



Canberra Health Services Consultation Paper

Gynaecology Oncology Service Phase 1

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1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

In 2022, the ACT Government committed to expand gynaecology oncology services in the *ACT Health Services Plan 2022-2030*. This will enhance self-sufficiency and reduce the need for women to travel interstate to access specialist services. Specialist and sub-specialist views have been sought to inform the viability and evidence for a permanent gynaecology oncology service in the ACT. A phased approach to permanently establishing the service was determined the safest pathway to reduce fragmentation in care and improve the experiences of women living with gynaecological cancers.

The 2022-23 mid-year budget review also included a measure to expand the Cancer Support Nurses team to include a Gynaecological Cancer Specialist Nurse. The ACT Government and CHS are committed to establishing a permanent and sustainable multidisciplinary gynaecology oncology service in the ACT. Estimated demand on the service is 250 surgeries per year, inclusive of approximately 150 histologically proven cancer cases and 100 high-risk gynaecology cases (based on data from the Australian Institute of Health and Welfare and the Australian Bureau of Statistics). The actual demand for the service will be unknown until the service expands.

The Gynaecology Oncology Service (the Service) in Phase 1 is planned to be governed by the Division of Surgery at Canberra Hospital commencing 3 October 2023. This service will be closely integrated with the Division of Women Youth and Children, Division of Cancer and Ambulatory Support and the Medical Services Group (Pathology and Medical Imaging).

Consultation will occur on subsequent phases of the Service. As the Service evolves and expands it is acknowledged that how the Service is governed and where it sits within CHS may also change.

2. Purpose

The purpose of this paper is to describe the proposed model for Phase 1 expansion of the Service at CHS and enable stakeholders the opportunity to provide feedback and input into the proposed model.

3. Current model

Gynaecological cancer surgery for patients in the ACT and surrounding region is supported through a service agreement with CHS and the Royal Hospital for Women (RHW) in Randwick New South Wales (NSW). Surgeon(s) are engaged through a Locum Visiting Medical Officer (VMO) contract as part of the Obstetrics and Gynaecology Department in the Division of Women Youth and Children.

The Service has a full-time Gynaecological Cancer Specialist Nurse working as part of the Cancer Supportive Care team in the Division of Cancer and Ambulatory Support.

3.1 Current Gynaecology Oncology Service Structure

The Service structure depicted in Figure 1 attempts to outline the current service in the context of the change proposed for Phase 1 and positions established for this service through ACT Government budget initiatives. Not all services that are integral to the care of the gynaecological oncology patient are outlined below.

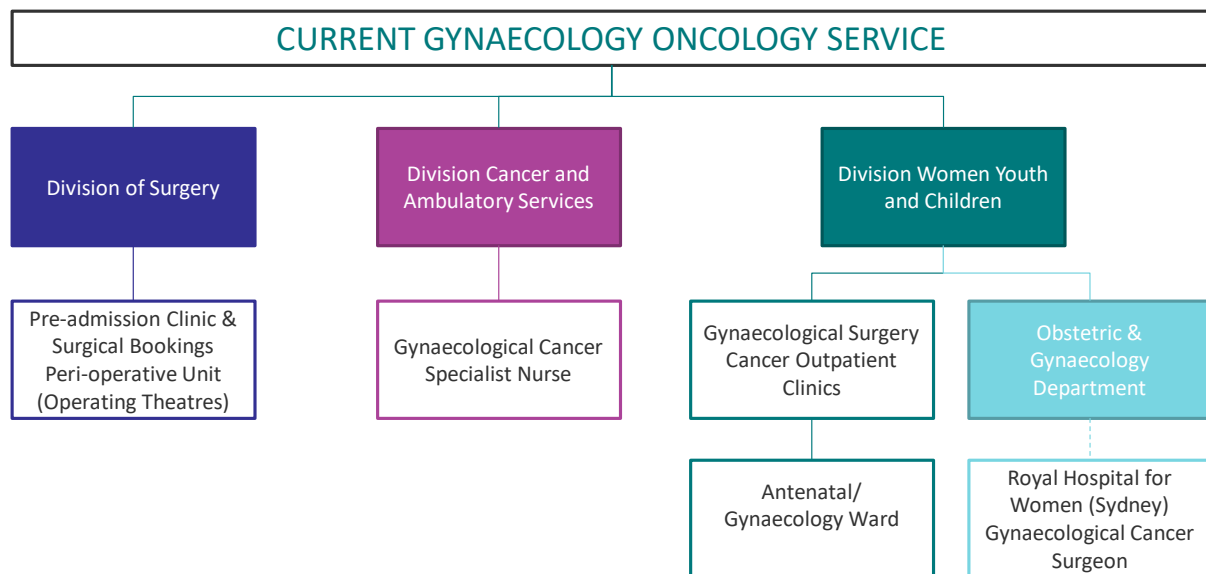


Figure 1: Current Gynaecology Oncology Service

3.2 Current Gynaecology Oncology Service Overview

A high-level overview of the current Service at Canberra Hospital includes:

