner & Eastern Health Care Network's services are provided to people over 60 years of age.



- The Network also provides a range of aged residential services. The Network will review its role in nursing home and hostel services, taking into account recent changes in Commonwealth funding arrangements and the poor quality of some aged residential facilities in the Network. The Network will ensure that where there is a transition from institutional to community based care, or from one provider of such care to another, this will be undertaken giving every consideration to the needs of individual residents.

A NEW HOSPITAL AT KNOX

The major inner city teaching hospitals were established over 100 years ago at sites convenient for the population at that time but their location now does not reflect the substantial shift in Melbourne's population to the outer suburbs and the predicted future increases in demand.

Five times as many acute hospital beds are available per head of population in the inner city compared with the central and outer eastern suburbs.

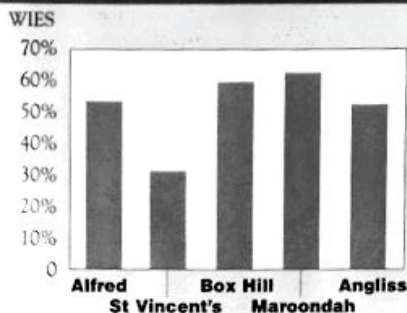
In the central and outer east, where over 700,000 people live, patients currently are forced to travel significant distances to access specialist care predominantly offered in the inner city. Each year, more than 39,000 people living in this area are obliged to travel for services which are not provided locally, including specialist services. These services are equal to the activity of a major inner city teaching hospital.

Maroondah Hospital, which is a community hospital in the outer east, has both the largest waiting list of any hospital in the Network as well as the highest proportion of emergency admissions. It is frequently unable to accept ambulances because it has no available beds.

With the aged population increasing by 16 percent over the next decade in the outer east and declining in the inner east by 15 percent in the same period, this imbalance in access will become greater. The need for cancer services, heart services, ophthalmology, renal and intensive care services will increase in the outer east as the population ages.

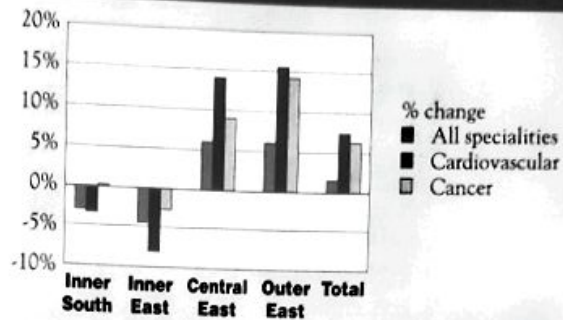
The Network's plan addresses these needs responsibly within the available resources.

Emergency Admissions as Percentage of Total Admissions, 1994-95



Central/outer east hospitals have the highest percentage of emergency admissions (casemix adjusted).

Projected Change in Demand to 2001: Heart, Cancer and Total Admissions



The Network proposes to establish a new acute care facility in the Knox area which will become, over time, the "hub" acute care service for the outer east.

As part of the planning process, the Network commissioned two independent studies to identify the most convenient and appropriate location for a major acute hospital in the outer east. These studies used computer modelling techniques for current and estimated future population and service need requirements. Both modelling studies verified that locating a specialist hospital in the Knox area would benefit significantly more people than any other location in the central or outer east. The Knox area is central to transport links including transport corridors to the Yarra Ranges and Dandenong Ranges.

The new hospital at Knox will provide highly specialised acute care services to the population of the outer east and will complement other specialist hospitals located in a ring around the demographic centre of Melbourne (see diagram page 15). Developed in two stages, with stage 1 opening in 2001, Knox Hospital will feature state of the art technology and facilities including sophisticated diagnostic and treatment services and communications technology. The hospital will have strong links with locally based hospitals and community health care providers and will thus allow for a progressive and creative model of health care delivery to be developed.

The timing and scope of the second stage of this major development will be determined on the basis of community needs following implementation of the first stage. Resources will be redirected from the Network's services in the inner city in order to expand the level of services at Maroondah Hospital and Angliss Health Service immediately, so that services are enhanced in the outer east pending the establishment of the hospital at Knox and so that existing facilities in the outer east are used to maximum capacity.

Taking services closer to where people live



INNER & EASTERN
HEALTH CARE NETWORK

BETTER ACCESS TO A NETWORK OF SERVICES

The Network's plan clarifies the role of major sites and services across the four broad geographic areas where the majority of our patients live.

If you live in this local government area	Your major service providers will be:	
LOCAL GOVERNMENT AREA	Acute Care General Medical and Surgical Services*	Aged Care and Extended Care including Rehabilitation Services
INNER SOUTH Port Phillip Stonnington Glen Eira Bayside (Northern part)	Alfred Hospital*	Caulfield General Medical Centre
INNER EAST Yarra Boroondara	St Vincent's Hospital	St George's Hospital & Inner Eastern Geriatric Service (Kew)
CENTRAL EAST Manningham Whitehorse Monash (Northern part)	Box Hill Hospital	Peter James Centre (Burwood)
OUTER EAST Maroondah Knox Yarra Ranges	New Hospital at Knox* Maroondah Hospital Angliss Health Service Yarra Ranges Health Service	Angliss Health Service**

Pending the establishment of the new hospital at Knox, the Network will redirect resources from the inner city to enhance services at Box Hill Hospital, Maroondah Hospital and Angliss Health Service.

