

WSROC

Advocating for the people of Western Sydney

Critical Condition

**A comparative
study of Health
Services in Western
Sydney**

**Prepared by
the Western Sydney Regional
Organisation of Councils Ltd**

August 2012

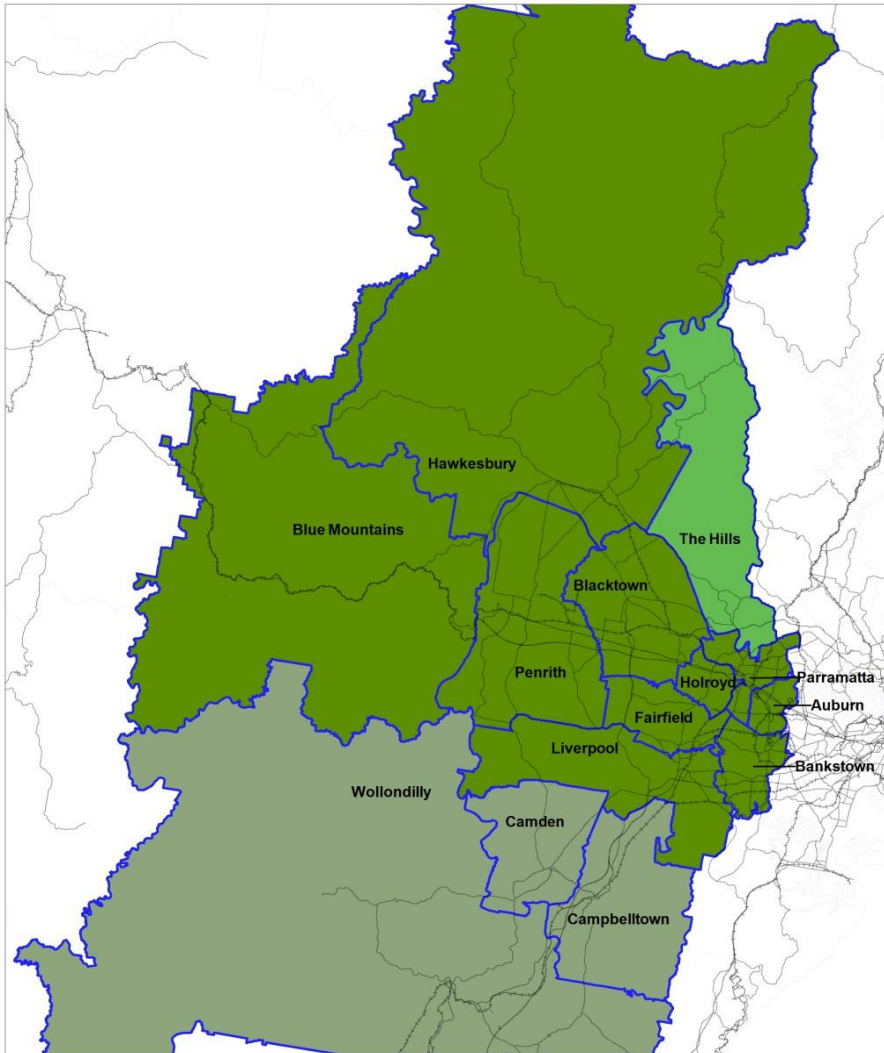




Western Sydney Regional Organisation of Councils Ltd

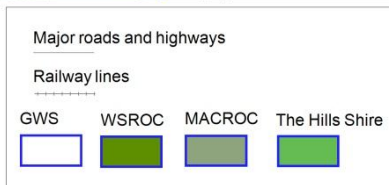
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GREATER WESTERN SYDNEY



Based on 2006 Local Government Areas
Source: ABS 2006
Produced by WESTIR Ltd.

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OUR VISION

The Western Sydney Regional Organisation of Councils Ltd (WSROC) represents ten local councils in Western Sydney: Auburn, Bankstown, Blacktown, Blue Mountains, Fairfield, Hawkesbury, Holroyd, Liverpool, Parramatta and Penrith.

Our role is to identify regional issues and develop policy solutions for issues which impact on our councils and the residents of Western Sydney.

WSROC works closely with State and Federal Government agencies and MPs to ensure the needs of Western Sydney are included in policy decisions and delivery of services.

We are a key adviser on issues of regional importance including transport planning, employment growth, population management and land use planning and development, and contribute to national and State policy debates through organising and participating in public forums and stakeholder alliances and through the media.

In our advocacy role we aim to promote a positive image of our Western Sydney region through highlighting the unique attributes such as our multicultural communities and environmental diversity and our vitality and growth.

We believe in a bipartisan approach to finding solutions and work closely with a range of other regional stakeholders to form partnerships and alliances to achieve economic, social and environmental outcomes which benefit the whole community.

WSROC also arranges and manages a range of procurement and other joint activities for WSROC members which are also open to non-member councils.



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INTRODUCTION

A fundamental expectation in a modern egalitarian society is that all residents have equal access to health services and at least the potential for equal health outcomes. Yet a close examination of the facts indicates that a considerable degree of inequity exists across Sydney.

Residents in the more socio-economically disadvantaged areas of Sydney, particularly in Western Sydney, have a higher incidence of risk factors and higher levels of preventable disease than people in more advantaged areas. As a result their health outcomes are worse and levels of morbidity and mortality are higher.

Further, as the following analysis shows, those same communities are disadvantaged in terms of access to health care services. While the situation varies from suburb to suburb both within Western Sydney and across other Sydney regions, the analysis shows a significant disadvantage for Western Sydney residents in the availability of most medical services.

This report does not pretend to be an exhaustive analysis of comparative standards of health and access to health services but endeavours to highlight critical areas of concern for further attention. The disparities indicated are the result of a range of historical, geographical, socio-economic and political factors over a long period of time. However, the cumulative effect of those factors cannot be ignored and it is imperative that focussed and coordinated efforts are made by all levels of government to address these inequities.

PREVENTATIVE HEALTH AND CHRONIC DISEASE

According to the Australian Health Ministers' National Chronic Disease Strategy, chronic disease is responsible for over 70% of the total health burden of disease and around 70% of total health expenditure in Australia (Australian Health Ministers' National Chronic Disease Strategy 2005).

Yet "Currently, good and bad health is unevenly distributed – there is a social gradient, which means that those Australians with less money, less education and insecure working conditions are much more likely to get sick and die earlier." (The Healthiest Country by 2020 – National Preventative Health Strategy Commonwealth of Australia, 2009, p6)

This is reinforced by the most recent *Health of the People of NSW* report which clearly states, "The health burden in the Australian population attributable to socio-economic disadvantage is large and much of this burden is potentially avoidable" (NSW Government, 2010). While various communities across NSW experience socio-economic disadvantage, of particular interest to this study is the fact that the socio-economic disadvantage experienced by much of Greater Western Sydney (which contain eight of Sydney's ten most disadvantaged local government areas) adversely affects the health outcomes of Western Sydney residents.

As the following table shows, the death rates from major chronic diseases per hundred thousand of population varies significantly across Sydney's four health districts.

