

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE
NEW SOUTH WALES**

HEARING – Tuesday 5 October 2021

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Rural Health Research Alliance**

RESPONSES TO SUPPLEMENTARY QUESTIONS

3 November 2021

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 rural, regional and remote New South Wales?

Response: I preface my response by noting that I am not a foremost expert in palliative care and highlight that my comments largely refer to sources of information that may provide a useful insight into the provision of palliative medicine, nursing and care in rural, regional and remote New South Wales.

These key sources of information include Health Workforce Data¹ and the Australian Institute of Health and Welfare (AIHW) report on Palliative Care Service in Australia.² The Health Workforce Data, based on the latest available data (2020) through their Data Tool, indicates that most palliative medicine medical practitioners were in major city locations (Table 1). When compared to the distribution of the estimated residential population (ERP) in Australia by remoteness,³ the data suggests a slight bias toward greater availability of palliative medicine specialists in major city areas and less so outside of major city areas (Table 1). The relative distribution of nurses in palliative care better aligns to the ERP distribution by remoteness (Table 1). These data are consistent with the AIHW report on Palliative Care Service in Australia, which is based on 2018 data.² While these data are for all Australia, it's likely that the distribution of the palliative care workforce in NSW is similar.

Table 1: Distribution of the Australian Estimated Residential Population (ERP) as at 30 June 2020 and palliative medicine medical practitioners and palliative care nurses in 2020 by remoteness.

Remoteness	ERP at 30 June 2020, Australia		Medical Practitioners, Palliative Medicine, 2020		Nurses, Palliative care, 2020	
	Number	%	Number	%	Number	%
Major Cities	18586095	72.3	268	83.5	2876	72.2
Inner Regional	4556851	17.7	36	11.2	796	20.0
Outer Regional	2062597	8.0	11	3.4	269	6.8
Remote	291190	1.1	3	0.9	35	0.9
Very Remote	200565	0.8	3	0.9	5	0.1
Total	25697298	100	321	100	3981	100

A separate, but related, key consideration regarding the provision of palliative medicine, nursing and care in rural, regional and remote New South Wales are the outcomes of care. An appraisal of the quality and effectiveness of palliative care through the lens of patients, their carers and clinicians would provide meaningful information to better understand the provision of palliative medicine,

nursing and care in rural, regional and remote New South Wales. The Australian Palliative Care Outcomes Collaboration (PCOC)⁴ represents a rich resource that captures comprehensive information on a range of outcomes of palliative care, including pain and symptom control. The PCOC routinely generates a range of reports at national and state levels and, while the latest available PCOC reports do not appear to present outcomes by geographical remoteness, the data captured by the collaboration would likely be able to be analysed by remoteness and, perhaps, this could be achieved through the commissioning of a bespoke analysis.

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 rural, regional and remote New South Wales?

Response: Assuming there is robust, high-quality evidence indicating a need to improve both the access to and availability of palliative medicine, nursing and care in rural, regional and remote New South Wales, I would guide the committee to consider the existing evidence on how to achieve meaningful improvements in this space. I highlight two resources that can be used as case studies of the type of evidence that could be used to guide improvements. The first is a recent article published in Rural and Remote Health entitled “A new model for a palliative approach to care in Australia”.⁵ The article provides a narrative report on the establishment of a Palliative and End of Life Model of Care in Far West NSW, outlining an approach to palliative care in the last year of life. This provides an example of evidence that exists in the scientific literature that could be used to guide how palliative models of care could be designed and implemented in rural, regional and remote New South Wales. The second resource I highlight is the Palliative Care Clinical Studies Collaborative (PaCCSC).⁶ This Australia-wide research network aims to improve the wellbeing of people with life-limiting illnesses through a number of foci, including:

- the generation of high-quality research evidence to support effective palliative care clinical interventions including medications.
- building capacity within the health workforce in the conduct and understanding of high-quality palliative care clinical research.
- the translation of palliative care research results into clinical practice and policy.

These two case studies highlight how high-quality evidence generated through scientific research can be harnessed with the view to make meaningful improvements to care provision when and where it is needed, including rural, regional and remote New South Wales.

Thank you for the opportunity to contribute to the inquiry.

Sincerely,

Dr Alexandre Stephens
Chair, NSW Rural Health Research Alliance

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6. University of Technology Sydney. The Palliative Care Clinical Studies Collaborative. <https://www.uts.edu.au/research-and-teaching/our-research/impacct/palliative-care-clinical-studies-collaborative/about-us>. Accessed October 28, 2021.