Heart Services

Taking Heart Disease Services Closer to Where People Live

Cardiovascular disease is the leading cause of death in Australia accounting for one death every ten minutes. Approximately one in eight people have a recent or a long-term cardiovascular condition such as heart disease and stroke. High blood pressure and heart disease are the most commonly reported heart conditions.

Ten percent of people in their 60s experience heart attacks which require urgent medical assessment. Clinical studies show that the likelihood of surviving a

heart attack improves if treatment is given within one hour. Hospitals which have cardiac catheter laboratories are able to provide immediate highly specialised diagnosis and treatment.

In the Inner & Eastern Health Care Network, cardiac laboratories are located at Alfred Hospital, St Vincent's and Box Hill Hospital. The Network proposes to further develop the cardiac response capacity of Box Hill in the short term, and in the longer term at the new hospital at Knox in order to take these important life saving services closer to where people live.

A framework for developing service linkages

Integrated Mental Health	Specialist "Hub" Services
Inner South East Area Mental Health Services at Alfred Hospital, Caulfield General Medical Centre and community sites	Bethlehem Hospital
Inner Urban East Area Mental Health Services at St Vincent's Hospital, St George's Hospital and community sites.	Royal Victorian Eye and Ear Hospital Peter MacCallum Cancer Institute Caritas Christi Hospice
Central East Area Mental Health Services at Box Hill Hospital, Peter James Centre and community sites.	Relevant "spoke" services to be developed
Outer East Area Mental Health Services at Maroondah Hospital and community sites.	Relevant "spoke" services to be developed

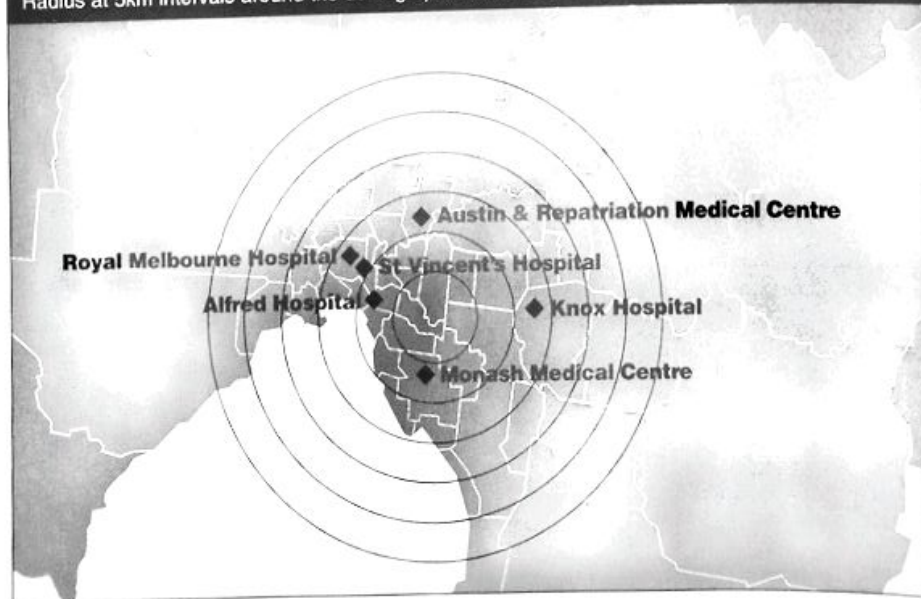
* In due course, Alfred Hospital and the new hospital at Knox will geographically complement each other in providing the Network's most highly specialised acute care services.

** At Angliss Health Service, there will be a heightened focus on aged and extended care following development of the new hospital at Knox.



INNER & EASTERN
HEALTH CARE NETWORK

The new hospital at Knox will geographically and demographically complement the distribution of specialised acute care services in the metropolitan area.
Radius at 5km intervals around the demographic centre of metropolitan area.



HOW PATIENTS WILL BENEFIT

The Network is committed to continuously improving its services to provide a healthier future for people living in inner and eastern Melbourne. Our focus will be the health outcomes achieved for every dollar spent with a special emphasis upon ensuring that care is based upon world best practice and evidence of the effectiveness of medical techniques.

Over time we expect to increase the proportion of our budget directed towards community-based, aged care, extended care and mental health services while continuing to recognise the critical importance of acute care services.

The plan will provide, within a major network, better service linkages across major programs of care (such as aged care) and better linkages across locally-based services with clearly defined roles. This will enable the Network to better meet the different health care needs of patients within their local communities.

We have highly skilled staff across the Network. Through coordination across the Network we seek to enhance their knowledge and skills so that the best possible care is provided to our patients and clients. Our commitment to patient-centred care is consistent with this.

Patients will benefit by having the right service at the right location when they need it. The Network's plan will reduce the number of residents of the central east and outer east having to travel significant distances to receive hospital services which should be available locally. Family and personal disruption and the hidden costs associated with this will therefore also be significantly reduced.

The Network's initiatives will deliver:

- a clearer role and degree of specialisation for each campus and a consequential improvement in service quality.
- less service duplication between nearby sites which will lead to increased resources for direct patient care.
- better self-sufficiency at the local level, within our four broad geographical areas for our core program areas: acute care, aged and extended care, and mental health services.
- improved inter-relationships between our hospitals and their local community services, particularly with general practitioners, to enhance service continuity.
- decentralised services to provide more specialised services at a local level.