TABLE 1
Death rates per 100,000 of the population

		SSWS (South-West)	WS (West)	SESI (South-East)	NSCC (North)
Deaths – Cardio-vascular	(Male)	265.8	265.4	229.0	237.1
	(Female)	182.9	193.5	164.5	172.4
Deaths – Diabetes related	(Male)	44.2	47.4	34.6	30.5
	(Female)	29.3	30.0	20.8	16.5
Potentially Avoidable Deaths	(Male)	214.5	209.6	199.5	169.6
	(Female)	115.3	123.9	110.1	100.3

Source: Health of the People of NSW report, NSW Government 2010

Note:

While they do not entirely coincide with local government / regional boundaries, the Sydney South West and Sydney West Area Health services do include all of Greater Western Sydney, but also include some inner west LGAs. Likewise the South-Eastern and Illawarra and the North Sydney and Central Coast regions include the rest of Sydney but with some added areas. Nevertheless, these divisions do give a very clear indication of the comparative disadvantage facing residents of Greater Western Sydney.

The differences in these outcomes are largely a result of risk factors including obesity, lack of exercise, diet and smoking. As Table 2 shows, these are also unevenly distributed across Sydney. The lower socio-economic areas are more prone to the major risk factors as a result of contributing causes such as income, education, diet, exercise, geography, smoking and lifestyle.

TABLE 2
Percentages of the population in major risk categories

		SSWS (South-West)	WS (West)	SESI (South-East)	NSCC (North)
Overweight/obese (9-15 year olds)	(Male)	35.6	28.8	33.0	24.3
	(Female)	29.4	27.8	17.0	19.3
Overweight/obese (16 and over)	(Male)	57.3	62.5	56.3	57.8
	(Female)	46.3	46.9	39.3	37.7
Smoking	(Male)	25.3	18.8	17.5	17.5
	(Female)	13.7	16.0	12.7	10.6

Source: Health of the People of NSW report, NSW Government 2010

The higher incidence of risk factors and the higher rates of chronic disease and “potentially avoidable deaths” in Western Sydney require a concerted, integrated effort with all levels of government and the whole range of health professionals working with local communities to address the underlying risk factors.

It is projected that between 2003 and 2023, the cost of treating diabetes, mostly type 2 diabetes, will have risen by 436% from \$1.6 billion to \$8.6 billion (Professor Glen Maberly, Diabetes Western Sydney District, 2012).

In addition to the alarming health outcomes, this makes very clear the fiscal imperative of both Commonwealth and State governments providing increased on-going funding to reduce the growth in the alarming levels of preventable chronic disease.

HEALTH SERVICES

The inter-regional differences in preventable chronic disease are exacerbated by inequities in the availability of a range of health services. While a focussed effort is needed to address the growing incidence of preventable chronic disease, this does not obviate the need to address inequities in access to health services including GPs, specialist services and acute hospital care.

As the following analysis shows, Western Sydney residents on average are again disadvantaged in terms of access to health care services.

Public Hospitals

Public hospitals play a critical role in maintaining quality health services, providing free healthcare for residents who may not be able to afford private healthcare. Some of the basic measures of the capacity of public hospitals - bed numbers, staff numbers and patient separations - as shown in the tables and graphs below include a level of disadvantage for Western Sydney.

Figure 1 shows the different regions of Sydney have differing ratios of hospital beds to population. The Western Sydney region has almost 10% fewer hospital beds per 100,000 residents than the Northern, Eastern and Southern Sydney regions combined.

Figure 3 shows that there are also proportionally fewer staff working in Western Sydney hospitals than in the other regions. Despite this, the Western Sydney region has a slightly higher rate of hospital admissions than the rest-of-Sydney as shown in Figure 2. This data suggests that hospital resources are more stretched in Western Sydney with fewer beds and hospital staff taking care of more patients when compared to the rest of Sydney.

TABLE 3
Public Hospitals in Western Sydneyⁱ

Hospital	LGA	Number of Beds	Number of Staff	Number of Separations(2009)
Auburn Hospital	Auburn Council	132	574	16960
Bankstown/Lidcombe Hospital	City of Bankstown	400	1534	31454
Blacktown Hospital	City of Blacktown	363	1343	24633
Blue Mountains District Anzac Memorial Hospital	City of Blue Mountains	99	369	3969
Braeside Hospital	Fairfield City Council	72	191	2832
Camden Hospital	Camden Council	76	225	2542
Campbelltown Hospital	City of Campbelltown	360	1238	28373
Children's Hospital Westmead	City of Parramatta	276	2236	27352
Fairfield Hospital	Fairfield City Council	218	680	15801
Liverpool Hospital	City of Liverpool	729	3116	78363
Mount Druitt Hospital	City of Blacktown	138	825	11482
Nepean Hospital	City of Penrith	516	2714	51262
St Joseph's Hospital	Auburn Council	81	221	1023
Westmead Hospital	City of Parramatta	821	4927	83689
Total		4281	20193	379735

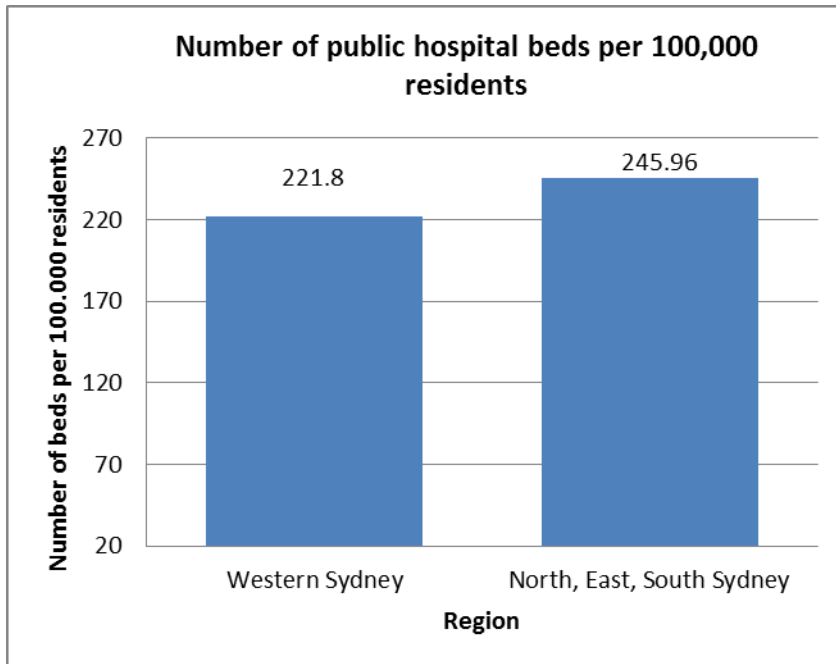
Notes:

- 1) Bed numbers are taken from the latest available NSW Health Services Data Book (2010) which contains data for the 2008-09 year.
- 2) The figures for public hospital bed numbers exclude Hawkesbury Hospital which is a private hospital but with public contract services so the usage for public services varies from time to time. If a proportion of these beds were included, it would only marginally affect the results.

