

Inquiry Into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales

Hearing – Thursday 17th June 2021

Supplementary Questions

Mrs Sharon Bird, Proprietor and Pharmacist, Bonalbo Pharmacy

1. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in Bonalbo and the region?

I believe this is one part of healthcare which is being done well in our area. The elderly with terminal illnesses are often cared for in the Residential Aged Care section. For longer-term residents, who were reasonably well when they went into care, they get the stepped up palliative care they would receive in hospital without having to move elsewhere at the end of their life.

This was the case for my mother-in-law. We unfortunately arrived a few minutes after she passed away, but she was with caring staff whom she knew and this was a great comfort.

In addition, the local hospital, Bonalbo MPS, has a 4 inpatient beds and one of these is a dedicated palliative care suite. This is more appropriate for younger patients and short-term care. This seems to have the capacity to meet the needs of the community and I would recommend this model to other rural areas.

The only drawback is that our doctor is only in attendance 9 days per fortnight so there is no-one to admit patients outside those times, or if he were away on holidays.

It is wise under the circumstances that when people are requiring palliative care, to go into hospital ahead of time rather than stubbornly staying at home until the last moment and then being turned away from all the local hospitals as there is no doctor available to admit them, and their carers are unable to care for them at home. People seem to understand this.

Imagine you are newly diagnosed with cancer and need fortnightly or more frequent supplies of opioid pain relief and anti-nausea medication. If there is a 2-3 week wait for an appointment, the medication runs out before you can see the doctor. It is often a scramble to try to organise timely prescriptions due to recent changes to the PBS which make it more difficult to write a larger supply for these items. I also find patients being discharged from hospital in this instance are only given a 5-day supply of medication and can't access a GP in time to get more prescriptions for their discharge medication. Our local clinic has taken steps to help in this instance but if the GP were on holidays, our patients would be stuck.

2. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding ways to improve both the access and availability of palliative medicine, nursing and care in Bonalbo and the region?

No, just to emphasise the importance of making a locum available if our doctor is on holidays or sick leave, and to reiterate our suggestion that arranging for a Rural Generalist registrar to train under our current doctor would be a cost-effective solution to this problem and help ensure people needing end-of life care or even a little earlier in the course of their illness, can access timely help.