Such initiatives, coupled with the Network's continuing efficiency proposals and its planned reduction in corporate overhead and support costs, will result in comparatively more resources being available for patient services; in higher quality and integrated services; and in markedly improved access to such services.

Through the initiatives outlined in this document and driven by the pursuit of its mission, the Inner & Eastern Health Care Network will move beyond the constraints of the past and achieve sustained improvements in access, quality and efficiency for the benefit of patients.

The Network invites comments on issues associated with the implementation of its planned changes.

Comments may be sent in writing to:
Mr Simon Blair, Chief Executive Officer,
Inner & Eastern Health Care Network,
3rd Floor, 174 Victoria Parade, East Melbourne, 3002.

By Fax: 9662 9145 By Phone: 9662 9692 (between 8.00am - 6.00pm)

*Better
access,
better care*

Doreen Akkerman, 8/8/96 10:52 PM, Cancer Services Review

X-Sender: doreen@mailhost
Mime-Version: 1.0
Date: Fri, 09 Aug 1996 08:52:41 +1000
To: Dorothy
From: Doreen Akkerman <doreen>
Subject: Cancer Services Review

I attended the Cancer Services Review Committee Meeting at the Mercy Hospital on Thursday, 8 August. (It was like the night of the long knives!!!!). Bill Adams was the Chair (and the power-Libby Aitken seemed to be also one of the prime movers).

Rob Planner presented first, then I stated that we had only just heard about the Review Committee meeting and had not had time to prepare a presentation, but I tabled the fact that the Anti-Cancer Council of Victoria was a unique and valuable resource-we were neutral, not aligned with any hospital yet vitally involved in all areas of cancer services.

I registered that we would welcome the opportunity to be involved in their process. I outlined that we had VCOG, the Cancer Registry, Epidemiology Centre, Centre for Behavioural Research, Cancer Information Service and Patient Services. VCOG and the Medical and Scientific Committees were involved with Clinical Trials, Data Managers and Research. I also distributed the projection data which they were very pleased to receive-Libby said they had already requested data, broken down into Local Government Areas from the Registry.

I told them that Dr. Burton would not be back until next Friday and Bill Adams said that he would look forward to hearing from him then.

What is happening to Melbourne's hospitals?

The Victorian Government, in conjunction with the metropolitan Health Care Networks, has announced an exciting and innovative Plan to ensure our hospitals are best positioned to provide accessible, high quality and efficient services to the community into the next century.

How much will the Plan cost?

Over \$900 million will be spent in the next ten years in the first ever systematic upgrade, refurbishment and redevelopment of Melbourne's public health care facilities.

Why do we need to change?

Melbourne's hospitals are over-concentrated in the inner city, and some are old, poorly located and unable to meet community needs or expectations.

Our system must change to cope with the demands of population growth and ageing, a shift of the population towards the outer suburban areas, and developments in technology and the practice of medicine.

Will all services be maintained?

Yes. The Plan will improve health care services by reconfiguring them to better meet the needs of the community. Service accessibility will be improved, and services will be better equipped to adopt advances in technology and clinical practice. All Networks will work towards improving continuity of care and linkages with community-based providers.

How will our health care system be improved?

A range of significant and innovative service changes will occur:

Three new hospitals will be built in Berwick, Epping and Knox.

New integrated care centres - providing a range of sophisticated day stay and community-based services - will open in Cranbourne, Sunbury, Frankston, Preston and at the Royal Women's Hospital, and an innovative new health service incorporating an integrated care centre, will be established in Broadmeadows.

Other major developments will include:

- The Austin and Repatriation Medical Centre will be redeveloped as a new major teaching hospital on the Repatriation site
- The Mercy Hospital for Women will relocate from its current inner city location. Maintaining its own identity, it will provide tertiary obstetric, gynaecology and neonatal services on the redeveloped Austin and Repatriation Medical Centre site
- The Royal Women's Hospital will be substantially upgraded on its existing site, including development of a new integrated care centre
- Western Hospital - Sunshine will be developed as a major community hospital for the western suburbs
- Services at Werribee Mercy and Williamstown Hospitals will be significantly expanded
- St George's Hospital and the Caulfield General Medical Centre will be redeveloped as aged care, extended care and psychogeriatric facilities

- Planning has commenced for the development of 'hub and spoke' arrangements for routine care and less specialised eye and ear services provided by the Royal Victorian Eye and Ear Hospital. Highly specialised services, teaching and research activities will be continued in the vicinity of the inner city
- Over time, services currently provided from Altona, Burwood, Essendon and Hampton Rehabilitation Hospitals, Henry Pride and Victoria Parade Geriatric Centres, North West Hospital Greenvale and Mordialloc/Cheltenham Community Hospital will be relocated to nearby facilities within Health Care Networks and the sites will close. Resources will be used to provide services in more appropriate locations.

What about teaching, training and research?

Maintenance and enhancement of the important work of our universities and research institutes has been a high priority in developing the Plan. The Government and Networks will continue to work with them throughout its implementation to ensure Victoria's long and proud tradition in teaching, training and research, is continued.

What will happen to the patients of hospitals which close?

The health and well-being of patients is of paramount importance to the Government and Health Care Networks. Continuity of patient care will be a priority implementing the Plan. All patients who need ongoing care will be referred to other Network services. Network will consult with patients to ensure referral to other appropriate hospitals, and prompt transfer of medical records and other important clinical information.

