

Public Hearing inquiry into the delivery of specific health services and specialist care in remote, rural and regional NSW

By, Councillor Neil Westcott, Mayor of Parkes and Councillor Ken Keith OAM.

2:45pm – 3:30pm on Tue, 28 May, in the Coral Sea Room at Orange Ex-Services Club.

Imminent failure and complete dysfunction of primary healthcare in the Parkes region

On the 16 April 2024 one of our constituents had a child with a potentially escalating asthma condition. They attempted to get a GP appointment at the three (3) local GP surgeries with no success, one was in fact closed as they had no doctors available. Our constituent then attended the Parkes hospital, where the locum emergency department doctor was also unavailable (unavoidably due to illness we understand). Fortunately, the child's condition resolved, however the situation could have easily been tragic. Unfortunately, this is an all too familiar story in the regions, avoidable tragedy is inevitable.

There are large and escalating numbers of patients attending Parkes Hospital Emergency Department everyday as they cannot access GP's. Our understanding is that the hospital triage of these patients is revealing, and shows the deteriorating general health of our community, in comparison to communities well serviced by GP's. This would be easily verifiable by the collected hospital data. Further, the use of locums and agency staff escalates the operational budget of the hospital massively and seriously affects the continuity of care.

We know over 50 patients are transported to Orange each and every week by Community Transport for medical services, which would only be a small sample of those attending by other means. The cost for these patients to access health services that are well over 100km away would be very significantly more than city counterparts.

After decades of Council lobbying, NSW invested \$80 on the new state-of-the-art Parkes Hospital. Patients and staff moved into the completed Parkes Hospital on 24 November 2015. However, in June 2019 the maternity services at the new Parkes Hospital closed due to insufficient obstetricians.

The Local Health District had a decade of notice that the existing cohort of doctors intended to retire, and now, as a consequence of no birthing at Parkes for 5 years, many of the midwives have left.

It is also significant that Aboriginal people can no longer birth "in-country" but are required to travel elsewhere to birth.

The community of Parkes and surrounding areas are confused, frustrated and very angry at the unavailability of this extremely important basic health service and a large rally was held at the hospital on 21 June 2019 in protest of the closure. I table a picture of that event.

At that time, we were advised that the Health Service was simply unable to recruit sufficient Proceduralists for obstetrics and anaesthetist to run the service. We advised that if that is indeed the case for Parkes, then this is almost certainly the "canary in the cage" for other communities, and similar reduction in service will spread across NSW. Maternity services is an URGENT issue for our region.

Unfortunately, our prediction has proven to be the case, as now even GP's are at critical levels and those that are left are so oversubscribed they are likely to leave under the strain. The situation is alarming.

The lack of doctors and absence of maternity in Parkes results in significant patient transfer to other hospitals, which takes ambulance services away from servicing local medical emergencies. This is another example of how the rural communities are exposed.

The above personifies the extreme circumstances Parkes is now facing with access to health professionals. We are a town of 12,000 and a region much larger with significant growth opportunities, however access to primary healthcare could only be described as alarming, but worse, this may only be the tip of the iceberg.

Our discussion with existing doctors' reveals fatigue and desperation. They are trying to run surgeries with skeleton doctor staffing, while managing the business aspects such as accreditation, Medicare audits, recruitment, and such like. We can foresee the closure of these surgeries entirely and the hospital potentially the sole provider of primary healthcare. This is exacerbated by the difficulties to recruit international doctors to Australia, which apparently takes 18-months and costs a very significant amount of money compared with for example New Zealand, where we are told it takes 3-months.

There is no doubt in our mind that the circumstance Parkes finds itself in will spread across all smaller rural communities. The statistics are clear, only a small number of graduates doctors are taking-up general practice, compared to the number of doctors leaving the industry, consequently the result is inevitable and must be addressed.

Some years ago, the community ran a number of sporting events to raise money to attract doctors. Around \$120,000 was raised, which was effective initially, however the doctors recruited only stayed a few years and left. This has proven to be an unsustainable model.

Councils' direct contribution to doctor attraction includes (but by no means limited to),

- Built two (2) flats to accommodate doctors in Parkes.
- Fully renovated a building to attract GPs in Parkes.
- Maintain a doctor's residence in Peak Hill.
- maintain the doctor's surgery in Peak Hill.
- Maintain a doctor's residence in Tullamore.
- Extended the GP suite on the Tullamore hospital (over \$400k).
- Paid for half the Health Precinct Masterplan at Parkes. Noting that western NSW Local Health District were very helpful with this process.

