

**Submission
No 50**

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

Name: Mrs Fiona Simson
Date Received: 23 November 2020

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

Thank you for the opportunity to make a submission to the above enquiry. I have lived in regional NSW nearly my whole life, and am an avid regionalist. I stress that this submission is in no way aimed at the amazing doctors, nurses, ambulance personnel and clinicians that currently provide health services in regional Australia in often very stressful and frustrating conditions. So far my experience almost without exception is of passionate, committed and caring staff trying to do their best under often stressful and trying conditions. I would also aim my submission at the area where I live between the great dividing range and the beginning of the far west region. From my conversations with many living in the very remote areas of NSW and elsewhere in Australia the Royal Flying Doctor Service provides an outstanding service, and they have very few complaints.

Over the last decade or so the provision and standard of health services in some areas has now declined to such an extent that it's critical that those who are living and experiencing the realities of a system that needs serious effort and investment speak up. Although we are often so keen to attract people to regional areas we often avoid speaking of the downsides, urban areas too have their issues with the health system, and if we're ever going to solve some the complicated issues in front of us we have to get involved in the conversation as people living it on a daily basis.

The NSW Government's "Towards 2021" Rural Health Plan spells out a worthy ambition. "To ensure that the people in rural and regional areas of NSW receive the right care, in the right place, at the right time." In my area of NSW, I don't think I know anyone that would agree with the progress report statement in 2017-18 that reports "... significant progress in the delivery of high-value quality care for patients in NSW rural health districts...". I would contend that in fact that it's been the reverse, and that it's the decline that has certainly prompted me to write this submission today. Despite some significant – and yes, very necessary – capital expenditure in bricks and mortar, the availability of GP Services, and hospital services has declined drastically, and far from being "world-class" as aspired to in the NSW Government vision, some in my area are now driving hundreds of kilometres to city emergency rooms if they are able to rather than wait for lengthy periods in over-worked emergency rooms or ferried to non-existent services in their local "hospital". The food – once mostly prepared on-site in local hospital kitchens, is now an un-appetising "quick chill" – prepared at centralised locations and with dollars being spent on freight rather than local jobs and nutrition - and the de-personalised Tele-health, instead of being a back-up, is rapidly replacing specialist personal patient care and in many cases after-hours emergency care. Despite the much-touted upgrading of the IPTAAS scheme, it's application is extremely limited, and with private health funds not covering either, most travel and accommodation for people to travel to city specialists or clinics is at their own expense.

Even from my own recollection and experience, the access to and availability of health services in my area have declined greatly over the last 60 odd years. 60 years ago my husband was born in the dedicated maternity hospital attached to the Quirindi Hospital. He had his tonsils out as a child in the Quirindi Hospital, and broken bones X-rayed and set. Premer had a full time GP in the community. 30 years ago – three GP's in Quirindi – and maternity services were still available, although the dedicated maternity hospital had closed and the Premer GP left town. Although the operating theatres were only available when the visiting anaesthetist was, it's after-hours emergency service was always available and invaluable for us to access with growing children who needed cuts stitched, asthma treated, and broken bones X-rayed on weekends and after hours. If we had occasion to call the ambulance to our farm, it came from Quirindi, and either took the patient to Quirindi or if the injury warranted it, directly to Tamworth – our closest local regional hospital (125km). We had a weekly doctor service in Premer, and a weekly nurse and baby health

clinic. Fast forward to today where, like so many of the other Local Health Services in the region, the provision of health services at the hospital is seriously limited, with local GPs operating not only busy GP clinics, but also providing services to the hospital as well. After hours, like so many of our local health services, services are seriously limited with an over-reliance on Tele-health. If a kid breaks their arm playing sport on the weekend, it's either travel to Tamworth or wait til Monday (and then probably travel to Tamworth). Baby health services are no longer available in Premer, and GP clinics sporadic. Now when we call an ambulance, we are determined to be in the western region, which despite our protestations, we are told our only option is for the ambulance to take us to Coolah, which is serviced 9-5 five days a week by a dedicated local GP with a 6 week waiting list and after hours and weekends exclusively by Tele-health. X-ray services fortnightly on the machine the community raised money to instal. I've had occasion to call the ambulance 3 times over the last 5 years with a dislocated hip which is extremely debilitating and incredibly painful. Clinical best practise suggests that the hip needs to be X-rayed, and then repositioned under a general anaesthesia ideally within 6 hours. Unfortunately each time I've called an ambulance, their only option has been to take me to Coolah where there has been no doctor on-call and no X-ray service or anaesthetist available. Instead of being taken directly to Tamworth where it could be dealt with straight away, it's resulted in 3 days in the system, having to get transferred to Dubbo – which is an extra 70km away – with potentially a much poorer clinical outcome for me as the patient. Unfortunately, since determining to speak out, I've now become aware of other people's terrible experiences of the worst kind, resulting in not only much worse clinical outcomes, but potentially even avoidable deaths. Lunches with friends uncover a litany of terrible personal stories. These are the statistics that the NSW Government should be reporting on in their progress reports.

I wrote to the NSW Health Minister recently and received a dismissive reply, enclosing a form that I could get my GP to sign if I had "special" health needs, and erroneously stating firstly that the paramedics determine the patient's medical condition and transport them to the location for the best clinical outcome, and secondly that Coolah had a full-time Visiting Medical Officer and an "appropriate" number of nursing and support staff (whatever that means). He also stated – which I've been told many times before – that we're now training regional kids so things will be alright soon. Even if that strategy eventually works, we simply can't wait. The case examples that I'm sure will be presented to this enquiry will attest that we need urgent action now. Although there is no silver bullet, a strategic, consultative and multi-faceted approach is now critical. I have some suggestions that I believe are worthy of consideration:

- Admit that whilst it's not acceptable, most local health services are simply not properly equipped to deliver most out of hours emergency care, and ambulance services should be able to ferry patients directly to their nearest regional referral centre if it is determined that it is in the patient's best clinical interests or there is any doubt that the local health service will be able to provide appropriate treatment.
- Patients should not be penalised for living on the border of two local area health services. When determined to be necessary for the patient's best clinical outcome, the ambulance service should be able to transport those patients to their closest regional referral centre.
- Extra ambulance services be considered if necessary to cover for ambulances transporting patients away from their base.
- The government must accept that Tele-health services are a back-up, not a replacement and commit to ensuring 24 hour on-call services for all local health services.
- The government must incentivise GP's to locate in regional towns – perhaps through Medicare levy surcharges or relocation incentives.
- The government should consider sourcing locally provided catering services in each health service to provide local jobs and fresh, appetising nutritious food.

- The government should prioritise the establishment of regional specialist maternity, injury rehabilitation, and palliative care centres.
- The government should liaise with private health companies to provide realistic travel and accommodation costs for patients who choose to travel to the city for specialist care.
- The government should focus on incentivising specialists to travel and re-locate to large regional centres rather than providing FIFO services.