

Submission  
No 157

**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

HEALTH OUTCOMES & SERVICES INQUIRY NSW

(a) Health outcomes for people living in rural, regional & remote NSW

People in these areas are negatively impacted in attempting to access health care as a result of poorer services (less of what is needed) where we live and large distances needing to be travelled to get to those needed services in other centres such as Wagga or Albury - we live in Deniliquin. As a result of difficulties accessing needed services, the cost is significantly higher for the patient - remote + regional patients are often earning less ~~than~~ than those in major centres, compounding the inevitable access issue.

(b) A comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW

The larger the distance from the service, the greater the out of pocket expenses for the patient - even allowing for the IPTAAS rebate (which is a ridiculously low amount not even covering fuel costs). Inevitable access issues result in poorer health outcomes when compared with those in bigger centres - they also have a greater choice of professionals to access reducing wait times.

(c) Access to health and hospital services in rural regional and remote NSW including service availability, barriers to access and quality of services

Inequitable access due to low socio-economic status, distance needed to be travelled, ridiculously low IPTAAS travel + accommodation rebates, private health insurance travel + accommodation rebates are also very low negatively impacting <sup>patients</sup>. Travel to centres away from home requires days off work and this adds to cost burden especially if carers are needed to assist.

(d) Patient experience, wait times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW

- ↑ wait times, ↑ cost, some good quality Allied Health
- ↓ choice of Professionals / Specialists esp.
- ↓ Quality of some Professionals using desperation of patients to increase their practices
- ↓ Outreach by Paediatricians and other Specialists
- ↓ Oncology
- ↓ nil access to MRI

(e) An analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW

- Incorrect weighting of analysis as very little improvement over last 15 years with top heavy LHD structures not adding to improved patient outcomes.
- ↑ age of rural + remote populations means easier cost effective access to services is needed especially Oncology services + MRI.

(f) An analysis of the capital and recurrent health expenditure in rural, regional and remote NSW in comparison to population growth and relative to metropolitan NSW

- seemingly incorrect analysis or weighting of outcomes as rural and remote health is NOT getting better or easier to access over the last 10 years.
- constant restructuring of Health Districts management is costing a lot of money for very little "on the ground" improvement to patient outcomes.

(g) An examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them

- MHTD staffing difficulties have existed for many years with no incentives to attract young Professionals to our health Service.
- Rural + remote HTD's compete with very nearly same offered salaries as more sought after locations  $\Rightarrow$  inability to recruit to vacancies in HTD despite repeated advertising.
- GP shortages + increased pressure on existing GPs mean difficulties accessing doctors when needed in a timely manner.

(h) The current and future provision of ambulance service in rural, regional and remote NSW

- Huge gaps b/n Ambulance, Patient transport + Community transport impacting access to services in other centres for those unable to either transport themselves or their loved ones.

As the population age with most young people moving to bigger centres, there will be an increasing demand on transport services.

As local ED's lose experienced nursing staff and there is less access to experienced GPs, more patients will need to be transported to bigger, better equipped hospitals.

(i) The access and availability of Oncology treatment in rural, regional and remote NSW

There appears to be no access to Oncology treatments in Deniliquin + surrounds. Some oncology patients could receive their weekly treatments locally if MLHD would prioritise and train the appropriate staff locally. This would significantly improve the lives and, we believe, outcomes for oncology patients and their families.

This would also free up Patient transport for those patients able to be treated locally + unable to transport themselves to Albury +

(j) The access and availability of palliative care and palliative care services in rural, regional and remote NSW

Bendigo.

There are Palliative Care nurses in Deniliquin but I am unclear how they care for patients in outlying areas.

(k) An examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities

MKHD + NSW Health needs to prioritise liaison with these groups to determine, from their perspective whether their needs are being met.

Traditionally Ab Health workers within the MKHD have lacked accountability and there does not appear to have been any increase in Aboriginal patients accessing the Deniliquin Health Service including accessing Allied Health services in a pro-active way.

(l) Any other related matters