

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH  
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

**Organisation:** Moree Plains Shire Council

**Date Received:** 11 April 2024

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11 April 2024

**Select Committee on Remote, Rural and Regional Health**

Parliament House  
Macquarie St  
SYDNEY NSW 2000

Via email: [remoteruralregionalhealth@parliament.nsw.gov.au](mailto:remoteruralregionalhealth@parliament.nsw.gov.au)

Dear Committee,

**Moree Plains Shire Council response to Parliamentary Committee Inquiry:  
Delivery of specific health services and specialist care in remote, rural and regional NSW**

Thank you for providing Moree Plains Shire Council (**Council**) with the opportunity to make a submission to the inquiry. Council agrees with all of Recommendations that the Committee has suggested. Sadly, our Shire has experienced almost all the challenges that the findings allude to, and the Recommendations will hopefully help address the identified issues.

Preliminary delivery works for our \$80M hospital redevelopment is underway we are excited to see the benefits the upgraded facility will bring our community. However, there is a genuine concern of who will staff the new hospital facility. Our Shire has been struggling to attract a range of medical professionals including doctors, nurses, and midwives. We hope to see that Recommendation 1, 8, 9, 11, 12, 13, 16, 17 and 30 will encourage existing medical professionals, and those in training, to consider making the move to practice rurally.

Our current existing General Practitioners (**GP**) in the Shire are, like many practising rurally, at great risk of 'burn out' with only handful of doctors serving close to 13,000 people who reside in the Shire. Our existing GPs also provide 95% obstetric and 90% geriatric medical care for the area as wellbeing on the visiting medical officer (**VMO**) roster when they can. Locals often face long wait times to see a GP with very few emergency appointments available, meaning that many residents present to the hospital emergency department for common conditions that could easily be treated by a GP. Reception and medical staff are increasingly required to communicate with rude and abusive patients who become frustrated by the lack of availability of appointments and access to local medical care.

Registrars have for many years been available for work/training in our local area. However, due to the lack of registrars and the choice to go anywhere in the Hunter New England Area, Moree has been unable to attract registrars, especially those who would train as a GP Proceduralist in Obstetrics, Anaesthetics, or General Surgery. These qualifications are needed to boost our VMO numbers and reduce the employment of locum VMOs at a huge cost to NSW Health. Often maternity and surgical/anaesthetics must go on bypass and patients are sent to other hospitals for lack of VMO's at our local hospital. Recommendations 14 and 15 would go a long way towards incentives for registrars.

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Our Shire has been supported by locums in more recent times, however this has come with its own challenges. A GP locum employed through agencies expect anything from \$1,800 to \$2,500 per day as well as the cost of accommodation, car, travel, and agency costs. Unfortunately, this cost is more than the GP locum will earn for a practice in a day, making it not viable. To secure a permanent GP locum through an agency can cost more than \$20,000. In addition, the locums want moving costs and accommodation paid plus a monetary incentive for moving. The local hospital has been predominantly staffed by locum doctors, due to our local doctor shortage, at great cost to NSW Health.

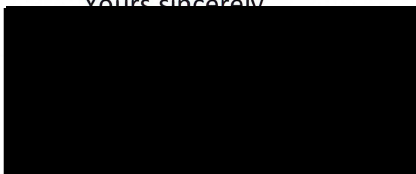
We agree with Recommendation 22 for a robust and user-friendly system to be developed to improve shared health records and communication between service providers. Our service providers have identified there are far too many different programs that are not compatible with other systems/software etc.

We understand that some specialist medical services might not be available rurally, therefore Recommendations 2, 3 and 4 are paramount to ensure that residents are able to travel to get the medical care that they need. The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is used by some residents in the Shire, but many do not use it due to the difficulty in completing the form as well as the current low reimbursement rate. The need to get the referring GP's signature makes it especially challenging when our GPs are overstretched. It is also hard to make a claim if you do not go to the closest specialist, however specialist appointment wait times are often the deciding factor for where residents choose to go for treatment. Unfortunately, the cost and availability of transport is a reason that some in the Shire do not seek the specialist care that they need.

The Moree Plains Shire has a large Indigenous population of approximately 20%. We feel that Recommendations 31, 32, 33, 34 and 35 would assist to remove cultural barriers and to allow successful delivery of healthcare for our Indigenous population.

Thank you for your kind attention to this matter and in conclusion we agree with all the Recommendations put forward in this report and we hope to see them come to fruition.

Yours sincerely



Cr Mark Johnson  
**MAYOR**