

## Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Hearing – 30/04/2021

### Questions on Notice

#### QUESTION 1 – Page 20-21

**The Hon. WALT SECORD:** You were here earlier for the evidence that Condobolin District Hospital has a Visiting Medical Officer 8.00 a.m. to 5.00 p.m. Monday to Friday. Of the 38 hospitals and MPSs, how many of those are without a doctor?

**Mr McLACHLAN:** Thank you, Mr Secord. The vast majority of our hospitals have Visiting Medical Officers who do visit the hospital. It varies from town to town. We are absolutely committed to continuing to recruit in doctors who can visit the hospital, work in general practice and primary care in the rural town. We would love to see all of our hospitals covered 24/7 by a local doctor. Where that is not possible, we do provide virtual services to back up and support the local clinical care staff.

**The Hon. WALT SECORD:** You said you would love to provide physical doctors. Can I ask you again? How many of the 38 hospitals in the local health district are without a doctor on the weekends?

**Mr McLACHLAN:** I would have to take the question on notice to give you an exact figure.

[Break in transcript]

**The Hon. WALT SECORD:** Mr McLachlan, 38 MPSs and hospitals in your local health district—you must know which hospitals are without a doctor on a weekend. How many of the hospitals under your jurisdiction—under your responsibility—do not have a doctor on duty on the weekends?

**Mr McLACHLAN:** Mr Secord, we absolutely do know from day to day and week to week whether a hospital has got cover or not. It does vary from weekend to weekend depending on whether a doctor is taking some leave from town or has other commitments. We do have a lot of things in place to ensure that our doctors are able to get leave and are supported out of hours, to make sure that they get good sleep, time with their families and time away. Over half of our facilities will have cover right throughout the week and the weekend. To answer for the most recent weekend, I might have to take the question on notice for the exact detail.

**The Hon. WALT SECORD:** I would like to know, last weekend—if you are taking this on notice—how many of the 38 hospitals and MPSs did not have a doctor physically in the hospital?

**The CHAIR:** Take that on notice.

#### ANSWER

At the time of the hearing, despite significant investment, Western NSW Local Health District (WNSWLHD) was unable to secure medical coverage by either a local Visiting Medical Officer (VMO) or locum at nine facilities. However, nursing staff at these sites had 24/7 access to medical support through the WNSWLHD's Virtual Rural Generalist Service.

Locums can be difficult to source, even when generous remuneration arrangements are in place. The market for locum services is increasingly competitive with jurisdictions across Australia having difficulty securing temporary medical coverage. This has been exacerbated by restrictions on cross-border movements. Locum staff are also unable to fill the gap of general practitioners providing effective primary care to reduce the need for hospital presentations and admissions, as well as providing continuity of care in both a community setting and as a VMO in a health service.

### QUESTION 1 – Page 26-27

**The Hon. WALT SECORD:** Mr McLachlan, you heard evidence earlier today and there was also some media coverage about no blood at Cobar hospital. Is there now blood at Cobar hospital?

**Mr McLACHLAN:** Mr Secord, we do not carry blood at Cobar hospital. We do carry it at Bourke hospital. If I can put a bit of context around the management of blood—

**The Hon. WALT SECORD:** So you do not carry blood at Cobar hospital.

**Mr McLACHLAN:** No, we do not, and the reason for that is blood products have a very short life span or shelf life. They need to be turned over and used very regularly. We do not want to waste blood that is in short supply. We need to, from the time we receive a bag of blood, have it turned over or used within eight days or located at a site that will use the blood. Over the last 10 years there has been a 70 percent decrease in the use of blood and a lot because of the clinical knowledge around the appropriate use of blood—the clinical conditions that are absolutely necessary—but also the clinical conditions that do not require, or we should not use blood, when there has been a bad outcome for patients in some of those conditions.

What we do have in place is transport, and very quick transport, available through our retrieval services to get blood to Cobar and to all of our other health services. We know that the Royal Flying Doctor Service [RFDS] and other retrieval services have that available. We will continue to make sure that those response times are as quick as possible.

