

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

Hearing – 17/06/2021

Supplementary questions

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QUESTION 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 Lismore and the region?

ANSWER

In Northern NSW Local Health District (NNSWLHD), palliative care services are available to the community in hospitals and in their own homes. All hospitals in NNSWLHD and the Multi-Purpose Services in Bonalbo, Kyogle, Nimbin and Urbenville have access to a range of specialist palliative care services, including nursing and social work services. These services work in collaboration with hospital staff to ensure that the patient's clinical and social needs are addressed during their stay in hospital. The services also work with the patient's families and carers to ensure that if the patient wishes to die at home, then the appropriate medical, clinical and social support services are in place before they are discharged from hospital.

There are several services available to support the patients who wish to die at home and their families and carers. Patients receiving palliative care in the community must have a carer or other suitable person who lives with them, and be registered with a General Practitioner.

Specialist Palliative Care Services are located in Tweed, Lismore and Grafton. These services provide a range of nursing and allied health support to assist patients at home. These include home visits by nurses to manage the patient's medical and clinical needs and support by a Social Worker and an Occupational Therapist. The Social Worker provides emotional and social support to the family and carers, bereavement support services, and assistance with funeral and financial arrangements. The Occupational Therapist provides support and advice to the patient and the family and carers regarding the patient's equipment needs and assistance with activities of daily living. An equipment loan service is also available for patients. Home based palliative care nursing services are provided seven days a week. NNSWLHD has an after-hours telephone on call service available for palliative care patients and their families and carers.

In addition to these services, as part of the state-wide Out of Hospital Care Program, NNSWLHD works in close partnership with a local non-government organisation to provide non-clinical support care packages to palliative care patients in their own homes. These services supplement the clinical support from NNSWLHD by providing patients and their families and carers access to services such as personal care (such as assistance with showering and personal hygiene), assistance with domestic activities (such as house cleaning, shopping and meal preparation), as well as assistance with transport and other social supports according to the patients and families/carers needs.

Palliative care services are also delivered through private hospital facilities. For patients that do not wish to die at home, there are nine publicly funded palliative care inpatient beds available at St Vincent's Hospital in Lismore. St Vincent's also provides a number of palliative care inpatient beds for patients who are privately insured.

The northern NSW community also has access to the Tweed Palliative Support Inc. This is a community-run organisation that provides free and donation-based support services for people with a life-limiting illness. Their hospice-at-home service keeps people in their homes for as long as possible by providing support with shopping, personal care, transport to medical appointments, and carer respite. If the patient is unable to remain at home, Tweed Palliative Support Inc. also offers the Wedgetail Retreat Community Hospice. This service offers in-house palliative care places and loan medical equipment.

QUESTION 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 Lismore and the region?

ANSWER

Changes to models and ways to deliver care can improve access to services. NNSWLHD is currently implementing a single model of care for palliative care across the whole District. This will further strengthen current service networks, staffing capacity, and improve access for patients through a single point of access.

Ongoing efforts to attract specialist staff remains a critical factor in improving access and availability to palliative care across the region.

Improving end of life and palliative care is a priority for the NSW Government as outlined in the NSW Government submission to the Inquiry. A range of activities have been implemented following broad stakeholder engagement in 2017. Ensuring priorities are achieved for people in regional, rural and remote NSW is an ongoing focus. Key objectives include increasing access to specialist care, and supporting choices in where people are cared for. Details of recent funding enhancements across NSW were provided by NSW Health in response to the supplementary questions from the 19 March 2021 hearing.

Since 2017-18, the recent enhancements have funded an additional nine specialist palliative care professionals, to improve local access to palliative care. This includes funding for a medical specialist, three nurses, an Aboriginal Health Worker and four allied health professionals so far. The enhancements have also provided \$303,921 for palliative care education and training, \$263,005 for minor works capital funding to create more home like environments for patients and families, and \$100,000 for bereavement support, among other initiatives.