

**Submission  
No 172**

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

**Organisation:** Temora Shire Council

**Date Received:** 11 December 2020

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## Submission in response to Rural Health Inquiry from Temora Shire Council

Thank you for the opportunity for Temora Shire Council to provide a submission in response to the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales. Temora Shire Council has an active interest in supporting and improving the health outcomes for its' community and this aligns with the objectives of the Temora Shire Community Strategic Plan.

Council consulted with elected representatives, medical professionals and community members to assist with preparing this submission.

### Background

1. Temora is outer regional/rural (MMM 5 location)
2. The inquiry is by NSW Parliament but health services are supplied by both NSW Health (hospital) and the federal govt (GP services)

Temora Shire Council provides the following comments in relation to the Terms of Reference of the Inquiry:

- (a) Based on Temora Shire Council's consultation, the overall health outcomes for Temora Shire residents are considered to be of less than satisfactory standard, compared to urban locations. However, local health professionals are highly valued and regarded by the Temora Shire community and are considered to be delivering quality care, despite the limitations resulting from lack of staffing and resources.
- (b) In comparison to other local health districts across metropolitan NSW, the outcomes for patients living in Temora Shire are considered to be, overall, of a lower standard. This is due to many factors, including longer wait times, higher access costs and further distances to travel to access specialist health care.

### Areas of interest:

1. Child and adolescent mental health.
  - a. Private providers are expensive and difficult to access (there is currently one psychologist who privately bills who comes to Temora weekly. The cost is approximately \$100 per session out of pocket (RivHub)
  - b. Public Child & Adolescent services are available for emergency and higher acuity situations only. They do not provide counselling but rather case management and psychiatry overview if necessary. Headspace provides counselling and support and have outreach to Temora but there are long waiting times.
2. Adult mental health
  - a. There are currently two providers of counselling funded to come to private practice once a week. There is no out of pocket expense with a mental health care plan. These are for stable, non psychotic patients.
  - b. For more acutely unwell people there is the Community Mental Health team which provides case management and access to the public psychiatrist.

- c. There are two providers of private psychiatry for the entire Murrumbidgee region. As far as we are aware their books are closed. Access is expensive which is a big barrier. Furthermore, Canberra has waiting times of over 6 months to see a psychiatrist in the private system
  3. Drug and Alcohol services. It is difficult to access rehab services. The drug and alcohol counselling is provided by the local drug and alcohol team through community mental health.
  4. Obstetrics. At present in Temora district obstetric care is extremely limited despite having 3 GP obstetricians and 2 trainees available. Care is limited by access to adequately trained nursing staff to provide operating theatre assistance. This has severely undermined the service available in Temora
- (c) There are considered to be major issues with access to some health and hospital services in Temora Shire. This is predominantly due to a shortage of GPs, as well as issues with accessing specialised health care services, including diabetic educators, respiratory educators, cardiology services, dietitians, paediatricians and mental health services including counsellors, intervention and psychiatric services. The provision of telehealth services provides an inferior service to patients and only has some value in limited circumstances. Wait times to access any of these services are extensive, often many months, up to or over a year wait for private specialists. Accessing such specialists under the public system will often involve an even long wait time.

There is very little access to public clinic services (ie free through the hospital system as would be seen in the large city hospitals). Patients have to pay private fees (often with gaps of several hundred dollars) for:

- Cardiology
- Respiratory
- Gastroenterology
- Neurology
- Renal
- Endocrinology (with one visiting endocrinologist in the region – grossly understaffed)
- Rheumatology

All of these have long waiting times

There are two public clinics through Wagga hospital – gynaecology and the fracture clinic.

There are two public clinics through Griffith Base Hospital – 1.5 hours away – renal and neurology.

Diabetes:

Diabetes is a growing issue in health care. It should be managed as a multidisciplinary team. In Temora and other small towns this is done by the general practitioners but care can be fragmented with episodic visiting allied health practitioners and limited access to specialist opinion (eg: vascular, endocrine).

#### Hospital access:

Temora Hospital provides excellent care for low to moderate acuity emergency and inpatient illness. It is well supported by Wagga Wagga Base Hospital. The key to the success of the hospital for patients is the excellent continuity of care that is provided by the GPs who know the patients and follow up well in general practice after admissions. Without good general practice in the community, the hospital care would suffer dramatically. This reduces hospital Admission and ED presentations.

