Dear Cr Iannuzzi

Post-hearing responses required by 4.00 pm, Friday 25 June 2021

Thank you for appearing before Portfolio Committee No. 2 - Health on Tuesday 18 May 2021 for the inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

Please find attached a transcript of what you said during the hearing with any questions on notice highlighted, a document containing supplementary questions and instructions on how to correct transcripts and provide answers.

Please note that the transcript is an official record of what you said during the hearing. You cannot change or improve the words you actually said during the hearing, nor the grammar.

*Could you please return by **4.00 pm, Friday 25 June 2021**:*

- *any transcript corrections*
- *answers to questions on notice*
- *answers to supplementary questions*
- *any additional information you wish to provide to the committee.*

Could you please acknowledge receipt of this email. If you have any questions please contact the secretariat on 02 9230 2357.

Kind regards

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Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

SUPPLEMENTARY QUESTIONS

Submission by: **Cr Aniello Iannuzzi**

Deputy Mayor, Warrumbungle Council

General Practitioner and VMO, Coonabarabran

Clinical Associate Professor, University or Sydney and University of New England

Date: **21 June 2021**

Question 1 – comments regarding provision of palliative care services

Whilst palliative care is considered a specialty in its own right, like all specialties the bulk of the knowledge and skills is accessible to generalist clinicians, especially those in rural and remote areas.

And like most other specialties, palliative care creates a hierarchy and jargon of its own, often to the exclusion of generalists and other specialists. Such manoeuvres in all the specialties do not serve rural and remote communities at all well. This theme is one that is worthy of consideration in a broader sense, as it leads to many inefficiencies and cost blow-outs in the entire NSW health system.

It is my view that in rural and remote communities, palliative care can be delivered very effectively by general practices, community nurses, hospitals and residential aged care facilities (RACF). This is because in small settings, clinicians have a good understanding of patients' circumstances and supports. In such settings there is rarely any bed-block pressure, meaning palliative patients can have their care easily moved amongst home, hospital and RACF.

The trend towards fly-in-fly-out and reliance on agency nurses erodes the important abovementioned continuity, understanding and networks.

Palliative care specialty services based in regional centres and metropolitan areas can certainly provide support by way of telephone and video support when nurses and doctors struggle to achieve a comfortable death for patients. I stress that this is in fact uncommon or rare, as the skills and medications needed are simple, cheap and reliable.

Question 2 – comments regarding how to improve availability and access to palliative care services

Palliative care requires support on a 24/7 basis. This is hard to achieve in remote and small centres, as human resources are scarcer.

The role of RACFs needs to be promoted. In general, RACFs have more consistent staffing and are more suitable and serene environments than hospitals.

I feel these measures would improve availability and access to palliative care:

- Increase the proportion of nursing and medical staff that reside locally, rather than agency or fly-in-fly-out;
- Emphasise to rural and remote nurses and doctors that palliative care is a basic skill that is the vast majority of cases can be done well locally. In other words some demystification of palliative care is necessary (as well as most other specialties);
- Teach the regional and urban palliative care services to adopt a subsidiary approach, allowing the local providers as much autonomy as possible;
- Be flexible about how nurses are remunerated for providing at home and after hours care to patients who want to die at home;
- Minimise red tape for palliation to occur in RACFs (e.g. ACAT and financial paperwork)
- Adopt a flexible funding model that allows palliative care to occur at RACFs

It is worth the committee examining the palliative care room that the community of Coonabarabran has funded and installed in our local hospital. It is some that can be simply and cheaply replicated in most small towns.