

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

Hearing – 2/12/2021

## Supplementary questions

**Mr Umit Agis, Chief Executive, Far West Local Health District**

### 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?

### ANSWER

FWLHD has two multidisciplinary Specialist Palliative Care Services (based out of Broken Hill and Dareton) that provide services across FWLHD to palliative care patients and their carers across all care settings – community (home), inpatient, Multi-Purpose Service (MPS), district outreach, Residential Aged Care Facility (RACF) and the disability sector.

24 hour, seven day a week specialist services enable people to be cared for at home for as long as possible, or to die at home if that is their preference.

The model of care is inclusive of patients with a range of life limiting illnesses including advanced cancer, end stage renal, cardiac and respiratory diseases, life limiting progressive neurological disorders such as motor neurone disease, and end stage dementia.

Multidisciplinary specialist palliative care services included nursing, medical, allied health (physiotherapy, occupational therapy and social worker), Aboriginal Health Worker, Volunteers and Bereavement Services (Psychologist).

98 per cent of patients known to Specialist Palliative Care in FWLHD die in their preferred place. For some patients, this is home or RACF (considered their home) while others have a preference to die in hospital. The inpatient setting has recently been refurbished to make it a more homelike environment.

Broken Hill Hospital has an inpatient Palliative Care Clinical Nurse Specialist to ensure continuity and quality of care.

A district Palliative Care Clinical Nurse Consultant provides support to patients in the smaller district communities in partnership with GPs, MPS staff, Primary Health Care providers, Royal Flying Doctor Service, and AMS.

A Palliative Care Clinical Nurse Consultant provides in-reach into RACFs (FWLHD MPS and private) using 'needs rounds' to build capacity in RACFS staff to identify residents requiring a palliative approach to care.

A Clinical Nurse Consultant is engaged in Advanced Care Planning work with key partners.

The Model of Care has been acknowledged in a partnership project with the Western NSW Primary Health Network on-line Far West NSW Palliative and End of Life Model of Care. The Model of Care is an individualised, yet standardised needs-based approach for the care of patients with life-limiting disease in the last year of life. This electronic Palliative Approach Framework aims to assist carers and healthcare professionals to assess, plan and care for patients with advancing

life-limiting illness. This site has been accessed nationally and internationally and is available at: <https://www.wnswphn.org.au/epaf>

The above Model of Care project was an award winner for the FWLHD Innovation Awards, and has also been published in peer reviewed journals.

FWLHD Specialist Palliative Care Services are regularly consulted by the NSW Health Pillars (NSW Ministry of Health, Clinical Excellence Commission and Agency for Clinical Innovation regarding their model of care).

## **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?

## **ANSWER**

FWLHD's provision of palliative nursing, medicine and multidisciplinary services is a continually growing service due to the investment of resources by the Ministry of Health. District staff provide specialist palliative care services across all care settings, with the aim of always improving service delivery. The District strategically allocates Ministry funded resources to fill identified gaps to address the needs of the community. As an example, palliative care bereavement services was an identified gap and was provided as an initiative of the specialist palliative care services. Service evaluation of this initiative has been overwhelmingly positive.

Over the past 12 months, FWLHD has increased its presence in RACFs to improve the palliative care outcomes for residents. FWLHD has increased palliative care medical and allied health services. FWLHD has an Aboriginal Health Worker in palliative care to improve access for Aboriginal patients requiring palliative care and their families, and support people to return home to country at the end of life. Nursing services in Broken Hill and Dareton are available 24 hours, seven days a week. Palliative care specialists work closely with health partners in RACFs, Aboriginal health, Royal Flying Doctor Service, and GPs and Primary Health Networks.

Ongoing audits and service evaluation assists FWLHD to improve where gaps are identified.