Submission No 73

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND REGIONAL COMMUNITIES

Organisation: Orange Push for Palliative

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30th October, 2024

OP4P Response to Health outcomes and access to health and hospital services in rural, regional and remote New South Wales Portfolio Committee No.2

Orange Push for Palliative Care (OP4P) is pleased to provide the following update in response to

Finding 13 Health outcomes and access to health and hospital services in rural, regional and remote New South Wales Portfolio Committee No.2

That there is a lack of palliative care and palliative care services in rural, regional and remote New South Wales.

Recommendation 23

That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW, urgently establish a palliative care taskforce to:

- plan palliative care access and services of equivalence to those living in metropolitan areas map who is currently providing palliative care services and their level of training, as well as where these services are offered
- establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services
- investigate and promote innovative models of palliative care services
- ensure culturally appropriate palliative care services are available to First Nations peoples

Recommendation 24

That NSW Health and the rural and regional Local Health Districts expand the Far West NSW Palliative and End-of-Life Model of Care to other rural and remote settings across New South Wales.

Response

OP4P notes that there continues to be progress and priority to improving palliative care across the LHDs and from the Ministry of Health. There has been a consistent focus over the past four years to developing a more comprehensive and modern specialist palliative care service.

World Class End of Life Project: The creation and now implementation across five sites of the World Class End of Life Care projects is proceeding.

Despite Orange receiving disproportionately less project finance (\$3-4 million compared to \$15+ million for the other projects) OP4P has been impressed with the project's commitment to consultation and inclusion of our smaller site in planning and decision-making.

There has been increased awareness and consideration of the inequalities between city/metropolitan and rural/remote areas of NSW.

We note that this awareness, & subsequent commitment, has been achieved in no small part, with the support, advocacy & interest of Local Member Phil Donato. He has encouraged the Health Minister Ryan Park, and Premier Minns to be aware of the community needs regarding palliative & end of life care. Both the Minister and Premier have visited Orange on a number of occasions in the past six months. OP4P, & the community have felt acknowledged, valued and heard.

One such example of this is the financial support from the Minister of Health to purchase two bariatric beds, which are used in a palliative care setting as "cuddle beds" to enhance family and friend contact with patients for the existing Palliative care beds at Orange Hospital. This was a one-off allocation of finances separate to the End of Life Project. The beds are valued at \$33000 each. The Ministry's support has been much appreciated by our community.

The three additional beds: OP4P have had significant input into this project, ensuring the facility is representative of community feedback, best practices and learning from previous projects and fittings and equipment selected to provide a comfortable and homelike atmosphere while remaining clinically fit for purpose and complying with Australasian Pacific Standards and Guidelines and contextualised for local community demographics

First Nations Peoples: Concern continues about the need for further involvement, consultations and culturally appropriate service delivery with First Nations peoples.

The innovative partnership with the local AMS, and an NGO was discussed at the May 2024 faceto face component of the Inquiry. Unfortunately the grant application for doula training and further engagement with First Nations peoples did not progress to submission stage.

This was very disappointing for all concerned and continues to be a real gap in engagement and service delivery for First Nations peoples – and our community as a whole.

Clinical Services Planning: The difficulty of the collection of consistent rigorous data surrounding palliative and end of life care remains a real issue. This was particularly highlighted in the Inquiry.

Orange Hospital's last Clinical Services Plan was completed in 2007. Now 17 years on – the Review is well overdue. The planning is currently underway for implementation in 2025.

Since 2013 there has been exponential growth in the haematology, oncology and palliative care areas. There have been innovative clinical trials, & significant advances in the immunotherapies in treating cancer & other related illnesses. HOPs specialists have increased from one visiting oncologist in 2012 to 5/6 oncologists and haematologists in 2024. Sadly this is a growth area, but importantly patients can remain in our community for chemotherapy & other treatments that would only have been possible in Sydney.

Of concern is that there is still no palliative care physician to complement the work of the other specialists.

OP4P believes that planning for clinical services in Orange – a major referral centre- must include future reflection & provision for this growth. There needs to be provision for an Orange Cancer Centre similar to the Dubbo Cancer Centre. Capital Requests need to include a Cancer Centre with the possibility if a Hospice on one of the floors.

Thank you for the opportunity to provide an update for the members of the Select Committee into the Inquiry into Remote, Rural & Regional Health.

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