

Submission
No 138

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

Name: Name suppressed
Date Received: 8 December 2020

Partially
Confidential

Submission :

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

I believe this submission is relevant to section (i) of the terms of reference.

(i)The access and availability of oncology treatment in rural, regional and remote NSW

The Cancer Care and Haematology Unit at Lismore Base Hospital is located within the North Coast Cancer Institute (NCCI) building and is a major referral unit for NNSW LHD.

It provides out outpatient services which include:

Chemotherapy (and multiple support systems) to Oncology & Haematology patients (IV, Sub cut, Intravesicular, oral, topical and intrathecal) and multiple blood product administration.

The unit also provides IV infusions to non-cancer and non-haematology patients in the form of an Infusion Clinic which treats auto immune diseases which require intravenous infusion.

There is no dedicated non-cancer infusion clinic in the LHD. Some of these conditions include: Multiple sclerosis, Crohns disease, coeliac disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis and asthma

NCCI also encompasses a radiotherapy unit and runs multiple out clinics for consultation purposes.

These statements will relate to the outpatient chemotherapy unit.

The unit was opened in 2010 with a treatment capacity of 10 chairs/spaces

Staffing on the floor at that time was 5.26 FTE. Please note this number does not include administerial or other supportive roles.

Billable pt treatments for the year was approx. 6268

In 2013 the Cancer unit was requested to take over treatment of a group of patients who were receiving IV infusions for non-cancerous indications which is now known as the Infusion Clinic.

This was approx. 30 patients and additional staffing was provided of 0.42FTE for approx. 360 billable treatments per year making a total billable no 6628.This service continues to grow. Without this service these patients would need to travel to Gold Coast and Brisbane for treatments.

In 2020 the current billable treatments for the year are approx. 8980. There are now 12 – 15 chair/spaces open every day Mon- Fri.

This is approx. 25% increase.

The unit has been instructed to staff to a “safe level”

As such the nursing FTE on the floor currently sits at 7.57 FTE. This allows for a safe work environment and safe delivery of high risk drugs and treatments.

However the additional FTE are casual staff.

While the additional hours are being provided, a permanent workforce is superior to a casual workforce.

The request would be for these positions to be converted to permanent positions.

Summary Table

Year	Billable pt numbers	Staff FTE
2010	6268	5.26 FTE
2013	6628 (5%Increase)	5.68 FTE
2020	8980 (25% increase	5.68 FTE + 2 FTE casual

Additional to this information is the unit lacks critical allied health services.

Initially the service was allocated 1 FTE social worker.

Due to changes in the management structure this position was re allocated to community allied health.

The social worker has been instructed to make inpatients a priority while also covering the Emergency Department.

This leaves minimal available services for the chemotherapy outpatient cohort.

The unit has no dedicated dietic services. Radiotherapy patients can access the radiotherapy dietitian, whereas patients only receiving chemotherapy cannot. Currently patients requiring dietetic services are referred the community allied health centres where the delay to consult is often considerable.

The unit has no dedicated psychologist services. Patients requiring these services need to access their GPs to set up a management plan and obtain these services externally and privately.

The unit has no exercise physiotherapy service which has recently been shown to improve out comes for cancer patients. Once again patients requiring theses services need to access their GPs to set up a management plan and obtain these services externally and privately.

The unit has no dedicated clinical nurse educator (CNE) position.

Currently this area is covered by a Clinical Nurse Consultant to the unit, however this significantly reduces the capacity of the position to provide services and consultation in expanding areas of which cancer has many.

The unit has one CNC which oversees all streams of cancer. Units of comparable size, ie Coffs Harbour and Port Macquarie have multiple CNCs who manage specific cancer streams.

The unit has a care co ordinator 1 day a week. This role co ordinates patients receiving concurrent radiotherapy and chemotherapy only.

The unit has no specific service to support patients receiving oral therapies which is an expanding area. Coffs harbour has .5FTE in this role.

The unit implemented a new electronic medical record, Mosaiq, in 2018. This system requires information technology administration for ongoing maintenance and quality purposes to bring the program in line with NSW Health standards. The existing administration team is shared with MNC LHD and has not any increase in capacity since NNSW LHD implementation. This leads to significant delays in upgrade and maintenance of the program.

A local submission highlighting the chemotherapy floor FTE and the CNE nursing issue was escalated to Lismore Base Hospital executive with nil success to rectifying the issues. A review of some of the staffing was commenced in early 2020 with no outcome to date.

The lack additional CNCs, social worker, psychologist, dietitian and exercise physio positions have not been raised with local management.

It is important that these issues are addressed for both patients and staff. Patients in our rural setting deserve the same as their sister city cousins! Our staff do an amazing job under difficult circumstances.

I have significant concerns around repercussions or reprisal locally. Please consider this!

Hope you can help!