

**Submission
No 18**

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY
GROWTH REGION**

Organisation: Macarthur Cancer Therapy Centre - Campbelltown Hospital
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Therry Road
PO Box 149
Campbelltown 2560

Phone: (02) 4634 4355
Fax: (02) 4634 4350
Appointments: (02) 4634 4300

Hon Greg Donnelly MLC
Committee Chair
Portfolio Committee No 2 - Health

Dear Sir

Thank you for your interest in conducting an inquiry into the current and future provision of health services in the Sydney South-West Growth Region. This submission covers the provision of non-inpatient and community cancer care for the populations of the Campbelltown, Camden, Wollondilly and Southern Highlands regions of South West Sydney.

I am the Foundation Director of the Macarthur Cancer Therapy Centre [MCTC] at Campbelltown Hospital since it opened in Feb 2003. I am a Senior Staff Specialist in Medical Oncology and have worked in South West Sydney Health Service since 1996 and in the Southern Highlands since 1999. I am a past Chair of the Campbelltown and Camden Medical Staff Council and past Chair and current member of many committees within Campbelltown and Camden Hospitals.

I am immensely proud of our staff of the Macarthur Cancer Therapy Centre for their dedication to high quality patient care, training, teaching, research, quality improvement and service innovation. This has been recognised since 2016 in the NSW Cancer Institute and Bureau of Health Information Patient Satisfaction surveys where the MCTC has been rated by patients as the best public cancer centre in NSW in all 4 surveys and the best in NSW in 3 surveys http://www.bhi.nsw.gov.au/nsw_patient_survey_program/outpatient_cancer_clinics_survey.

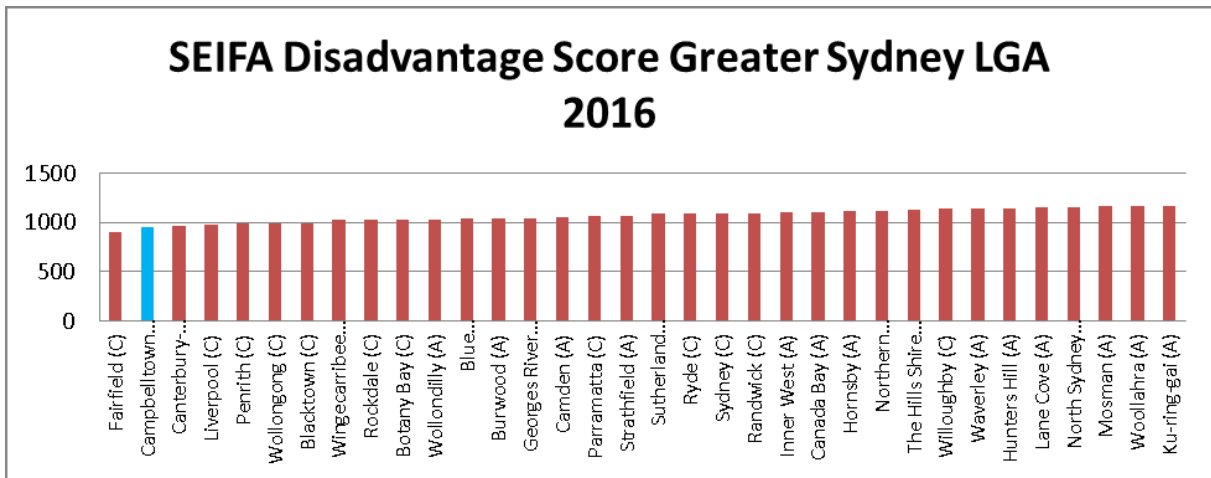
You will have received submissions from the various Medical Staff Councils of the hospitals within South West Sydney Local Health District [SWSLHD] showing the funding inequities between SWSLHD and others regions in Sydney. The budget of Sydney LHD is \$2500 per LHD resident whereas it is just over \$1700 for SWSLHD and Nepean-Blue Mountains at \$1950. Although there are state wide services within Sydney LHD [burns unit, liver transplantation and peritonectomy] that does not explain the \$800 difference for every man, woman and child living there.

