

Submission
No 141

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

Name: Name suppressed
Date Received: 7 December 2020

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The Hon Greg Donnelly MLC

Chair

Portfolio Committee No 2: Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Dear Mr Donnelly

I thank you for chairing this committee as the Terms of Reference of your inquiry will hopefully illuminate the real challenges faced by people living in rural and remote communities in New South Wales. I am not sure that regional communities face the same inequity of services as rural and remote communities, and I hope your committee will have sufficient rigor to separate these real differences.

While all people who reside in rural communities face inequity, it is older people who are most vulnerable and most at risk of being overlooked and unheard by policy makers and planners. Ageism in health care is alive and well.

My submission to your committee relates to the inequitable level of medical services provided by Hunter New England Local Health District. While there are many hospitals operated by this organisation that do not have access to onsite medical services, I will focus on one community. However, the issues faced by this rural community would be applicable to other rural communities that have a hospital operated by Hunter New England Local Health District, or any other health service within NSW.

In recent months, I have written several letters to people in management positions with Hunter New England asking why this inequity of access continues and why this is deemed to be a good service. So far responses have failed to address this point.

Merriwa is a small town in the Upper Hunter Valley. It has a population of around 1000 residents (in the wider district), many of whom are elderly. The town is serviced by two GP practices who provide primary health care. The hospital is a Multi-Purpose Service and neither of GP practices provide any out of hours / emergency services to the hospital. In rural areas, historically, hospital inpatient, palliative and emergency services have been provided GPs. I can understand that many GPs are not able to continue to provide this level of medical coverage and so, the hospitals have no access to regular medical coverage. The health service is not fulfilling the duty of care to the community to provide medical services at their hospital.

Please find attached a letter that I have sent to the Board Chair of Hunter New England Local Health Service after a response from the Manager of Merriwa MPS (attached) did not address their failure

to provide medical coverage at Merriwa. The letter requests information about why the health service fails to provide equity of access to medical care.

I also made a request to my local MP to make representation to the CE of HNE health on behalf of the people of Merriwa to raise his concerns about the lack of medical coverage. I attach the letter from the CE sent to Mr Michael Johnsen MP for your information. While the CE of HNE health acknowledges the issues, there is very little else of any concrete nature to address the issue.

Much is made of telehealth services, however, this is in an inferior way to provide medical care and would not be tolerated or thought appropriate in an urban setting. So why is thought to be appropriate or equitable for rural communities.

Telehealth will not, and does not, provide rural people with proper medical assessment and management. It will not assist the overloaded nursing staff at rural hospitals, who are often working outside their scope of practice, when a member of the community presents with a life threatening event. Telehealth will also not provide basic emergency medical care in terms of wound suturing, fracture management or even allow for rural people to remain in their communities for inpatient medical services.

Rural people already face many inequitable challenges. Travel to access specialist services is a widely accepted challenge but having to travel long distances for basic hospital based medical care should not have to be another. For elderly people, this challenge is even greater. Many are unable to travel at night or drive the long distances. Many don't have alternate transport options. Many have other health issues that make travelling difficult. Why is this OK?

I look forward to the outcome of your inquiry.