



Special Commission of Inquiry into Healthcare Funding

Submission Number: 146
Name: NSW State Spinal Cord Injury Service
Date Received: 10/12/2023

Submission to the Special Commission of Inquiry into Healthcare Funding - NSW State Spinal Cord Injury Service

A. Background

- The NSW Spinal Cord Injury (SCI) Supra Service provides statewide specialised care and support to people with a serious Spinal Cord Injury in NSW across the continuum of care.
- The program operates across acute and subacute inpatient care, specialised outpatient clinics, as well as community care across metropolitan and rural areas.
- The aim of the service is to maximise patient outcomes and experience through the provision of high-quality, evidence-based interdisciplinary, person-centred care with seamless transition from one setting of care to another.
- A spinal cord injury initiates a lasting connection between the patient and the healthcare system. Consumers of this service may receive care for many years due to the complexity of their condition and associated comorbidity.
- Over the last 10 years, despite a growing demand there has been no growth in resources for specialist SCI management, and acute SCI admissions have increased by around 10 per cent annually for the last 4 years.
- Efficiency gains in length of stay have not been possible due to the time required for patients to adjust to their disability and learn new community living skills.
- Less than half of people with a complex spinal cord injury are able to access necessary specialist spinal services due to bed block.
- The majority (79%) of interhospital transfers occurred outside the recommended transfer guidelines.
- Patients were more likely to receive decompression or spinal fusion within the recommended timeframe if admitted directly to a specialist SCI hospital.
- The delay in admission to specialist rehabilitation beds from the acute spinal unit beds in 2017-18 was a median of 20 days (range 1-195 days)
- In addition, the number of older people with associated comorbidities who sustain new SCI, as well as the number of people ageing with a SCI, has increased.
- The number of readmissions are also increasing due to complications of ageing, as well as COVID-related respiratory complications.
- Currently, the two acute specialist spinal cord injury units at Prince of Wales (POWH) and Royal North Shore Hospital (RNSH) provide treatment and rehabilitation for less than half (43%) of serious SCI.
- The POWH provides acute and rehabilitation management in their hospital.

- Royal Rehab provides a comprehensive rehabilitation service to all complex SCI patients from RNSH and from other hospitals, if beds are available. There is only limited short term rehabilitation available at RNSH.
- Providing high-quality spinal cord injury care, in collaboration with patients necessitates, a comprehensive whole-of-system approach. This involves specialist guided services at various health districts, outreach and community-based services in both urban and rural areas.
- Effective planning and care delivery depend on service integration, interagency collaboration, redesign strategies, and co-design. Future advancements in clinical practice and patient outcomes hinge on translational research and implementation science.

B. The existing governance and accountability structure

- While the *Health Services Act 1997* outlines the responsibilities of the Health Secretary in the provision of governance, oversight and control of the public health system, many of these functions are devolved to the Local health Districts (LHDs) through Service Agreements. Under the current structure, there is no central oversight beyond the Service Agreement and the LHD responsibility for supporting this highly specialised Supra LHD Service.
- There is a lack of central oversight with all service-provision, staffing and financial decisions made by the LHDs. An unintended consequence of devolved decision-making is unequal access to specialist SCI services across NSW. This compromises patient outcomes.
- A centralised governance or monitoring structure for Supra Services should include:
 - Minimum criteria for services offered across the specialist spinal cord injury units (acute to community).
 - Outcome measures for building capacity across the system and promoting research and evidence-based practise.
 - Minimum staffing requirements of specialist services.
 - Monitoring these meaningful metrics related to well defined outcomes should be linking to future funding.

C. Service delivery and allocation of resources

There are several options for enhancing spinal cord injury services in NSW.

The State Spinal Cord Injury Service (SSCIS), which is a network representing specialist and non-specialist services, has extensively reviewed evidence, undertaken research using multiple methods with wide clinical consultation, codesign and modelling approaches for harnessing future focussed health solutions, as follows:

1. Issue: Lack of access to specialist multi-disciplinary care in non-specialist units

Broad consultation with clinicians in non-specialist services over many years has validated an unmet demand for specialist beds and care resulting in suboptimal outcomes and experience for patients. There is reported to be insufficient staffing expertise, critical mass of patients and funding to support the intensity required to provide adequate care in non-specialist services.

Solution: Implement a new Networked (Hub and Spoke) model of care

2. Issue: Limited access to specialist support in the community, especially for rural and remote communities

There is poor access to early intervention specialist support for people with SCI living in the community. An increased prevalent population, particularly in rural and remote NSW, is not supported by existing staffing and funding, resulting in preventable, and often multiple, readmissions to hospitals around the state and also to specialist services for pressure area and other complex management.

Solution: Enhancement of the existing multi-disciplinary outreach services (located at Royal Rehab) for management of the prevalent population of people living in the community

3. Issue: Insufficient specialist rehabilitation beds

- Demand for spinal rehabilitation beds outweighs available bed base with new acute injuries increasing steadily per annum.
- The length of stay in rehabilitation is 2-3 times longer (122 days mean in RNSH) than the acute length of stay (46 day mean in RNSH) requiring an acute-to-rehab bed ratio of 1:2.
- Almost 100% of people with a complex SCI will require rehabilitation.
- Access to specialist multidisciplinary rehabilitation care with services such as vocational support and state of the art facilities like advanced robotic exoskeleton rehabilitation enhance functional outcomes, facilitate community reintegration, and return to work and improve overall quality of life.

Solution: The ratio of acute to rehab beds should be 1:2 to facilitate appropriate access and flow. In addition, explore options like transitional accommodation.

If these solutions were implemented there will be benefits across all levels. At an individual level, there will be enhanced staff and patient outcomes. At a service level, there will be better utilisation of specialist beds. At a systems level, there will be enhancement of capacity to provide guided specialist care closer to home and reduced length of stay and readmissions due to enhanced specialist support in the community. At a population level, there would be enhancement of social and economic participation and reintegration into the community.

Yours sincerely



Professor James W Middleton MBBS, PhD, GradDipExSpSci, FAFRM(RACP), FACRM
Professor of Rehabilitation Medicine

John Walsh Centre for Rehabilitation Research

Northern Sydney Local Health District, St Leonards, Sydney, NSW, Australia

The University of Sydney

Kolling Institute, Faculty of Medicine and Health, Sydney, NSW, Australia

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