

**Submission
No 165**

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

Organisation: Narrandera Shire Council

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3 December 2020



Director
NSW Legislative Council
Parliamentary Inquiries
Inquiry into Health Outcomes

Dear Sir/Madam,

Inquiry into Health Outcomes and access to health and hospital services in rural regional and remote NSW

I am writing on behalf of Narrandera Shire Council and make the following submission to the inquiry. To assist in the committee deliberations, I have attached some demographic and economic information relative to Narrandera Shire. In developing this submission Council also invited members of the public to provide information and redacted versions of those submissions are also attached in support.

The provision of and access to health and hospital services is one of the most important aspects of life in any rural community. Residents of towns and shires like Narrandera enjoy the country lifestyle and at the same time play a vital role in feeding the nation. They need to be able to access more than basic health services to sustain a reasonable quality of life. Poor quality health services will impact on the decision-making process of families considering a future in rural areas. Reasonable access is a most important issue raised with Council.

Before dealing with the specifics I would like to place on record that I and Council is in no way being critical of the staff that work in the health system – they do a fantastic job and we rely on them so much. Our concerns are about the system and the general direction health is taking.

In terms of the specific issues to be examined I offer the following.

- (a) **Health outcomes for people living in rural regional and remote NSW** – at the last census, the bare facts tell the story. Life expectancy in rural areas is almost 2 years below Sydney rates for both men and women.
- (b) **A comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW** – I am not able to provide the inquiry with information on this aspect.
- (c) **Access to health and hospital services including service availability barriers to access and quality of services** – This is the area where many

residents have raised concerns. Over the past many years and for several reasons' health services have been regionalised into the major centres and less and less is being provided in the hospitals of the smaller towns. This is true of most health services. The days of the generalist GP and nurses providing a response in most cases is a thing of the past and now a patient presenting with any level of complication will have to go to the regional hospital in Wagga Wagga for treatment. In Narrandera we are fortunate in that we have a local medical practice that is run by an experienced and competent GP who has been able to support the town by recruiting overseas trained doctors who see the majority of patients and who are able to respond in the emergency department of the hospital to minor issues, under his guidance. The reality is however that throughout rural NSW hospital operating theatres stand unused, no babies are being delivered and regularly there is no doctor available to attend emergency wards. Perhaps the Inquiry could access the occupancy rates for the various hospitals. It should be remembered that there is very limited public transport available as a result patients are either driving themselves, utilising community transport or waiting and then travelling in ambulances.

Many of the residents who responded to Councils calls for submissions raised the issue of the difficulty of accessing mental health services. These services are typically provided by specialists operating out of Albury or Wagga Wagga and or therapists located elsewhere across the Murrumbidgee Health District (but not based in Narrandera) usually via some form of Mental Health Line. Most residents believe a locally based service would be more effective and would be more likely to be accessed by a person in need.

- (d) **Patient experiences wait times and quality of care** – One of the big issues in Narrandera is access to quality therapy services for young people and in particular speech therapy. There are several service options, but all are problematic. The typical wait time is between 12 and 18 months after diagnoses. You will appreciate that it often takes families a long time , even years to get to a point where they understand that help is needed and the exact nature of that help. On average about 10 % of patients have access to NDIS funding the other 90% have to rely on the limits of Medicare. The options include referral to a service provider such as Kurrajong in Wagga, Far West telehealth service available through two of the schools. We have a new local business starting up, (franchised out of Sydney) but they have been unable to recruit anyone to work in Narrandera and so provide a limited telehealth service. At the moment they have a wait list of over 100 clients. The impact of this limited access is affecting the education and life outcomes and success rates of students and ultimately the community.
 - (e) **Planning systems and projections** – I am unable to comment with authority, but Narrandera Shire population is slowly declining, and these things can easily become self-perpetuating. While ever the trend towards regional services continues the population decline is likely to follow. With so many of our health services being provided regionally and or via drive-in there are further ongoing effects on the local population. Firstly, those health
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professionals are not living locally and are therefore not part of our community and are unable to make the attendant contributions that would normally come from that. But in addition, any current local aspiring to a career in health has to leave town to pursue that ambition.

