Submission
No 52

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

**Name:** Name suppressed
**Date Received:** 19 November 2020

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Partially
Confidential

**Re: Parliamentary Inquiry into Health Outcomes and Services in rural NSW**

19th November 2020

Dear Sir/Madam,

I am writing to present the rural NSW disadvantage of cardiac pacemaker services for the Mid North Coast community. Planning over the past 4–5 years, I have met with the General Manager and multiple Directors of Clinical Services at the Coffs Harbour Hospital. The impression was that it would be too expensive and so this year we started an inequitable service for private patients only. Public patients continue to travel to Newcastle and Sydney. Their impression missed two important points: 1. It doesn't take into account the saved costs of medical retrieval and hospital bed days, and 2. The taxpayer pays for the device whether it is performed locally or in the adjacent health district. It's worth noting the people in these positions have recently changed and there is an opportunity to review this issue, for which I have ongoing meetings with the MNCLHD Chief Executive Mr Stewart Dowrick. I wished to share my experience as well as provide a map to demonstrate this regional disadvantage.

**BACKGROUND**

I was born in Coffs Harbour and participated in the UNSW Rural Clinical School program[1] before training as a cardiologist. To add value for the Coffs community, I wished to dual train in coronary stents and cardiac implantable devices. There were no such training positions advertised in Australia and I received a written offer to undertake Fellowship training at the Royal Exeter Hospital, UK. When John Hunter Hospital learned of my intentions, they created a two-year full-time Fellowship for me to dual train locally. They had been performing many of these procedures for the NSW Mid North Coast, often with significant travel delays and expense. They shared my goal to improve the regional disadvantage in procedural cardiology, an ongoing issue seen in recent published data.[2] I elected to train at John Hunter Hospital being the nearest tertiary referral hospital to achieve their necessary support of a new service in Coffs Harbour.[3]

**CARDIAC PACING**

I returned to Coffs Harbour and have safely and successfully started the Baringa Private Hospital pacemaker program, fulfilling the aim of returning regional specialists to areas of need.[4] In my training I more than twice surpassed the Cardiac Society (CSANZ) requirements for cardiac devices. I underwent international recognition as a Certified Cardiac Devices Specialist (CCDS). We have performed 70 cardiac device implantations to date (see map) for patients in the Mid North Coast, each of whom can afford not to travel as they have private health insurance.

