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

Summary comments.

There are insufficient numbers of palliative care specialists and allied health practitioners to provide an adequate service.

This has been made even worse by a recent decision by the local health district to reduce the palliative care specialist cover at the Tamworth Hospital.

Background:

Palliative Care in Tamworth and the New England area (Peel, Tablelands and Mehi districts) is currently provided by a dedicated team of Community Nursing staff, Allied Health staff and local GPs with support from a Palliative Care specialist in Tamworth and some further remote support from the Palliative Care team in Newcastle. The region is vast with a population approaching 200,000, with Tamworth alone having a population of over 60,000 people and growing. There is an overwhelming appreciation both in the community and from the health care providers themselves of the need for an established and properly staffed network of palliative care professionals to provide for the local palliative care needs. This is impacted by several factors.

1) Staffing

   - Tamworth has just had a decrease in its Palliative Care Staff Specialist cover from 1.0 FTE to 0.8FTE, apparently due to financial reasons. Palliative Care Australia in its Palliative Care Service Development Guide (2018) recommends 2.0FTE Staff Specialist cover per 100,000 population for community based palliative care and 1.5FTE Staff Specialist cover for inpatient care and consults. Clearly, we are not staffed anywhere close to this and further recent reductions willth compound this.

   - Depletion of the rural medical workforce. Many small towns have no or limited GP cover. Locum doctors do not know the patients well and in the absence of a local doctor patients must be transferred away from their homes to access care and sometimes die in a hospital far from family and friends. Some GPs feel ill equipped to provide palliative care for patients and may not have peer support in their town or area to do so.

   - Allied Health support is severely limited, particularly in the provision of community based care. There is currently a critical shortage of social work support for the Tamworth community despite recommendations from Palliative Care Australia that there should be a minimum of 0.5FTE community based social work per 100,000 population. Allied health cover is limited across the board and results in increasing requirements for patients to be admitted for resolution of social issues relating to care in the home.

2) Support for patients and local practitioners, especially out of hours

   Currently the community-based palliative care service in Tamworth is a weekday only service. Out of hours patients and their families must rely on after hours GP services, which

are only sometimes available or the hospital Emergency Department. The minimum recommended support service for palliative care patients in rural and remote locations is a telephone support service. This is currently provided on an ad hoc basis by the two hospital nurses who staff the local 6 bed inpatient unit, around their clinical duties. They have no specific training for this role.
Given the proven preference for a large cohort of palliative care patients to remain in their own homes when dying, an improvement in after-hours cover and community-based support services including palliative care support packages would decrease hospital presentations and admissions out of hours. The cost of supporting people to die at home does not exceed that of a hospital admission with the benefit of leaving beds vacant for other patients. Indeed a recent pilot project run in NSW by HammondCare supported 1295 patients across 7 LHDs with end of life care at home, at one third of the cost of inpatient care.

3) Culturally appropriate palliative care support
Aboriginal and Torres Strait Islander people are much less likely to access palliative care services, in some part because these services have not previously provided culturally aware care. The New England area has a large population of Indigenous people and we need to match our care provision to their needs. The recent employment of an Indigenous social worker has been a very positive~~fantastic~~ addition, but further nursing and allied health support would continue to build on this service provision.

4) Service planning and development

Given the growing population and ongoing rural workforce shortages, planning and development of palliative care service in Tamworth and the New England region should be a priority. A nursing lead model has been employed in many towns and areas outside of Tamworth, but the erosion of local specialist support availability provides ongoing concern. As the Tamworth hospital grows it could develop a hub of local specialist, nursing and allied health care. There are opportunities in expansion to create training positions for local GPs to undertake 6 month training terms in palliative care which they can then utilise upon return to their communities. Training of specialist nursing staff provides opportunity for skill and knowledge sharing among colleagues as well as provision of remote support to peers and patients.

2. In addition to what is contained in your submission and 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 Tamworth and the region?

Summary comments.

Access and availability can only be improved when there are adequate numbers of palliative care specialists, nurses and allied health practitioners.

Background:

Our care and provision of service should be improved to align ~~more closely~~ with the National Palliative Care Standards, 2018 as outlined above.

Critically at this time point this should address

- Reduction in local palliative care specialist hours in the context of dwindling rural health workforce and palliative care skills
- Urgent requirement for a community social worker in Tamworth
- Requirement of increased community allied health support in general
- Increase in availability of community support packages to allow patients the choice to die at home. Successful pilot programs have been run in NSW and could be expanded.
- After hours palliative care support for patients and health practitioners
- Expansion of culturally aware palliative care services
- Ongoing service planning for the palliative care needs of both Tamworth and the New England area.

References

Chapman, S. (2013, July 8). *A good death at home: home palliative care services keep people where they want to be*. Evidently Cochrane. https://www.evidentlycochrane.net/a-good-death-at-home-home-palliative-care-services-keep-people-where-they-want-to-be/

HammondCare. (2018). *Response to the Productivity Commission's Preliminary Findings Report*. https://www.pc.gov.au/__data/assets/pdf_file/0006/209481/subpfr330-human-services-identifying-reform.pdf

Palliative Care Australia. (2018). Palliative Care Service Development Guidelines. In *Palliative Care Australia*. https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2018/02/PalliativeCare-Service-Delivery-2018_web-1.pdf

Yu, M., Guerriere, D. N., & Coyte, P. C. (2014). Societal costs of home and hospital end-of-life care for palliative care patients in Ontario, Canada. *Health & Social Care in the Community*, *23*(6), 605–618. https://doi.org/10.1111/hsc.12170