TABLE 4
Public Hospitals in the Rest of Sydney

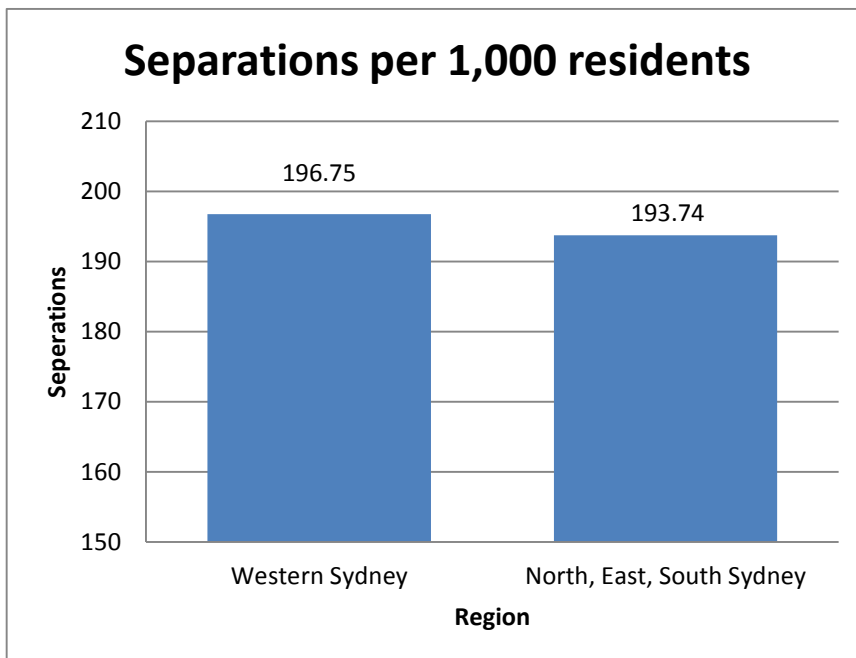
Hospital	LGA	Number of Beds	Number of Staff	Number of Separations(2009)
Balmain Hospital	Municipality of Leichhardt	78	300	2505
Calvary Health Care	Municipality of Kogarah	95	244	4677
Canterbury Hospital	City of Canterbury	192	685	16838
Concord Hospital	City of Canada Bay	648	2189	46696
Greenwich Home of Peace Hospital	Municipality of Lane Cove	60	Unspecified	1332
Hornsby and Ku-Ring-Gai Hospital	Hornsby Shire	272	1116	15781
Manly District Hospital	Manly Council	197	728	13162
Mona Vale and District Hospital	Pittwater Council	170	511	12142
Prince of Wales	City of Randwick	527	2725	42250
Royal North Shore Hospital	City of North Sydney	607	3320	48699
Royal Prince Alfred Hospital	City of Sydney	790	4029	68204
Royal Hospital for Women	City of Randwick	188	628	14416
Ryde Hospital	City of Ryde	147	594	9189
RPAH Institute of Rheumatology & Orthopaedics	City of Sydney	44	90	2293
Sacred Heart Hospice	City of Sydney	73	187	1106
St George Hospital	Municipality of Kogarah	593	2538	51177
St Vincent's Hospital	City of Sydney	335	2197	38026
Sutherland Hospital	Sutherland Shire	314	1204	22340
Sydney Children's Hospital	City of Randwick	136	1106	14989
Sydney/Sydney Eye Hospital	City of Sydney	68	504	10083
Total		5534	24895	435905

Figure 1



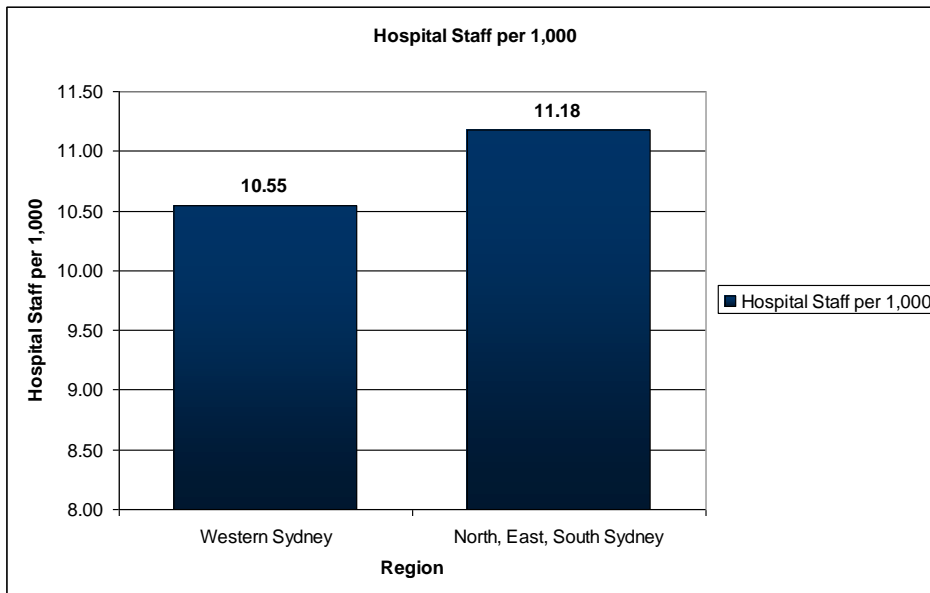
Note: The health information and the population figures used for these calculations are both based on the Sydney Statistical Division but excluding Wyong and Gosford LGAs. As hospital data is for 2008-09, (from the 2010 NSW Health Services Data Book,) the population figures are for June 2009.

Figure 2



Source: 2010 NSW Health Services Data Book

Figure 3



Source: 2010 NSW Health Services Data Book

Private Hospitals

Private hospitals increase health inequity by providing healthcare only to those who can afford it or who have private health insurance. However, private hospitals can also promote the overall health of a society or region by relieving some of the work load of public hospitals.

In Sydney, there are a total of 3,635 private hospital beds, (excluding rehabilitation beds) accounting for 26% of all hospital beds. However, as shown in Figure 4, private hospital services are unequally distributed across Sydney, with only 40 percent as many acute private beds per 100,000 residents in Western Sydney as there are in North, South and East Sydney.

TABLE 5
Private Hospitals in Sydneyⁱⁱ

Hospital	LGA	Number of Beds
Allowah Children's Hospital	City of Parramatta	44
Calvary Hurstville Private Hospital	City of Hurstville	100
Campbelltown Private Hospital	Campbelltown Council	92
Castlecrag Private Hospital	City of Willoughby	34
Dalcross Private Hospital	Ku-ring-gai Council	51
Delmar Private Hospital	Warringah Council	54
Hawkesbury District Health Service	City of Hawkesbury	(unspecified)127
Hirondelle Private Hospital	City of Willoughby	42
Holroyd Private Hospital	City of Holroyd	39
Hunters Hill Private Hospital	Municipality of Hunters Hill	47
Kareena Private Hospital	Sutherland Shire	128
Lady Davidson Private Hospital	Ku-ring-gai Council	120
Longueville Private Hospital	Municipality of Lane Cove	39
Mosman Private Hospital	Municipality of Mosman	49
Nepean Private Hospital	City of Penrith	109
Prince of Wales Private Hospital	City of Randwick	168
Macquarie University Private Hospital	City of Ryde	183
Manly Waters Private Hospital	Manly Council	55
Mater Hospital	North Sydney Council	216
Minchinbury Hospital	City of Blacktown	57
North Shore Private Hospital	North Sydney Council	241
Norwest Private Hospital	The Hills Shire	213
President Private Hospital	Sutherland Shire	45
St George Private Hospital	Municipality of Kogarah	236
St Luke Hospital	City of Sydney	71
St Vincent Private Hospital	City of Sydney	250
Strathfield Private Hospital	Strathfield Shire	96
Sydney Adventist	Ku-ring-gai Council	358
Sydney Private Hospital	Municipality of Ashfield	65
Sydney South West Private Hospital	City of Liverpool	93
Westmead Private Hospital	City of Parramatta	159
Wolper Jewish Hospital	Municipality of Woollahra	54
Total for Western Sydney (excluding Hawkesbury)		933
Total for the Rest of Sydney		2702

