Submission No 33

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND REGIONAL HEALTH

Organisation: Gunnedah Community Roundtable

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GUNNEDAH COMMUNITY ROUNDTABLE

Submission: The implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

The Gunnedah Community Roundtable is a multidisciplinary interagency with a membership of around 200 representatives from 85 organisations working in aged care, homelessness, health, education, disability, employment, mental health and child protection. We provided a submission to the 2020 *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* inquiry, and participated in the subsequent hearing. We welcomed the recommendations made by the Portfolio Committee, and maintain hope that this continuing process will result in improved access to health services for our community.

The landscape of health provision has improved marginally, with the formerly critical shortage of GPs being eased by practices expanding, and a new practice opening. Unfortunately, the barriers and issues of staff shortages, transport, and service access remain.

Discharge Planning

NSW Health Policy Statement for *Admission to Discharge Care Coordination* states that 'NSW Health organisations have a duty of care to ensure that care coordination provides the care needed to identify and manage safe and appropriate care to all patients within NSW Health.' A lack of resourcing within NSW Health to provide effective discharge planning compromises the safety of our community. People who have experienced an emergency and are transported from Gunnedah to Tamworth, Newcastle, or Sydney are often faced with considerable transport barriers to return home.

Availability and eligibility of patient transport, inter-hospital transfers, and subsidised transport is often inconsistent. Ageing members of the community who do not have friends and family to support them are particularly vulnerable, and anecdotal data indicates that people have postponed seeking medical attention for fear of being stranded in an unfamiliar city.

Patients discharged from mental health facilities following an inpatient stay are objectively some of the most vulnerable people in communities. NSW Health policy prohibits any patient being exited from a health facility into homelessness, yet the practice of discharging mental health service users into community with inadequate care coordination, support and assistance is creating and prolonging homelessness.

If a person has been detained under the Mental Health Act or involuntarily admitted into a mental health facility, then the onus must be on NSW Health to ensure they are safely returned to their place of residence, or supported to access safe accommodation. Community mental health and housing organisations are not funded or resources to bear sole responsibility for the wellbeing of a person

who has not been provided transport back to their community after an inpatient stay. If there is an expectation for community services to be the responsible party, then this must be communicated and agreed to at the point of admission, and not allowed to devolve into a matter of urgency at the point of discharge.

Ongoing dependence on locum clinicians across rural and regional areas creates a service deficit. Inconsistent and incomplete information and understanding regarding the services available, and absence of relationships with services to facilitate effective referrals, results in inconsistent quality of discharge planning. We encourage NSW Health to ensure all facilities are equipped with information about local services, and also services available in each community across the Hunter New England area to improve safety upon discharge.

We understand that the hospital system operates on a triage basis, and that urgent and emergency situations must take precedence over other areas of care provision, and our feedback is not a criticism of the hospital staff, but of their workload.

Attracting, Training, and Retaining Staff

Many people are unable to undertake or complete tertiary qualifications in health services due to the onerous requirements for unpaid student placement. This is especially true in the current economic climate, when the rising cost of living and ongoing housing crisis have created financial pressure for most people. Completing unpaid student placement of 1000 hours for social work, 800 hours for nursing and approximately 2500 for doctors is frankly impossible for all but a privileged few.

The barrier to entry is significantly higher for anyone who is seeking a career change or looking to upskill, as they often have familial and financial commitments which cannot be maintained without an income. The lack of flexibility in how and where these hours can be completed, and the strict timeline for completion is also a barrier for people wanting to become health care professionals.

We request that anyone undertaking a student placement in primary and allied health be paid a stipend to cover their basic expenses, and that FEE-HELP style loans be made available for students to cover placement costs.

Preventative Health

Greater investment in preventative health, not just in rural and regional areas, but across the entire NSW Health system, is the single greatest investment the NSW Government can make in improving health outcomes.

Expanding the Child Dental Benefit Scheme to include all NSW residents, increasing the amount available, and redesigning public dental services to be better able to provide early intervention and preventative services is an example of system improvement. A similar approach of expanding eligibility criteria and associated funding would also be beneficial in mental health and immunisation schemes.

Preventative health measures must also be implemented for children who come in contact with the child protection and out of home care systems, as the likelihood of behavioural, trauma-related, and developmental disorders requiring ongoing support and intervention is significantly higher among this cohort.

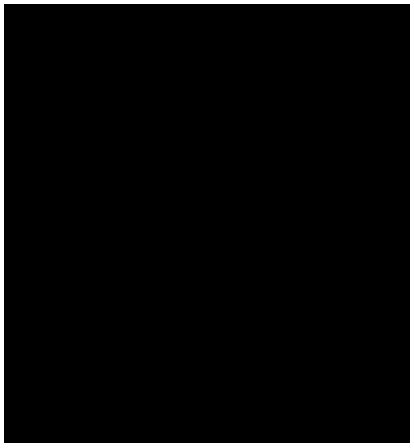
Service Availability

The members of the Gunnedah Community Roundtable are not just organisations delivering services in Gunnedah, we are also members of the community and personally dependent on the local provision of adequate services. Many of us have participated in various consultation sessions with NSW Health to help inform the planned redevelopment of Gunnedah Hospital, and also advocated on behalf of our clients and service users to ensure our collective lived experience assisted to inform the design. We are, understandably, disheartened and upset that due to inadequate budget forecasting the hospital redevelopment is not proceeding as planned. The need for maternity, renal, and oncology services cannot be overstated. The burden on the people of Gunnedah to travel upwards of 150km to access these crucial services is unacceptable. The cost, time, energy, and resources required to routinely travel to Tamworth, Newcastle or Sydney is completely unsustainable.

Until the NSW Government and NSW Health are prepared to recognise and admit the failing of the current city-centric model and ensure that regional and rural people are able to access necessary life-saving and life-prolonging care, the health outcomes for people in rural and regional areas will not improve.

We applaud the progress the current and previous government have made in accepting and implementing the recommendations from the 2020 *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* inquiry, and encourage ongoing commitment to ensuring equitable health outcomes for all NSW residents.

Regards,



Kate McGrath
Secretary
On behalf of Gunnedah Community Roundtable