

10 November 2021

To Whom It May Concern

Re: Health outcomes and access to health and hospital services in rural, regional and remote New South Wales - Post-hearing responses - 6 October 2021

Thank you for the opportunity to respond to the Inquiry's Supplementary Questions.

Questions 1 and 2

While Council has not received any complaints directly about the state of palliative care in Leeton, we are aware that there is only a single bed serviced by the local hospital. Originally there were two and the community was never advised when and why the second bed was removed from service.

The room in the hospital set up for palliative care has a kitchenette and can accommodate family. The space was decorated and fitted out by the local hospital auxiliary, supported by a very generous contribution from the citrus growers (we understand it was \$30K).

It is understood that in situations where more beds are required, palliative patients are looked after in the regular hospital wards.

There used to be an excellent volunteer pastoral service which was effective and greatly appreciated by families but, since Covid, this has not been active. It is reported to Council that, because of the high turnover of staff, many do not know about this pastoral service and families dealing with the impending passing of a loved one are not routinely being supported as they should be / could be.

It is also Council's understanding that Leeton residents are increasingly being encouraged to die at home, with remote palliative care services coming in from Griffith. It is not clear whether that service is only periodic or is able to quickly respond to matters such as pain management and mental health episodes.

Question 3

Up until 5 years ago, Leeton Hospital was served solely by local GPs working as Visiting Medical Officers. There was a committed cohort of GPs who shared the roster and the hospital, to the knowledge of Council and the community, was services 24/7.

With (modern) GP lifestyle choices and with MLHD's dismissal of a VMO who provided significant coverage on the roster (noting dismissal was for non-medical reasons and non-work reasons), the ability to fill the roster became a significant challenge.

The MLHD assured Council that it would advertise for a Career Medical Officer (CMO). With no appointment made, Council was advised there was no interest in the role. Council searched the website for the advert, and could not find one anywhere. MLHD said it had accidentally dropped off. They re-instated the advert. In a follow up meeting between Council and the MLHD, Council was advised that a CMO is a relatively junior role in the scheme of things and not very attractive to new doctors as other States pay CMO equivalents significantly more.

Council actively pursued with MLHD an immigrant doctor who applied for the CMO role but never even got a reply to his application. After Council followed up, we were advised that the person did not have all the right experience to be a CMO and would need to work in a hospital under supervision as a junior doctor for up to two years to get up his skills and become certified. We tried to broker this with the MLHD and were advised that their in-takes of junior doctors at the Wagga and Griffith Hospitals were fully subscribed.

MLHD has since advised that they are no longer pursuing a CMO for the Leeton Hospital. They advise they have been working with the local doctors and are getting in a '3rd party provider'.

Leeton Hospital continues to have regular doctor shortages. Further, doctors are only on duty from 8am to 8pm (last we were told officially, although we are now advised informally that a doctor is only on duty 8am to 6pm).

Leeton residents believe that the Leeton Hospital should be serviced by a duty doctor 24/7.

Question 4

Council and the Leeton community considers it unacceptable that a population of 11,500 and growing is not receiving reliable basic hospital services (including a full maternity service, a theatre for routine minor operations and appropriate emergency services).

Leeton is home to several major manufacturing services which employ 1000's of staff. These are high risk working environments. We also have 6 schools, 2 of them boarding schools. Parents sending their children to school want confidence that quality health services are available when something goes wrong. Also, Leeton is a major regional sporting centre, often hosting regional events. It is imperative that a town this size has a fully functioning hospital.

Up until 5 years ago, Leeton had a fully functioning maternity service. We had an obstetrician who birthed more than 100 babies a year (that the MLHD dismissed for non-medical reasons, robbing our community of a much-respected GP and our only obstetrician). We also had a surgeon and an anaesthetist and the three of them were able to perform a variety of minor surgeries and C-sections that should be

readily available in a town like Leeton. We have since secured a second surgeon in Leeton who chose to come to Leeton because of the theatre, but has since found himself having to travel out of Leeton to keep up his surgery skills. It is understood he may consider leaving Leeton for lack of a theatre at the Hospital. This would be another devastating blow to our community.

Leeton considers it particularly unreasonable that there is no doctor available 24/7 and that the theatre is not operating.

In regards the theatre, Council was initially told it was because of the air-conditioning not being to standard. This was fixed. We were then told that the paint was not to standard. This was also fixed. We were then told that the nursing staff had lost their theatre competency as they'd had too much of a break while the air-conditioning was being fixed and the theatre repainted. After further advocacy from Council, we were advised that a training regime was being introduced for theatre staff to upskill at Griffith and Narrandera. When we enquired as to status of theatre nurse training we were told that due to staff turnover, there were no more theatre nurses available and they would have to recruit from scratch. Council was subsequently assured that Leeton would be included on a circuit theatre roster, with a travelling team of theatre nurses doing rounds at all the District Hospitals. This never happened. Recently we have been told that the Leeton Theatre Hospital Theatre cannot be used for operations as the recovery room is now 11cm too small. As you can imagine, we are exasperated and the community is fed up.

Many in our community are losing confidence in our local hospital and is increasingly seeking assistance out of town for emergencies. This puts lives at risk.

Question 5

Councils are an important voice for the community. We think each community should have a community health services plan, developed in collaboration with the local Council, the MLHD, the PHN and the local community. These health services plans should have regard to the specific health needs in a local community and the available health workforce, and should have scope to use funds flexibly. Health is extremely inefficient as the federal and state funding is fragmented. It would make more sense for each community to have an allocation of funding that is governed by a local board, in association with NSW Health and the Commonwealth Dept of Health. District Hospitals should continue to have close associations with regional base hospitals for more complex / critical health services.

There is something wrong when:

- A school child with concussion waits for 45 minutes for an ambulance when there are local paramedics in town (5 mins away) and very willing to help with serious emergencies
- The local ambulance is not available because it is transporting a non-critical case to Griffith or Wagga because there is no doctor available at the Leeton Hospital.
- An elderly person from an aged care facility is taken by ambulance to the local hospital after a fall but there is no transport back to the facility for them,

so a passenger transport vehicle is despatched from Griffith (50 mins away) to drive them 2 minutes from the hospital back home. What an incredible waste of tax payers money !

- A baby is sent home by a nurse at the Leeton Hospital as there is no doctor available and is taken by scared parents to Griffith and immediately admitted with a life threatening condition.

The health service needs to be transparent with local Councils and a genuine, honest, partner. They need to drop 'the spin' and work collaboratively to achieve the outcome the community wants and needs. The health service needs to be willing to think outside the square, take more (informed) risks and use revenue more flexibly and efficiently.

Local Health Advisory Committees are tokenistic at best. They are no longer an acceptable platform for engaging community and Councils.

Question 6

Leeton does not need a new hospital but the hospital we have is long overdue for renovation. It needs to be modernised and made to be more welcoming. The theatre needs to be re-opened. It needs to be borne in mind that upgrading the building will not solve Leeton's Hospital issues. A building without a skilled, competent and motivated workforce is worth nothing. There needs to be more time and energy invested into fixing workforce, along with a refresh of the physical spaces.

While telehealth is an option for second opinions, the community of Leeton – a town of 11,500 – is not willing to go without a doctor (on-call, at least, and 24/7) to deal with emergencies. If the on-call option continues to be pursued, the service needs a nurse practitioner on duty 24/7.

Yours sincerely

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General Manager