

Submission  
No 134

**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

I live in the Albury Wodonga area. My submission relates to Hospital outpatient care and the difficulties faced by our border community in accessing health care.

Albury Wodonga Health operates a completely different system than any other part of NSW. If you are an Albury resident and require outpatient treatment through AWH, in many cases it's cheaper, faster and often results in better patient outcomes if you ask to be referred to a "normal" health service such as Wagga or even Sydney. As a Wodonga resident, it's the same situation, with a referral to either Wangaratta or Shepparton - or even Melbourne, resulting in the same outcome of shorter waiting times and no out of pocket expense to the patient.

For example, there is one neurologist in Albury/Wodonga. They have a waiting list of 3-6 months and even as a bulk billed patient, there are out of pocket expenses to the patient. While the practitioner has an excellent reputation, the waiting list is prohibitive and for some patients I'm sure having to pay to have simple, but perhaps life saving tests, could stop them from accessing services.

Contrast this with a referral to a "proper" public hospital outpatients (in NSW or Victoria) the waiting time is often 1-2 weeks and the services provided can be completely bulk billed. It's cheaper to catch the train to Wagga or Melbourne than it is to pay the out of pocket expenses that are charged to what should be public patients.

It's a similar situation for many specialist services provided by AWH, not just Neurology. I have heard Albury Hospital described "like a Westfields of Specialists" and not a true public hospital, as those in major centers are.

Another example would be if you need to have your tonsils out. In a capital city you would be referred by your GP to the hospital. You would go to the hospital, consult with the specialist and they would perform the operation in that hospital.

In Albury or Wodonga, your GP refers you to a private ENT specialist (of which again, there is only one or two), that specialist will consult with you, in their private rooms (and there is an out of pocket expense incurred by the patient). The patient will then go on a long waiting list and be operated on at the hospital.

Many patients and GP's do not know this and just accept that is the system, however I'm sure if given the choice, many patients and treating physicians would prefer a 2 hour drive over an extra 3-6 month wait.

This problem is not something that is solved easily, given the complexities involved around a health service funded by 3 different Governments. These complexities and problems were highlighted and made even worse by the 2019/2020 bushfire and recent border closure due to the pandemic.

As reported in January 2020, the example of an ambulance being called during the bushfires at Walwa, Victoria. Walwa is just five kilometres across a bridge from Jingellic, NSW. But if a person rings an ambulance on the NSW side, the closest nurse is often not notified. Help is

sent instead from a NSW town that is 40 to 50 kilometres away. It can mean a delay of an hour or more, "the difference between life and death,"

And the other difficulties as reported during the border closure:

<https://www.abc.net.au/news/2020-07-24/nsw-victoria-border-restrictions-putting-lives-at-risk-doctors/12487874>

I believe a short term solution may be a public awareness campaign, aimed at both GP's and patients, informing them that a valid referral is accepted wherever you want to go. When referring a patient to AWH, GP's and patients should have the confidence to know that they have more options than just paying for a private specialist and can be referred to capital cities or other health services if they choose and the practitioner has no medical concerns with that approach.

This would also need to be tracked and statistics gathered by the receiving and referring practitioners in order to gather data supporting better services in AWH.

I don't believe this is currently tracked. You just turn up at the outpatients with your referral, receive treatment and go home, potentially creating a funding imbalance.

While it's a much more complicated solution to turn Albury Wodonga Health into a true public hospital and not just a Westfields for specialists, that should be the goal. The complexities around doing this and also attracting specialists to the area are well known.