

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

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Submission to NSW Parliament into Health outcomes and access to health and hospitals services in rural, regional and remote NSW.

Resources on many levels are lacking within in regional services.

Microbiology services within a Rural Referral Service.

- The pathology service in Tamworth has not been improved, but has been slowly downgraded over the past few years. The pathology building is overcrowded and hasn't been renovated for more than 10 years. Microbiology specimens are now being transported to Newcastle for diagnosis. The outcome of not being an independent pathology service is not having a fully functioning service that will not be able to attract professionals that specialise in infectious disease. With increasing multi-resistant organisms causing infections, infectious disease specialists are needed more and more to help treat patients. Often a phone call to Newcastle infectious disease for advice is not answered for hours and thus delays treatment for patients. Large regional centres need investment in infectious disease, to fight antibiotic resistance navigate treatments and promote research into regional areas.
- **Nursing staff.** No patient ratios see nurses burnt out, more incidents and increased length of stay for our patients. Our hospital has 1 ward that opens and closes, and many decommissioned beds within departments that are opened without any further increase in staff. Our hospital is consistently in code black. This is where we have no further beds and are unable to move our patients out of the ED. Some patients as I sit here and write this have been sitting in ED for more than 24 hours, waiting for a bed. With trying to find beds we find ourselves moving other patients around the hospital just to make space. The moving of patients has been shown to add more work onto nurses/cleaners and place the patient at risk of harm through incidents. This is without the introduction of COVID. It's time that patient's ratios are introduced with an aim that keeps senior nurses in the work force and promotes a better patient journey. It's also time that governments look at the population within larger regional areas to plan for maintaining the health system with staff and hospital bed numbers.

Investment is needed in primary health care that aims to keep people out of hospital and to give easier access to services in order to improve health outcomes. We would welcome more investment and incentive into the hospital in the home service. A service that keeps people at home while receiving acute medical treatment.

- **More money spent on locum doctors than permanent doctors.** We would welcome a review into the permanent doctor situation at Tamworth. We know that many doctors complain due to positions not being replaced when a doctor leaves, we end up paying 3x the amount to attract a locum doctors. As a result of this practice we find ourselves paying more, and having the new doctors not being familiar with local processes. It's not in the patient's best interest not to have permanent senior staff within our facility nor is it healthy for the remaining doctors not to have permanent back up.