*A/Prof. Stephen Della-Fiorentina
M.B.,B.S. (Hons), F.R.A.C.P.
Director
Macarthur Cancer Therapy Centre*

*Postal Address:-
PO Box 149
CAMPBELLTOWN NSW 2560*

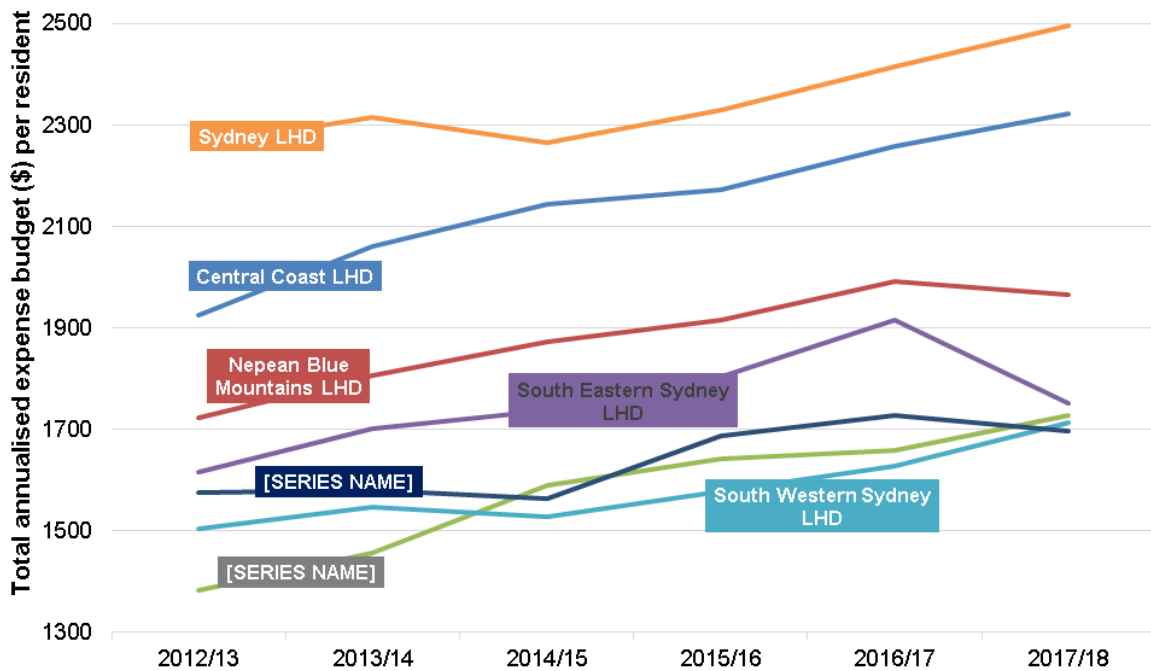
*Contact Numbers:
Appointments: (02) 46 34-4300
Phone: (02) 4634-4355
Fax: (02) 4634-4350*

The LHD and Campbelltown in particular has many areas of social disadvantage, lower levels of private health insurance, lower levels of cancer screening, higher prevalence of Indigenous residents, higher rates of smoking which all add to a higher rate of cancer and additional illnesses and greater reliance on the public health system.



Unfortunately there is no transparency regarding similar data as it applies to provision of cancer services between the LHD's, I hope your committee is able to obtain cancer budgets and staffing levels from NSW Health. Many of our staff have worked and currently work in other LHD's and there are clear imbalances in number of medical, nursing, pharmacy, allied health and administration staff and the availability of adequate chemotherapy chairs and palliative care beds for our population.

FIGURE 14: TOTAL ANNUALISED EXPENSE BUDGET (\$) PER RESIDENT BY LHD, 2012/13 - 2017/18



Within SWSLHD there is a further maldistribution of budget and human and physical resources. In 2019 6797 newly diagnosed cancer patients attended the cancer centres at Liverpool, Campbelltown, Bankstown and Bowral to see a medical oncologist, radiation oncologist or a haematologist. Of these 42% live in a post code where the MCTC at Campbelltown Hospital is their closest cancer centre but only 1414 patients [21% of the LHD cases] attended MCTC, the main group being haematology patients who attend Liverpool. It is unknown how many more people are referred or choose to travel to other cancer centres in Sydney.

The \$632M funding for redevelopment at Campbelltown Hospital will see additional radiation capacity with an additional linear accelerator to be functional by April 2021; however there will be no increase in the 9 chemotherapy chairs available until late 2023. Requests for additional funding for extended operating hours to increase chemotherapy treatment capacity has been prioritised by the Campbelltown Clinical Council but the Chief Executive has stated that there is no additional funding. The lack of private oncology services in the Campbelltown region places added pressure on MCTC with waiting lists being inevitable or patients choosing to travel elsewhere in Sydney with additional costs to them. Liverpool has 6 linear accelerators and 25 chemotherapy chairs. We have written our Model of Care which reflects best practice but we have been given no guarantee that recurrent funding for staff will be provided.

There is no capacity to deliver chemotherapy for patients with haematological conditions for blood cancers such as lymphoma or myeloma. At present all patients must travel to Liverpool for treatment; service enhancements have been prioritised by the LHD Cancer Service, the Campbelltown Clinical Council but the Chief Executive has stated that there is no additional funding.

