

**Submission
No 36**

**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: Gunnedah Shire Council

Date Received: 24 April 2024



NSW Government – Inquiry into the implementation of Portfolio Committee No.2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional health
[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](#)

24 April 2024

Dear Sir

Gunnedah Shire Council Submission

Please find this letter as Gunnedah Shire Council's submission to the 2024 Inquiry into the implementation of Portfolio Committee No.2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional health.

This submission focuses on the following terms of reference for the Inquiry;

- a) Maternity services, obstetrics and paediatrics (including Recommendations 19, 20, 26 and 27);
- b) Patient transport and paramedicine (including Recommendations 3, 28 and 29);
- c) Indigenous health services (including Recommendations 23, 31, 32, 33, 34, 35 and 43);
- d) Mental health services, and drug and alcohol services (including Recommendation 11);
- e) Aged care and palliative care (including recommendations 18, 23 and 24);
- f) Cancer care and oncology (including Recommendations 21 and 30); and
- g) Other specialist care and allied health services, as they pertain to the Portfolio Committee No. 2 recommendations (including Recommendations 5, 10, 30, 42, 43 and 44).

It is difficult for anyone not working within NSW Health to gain a clear line of sight between the 44 Recommendations from the Inquiry, or the NSW Government's Response to the Inquiry, through to the NSW Regional Health Strategic Plan 2022-32. It is also similarly difficult to understand what decisions have been made, and why, as to how 19 priority targets have been arrived at in the NSW Regional Health Strategic Plan Progress Snapshot 2022-23, out of the 30 NSW Regional Health Strategic Plan 2022-32 Priority Strategic Objectives.

Therefore, from a public perspective, it is difficult to understand how the progress snapshot is clearly addressing or tracking progress on implementation of the 41 recommendations supported in full or in principle by the NSW Government. Are we now even measuring progress against the implementation of the May 2022 Recommendations or some other list of targets morphed from them? And where is the data readily available to assess progress, outside of the self-determined conclusions in the NSW Health snapshots?

Are members of the public genuinely expected, based on the information available, to be able to understand how implementation of the May 2022 Recommendations are being progressed?

The process design for assessing progress in implementing recommendations released in May 2022, the NSW Regional Health Strategic Plan and associated snapshots, engenders feelings reminiscent of those expressed about the challenges in understanding let alone navigating the NSW Health system, as raised in submissions to that initial inquiry. Feelings that the NSW Government, NSW Health and / or the bureaucracy within LHDs have little to no regard for the ability of the broader public to be able to follow let alone confidently draw conclusions about the progress in implementing recommendations; if not a self-serving intent in discouraging such.

Clearly explaining the nexus between at least the Government Response to the Inquiry Recommendations and the priority targets being assessed in the snapshot would give the NSW Public greater confidence in the process. Clear reference of which recommendations, and which Strategic Plan Priority Strategic Objectives, each of the Priority Targets are intended to address would also assist.

However, the November 2023 Progress Snapshot positively details some progress to improve the plight of at least some Local Health Districts (herein “LHDs”) in remote, rural and regional NSW. Unfortunately, the progress infographics and description do not provide clear indications of the varying progress across each of the LHDs. Several of the targets do not provide comparison across LHDs whilst others provide only vague commentary indicating partial disclosure of individual LHD experience.

The Murrumbidgee LHD is recognised as a progressive region with effective relationships clearly established between stakeholders which underpin evident sound communication and collaboration. These relationships are essential to enabling a regional model for health and research precincts. The extent and level of genuine respectful two-way and outcome focused communication evident within the Murrumbidgee region is lacking in the Hunter New England LHD.

The work of Dr Joe McGirr and the other participants within the Murrumbidgee, including the members of the Regional Health Ministerial Advisory Panel, has clearly been fruitful. The picture painted of the Murrumbidgee LHD was the envy of many attendees at The NSW Country Mayors Association (CMA) Rural and Regional Health Forum in September 2023.

There are not similar reasons for celebration in the Hunter New England LHD. Any evidence to the contrary through data, reports or even within the November Snapshot 2022-23 is not readily available. The HNELHD does not figure positively in the 2023 November Snapshot for progress against targets other than delivery of urgent care services, which does not include Gunnedah.

The experiences of locals in terms of the need to attend Tamworth or even further afield for maternity, obstetric services and paediatrics is still the default for the majority in Gunnedah. The reliance upon NSW Ambulance is still high for patient transfer where services are lacking in Gunnedah.

Indigenous, mental health and drug and alcohol services are still severely lacking in Gunnedah. This is having significant detrimental impact on locals, both for perpetrators and victims of drug and alcohol related crime. Mental Health Services are required to be sourced largely from Newcastle in the case of Gunnedah residents. It is critical that the NSW Government intervene expediently in these health areas

if there is to be any genuine attempt to prevent members of the community from falling further behind, both in relation to expected health outcomes and overall quality of life.

Aged and Palliative care is also still severely lacking, with many locals forced to move away from their hometown to seek palliative care.

Cancer care and oncology still requires patients to travel some 200km daily or greater to Tamworth for basic services. As identified in our previous submissions to the Inquiry and subsequent related inquiry, the loss of delivery of the promised redevelopment of the Gunnedah Hospital means that the new renal and oncology locally based services promised are now lost to the community. Similarly, whilst infrastructure is not the panacea to the problems across rural, remote and regional Australia, there is a level of availability required to make possible these and other services required locally.

Notwithstanding the shortcomings of the 2023 November Snapshot noted above, the November 2023 Snapshot indicates that there is still much progress required. We note this is the case even though the targets in that snapshot represent only a portion of the strategic priorities of the NSW Regional Health Strategic Plan, and an indeterminable number of recommendations from the initial Inquiry.

We urge that consideration be given to ensuring that equal attention be given to all LHDs, and to this end, that at a minimum a commitment from NSW Health be given to ensuring that the framework in practice, and approach by stakeholders at Murrumbidgee, is at least encouraged across other LHDs. Our observation, and that of many attending the September 2023 CMA Health Forum, is that the approach to fostering relationships, communication and collaboration has gone a long way to providing an environment in which people are optimistic about achieving positive outcomes together.

We cite our previous submissions, particularly regarding the abovementioned loss of the promised Gunnedah Hospital redevelopment, and the challenges faced in accessing health services as highlighted in the survey of Council staff and their families.

We hope that this additional inquiry may redress the failure of Health NSW and the State Government to deliver for the Gunnedah Community, and no doubt many other communities, and that rural and regional health realises the opportunities afforded in the recommendations of the First Inquiry.

In closing we would encourage the Committee and NSW Government to focus on replicating what is working well within the Murrumbidgee LHD which is achieving positive outcomes for their regional community.

Yours faithfully

Eric Groth
GENERAL MANAGER

Contact: [REDACTED]
Reference: [REDACTED]
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