

Submission
No 71

**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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Partially
Confidential

Submission for the Government Inquiry into Local Health Services in Rural Areas.

1. Are there enough staff?

No. We have staff shortages in areas of experienced Registered Nurses. We have one doctor supplied to the hospital who is expected to work in the Emergency Department and manage the care of the patients on the ward for seven days straight and is then expected to be on call overnight for emergencies, extremely unwell patients and patients that are deteriorating on the ward.

There is one Registered Nurse working in the Emergency Department at all times with an average of 20 presentations per day, with varying degrees of severity. During night shift there is one Registered Nurse and one Enrolled Nurse to manage the Emergency Department and the ward patients for a ten hour shift.

2. Do you have access to quality health services?

No. The number of General Practitioners that are located in Wellington has reduced significantly. This reduction in GP's has placed increased pressure on the Emergency Department staff due to patients presenting there if unable to get a GP appointment. The Emergency Department in Wellington has limited services available and even less on weekends. There is not funding for the purchase of an ultrasound machine or x-ray availability on weekends. Mental Health services are at capacity making wait times for review of patients longer, leading to patients leaving the facility without treatment.

A local GP in our area has stated that the only way to reduce the doctor shortage in rural area is to change the system. At the moment, doctors can work where ever they WANT not where there is a NEED. If the system changes and there are restrictions placed on how many provider numbers are allocated to certain areas, then doctors will have to move to areas of need if they want to work. This is such an amazing concept that should really be considered. People in rural areas are already disadvantaged and if things do not change, more people will die unnecessarily if all they have is access to a doctor behind a computer screen. This is not acceptable care and is neglect of ALL people living in rural and remote areas, regardless of their culture or status.

3. What are the wait times like?

Availability of GP appointments at present in Wellington reported to be at least 1-2 week wait. Patients are not wanting to wait so they present to the Emergency Department. The staff at the hospital try their best to keep wait times down, however it is unavoidable, especially if treating unwell and critically ill patients at that time.

4. Is enough money being spend improving access to health services?

Unsure. There is money being spent but it is not in the areas of need. There needs to be increased funding for staff. Increased funding for medical services. The money that is being poured into GP practices for Chronic Disease Prevention is a big waste of money. If a patient is not willing to change their ways, you can give the GP all the money in the world for care plans etc, but if the PATIENT doesn't want to change then they won't. You can educate until you are blue in the face. The money needs to go to the person that needs to change, THEY need the incentive to change. Offer discounts to the patient - if they reduce their HbA1c, or if they lose weight and reduce their blood pressure and reduce their risk of heart disease. Giving the money to the doctors is just filling their pockets and not helping the patients at all.

There are also gaps in service providers for people who don't "Tick the boxes". Patients who are under 65 and not eligible for Aged Care Services but are not safe to live at home anymore. These patients

are being placed at significant risk as they do not meet the requirements in certain areas and are often left in limbo. Social Workers are being stretched to their limits trying to organise care and help for patients prior to discharge from hospital to ensure their safety.

People living in Rural and Remote areas deserve better than this. Just because we don't live in a big city, doesn't mean we don't deserve to have access to the best medical and healthcare services available. We need to start offering incentives to healthcare staff to move and live in rural areas to increase the employment numbers. We need to make available education to people who want to live and study in rural and remote areas. People who are born and raised in rural and remote areas are more likely to want to return there once they have completed their studies, and even more if they are able to complete their studies closer to home. Not everyone who wants to work in the healthcare industry wants to go and live in the cities to complete their degrees. We live in a very large county and we need stop acting like the only places that matter are the larger cities. Our ever growing population deserves better from our government.