Submission
No 475

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

Organisation:	Faculty of Pain Medicine (FPM), Australian and New Zealand College of Anaesthetists (ANZCA)
Date Received:	15 January 2021

FPM
ANZCA

14 January 2021

Portfolio Committee 2 – Health
Parliament of New South Wales
Macquarie Street
Sydney NSW 2000

Via submission portal: parliament.nsw.gov.au

Dear Committee members

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

The Faculty of Pain Medicine (FPM), Australian and New Zealand College of Anaesthetists (ANZCA) is the professional organisation for specialist pain medicine physicians (fellows) and specialist pain medicine physicians in training (trainees). FPM is responsible for the training, examination and specialist accreditation of specialist pain medicine physicians and for the standards of clinical practice for pain medicine in Australia and New Zealand. Formed in 1998, we were the first multidisciplinary medical academy in the world to be devoted to education and training in pain medicine.

In addition, FPM and ANZCA are concerned more broadly with improving equity, quality and safety of care for people who experience pain wherever they reside. We are committed to supporting the federal and state governments to achieve the goals of the *National Strategic Action Plan for Pain Management* that was endorsed by Minister Hunt in 2020. The Action Plan calls for a clear focus on meeting the needs of those who live in regional, rural and remote areas.

Pain affects people in regional, rural and remote New South Wales

Acute pain from illness and injury is managed by primary and emergency care providers, with pain following major physical trauma and surgery being managed in partnership with specialist anaesthetists and, where available, acute pain services. Patients whose condition requires transfer between rural and urban facilities require pain management during transfer. Staffing and training to provide this care is variable across rural and regional New South Wales, likely affecting patient experience and safety.

Cancer pain and pain in the palliative care context may be acute or chronic, with various providers of care enlisted as needed – including primary care providers, palliative care teams (local or remote advice), and specialist pain medicine physicians (SPMP) when pain is complex or refractory. For those living in rural and remote New South Wales, access to SPMP advice may be delivered remotely via telehealth, but pain medicine procedures for cancer pain management require travel as these services are generally only available in Newcastle, Gosford and Sydney, with some procedures offered at major regional hospitals depending on local staff skills and scope of clinical practice.

Chronic pain is a major and growing public health problem throughout Australia (Blyth 2001, 2015, AIHW 2020). Population data and extensive experience suggest that people living in rural and remote Australia, and NSW in particular, experience a higher burden of chronic pain and face more barriers to accessing best practice pain management compared with those resident in urban areas (Bennett 2019).

Comparative health status and outcomes (terms of reference (a) and (b))

Granular population-level data regarding comparative outcomes of chronic pain care have not been available for New South Wales to date. Various administrative datasets include back pain and migraine status, so data are available for those specific pain conditions, but many others are not measured in current health datasets. Recently the Australian Institute of Health and Welfare (AIHW 2020) published its report on Chronic Pain in Australia (for persons aged 45 years and older) but did not report that data by state nor remoteness area.

> **We recommend** the panel explores, through AIHW, whether it is possible to request a breakdown of that analysis for NSW by remoteness areas.

In 2022, the National Health Survey will include chronic pain and facilitate measurement of the burden and longitudinal population changes. It is also hoped that the National Aboriginal and Torres Strait Islander Health Survey will include chronic pain and migraine in its updated collection. These surveys capture representative data from remote to urban areas which will inform future needs analyses and enable system improvement outcomes tracking.

For paediatric and adult patients who attend or receive telehealth services from tertiary chronic pain services, state-wide data is routinely collected in ePPOC, the electronic Persistent Pain Outcomes Centre based at the Australian Health Services Research Institute (AHSRI), University of Wollongong. Residential postcode data is available and has already been used to examine proximity to pain services (ePPOC 2019). The timeframe of this consultation did not allow a specific analysis to be requested and performed but this is entirely possible.

> **We recommend** the panel engages ePPOC to produce a report comparing the access, types of care received and outcomes therefrom, between patients resident in the different Australian Bureau of Statistics remoteness areas within New South Wales. This information would show:
>
> - Whether people, and in particular Aboriginal and Torres Strait Islander peoples, from rural remote areas are under-represented in referrals or attendance at specialist pain services.
> - Whether they experience higher burden or complexity.
> - Whether they receive equitable types/doses of care.
> - Whether or not outcomes are equitable.

We are also aware that Mayi Kuwayu, the National Study of Aboriginal and Torres Strait Islander Wellbeing (http://mkstudy.com.au), includes survey questions about pain experience.

> **We recommend** the inquiry panel consider engaging the chief investigators to consider whether that data might help understand the current pain and healthcare experiences of Aboriginal and/or Torres Strait Islander peoples living in regional, rural and remote New South Wales.

Access to pain services in rural, regional and remote New South Wales (terms of reference (c))

Most New South Wales public and private pain clinics that offer interdisciplinary care in one physical location are located in Sydney (https://www.painaustralia.org.au/getting-help/pain-directory - see interactive map searchable by state, public/private, paediatric/adult services). Other locations include Dubbo, Gosford, Lismore, Newcastle, Orange, Tamworth and Wollongong. There are only three children’s interdisciplinary pain services and only one outside of Sydney, in Newcastle.

In a report on ‘Proximity to pain management services in Australia’, ePPOC showed a disparity between the locations of pain services and the people they service. Some 10 per cent of people had to travel more than 100 kilometres to attend specialist pain services. Children and those who live in areas of socioeconomic disadvantage had to travel further. Services in inner regional areas see patients from further afield than do capital city clinics.

