
From: Chris Pearson
Sent: Thursday, 24 June 2021 9:51 PM
To: Portfolio Committee 2
Subject: Re: Health outcomes and access to health and hospital services in rural, regional and remote New South Wales - Post-hearing responses - 18 May 2021

CHRIS PEARSON

RESPONDENT No 214

Dear Ms O'Loan

Thank you for your email - I am happy with the transcript of my testimony and thank you for the opportunity to address supplementary questions 1 & 2

Question 1.

"...do you have any further comments regarding the current provision of palliative medicine (PM), nursing and care in Gulgong and the surrounding area?"

RESPONSE

Gulgong has little dedicated PM provision due to the following:

1. Pressure on bed numbers - some 4-5 beds in total available - well down on the 28 which Gulgong District Hospital boasted in its heyday.
2. Insufficient staff numbers to cover any new service (PM).
Often a staff of 2 nurses only to cover acute beds, aged care and Emergency Dept.
3. PM requires special training.
4. PM requires 24/7 Dr/VMO input to manage pain and patients' changing situation.
This we do not have.

These deficiencies in levels of accommodation, Dr/VMO availability and poor staff to patient ratios are at the very heart of the Parliamentary Enquiry and I feel that until reforms are enacted, the above question gives false hope of this vital service (PM) being available to many rural and remote communities.

Question 2.

"...do you have any further comments regarding ways to improve both access and availability of palliative medicine (PM), nursing and care in Gulgong and the surrounding area?"

RESPONSE

Funding of course is a large part of the problem.

In Gulgong's case, there has been a broad and steady decline in services and beds available though we are in a high growth and prosperous area.

Also, I agree with fellow respondent Dr Iannuzzi in that *"the principal problem is one of governance"*.

While ever NSW Health regulates, examines and investigates itself, the delivery of services to rural, regional and remote NSW will remain substandard.

The only way forward is to appoint an independent administrator or body, with sweeping powers to oversee meaningful change.

I refer to the recent appointment of David Chandler OAM as NSW Building Commissioner, various Local Government administrators, and ICAC who and which through times of great uncertainty, incompetence, self serving and untenable behavior, were able to bring about rapid and meaningful reforms.

If I may speak broadly, another way to improve access to services (inc PM) would be to inform the public as to availability of services in their area at any specific time of day.

This could be achieved by the use of social media or websites, similar to the way constant updates were provided by bushfire and flood authorities.

Borne out so many times by testimony at your hearings was the uncertainty of what action to take and what was available at the closest facility or was there a need to travel.

This information must include ambulance availability, often the start of the PM regime.

What many patients and their families went through was appalling.

A well designed website highlighting access to PM services where available would give comfort to patients and family.

I trust this dedicated service will one day be available at Gulgong.

With thanks,

Chris Pearson