**INTERVENTIONAL CARDIOLOGY**

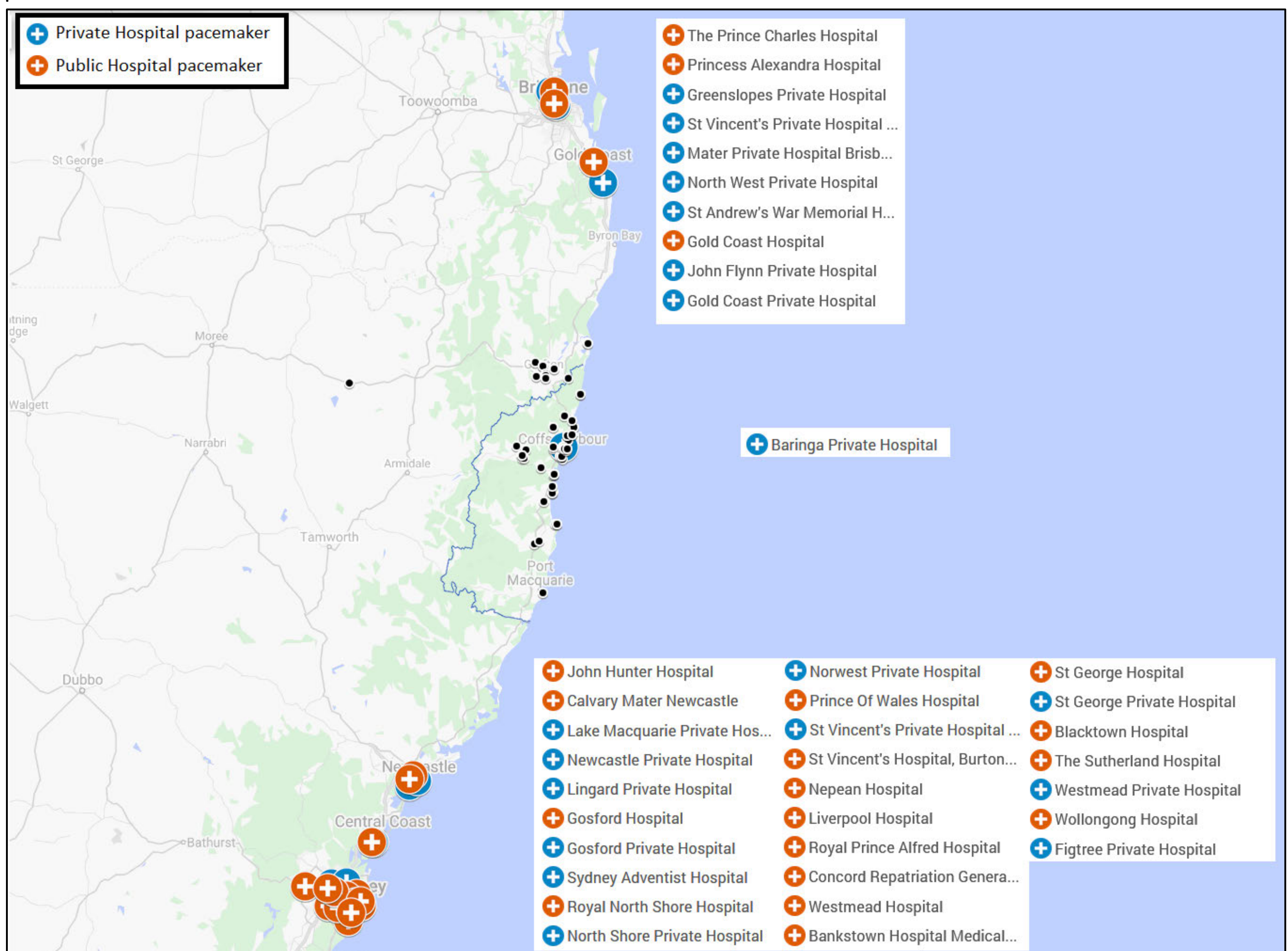
The Coffs Hospital underwent an external cardiology review, published in 2019, that recommended the appointment of a third Interventional Cardiologist to allow a Monday-Friday coronary stenting service (percutaneous coronary intervention, PCI). However, they have not proceeded with this supposedly due to funding, but again these patients are retrieved to the adjacent health district, or remain an additional 4 nights in hospital until the next PCI list. While awaiting a decision on when the MNCLHD may have funding, I accepted a public appointment as an Interventional Cardiologist with the Central Coast Local Health District, although my principal practice is in Coffs Harbour. I would like to contribute to a collaborative unit in Coffs Harbour to improve patient outcomes. One such advantage is performing coronary stents from radial (wrist) access as it reduces mortality compared with femoral (groin) access.[5-6]