There is preliminary evidence that services that implement Aboriginal and Torres Strait Islander cultural competency and policy improvement may increase access for Aboriginal and Torres Strait Islander patients (Anthony 2019).

Generally, barriers to attending specialist multidisciplinary pain services include:

- Patient preference for and trust in local, culturally aligned care.
- Inadequate GP awareness of services available, especially for children.
- Perceived wait times may delay GP referral.
- Distance and transport.
- Cost of travel, accommodation.
- Disruption of family, work and school routines.
- Actual wait times – vary across NSW (ePPOC report available to NSW Health on request).
- Equipment, internet speed and comfort for telehealth.

Barriers to local pain care include:

- GP availability and competing demands on time.
- Variation in pain interest, knowledge and experience between GPs.
- Poor remuneration of GPs for (generally longer) chronic pain care appointments.
- Allied health availability and training in pain management.
- Cost of allied health beyond Medicare.
- Communication / coordination challenges for primary teams who are not co-located.

Patient experience, wait-times and quality (terms of reference (d))

Patient advocacy groups have identified wait times as a major source of distress, delayed care and potential harm (Hogg 2020, Bennett 2020). It is as yet unclear whether people who live in regional, rural and remote areas wait longer for care than their urban counterparts. Given that many will be waiting to see the nearest pain service and regional services tend to be part-time with reduced throughput compared to full-time capital city services, it is theoretically likely that this is the case.

> **We recommend** that when requesting the above report from ePPOC, a breakdown of wait times by remoteness code for patient residence also be requested.

Appendix A contains excerpts of the 2017-18 Patient Experience Survey, mapping variations in self-assessed health status and healthcare utilisation between Primary Health Network regions of NSW with respect to the proportion of respondents in each Primary Health Network who:

- Rated their health as excellent, very good or good.
- Reported having a long-term health condition.
- Delayed or avoided filling a script due to cost.
- Saw a GP more than 12 times in 2017-18.
- Saw a GP for urgent medical care.

- Saw a medical specialist.
- Went to a hospital emergency department.
- Were admitted to hospital.

These maps paint a vivid picture of regional health and healthcare experience disparity. Although these data do not address pain per se, the concurrence of pain with chronic conditions, cultural and other trauma, and socioeconomic disadvantage suggests a similar pattern of variation.

Planning systems used by NSW Health in relation pain service provision (terms of reference (e))

NSW Health conducted a Task Force on Pain Management in 2011-12 and thence implemented the New South Wales Pain Management Plan 2012-2016 to plan and monitor the model of care for people experiencing chronic pain across New South Wales. The NSW Health Agency for Clinical Innovation Pain Management Network (PMN) continues to harness the voices and experiences of New South Wales pain management professionals and consumers to inform planning, monitoring and improvement. That network has worked on resources and projects in the areas of: online resources for adults, youth, Aboriginal and Torres Strait Islander peoples, scaling-up pain programs, programs for culturally and linguistically diverse peoples/specific language groups. Improving the model of care for children and youth with complex and chronic pain is a current high priority goal of the PMN.

> **We recommend** engaging with and facilitating the work of the PMN in planning services to people in regional, rural and remote New South Wales.

Staffing challenges in regional pain services (terms of reference (g))

NSW Health specialist pain services are based in or associated with major city or regional hospitals. Regional services, preferred by regional and rural patients and families, have been established under the NSW Pain Management Plan 2012-16 as part-time services. Since establishment, it has become evident that demand exceeds part-time capacity and that pain and comorbidity complexity is at least as high, if not higher, than for patients attending city services. This requires recruitment and retention of expert staff.

Regional services have been challenged by delays in recruiting (and/or retaining) experienced staff in part-time regional posts. This impacts multi- or inter-disciplinary team-based care to the detriment of patients and the frustration of remaining team staff. Furthermore, backfill of staff for professional development and other leave is very difficult. Whilst some gaps have been filled by telehealth connection with urban-based professionals, feedback from teams and patients is that locally committed staff in secure positions enhance patient experience and outcomes.

> **We recommend** working with ANZCA/FPM and PMN on workforce planning for regional, rural and remote areas.

Impact of services in rural, regional and remote New South Wales on Indigenous and culturally and linguistically diverse communities (terms of reference (k))

Please refer to feedback provided in response to terms of reference (a), (b) and (c) in relation to Indigenous communities. In addition, through communication with several regional and rural Aboriginal Community Controlled Health Organisations, it is evident that there is a keenness to partner on staff professional development in the fields of acute, cancer-related and chronic pain management to enhance Aboriginal Community Controlled Health Organisation pain management capability, and in some areas to offer specialist outreach services in collaboration with Aboriginal Community Controlled Health Organisations. To enable long-term secure partnerships, Aboriginal

Community Controlled Health Organisations need to receive and control secure funding to enable these initiatives.

> **We recommend** engaging with the regional, rural and remote Aboriginal Community Controlled Health Organisation sector, and funding and supporting them to source or deliver staff education, training, pain programs and specialist outreach initiatives.

In relation to culturally and linguistically diverse communities in regional, rural and remote New South Wales, we are aware of culturally and linguistically diverse programs delivered under the auspices of the ACI PMN. Whilst pilot programs have been highly effective, their sustainability and scaling to other regions requires more formalised governance and funding.

> **We recommend** considering how to establish sustainable culturally and linguistically diverse programs that can reach rural and remote people. Whilst this may require online connection, the social and cultural connections developed by these programs cannot be understated, so maintaining real-time interaction even online remains vital. Consider drawing on the experience of the PMN in this regard.

