

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH  
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND  
REGIONAL COMMUNITIES**

**Name:** Ms Voren O'Brien

**Date Received:** 23 October 2024

### **Recommendation 1**

That NSW Health review the current funding models for all rural and regional Local Health Districts in order to identify any service delivery gaps and provide any recommendations for funding increases.

Gulgong has not had a doctor since March 2024. Both Mudgee medical practices are closed to new patients. There is a 4-6 week wait for registered patients to see a GP. FUNDING MUST BE INCREASED TO ATTRACT GPs TO RURAL AREAS.

### **Recommendation 5**

That NSW Health and the rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government.

Service gaps are not being filled! Gulgong has not had a doctor since March 2024. Both Mudgee medical practices are closed to new patients. There is a 4-6 week wait for registered patients to see a GP. GOVERNMENT MUST ADDRESS THESE SERVICE GAPS.

### **Recommendation 7**

That the NSW Government urgently engage with the Australian Government at a ministerial level to:

- establish clear governance arrangements and a strategic plan to deliver on the health reforms recommended in this report to improve doctor workforce issues
- progress those initiatives that both levels of government have identified as meritorious, but where progress has been slow or non-existent.

Why won't doctors work in GULGONG? The lifestyle is great. There's no shortage of work. It must be the money! GOVERNMENT NEEDS TO INCENTIVISE GP EMPLOYMENT IN RURAL AREAS.

### **Recommendation 8**

That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.

Without a GP in Gulgong, people are using the already over-burdened Hospital Emergency at Mudgee for health consultations. Those that put off treatment now could be magnifying their future health needs. WE NEED DOCTORS IN GULGONG NOW.

### **Recommendation 11**

That NSW Health work with the Australian Government collaboratively to **immediately invest in** the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. This should be done in consultation with rural, regional and remote local government, schools, community services, human services, unions, professional organisations, general practice, pharmacists and community organisations. It should set out a clear strategy **for how NSW Health will work to strengthen and fund the sustainability and growth of rural, regional and remote health services in each town** including quantifiable targets for tangible improvement in community-level health outcomes, medical and health workforce growth, community satisfaction, and provider coordination and sustainability. It must also **address hospital and general practice workforce shortages** including General Practitioner, nurses and midwives, nurse practitioners, mental health nurses, psychologists, psychiatrists, counsellors, social workers, paramedics, allied health practitioners and Rural Generalists.

WE NEED IMMEDIATE INVESTMENT. We haven't had any doctors in Gulgong since March 2024.

### **Recommendation 12**

That NSW Health review the working conditions, **contracts and incentives of GPs working as Visiting Medical Officers** in public health facilities in rural, regional and remote New South Wales, to ensure that the GP/VMO model remains viable while broader innovation and reform progresses.

The incentives are not working as we have not had a VMO at Gulgong MPS since March 2024. PROVIDE BETTER INCENTIVES or change the rules so that it is easier for GPs to work as VMOs in Gulgong.

### **Recommendation 30**

That NSW Health:

- **commit to providing** continuity of quality care with the aim of **a regular on-site doctor in rural, regional and remote communities**
- commit to a model of care under which **virtual care technology is used to supplement, rather than replace, face-to-face services ...**

Virtual care is being used as a **full-time replacement** for face-to-face services in Gulgong. The virtual doctors are not familiar with the local area and suggest X-rays. MRIs and other solutions that are simply not available in Gulgong. WE URGENTLY NEED REAL DOCTORS IN OUR TOWN.

### **Recommendation 44**

That the NSW Government adopt a Health in All Policies framework (similar to the policy in South Australia) to ensure that the health of people in New South Wales is central to government decision making, and which recognises that community physical and mental health is a responsibility of all Ministers and Departments of government. Further, such a framework should include a requirement that all decisions of government are assessed to determine the impact on human and environmental health to ensure a whole-of-government ownership of health outcomes for people living in New South Wales.

The health situation in Gulgong is dire NOW and yet the population is expected to increase by 10,000 people by 2026 because of the jobs on renewable energy projects.  
WHEN WILL SOMETHING BE DONE?