

**Submission  
No 184**

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

**Organisation:** Ballina Cancer Advocacy Network

**Date Received:** 7 December 2020

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## Regional & Rural inquiry into health access and outcomes in regional areas

### Far North Coast and Northern Rivers, NSW

#### **Submission – Increase funding for regional public health liaisons.**

We are making this submission as representatives of the Ballina Cancer Action Network under the support of Cancer Council NSW.

The Ballina Cancer Action Network support Cancer Council NSW with on-the-ground grass-roots community engagement. Advocating for policy changes and identifying local needs to deliver better programs. In the past Ballina CAN has successfully advocated for increased funding for community transport, as well as the development of a local services flyer empowering patients with knowledge to support their cancer journey.

This inquiry is an important opportunity to address the growing need for increased funding for health care professionals in regions that are experiencing significant population growth, as well as dealing with inequalities in access to health outcomes.

To support our submission we would like to highlight anecdotal evidence of an issue that is raised time and time again – **The need for increased funding for public health professionals working across the cancer care coordination / social work areas to be more available to patients.**

We have heard of many case studies from patients across the Northern Rivers and Far North Coast, ranging from private and public treatment centres about such barriers to better health outcomes.

One case study – a gentleman with Basal Cell Carcinoma of the outer nose, lost most of the features of his nose after surgery. This patient continued about his daily life with social anxiety, unable to go back to a normal daily life. Until one day, quite simply he was asked by a fellow patient to the reasons why he had not considered a prosthetic nose free of charge through a charitable support scheme. His heartbreaking response **“I never had knowledge of such option, or service available to someone like me with limited financial means”**. Please conceive, if only this patient had been linked to an appropriate cancer care coordinator or social worker, his burden could have been lifted much sooner and thus contributing to better outcomes. How many more patients are currently in the same position?

Another case study we would like to highlight is of a female who had undergone lumpectomy just over the border in Queensland. A breast cancer nurse who happened to be on shift advised - as this patient was living in New South Wales and not Queensland, she was not eligible to any support services. Therefore she was advised to go home to Byron Hospital and request community social work support. Once at Byron Bay Hospital, she was told that the hospital was only issued with two community social worker services per week, and that as it was now Thursday, they had already been handed out for the week. This patient was left alone at home, without support and in pain, not even able to slice a tomato for a salad. She was not even given a phone number to contact. **With so many questions and with no one to turn to, she was left overwhelmed, scared and unsupported.**

Had there been a dedicated cancer care coordinator available to both patients as highlighted in our case studies, they would have received the appropriate care deserved and thus better health outcomes.

We passionately could continue highlighting similar case studies as of the two above, however we hope these testimonies clearly demonstrate the **priority need for increased funding for socio /emotional support during and after treatment.**

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This letter is supported by Ballina Cancer Action Network members:

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