Figure 4

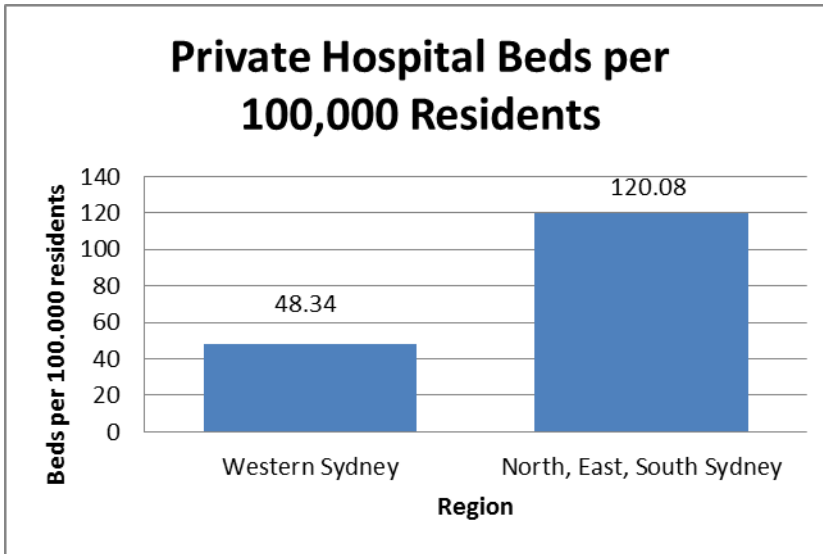
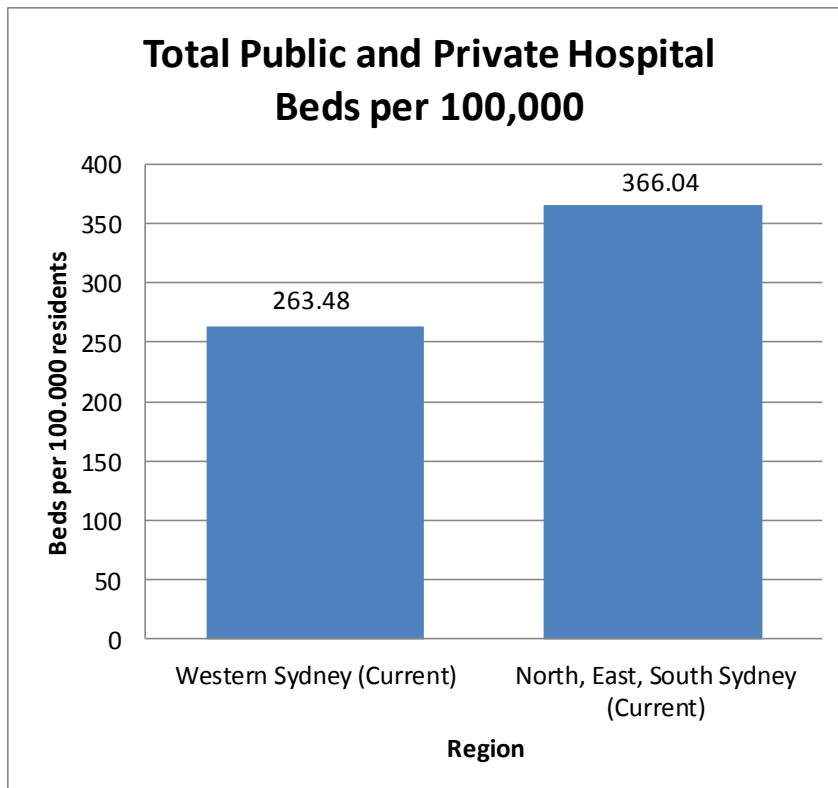


Figure 5



As a result, the number of combined private and public hospital beds per 100,000 is more than 25% lower for Western Sydney compared to the total for the combined North, South and East Sydney regions. While private hospitals can help relieve the demand for health services in other parts of Sydney, the shortage of these facilities in Western Sydney means its residents are more reliant on the already-stretched public hospital services.

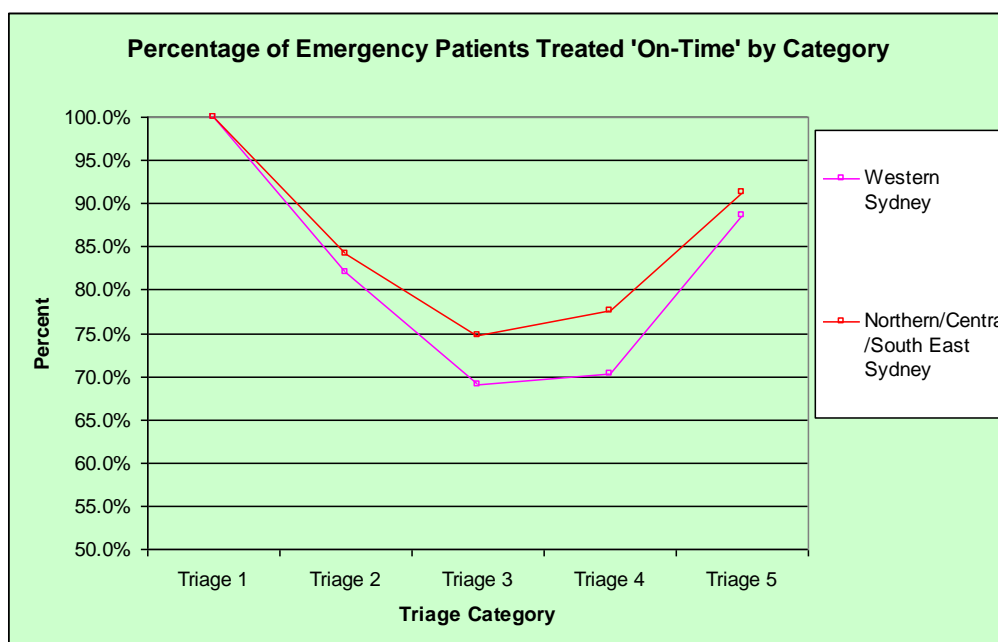
Waiting Times in Emergency

Emergency waiting times are an important indicator of the level of service provided by hospitals with emergency cases in NSW hospitals divided into five categories, triage 1 – 5, explained in Table 6. Figure 6 displays the average number of emergency cases treated ‘on-time’ in different regions.

TABLE 6

	Description	Time in which patients need to be treated
Triage 1	Patients with immediately life-threatening conditions	2 Minutes
Triage 2	Patients with imminently life-threatening conditions	10 Minutes
Triage 3	Patients with potentially life-threatening conditions	30 Minutes
Triage 4	Patients with potentially serious conditions	1 Hour
Triage 5	Patients with less urgent conditions	2 Hours

Figure 6ⁱⁱⁱ



As Figure 6 shows, the emergency waiting times in hospitals in the Western Sydney region are higher than the average for hospitals across the rest of Sydney. While there was not a significant difference for categories 1, 2 and 5, there was a statistically significant (greater than 5%) difference in the percentage of ‘on-time’ treatments in the triage 3 and 4 categories between the different regions. This is an understandable outcome of the lower relative bed numbers, lower relative staff numbers and greater pressure on public hospitals in Western Sydney.

Waiting Times for Surgery

Tables 7 and 8 show very clearly the impact of the above variables on waiting times for surgery in public hospitals in Western Sydney compared to other parts of Sydney. For most categories of both cancer and elective surgeries, average waiting times are significantly higher in Western Sydney. With very few exceptions, the overall trend is quite clear: patients using Western Sydney public hospitals have to wait longer for most types of surgery, especially elective surgery, than their counterparts in other areas of Sydney.

