

**Submission
No 50**

**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: Leeton Shire Council

Date Received: 26 April 2024



LEETON
SHIRE COUNCIL

26 April 2024

Select Committee on Remote, Rural and Regional Health
NSW Parliament
Macquarie Street
SYDNEY NSW 2000

[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 NSW](#)

Below please find responses to the inquiry from Leeton Shire Council. We have responded as per the terms of reference headings for the inquiry.

Note – our answers are informed by a round table discussion with community stakeholders and some direct engagement with a few to better understand a reported issue. We also wrote to several key service providers in our Shire but got no responses which may signal either engagement fatigue or general satisfaction by service providers. We did not have the resources to conduct a further community survey.

We offer our feedback in good faith and would be willing to engage in a hearing if one is held. Please contact General Manager, Jackie Kruger on jackiek@leeton.nsw.gov.au or phone 0417256092 should you wish to discuss this submission further.

Terms of Reference

That the Select Committee on Remote, Rural and Regional Health inquire into and report on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations relating to health outcomes and access to health and hospital services, including:

1) The delivery of specific health services and specialist care in remote, rural and regional New South Wales, including:

a) Maternity services, obstetrics and paediatrics (including Recommendations 19, 20, 26 and 27)

Issues:

- There is a lack of diagnostic services locally, requiring patients to personally organise ultrasound scans at Griffith Base Hospital (50 mins) or Wagga Wagga Base Hospital (1 hr, 20 mins). As these require significant advance booking, it often results in
 - marginalised patients not accessing services at all as they cannot get to Griffith or Wagga Wagga

- patients paying out of pocket to have the scans done within specified timelines (for example, the dating scan, which determines when the other scans need to be carried out, needs to be done upon discovery of pregnancy; hence cannot wait in queue for the normal >4 weeks if the patient wants to have it done at a hospital).
- There is a need for early engagement with pregnant women from vulnerable communities (Aboriginal and migrant communities) who end up being in a 'rescue situation' upon giving birth, having received no or minimal antenatal care despite these services actually being readily available at the local level. There is more to 'access' than mere service availability – awareness, cultural fit, ability to attend appointments, sense of welcome, not feeling judged are all important components to 'access'.
- There remains a lack of qualified staff and issues regarding recruitment and overreliance on agency staff.
- There are continued problems regarding finding suitable accommodation for midwives who are offered positions, with some preferred applicants taking up employment elsewhere where housing was more readily available.
- Lack of promotion, hence, awareness of the work of the Midwifery Group Practice (MGP) within the local community. This is a lost opportunity for many mothers who could benefit from this service. Since the MGP model of care was introduced in Leeton with only low risk births permitted, there has seen a decline in the use of local ante and postnatal services. Whereas Leeton Hospital used to birth 100 plus babies per year, since the MLHD dismissed the town's only obstetrician and permitted only low risk births under a mid-wife led model of care, new mothers aren't sufficiently aware that they can still access a full range of non-birthing related service at the local level. The MGP needs much more targeted / user-friendly promotion that engages actively with new mothers.
- Some mothers report being encouraged to vacate maternity beds in Griffith and Wagga Wagga soon after birth but find themselves feeling lonely and isolated in Leeton Hospital. The community still has a strong preference to have a GP-obstetrician in Leeton to facilitate more mothers birthing in Leeton Shire, population 11,450.

b) Patient transport and paramedicine (including Recommendations 3, 28 and 29)

Issues:

- Council continues to receive mixed reports with some patients highly satisfied and others frustrated /scared / bewildered when having to wait over an hour before arrival of ambulance. The cluster concept sees ambulances driving hundreds of kms into other communities to respond to their emergency calls. Our community wants an ambulance in Leeton, servicing Leeton residents in a more timely manner. When the ambulance has to leave town and be gone for several hours, our community expects another ambulance to be readily available to respond to local emergencies.
- While the town seems to be serviced by sufficient vehicles, the number of staff is still a concern (only enough for 1 vehicle and seemingly no on-call capability). We are aware of a case where a family member was required to transport a very unwell patient from Griffith Base Hospital to Leeton Hospital for continued care because of unavailability of beds in Griffith and unavailability of an ambulance. The patient still had intravenous

access, leaving the family member very concerned about the possibility of the patient deteriorating in the absence of a medical professional during the drive to Leeton.