- An all-day surgery operating list once a month at Canberra Hospital for visiting specialists.
- Patients are admitted post-operatively to a ward in the Centenary Hospital for Women Youth and Children or to an adult surgical bed.
- An all-day clinic once per month operates in the Centenary Hospital for Women and Children.
- ACT patients are included in a case discussion at the RHW Multidisciplinary Team (MDT) meeting. At this meeting gynaecological pathologists, radiologists based in RHW and Prince of Wales Hospital review physical slides of pathology and online imaging. Clinical staff from Canberra Hospital also attend from:
 - Pathology
 - Medical Oncology
 - Radiation Oncology

Complex gynaecological cancer surgery is performed in Sydney at the RHW, St George Public Hospital or St George Private Hospital. Low complexity surgery is performed at Canberra Hospital, if patients can be accommodated in the one all day operating list every four weeks.

The medical oncology and radiation oncology departments at CHS are well developed and provide an excellent service to women of the ACT and surrounding area. Women with locally advanced cervical cancer are treated with high dose brachytherapy at the Prince of Wales (PoW) Hospital in Sydney.

4. Rationale for change

The establishment of the permanent service will enable more patients requiring gynaecological cancer surgery to have this performed in the ACT as part of an integrated multidisciplinary service. Patients will be able to receive care that is more streamlined, timely, efficient, and well-coordinated across the continuum of care and reduce the need to travel interstate for surgery. It will also support patients to remain closer to carers and support networks in their community.

5. Proposed Model of Care

5.1. Scope of the future model

Phase 1 of the Gynaecology Oncology Service commences the expansion of gynaecological cancer surgery performed in the ACT. It aims to also increase the first specialist outpatient appointments and gynaecological oncology operating theatre lists/sessions, whilst enabling work to progress with stakeholders on the next phase(s) of the Service.

The Service is planned to be governed by the Division of Surgery and includes a single reporting line change, with the gynaecological cancer surgeon(s) reporting to the Division of Surgery. The proposed clinical service and workforce plan is outlined below.

Phase 1 – Gynaecology Oncology Service

The patient journey from specialist outpatient referral to a gynaecological cancer surgeon through to surgery and post-operative care was a key consideration in the development of Phase 1 of the Service. In the first phase of service expansion considerations of an efficient, seamless service for a group of patients that will mostly be Category 1 surgical patients supported the Service being in one location. This will include outpatient and inpatient care within a multidisciplinary team, including the Gynaecological Cancer Specialist Nurse.

The Service proposed for Phase 1 is outlined in Figure 2.

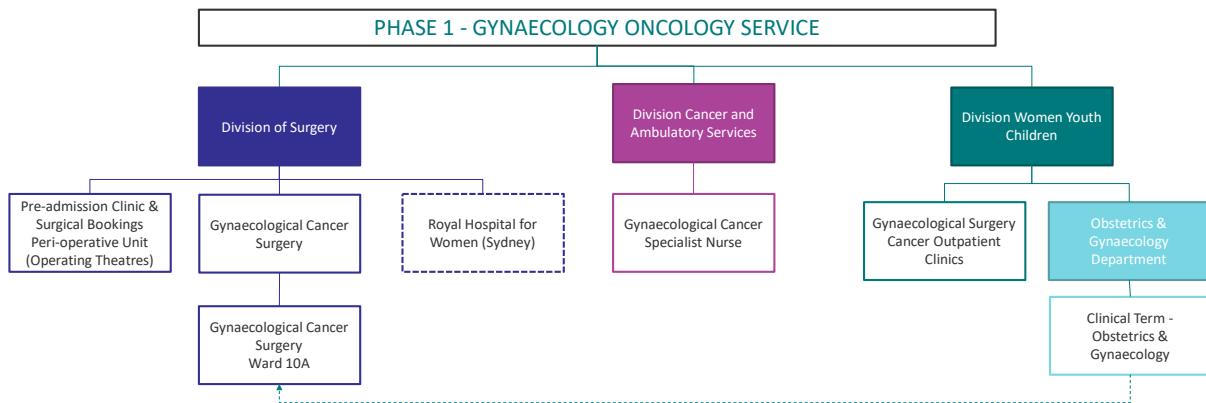


Figure 2: Phase 1 Gynaecology Oncology Service

Outpatient Clinics

Outpatient clinics will continue to operate and be administered through the Centenary Hospital for Women and Children, Division of Women Youth and Children. Outpatient clinics will increase from one all day clinic per four weeks to the equivalent of one all day clinic per week.