What will happen to the staff of hospitals affected by the Plan?

Consultation and communication with staff and, where necessary, unions, will be a priority task for Health Care Networks. Staged implementation of the Plan, and the development of new services at other Network sites, will provide staff affected by service relocation with opportunities for redeployment within Networks.

Will patients continue to have a choice about where their care is provided?

Yes. Choice of hospital is an important principle of Victoria's public health care system, and will be retained. While many patients and their doctors will choose referral to a hospital near their home, some may choose other services. Patient choice will be enhanced because more services will be available closer to home.

Will there be private sector involvement in the new developments?

Yes. Each project will be individually assessed to determine its potential and suitability for private sector involvement in accordance with National Competition Policy. All arrangements will ensure that patient priority is based solely on medical need, as exists now throughout the public health care system.

How long will it take to implement the Plan?

Implementation will be staged, with some initiatives to take effect immediately and others to occur over a seven year period.

Metropolitan Health Care Services Plan
Information Line

1800 503 603

Network Contacts

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Further copies of this report can be obtained by contacting the Information Line (above) or:

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Published by The Victorian Government Department of Human Services, 1996

Prepared by Acute Health Services Division,

Department of Human Services

Design & Production by Royce Communications Pty Ltd



A Healthier Future
A PLAN FOR
METROPOLITAN
HEALTH
& CARE SERVICES

**What is happening to
Melbourne's Hospitals?**





The Women's and Children's Health Care Network creates a centre of excellence which will greatly influence the provision of health care for women, the newborn, children and adolescents in Victoria, the nation and beyond to the Asia Pacific Region.

I believe that with the implementation of innovative patient management models and cost effectiveness and the provision of comprehensive programs in education, training and research, our Network will set an international benchmark for excellence.

Lyndsey Cattermole

Lyndsey Cattermole
Chairman

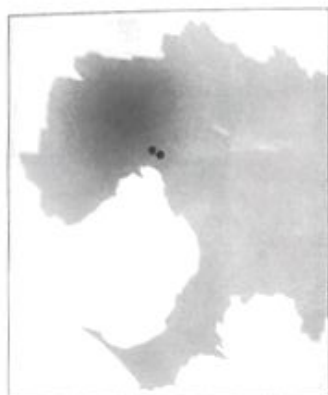
Women's and Children's Health Care Network

Network Challenges	Service Initiatives	Timeline
Decentralise services to enhance accessibility across Networks	<ul style="list-style-type: none"> ■ Maintain the Royal Women's Hospital as an innovative centre for provision of health services to women, and as a centre for teaching, research and education in women's health ■ Expand neonatal, obstetric, and gynaecological services across the metropolitan area via the establishment of a 'hub and spoke' model of service provision with other Networks ■ Maintain the Royal Children's Hospital as an innovative provider of services to children, and as a centre for paediatric teaching, research and education ■ Expand paediatric services across the metropolitan area via the establishment of a 'hub and spoke' model of service provision with other Networks 	ongoing
Upgrade facilities for the provision of services to women	<ul style="list-style-type: none"> ■ Substantially upgrade the Royal Women's Hospital clinical and research facilities, including development of a new women's integrated care centre with state of the art diagnostic and procedural technology 	1-5yrs
Further develop mental health services	<ul style="list-style-type: none"> ■ Expand child and adolescent mental health services 	1-5yrs

Our Mission

The Women's and Children's Health Care Network will work as a team to provide and promote the best possible care for women, the newborn, children, adolescents and their families. We will continue to improve our service by research and education, seeking to advance knowledge in women's, children's and adolescents' health. The Network will work co-operatively with other metropolitan Health Care Networks in a manner which complements statewide plans.

The Network recognises that through the Royal Women's Hospital and the Royal Children's Hospital it services distinct and different groups of society. The Royal Women's Hospital will focus on service provision for women and the newborn, and the Royal Children's Hospital will continue to focus on service provision for children and adolescents. The Network will provide separate and appropriate service models for each group; and will ensure the quality, access and efficiency of service is maintained.



Women's and Children's Health Care Network in 2001

Royal Children's Hospital

Expand paediatric service activity across the metropolitan area through the development of 'hub and spoke' service provision options with other Networks. Expand child and adolescent mental health services. City site to be maintained as a centre of excellence.

Royal Women's Hospital

Expand obstetric, gynaecological and neonatal service activity across the metropolitan area via the establishment of a 'hub and spoke' model of service provision with other Networks. City site to be maintained as a centre of excellence, incorporating a state of the art integrated care centre.





A Healthier Future
A PLAN FOR
METROPOLITAN
HEALTH
CARE SERVICES

HIGHLIGHTS



Meeting the Challenge

services will be established in Sunbury, Cranbourne, Frankston, Preston and at the Royal Women's Hospital, and a new innovative health service incorporating an integrated care centre will be established in Broadmeadows. Services provided within these centres will be shaped by community needs and may include high and low technology day surgical and medical procedures, renal dialysis, chemotherapy, general practitioner and specialist consultations, and community-based mental health, aged and extended care services.

