

Legislative council. Portfolio committee no. 2 – health

Inquiry Into Health Outcomes And Access To Health And Hospital Services In Rural, Regional And Remote New South Wales

HEARING – Friday 10 September 2021

Witnesses providing evidence

- **Dr Susie Lord**, Specialist Pain Medicine Physician and Board member, Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. Paediatric representative on Executive Committee, Pain Management Network, Agency for Clinical Innovation NSW.
- **Associate Professor Paul Wrigley**, Specialist Pain Medicine Physician and Member, Learning & Development Committee and NSW Regional Committee – Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. Co-chair Pain Management Network, Agency for Clinical Innovation NSW.

Supplementary Questions

Q1. 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 rural, regional and remote New South Wales?

Response:

Dr Sarah Wenham (Specialist Palliative Care Physician) outlined in her evidence some of the challenges Palliative Medicine Services are facing in NSW including: difficulties in recruiting and retaining Specialist Staff and key knowledge gaps relating to current service providers, training levels, and patient experience which are essential for ongoing provision and improvement of services.

Pain Medicine Services also play an important role in end-of-life care and are an essential parallel service that enables quality of life during this challenging time. Pain is the most common cancer symptom requiring palliation and is present in over 1/3 of patients with cancer and over 2/3 in patients with advanced disease. It is one of the most feared aspects of cancer. While most cancer pain can be managed by Palliative Care services, Pain Medicine services are still required to assist people with more challenging situations and for the increasing number of childhood and adult cancer-survivors who experience chronic pain after treatment.

The NSW Government recognised the importance of supporting the establishment of effective Pain Services by developing the NSW Pain Management Plan 2012-2016 (<https://www.health.nsw.gov.au/PainManagement/Publications/government-response-taskforce-report.pdf>). While this provided a starting point for NSW Pain Services *a follow-on plan is desperately needed*.

Q2. 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 rural, regional and remote New South Wales?

Response:

Effective and accessible Pain Management Services are required to ensure the effective and efficient delivery of Palliative Medicine Services in NSW. We would reiterate the three key recommendations made to the committee.

Key challenges and recommendation summary

Challenge 1: No voice. There is currently no accessible direct or indirect contact within the NSW Ministry of Health (MoH) tasked to assist the maintenance and improvement of pain management services.

Proposal to MoH:

1.1. Re-instate a contact person or department, within MoH, to support the Pain Management Network ACI, raise issues with the Minister and facilitate efforts to provide value-based healthcare for children, youth and adults with pain in NSW.

Challenge 2: Poor sustainability of ALL rural and regional services – previously designated Tier 2 Pain Services under the NSW Pain Management Plan 2012-2016.

Proposal to MoH:

2.1. Establish full-time staffing capacity in the current rural, remote and regional (Tier 2) Pain Services (including the Paediatric Service in Newcastle).

2.2. Add a MoH, local health district service level agreement item to support pain services e.g.

All LHDs must maintain a full-time multi-disciplinary Pain Management Service resourced to provide primary care support OR resource an inter-LHD collaboration to achieve this.

Challenge 3: Poor equity of access to specialty pain services

Proposal to MoH:

3.1. In conjunction with the PMN ACI develop a follow-on plan from the NSW Health Pain Management Plan 2012-2016 that is inclusive of strategies to redress inequitable access.