

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

Hearing – 2/02/2022

Questions on Notice

QUESTION 1 – page 11

The Hon. WALT SECORD: I want to take you back to evidence that was provided in western New South Wales. I know that you gentlemen would be familiar with it. It was Gulgong hospital and doctors in emergency departments, doctors in hospitals and the tragic case of Dawn Trevitt who died, I think, in September 2020 when she bled to death with no doctor present but she was on Telehealth. It was because there was no doctor in the hospital. Does Gulgong hospital have a doctor now and since the evidence was presented on the front page of *The Sydney Morning Herald* and to this Committee?

Dr NIGEL LYONS: We are still charged by the local rural plans about having 24/7 coverage of doctors in every hospital. I think one of the things that has been highlighted in evidence to this Committee is that the ability to do that is challenged by the workforce that is available. We heard that evidence. What we indicate is that we cannot guarantee that every hospital will have a doctor 24/7.

The Hon. WALT SECORD: Dr Lyons, I only have 15 minutes and I am asking very specific questions so I take it that Gulgong hospital still does not have a doctor available in the hospital?

Dr NIGEL LYONS: I have no specific details. I will take that on notice about the particular question around Gulgong. I was giving a general reflection of the situation in rural hospitals.

ANSWER

Gulgong Hospital has a General Practitioner Visiting Medical Officer (GPVMO) that has been working in the facility since November 2020. Western NSW Local Health District continues to advertise for a second GPVMO, however no suitable candidates have applied to date.

QUESTION 2 – page 12

The Hon. WALT SECORD: Would you also confirm that patients in emergency departments in rural and regional hospitals are still getting teleconference consultations in the emergency departments from doctors based overseas in Europe? Is that still occurring in New South Wales?

Dr NIGEL LYONS: So the issue around where the doctors are from, I do not know the details. But there is still the situation, as my colleague has outlined, that very attempt is made to ensure that we have a health care professional physically in the facilities of our services.

The Hon. WALT SECORD: I understand that—

Dr NIGEL LYONS: What happens is that the staff who are on site go to [inaudible] whenever there are arrangements that need to be made to get support from other health districts and some of them may use a teleconference—

The Hon. WALT SECORD: Yes, I understand that some doctors—

Dr NIGEL LYONS: And they are health professionals who are acting in the same way as the health district usually. This assertion about overseas, there is no evidence of that occurring.

The Hon. WALT SECORD: This Committee received evidence from the company that provides the in telemedicine. In fact, representatives have approached Committee members in airports to talk about how wonderful their service is and how they have doctors in Europe, including countries like Switzerland on teleconference with doctors in country New South Wales. Do you think a doctor in Switzerland has the knowledge and understanding to provide advice to an emergency department in western New South Wales and would have the knowledge and understanding of the needs of patients in situations?

Dr NIGEL LYONS: Mr Secord, having given that evidence myself my understanding is it is a balance of helping people come to a potential solution to the situation that rural New South Wales was in, not that

they were actually providing those services now. I indicated that Telehealth enabled you to do things that we would not have thought of, including support for people in that situation. They were from a private company offering a solution to the situation we found ourselves in in rural and regional health care. That at is how I understand it as a member providing services in New South Wales. I will take that question on notice.

ANSWER

Virtual care allows patients to receive appropriate high-quality care regardless of their geographical location.

There are numerous providers of virtual care in NSW Health. All providers are based in Australia. One service at the forefront of providing high-quality virtual care is the Virtual Rural Generalist Service (VRGS) which was developed by Western New South Wales Local Health District to support local medical and nursing staff to deliver safe and high-quality care to rural and remote communities 24/7.

Currently there are four VRGS doctors located overseas for part of the year, due to their other work commitments in highly respected international organisations. These clinicians are credentialed in line with NSW Health requirements and employed by Western NSW Local Health District. All doctors are selected based on their clinical knowledge in addition to their personal experience working in Australian rural and remote communities.

The other providers of virtual care to NSW Health do not have doctors that are based overseas.