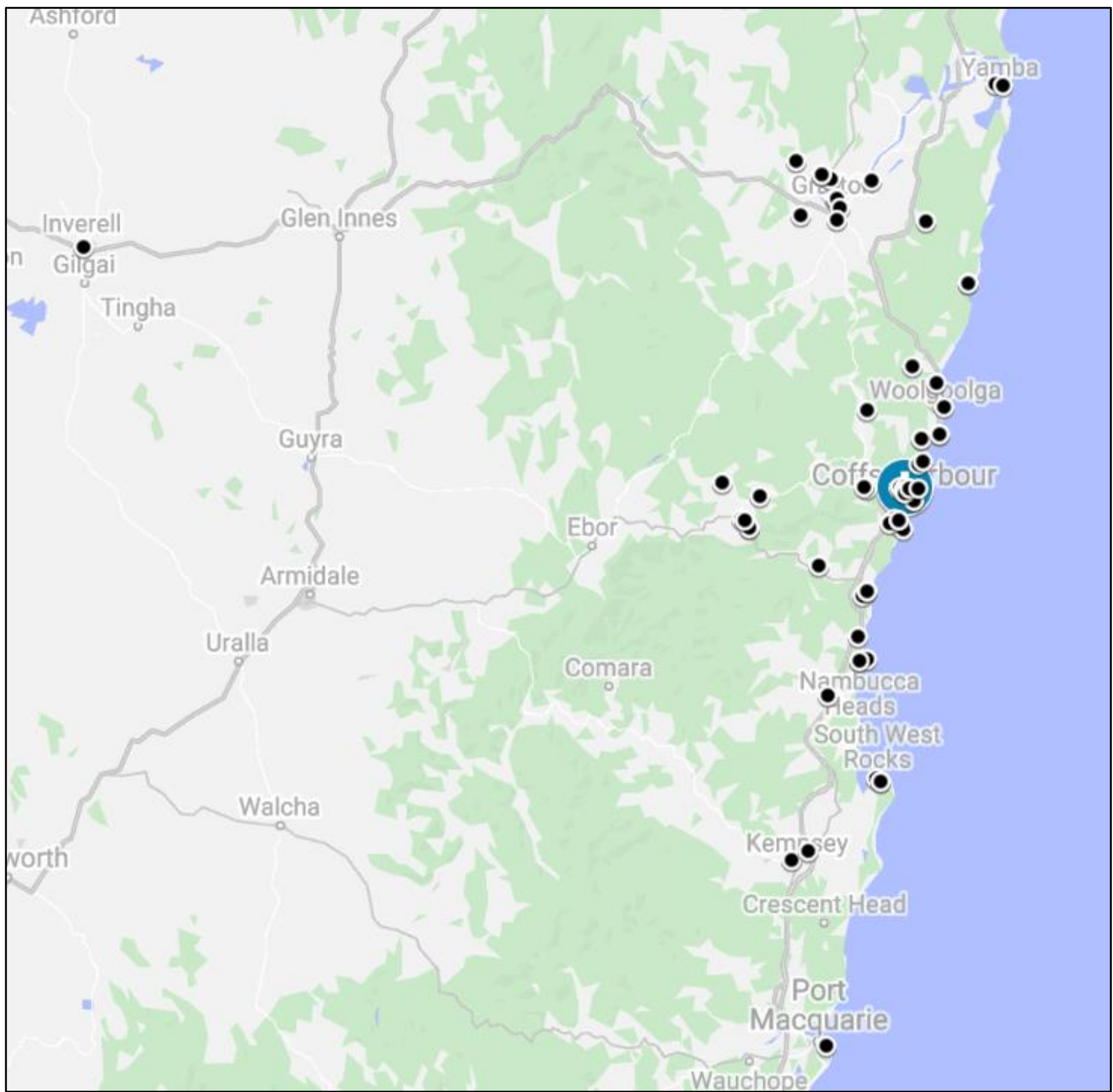
Finally, the national CSANZ Consensus Statement for COVID advises **"An urgent shift to regional models for pacing services, utilising remote monitoring and supported by local device implantation and technicians, is required."**[7] Many older people in the Mid North Coast community may benefit from not travelling to Newcastle and Sydney for their cardiac procedures. I hope sharing my experience has been helpful to your Inquiry.

## REFERENCES

1. News article. Austin's ready to learn. *The Coffs Coast Advocate*. March 2010.
2. Taylor LK, Nelson MA, Gale M, Trevena J, Brieger DB, et al. Regional access to primary PCI. Cardiac procedures in ST-segment-elevation myocardial infarction - the influence of age, geography and Aboriginality. *BMC Cardiovascular Disorders* 2020; 20:224. Abstract attached.
3. Jackson N. Director of Electrophysiology, John Hunter Hospital. December 2019. Letter attached.
4. Watson J. Implants a medical first for Coffs Harbour. *The Coffs Coast Advocate* and *The Daily Telegraph*. June 2020. Article attached.
5. Ferrante G, Rao S, Jüni P, et al. Radial Versus Femoral Access for Coronary Interventions Across the Entire Spectrum of Patients With Coronary Artery Disease: A Meta-Analysis of Randomized Trials. *JACC: Cardiovascular Interventions* 2016; 9 (14): 1435-1437. Abstract attached.
6. Valgimigli M, Gagnor A, Calabró P, et al. Radial versus femoral access in patients with acute coronary syndromes undergoing invasive management: a randomised multicentre trial. *Lancet* 2015; 385(9986):2465-76. Abstract attached.
7. Arnold R, Tideman P, Devlin G, Carroll G, et al. Rural and Remote Cardiology during the COVID-19 Pandemic: CSANZ Consensus Statement. Cardiac Society of Australia and New Zealand, 2020.


**Regional disadvantage.** Map of locations people can access a private or public Pacemaker. Black dots represent home addresses of NSW Mid North Coast residents who have received a cardiac device procedure at Baringa using private health insurance. Blue outline is border of MNC Local Health District.





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