

Response to supplementary questions

Sharelle Fellows :

In answer to the questions about how to improve palliative care:

1. Staff facilities with doctors who can provide continuity of care.
2. Increase the nurse to patient ratio.
This is particularly important in MPS facilities where often only one registered nurse and one other are present. They cannot be expected to provide adequate medical care for all aged care residents, acute beds and emergency care.
3. Ensure that access to appropriate pain relief is available.
4. Ensure appropriate training in palliative care is accessible to medical staff .

I would also ask committee members to revisit the extensive appendix attached to the Gulgong Petitioners Submission as the committee seemed unaware of the account of the cook caring for emergency patients at the Gulgong MPS- yet this account is included in the appendix .

Additional information regarding the issue that the absence of a doctor at Gulgong MPS for six months was due to a contractual dispute concerning the provision of "affordable services " .

As stated in my evidence repeated queries directed to WLHD officials as to the nature of the contractual dispute were met with the response that the terms of the contract could not be discussed because such terms were strictly "commercial in confidence " .

However on the 24 oct 2020 Dr Shannon Nott (director of Medical services WLHD) in an interview with Mr Ken Sutcliffe on local radio station 2 mg Dr Shannon Nott publicly stated the financial terms that had been offered. Contract negotiations were still in progress.

Below is the facebook link to this interview which was widely circulated and commented upon within the community.

<https://fb.watch/6fURdmUlvT/>

The following is a direct transcript from this interview :

Mr Ken Sutcliffe :

Can you give me the sums? Can you tell me what a doctor can expect ? A daily rate . What is the going rate ?

I'd like to know that .

Dr Shannon nott :

In Gulgong for 24/7 coverage for 365 days a year we have offered over a \$1000 a day for this doctor to see on average 7 patients that present to the emergency department .

Mr Ken Sutcliffe:

A thousand dollars a day !

Dr Shannon Nott :

Yep yes

Mr Ken Sutcliffe :

Um ok and the negotiations broke down because more was being asked or what ?

Dr Shannon nott:

Yes so originally when we were having conversations with the third party contractors and the local GPs they advised us that they didn't feel like there were any performance issues despite those being put to them in writing and also instead of requesting a continuation of the current contract under current circumstances they requested a significant increase.

There are two major issues of concern in this interview .

1. So called commercial in confidence contractual discussions were publicly revealed.
2. Whilst no doctors names were mentioned the local doctor's reputation was impugned by stating publicly that there had been "performance issues".

In small communities everyone knows the name of the VMO and it was unclear that the contract dispute was with the third party, owner of the practice.

Further NSW Government's employees performance issues are surely confidential and this public statement may have impinged upon privacy laws, especially as contract negotiations were still in progress.

This extended interview seemed to create the impression that the Doctor/s was unprofessional and greedy. The video footage depicts Mr Ken Sutcliffe gasping in shock at the mention of a thousand dollars a day.

It also did not present a number of relevant facts .

1. Payment for locum doctors for a 12 hour shift is often in the vicinity of \$2500- \$3000 per shift. Additionally several other doctors commented to us that the stated offer was "On the low side " and that they personally would not accept such an offer.

2. Local abc radio reports had previously stated that other non -standard contracts had not been renewed in the area. In nearby Coolah doctors had been offered a 40% reduction of their previous contracts.

As a Result Coolah lost the primary medical practice of a long serving doctor and VMO.

This had also been reported in the local paper the Mudgee guardian .

Dr Nebras Yahya , the Gulgong Doctor also stated that he had been offered a 40% reduction in pay in the abc report .

<https://www.google.com.au/amp/s/amp.abc.net.au/article/12726500>

Clearly Dr Nott's account and these doctors accounts are contradictory .

Unfortunately this interview did not attempt to mention this disparity nor were the details of the previous contract made available.

Perhaps the committee could obtain these previous contracts in the interests of transparency.

It is also difficult to understand why long standing non- standard contracts were no longer acceptable to the WLHD when they had been previously. The committee could clarify this matter with the WLHD.

What is concerning however is that financial terms were publicly disclosed -yet this was the information that we had constantly sought and been advised was "Commercial in confidence ".

Other media outlets such as the Mudgee guardian, ABC radio, and the SMH had previously enquired about the terms of the contract and were also told terms were strictly commercial in confidence.

The comments made by Dr Nott in this interview appear improper and unprofessional.

This committee could establish whether Dr Nott did indeed breach confidentiality in his comments.

The fact that Gulgong still does not have a second VMO despite the position being advertised since last November suggests that the standard fee for service model may not be attractive to doctors in smaller towns.

As stated in our submission this enquiry should investigate the QLD model of appointing senior medical officers to regional hospitals as the current VMO model in NSW is failing smaller and remote communities.

A new model is urgently needed.

Finally the reliance upon The Virtual Generalist Service as a replacement rather than a supplement in rural communities is a major concern.

On the 23 June Dr Peta Rutherford chair of the Rural Doctors Association of Australia stated on ABC AM that the association had “concerns “ about the model of Telehealth replacing doctors rather than being a supplement :

<https://www.abc.net.au/radio/programs/am/rural-gp-shortages-persist/13408384>

Perhaps Dr Rutherford may have some expert advice to offer the committee regarding this matter.

Sharelle Fellows