Parkes Shire Council, Mayor Ken Keith OAM and Dr Kerrie Stewart Joint response to Supplementary questions relating to:

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES
HEARING – Wednesday 19 May 2021

1. In addition to what is contained in your evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in Parkes and the surrounding area?

Palliative care services within the Parkes Shire are delivered in an integrative manner, with the community palliative care team liaising and working closely with local GPs, health services, residential aged care facilities, community homecare services, community nursing services and individuals, to provide exceptional palliative care services to patients and those caring for them.

The palliative care team provide an invaluable outreach service within our area- often travelling long distances to assess, facilitate, support and deliver palliative care services to patients and their carers in their homes, residential aged care facilities and within the health facilities in our smaller towns. The palliative care team are pivotal in co-ordinating and supporting palliative care within our health services, residential aged care facilities and in private residences. The palliative care team is a vital link in ensuring that patients are well cared for in whichever setting they receive care. The team is integrative in ensuring that patients receive continuity of care if they transition in and out of hospital/ hospice/nursing home/respite or home care and are critical in helping patients and family's access and co-ordinate their medical and personal care needs. The palliative care team is a highly valued resource for the health providers caring for the patient, providing expert palliative care assessment, expertise and guidance regarding appropriate therapies and medications to address patients palliative care needs.

For patients and families who desire palliative care at home, the team assist with co-ordination of all aspects of in-home palliative care, including assisting the patient to access regular medical care and to receive appropriate homecare +/- community nursing services.

Regular medical reviews with a GP are essential for palliative care patients to ensure appropriate care for ongoing medical issues, scripts for medications (including restricted medications that are often required for palliative and end of life care), completion of medicolegal paperwork (including NSW Ambulance Palliative care form & NSW Advanced care plan), and regular reviews occur to ensure that certification of death can be completed at the necessary time by a medical officer who has knowledge of the patient and their medical conditions and history and can thus certify death in a timely manner, sparing delays & complexities & referrals to the coroner at the time of death.

Currently, the dire shortage of GPs in Parkes Shire is having a significant impact on patient's access to medical care and palliative care support. GPs are essentially unavailable to undertake home visits due to the extreme workload they are facing and the long distances and time often needed to undertake home visits in rural areas. This is making it necessary for even the sickest of palliative care patients to book and travel to appointments. Patients, their carer's and even palliative care staff are currently unable to obtain timely medical appointments with the patients GP, with appointment wait times stretching 4-6 weeks at present. Even when appointments are obtained, the wait time in the GP office is often long, as GPs struggle to meet the overwhelming workload and frequently run behind schedule. In some instances GPs are unfamiliar or uncomfortable with completing palliative care paperwork and/or scripts and patients and the palliative care team have been left to rely on the Hospital based doctors to provide emergency scripts, palliative reviews and even certification of death. This of course is placing further strain on the hospital based doctors and adding increased work and resource strain to our ED departments and staff.

Many current palliative care patients are in fact, unable to source a regular GP (especially in smaller towns where GP services are frequently provided by locums or the Virtual Rural Generalist Service), which makes it very challenging to obtain scripts for many palliative care medications (most of which are restricted & ideally should be provided by a regular, sole prescriber), or to have continuity of care or indeed have death certified if they die at home. At present, it is our understanding that the VRGS team of doctors do not have scope to provide a death certificate for a patient who dies at home as they are restricted to the use of NSW health telehealth devices ("Wallies"), to assess and review patients, which only currently exist within health service facilities.

Additionally, Limited availability of in-home care and community nursing services in smaller communities is also having an impact on patients ability to have in-home palliative care. Even if they are able to obtain medical support and services to provide palliative care within the persons home, there are often multiple days of the week where there is no home care or personal care or nursing care support available. This often necessitates the patients transfer to a health service or aged care facility where they are able to receive personal care nursing and services.

While the current NSW Health community palliative care team offer an incredible service and provide exceptional availability and access to palliative care services in our area, we are struck by the fragility of the service due to the small number of staff & risk of loss of specialised skills if a single staff member leaves. Currently the Western LHD palliative care team has a single Medical Officer who in theory can provide urgent scripts and medical reviews for palliative patients in our area, however, the practicality of him being able to do this is limited by the fact that he is the sole Medical Officer for the entire Western LHD palliative care service. The team has multiple nursing staff, but is very much co-ordinated and facilitated in our area by a single, experienced, palliative care trained Nurse. There is a desperate need to attract and retain a critical mass of specialised palliative care trained staff to the team to ensure ongoing service provision.

2. In addition to what is contained in your evidence provided at the public hearing, do you have any further comments regarding ways to improve both the access and availability of palliative medicine, nursing and care in Parkes and the surrounding area?

First and foremost, an increase in the number of trained palliative care providers (Doctors and nurses) to the palliative care team is essential. Also, obviously an increase in the number of GP's within our area and upskilling them in the area of palliative care would help with supporting ongoing availability and access to high quality palliative care services. Recruiting and retaining a critical mass of healthcare providers, and proactive upskilling and succession planning are essential in ensuring continuity of high quality palliative care services.

Additionally, further palliative care training and upskilling for the current GPs within our area would assist in better capacity for integrated care and a reduction in reliance on the sole medical officer within the NSW Health palliative care team. Provision of immediate, supported access to palliative care upskilling/ education for our current GP's within the Parkes area would be a practical and timely response to this need.

Additional provision of accredited palliative care training posts within NSW health where General Practice registrars could undertake advanced training in palliative care, would increase the number of qualified GPs and rural generalists with advanced palliative care expertise.

Given that GP workforce is currently outside the scope of State government powers, Palliative care physicians & Nurse Practitioners who are employed by NSW Health and have specialised Palliative care training would be an excellent additional resource to increase palliative care access, availability and capacity. Providing incentives and training opportunities to doctors and nurses who are already working within our LHD may be a realistic, timely response to this situation.

The Virtual Rural Generalist Service is a service that has assisted with palliative care delivery in health services within our smaller communities, but as we understand, is not able to provide any care or review of patients

receiving palliative care at home, or indeed, certify the death of a palliative care patient when they die at home. The issue as we understand it, is that at present the VRGS team utilise the virtual telehealth machines (known as “Wallies”), which currently only exist within NSW health facilities, to review patients and thus, are limited in their capacity to review or provide care to any patients outside of a NSW Health Facility, including at a patients home. An expansion of VRGS scope to include in-home reviews for palliative care patients would be a great advance in allowing patients to be supported to have palliative care and also to die at home if they and their families desire this.

An alternative option for the provision of review/consultation to patients in their own homes, may be through NSW Health Pexip Video conferencing. It is our understanding that currently many NSW Health Community Health Nurses access this service on their iphones & utilise it in scenarios where patients home environments need to be assessed. It is queried if this service could be adapted to be utilised by VRGS/ GP’s/ Specialists/ additional healthcare providers to allow them to provide review/consultation/care for patients within their own homes.

Additional in-home care and support services are of course needed, especially in smaller communities if we are to endeavour to support patients to have palliative care in their homes. If smaller communities are unable to provide or sustain staffing requirements for home care/ community nursing, then an outreach service from our larger centres may be needed to fill the gap.

The introduction of paid travel/ ability to bill for travel time for both health providers and homecare providers may make the provision of home visits and homecare services more viable for providers in rural areas.

An initial meeting has been held in relation to the Collaborative Care for Remote and Rural Communities Planning Project, in which Parkes Shire will be involved as part of the Lachlan Area Health Service. Palliative care has been flagged as a priority area to consider as we plan this collaborative care model.