

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

Name: Name suppressed
Date Received: 3 December 2020

Partially
Confidential

Dear Committee Members,

Thank you for this opportunity to make a submission to your inquiry and thank you also for establishing this important inquiry.

I am making this submission on behalf of myself and my mother who lives in Narromine, which is about 37 kilometres west of Dubbo and who does not own a computer. We are happy to be contacted and our details are below.

The impetus for this submission comes from the several different but in many cases unfavourable experiences of members of my family with regard to Dubbo Base Hospital and Narromine Hospital.

1. Narromine Hospital:

About 30 years ago Narromine Hospital was an excellent medical establishment. It had recently been updated/refurbished and when my daughter needed emergency treatment, it was provided in a highly professional manner.

Unfortunately, Narromine Hospital has declined in both the range of its services, and more particularly, in the professionalism of its staff. Currently there is not one resident doctor and I am told that due to dysfunctional relationships between visiting doctors and the nursing and Hospital staff; none of the seven (7) doctors at the local Medical Health Centre will visit the Hospital. Patients are routinely sent to Dubbo for even minor problems. I am also informed that five (5) of the hospital rooms have been completely emptied, and even during the winter, the hospital has very few patients.

Both of my parents have had cause to be admitted to Narromine Hospital within the last 10 years, and to be frank, their treatment and welfare was rudimentary at best. While ever there is no resident doctor, Narromine Hospital is both under resourced and underutilised. A Tele-health arrangement is unlikely to work when nursing staff are apparently incapable of changing a bandage or giving medications.

Recommendations:

1. It is recommended that Narromine Hospital become a Multi-Purpose Health Service Hospital like Baradine and Coolah Hospitals. There is unmet demand for age care (particularly for patients with dementia), and the local facility (Timberbongie House) has long waiting lists. It would be a more effective use of tax payer funds, and would improve health outcomes in the area. All major medical issues and all surgery would be dealt with at Dubbo Base or Dubbo Private Hospitals.

2. It is further recommended that the concept of an advisory/overarching local Hospital Board be re-established, particularly for rural, regional and remote hospitals and medical facilities in NSW. While larger hospitals like Dubbo Base and the city hospitals presumably have access to specialist HR and management units, the current management structures are failing in Narromine and other regional towns. A local Hospital Board can more closely monitor the performance of the institution and raise issues to the relevant Department of Health management level to be dealt with promptly.

2. Dubbo Base Hospital

Approximately 2 years ago, my brother's partner had a heart attack and she was rushed to Dubbo Base Hospital. At the triage stage it was decided by someone that she would need to be flown to Sydney and this occurred via the Royal Flying Doctor Service, mid to late afternoon. She was assessed at RPA and stayed the night for observation.

In the morning she was advised that she was being discharged by RPA. When she asked how was she going to get home to Dubbo, the reply was basically that that was her problem as she could not be placed on a return flight.

My husband and I were interstate, and fortunately our daughter was home and could take the next morning off work to pick up my brother's partner, drive her home and look after her, and then wait for my brother to arrive to drive them both back to Dubbo the next day. There was no support offered, no assistance to book a commercial flight or rail ticket or accommodation; and my brother's partner had only the clothes she was wearing and her handbag.

While we all appreciate that she was speedily assessed and looked after and fortunately did not require surgery, Mum and I were both shocked that no assistance had been offered to get her home, and that she was totally reliant on the family. It would be very tough for anyone who does not have family or friends in Sydney and who is discharged and has to find their own way around, especially if they don't feel well and are not familiar with the city.

Recommendation:

It is recommended that rural, regional or remote patients who are flown to Sydney for emergency reasons are contacted - prior to being discharged - by either a staff member of their home hospital, or a staff member from the receiving hospital, to see if they need assistance to return home.

Thank you for your consideration of this submission.