An emerging need in regional and rural pain management is that of settled refugees, both children and adults, who experience chronic pain in association with physical and emotionally traumatic events prior to displacement, through torture or in refugee camps. Whilst refugee health services identify acute health needs and connect families with GPs and community nurses, they are ill equipped to assess and manage complex pain. A recent Health Education and Training Institute-sponsored outreach pain education visit to Armidale highlighted the challenges of resettled Yazidi families and the refugee health staff who advise them (for lay-press background search Yazidi or Ezigi; see for example: https://www.sbs.com.au/news/how-a-regional-australian-city-became-an-unlikely-home-for-hundreds-of-yazidi-refugees). Multigenerational chronic pelvic pain, abdominal pain, complex regional pain syndrome and widespread musculoskeletal pain, complicated by torture-related post-traumatic stress disorder, are amongst the conditions that refugee health, allied health and primary care providers are struggling to manage.

> **We recommend** working on and practically enabling partnerships between regional refugee health teams and specialist pain services to support local delivery of best practice pain management for this group of people.

Thank you for the opportunity to provide feedback to this important inquiry. Should you require any further information in relation to this submission, please contact Executive Director, Faculty of Pain Medicine by email to fpm@anzca.edu.au.

Yours sincerely

Associate Professor Michael Vagg
Dean, Faculty of Pain Medicine

References

Anthony E, Kepreotes EA, Jones T, Dyer J, Lord SM. Improving service access for Indigenous children with pain and families. Abstract. Australian Indigenous Doctors Association ASM, Darwin 2019.

Australian Institute of Health and Welfare. Chronic pain in Australia. Australian Government, Canberra, 2020. Chronic Pain in Australia (Full publication;16 April 2020 Edition) (AIHW)

Bennett C. The impact of pain on rural and regional Australia: problems and solutions. Abstract. National Rural Health Conference, Tasmania, 2019. B2-1_Bennett.pdf (ruralhealth.org.au)

Bennett C. The children who wait in pain in Australia. PainAustralia Blog post. 12 November 2020. https://www.painaustralia.org.au/media/blog-1/blog-november-2020/the-children-who-wait-in-pain

Blyth FM, March LM, Brnabic AJ, Jorn LR, Williamson M, Cousins MJ (2001). Chronic pain in Australia: A prevalence study. Pain, Jan; 89(2-3):127-34. https://www.ncbi.nlm.nih.gov/pubmed/11166468

Blyth FM, Van der Windt DA, Croft PR. Chronic disabling pain: a significant public health problem. Am J Prev Med 2015;49(1):98–101.

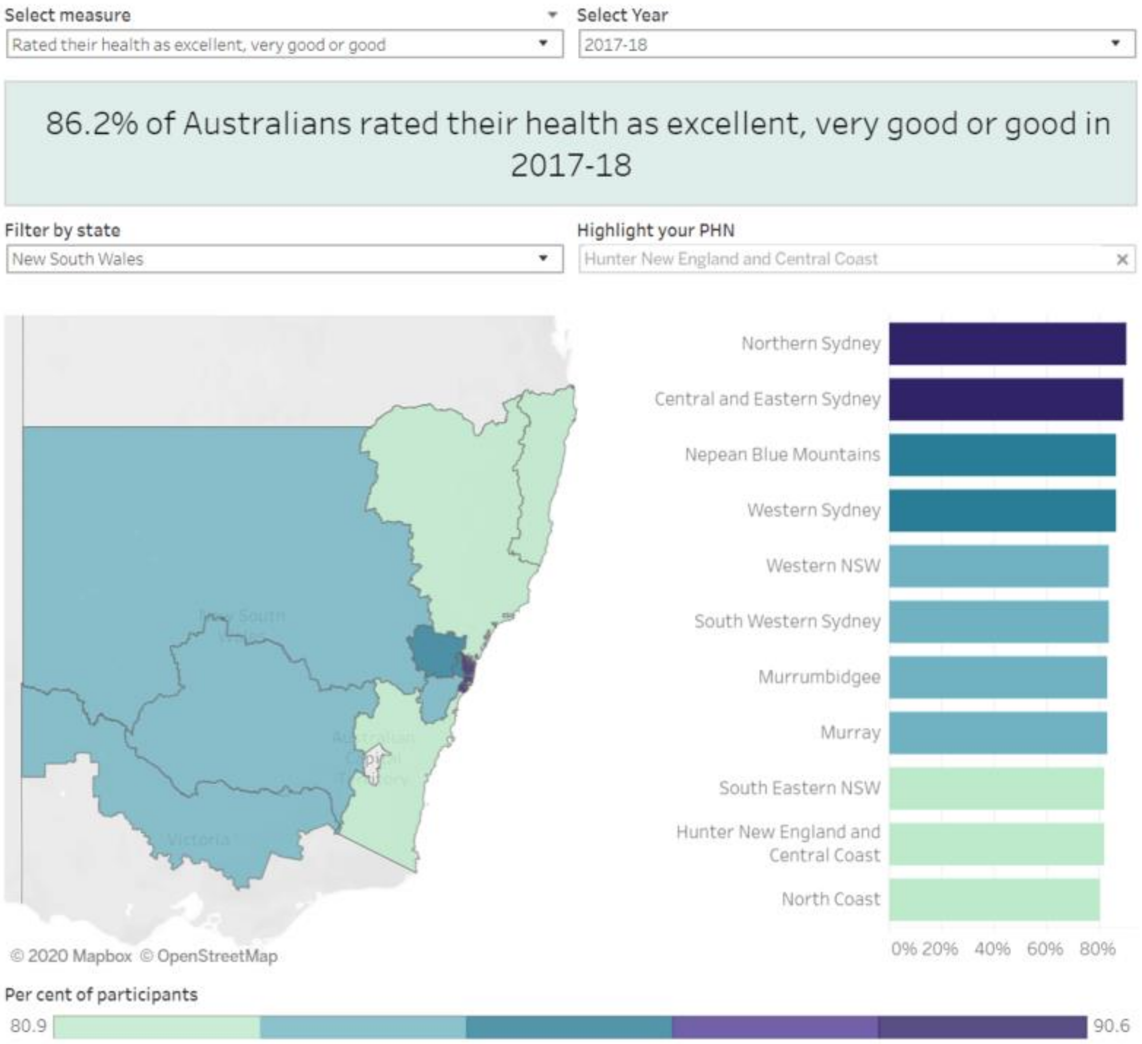
Department of Health 2019. National Strategic Action Plan for Pain. Canberra: Australian Government Department of Health. https://www.painaustralia.org.au/static/uploads/files/national-action-plan-11-06-2019-wftmzrzushlj.pdf