Increases in clinic capacity in Phase 1 may result in a higher conversion rate to surgery than the allocated theatre capacity can accommodate within clinically recommended timeframes. If this occurs patients would have their initial review and plan of care established in the ACT, have surgery in Sydney, and return to the ACT for follow up and adjuvant treatment as needed. It is anticipated that unmet demand in Phase 1 will result in some surgeries continuing to be undertaken in Sydney until service expansion successfully meets demand.

RHW would also remain an option for complex gynaecological cancer surgery until such time as the ACT service has developed capacity.

Elective Surgery & Pre-admission Clinic

Patients planned for gynaecological cancer surgery at Canberra Hospital will be added to the Canberra Hospital Elective Surgery Waiting List under the specialty of Gynaecological Oncology and the waitlist will be managed in accordance with the Elective Surgery Access Policy.

Canberra Hospital’s surgical bookings and preadmission clinic will provide pre-operative assessment and optimisation in preparation for surgery. With the increase in complexity of surgery some patients may require an Intensive Care Unit admission post-operatively. This will occur through existing processes and be included in the Model of Care.

Operating Theatre

Operating Theatre sessions for gynaecological cancer surgery at Canberra Hospital will increase from one all day list per four weeks to two all day list per four weeks. One all day

theatre list can accommodate three to four major cases. In Phase 1 this will result in an additional three to four patients having gynaecological cancer surgery per month.

Following surgery patients will transfer to the Post Anaesthetic Care Unit (PACU) prior to transfer to the ward.

Post-operative Care - Ward

Post-operatively patients are planned to transfer to Ward 10A, which is an adult general surgical ward within the Division of Surgery. On scheduling of gynaecology cancer surgery, bed requirements will be flagged with the Clinical Nurse Consultant on Ward 10A and the flow and co-ordination hub, who will both work to allocate the most appropriate room/bed for the patient. Four beds will transfer to Ward 4A to support this (see section 5.5).

The complexity of the gynaecological cancer surgery is in line with complex lower and upper gastro-intestinal surgery currently being performed at Canberra Hospital. Ward 10A has been identified as the most appropriate post-operative ward for patients to be cared for during Phase 1 of the Service expansion.

Multidisciplinary Team Meetings

In Phase 1 of the service ACT patients will continue to be presented at the RHW Multidisciplinary Team (MDT) meeting.

Pathology

In Phase 1 the Canberra Hospital will continue the MDT meeting at RHW and the current pathology processes. Pathology slides are express posted from the ACT to the Pathology Department at Prince of Wales at the discretion of the CHS presenting pathologist. The CHS Pathology Service has been involved in these meetings since early 2023 and are an integral part of the multidisciplinary team.

Administration Support

Administration Support for the Gynaecology Oncology Service and surgeon(s) will be provided through the Division of Surgery administration structure excluding the administration of outpatient clinics. This is the same model that is in place for Paediatric Surgery.

Quality & Safety

In Phase 1 the Service will progress work for Canberra Hospital to be a participating hospital in the National Gynae-Oncology Registry. This is in alignment with the registry plans to expand into the ACT.

Phase 1 – Workforce

Medical

Senior Medical Officer – Specialist – Gynaecological Cancer Surgeon(s)

The only operational reporting line change proposed in Phase 1 is that the Gynaecological Cancer Surgeon(s) will report to the Clinical Director of Surgery in the Division of Surgery (Figure 3).

