**Submission No 57**

# 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:** Tamworth Medical Staff Council

**Date Received:** 26 April 2024

Dear Dr Joe McGirr MP and other member of the committee,

Thank you for the opportunity to make a submission to this committee. I do so as the current chair of the Tamworth Medical Staff Council – the group that represents the staff and visiting senior doctors at Tamworth Rural Referral Hospital.

In summary, as a group of clinicians we have observed very little progress in health outcomes and access to health and hospital services in Tamworth and surrounds attributable to the report released May 2022.

Presumably this relates to the relatively small amount of time that has elapsed since the report's release, and to the limited resources available to enact the recommendations. There may have been changes at a management and administrative level that we are not aware of.

While many of the recommendations relate to our members, I would like to comment on number 43 specifically. We have observed ongoing developments that contradict this recommendation to assess and plan for health services *locally*. I will give four examples and suggest relatively cost neutral remedies.

1. We understand that some services will always be best provided in a large metropolitan centre, but fear that there is increasing centralisation of service delivery without consideration of local needs. As your committee understands, local services deliver more personalised, accessible, and efficient care. Despite the ratio of specialists to population being more favourable in the city, when a city specialist leaves their position, it is readvertised locally. At the same time, Tamworth often cannot advertise for new specialists or provide more theatre time. We suggest that (over time) the funding for staff and services be made more proportional to the population served. This may mean positions are lost in the city hospitals to provide opportunities for enhanced regional services. This would increase the demand for, and supply of, regional specialist positions.
2. Like many, we lament the rapid attrition of GPs in smaller rural towns, especially those with hospital appointment and advanced generalist skills. This has had a significant impact on regional hospitals who now have to provide advice and care to patients much further afield. This impacts on our ED, specialists on call, and outpatient care to those who essentially don't have a GP. It is well known that locums and online medical services can never replace adequate local care. Until doctors return to these desperate communities, we propose that the funding that was being spent on medical staff in these towns be (hopefully temporarily) diverted to regional centres to boost access in general but also for more structured regional support rather than online advice from risk intolerant doctors somewhere else on the planet with no understanding of local issues.
3. The interaction between state and federal management of health care is complex everywhere, but especially in regional contexts. The majority of Tamworth Hospital senior doctors also work in the community and see the needs of the community in both spheres. Yet when assessing the needs of the hospital, the health district can only assess what it knows about. Tamworth Hospital has a waiting time to have an operation or see an oncologist or a midwife, but knows nothing about the waiting time to see the surgeon to book the operation, or the respiratory physician to diagnose the cancer or the GP to co-manage the pregnancy, as these interactions are conducted in the community. The vast majority of issues prevalent in our large Aboriginal population are managed outside the hospital and the health service has no way of knowing what the needs are in that context.

We propose that regional health services attempt to understand the needs of the whole community, not just those that turn up to the hospital.

4. No one will need reminding of the detrimental effect the current locum epidemic is having on regional hospitals. The financial expense is obvious, as is the poorer care they generally provide compared to a local equivalent. But the adverse effect on hospital culture is often overlooked. Regional and rural hospitals rely on a positive working environment to encourage local doctors to serve hospitals patients when not on call or when literally no one else in town can. Collegiality can compensate for some of the professional challenges working outside the cities. Locums fracture morale and lead to resentment and disinterest by local staff. It seems that if these locum doctors want to work, and we have the work for them to do, then they should be encouraged to seek permanent appointments. We propose that at a state and commonwealth level solutions be found to reduce our dependency on locums. As with my first point, if career opportunities for doctors residing in the city are curtailed, then more will want (or need) to move beyond the dividing range.

Thank you for your consideration.

Dr David Scott

Chair

Tamworth Medical Staff Council