Existing Hospitals to be Redeveloped

The Plan provides for the redevelopment of several existing hospitals and health care facilities:

- The Austin and Repatriation Medical Centre will be redeveloped as a new major teaching hospital on the Repatriation site
- The Mercy Hospital for Women will relocate from its current inner city location. Maintaining its own identity, it will provide tertiary obstetric, gynaecology and neonatal services to the north eastern population on the redeveloped Austin and Repatriation Medical Centre site
- The Royal Women's Hospital will be substantially upgraded on its existing site, with the addition of an integrated care facility to provide state of the art short stay diagnostic and procedural services, as well as community-based women's services
- Western Hospital-Sunshine will be developed as a major community hospital for the western suburbs
- Services at Werribee Mercy and Williamstown Hospitals will be significantly expanded to meet the needs of the growing population in the west

- St George's Hospital and the Caulfield General Medical Centre will be redeveloped as aged and extended care and psychoogeriatric facilities.

Planning has commenced for the development of 'hub and spoke' arrangements for routine care and less specialised eye and ear services provided by the Royal Victorian Eye and Ear Hospital. Highly specialised services, teaching and research activities will be consolidated to form a centre of excellence in the inner city vicinity.

Commitment to Teaching Training and Research

Research, teaching and training are core activities of the Victorian health care system, and underpin the delivery of high quality services. Networks and the Government will work with Universities and Research Institutes during implementation of the Plan to ensure the continuation of teaching and research excellence. New opportunities for enhancing research, teaching and training activities will be identified as new facilities are planned and developed.

Service Relocations Resulting in Site Closures

In order to develop more accessible services which are better tailored to the community's health care needs some existing hospital sites will close over time. These sites are Altona, Burwood, Hampton Rehabilitation and Essendon Hospitals, Henry Pride and Victoria Parade Geriatric Centres, North West Hospital in Greenvale and Mondiallo/Cheltenham Community Hospital.

Services at these sites will be relocated to modern facilities or facilities in more appropriate locations. Continuity of patient care will be a priority.

Each Health Care Network will ensure that services are relocated in an orderly manner, that patients are referred to other appropriate services within the Network, and that medical records are transferred to the new service location. Where appropriate, consideration will be given to the use of vacated sites for the provision of other services to local communities.

The Outcome for Melbourne

Implementation of the Plan will enhance the quality, efficiency and accessibility of Melbourne's public health care services into the next century. The health care system will have a clear focus on improved outcomes. Improved linkages between hospitals and other providers will ensure continuity of care. Access to services will be enhanced. Increasingly, technology will enable medical procedures to take place more quickly and closer to home. These initiatives will mean that Victorians of all ages can look forward to a healthier future.

Distribution of New and Significantly Expanded Facilities in 2001

Radius at 5km intervals around demographic centre of metropolitan area



The planning process identified three factors that both require and enable change to occur:

- New demands on the health system
- New capabilities, arising from better knowledge, advances in technology and new approaches to treatment
- Changing community preferences for how and where services are delivered

These factors have led to change in 3 key areas:

- Network Governance
- New ways of providing services
- New service locations

New Demands

Population growth in outer areas
Ageing population
Change in disease patterns



Network Governance

Establishment of Network Boards
Broader budget accountability
Improved linkages between individual services

New Capabilities

Advances in technology
New drugs
Advances in treatment
Better communication



**Directions
for a
Healthier
Future**



New Ways of Providing Services

Integrated care centres
'Hub and spoke' service model
Hospital in the Home



Community Preferences

Client-focused
Locally-based services
Better health outcomes
Continuity of care
High quality services

New Service Locations

Move services to follow shifting population
Change from hospital to community focus
Develop short stay and day surgery facilities



Service Directions for the Future

Locate services closer to where people live

- A new hospital in Epping
- A new hospital in Berwick
- A new tertiary hospital in Knox
- A new integrated care centre in Sunbury
- A new integrated care centre in Cranbourne
- A new integrated care centre in Frankston
- A new health service in Broadmeadows, incorporating an integrated care centre
- Relocate the Mercy Hospital for Women to the new redeveloped Austin and Repatriation Medical Centre site
- Relocate inpatient services from Preston and Northcote Community Hospital to the new Northern Hospital, and develop a new integrated care centre on the PANCH site
- Relocate all services provided at Altona Hospital to Williamstown and Werribee Mercy Hospitals
- Relocate all services provided at Royal Melbourne Hospital - Essendon to Western Hospital - Sunshine, Werribee Mercy Hospital and Broadmeadows Health Service
- Develop Western Hospital - Sunshine as a major community hospital for the western suburbs
- Enhance services at Williamstown Hospital and Werribee Mercy Hospital

Shift provision of services from institutional to community-based settings

- Establish stand alone integrated care centres in Cranbourne, Preston, Broadmeadows, Frankston and Sunbury to provide sophisticated non-inpatient medical, diagnostic and allied health services in community settings
- Establish a new integrated care centre at the Royal Women's Hospital
- Expand the Hospital in the Home program to provide hospital type health care to people living in the community
- Establish a Network-wide rehabilitation program in the south via a redistribution of Hampton Rehabilitation Hospital resources
- Continue to develop a comprehensive range of inpatient and community-based mental health services within the current framework for service delivery
- Continue to collocate acute inpatient mental health services with general hospitals by the establishment of purpose built facilities
- Complete the relocation of all mental health services from North Eastern Metropolitan Psychiatric Service, Royal Park and Heatherton Psychiatric Hospitals to other locations in the metropolitan area