Hogg MN, Kavanagh A, Farrell MJ, Burke ALJ. Waiting in Pain II: An Updated Review of the Provision of Persistent Pain Services in Australia, Pain Medicine, 27 October 2020, pnaa374, https://doi.org/10.1093/pm/pnaa374

Tardif H, Blanchard MB. Proximity to pain management services in Australia. Australian Health Services Research Institute. 1027. 2019. https://ro.uow.edu.au/ahsri/1027

Appendix A – 2017-18 Patient Experience Survey (excerpts)

Source:
https://www.aihw.gov.au/reports/primary-health-care/patient-experiences-small-geographic-areas-17-18/contents/patient-experiences-by-phn



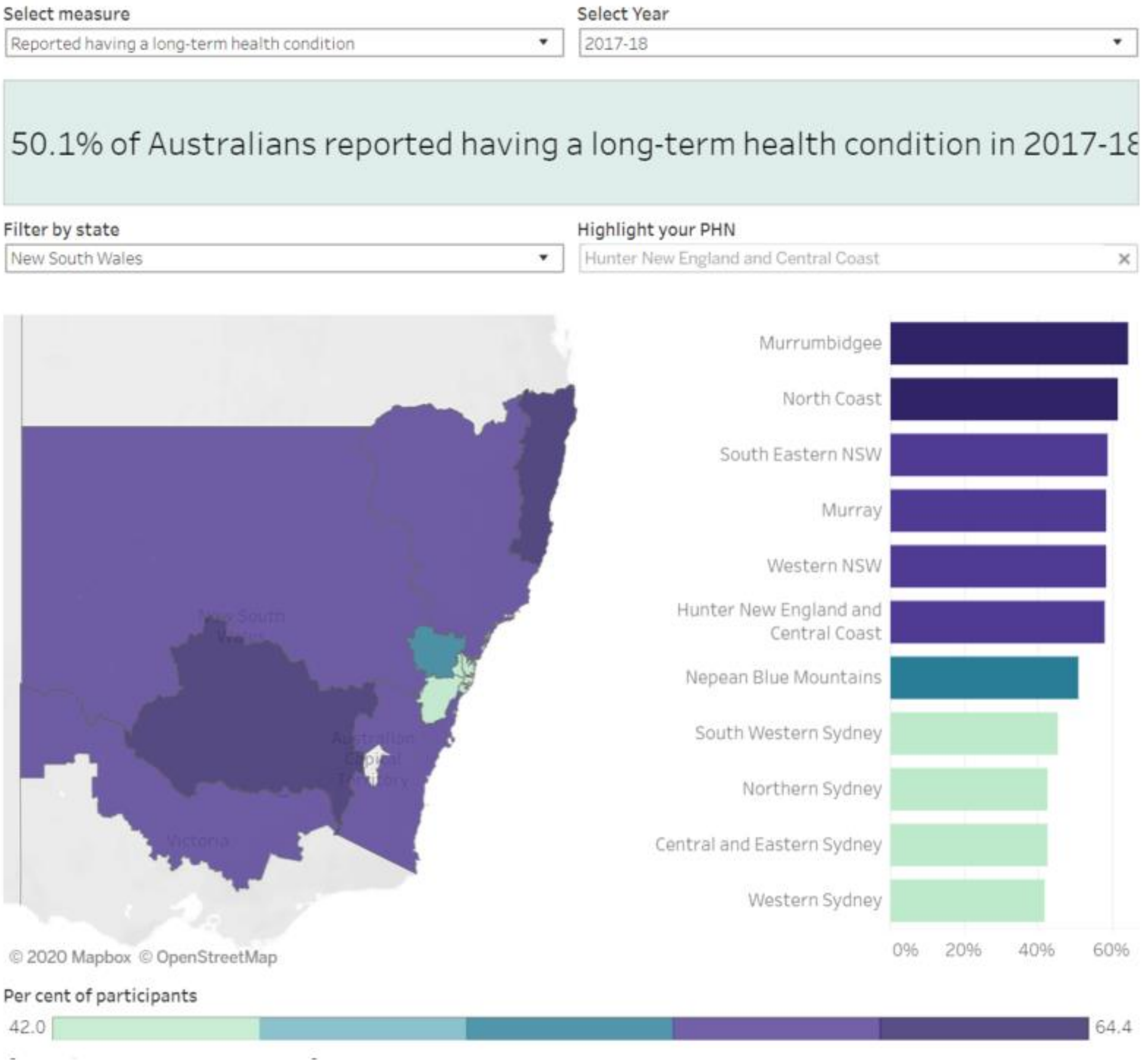
Select measure: Rated their health as excellent, very good or good

