

Inquiry into Current & Future Provisions of health in WSW Sydney Growth Region Hearing- 14 July, 2020

Supplementary Questions

Palliative Care:

1.

Deficiencies in access to palliative care services for Macarthur citizens were discussed at Medical Staff Council meetings in 2017 & 2018 and determined to be a high priority.

Discussion were held formally in Department of Medicine meetings with presentations around current service and need for enhancements

Presentations to Dept medicine:

October '16: Macarthur Specialist Palliative Care Service- included achievements and where enhancement to service is needed

Sept '18: Macarthur/ Wingecarribee Palliative Care Service : case for enhancements ( in lead up to decisions around top priorities for enhancements in budget 2019/20)

Presentations to Clinical Council:

Sept '18: Macarthur Specialist Palliative Care Service Enhancements: in lead up to decision re top priorities for 2019/20 budget

It was decided at Clinical Council that the Palliative Care service was one of 3 top priorities for enhancements in 2019/20 budget but no money forthcoming and enhancements for Haematology , top priority the year before, were still on hold.

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2.1 SWSLHD Advance Care Planning, End of Life & Palliative Care Strategic Plan 2016-2021

a. Work undertaken by Planning unit SWSLHD and steering committee (included District Director Cancer services & Director Clinical Governance as co- chairs, specialist PC representatives, consumer and other stream reps, SWSPHN and RACF representation, AHO rep, rep from Executive and paediatric representation- work undertaken in 2014/15)

b. Launched in 2016

c. SWSLHD Advance Care Planning, End of Life & Palliative Care Strategic Plan 2016-2021

d. Yes, publically available and on intranet

## 2.2 SWSLHD Strategic Cancer Plan 2018-2023

- a. Undertaken by District Director Cancer Services with Planning Unit, executive sponsor & steering committee
- b. Undertaken in 2017/18 and launched in 2018
- c. SWSLHD strategic Cancer Plan 2018 -2023
- d. Available on SWSLHD website, SWS Cancer services website. Hard copies distributed to partners and services such as SWSPHN

## 2.3 SWSLHD Abridged Clinical Service Plan for Macarthur to 2031 (does not really sufficiently explain the gaps in service)

- a. Undertaken by Planning Unit, Hospital Executive and Heads of Department (HoDs)
- b. Work undertaken in 2016/17 and launched May '17
- c. SWSLHD Abridged Clinical Service Plan for Macarthur to 2031
- d. Available on SWSLHD website/ intranet

## 2.4 SWSLHD. Macarthur Health Service. Business Case for Macarthur Specialist Palliative Care Service

- a. Work undertaken by District Palliative Care manager & Service Development, Janeane Harlum, and HoD for Macarthur Palliative Care - Dr Lynne Kuwahata
- b. Work undertaken 2018 for presentation to Executive & Clinical Council Campbelltown Hospital as part of work towards enhancements
- c. SWSLHD, Macarthur Health Service. Business Case for Macarthur Specialist Palliative Care Service
- d. No

## 2.4 Campbelltown Hospital Redevelopment- no enhancements for Palliative Care included

- a. Work led by Hospital Exec and Redevelopment team with input from hospital streams
- b. 2017 planning commenced
- c. Campbelltown Hospital Redevelopment
- d. only through media with updates

## 2.5 Bowral Hospital Redevelopment

- a. SWSLHD Planning Unit, Bowral Hospital Exec & SWSLHD Capital works department- consultation with Palliative Care during planning phase to include single rooms to meet needs of patients with

end of life care/ palliative care needs and their families. No staffing enhancements ( medical staff outreach from Macarthur to provide Bowral Hospital consultations)

b. Uncertain

c. Bowral Hospital Redevelopment

d. Local media , redevelopment newsletters

3. Need to build on work of the current SWSLHD Palliative Care Strategic Plan and information from the business plan to address the gaps in Palliative Care service in Macarthur, Wollondilly and Wingecarribee (medical staff also cover Wingecarribee) and funding services appropriately to meet the needs of the population. Currently service is at capacity and still significant gaps exist.

This includes enhancements in medical staffing so patients can be seen in a timely fashion across the consult service in Campbelltown and Bowral hospitals and in the community (Macarthur, Wollondilly and Wingecarribee). Currently we only have 3 FTE medical staff specialists to cover the entire area with a population of around 400,000 and growing and only 10 inpatient beds.

Also a huge unmet, and often unrecognized, need in palliative care for non-cancer patients which is unable to be addressed adequately because of staffing gaps.

Ongoing planning is needed to ensure our Palliative care service is able to meet palliative care demands of specialist and primary workforce given rapidly increasing population of the area and ageing population.

As the Macarthur Specialist Palliative Care service is currently working at capacity and have gaps in current medical service provision, enhancements are needed, sooner rather than later, to close current gaps and improve the current service. This includes outpatient services, medical community services, including in RACF, and improving Specialist Palliative Care access to non-cancer patients at end of life across the service (community and hospital consultation)

Also significant gaps in allied health within Palliative Care including Clinical psychology, Physio and OT services for inpatient and community patients.

4. Future strategic planning needs to factor in service and staffing costs as recurrent funding.

SWS, especially Macarthur, has large populations of vulnerable and socially disadvantaged people. Funding also needs to address psycho- social needs of palliative care patients with funding for social work, clinical psychology and aboriginal liaison staff.

There will always be a need for palliative care as people will continue to die and a not inconsiderable percentage of those people would benefit from specialist palliative care. The goal is a good death, free from pain and other symptoms and with psychosocial support for patients and family and carers.

With the new Campbelltown hospital redevelopment, as there are more beds, so the need for palliative care consultations will increase. An increase in Cancer services – introduction of Haematology to Macarthur Cancer Therapy Centre, more oncology and radiation oncology clinics in

the centre and more patients being treated, will also mean increased demand for palliative care services which will not be met without enhancement in the service.

The ageing population continues to grow and improved medical management means the population of people with chronic, incurable diseases continues to grow and puts an enormous strain on the hospital system. This is one of the areas of unmet need in palliative care in our area.

Access to skilled specialist palliative care staff and services to support clinicians in hospital and GPs support their palliative patients in RACF and community, will assist in transitioning patients to receive the best care in the most appropriate place for them, including where they want to be. We know a large percentage of people (>70%) say they would like to die at home. Services in the community do not currently allow everyone who wants to die at home to do so.

Enhancement of PEACH packages across the SWSLHD (only 10 available across whole of SWS currently) may allow more people to die in their homes.

Enhancement of Palliative care inpatient beds and designated palliative care beds within the acute hospital, with accompanying staffing enhancements, would take pressure off the acute hospital teams who are currently caring for palliative care patients, not to mention free up acute beds in Campbelltown hospital.

Improved and expanded specialist palliative care services in community may prevent some presentations to acute hospital for admission and more inpatient palliative care beds could bypass the ED presentations with direct admission to the Palliative Care Unit, which would reduce distress for already distressed and very unwell patients