While it may be argued that Western Sydney residents are not prevented from accessing other hospitals, the extra inconvenience and distance from family support in doing so would impose an extra burden on those who are already disadvantaged.

TABLE 7

Cancer Surgery Waiting times Western Sydney hospitals vs other Sydney hospitals (Number of days)

Hospital	Types of Cancer Surgery							
	Bladder	Bowel/colon	Breast	Gynaecological	Kidney	Lung	Melanoma	Prostate
Western Sydney								
Auburn			13				24	
Bankstown	22	10	12	22				55
Blacktown	33	12		20		25		124
Campbelltown		12	8	49				49
Canterbury	4		12	30				79
Fairfield			7	21				
Hawkesbury								
Liverpool	19	19	23	21	31	22		
Nepean	32	17	19	44	55	25	11	81
Westmead	16	15	18	17	26	14	17	44
Other Sydney								
Concord	8	9	8	29	26		8	41
Hornsby/Kuringai	10	13	7	15				27
Manly		8	10	18				
Mona Vale	5			7				
Royal North Shore	25	15	9		24	6	7	63
RPA	7	10	7	11	7	8	8	9
St George	25	14	13	26	15	18	11	38
St Vincents	21	5	7		36	8	13	26
Prince of Wales	21	13	13		23		14	30

Source: Commonwealth Government MyHospital website. www.myhospital.gov.au Figures cover June 2010- July 2011.

TABLE 8

Elective surgery waiting times: Western Sydney vs other Sydney hospitals (Number of days)

Hospital	Types of Elective Surgery							
	Cardio-thoracic	Ear, Nose, Throat	Eye	General	Gynaecological	Neurosurgery	Orthopaedic (Hips/knees)	Urological
Western Sydney								
Auburn		149		78	83			
Bankstown		236	318	35	59	103	150	
Blacktown	20			56	23		122	91
Campbelltown		296	49	56	70		309	48
Canterbury		294		71	71		106	36
Fairfield				49	32		304	
Hawkesbury		35	168	93	25		124	20
Liverpool	26	274	238	43	48	69	6	9
Nepean	17	343		56	83	115	268	87
Westmead	27	42	15	23	23	46	30	28
Other Sydney								
Concord		267	87	28	136	59	217	24
Hornsby/Kuringai		136		29	20		42	8
Manly				28	19		35	8
Mona Vale		19		20	8		57	27
Royal North Shore	10	40	118	4	26	35	43	60
RPA	9	59	13	13	7	10	22	9
St George	17	69		35	78	26	20	32
St Vincents	13	31	54	10	10	76	20	34
Prince of Wales	27	76	21	36		35	112	35
National Average	16	64	71	32	30	34	64	28

Source: Commonwealth Government MyHospital website. www.myhospital.gov.au Figures cover June 2010- July 2011

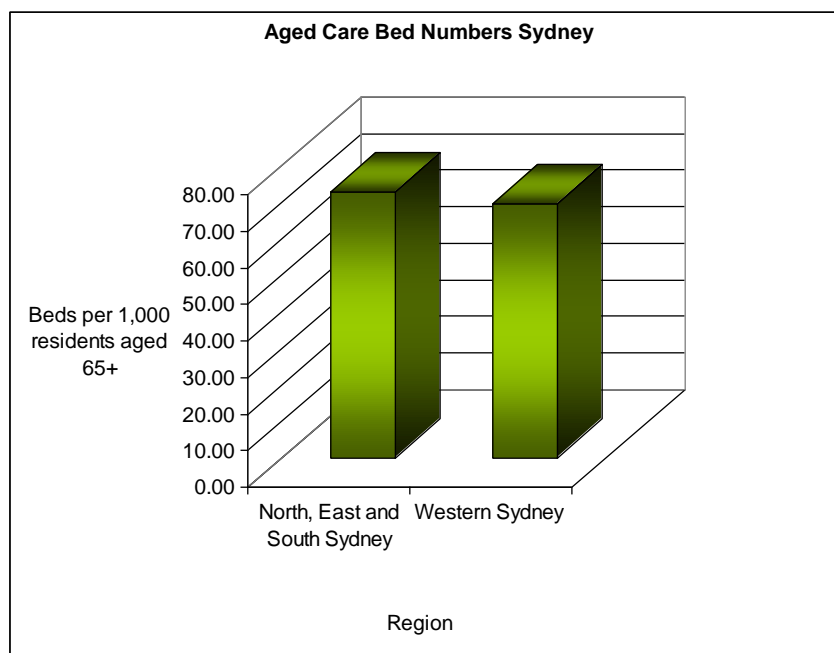
Aged Care

Aged care is another important aspect of health equity, especially in a community where the population is ageing. Many frail elderly people require full time residential care rather than in-home support such as that provided under the Community Aged Care Package program. This means that providing sufficient aged care places throughout Sydney is an important ingredient in the overall provision of health care. Table 9 and Figure 7 show the statistics for residential aged care facilities in Sydney.

TABLE 9^{iv}

North, East and South Sydney	Total Aged Care Beds	19997	Population Aged 65+	274169	Beds per 1,000 Residents Aged 65+	72.94
Western Sydney	Total Aged Care Beds	12115	Population Aged 65+	173819	Beds per 1,000 Residents Aged 65+	69.70

Figure 7



As shown in figure 7, there is only a marginal difference in the distribution of aged care facilities between the Western Sydney region and the rest of Sydney. Government policies regarding aged care facilities tend to produce a more equitable distribution between areas, as aged care beds are largely located according to the elderly population of an area.

GP numbers

General practitioners (GPs) clearly play a vital role in the health sector. Being the main source of primary care, they deal with large volumes of non-urgent medical cases. A shortage of GPs in an area means that residents will either go without the care needed or will seek medical attention for minor problems at hospitals, putting additional strain on the public hospital system.

For these reasons, it is important that there are sufficient GP numbers across all parts of Sydney, but again, figures show Western Sydney is disadvantaged. Table 10 and Figures 9 and 10 show the distribution of GPs in the different regions of Sydney^v.

TABLE 10

Area	Residents per GP	GPs per 10,000 residents
North, East and South Sydney	754	13.27
Greater Western Sydney	1049	9.53