There are only 10 specialised palliative care beds at Camden Hospital whereas there are 20 at Liverpool Hospital and 20 in Braeside Hospital at Fairfield. Palliative Care Australia guidelines state that there should be 40 for the population of Campbelltown to the Southern Highlands. There are 2.3 Full Time Equivalent FTE Palliative Care Specialists covering the enormous geographical area from Campbelltown to the Southern Highlands, the 2018 Palliative Care Australia Service Delivery guidelines state that there should be 1.0 FTE Palliative Care Specialists for 50,000 population and 6.7 beds, there is currently at least a 3.7 FTE shortfall and 29 specialist inpatient bed shortfall with those guidelines. [https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2018/02/PalliativeCare-Service-Delivery-2018_web-1.pdf] The same under resourcing applies to palliative care registrars training to be a specialist, specialist nurse practitioners [currently zero], nurse consultants and community nurses. Due to the limited access to specialist beds unplanned readmissions within 30 days in unavoidable and many people need to come to the second busiest emergency service in NSW for end of life care and on average 2 palliative care patients die in the emergency department each month rather than in a hospital bed.

A nurse led Care Co-ordination model is standard of care for patients and their carers to provide information, education, and support and help navigate the medical system. At MCTC we have had to rely on donations and time limited grant applications as the SWSLHD funding is at Liverpool Hospital and the care coordinator staff predominantly work there. The McGrath Foundation have funded 3 breast cancer nurse care co-ordinators and a local charity,

the 24 Hr Fight Against Cancer, funded a bowel and genitourinary coordinator for two years until NSW Health provided funding.

With over 1300 new patients seen in 2019 we only have a Clinical Psychologist for 15 hours a week. This position was also funded by a charity, the Nelune Foundation, for 5 years until NSW Health provided funding. There is no liaison psychiatry service, there is limited access to private psychology or psychiatry in the community and our high levels of social disadvantage preclude many of our patients from accessing essential psychosocial care.

The ability for patients to participate in new cancer treatments as part of a clinical trial programme is limited at MCTC at Campbelltown, the LHD will not fund nursing and administration staff required to enrol and follow up patients on these studies; funding is expected to come from pharmaceutical companies or donations. The Cancer Institute NSW has a goal of 10% of all cancer patients to be enrolled on a clinical trial, due to the lack of adequate infrastructure funding and the LHD preferentially investing in the Liverpool Cancer Centre clinical trials unit our rate is under 3%

Access to diagnostic and pathology services are limited in the Campbelltown region. A biopsy is essential to diagnose cancer and access to radiology services such as ultrasound or CT scan is essential to guide the biopsy needle safely to the area of concern. Radiology at Campbelltown only have access to a CT scan to perform this biopsy half a day a week increasing the time it takes to make a diagnosis potentially leading to poorer cure rates and additional patient anxiety. Access to a medical pathologist on site adds further delays in the analysis of the biopsy once it has been taken. Palliative care patients often need access to interventional radiology services to safely drain fluid that builds up around their lung or abdomen to relieve pain and suffering and these services are also limited.

After a cancer diagnosis appropriate follow up is essential to manage long term physical and emotional side effects. There is no mammography machine at Campbelltown or Liverpool public hospitals and patients need to pay for essential breast mammograms after their breast cancer diagnosis. A survivorship clinic was planned at both Liverpool and Camden however there was no available LHD funding, a grant was attained from Cancer Australia but only for a site at Liverpool.

Significant service gaps exist for cancer patients in other departments with head and neck cancer, melanoma surgery, gynaecological cancer surgery, brain and lung surgery being undertaken at Liverpool Hospital. There is limited Paediatric cancer care and no Adolescent cancer service and no transfer of care of childhood cancer survivors to adult oncologists as they remain under follow up with the Sydney Children's Hospital network.

Unfortunately there have been many decades of underfunding to the population of South West Sydney LHD and the funding inequity has continued. However, within SWSLHD there is further inequity of staffing and physical resources for cancer care to our community when comparing Liverpool to Campbelltown. We are not funded for our current population in 2020 and we will further fall behind as the Aerotropolis is built.

I hope that your committee is able to redress the funding imbalance and health inequities that over 1.3 million residents on NSW are experiencing. I thank you for your interest in this problem and for considering this submission. I am happy to be contacted if further information or clarification is required.

Yours Sincerely

Associate Professor Stephen Della-Fiorentina
Director
Macarthur Cancer Therapy Centre
Campbelltown Hospital SWSLHD
19 March 2020

PO Box 149 Campbelltown NSW 2560