Outcomes for higher acuity presentations are likely to be worse in smaller towns purely because of waiting for emergency retrieval and transfers. This is unavoidable.

In rural towns, general practice is the cornerstone of good health outcomes. No matter what hospitals we have, without general practice the hospital care would suffer immensely. It is CRITICAL that general practice is invested in and valued for every rural community.

#### Health Promotion:

Rural communities, compared to their city counterparts, are significantly overweight. There is dysfunctional alcohol use. There needs to be more education and health promotion regarding diet and exercise. Incidental exercise (walking to work, riding) needs to be supported by infrastructure and education.

- (d) The patient experience, wait-times and quality of care are ongoing issues. Wait times are increasing to access GPs, as well as wait times to access specialists in regional centres such as Wagga Wagga or Canberra. The cost to access specialists and specialised educators is far more than in metropolitan areas. Further, the additional costs of travelling to regional centres to access these services are an additional burden to those living in rural areas. Outpatient clinics are unavailable to those located in rural areas, when these services are provided at no cost to those living in metropolitan areas. Some patients are unable to afford the costs associated with seeking treatment by a specialist. The isolated travel fund allowance is cumbersome to access due to the excessive amount of paperwork required and the outcome of funding is very limited.
- (e) There is a need to ensure that accurate data is used in the planning for the provision of health services. NSW Health should not rely on Department of Planning, Industry and Environment data, which has been proven to be inaccurate in rural area. NSW Health should place greater reliance on Census data to provide accurate details of the current and projected population. This data confirms that the population of Temora Shire is growing and therefore the health needs of the community are also growing. Council also has concerns in relation to the lack of communication between hospitals and medical centres in relation to patient needs. NSW Health must use data from medical centres in addition to hospital data in order to obtain an accurate understanding of patient needs within the community. There appears to be an enormous gap in data collection which restricts the knowledge of genuine patient need within the community.

- (f) Council has concerns about capital and recurrent health expenditure in Temora Shire. As the population of Temora Shire is growing, the funding available for frontline care workers, including nurses, needs to also increase. Registered nursing staff and midwives that retire or move on to other locations are difficult to replace, due to lack of applicants and existing staff are required to deliver the same health services with fewer staff available. Agency nursing staff are difficult to secure at this time, as many of these staff are from New Zealand and have returned home at this time.
- (g) The staffing challenges faced by rural communities are significant. Temora Shire has attempted many avenues to attract and retain medical staff, with the critical situation relating to the provision of GP services. Temora Shire Council has been required to directly assist with providing medical services, including building a medical complex, medical imaging facility and visiting registrar and specialist accommodation. Nurses at the medical complex are required to provide higher level care, including wound management and vaccinations, as GPs must prioritise the care of other patients. At Temora Hospital, nursing staff are allocated a high level of patient responsibility. This level of responsibility does create an element of patient risk and may discourage nursing staff from being employed at Temora Hospital if they are uncomfortable with this level of responsibility and/or do not consider sufficient remuneration and training is provided for this level of responsibility.
- (h) The current provision of ambulance services in Temora is improving, which is welcome, with recent upgrades to the ambulance building and a number of staff to meet required demand.
- (i) The access and availability of oncology treatment is considered to be reasonably acceptable. If local community nursing provides this service in the patient's home, is only available on weekdays and no weekend services are funded. However, in metropolitan areas, patients have access to a seven day/ week shift work community nursing service. If a Temora patient requires treatment on weekends, they will need to rely on family to transport them to Wagga to receive treatment, or they may be required to be admitted to hospital on weekends.

The Riverina Cancer Care Centre in Wagga Wagga provides an excellent service in all areas of oncology for those who require treatment in a major regional hospital. Transportation to access the services are a significant issue for some patients. Being located 85km away, many local residents must rely on the fundraising and assistance of volunteer groups, such as Can Assist, in order to access their required treatments. This also puts additional strain on Community Transport services as a person who is receiving cancer treatment is to be transported alone due to the potential radiation risk for other clients who may travel in the same vehicle.

Haematological cancers are dealt with by a specialist from St Vincents who visits on a monthly basis.