Improve access to specialised services with 'hub and spoke' arrangements

- Establish a 'hub and spoke' model managed by the Women's and Children's Network for the provision of paediatric, obstetric and gynaecological services
- Substantially redevelop and upgrade the Royal Women's Hospital 'hub' on its existing site, with a new emphasis on integrated care
- Develop Peter MacCallum Cancer Institute and the William Buckland Radiotherapy Centre as a co-ordinated statewide cancer service
- Plan for the development of 'hub and spoke' arrangements for service delivery by the Royal Victorian Eye and Ear Hospital and work towards consolidation of a centre of excellence, including research and teaching, in the vicinity of the inner city

Develop services to meet the growth in health needs of older people

- Expand aged care services across all Networks to meet growth in the ageing population
- Develop an aged care health service including psychogeriatric services at Broadmeadows, relocating aged care services from North West Hospital - Greenvale
- Enhance aged care services in the inner city at the North West Hospital - Parkville site
- Develop St George's Hospital and Caulfield General Medical Centre as aged and extended care and psychogeriatric facilities
- Relocate services from the Inner Eastern Geriatric Service sites at Victoria Parade (excluding the nursing home) and the Henry Pride Centre to the St George's Hospital site in Kew
- Collocate aged care services with acute services at Monash Medical Centre - Clayton and Dandenong Hospital in conjunction with the Kingston Centre
- Continue to develop the Mt Eliza Centre to provide more sites for aged care and rehabilitation services on the Mornington Peninsula

Relocate services to efficient, appropriately located facilities

- Relocate all services currently provided from the Austin site to a new teaching hospital on the Repatriation site of the Austin and Repatriation Medical Centre
- Relocate all services provided at Burwood Hospital to Box Hill Hospital and Peter James Centre
- Relocate most acute services from Caulfield General Medical Centre to the Alfred Hospital
- Relocate most acute services from St George's Hospital to Box Hill Hospital
- Relocate all services provided at Mordialloc/ Cheltenham Hospital to Sandringham Hospital and Monash Medical Centre

Network Service Initiatives

Map Key	Health Care Services Site	Proposed Development	Implement By
Western Health Care Network			
NS 3	Altona Hospital Broadmeadows Health Service	<ul style="list-style-type: none"> Relocate all services to Williamstown and Werribee Mercy Hospitals New health service, incorporating an integrated care centre, and also providing inpatient aged and extended care and mental health services 	Immediate Late 1998
NS 4	North West Hospital - Greenvale North West Hospital - Parkville	<ul style="list-style-type: none"> Relocate all services to new Broadmeadows Health Service Maintain current role. Relocate nursing home beds to private sector. Relocate some services to Western Hospital - Footscray 	Late 1998 Early 2001
NS *	Royal Melbourne Hospital - Essendon Royal Melbourne Hospital - Parkville	<ul style="list-style-type: none"> Relocate all services to Western Hospital - Sunshine, Broadmeadows Health Service and Werribee Mercy Hospital Maintain current teaching role. Upgrade clinical services, including relocation of acute psychiatric service from Royal Park Hospital. Relocate some services to the outer west 	Mid 2000 Mid 2000
NS 1 2	Royal Park Psychiatric Hospital Sunbury Integrated Care Centre Werribee Mercy Hospital	<ul style="list-style-type: none"> Relocate all inpatient services to purpose-built facilities at Western Hospital - Sunshine, Broadmeadows Health Service, Royal Melbourne Hospital and Werribee Mercy Hospital New service providing ambulatory care and other health care services Maintain current role. Expand obstetric, general medicine, general surgery, palliative care and mental health services 	Late 1998 Mid 2001 Mid 1999
*	Western Hospital - Footscray	<ul style="list-style-type: none"> Maintain current role. Expand general services, cardiology and thoracic surgery services 	Mid 1997
*	Western Hospital - Sunshine	<ul style="list-style-type: none"> Enhance current role. Expand general services, including paediatric, obstetric, gynaecology, general surgery, general medicine and mental health services 	Early 2001
*	Williamstown Hospital	<ul style="list-style-type: none"> Maintain current role. Expand obstetric, gynaecological and day surgery services 	Late 1998
Women's and Children's Health Care Network			
*	Royal Children's Hospital	<ul style="list-style-type: none"> Expand paediatric service activity across metropolitan area via 'hub and spoke' model 	Mid 2001
*	Royal Women's Hospital	<ul style="list-style-type: none"> Expand obstetric, gynaecological and neonatal service activity via a 'hub and spoke' model. Facilities at the Royal Women's Hospital, including development of an integrated care centre 	Mid 2001
North Eastern Health Care Network			
*	Austin and Repatriation Medical Centre (A&RMC)	<ul style="list-style-type: none"> Redevelop as a major teaching hospital on the Repatriation site 	Late 2002
7	Bundoora Extended Care Centre	<ul style="list-style-type: none"> Maintain current role. Develop aged and mental health services 	Late 2001
NS	Mercy Hospital for Women	<ul style="list-style-type: none"> Relocate from current East Melbourne site to be collocated with the new Austin and Repatriation Medical Centre on the Repatriation site 	Late 1999
NS	North Eastern Metropolitan Psychiatric Service	<ul style="list-style-type: none"> Continue the relocation of all services across Network 	Late 1999
*	Northern Hospital	<ul style="list-style-type: none"> New community hospital 	Mid 1998
6	Preston and Northcote Community Hospital (PANCH)	<ul style="list-style-type: none"> Relocate inpatient services on current site to the new Northern Hospital and develop an integrated care centre 	Mid 1999
8	Royal Talbot Rehabilitation Centre	<ul style="list-style-type: none"> Maintain current role 	Late 1999
Inner and Eastern Health Care Network			
*	Alfred Hospital	<ul style="list-style-type: none"> Maintain current teaching role. Upgrade facilities and develop new acute psychiatric unit. Some resources will be shifted over time to build up services in the outer east 	Mid 1999
13	Angliss Health Service	<ul style="list-style-type: none"> Focus on community services, including aged and extended care and ambulatory services 	Late 1996
15	Bethlehem Hospital	<ul style="list-style-type: none"> Maintain current role 	Late 1996
*	Box Hill Hospital	<ul style="list-style-type: none"> Increase level of services during the development of Knox Hospital. Service stabilisation following development of Knox Hospital 	Late 1996
NS 9	Burwood and District Community Hospital Cantas Christi Hospice	<ul style="list-style-type: none"> Relocate all services to Box Hill Hospital and Peter James Centre Maintain current role 	Late 1996
14	Caulfield General Medical Centre	<ul style="list-style-type: none"> Focus on aged and extended care, and psychogeriatric services. Relocate most acute services to Alfred Hospital 	Early 2001
*	Knox Hospital	<ul style="list-style-type: none"> Staged development of new high technology tertiary hospital 	Late 2001
12	Maroondah Hospital	<ul style="list-style-type: none"> Expand services during the development of the new Knox Hospital. In the long term, focus on community services including mental health, ambulatory care and other health care services 	Early 2001

