

# South-West Sydney Growth Region Inquiry Supplementary Questions

## Question 1

HammondCare manages all matters relating to the provision of palliative care and palliative care services at a local level. Matters arising from these meetings that require further escalation do so through the following process:



HammondCare also maintains a strong relationship with the South Western Sydney Local Health District (SWSLHD), meeting regularly to discuss any matters identified through the process above. We have consulted with the SWSLHD to formulate this response and as such, their opinion are reflected throughout.

## Question 2

### *Advance Care Planning, End of Life & Palliative Care Strategic Plan 2016-2021*

Led by the SWSLHD Planning Unit, steering committee members include the District Director of Cancer Services, District Director of Clinical Governance, specialist palliative care clinicians, consumer representatives, South Western Sydney Primary Health Network (SWSPHN) representatives, residential aged care home (RACH) representatives, Aboriginal Housing Office (AHO) representatives and executive members from the LHD.

The Plan was launched in 2016 and is publicly available on the internet, with hard copies widely distributed to external partners. The Plan is reported on regularly through the Planning Unit and to the District Executive Team. There is oversight of the Plan through the District Advance Care Planning and Care of the Dying Committee, chaired by the District Director of Clinical Governance.

### *SWSLHD Strategic Cancer Plan 2018-2023*

Led by the District Director of Cancer Services in partnership with the Planning Unit, Executive sponsorship and steering committee membership. The Plan was launched in 2018 and is available on the SWSLHD website, as well as the SWS Cancer Services site.

### *Liverpool Hospital Phase 2 Redevelopment*

Led by the Hospital Executive and Redevelopment Team on behalf of SWSLHD, planning for the redevelopment commenced 2018/19. A Planning User Group is well established and finalising designs

of the new proposed inpatient palliative care unit, to include 30 beds. The redevelopment has been publicly released through general media channels and a redevelopment newsletter.

#### *Campbelltown Hospital Redevelopment*

Led by the Hospital Executive and Redevelopment Team, planning commenced in 2017. General media channels have been reporting on the overall plans, however palliative care beds have not yet been confirmed in the redevelopment.

#### *New Bankstown Hospital Planning*

Led by the Western Sydney Local Health District (WSLHD) Planning Unit in conjunction with the Hospital Executive and District Executive, planning is underway for the new hospital. User groups have completed recommended requirements for a palliative care unit and draft models of care for palliative care have been proposed. No plans have been publicly released.

#### *Bowral Hospital Redevelopment*

Led by the SWSLHD Planning Unit in conjunction with the Bowral and District Executive, Bowral Hospital and SWSLHD Capital Works Department. Consultation with the palliative care sector during the planning phase highlighted a priority to address the end of life needs of patients and families. The redevelopment has been publicly released by the local media, redevelopment newsletters and community engagement processes.

## Question 3

HammondCare supports the work of the SWSLHD Plan, which has identified a major service gap in the Macarthur region. Currently three FTE Palliative Care Staff Specialists service a population of over 300,000 people and growing. An ongoing plan is required to ensure SWS continues to meet the palliative care demands of a growing and ageing population. Building the specialist and primary workforce to ensure patients are reviewed in a timely manner and services including hospital consultations, outpatient clinics and community visits are provided on an equitable basis should be a priority for this region.

As per our initial submission to the Inquiry, HammondCare also supports flexible and innovative models of palliative care in this region. Expanding telehealth and investing in community services will keep pace with patients wishes to be cared for and receive end of life care at home.

## Question 4

As outlined in our initial submission, people living in SWS experience significant socioeconomic disadvantage in comparison to the rest of the Sydney Metropolitan Region. Furthermore, SWS has a higher culturally and linguistically diverse population. As such, funding for palliative care in this region needs to accommodate for additional interpreters and psychosocial care. Palliative care services must also be funded to focus on illness trajectory and needs from initial diagnosis right through to death, including bereavement for carers.



## Contact

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