

**Submission
No 11**

**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**

Name: A Allan

Date Received: 12 April 2024

Dr Joe McGirr,
Committee Chair,
Select Committee on Remote, Rural
and Regional Health,



re: - Portfolio Committee No 2 Inquiry.

Dear Dr., Joe,

The following comments relate and emanate from myself, as a member of the Manilla MPS., Local Health Committee and my role in the remit of the Committee.

My comments relate to the appropriate itemised recommendations pertaining to the Portfolio Committee No 2 recommendations (2022) and to the inquiry being conducted.

I must, firstly, make comment on the inadequate time-frame initially given for replies/submissions (12th April 2024) and now gratefully extended until 26th April 2024. The topics/recommendations, highlighted for inquiry, require considerable thought to enable meaningful replies, especially when such Local Health Committees (LHC) are comprised of volunteers with other time commitments. I note, also, that your letter is undated.

I may add here also, based on my LHC experience since becoming a member in 2017, on the difficulties observed in trying to attract, and retain, community volunteers in becoming members of the committee is not without a degree of frustration. Despite multiple public invitations/advertisements being openly promulgated this has proven difficult in successfully enlisting members from the general public including from first-nation or cultural groups. However, it must be clearly stated that the New South Wales Health System, covers all Australians inclusive of first-nation people and the various multi-cultural society members within this Country. To perceivably mandate for the inclusion of any such individual groups will only exacerbate current difficulties in obtaining committee members along with possibility of failing to garner cohesion and consensus in achieving democratically conducive outcomes. It is also fair to say that current membership application procedures ensure that such applicants are selected, among other relevant items, for their "community knowledge."

Suggestions/recommendations.

A: - 19, 20, 26, 27. In agreement and supportive.

B: - 3, 28, 29. In general agreement, but LHC's need to be better informed and kept up to date via periodic information sessions with patient transport officers and paramedics.

C: - 23, 31, 32, 33, 34, 35, 43. Several of these groupings overlap and have received comment in my opening remarks - third paragraph.

Coordination and collaboration of health service providers is paramount especially in rural and remote areas and, as new technology is introduced, it is imperative that health providers receive appropriate training in its use and application. Cultural understanding, across all facets of health care and cultures, requires close collaboration between care providers and consumers to ensure understanding and provision of "best-practice" delivery. Distinct lines of communication, responsibilities and participation between health practitioners must be clearly defined and identified along with the establishment and identity of community/consumer group leaders and their ability to assist/liaise where, when and if required. Formal documentation is essential both for historical records and potential forecasting of future needs.

Categories D, E, F, G - Similar in nature to C above.

General comments/suggestions.

Local Health Committees are intended to be the "communication conduit" between their local communities and the various facets of NSW Health system via their "home-base". (Manilla MPS in my case.) The role of LH Committees and the support they receive in carrying out their remit requires greater attention from within the NSW., Health system to enable them to meaningfully fulfil the importance of this role.

This support should entail LHC representatives' inclusion in periodic "cluster-group" meetings, and other meetings of relevant importance outwith the cluster group area, to update and better enable the LHC members' understanding, ability and confidence in conveying their local knowledge and input into topics of importance pertaining to the health system. Enhanced outcomes from the collation and dissemination of information discussed would see greater efficiencies in garnering knowledge and understanding of both what is available, across the board, in the health system and how it would be of benefit in the local scene.

Funding, especially additional funding, (be that in equipment or staffing resources) does not guarantee a quality return in the efficacy and efficiency of its spending: greater inclusion of LHC members in such discussions - where and on what, funding should be spent - is paramount; as is their involvement in the monitoring and reporting on the effectiveness of such funding.

In conclusion, I suggest that NSW., Health focus' on the importance of "overall public health" **for all** of the community and , as such, withstand any political pressure from outside and/or from within the NSW health system. Local health committees have an important role to fulfil as conduits in two-way community liaison; to ignore this aspect and have them used as political tools will, in no way, enhance their efficacy or standing in any community; the opposite being the reality.

Yours sincerely A. Allan (Sandy) 12th April 2024