

Gunnedah District Hospital Branch, NSW Nurses and Midwives' Association (sub 16)

1. What could be done to better improve communication between Hunter NE Health District Management, local hospitals, medical professionals and the community of the Hunter New England Health District?

I am not sure how to answer this question as I am sure that the communication between Hunter New England District Management to the Local Hospitals Management and Medical Professionals does happen but does not filter down to the workers. As a union branch secretary I have to ask the questions and wait for feedback, I also believe that our HSM, is not always willing to share everything with us as staff and Union members. Things happen that we as staff have no input into and these are things that affect us as staff working on the floor.

Improvement of better communication between all parties is only as good as what the parties are willing to share. Maybe a committee of Managers and Staff across all disciplines including all of the smaller site hospitals and MPS sits once every 2 months would alleviate some of the problems. This could be done on Teams as other meetings are already conducted.

2. Are there improvements that could be made to the delivery of NSW Ambulance services that would better support the health outcomes of residents of the regional and remote areas of the Hunter NE Health District? Please share specific examples if you have them.

Hospitals have struggled for many years with the NSW Ambulance Services in trying to improve the health outcomes for communities. There is a Memorandum of understanding between Hospitals and NSW Health, but this is not working at all.

If a patient needs transferring o Tamworth from Gunnedah Hospital our Emergency Doctor will liaise with either the ED Doctor in Charge of Tamworth ED or Patient Flow Unit to have that patient transferred. The Nurse then has to ring NSW ambulance coordination, having sometime to wait over 40 minutes for the call to be answered, to book an ambulance to transfer the patient. The patient is booked for transfer with a given time frame of transfer eg 1 hour, remembering that it is a 1 hour drive from Gunnedah to Tamworth.

Often we are then called by a "Registered Nurse" from the NSW Ambulance Service to review the patient. They ask for their set of observations and your opinion and then blow the time out to 4 hours, this is without them laying eyes on the patient or speaking to the Doctor who has requested the appropriate time frame.

We know and understand that the NSW Ambulance service is also worked overtime and their officers are subjected to ridiculous waiting times at Emergency Departments, due to Ramping as there are not enough beds or staff to teat patients being transported to Hospitals for treatment. Improvements to safe staffing in Emergency Departments and NSW state ambulance would certainly help.

3. Do you think that there should be more than 2 board members representing the New England/Narrabri part of the HNE Area Health Service District and could this be achieved by adding an extra position? What are the merits of potentially doing this?

I think a fair representation of all areas would be fair to all members of the Hunter New England Area Health. What affects John Hunter Hospital does not necessarily affect smaller site like Guyra, Glen Innes, Narrabri and Gunnedah. If it is an inclusive Area Health Service then there should be fair and equitable representation for all areas.

This would allow for the smaller, more remote, and rural areas to have their say and contribute to a fairer distribution of health services.

4. With the district headquartered in Newcastle, is there a risk of bias in recruitment with a focus on ensuring medical professionals are recruited for Newcastle and the remainder of the district is deprioritised?

I believe that it is the individual medical professionals choice of where they want to live and work. Many people choose to live in the country towns as there partner or family members work her in other industries. We need to make it appealing for the medical professionals to want to work here as well. It is a battle to find something lucrative to entice them here. Perhaps program where they have to come to rural areas to work for certain amount of time, and not have Hospitals such as Tamworth classed as rural. Who knows they might try it and decide to stay.