- Instead of flying in and accommodating paramedics at great expense to NSW Ambulance Services, Leeton would rather have more officers living locally and with some on-call capacity for occasions where the rostered staff are taken out of town.

Positives:

- The current cluster arrangement for the ambulance service is useful for back up ambulance services (but should not replace the need for an ambulance to be constantly present in a large town like Leeton). Also, arrangements are in place to draw on additional support in cases of Category One call outs.
- There is some evidence of more paramedics choosing to settle in the community long term, benefiting the community through improved local knowledge. Until now staffing has been heavily reliant on fly-in-fly-out staff. While this is still the case, the situation is seemingly improving and Leeton Shire residents would like locally based staff to continue to be promoted.

c) Indigenous health services (including Recommendations 23, 31, 32, 33, 34, 35 and 43)

Issues:

- It has been reported to Council that law enforcement officers are inappropriately using AVOs to remove children who are at risk from their carers, seemingly circumventing the more legitimate process. These AVOs run between 2 to 5 yrs, after which the children can be returned to the carers. As a result, no active support (including health services support) is being provided from DCJ to kinship carers who end up looking after the children. Also, there is a lack of support/rehabilitation for carers during the children's removal period; leaving children at risk of being returned into the same un-nurturing circumstances.
- There remain barriers to the provision of antenatal care to Aboriginal mothers – the lack of diagnostic services sees Indigenous moms unwilling/unable to travel to obtain ultrasound scans. Also, as many are considered high risk, they are unable to birth locally in Leeton but land up presenting at the last minute, often unknown to the midwives. The lack of trust in the system and their unwillingness to engage in pre and postnatal care results in these children being further compromised (which does not support achievement of the NSW First 2000 Days Framework).
- There are reports of overrepresentation of Indigenous babies being born to drug and alcohol affected mums who continue to use through their pregnancies. As these mums are not engaging with antenatal and postnatal care, babies end up detoxing after birth. Social disadvantages are preventing many Indigenous mums from accessing services such as ultrasound scans or transport to these services. There needs to be more targeted and user friendly promotion and engagement from the Leeton Midwifery Services so that mothers are comfortable to engage early and fully.
- There is an Aboriginal Community Controlled Health Organisation (ACCHO) based in Griffith but local anecdotal reports is that it is not servicing Leeton well. Up to 70 people are needing to go to Griffith to access the services on a regular basis. Would be ideal to get an ACCHO that is based in Leeton.

Positives:

- Leaders from the Leeton & Districts Aboriginal Lands Council were invited by the MLHD to interview Aboriginal health workers.
- Leaders from the Leeton & Districts Aboriginal Lands Council are represented on youth mental health panels; including the Murrumbidgee Local Health District (MLHD) youth suicide early intervention panel.
- Productive collaboration / participation is happening on a working panel set up to develop a business case for a Drug & Alcohol facility in the region.

d) Mental health services, and drug and alcohol services (including Recommendation 11)

Issues:

- Schools across Leeton have expressed that mental health remains one of the main issues affecting the student population, exacerbated by social media. Youth and child mental health remains a priority, with some schools even engaging the services of health experts like psychologists.
- There are no changes within mental health services in Leeton; services remain locally available but remain disjointed and residents are generally unaware of what services are available or confused about how services can be accessed.
- Leeton Shire considers it is of a size that mental health staff should be based locally to service the local population – we have not and still do not support an outreach service being supplied from Griffith (except for specialist clinicians).
- There's a need for more community based mental health support workers, who can potentially prevent at risk patients from progressing into crisis mode and thereby reducing the need for emergency presentations.
- There remains a need to better cater for mental health over holiday periods (Christmas and Easter) where patients can access services over these prolonged periods.

Positives:

- MPHN launched the *Connect, Your Way* website that provides information about MH services within the Murrumbidgee (Stats from the ABS shows that the no. of people >15 years living with medically diagnosed depression/anxiety is 15% higher than the NSW average). This needs to be promoted more at the local level.

e) Aged care and palliative care (including Recommendations 18, 23 and 24)

Issues:

- There remains an absence of physiotherapy services based/available in aged care facilities. In some facilities, residents are forced to personally organise in-visit physio services at an out-of-pocket cost.
- Not all residents have GPs who are willing to review their patients within aged care facilities. This is causing issues for residents without transport or family support.