Select Year: 2017-18

86.2% of Australians rated their health as excellent, very good or good in 2017-18

Filter by state: New South Wales

Highlight your PHN: Hunter New England and Central Coast



Select measure: Reported having a long-term health condition

Select Year: 2017-18

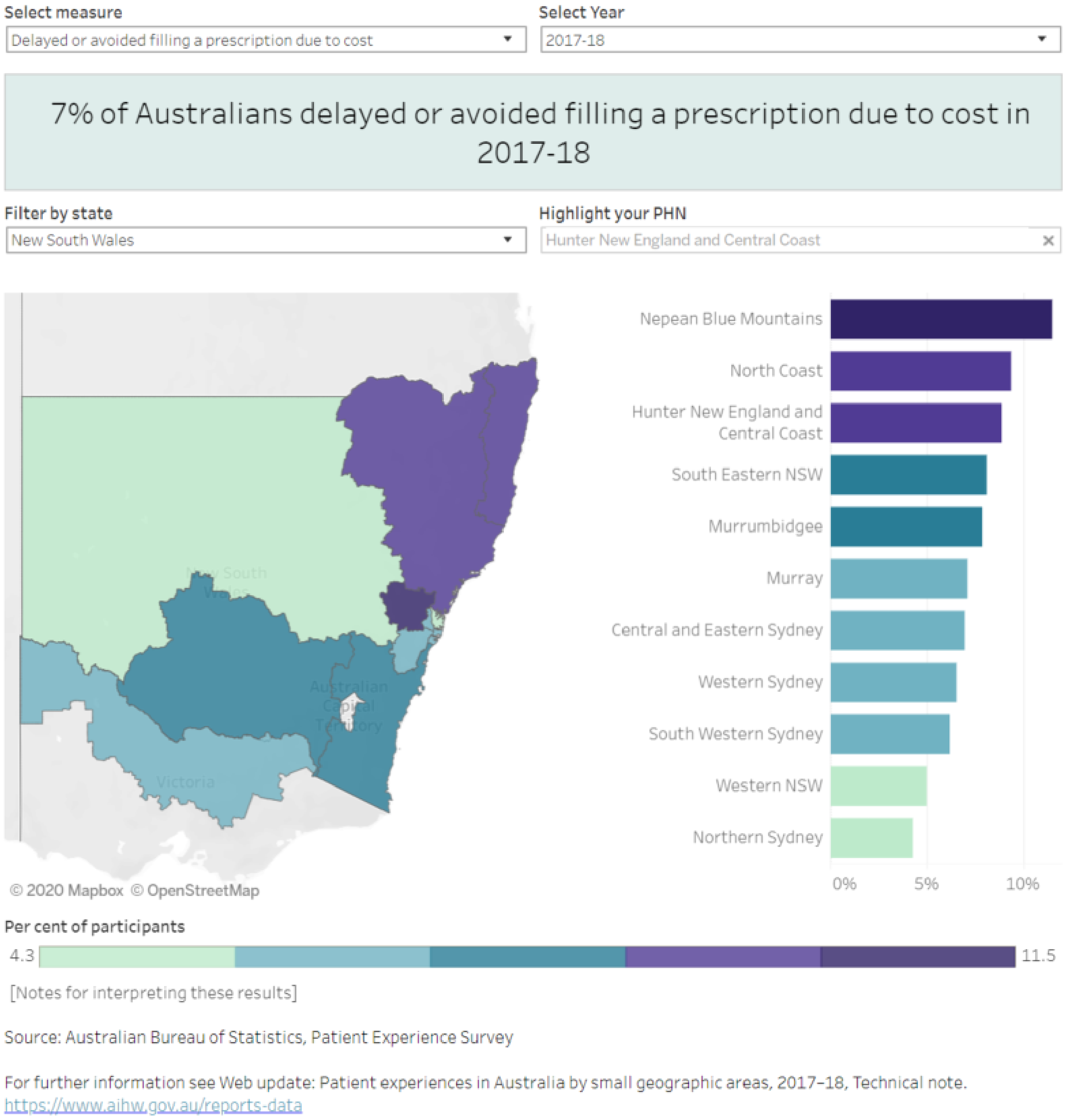
50.1% of Australians reported having a long-term health condition in 2017-1

Filter by state: New South Wales

Highlight your PHN: Hunter New England and Central Coast

© 2020 Mapbox © OpenStreetMap

Per cent of participants



Select measure
Delayed or avoided filling a prescription due to cost

Select Year
2017-18

7% of Australians delayed or avoided filling a prescription due to cost in 2017-18