Doctors employed by VRGS are credentialed, Australian trained and registered. It is a requirement for VRGS doctors to spend 25% of their time physically located in rural and regional communities that they serve. VRGS clinicians are provided extensive induction training which includes orientation of the geography and detailed information on the rural and regional communities, patient cohorts and complexities, local policy, procedures, and clinical systems. As with face-to-face care, strong clinical governance is established to ensure safety and quality of care. The same standards of care are maintained for all patients regardless of the modality.

From April to June 2020, 97% of patients at four rural facilities regularly supported by VRGS rated their care as Excellent or Good. This was an increase on the same period the year prior.

Technology has been transforming healthcare for decades. There are many examples where virtual care provides not only time critical care when and where it is needed but is also providing solutions to support equitable access to healthcare and address significant workforce shortages and support fatigue management of isolated providers. Virtual care is especially important in small communities where there may only be one doctor on call and the service allows clinicians to safely manage fatigue.

QUESTION 3 – page 12

The Hon. WALT SECORD: Okay, so you are taking that on notice. I am very pleased with that. The Committee also heard at the hearings that the 66-bed operating theatre in the hospital at Leeton has been unused since 216 because the recovery room is 11 centimetres too small. Has that been fixed since it was revealed to the Committee?

Dr NIGEL LYONS: I would be very surprised if a room could not be used for recovery if it were 11 centimetres too small. So the person who provided that evidence may think of a reason why it is not being used but I suspect the reason it is not being used is because there are not people with the skills to enable

the care to be provided. I am happy to get that sort of detail for you on that. I think that a recovery room that is 11 centimetres is too small would be very unusual for me not to provide care.

The Hon. WALT SECORD: That was the evidence provided to this Committee but you are taking that on notice.

ANSWER

Leeton Hospital is a district hospital with 28 acute beds and a co-located 38 bed residential aged care facility. In 2010, the NSW Government allocated \$280,000 to upgrade the Leeton District Hospital. The operating theatre ceased operation in 2017, as the very low numbers of referred patients for surgery were insufficient to schedule regular surgical sessions, and nursing staff were unable to maintain the required perioperative skills to safely provide patient care.

QUESTION 4 – page 15

Ms CATE FAEHRMANN: I wanted to turn to the Government's supplementary submission just to get a point of clarification on something in here on page 9, where it says under the heading "Recruitment and retention of the rural medical workforce". I understand the Sax inquiry has looked at different evidence—or some evidence—in relation to financial incentives. This is carrying on from what I was asking before. It states here:

Evidence shows that financial incentives are less important in the recruitment and retention of the rural health workforce than a favourable social and working environment.

I just wanted to check, that is for GPs, isn't it, in terms of that research as opposed to nurses?

PHIL MINNS: I think I would have to check with Sax to understand if they are making that point generally based on various data studies.

Ms CATE FAEHRMANN: I did have a look some. I did have a look the footnotes based on Sax's inquiries. I have just had a look at that and it does seem to be GPs. So I just wanted to flag it with you in terms of the submission you have made just to triple check, and just be careful if you can. We are talking about the overall workforce and whether financial incentives are good for retention. If it is just GPs you are referring to, I think it is important that you specify that because of the disparity in wages there.

ANSWER

NSW Health has further consulted with the Sax Institute regarding the research sources for *Paper 2: Strategies for sustainable rural health care*. The Sax Institute has clarified that reference 8, Yong J, Scott A, Gravelle H, Sivey P, McGrail M. 'Do rural incentives payments affect entries and exits of general practitioners?' *Social Science & Medicine*, 2018, is a study of general practitioners.

Reference 6 cites Russell D, Mathew S, Fitts M, Liddle Z, Murakami-Gold L, Campbell N, Ramjan M, Zhao Y, Hines S, Humphreys JS, Wakerman J. *Interventions for health workforce retention in rural and remote areas: a systematic review*, Human Resources for Health, 2021. This study considers rural health professionals including doctors, nurses and dentists.