11	Peter James Centre	<ul style="list-style-type: none"> ■ Maintain current role in aged and extended care and psychogeriatric services. Develop satellite renal dialysis service 	Late 1996
*	Peter MacCallum Cancer Institute	<ul style="list-style-type: none"> ■ Maintain current role as statewide cancer services provider in conjunction with the William Buckland Centre at the Alfred Hospital 	Early 1998
*	Royal Victorian Eye and Ear Hospital	<ul style="list-style-type: none"> ■ Plan for the development of 'hub and spoke' arrangements for service delivery and work towards consolidation of a centre of excellence, including research and teaching, in the vicinity of the inner city 	Early 1999
10	St George's and Inner Eastern Geriatric Service (IEGS)	<ul style="list-style-type: none"> ■ Redevelop Kew site as an aged and extended care facility. Relocate acute services to Box Hill Hospital and the Mercy Hospital for Women. Relocate services provided at Victoria Parade and Henry Pride Centres to Kew site 	
*	St Vincent's Hospital	<ul style="list-style-type: none"> ■ Retain teaching hospital role. Some resources will be shifted over time to build up services in the outer east 	
18	Yarra Ranges Health Service	<ul style="list-style-type: none"> ■ Maintain current role 	

Southern Health Care Network

19	Benwick Hospital	<ul style="list-style-type: none"> ■ New community hospital 	Mid 1999
21	Cranbourne Integrated Care Centre	<ul style="list-style-type: none"> ■ New service providing ambulatory care and other health care services 	Late 1997
*	Dandenong Hospital	<ul style="list-style-type: none"> ■ Maintain current role. Enhance aged and extended care, rehabilitation and mental health services 	Late 1998
NS	Hampton Rehabilitation Hospital	<ul style="list-style-type: none"> ■ Establish a Network-wide rehabilitation program. Relocate all specialist services to Dandenong Hospital and Monash Medical Centre - Clayton 	Early 2001
NS	Heatherton Psychiatric Hospital	<ul style="list-style-type: none"> ■ Relocate all services to mainstream facilities and community-based services throughout Southern Health Care Network 	Late 2000
17	Kingston Centre	<ul style="list-style-type: none"> ■ Develop Network-wide aged and extended care, and psychogeriatric services 	Early 2001
*	Monash Medical Centre - Clayton/Moorabbin	<ul style="list-style-type: none"> ■ Maintain current services and teaching role on both sites. Expand some specialist services 	
NS	Mordialloc/Cheltenham Community Hospital	<ul style="list-style-type: none"> ■ Relocate services to Sandringham Hospital and Monash Medical Centre - Clayton 	Immediate
16	Sandringham Hospital	<ul style="list-style-type: none"> ■ Expand specialist services, including obstetric services, elective surgery and general medical care 	Immediate