Figure 9

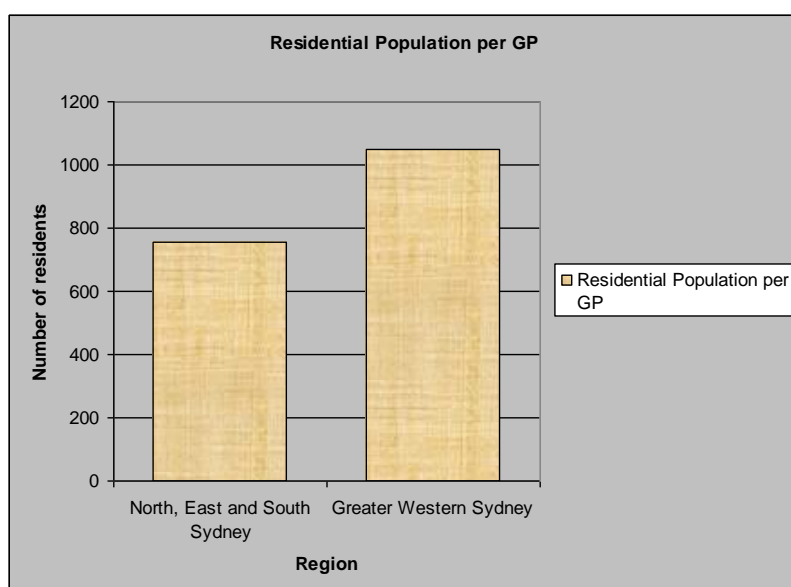
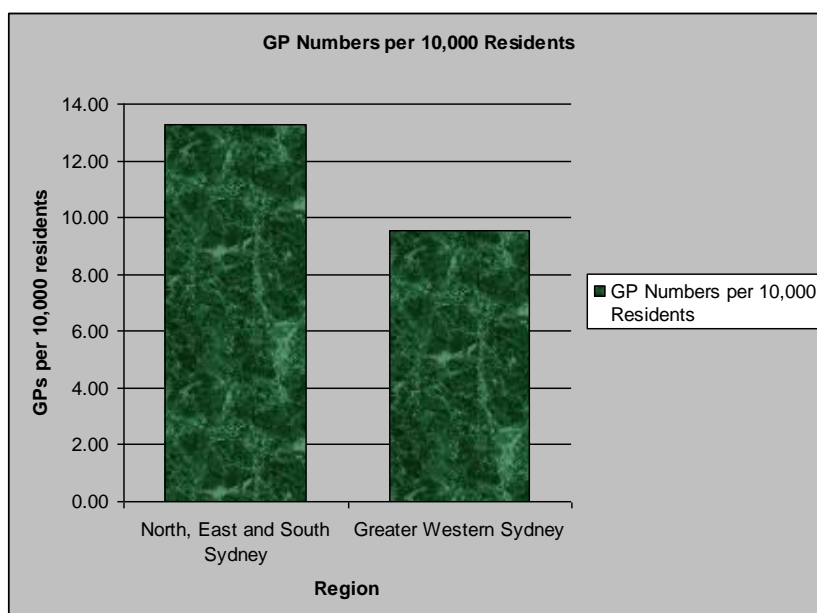


Figure 10



As shown in Figures 9 and 10, there are significantly fewer GPs operating within the Western Sydney region on a proportional basis than the average for the rest of Sydney. This clearly indicates a level of health inequity between the different regions of Sydney in regards to primary care, reinforcing the inequity that exists with acute hospital services.

It is acknowledged that in Australia there are significantly fewer GP services per person in rural areas than in metropolitan areas. Accordingly, Medicare Australia provides financial incentives to GPs willing to work in rural areas in order to encourage more GPs to relocate there and reduce this inequity. However, similar incentives are not offered for GPs to practise in under-served metropolitan areas.

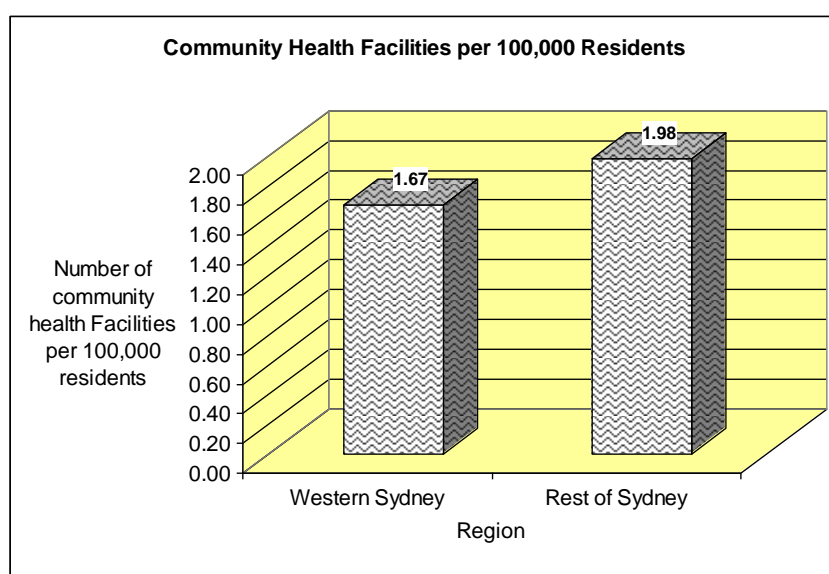
While the inequity between rural and metropolitan areas is greater than the inequity between regions within the Sydney Metropolitan Area, it needs to be acknowledged that certain places such as parts of Western Sydney also have a large under-supply of GPs, and that this inequity needs to be addressed. It has also been suggested that a greater number of GPs may be required in total rather than just relocating currently practising GPs^{vi}.

Early Intervention Services

The provision of preventative services which aim to improve levels of public health is another key ingredient in creating an efficient and effective health system. Preventing medical problems from occurring or addressing them early rather than treating patients after they have already become ill is a significantly more cost effective way of ensuring a healthy population. In NSW, some of this role is carried out via the work of community health centres, which are located throughout Sydney.

It is apparent from Figure 11 that LGAs located outside of Western Sydney have a proportionately greater number of community health centres than those located within Western Sydney.

Figure 11



Psychiatric and Mental Health Care

Although it often receives less attention, mental health care is an important aspect of health equity. Acute mental health services are especially important to individuals who suffer from psychiatric disorders and may require temporary hospitalisation.

The number of mental health/psychiatric hospital beds and their distribution are shown in Tables 11 and 12, and Figures 12 and 13. As the data shows, the availability of these services in Western Sydney is not equal to those in other areas of the city, with approximately 20% fewer total mental health and psychiatric beds per 100,000 residents than the rest of Sydney.

While Western Sydney is slightly better served by public mental health facilities, at least on a proportional basis, there is a large discrepancy in private mental health beds between the two regions. Thus the overall access to acute mental health care is again significantly worse for Western Sydney residents than for residents in the rest of Sydney.

TABLE 11^{vii}

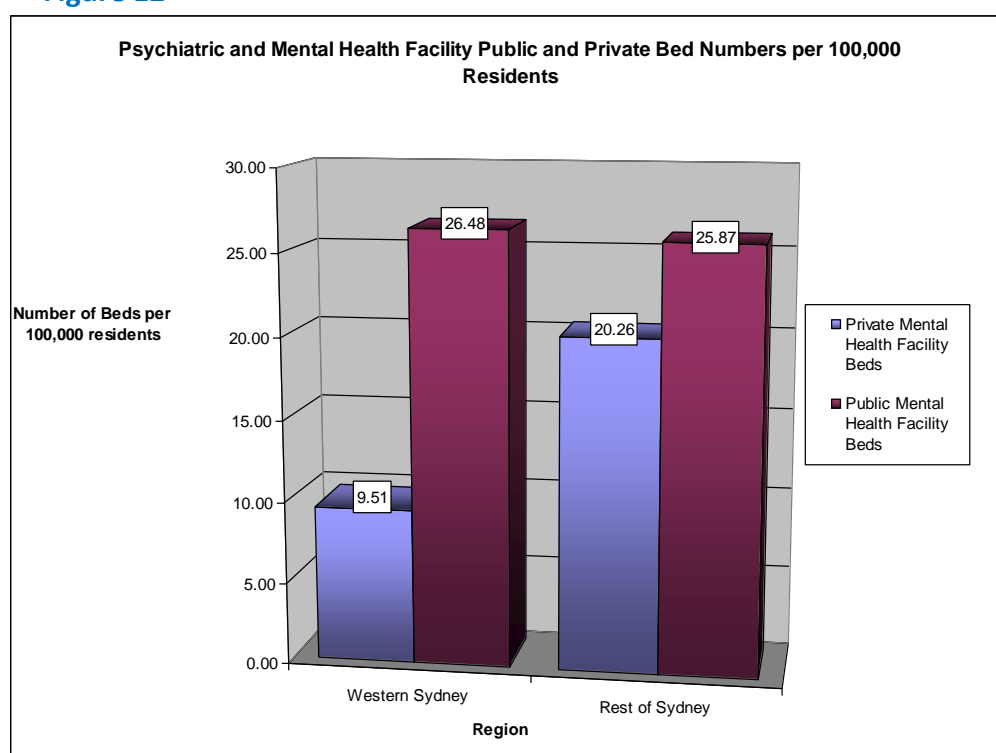
Mental Health Facilities in Western Sydney