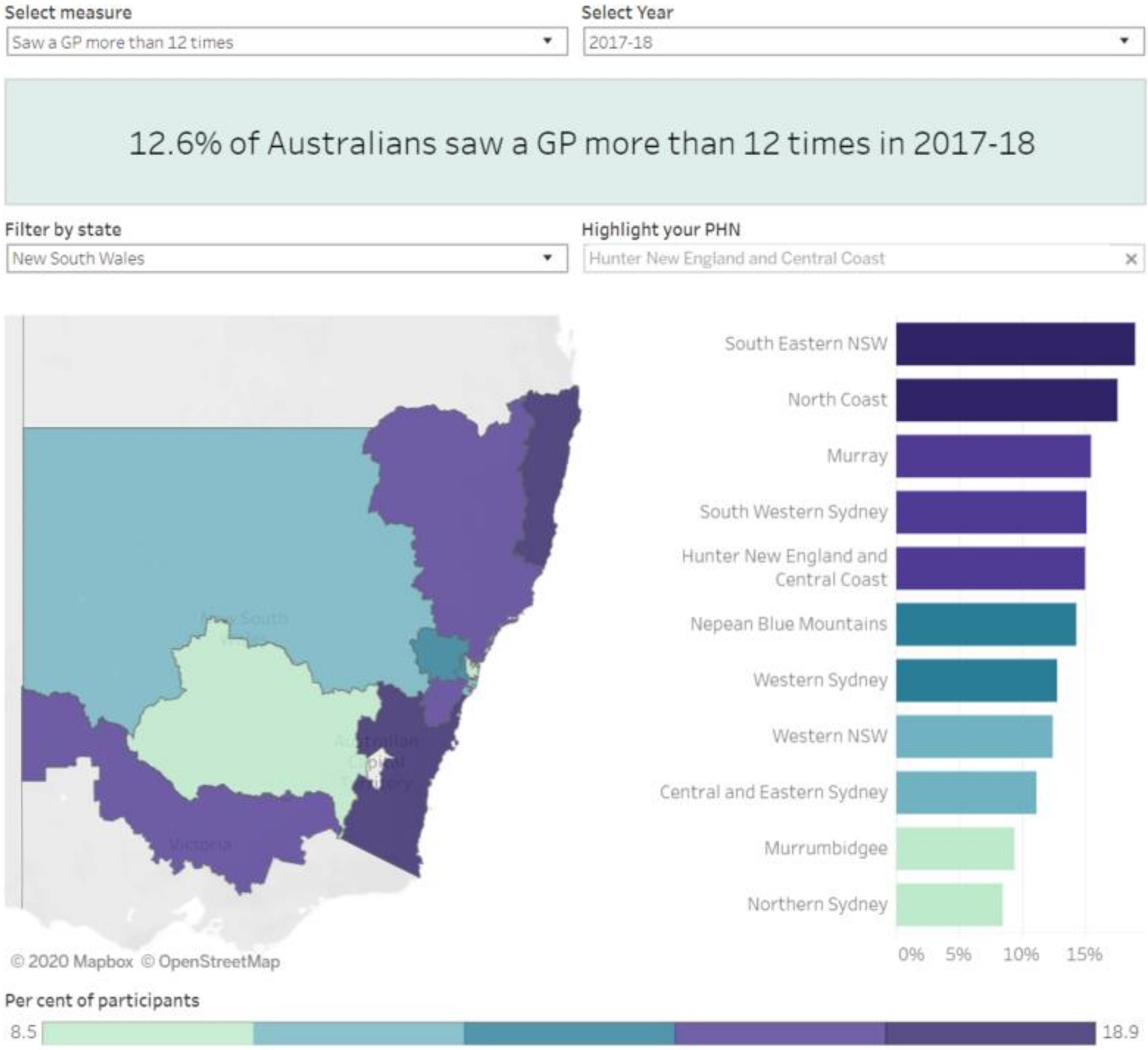
Filter by state
New South Wales

Highlight your PHN
Hunter New England and Central Coast

[Notes for interpreting these results]

Source: Australian Bureau of Statistics, Patient Experience Survey

For further information see Web update: Patient experiences in Australia by small geographic areas, 2017–18, Technical note.
https://www.aihw.gov.au/reports-data