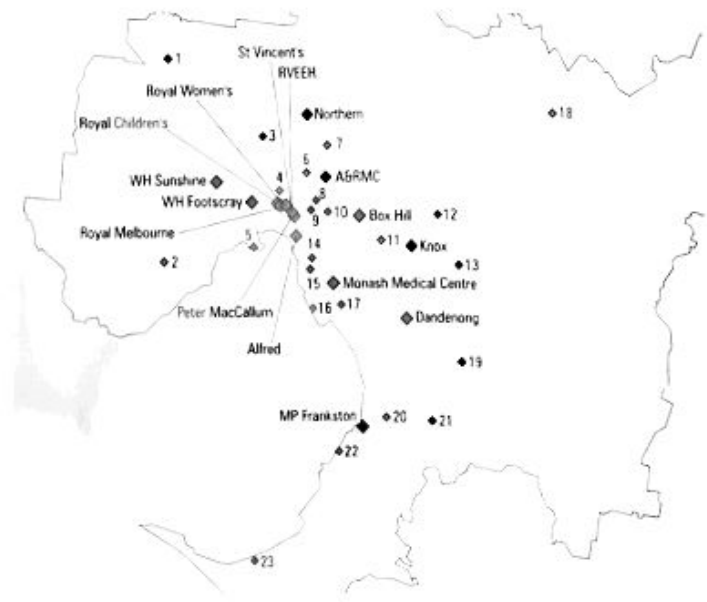
Peninsula Health Care Network

20	Frankston Aged and Extended Care	<ul style="list-style-type: none"> ■ Focus on inpatient rehabilitation services for young people with disabilities, inpatient palliative care services and aged care services 	Late 1998
NS	Frankston Integrated Care Centre	<ul style="list-style-type: none"> ■ Establish a new integrated care centre providing ambulatory care and other health care services (collocated with Mornington Peninsula Hospital - Frankston) 	Mid 2000
*	Mornington Peninsula Hospital - Frankston	<ul style="list-style-type: none"> ■ Maintain current role. Expand investigative cardiology services 	Mid 1997
23	Mornington Peninsula Hospital - Rosebud	<ul style="list-style-type: none"> ■ Maintain current role. Ensure provision of emergency services 	
22	Mt Eliza Rehabilitation and Aged Care Services	<ul style="list-style-type: none"> ■ Maintain current role. Redevelop services at more accessible sites on the Peninsula 	Mid 2000

* labelled on map
NS not shown on map

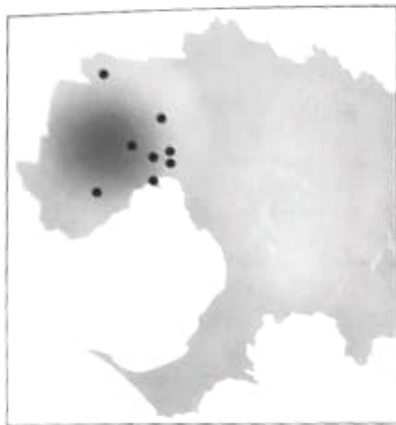
Metropolitan Health Care Services in 2001

◆ Existing Health Care Services
◆ New Health Care Services



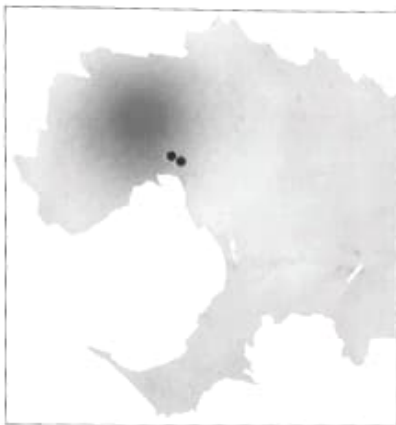
Network Locations

Western Health Care Network



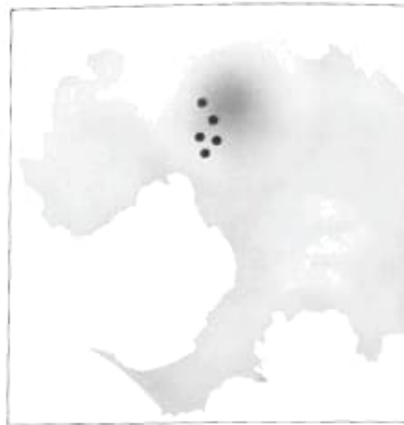
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Women's & Children's Health Care Network



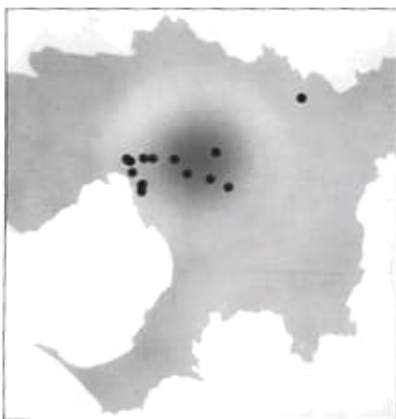
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North Eastern Health Care Network



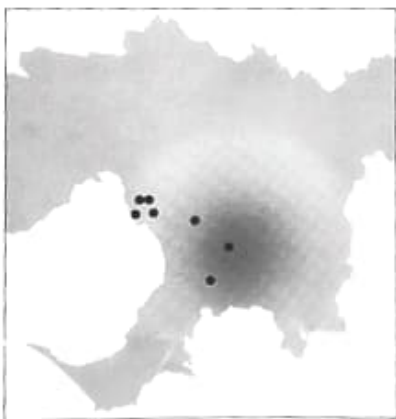
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Inner & Eastern Health Care Network



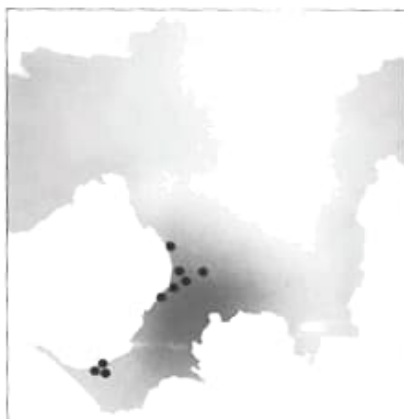
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Southern Health Care Network



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***If you would like a copy of the detailed Metropolitan
 Health Care Services Plan or Further Information
 Ring the Information Line***

1800 503 603