Most regional councils, having been income restricted for decades, are now entirely impecunious. Further, the cessation of NSW Government grant funding to Local Government, such as Resources for Regions, Event funds and others has significantly reduced Council capacity to support infrastructure such as that above. However, Councils have become the supplier of last resort for GP attraction and retention, which is entirely unsustainable for small regional councils.

Further, there is currently no doctors available to visiting aged care and retirement homes. In 2021 the Fraser Court retirement home in Peak Hill closed as a result of the new cost burdens flowing from the Royal Commission. In the past week the Salvation Army summarily announced the closure of the Rosedurnate aged care facility in Parkes, the 48 residents will be relocated to all points of the compass, as there was already long waiting lists for Parkes. The closure has overwhelmed and already overwhelmed aged care system, these residents will no longer be able to age in their home town, a complete disgrace for a modern first world economy.

There is also considerable confusion between the health fiefdoms, where responsibility seems to be quickly abrogated to others and accountability diluted to a point of worthlessness. It must be time to decide where health sits, State or Commonwealth and streamline the multi-agency approach to health.

On a more positive note, Charles Sturt University have a relationship with Parkes Hospital to train young doctors. This relationship needs to be fostered and developed to create a continuous cohort of rurally trained doctors, to start building up the vacant GP positions across the regions. It would also be a great opportunity to train doctors of Aboriginal decent through a dedicated recruitment program, which could then outreach to areas of higher aboriginal populations such as Peak Hill.

In 2013 and again in 2023 considerable work was undertaken on a Health Precinct Masterplan for the land surrounding the new Parkes Hospital. The Western NSW Local Health District worked very cooperatively with Council to develop the plan. The plan now needs to be implemented to assist in the attraction of other health services to support the health needs of the region. This was a great example of a collaborative approach to health.

We now review with great sadness the wonderful work done by the Legislative Council inquire of 2 years past, "Health outcomes and access to health and hospital services in rural, regional and remote NSW" which identified the exact issues above, and more. They made sensible, actionable, recommendations...but from where we sit it would appear there has been no progress with these initiatives and the primary health situation for the regions is not only desperate but deteriorating at an alarming rate. Surely it is now time for action, not procrastination!!, rural people need quality primary health care with continuity.

So to summaries in great brevity,

1. The lack of access to GP doctors in the region is fast becoming critical.
2. Only a small proportion of new graduate doctors elect to be GP's. As a consequence, doctors are retiring at a far greater rate than they are being replaced. This trend needs to be reversed as a matter of extreme urgency.
3. Remaining doctors, nurses and health professionals are exhausted.
4. No consistent doctor, or medical record sharing, significantly affects continuity of care.
5. The administrative burden of running a GP surgery detracts from the desire of doctors to run these surgeries.
6. The recruitment process for international doctors is onerous and costly. GP/VMOs apparently can only work in precincts where they are contracted, contracts should be at a state level not a local level to allow working flexibility.

7. Parkes has a new \$80m state of the art hospital, with modern birthing suites, and twin operating theatres which are grossly underutilised.
8. Large numbers of people are attending the hospitals because they cannot access GP services. Their triage assessment appears to indicate a decline in their general health compared to communities well serviced by GP's.
9. The cost of using locums in the hospital is exorbitant and detracts from the continuity of care.
10. There are no maternity services for Parkes.
11. Aboriginal people's ability to birth in-country is restricted or prevented.
12. Ambulance staff are caught up with patient transfer, reducing their capacity to service local emergencies.
13. Large numbers of people are forced to drive long distances to access health services. The cost for rural people to access health services would therefore be multiples of city people.
14. Age Care facilities are closing, due to lack of staff, cost of operation and no doctor access.
15. Charles Sturt University have a relationship with Parkes Hospital training young doctors. This relationship needs to be fostered.
16. There is considerable confusion between the health fiefdoms, where responsibility seems to be quickly abrogated to others and accountability diluted to a point of worthlessness. It must be time to decide where health sits, State or Commonwealth and streamline the multi-agency approach to health. In the mean while all tiers of government, industry and universities need to work together.
17. Health outcomes for our people in our region are in serious decline.
18. The way we are working, is not working, and new models must be trialled as a matter of extreme urgency.

