

**Submission  
No 29**

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

**Organisation:** Rehabilitation Medicine Service - Campbelltown & Camden  
**Date Received:** 24 April 2020

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The Hon. Greg Donnelly, MLC

Chair

Portfolio Committee No. 2 - Health

Dear Sir,

Thank you for considering our submission as part of the inquiry into the current and future provision of health services in the South-West Sydney Growth Region.

We are the staff specialists in the Rehabilitation Medicine service at Campbelltown and Camden Hospitals.

Our service provides comprehensive multidisciplinary subacute care for patients with complex medical, psychological and social needs, many of whom may have had long and complicated acute admissions to hospital. Some patients will require intensive inpatient multidisciplinary rehabilitation to enable safe transfer back to the community, and many will require outpatient & community-based rehabilitation to continue outside of the hospital environment to reduce the reliance on the hospital-based rehabilitation service, and prevent further functional decline.

We are very proud of the high-quality service and the immense effort by our multidisciplinary team in providing the best possible care for our patients. The outcomes for our patients are comparable to other local health districts as demonstrated by Australasian Rehabilitation Outcomes Centre (AROC) dataset, and we consistently receive positive feedback from patients and their carers about the services we provide. We pride ourselves on working closely and collaboratively with acute medical and surgical services, Hospital Executive and our Local Health District.

Our Rehabilitation Medicine service has been the first service in NSW to pilot a subacute Rehabilitation In The Home (RITH) program in 2017, based on the established Hospital in the Home (HITH) model. It has been a highly successful model, and demonstrates the innovation and dedication of our service to developing models of care to benefit our patients in the community.

As with many other public health services in South Western Sydney, we face significant challenges with regards to access to adequate funding to manage the increasing demand for our service.

This growth in demand is set to continue to increase significantly over the next several years due to:

- increasing aged and disabled population (estimated increase in population aged >70 will increase by 144% by 2031)
- increasing acute hospital admissions at Campbelltown Hospital, with subsequent increased demand for rehabilitation services
- improved survival and lifespan with improvements in acute treatments resulting in increased rates of chronic conditions and associated decline in function requiring rehabilitation (eg heart disease, lung disease, neurological conditions, improved cancer survival, dementia and age associated conditions)

We have faced challenges in accessing adequate funding to staff and resource services within our Rehabilitation Medicine department. This has resulted in inequitable access to various areas of clinical therapy and intervention, compared to other Rehabilitation Medicine services in other LHDs. Some examples of service deficiencies we seek to address include:

- No clinic-based Rehabilitation allied health outpatient services for occupational therapy, social work, clinical psychology, exercise physiology

- No inpatient clinical psychology, exercise physiology and diversional therapy services
- Very limited neuropsychology services. There is one neuropsychologist for 2 days a week for all adult non- Mental Health services at Campbelltown and Camden Hospitals, with an outpatient wait list of over 12 months.
- Limited outpatient rehabilitation clinic-based physiotherapy & speech pathology, resulting in extensive waiting lists
- No Day Hospital Rehabilitation service
- No dedicated rehabilitation nursing staff for outpatient and community Rehabilitation services

The RITH service is still a very small service with significant potential to reduce the burden on inpatient rehabilitation services and improve patient flow in the hospital, and increased funding for innovative models such as this will assist with improving these innovative services further.

These examples highlight some of the significant gaps in staffing for ambulatory Rehabilitation services. We fall short of the recommended staffing standards as set out in the Australasian Faculty of Rehabilitation Medicine *Standards for the provision of Rehabilitation Medicine services in the Ambulatory Setting*.

Our current inpatient Rehabilitation allied health staffing at Camden Hospital is also limited compared to other inpatient Rehabilitation services in other health districts. Our allied health staff to patient ratios do not meet the Australasian Faculty of Rehabilitation Medicine *Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services 2019*.

Both the Inpatient and Ambulatory Standards can be found at:

<https://www.racp.edu.au/fellows/resources/rehabilitation-medicine-resources/standards-for-rehabilitation-services>

In addition, there has been an overall reduction in the senior medical workforce in our Rehabilitation Medicine service compared to 12 years ago, despite increases in activity and the addition of new Rehabilitation Medicine services created by our department in the last few years to meet the growing demand.

There is a major redevelopment planned for Campbelltown Hospital which will lead to a significant increase in acute services. Whilst there are no planned beds At Campbelltown Hospital for Rehabilitation Medicine in the redevelopment, there is an expected increase in demand for our service. We have been running an acute in-reach rehabilitation service at Campbelltown Hospital since 2014, but the size of this team is small compared to similar teams in other acute hospitals and will need to be expanded significantly to cater for the expected increased demand.

There are opportunities to increase the existing Rehabilitation inpatient services at Camden Hospital as well as expanding outpatient and ambulatory rehabilitation services to meet the expected needs, but there needs to be appropriate consideration and planning to adequately staff and resource these services.

In conclusion, the aim of our submission to the Inquiry is to highlight some of the challenges we face and that fair and equitable provision of funding to assist with staffing (based on existing Standards and clinical needs) will help us to deliver the best quality care to our growing population.

Thank you again for considering our submission and we are happy to be contacted for any further information or clarification.

Yours sincerely,

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