

**Submission
No 33**

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

Name: Mr John Round
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My submission is for the enquirer into the state of regional health, as a resident of country NSW near Kyogle, I have a number of issues about small regional hospitals that were once operative and fully staffed. My information comes from medical professionals who have operated in the region for over 20 years.

Doctors have told me before 2000 doctor surgeons could operate in emergencies and life threatening situations, the hospital at Kyogle had a fully fitted operating theatre and equipment as well as staff, they were able to do everything except open heart surgery and diagnostics, now since 2000 they have been stopped from operating and now a ridiculous situation occurs, and ambulance is sent to the incident and the patient is taken to Kyogle hospital and seen by a doctor who is on call so if a patient has an appendicitis, broken limb, head injury, back or neck injury, concussion etc they are then transferred to Lismore hospital to await a specialist doctor who is on call.

Time factor is this every 15 minutes is 15 km, so for an ambulance to travel to Toonumbar that's a 45 minute drive there and back and if your sent on it's another 35 minute drive and if your in emergency at Kyogle for 30 minutes it's one hour and fifty minutes and if you survive you want to hope a theatre is ready to take you in when you arrive.

Maternity used to be fully operational in Kyogle hospital and women were only transported to Lismore when there is a severe complication, now because Lismore is the birthing hospital for the region women have to either stay in Lismore at huge expense and wait to give birth or call an ambulance and have the baby in the ambulance or at home, gynaecologists insist on assisting births at base hospitals because it guarantees them an income standard rather than fully qualified midwives and doctors who are local to the regional hospitals.

MRI, PET scanners are not available to regional hospitals or towns like Kyogle you are forced to go to major centers for diagnostics, this is a situation that occurred because of federal control of issuing licenses to private companies who are sensibly only interested if they are guaranteed a patient and population load without having to compete with public hospitals who would have their own equipment. This is a dangerous scam that should be stopped and reintroduce hospital diagnostic units in the regions and stop this capitalistic idea about competition and waste of money incorporated by conservative idealism, we need life saving systems no matter what the cost involved.

Staffing of regional hospitals should be maximized in all sections of emergency medicine and equipment like MRI, operating life support equipment installed along with Surgeon GP's and theatre staff, midwives, permanent doctors on shifts and nursing clinical specialists.

I urge this enquirer to look at facts related saving lives not money valued risk management systems that have proven to failures and taken lives.