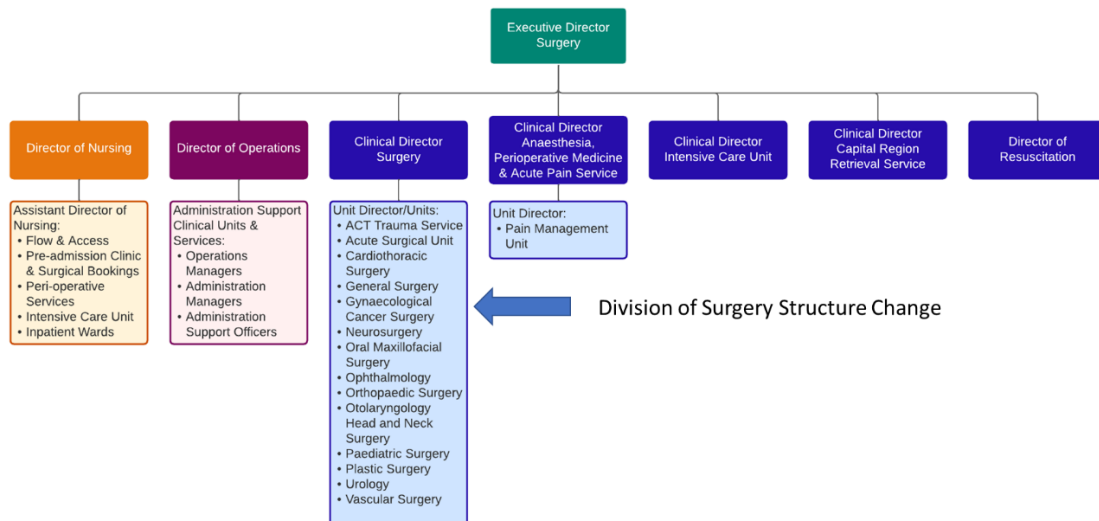


Figure 3: Proposed change to the Division of Surgery Structure

The service will initially be a single surgeon service, supported by Locum Visiting Medical Officer(s). The following requirements can be met with the support from surgeon's based in Sydney NSW. This includes:

- On-call roster
- Morbidity and Mortality Committee Meetings
- Independent audit of cases (facilitated by the National Gynae-Oncology Registry)
- Mentorship
- Leave cover.

Senior Medical Officers – Subspecialty Support

As the service expands and the complexity of surgery increases there will be a requirement for subspecialty support from General Surgery (colorectal and upper gastrointestinal), Urology and Radiologists (for interventional procedures). In Phase 1 this support is anticipated to be small and accommodated within existing resources.

Junior Medical Officers

There is no proposed change to the operational reporting lines of Junior Medical Officers (Post Graduate Year 1+). Junior Medical Officers completing a clinical term in Obstetrics and Gynaecology will continue to provide care for gynaecological oncology patients as per the

current system. This includes outpatient clinics, operating sessions and post-operative care which is planned to be delivered in Ward 10A.

Nursing and Midwifery Staff

Gynaecological Cancer Specialist Nurse

There is no proposed operational reporting line change for the Gynaecological Cancer Specialist Nurse in Phase 1 and this position will continue to report through the Division of Cancer and Ambulator Support. This position is integral to co-ordinating the care of patients with complex care needs related to the gynaecological cancer diagnosis.

Ward 10A – General Surgery Ward

Phase 1 of the Service will increase the surgical case mix on Ward 10A. Ward 10A will continue to be staffed at 32 beds as outlined in the *Model of Care 10A General Surgery June 2022 version 1.2*.

Nursing leadership in the Division of Surgery is supportive of the plan to care for patients post gynaecological cancer surgery on Ward 10A. At times of high demand in the Division of Women Youth and Children gynaecology patient's post-operatively are cared for on an adult surgical ward. The Division of Surgery is exploring options to provide further education and training to staff on more complex wound care post gynaecological cancer surgery.

Antenatal Gynaecology Ward – Nursing and Midwifery

Phase 1 of the Gynaecology Oncology Surgery will reduce the number of post-operative gynaecology patients requiring overnight beds on an Antenatal Ward. This plan has been made in consideration of the Canberra Hospital Expansion Centenary Hospital for Women and Children infrastructure project, timeframes to expand the number of gynaecological cancer surgeries in the ACT and the increased complexity of the case mix.

Allied Health

In Phase 1 the Service will commence within existing resources. Further expansion of Service will be supported through business case(s) and include allied health.

5.2. Physical design/structure

In summary the plan is for:

- Outpatient Clinics will run in Building 11, Centenary Hospital for Women and Children.
- Surgery to occur in Building 12, Canberra Hospital Theatre Suite.
- Patients will be admitted to Building 1 Ward 10A for their inpatient admission.

Canberra Hospital has the required operating theatre equipment and equipment in clinic spaces for Phase 1 of the Service.

5.3. Benefits of the future model

Benefits of Phase 1 of the model include:

- The establishment of a permanent Gynaecology Oncology Service will be the first step in streamlining service delivery and reducing the need for women to travel interstate to access specialist services.
- Expansion of the Service is a positive step forward to placing the care of women front and centre to enable them to experience the same standard of care as provided elsewhere in the country without leaving the ACT region.
- Surgery, medical oncology and radiation oncology will all be undertaken in the ACT for an increasing number of patients, noting that some clinically complex cases will still need to go to Sydney.
- Expanding the Service will broaden the training opportunities for our medical workforce including the Royal Australian and New Zealand College of Obstetricians and Gynaecologists trainees.
- Enabling a gynaecological cancer surgeon to be on-call for surgical obstetric emergencies and includes embedding a gynaecological cancer surgeon into the multidisciplinary team at Canberra Hospital.

