

**Submission
No 39**

**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: Mudgee Health Council

Date Received: 24 April 2024

19 April 2024

The Chair, Dr Joe McGirr, MP

The Select Committee on Remote, Rural and Regional Health,

Parliament House,

Macquarie Street,

SYDNEY NSW 2000.

Email: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Dr Joe McGirr, MP

Thank you for the invitation to submit a response to the Select Committee on Remote, Rural and Regional Health, regarding progress of, and issues relating to, the implementation of Portfolio Committee No. 2 - Health. *Report no. 57. Health outcomes and access to health and hospital services in rural, regional and remote New South Wales*, published May 2022.

I am writing to you as the Mudgee Health Council Chair following a Special Meeting called on Thursday 18th April to discuss with Council members your invitation to respond to the Inquiry into the implementation of Portfolio Committee No. 2 recommendations. The Mudgee Health Council is made up of community members who meet monthly with the Mudgee Hospital and Community Health Services executive team. The Council members bring their experiences as patients, carers, community members, primary care practitioners, professionals (health & education), local industry, business owners and mid-western regional councillors. We share a commitment to collaborate with the health service to ensure Mudgee community receives safe, timely, access to appropriate health services for the delineation of the service.

Some of the activities of the Mudgee Health Council include informing the recent and ongoing infrastructure development for the health facility, including restoring the Helipad and the design of the essential worker accommodation. Council members participate on the health service safety and quality committee, in the health service accreditation, on recruitment panels of key medical and health staff appointments and the Council contributes to sharing health data and updates, such as Bureau Health Information (BHI) reports, with the community via media and community networks.

In reviewing the Select Committees Terms of Reference, the Health Council were unanimous in their agreement that there was little observable evidence to support developments had been made to progress the matters raised by the Inquiry. It was the view of the Council that the dismal state of regional and rural health continues to reflect the findings outlined by The Hon Greg Donnelly MLC in the Portfolio Committee No.2 – Health report, with many services having further deteriorated since the 2022 report. We support that health and hospital staff

are strongly committed to improving health outcomes for their patients and communities, but they are constrained by workforce models that have failed to address General Practitioner and primary health workforce challenges and the overall critical shortage of health staff despite incentives to attract and retain staff. Rural and regional health services continue to be paralysed by current funding models and an overall lack of resourcing.

It is the view of the Mudgee Health Council that it was to the detriment of the Inquiry, that neither government nor opposition members supported the establishment of a board comprised of rural and remote communities as outlined in Portfolio Committee No. 2 – Health. Appendix 3. Minutes no. 56. 5.4 Consideration of Chair’s draft report p.288

'Recommendation X

That the NSW Government urgently establish and fund an independent statutory Rural and Remote Health Commissioner who will report to the Minister through a board comprised of representatives of rural and remote communities including residents, general practices, local government, community and First Nations organisations and which is responsible for consulting with rural and remote communities about their needs, advising the Minister regarding rural and remote health policy and reform and monitoring, and reporting on the performance of NSW Health in delivering the population health outcomes set out in the Rural and Remote Health Plan.

That the Rural and Remote Health Commissioner provide annually an independent report to Parliament and the public detailing the performance of NSW Health in meeting health workforce, service accessibility, service coordination, rural employment and health outcome targets'.

Ms Cate Faehrmann MLC, The Greens, was noted in Portfolio Committee No. 2 – Health. Appendix 4 Dissenting Statements p.293, to support that the above recommendation be included in the chair’s report. She proposed that this board held the potential for proactively advising, monitoring, and reporting on the government’s actions to improve regional, rural and remote health services. That this would give health professionals, communities and individuals confidence, and a sense of voice, in that improvements for rural and regional communities would gain momentum and be sustained beyond election cycles.

Lack of progress in addressing core system failings, that have been observed by the Mudgee Health Council, can be exemplified by the health service reports consistently showing increased non-urgent presentations to the emergency department in response to primary care services being overwhelmed due to challenges in recruiting and retaining rural general practitioners. Presenting to the Emergency Department has been normalised as the way things are done around here if you need medical review. It was also noted with concern, that community members are conscious of not overloading health services, hence they wait longer periods of time before medical review, which means their health deteriorates and the urgency

of their health care escalates, in comparison to if they had received timely, appropriate health care.

