

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO  
HEALTH AND HOSPITAL SERVICES IN RURAL,  
REGIONAL AND REMOTE NEW SOUTH WALES**

**Name:** Name suppressed  
**Date Received:** 25 October 2020

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Partially  
Confidential

I am one of the highly skilled and motivated wound specialist nurses in SNSWLHD.

We only have one CNS2 and no CNC in the whole region, leaving us at a massive disadvantage compared to other LHDs.

I work as the only wound specialist in the community, hospital, RACP and NGOs providing wound consultations for education and also a lymphedema service. . This also includes a good deal of

This position should be at least full time, but more realistically should be a CNS2 and CNS 1 position working together.

This would enable our patients to get the wound care that they would expect in a city area. We also need to be able to offer a high risk foot service, the nearest is 4 hours away. The risk of morbidity and mortality that this poses to our patients is very real, especially as the local podiatrist position has remained unfilled for almost two years now.

Telehealth is underutilized and as our main referral hospital is in the ACT we cannot share records, it is impossible to get the results of their outpatient visits, so very difficult to coordinate care.

Chronic and acute wounds are a major cost to the LHD and these steps would save far more than they would cost.