- (j) The access and availability of palliative care services is considered to be reasonably acceptable in Temora Shire, which is a good outcome given that Temora Shire has a significantly higher proportion of elderly residents than metropolitan areas. Again, If local community nursing provides this service in the patient's home, is only available on weekdays and no weekend services are funded. However, in metropolitan areas, patients have access to a seven day/ week shift work community nursing service. If a Temora patient requires treatment on weekends, they will need to rely on family to transport them to Wagga to receive treatment, or they may be required to be admitted to hospital on weekends, which is an additional burden on hospital services.
- (k) Temora Shire has a relatively small percentage of indigenous and culturally and linguistically diverse population, according to the most recent Census. Health outcomes and access to health services would be expected to be similar or poorer standard to that of other residents outside of these groups. Temora does not have a local indigenous health worker and where these care services are required, the indigenous health worker must travel from Wagga (85km away) to provide this service.
- (l) Other matters highlighted by Temora Shire Council:

#### Proposed new Temora Hospital

Within the Murrumbidgee Local Health District, it is fortunate that there has been an upgrade of the Wagga Wagga Base Hospital. This hospital provides exceptional facilities at a regional level. However, acute care hospitals (district hospitals), of which Temora Hospital is one, within the region have had minimal upgrade to meet contemporary health standards. This has meant that Temora Hospital is not well equipped to meet modern practices and provide suitable support to and reduce pressure on the Wagga Wagga Base Hospital. Accordingly, it is generally acknowledged by health professionals that a replacement of Temora Hospital, to provide district level health care, is a priority to ensure better health outcomes for the community.

#### Benefits of the existing health services that are currently available

- This includes the continuity of care, with many residents of Temora Shire able to see the same GP for many years. This does result in better health outcomes as GPs gain a more thorough understanding of a patient's medical history, which is important for patients with chronic or complex health conditions.
- Temora Shire Council is also very supportive of existing pathology services available, with public pathology service from Temora Hospital and private service available from the Temora Medical Complex. The provision of pathology services through Temora Hospital to residents of local aged care facilities, Greenstone Lodge and Narraburra Lodge, is an invaluable service.

#### NDIS

Council has identified additional strain on Allied Health services since the rollout of National Insurance Disability Scheme in 2017 in the Murrumbidgee. Long waiting lists for both NDIS &

non-NDIS Clients to access Occupational Therapists, Physiotherapists, Psychology, etc up to 6 months.

There is also inequity with the costs associated with NDIS vs non-NDIS service provision, e.g. person was accessing a local physiotherapist prior to being allocated NDIS funding for therapies and paying \$80/hr. Once the Physiotherapist found out that the person had NDIS funding the cost immediately was doubled to \$160/hr for no additional service being provided by the therapist in 2017 – now NDIS clients are paying up to \$215/hr (albeit government funded). This inequity in the cost is driving more allied health practitioners to leave the public health system to work privately as it is more profitable to do so. This leaves a shortage and additional strain on the public health system to replace staff and to continue provide an adequate level of service in a timely manner.

#### Occupational Therapy

Public Occupational Therapy services in Temora have a long waiting list which impacts people from accessing Home modifications in a timely manner. In some circumstances a person is unable to be discharged from hospital until a home is modified and deemed safe for them to go home. This would add additional strain on the hospital bed availability and additional costs associated with an extended hospital stay.

#### Renal Dialysis

This can only be done in Wagga Wagga (85km one way) which is a critical service that puts additional stress of the costs to travel to Wagga 3 x each week. This also puts pressure on the Community Transport services as it reduces the capacity of the service for others needing to access specialists out of town also. It is not always practical for people to travel together (e.g. if someone is receiving cancer treatment). An increase in Patient Transport/Health Related Transport funding could assist with some of this transport to reduce the burden on an already stretched/limited Community Transport service.

#### Dental Services

There is concern regarding the cost to access dental care. Temora has one private practicing dentist in the town. However, some residents are unable to afford private preventative and general dental care and often the outcomes results in hospital presentation due to an acute situation in relation to oral health. There is a genuine need for publicly funded dental care in rural and regional NSW.

#### Preventative health care

Council considers there could be far greater investment in preventative health care and healthy lifestyle promotion, to reduce the demand for acute health care in rural and regional NSW.