

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

Hearing – 1/02/2022

Supplementary questions

QUESTION 1 - Mr Scott McLachlan, Chief Executive, Central Coast Local Health District

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

No.

QUESTION 2 - Mr Scott McLachlan, Chief Executive, Central Coast Local Health District

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

No.

QUESTION 3 - Mr Stewart Dowrick, Chief Executive, Mid North Coast Local Health District

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

No.

QUESTION 4 - Mr Stewart Dowrick, Chief Executive, Mid North Coast Local Health District

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

No.

QUESTION 5 - Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District

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

No.

QUESTION 6 - Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District

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

No.

QUESTION 7 - Ms Kay Hyman, Chief Executive, Nepean Blue Mountains Local Health District

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

No.

QUESTION 8 - Ms Kay Hyman, Chief Executive, Nepean Blue Mountains Local Health District

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

No.

QUESTION 9 - Ms Margaret Louise Bennett, Chief Executive, Southern NSW Local Health District

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

No.

QUESTION 10 - Ms Margaret Louise Bennett, Chief Executive, Southern NSW Local Health District

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

No.

QUESTION 11 - Ms Margot Mains, Chief Executive, Illawarra Shoalhaven Local Health District

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

The Illawarra Shoalhaven Local Health District (ISLHD) palliative care service comprises inpatient units, consult-liaison services, community palliative care with 24 hour support, a bereavement counselling and support service and volunteer service. Palliative Care Services are available across the three operational Hub groups within ISLHD: Northern Illawarra, Southern Illawarra and Shoalhaven.

INPATIENT SERVICES:

- ISLHD palliative care service provides in-reach palliative care consult-liaison service to other admitted settings (Wollongong Hospital (TWH), Bulli, Coledale, Shellharbour, Shoalhaven District Memorial Hospital (SDMH), Milton Ulladulla Hospital (MUH)).
- There are currently 29 palliative care inpatient beds across the ISLHD based at TWH (5 beds); Port Kembla Hospital (PKH) (15 beds) and David Berry Hospital (DBH) (9 beds).

COMMUNITY SERVICES:

- The ISLHD community palliative care service is a District service with two teams – one based in the Illawarra and the other team based in the Shoalhaven.
- The community service receives, on average, 1600 referrals per year with approximately 1,000 patients under the community team at any one time.
- The ISLHD Palliative Care Community Service also provides consult-liaison and a shared care model with RACFs and Disability group homes. The community service works closely with Community Health Nurses and General Practitioners (GPs) and also partners with community services to deliver end of life care packages in the home.

BEREAVEMENT SERVICE:

- The ISLHD Bereavement Service includes specialist bereavement counsellors and Grief Companion Volunteers.
- The counselling service is available to all families of palliative care patients who have died (includes deaths from both inpatient and community settings).
- Recent funding from the NSW Government's \$56 million investment in palliative care (2020-21 to 2023-24) has enabled the service to increase its workforce and expand the scope of the service to include all bereaved in the ISLHD who have experienced a death (both expected and unexpected deaths).

WORKFORCE

- The ISLHD palliative care workforce includes palliative care medical specialists and other medical officers (CMOs/VMOs/Registrars); specialist nursing staff (NP, CNCs, CNS2s, RNs); allied health (dietetics, OT, PT, SW, SP and Allied Health Assistants), Aboriginal Health Worker, specialist bereavement counsellors, Volunteer Coordinators and Administration staff. The district palliative care clinical workforce has benefitted from enhancement funding since 2017, including funding for one medical specialist, ten palliative care nurses, three allied health professionals and one Aboriginal health worker.
- The ISLHD Palliative Care Service is supported by a Co-Director Palliative Care, Medical Head of Service, Clinical Service Manager and Divisional Support Officer.
- The majority of the allied health workforce is based in the community service.
- Palliative Care volunteers are based across inpatient wards, community palliative care and provide bereavement support.
- The bereavement service provides specialist counselling to bereaved for expected (palliative care) and unexpected deaths in ISLHD.

QUESTION 12 - Ms Margot Mains, Chief Executive, Illawarra Shoalhaven Local Health District

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

INPATIENT PALLIATIVE CARE SERVICES: Palliative Care bed capacity will increase substantially as a result of the Shellharbour Hospital and Integrated Services Project and the Shoalhaven Hospital Redevelopment.

COMMUNITY PALLIATIVE CARE SERVICE: Realignment of the community palliative workforce and new model of care over 2021-2022 is anticipated to improve workforce capability and care coordination, patient safety and outcomes and service performance.

The district continues to implement new funding provided through Government budget commitments to meet local needs.