Public	LGA	Number of Beds
Cumberland Hospital	City of Parramatta	314
Liverpool Mental Health Service	City of Liverpool	50
Bankstown Mental Health Service	City of Bankstown	30
Blacktown Hospital Mental Health Unit	City of Blacktown	32
Blue Mountains District ANZAC Memorial Hospital	City of Blue Mountains	15
Campbelltown Hospital (Various Units)	City of Campbelltown	66
	Total Public	507
Private		
Northside West Clinic	City of Parramatta	43
The Southwest Clinic	City of Liverpool	18
Braeside Hospital	Fairfield City Council	16
St Joseph's Hospital	Auburn Council	15
The Park Central Clinic	City of Campbelltown	26
The Hills Private Hospital	The Hills Shire	19
The Hills Clinic	The Hills Shire	32
	Total Private	169

TABLE 12
Mental Health Facilities in North, East and South Sydney

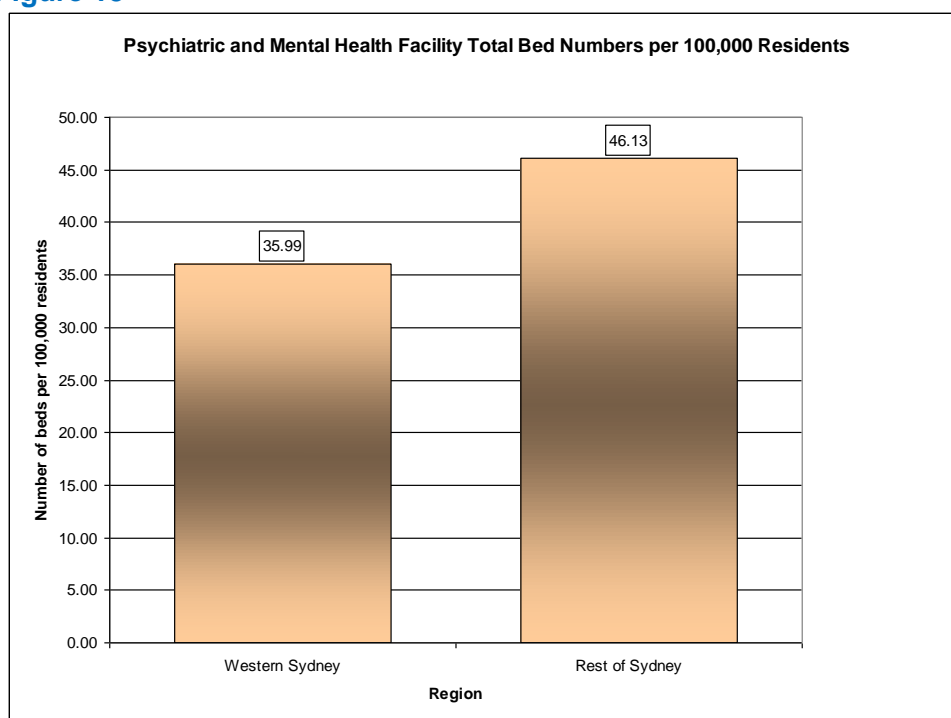
Public	LGA	Number of Beds
Coral Tree Family Centre	City of Ryde	11
Macquarie Hospital	City of Ryde	195
Concord Hospital, Centre for Mental Health	Canada Bay	174
Greenwich Hospital	Lane Cove	Unspecified
Thomas Walker Hospital	Canada Bay	13
Missenden Psychiatric Unit	City of Sydney	40
Caritas Inpatient unit (St Vincent’s Hospital)	City of Sydney	27
Prince of Wales Hospital Mental Health Rehab Unit	City of Randwick	13
Sutherland Hospital Mental Health Rehab Unit	Sutherland Shire	20
Sydney Children’s Hospital Mental Health Unit	City of Randwick	8
Hornsby Ku-ring-gai Mental Health Unit	Hornsby Shire	47
Manly Hospital Mental Health Unit	Manly Council	34
Royal North Shore Hospital Mental Health Unit	City of North Sydney	28
	Total Public	610
Private		
South Pacific Private Hospital	Warringah Council	37
The Sydney Clinic	Waverley Council	45
Wesley Hospital Ashfield	Municipality of Ashfield	38
Wesley Hospital Kogarah	Municipality of Kogarah	30
The Northside Clinic	Municipality of Lane Cove	94
Northside Cremorne Clinic	North Sydney Council	36
St John of God Hospital Burwood	Burwood Council	86
St John of God Hospital Richmond	City of Hawkesbury	88
Mosman Private Hospital	Municipality of Mosman	
	Total Private	454

Figure 12^{vii}



It is noted that mental health bed numbers are not the only measurement of access to mental health services. Early intervention services and the relative availability of specialist psychiatric and counselling services are also vital ingredients. While accurate data on the availability of these is not readily accessible, anecdotal evidence again indicates a relative shortage in Western Sydney.

Figure 13



PROMOTING HEALTH EQUITY

As the evidence shows, on almost any measure health services in Western Sydney are below the standard of the rest of Sydney. With the population of the region expected to increase by almost one million people over the next 25 years, the pressure on the region's health services will intensify, potentially exacerbating the current inequities.

The number of hospital beds per 100,000 residents is a key marker of the inequitable spread of acute health services across Sydney. It is worth considering the cost of reducing Western Sydney's relative deficiency in hospital bed numbers in the light of projected population growth. That is, how many extra beds would be needed and what level of investment would be required to bring Western Sydney to parity with the rest of Sydney?

This analysis assumes that public hospital bed numbers in Western Sydney will be increased in order to match only the number of public hospital beds in the rest of Sydney. This doesn't take into account the difference between private hospital bed numbers between Western Sydney and the rest of Sydney and therefore still understates the comparative access to hospital services. The analysis shows that in order for Western Sydney to have the same proportion of public hospital beds to population as the average for the rest of Sydney, an additional 466 beds are currently needed, bringing the total up to 4,747.

Based on the average NSW acute bed day cost, the cost of providing the 466 extra beds would be approximately \$218 million per year^{viii}.