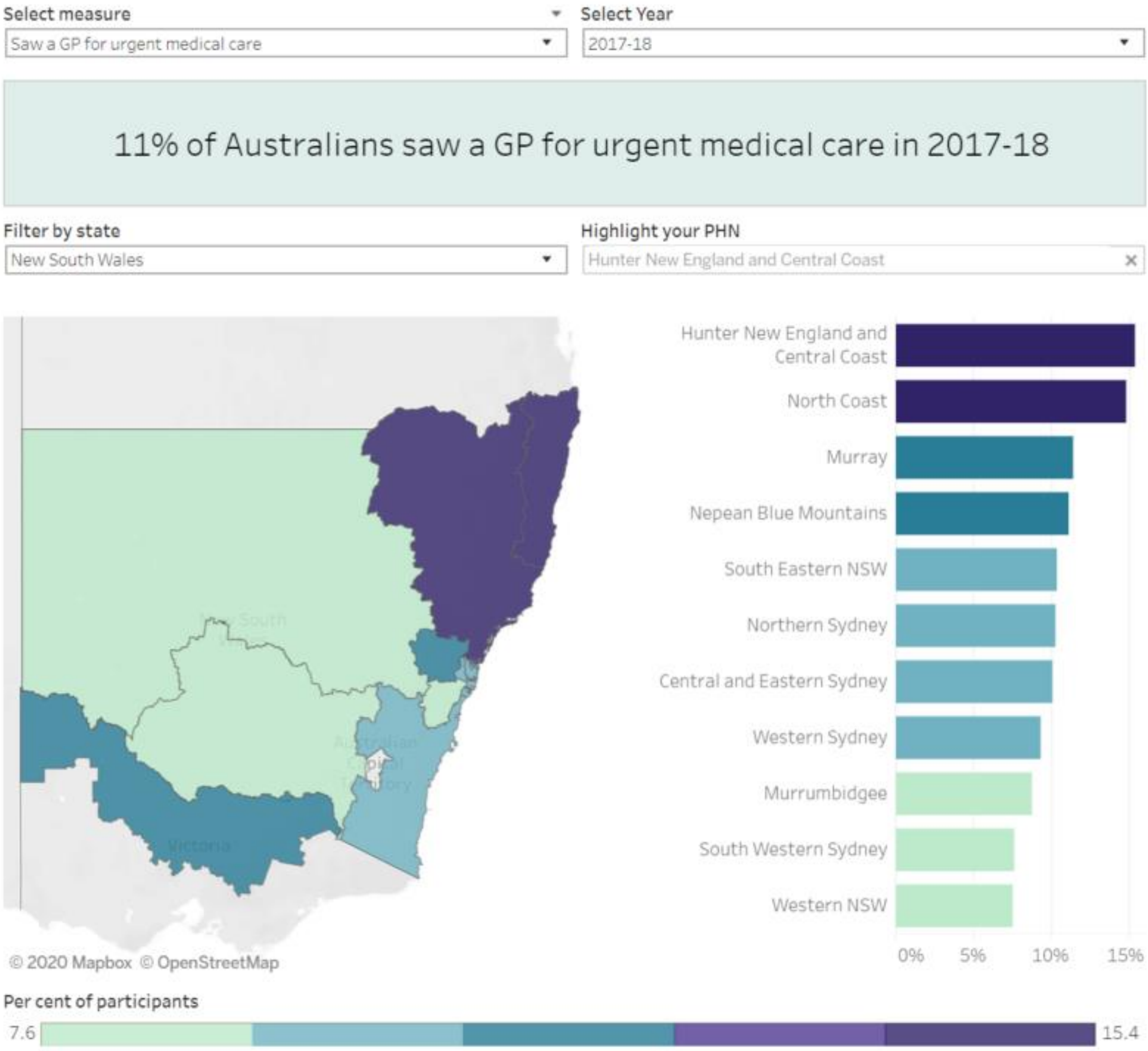
Select measure
Saw a GP more than 12 times