Positives:

- In one aged care facility in Leeton, a physio travels from Sydney once a month to provide individual services. They also offer group exercises for those willing to participate.
- One of the Leeton facilities utilises the services of one of the local doctors to carry out a weekly visit, funded through Medicare.

f) Cancer care and oncology (including Recommendation 21 and 30)

Issues:

- There remains no change in cancer care in Leeton. Patients continue to have to organise personal transport to access services where they need them (Wagga Wagga Base Hospital, Sydney-based hospitals, Canberra-based hospitals). Our community is unsure about the use of telehealth cancer care models or trials in Leeton (e.g. Australasian Cancer support Teletrial Model).
- Previous discussions have been held about having a dialysis chair in Leeton and a dedicated dialysis nurse for the cluster circuit to curtail the numbers of patients/number of trips needing to be made to Griffith Base Hospital/Wagga Wagga Base Hospital for dialysis, but there appears to be no progress.

Positives:

- Following the renovation of the Emergency Department, there are now dedicated rooms that can be used for dialysis/cancer care. This opportunity should now be explored fully.

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, 44)

Issues:

- There has been no follow up by the Collaborative Care Group (consisting of NSW Health, RDN and LSC/Leeton Community) since the last meeting in November 2023. Leeton had been keen to become a RACCHO (Rural Area Community Controlled Health Organisation) but were persuaded to try a Collaborative Care Model instead. Progress has been disappointingly slow.

Positives:

- Collaborative efforts between Council and the community / stakeholders to create an Integrated Health Services Strategy Plan have started with a view to improving access to health services in Leeton and improving interconnectedness amongst the services. We are now relying on the Collaborative Care model to progress these ideas.
- MLHD is compiling the on-call doctor rosters for the Leeton Hospital on an annual basis, with a pool of regular locum doctors (about 4-6). This has resulted in fewer days without a doctor in ED. A Cluster Nurse Practitioner has been contracted, based within primary care and running chronic care clinics, as well as working in ED X1/week.

- The MLHD’s LHAC forum to be conducted in Leeton on the 9th & 10th May, with the added aim of recruiting for an LHAC in Leeton which has been in recess for some years now.
- MPHNS Health Needs Assessment (HNA) 2022-2025:
Provides an understanding of the Murrumbidgee region, taking a detailed and systematic approach to reviewing the population’s health needs and health services to identify and prioritise service gaps and key issues and interventions to address these. Understanding the evidence of the health conditions and risks is complemented by talking with and listening to our local communities. Our community’s involvement in shaping the decisions about services is key to uptake of those services resulting in better health outcomes.

2) Any updates or further observations relating to the progress of implementing Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding issues, as per the Select Committee on Remote, Rural and Regional Health’s previous inquiry.

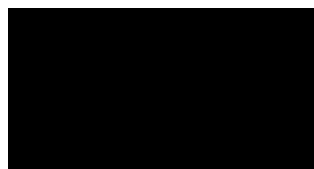
- The new Emergency Department at Leeton Hospital has been well received by the community with many reports of good experiences and professional service.
- The roster of locum doctors servicing the ED and hospital seems to be working better. There are seemingly several locums on a repeat cycle which brings continuity to the service and improved familiarity with staff and the work environment.
- It has been reported that good efforts are being made towards addressing the negative workplace culture at the Leeton Hospital. Unfortunately there is still anecdotal information being received about a toxic workplace and bullying of new staff. Improvement efforts must be maintained in order to facilitate recruitment and long-term retention of staff.
- Our community would like greater transparency about the plans for and funding of services by the MLHD and MPHNS in Leeton. We believe there should be formal governance at the local level, not centralised only. LHACs do not cater to this currently but could be re-constituted in future to facilitate this outcome.

Thank you for taking the time to consider our response. While health services beyond public health are not core business for a local Council’s, our community expects our ongoing advocacy to ensure that the Shire’s range and depth of services are fit for purpose and adequate for a population of 11,450.

Yours faithfully



Tony Reneker
Mayor



Jackie Kruger
General Manager