- c. Implement the Western NSW Local Health District "Parkes Health Precinct Masterplan", including land acquisition (from the Crown). Council is in the process of surveying the land and getting valuation to expedite the acquisition.
- d. Develop facilities on the new precinct or on the existing hospital land to support the training of student doctors, which may include (but not limited to) a training doctors' surgery close to the hospital, accommodation, and training facilities for new doctors.
- e. Develop and trial new models of care in consultation and oversight by expert committee. This may include nurse practitioners using virtual Health technology, student doctors oversighted by virtual Health technology, onsite doctors oversighting care etc.
- f. Use the expert committee and proposed project to fully support the relationship with Charles Sturt University to train student doctors at Parkes.

To enable this demonstration project, we would suggest funding along the following lines (indicative only):

- Year 1 - \$2.5m to accelerate doctor recruitment. Establish and support the expert committee. Develop the new model of care and training. Undertake land acquisition and facility design, commence lead in infrastructure.
- Year 2 & 3 - \$10m to build a multi-function training and health delivery facility based on expert panel oversight.
\$3m to build onsite accommodation for students, doctors and nurses.

A model described above is what we believe will be the pathway to help solve the critical GP shortage in the regions. Existing doctors cannot "work-harder" to solve the problem, they can however use their experience to teach cohorts of students to become GP's. These students might be indentured by the Local Health precincts and given pathways that are attractive from a work-life-balance perspective, an economic perspective and a professional training perspective. Being a rural GP must be transformed to once again be a desired occupation.

We believe this would be a wonderful project to start addressing the health issues in Parkes and regional NSW and could be replicated at key locations as appropriate.

We believe the model proposed above, could be further developed to support in full, or in part Recommendation 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 26, 27, 30, 31, 32, 33, 34, 39 of the 2022 "Health outcomes and access to health and hospital services in rural, regional and remote NSW".

As previously stated, surely it is now time for action, not procrastination!!, rural people need quality primary health care, the system is failing, and government intervention is desperately required.

The Way forward

Having spoken with a number of doctors it is our belief that GP doctors desire to work in a practice where the standards-of-care are high, where there is sufficient co-workers to confer with and to support work-life balance, where the burden of administration is otherwise managed and remuneration is such that General practice is an equally preferred area of medical practice. This is the case in larger communities.

It is therefore our believe that a multi-function clinic associated with the hospital is needed, as it would,

- Provide primary health care for the Parkes Region albeit in a different way, with new and innovative care models involving, student participation, nurse practitioner participation, oversighted by experienced doctors employed by Western NSW Local Health District, with support of telehealth where appropriate. Must have the relevant exemption to provide Medicare bulk billing.
- Provides a permanent medical workforce for the full operation of the Hospital.
- Provides out-sourcing to aged care facilities, aboriginal communities and other regional hospitals/communities (including nurse practitioners and students).
- Supports the training of young doctors and nurses in association with training universities, initially Charles Sturt University.
- That the various transport options be inextricably linked to the facility, and to the wider region. Including the Parkes Regional Airport.
- Uses the skills of experienced doctors, paid by Western NSW Local Health District such that it is attractive for existing local doctors to participate.
- Better utilises nurse practitioners, provides training facilities, and most importantly provides primary health care to the public albeit in a new and different way.

For all the reasons identified thus far Council made a budget submission to the treasure to fund a pilot project for Parkes (I table that submission) which aims to build a new approach to primary health care. The proposal provided for,

1. Immediately - a dedicated recruitment strategy to attract doctors to the town to ensure Parkes Hospital is functioning optimally, including ED, Maternity and Theatres. Also to meet the primary health needs of the Parkes region. These doctors should be employed by the Western NSW Local Health District.
2. A fundamental new approach is needed as existing approach is failing, where all tiers of government, industry and universities work together as a single entity.
3. We propose a demonstration project which would involve:
 - a. Establish an expert committee, including Western NSW Local Health District, Charles Sturt University, Doctor Practitioners, Nurse practitioners, senior State health bureaucrats and senior Commonwealth health bureaucrats (for example). This could be supported by the Local Member and Parkes Mayor to report back to government.
 - b. There may be an expanded role for Ambulance officers in this new model.



Figure 1: Large community protest at the closure of maternity at the Parkes Hospital, 21 June 2019.