**The Hon. WALT SECORD:** So, of the 30 hospitals and MPSs in your local health district, how many of them are in the same situation as Cobar?

**Mr McLACHLAN:** We have blood stored at nine of our 38 health services.

**The Hon. WALT SECORD:** So, nine of the 38 have blood—and nine of the 38. Can you provide the name of those nine on notice to us, please?

**Mr McLACHLAN:** Yes.

### ANSWER

Blood storage at Western NSW Local Health District is in line with state blood management and storage policies and procedures.

Blood is stored at nine facilities and includes NSW Health Pathology laboratories located in Bathurst, Orange, Dubbo, Mudgee, Cowra, Forbes, Walgett and Bourke. There is also a satellite blood fridge located in Parkes. Blood is also transported by retrieval services across the region.

### QUESTION 3 – Page 43

**Ms CATE FAEHRMANN:** Thank you both for appearing. During this inquiry—and this is only our third day; we have a lot more to go—we have already received hundreds of submissions from people expressing their dissatisfaction with the services that they have received and, in fact, the lack of services in their area. You were here this morning and heard about the hospital services declining in the past 20 years.

Recognising that these crises are occurring and that people are having to travel hundreds of kilometres to get treated—everything that we have heard today—is there within the LHD any work being done to re-establish some services or to put new services in? We have heard about the centralisation and the cutting back, but things are getting worse and people's health needs are getting more acute, as we are hearing, and more complicated. Is work being done behind the scenes to fix it and bring back some of the services that we have lost?

**Mr McLACHLAN:** Absolutely, there is. That is every waking hour for us. I can talk at a couple of levels. First of all, the intention to provide patient care in local hospitals is absolute. In trying to maintain face-to-face medical workforce, as Dr Nott said, over 90 per cent of patients do receive face-to-face care in our 35 rural hospitals. In terms of our intention to grow and enhance services, first of all, our outreach services have over 150 specialist medical staff, nursing and allied health staff that come out to rural and remote communities. In Cobar that means about 15 visiting services that come into Cobar. In Bourke that is about 17 services. In Condobolin—I can give you a list of the visiting services that now come into Condobolin.

**Ms CATE FAEHRMANN:** Could you provide those on notice?

**Mr McLACHLAN:** I am very happy to. It is an extensive list and some of the concerns and things that are being taken away are actually being reversed by the additional services that we are intending to bring out to rural and remote communities. That is enhanced by a lot of the specialist telehealth and virtual care services. Our specialist paediatricians, obstetricians, intensivists, orthopaedic surgeons that are following up on patients post a fracture—there is a big long list of services that we now have that we did not have three years ago that are saving patients, in the last 12 months, over 1.2 million kilometres in travel right across our region that they previously would have had to travel for. The intent is both to enhance our face-to-face services with GPs and nursing staff on the ground in rural hospitals, our specialist outreach services to take specialists to patients to save them having to travel and where we can have virtual services to save patients travelling as well. Those are all having a significant impact in the lives of people, but we do recognise that there are still gaps in those services and those are the focus areas for all of our service planning, our health needs assessment and our prioritisation of services into the future.

## ANSWER

Condobolin Health Service has the following visiting services to the facility:

- Paediatrician
- Sexual health
- Women's health nurse practitioner
- Sexual assault
- Mental health counsellor
- Drug and alcohol counsellor
- Occupational therapist (local)
- Child and family health nurse (local)
- Community midwife (local)
- Integrated care (local)
- Cardio/pulmonary rehabilitation (local)
- Primary and community health nurse (local)
- Palliative care (local)
- Ambulatory Care (wound clinic, infusions etc.) (local)
- Physiotherapy clinic
- Dietician - Victorian Aboriginal Health Service
- Aboriginal health worker
- Aboriginal liaison officer
- Aboriginal maternal and infant health service
- Independent living centre (not respite)
- Radiography (x-ray and ultrasound)