- (f) **An analysis of the capital and recurrent health expenditure** – I don't have access to these figures.
- (g) **An examination of the staffing challenges** – There are several issues I would like to raise here firstly maternity services. It is no longer possible for expectant mothers to give birth in the smaller rural hospitals because you need a team of specialists to deliver and care for a new born and we simply don't have enough babies to justify having such a team on standby. This is even more challenging now that we have specialists' maternity nurses. There have been attempts to establish teams based on midwives but they have largely failed. In Narrandera, the focus has now moved to providing post-natal care for mother and baby. Secondly higher-level health services provided in hospitals are based on the presence of a doctor and despite reassurances to the contrary it is still virtually impossible to recruit Australian trained doctors into rural GP clinics and hospitals. Without the overseas trained doctors western NSW would have no doctors. The Australian trained doctors tend to move towards specialisation and cluster around the regional health facilities – money, interest, and family. Murrumbidgee Health received Federal Government approval for a trial involving the placement of registrar doctors in some of the region's smaller hospitals, but we have not seen anything of that here in Narrandera. Finally, the issues of recruitment outlined above with therapists are typical of all health services. Most rural councils offer some form of incentive for health specialists to come to their town – free or subsidised housing, vehicles, medical equipment and or health centres, with varying degrees of success. Eventually even the overseas trained doctors will succumb to family pressure and move to the cities after serving out their time.
- (h) **The current and future provision of ambulance services** – the ambulance service in the Narrandera area is run as a regional service so depending on the circumstances an ambulance could be called to attend a job from Narrandera station or any surrounding town meaning that the response times vary significantly and could be quite some time. Council does not have access to the response times. Unfortunately, a patient who dials 000 for an ambulance cannot be advised where the responding ambulance is coming from or how long it is going to take. If the patient lives in Narrandera and the responding ambulance has to come from an adjoining town the patient may be better off transporting themselves to hospital via a family member rather than waiting for the ambulance. As also indicated above local ambulances are spending considerable time transporting folk to Wagga as the local hospital becomes more and more a transfer station. The working conditions of the paramedics available to the service severely impact on the response capabilities.
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To help meet the needs Council provides a community transport service (largely funded by TfNSW and staffed by wonderful volunteer drivers) for residents needing to attend medical services out of town. The following stats are relevant:

- Medical trips provided 4993 return trips to Wagga, Griffith, Canberra or Albury to Narrandera and Leeton Residents from 1 July 2019 – 30 June 2020, these trips included (but not limited to) specialist services, dialysis, oncology, imaging, GP, and surgical procedures not including rehabilitation services.
- 223 of those return trips for Oncology ONLY were trips provided to Narrandera and Leeton Residents from 1 July 2019 – 30 June 2020.
- 556 return trips for Rehabilitation services (physio etc).

NB: These figures are lower than previous years due to the pandemic. During the lockdown, many medical facilities only saw clients who were deemed category one and could not wait to access health later in the year. All clients receiving Community Transport have limited transport options available to them.

None of these figures include the number of private trips that residents do to access services out of town which literally number in the thousands.

- (i) **Access and availability of oncology treatment** – I am not in a position to advise the inquiry on this issue except to say that access to regional oncology services continues to improve.
 - (j) **Access and availability of palliative care** – Narrandera has two aged care facilities and a number of providers of in-home care. The issue that is raised with Council regularly is the waiting time to access homecare after qualifying. There appears to be a severe restriction on packages and numbers are limited to the extent that a person qualified to receive care has basically got to wait for a spot to become available. (usually means someone in front of them has passed away).
 - (k) **An examination of the impact of health and hospital services on indigenous and CALD communities** – Narrandera has a high proportion of indigenous Australians living in this community. Latest census shows just under 10% but that could be understated as nearly 10% failed to indicate ethnicity on the census forms. Unfortunately, the Aboriginal Medical Services looking after Narrandera are physically located in Griffith and Wagga and provide drive in services to clients in Narrandera, with limited success. The local Aboriginal community has been relatively disorganised and therefore just finding a suitable location to provide services has been problematic. Anecdotally there is strong evidence of a high incidence of substance abuse and domestic violence. Importantly the Indigenous population are mostly at the bottom end of the economic profile and cannot afford to access services that have to be paid for. Murrumbidgee Aboriginal Health Consortium have
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recently prepared and released a regional plan on Aboriginal health in this region. It can be found at the address below and I recommend that committee members access the document. It contains strategies for improving aboriginal health based on extensive community consultation and facts. https://static1.squarespace.com/static/5b04e035f93fd49e35a6ba32/t/5fbc539bc7afe470b542ec32/1606177706651/AHC_RegionalPlan_Landscape.pdf
The plan looks at five key areas identified in the consultation – mental health, alcohol and other drugs, chronic disease, maternal health and early childhood and family violence – all focus areas of your inquiry.

I trust these thoughts will be of some help to your deliberations

Yours sincerely

Mr George Cowan
General Manager

Enc: Demographic overview
Survey submissions
Narrandera Argus extract
