Submission No 27

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

Name: Name suppressed

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I live in Deniliquin, NSW, rural community with 8000 people and about 20 000 people who feed into our local hospital and MLHD health services in Deniliquin. Deniliquin hospital third largest hospital in Murrumbidgee Local Health District.

For ongoing complex care referrals are made across to other MLHD hospitals such as Albury, Wagga Wagga and Griffith. These are between 200km and 300 km away.

Being close to the Victorian Border, it is often more accessible to go to Echuca, Shepparton, Bendigo and Melbourne - all based in Victoria.

a. Health Outcomes for people living in rural, regional and remote NSW

I only have to refer you to the following website https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/summary. Document attached.

On average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services, compared with people living in metropolitan areas. Poorer health outcomes in rural and remote areas may be due to multiple factors including lifestyle differences and a level of disadvantage related to education and employment opportunities, as well as access to health services.

Our access to health services have diminished over a period of time, primarily due to what we believe is inadequate funding for enough positions to almost any service required in regional hospitals. There is never an admission of this and we always hear a different reasoning, paradigms of care, shifts to centralized care etc. But simply we do not have adequate funding. Our health services do the best they can with limited resources. This is not a criticism of them. This is criticism of the levels of inadequate funding.

An example of this is not having a women's health nurse position in Deniliquin. Outreach happens for 150 km away on a very irregular basis. This is simply just not good enough. Screens and checks are not readily available and when people have to travel for this, our primary health care is put at huge risk.

There is clear evidence in this regard when we have the Breast screening service visit Deniliquin, that service is utilized to its full capacity. Every time. Proof of give us the service and provide a service which is accessible and we will look after our health. Make it impossible or difficult and you will get poorer health outcomes. Not because we choose it, but because we can't get to it.

Accessibility to services dependent on public transport and community transport is compromised, because we simply do not have enough buses running in the directions where we have to/ are forced to access service. So, if a person does not have their own car or capacity to travel, the health outcomes are severely affected. People are just not able to follow up on specialist appointments, or access crucial services due to our locality and lack of public transport infrastructure.

This affects dozens of people very day.

To get to Melbourne for a treatment you get on the bus at 7am in the morning and get back at 10 pm at night. Remember you are unwell and often elderly. This only gets you to a central station in Melbourne, and then already health compromised and capacity compromised, you have to start navigating public transport.

In particular reference here is for people who have psycho - social issues, lack of financial capacity and lack of support- this is a huge barrier.

Likewise, our only public transport to Echuca where large numbers of people access healthcare, across the border 80 km away, has one bus per day. Leaves at 7 am in the morning. Returns to 10 pm at night. I do not think I have to expand on the sheer inefficiency of this regional and rural provision of transport.

We are all entitled to access reasonable health care and specialized health care, without social determinants and infra structure determinants getting in the way.

We are all entitled to access of health care, with adequate funding allocations for services and positions.

We should have access to a women's health nurse every single day.

We service a community of 20,000 people around us. Including the female population and our young adults' this is not a difficult sum to make to see the numbers indicate this will be adequately supported if available. Not being available increase risk of ovarian, cervical and breast cancer significantly. It increases the risk of unwarted pregnancies, with very little information on contraception etc.'. It increases the risk of sexually transmitted disease. The list goes on. Now if funding was put into this position, I think any reasonable person will see a clear link in preventative measures vs the cost of the fallout from not having this and long term costs on the health system.

Surely in a first world health system, this is crucial.

The same argument goes for men's health practitioners and nurses, looking at detection of prostate cancer, bowel cancer and many other issues affecting men's health. Why does this not even exist anywhere in our region?

We have very limited access to specialist in our community. We are reliant on private practitioners reaching out to our community. This means specialist coming from major regional areas such as Albury or Wagga etc. A drive of 2-3 hours one way. A whole day out of their practice for which there is not earnings. It is simple to see why this is not happening.

Once again to access specialist services we have to travel extraordinary distances.

Lack of infrastructure remains a problem. We need a proper size airport with regional flights, which can bring specialist from Melbourne and Sydney. NSW health and the ministry of health needs to start looking at how you can get and maintain specialist visits in our rural towns. Deniliquin could be adequately serviced if it had a dedicated small plane/ helicopter transporting specialists of different specialties from Albury or Wagga- or Melbourne on a daily basis.

There is complete lack of accountability in terms of bringing health to the people. The people have to go and look for health services, pay for it out of pocket and overcome all the barriers that get in the way of this. Why do we have to compromise and why are we expected to be "thankful" for compromised and lack of services. Surely there should be equity across all of Australia in terms of access.

b. Staffing challenges remain a huge determinant.

We know our health service does what it can to recruit and maintain.

However, recruitment processes are slow

There is not enough flexibility in allowing regional and rural loading to packages - this NEEDS to happen to make it attractive for people to consider leaving the coastal high-density main centres to come and work.

Incentives need to be added like reasonable interim accommodation packages - for eg 3 months free rent

Removalists costs.

