**Submission No 471**

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

**Organisation:** Orange Push for Palliative (OP4P)

**Date Received:** 14 January 2021

## Submission Legislative Council Health Outcomes rural, regional & remote

**NSW – Palliative Care**

**Background**

Orange Push for Palliative (OP4P) is a not for profit, registered charity that commenced in Orange in 2014 www.op4p.org.au It was an offshoot of the NSW-wide organisation Push for Palliative headed by Dr Yvonne McMaster. OP4P is an advocacy group where all members are volunteers. Its mission statement focuses on improving palliative care services in the Orange district.

Palliative Care has been a top priority for our community for many years.

Following a petition of 10,000 signatures presented to NSW Parliament by local member Mr Phillip Donato, OP4P and the Orange community, was successful in securing a 12 month trial of four palliative care beds at Uniting Parkwood (UP) funded by the LHD & Orange Hospital. This trial was very successful – well supported by the GPs and the community. The trial went for almost 2 years ending on 31st December 2020.

There was unanimous, unconditional positive feedback from all patients and their families regarding the skilled care received from all health professionals – the GPs, the Orange Palliative Care Team, and the dedicated, trained staff at Uniting Parkwood in the context of a home-like, relaxed atmosphere accessible in the centre of town.

It was AWAY from the hustle & bustle of an acute care hospital where there are always competing priorities for beds and there is a different specialised type of care required for palliative & end of life care.

Although this model of care was universally endorsed by health stake holders and the community ( Orange City Council, GPs, Service clubs, Aboriginal Medical Service) this model of care was not financially sustainable according to the LHD. They were paying for four beds regardless of usage.

Despite our attempts to investigate other funding options to maintain the Parkwood option it became clear that the service would return to the hospital.

OP4P wanted to retain the community model at all cost. It became very clear however that without consistent, permanent, dedicated State funding for a community-based option that

the service to our community was not secure. We would have to battle every funding cycle for its survival.

The model that has been negotiated & accepted by OP4P is the creation of 2 designated Palliative Care beds (with surge potential of 2 additional beds) situated in a newly created centre/ward for Oncology, Haematology & Palliative Care. There is a private lounge, kitchen area and access to a substantial internal garden.

We supported this model because we believe that we need to grow the palliative care service from **within** the hospital with the focus on building the palliative care expertise and resource-base to get our medium term goal of a hospice dedicated to palliative and end of life care.

**To achieve this the following resourcing issues need to be addressed**

- **The creation & ongoing funding of a VMO specialist position** for Palliative care for Orange Hospital – this is inequitable across the LHD regions with many other LHDs & large regional hospitals having this position
- With this permanent position will flow the teaching and Registrar positions for palliative care, & the development of the expertise and commitment of nursing & ancillary staff
- Once this is established there needs to be **permanent State government commitment to the creation AND funding of all options of palliative care within the community and in hospital**.
- **2 dedicated beds is not sufficient** to meet the needs of our community. There needs to be more dedicated beds within the Palliative Care Unit at the hospital
- There needs to be a commitment to providing **new, additional funding for a hospice outside the acute care hospital.** There is overwhelming community support in Orange to pursue this option. The community was very invested in the Uniting Parkwood trial and have indicated their strong support for pursuing this.
- There needs more capacity to **involve the GPs** in palliative care. 39 GPs supported their patients at Uniting Parkwood during the trial. They have always supported their patients in the community but at the Hospital they cannot provide treatment as they are not VMOs. A hospice model would enable their involvement. Patients & their families universally appreciated their long time GP being involved in their end of life care along with the Palliative Care doctor and team.

**There needs to be permanent, new money invested by the State Government in palliative & end of life care. The Government should not expect that any of these initiatives should be met within the hospital and LHD budgets. The Robbing Peter to Pay Paul principle of the planning and development is unacceptable to rural and regional communities who support our hospital each year with millions of dollars locally raised.**

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