Longer wait times is a precedence for the sequel of deterioration, with patients requiring, urgent, higher levels of care and longer length of stay or transfer to another facility. The Council is cognisant of the human and financial costs related to the behaviours community members are adopting in response to the health system crisis, with the best of intentions of reducing burden to the rural health system, they are paying the ultimate cost, compromising their health and quality of life.

To support our response, please find below abridged commentary of concerns that were raised by the Mudgee Health Council to the Regional Health Division of NSW Health and Western NSW Local Health District (WNSWLHD) Chief Executive. We have summarised the steps taken by the Mudgee Health Council to progress community concerns, and the lack of progress we have observed.

IPTAAS: ISOLATED PATIENT TRANSPORT AND ACCOMMODATION SUPPORT

In May 2022, the Mudgee Health Council, sought to better understand the utility and concerns raised by the Community regarding inconsistencies and difficulties in accessing IPTAAS (Appendix 1). After further community discussions in Feb 2023 the Health Council contacted IPTASS State-Wide Manager to assist us in progressing local actions (Appendix 2). In March 2023 the Regional Health Division of NSW Health presented to the Mudgee Health Council, with a focus on their strategic priority of improving transport and assistance schemes. In April 2023 the Mudgee Health Council prepared an Action Plan outlining responsibilities for the Regional Health Division and Mudgee Health Council to progress (Appendix 3). The Regional Health Division responded to the actions, advising that updates on IPTAAS stakeholder meetings were not publicly reported, that our suggestions will be noted, considered, and acted on as appropriate. The Mudgee Health Council identified key contacts for the Regional Health Division to contact for further information or updates (Appendix 4). The Mudgee Health Council has not received any further correspondence or contact from the Regional Health Division of NSW Health related to this matter.

We can advise that community members acknowledge that IPTAAS financial support has slightly increased, however the community continues to report inconsistencies and difficulties in accessing IPTAAS and complying with the business rules which do not reflect the reality of accessing specialty health services for rural and regional families.

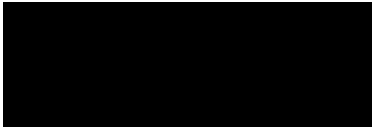
Further to IPTAAS, it is well-known that access to Community Transport to travel beyond Mudgee to receive health services is limited, and this is compounded by the requirement for patients and families to organise their own transport home after having been transferred to another hospital due to the acuity of their health needs or the delineation of the health service. The lived experience of this policy is that after significant health events, Mudgee community members are discharged, at the convenience of the health service, and are then

expected to find their own way home. A recent example provided to the Health Council was of a man suffering a stroke who was urgently transported from Mudgee to a major Sydney hospital, following surgery to remove the clot, the man was advised that he would need to make his own way home to Mudgee. It was suggested that he caught the train.

The Mudgee Health Council hold the view that Rural and Regional health services are under greater stress than before, and due to consistent constraints, health leaders are not able to provide the community with confidence that positive progress is in sight. The Mudgee Health Council recently wrote to the WNSWLHD Chief Executive to highlight the potential impact of whole of government policies, bringing additional workforce to the region without considering the impact on or investing in essential services. The Health Council Secretary shared her recent experiences of the overburdened health system, and the adverse impacts and stress it had placed on her family (Appendix 5.1). This correspondence was also forward to the Regional Health Division NSW Health in line with their previous requests for case studies of health experiences or concerns (Appendix 5.2). Mudgee Health Council received a response from WNSWLHD. There is a sense of hopelessness permeating the health system.

In closing, on behalf of the Mudgee Health Council we appreciate the invitation to share our lived experiences with rural and regional health services. We are committed and concerned citizens, we appreciate the privilege of being Council members and collaborating closely with the health service executive. We are not expecting progress to be simple or fast, we just want to feel listened to, that our perspectives are valued and that we are contributing to a positive legacy for future rural and regional families, in that they can feel assured they are receiving safe, timely, appropriate health care and health outcomes, on par with families in metropolitan areas of NSW.

Kind regards,



Joe Sullivan

Mudgee Health Council Chair

Appendix 1 - Mudgee Health Council: IPTAAS Utility Report August 2022

Appendix 2 – Correspondence Mudgee Health Council inquiry re IPTAAS trends

Appendix 3 – Action plan IPTAAS Mudgee Health Council & Regional Health Division, NSW Health

Appendix 4 – Correspondence from Regional Health Division to Mudgee Health Council

Appendix 5- 5.1 - Correspondence Mudgee Health Council to WNSWLHD CE and their response

5.2 Correspondence Mudgee Health Council to Regional Health Division NSW Health