This should not be for the local hospital to take out of their limited budget this needs to be a national incentive and worked into remuneration and recruitment packages and there needs to be enough money available for this. If need be this should be loaded into the relevant awards. With relevant retention bonuses and **loading for our rural areas.**

We always hear the same answer- we lack people with highly specialised skillsets to staff services, yet our underfunded, old facilities in regional areas compete with modern facilities in the cities. As a highly skilled person with qualifications and skillset, most people will

choose facilities where it is safe to work, facilities are modern with safe equipment and they can work with a highly skilled team.

Our rural towns/ areas offer fantastic living advantages in terms of quality of life, but cannot recruit or retain staff if facilities are sub-standard and they have to work with perpetually insufficient staffing numbers.

We are dependent on locum nurses all the time. We need decent accommodation for them and to possibly retain. we have such and outdated, below standard nurse's accommodation units. There needs to be funding to keep facilities up to standard and make the facility inviting and attractive to work at - not only cosmetically but in terms of the facility capacity as well, If our health service relies on locums because of our regionality an rurality and the health service cannot adequately attract full time and permanent staff, they need to be supported with adequate funding structures and enough money to provide attractive packages to our locums and visiting practitioners.

c. Upgrades to our facilities are a political game. It should not be that. But history and evidence for this is clear across our regions.

How does a community like Tumut (absolute deserving get a new upgrade)100 km away from our biggest hospital in MLHD get to have that money to build a new facility and Deniliquin Hospital, at a minimum of 200 km from our nearest MLHD facilities, gets very little?

Politics should not be a determinant for health outcomes, but it very much is!

This is always aligned to an upcoming election; election promises and one of the biggest determinants of health outcomes for us in rural and regional Australia

How is this even OK?

What has happened to a systematic review of carefully collated evidence, overview of services, community needs and analysis, carefully collated statistics as the determinants of funding allocations. Why has this become a role of community to fight for?

Why is this not a pro-active health / NSW government role?

Why has health become a fight for regional and rural communities?

d. Shifting of services away from health and commissioning of services in an uncoordinated, fractured manner.

Commissioning and fracturing of previous health responsibilities placed into the hands of NOG"s and other agencies with duplication of buildings, car pools, infrastructure. The funding programs last 2-3 years and often just as it is established, the community knows about it and we actually get some service, they lose the contract to someone else the process starts again.

The middle layer of “commissioned “services by primary health networks makes it fragmented and confused not only service providers who have to refer, but also the public who is always in a position not knowing which door to knock on for a service. An example of this is the fragmentation of aged care services and mental health services in rural communities.

Further to this funding NGO’s, like Intereach in our community, who delivers or are supposed to deliver on community needs and in this case holds aged care and support services funding, adds another layer of SILO power building” .Everyone needs to be the best. Intereach has a mission “Intereach First” – this is very sad. Not community first; but Intereach first. As they have continued to build their empire and attracted millions of dollars, so have they delivered less and less face to face services to our community. They promote their own services first and sadly lack to take on the very important “community hub” role which has now gone out the back door.

They have used their NDIS funding to create “community linker programs”, employing about 40 odd people in this community linker role across their 17 sites. However, community linkers now suddenly can’t “link” people to health services or other related health services because apparently this is seen as “biased” by the NDIA.

For all that can be said about the good things around the NDIS, it has diminished services in our regional communities as organisations like Intereach have taken over rural areas, established huge offices and sit with Local Area co-ordinators, “community linkers “ etc, but in this process has lost the programs or moved away from programs that actually offers real support and service. In Deniliquin service providers has to be sources from places like Albury and Echuca etc with large chunks of people’s NDIS packages being eaten up by travel and very expensive delivery of services from out of towns providers.

We have an oversupply in NGO’s all doing “case management” but very few people actually delivering on services. This has been a huge issue and continues to be so. Focus needs to shift to organisations who deliver programs, initiatives and actually help people on a daily basis. Instead we have “linkers and case managers “coming out our ears and service delivery is minimal.

The Early Childhood Intervention team at Intereach used to be a fabulous service detecting developmental delays and other problems early, with a team of people who then delivered interventions. Now, as has been the case of so many other services, they have been “usurped” into their NDIA service, with very little intervention and referrals out at high costs to out of town providers. Referral often is into the private health sector, of which we then go back to lack of professionals in rural communities. Then add into that if you have an NDIS package you cannot access NSW allied health – often the only qualified professionals in smaller communities. So, by exclusion and rules that are being applied across the board, we now have access to even less options than before.

How did we get here?

The answer in our opinion, is through lack of responsibility by those who are tasked to deliver. NSW Health delivers on health in NSW. It should be all things health. Acute and primary care. Everyone knows where to go and which door to knock on. Adequate funding an employment across all levels of care and adequate infrastructure to deliver.

Rural and regional areas have not been considered in models of care that work for them, keeping in mind the limitations of access to services in smaller communities.

We want health to return to being primary providers of these services, including primary care. Multiple layers of organisations, commissioned services, NGO's takes away from "delivery funding: and is caught up in duplication of structures, who actually end up delivering very little.

Deniliquin as a community and being the third largest hospital in MLHD would appreciate the Commission having consultations with our community.