5.4. Implementation of the future model

Implementation of Phase 1 of the Service will occur following review of feedback provided following consultation as outlined in Table 1.

Steps	Milestones	Dates
1	Letter and consultation document to be provided to Union Associations	11 September 2023
2	Letter and consultation documents to be provided to staff through divisional communication pathways	11 September 2023
3	Consultation Period closes	25 September 2023
4	Consultation Feedback reviewed and considered.	26 September to 27 September 2023
5	Final paper circulated	29 September 2023
6	Implementation of Phase 1 of the Service commences	3 October 2023

The implementation of Phase 1 of the Service will be guided through the establishment of a multidisciplinary Gynaecology Oncology Service Steering Committee (the Steering Committee). An Operations Manager from the Division of Surgery will undertake project management duties and provide administration support. The Steering Committee is planned to report to the Divisional Quality and Safety Meeting and then through to the Clinical Operations Executive Meeting.

Phase 1 of the Service is planned to be implemented on 3 October 2023. The service expansion will commence when the following is operationalised:

- Additional clinics are established.
- Additional Operating Theatre sessions allocated in the Elective Surgery Theatre Schedule.

The next Gynaecological Oncology all day operating list is scheduled for 2 October 2023, which is a public holiday. Discussions are in progress regarding moving this list and the scheduling of an additional all-day list. This will be communicated to all stakeholders as soon as it is known as this may impact the outpatient clinic schedule.

It is acknowledged that the Phase 1 of the Service is being implemented within existing resources. The Committee will progress a business case to support further expansion of the Service.

Staff will be supported through their established reporting lines and structures.

5.5. Related change processes

Division of Surgery – Ward Configuration and Adult Accessible Bed Base

Four beds have been identified to be included in the bed base on Ward 10A for gynaecological oncology surgical patients. This will result in the transfer of four adult accessible beds from Ward 10A to Ward 4A Acute Surgical Unit.

Ward 4A has a total capacity of 30 beds and is staffed for 16 beds. This change will increase the staffed bed base on Ward 4A to 20 beds. As a result, the number of flex beds on Ward 4A will decrease from 14 to 10 beds. The *Model of Care Ward 10A* and *Model of Care Ward 4A* will require updating. This will be incorporated into the Model of Care/Model of Service work for the Canberra Hospital Expansion - Building 5.

Gynaecology Oncology Service Model of Care

This consultation paper is not intended to be consultation on a Model of Care. Work has commenced on a Model of Care for the Service. The Model of Care will be developed through the multidisciplinary Steering Committee and incorporate feedback provided through this consultation process. The Model of Care will be circulated for consultation as per established processes.

Future Phases of the Gynaecology Oncology Service

This is the initial phase of the expansion of the Service and an important first step. Further consultation will occur on future phases. The Gynaecology Oncology Service at Liverpool Hospital has been identified as a service for CHS to consider when progressing through the next phase(s).

5.6. Implications for not undertaking the change

The implication for not commencing the expansion of the Service will result in more patients needing to travel interstate to have gynaecological cancer surgery that could be safely cared for in the ACT. This does not align with community expectations and services available in other jurisdictions.

6. Consultation methodology

This proposal provides more detail in relation to the Phase 1 of the Gynaecology Oncology Service. There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the Service.

Feedback can be provided via email to EDDoS@act.gov.au.

Feedback is due by Monday 25 September 2023.

In particular we are seeking responses to the following questions:

1. Do you support the proposal to implement Phase 1 of the Gynaecology Oncology Service expansion?
2. Do you have any concerns about the proposal so far, if so what are they?
3. Do you have any other feedback you would like to be considered in relation to the Gynaecology Oncology Service?

For any further information relating to the Gynaecology Oncology Service and subsequent consultation process, please contact Margot Green on (02) 52147061 or Margot.Green@act.gov.au or EDDoS@act.gov.au.

7. References

Document	Author
Canberra Health Services Strategic Plan	CEO, Canberra Health Services
ACT Health Services Plan 2022-2030	ACT Government

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	<u>ACT Health Services Plan 2022-2030 (link)</u>
The National Gyne-Oncology Registry	<u>National Gyne-Oncology Registry (Website)</u>
Cancer Australia Eight Service Delivery Elements for a Gynaecology-Oncology Service (2011)	Australian Government – Cancer Australia <u>Eight Service Delivery Elements for A Gynaecology-Oncology Service</u>