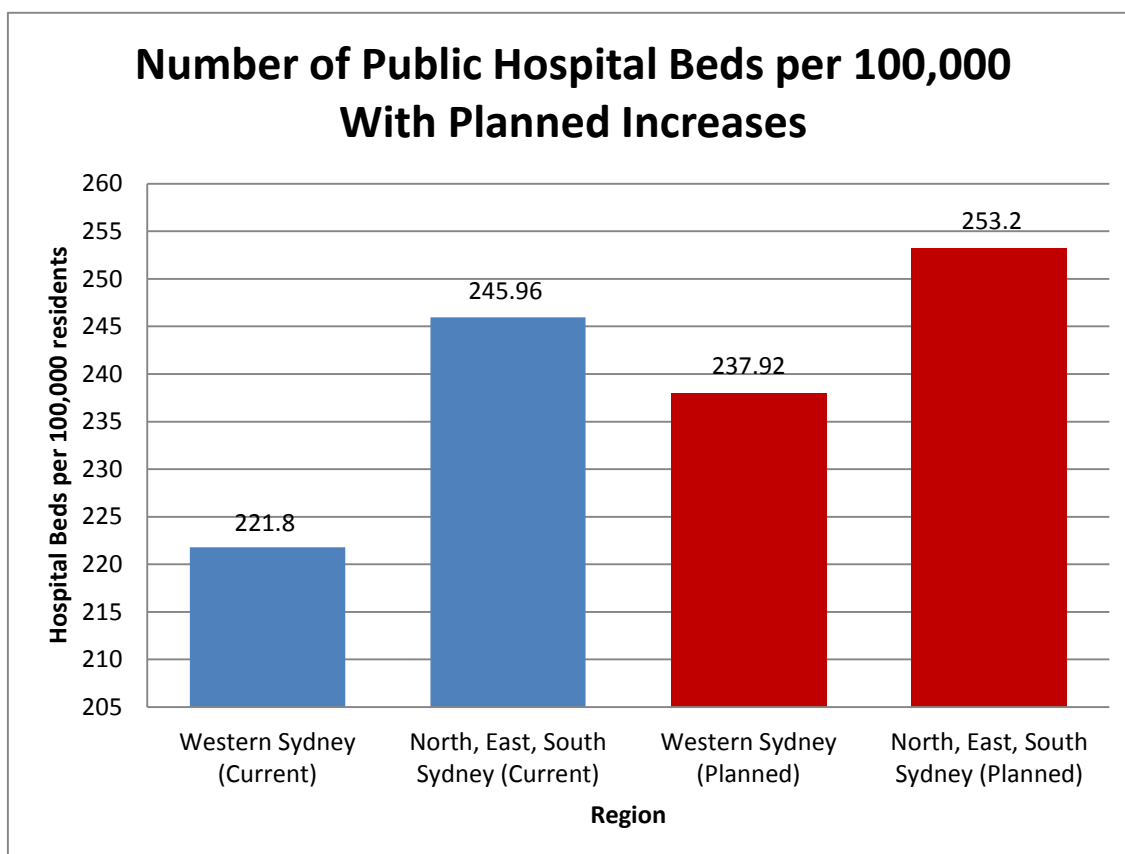
By 2036, the population of Western Sydney is expected to grow from its current population of 1,931,600 to 2,860,200 requiring an additional 2,753 public hospital beds to bring the total number to 7,034. Even without any escalation in per unit health costs, providing these additional 2,753 beds would cost approximately \$1.29 billion per year. Clearly the additional beds required for the anticipated population growth in the rest of Sydney would add substantially more to this as would rises in per unit health costs.

Planned Public Hospital Bed Numbers

According to the NSW Ministry of Health, a number of construction projects and redevelopments of hospitals are planned across Sydney to increase bed numbers in the near future. Overall, these developments will add 311 beds to hospitals in Western Sydney, and 163 beds to hospitals in the rest of Sydney in the next few years.

Figure 14 shows the distribution of hospital bed numbers per 100,000 after these plans are implemented. As Figure 14 shows, although the difference in bed numbers between the different regions of Sydney is reduced slightly, the underlying level of inequity in public bed numbers remains.

Figure 14



CONCLUSION

On almost all the measures discussed above, residents of Western Sydney are disadvantaged in terms of access to health care services and health outcomes when compared to the average for their counterparts in the rest of Sydney.

As a fundamental principle of public policy, all members of a community should have equal access to health care. While it is true that some people, through their ability to afford and access private hospital treatment, may be able to obtain better services than others, there is no justification for this being the case in the public sector. All members of the community should have equal access to public health services.

To achieve this, a serious commitment of government resources is needed to remove the inequities outlined above.

This must include preventative health measures to address the risk factors contributing to chronic disease. Some of these are tightly interwoven with socio-economic disadvantage but many can be addressed through a range of interventions, educational, allied health and community-based programs. These require substantial long term Commonwealth and State funding to ensure continuing effective preventative programs.

It must also include measures to increase the availability of access to health services including GPs, health specialists and hospital services. It is apparent from this analysis that efforts are required to address the shortage of hospital beds and the longer waiting times for Western Sydney residents requiring surgery.

Clearly, increasing the number of public hospital beds in Western Sydney would come at a significant cost to the government. However, as a level of health inequity clearly exists between the two halves of Sydney and as residents of Western Sydney are less able to afford private health care, it is imperative that the Government makes it a high priority to provide the extra hospital beds and ancillary services needed to achieve equity of access to health care in addition to increased funding for preventative health measures.

Footnotes

ⁱ Data for public hospitals is obtained from NSW Health (2010) *NSW Health Services Data Book 2008/2009* <http://www.health.nsw.gov.au> Hospitals which fell under the categories of 'Principal Referral', 'Ungrouped Acute', 'Major Metropolitan', 'District Group' and 'Sub Acute' were included in the figures. Rehabilitation, Palliative Care and Non Acute facilities were not included.

ⁱⁱ Data for private hospitals is obtained from ACCC 2005 *Ramsay Health Care Ltd's acquisition of Affinity Health Ltd*, Sydney NSW www.accc.gov.au/content/index.phtml/itemid/751249

Allowah Children's Hospital n.d, Dundas, NSW www.allowah.org.au

Australian Government Institute of Health and Welfare 2012, *My Hospitals*, Canberra, ACT. www.myhospitals.gov.au/

Dalcross Private Hospital n.d, Killara NSW www.dalcross.com

Hawkesbury District Health Service n.d, Windsor NSW www.hdhs.com.au

Healthscope Hospitals 2010, Melbourne VIC www.healthscopehospitals.com.au

Hirondelle Private Hospital 2011, Chatswood, NSW www.hirondelle.com.au

Holroyd Private Hospital n.d, Guildford, NSW www.holroydprivate.com.au

Hurstville Private Hospital 2009, Hurstville, NSW www.hurstvilleprivate.com.au

Macquarie Health Corporation 2008, Leichhardt, NSW www.machealth.com.au

Macquarie University Hospital 2011, Macquarie University, NSW www.muhs.org.au

Mater Hospital n.d, North Sydney, NSW www.materhospital.com.au

Ramsay Health care 2012, St Leonards, NSW www.ramsayhealth.com.au

St Luke's Care 2012, Potts Point, NSW www.slc.org.au

St Vincent's Private n.d, Darlinghurst, NSW www.stvincentsprivatehospital.com.au

Sydney Adventist Hospital 2012, Wahroonga, NSW www.sah.org.au

Wolper Jewish Hospital 2010, Woollahra, NSW www.wolper.com.au

ⁱⁱⁱ Emergency patient data obtained from NSW Ministry of Health n.d., North Sydney, NSW www.health.nsw.gov.au

^{iv} Aged care place numbers obtained from: DPS Publishing 2012, *DPS Guide to Aged Care*, Melrose Park, SA www.agedcareguide.com.au

^v Data on GP numbers obtained from Australian Government Department of Health and Ageing 2012, *Primary Health Care Research and Information Services*, Flinders University, SA. www.phcris.org.au/contact/index.php

^{vi} The Royal Australian College of General Practitioners 2003, *The Supply of General Practitioners in Outer Suburban Areas*, South Melbourne, VIC www.racgp.org.au

^{viii} Productivity Commission - Report on the Operation of the Aged Care Act 1997, 1 July 2006 to 30 June 2007. Commonwealth of Australia, 2007, p. 39. The Productivity Commission states that the average cost of a hospital bed is \$1,117 per day.