Select Year
2017-18

12.6% of Australians saw a GP more than 12 times in 2017-18

Filter by state
New South Wales

Highlight your PHN
Hunter New England and Central Coast



Select measure
Saw a GP for urgent medical care

Select Year
2017-18

11% of Australians saw a GP for urgent medical care in 2017-18

Filter by state
New South Wales

Highlight your PHN
Hunter New England and Central Coast

Select measure
Saw a medical specialist

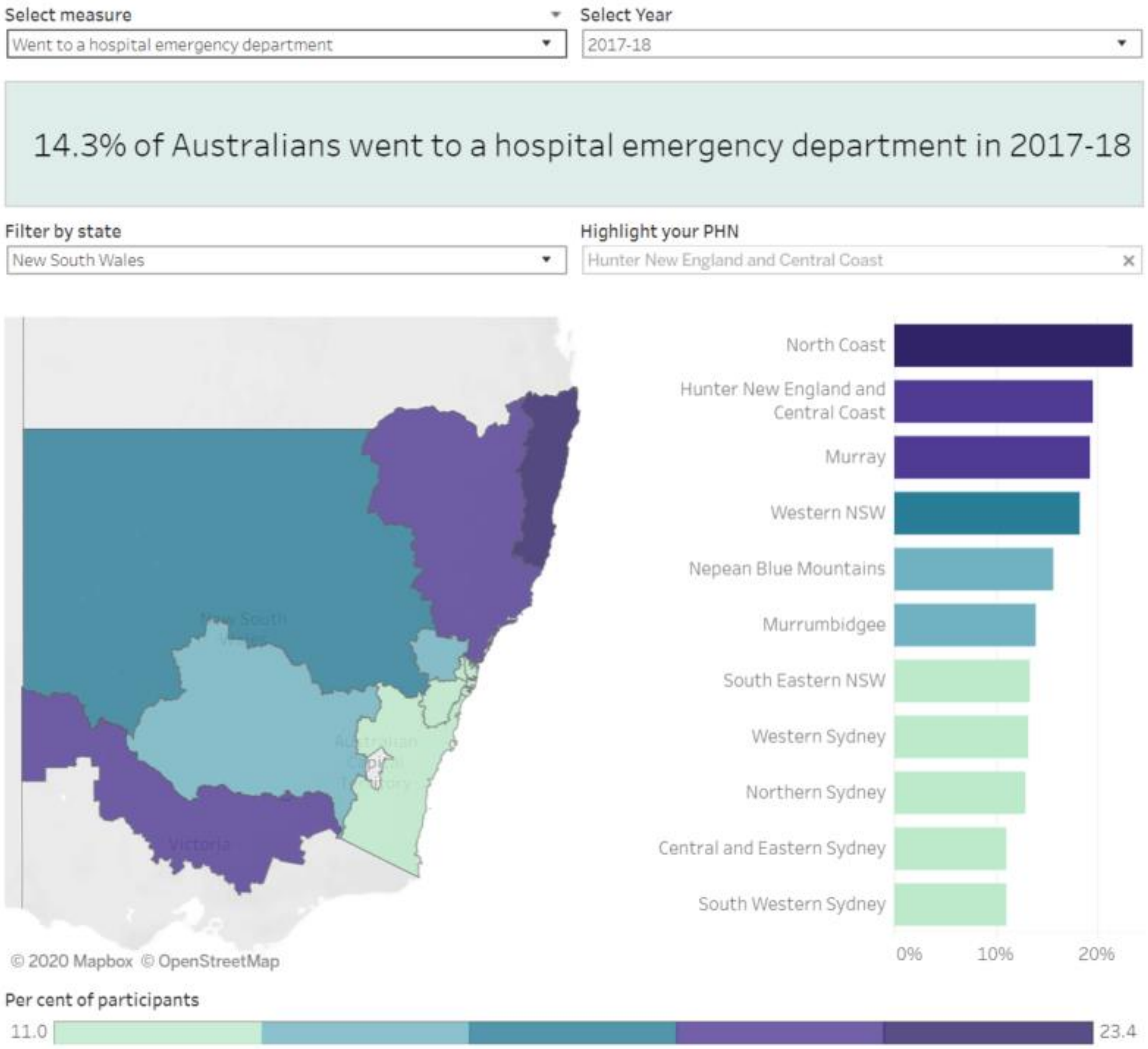
Select Year
2017-18

37.4% of Australians saw a medical specialist in 2017-18

Filter by state
New South Wales

Highlight your PHN
Hunter New England and Central Coast

© 2020 Mapbox © OpenStreetMap



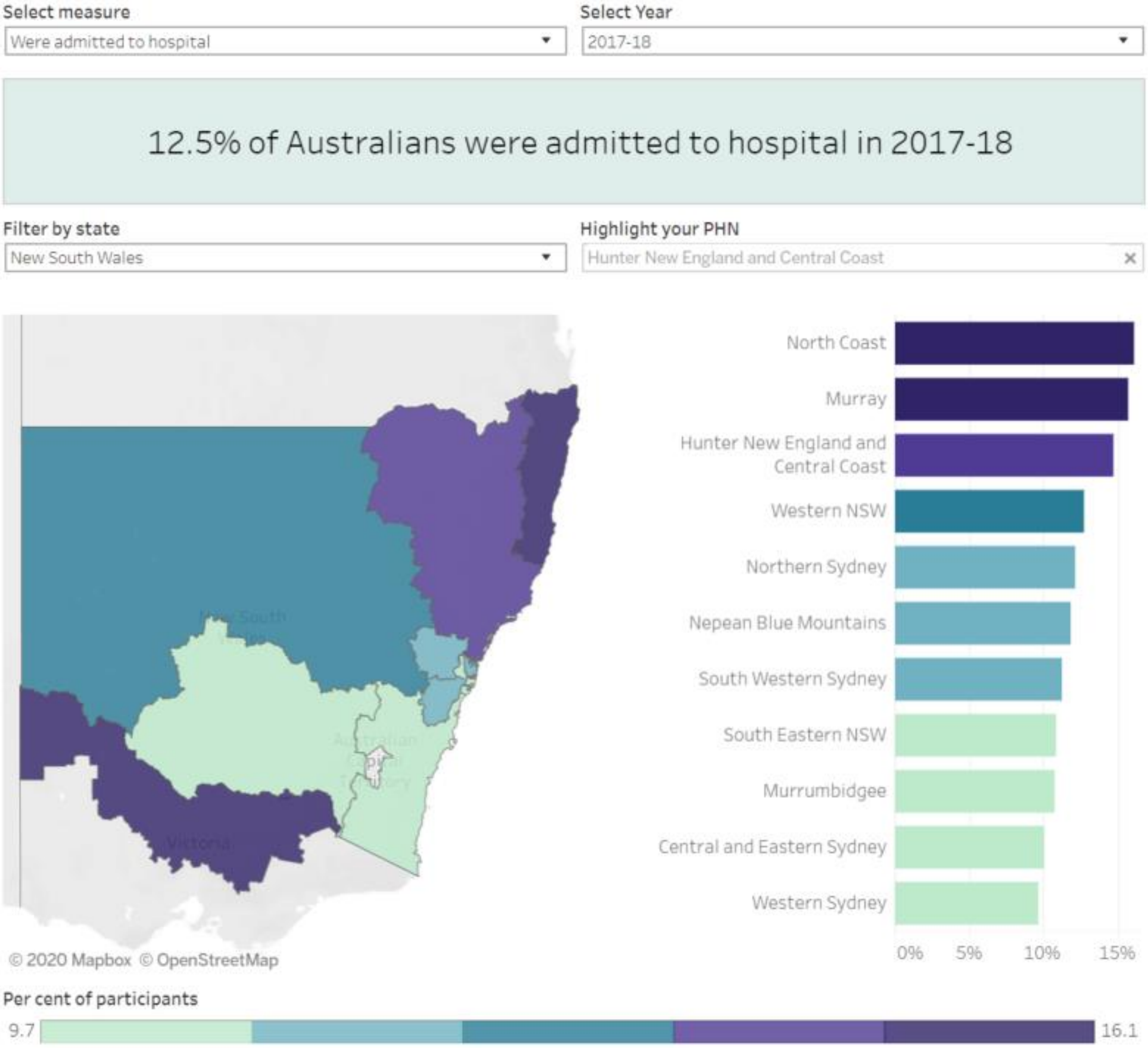
Select measure
Went to a hospital emergency department

Select Year
2017-18

14.3% of Australians went to a hospital emergency department in 2017-18

Filter by state
New South Wales

Highlight your PHN
Hunter New England and Central Coast



Select measure: Were admitted to hospital

Select Year: 2017-18

12.5% of Australians were admitted to hospital in 2017-18

Filter by state: New South Wales

Highlight your PHN: Hunter New England and Central Coast