



## SUBMISSION BY THE CANCER COUNCIL WA TO THE EDUCATION AND HEALTH STANDING COMMITTEE

### Review of WA's Current and Future Hospital and Community Health Care Services

In response to the Education and Health Standing Committee's call for submissions to the above enquiry, the Cancer Council WA submits the following:

#### THE REID REPORT

##### **Population Health**

The Reid report acknowledged the continued escalation of health care costs and demands on services in Western Australia and the urgent need for a fundamental reprioritisation of the public health system. It emphasised the critical role that prevention programs can play in not only improving the community's health, but in reducing future costs and demands on the health system, and stressed the need for substantial investment in these areas as part of a multi-pronged strategy to ensure financial sustainability.

Since the release of the Reid report, there have been some significant achievements in health promotion and prevention in Western Australia. These have included development of the *Western Australian Health Promotion Strategic Framework 2007-2011*; the contracting of a number of peak non-government organisations to deliver major tobacco control, physical activity, nutrition, diabetes and injury prevention campaigns and programs within the state; an increasing focus on developing culturally-appropriate strategies for Indigenous populations; and a number of initiatives implemented under the Australian Better Health Initiative which focuses on promoting good health and reducing the burden of chronic disease.

Despite these achievements, the investment in prevention and health promotion falls far short of what is needed. It has been particularly worrying to note that it is not just a case that investment has not increased but that there has actually been a diminution of budgets over time. As an example, media

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advertising has been an integral component of Western Australian tobacco control programs over the last two decades. However investment in this area, like others, has fallen: calculations by the Cancer Council Western Australia in 2008 identified that, if annual budget allocations by state governments had kept pace with inflation, it would have amounted to \$4.8 million (the actual allocation for 2008 was \$2.3 million).<sup>1</sup>

When health promotion programs were contracted out to non-government organisations the budget identified did not adequately include all the costs of program delivery that were funded when the programs were held within the Department of Health eg. research and evaluation, staffing, overheads. Non-government organisations are being required to meet program targets and outcomes whilst being provided with less money overall than was previously spent on these programs.

Furthermore the Department of Health has reduced investment in full time equivalent positions in population health and prevention. This has resulted in reducing the population health expertise within the central office of the department to a point where it is barely sufficient to address the volume of work associated with the complex population health issues for which it is responsible.

The Reid report indicated an increased investment in population health was required yet inadequate investment and insufficient FTE allocations continue to hamper the health sector's ability to deliver truly comprehensive and sustained health promotion and prevention programs. There is a real need to ensure campaigns and programs addressing chronic disease risk factors are sustained and that funding in population health is adequate. The Cancer Council Western Australia believes these matters must be dealt with as a priority.

## **Palliative Care**

Recommendation 41 of the Reid report identifies that there be:

*Purpose built facilities to provide inpatient day and ambulatory palliative care hospice services should be incorporated into the four designated general hospitals. These services should form an integrated network with existing community based palliative care services including supporting end of life care in residential aged care facilities.*

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<sup>1</sup> 2007-8 grant allocations for the Cancer Council WA's Make Smoking History and National Heart Foundation's Smarter than Smoking campaigns



The extent of progress towards implementing this recommendation has been slower than anticipated and appears to differ considerably between the two metropolitan area health services:

*North Metropolitan Area Health Service (NMAHS)*

Two general hospitals in the NMAHS were designated to have palliative care facilities attached to them, being Swan Districts and Joondalup Health Campus

Kalamunda Hospital (managed as part of the Swan Health Campus) is currently funded for 4 palliative care beds, however operationally more than double this number are being supported and cared for at any given time. The inadequate funding for these additional patients means that there is an insufficient level of staffing resources to address all the complex needs of palliative patients. We consider that this situation needs to be addressed as a matter of urgency and that additional funding be allocated for a further 6 palliative care beds to bring the total of dedicated palliative care beds at Kalamunda Hospital to 10.

The palliative care beds at Kalamunda are currently co-located within a medical ward and not a separate unit. This negatively impacts on the quality of palliative care provision compared to the situation that a separate operational unit would provide. With a sufficiently increased number of funded palliative care beds, it would be physically a relatively easy and inexpensive proposition to form a separate palliative care unit at Kalamunda Hospital.

Joondalup Health Campus has not yet established inpatient palliative care services. We have been informed by the Department of Health that provision of palliative care is planned to commence in the second half of 2011. It has been indicated that 10 public beds (with additional private beds) are planned however there has been no definitive action towards a dedicated palliative care unit structure to date. It is critical that the palliative care beds are located in a purpose built unit and it is not clear at this point whether this is the structure intended. In addition the number of public beds identified falls short of 15 public palliative care beds recommended for Joondalup in the Department of Health's *Palliative Care in Western Australia* report of December 2005.

*South Metropolitan Area Health Service (SMAHS)*

Two general hospitals in the SMAHS were identified to commence in-patient palliative care provision - Armadale-Kelmscott and Rockingham Hospital.

To date there are is no palliative care inpatient service operational in the Armadale-Kelmscott Hospital and we are not aware of any discussions towards planning or implementation of such a service.



Rockingham Hospital currently has one facilitated visit a week from a Palliative Care Specialist; however this is not integrated with any other service or associated funding of palliative care beds at this site. The recent upgrade of Rockingham Hospital (an increase of 30 inpatient beds) does not appear to have included provision for palliative care inpatient services.

This situation is clearly not in line with the recommendations of the Reid report in relation to palliative care and should be addressed as a matter of urgency.

### **OUTSTANDING NEEDS AND GAPS - CANCER TREATMENT SERVICES**

In mid 2008 the Cancer Council WA and the WA Cancer and Palliative Care Network commissioned Professor Michael Barton to undertake a review of the existing levels and quality of cancer services provision in Western Australia and identify any gaps in service provision.

Amongst other issues, the report identified critical shortages in the cancer workforce, that the planning to meet future demand is inadequate and that access to new cancer technology is limited in Western Australia. All of these issues have yet to be addressed to any meaningful extent. Attached for your consideration is a copy of the report that details these key issues.

The report also identified funding issues with the Patient Assisted Travel Scheme - these have largely been addressed by the changes implemented in January 2009 by the current government.

The Cancer Council WA is grateful for the opportunity to submit to the Education and Health Standing Committee's "Review of WA's Current and future Hospital and Community Health Care Services" and thank the committee for their consideration of this brief paper. Please do not hesitate to contact me should there be need to clarify or further discuss, any of the issues raised here.

Yours sincerely

A handwritten signature in dark ink, appearing to read "Susan Rooney", with a large, flowing loop at the end.

Susan Rooney  
CEO

Cancer Council Western Australia  
31 July 2009