

**Submission  
No 176**

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

**Organisation:** Council on the Ageing (COTA) NSW

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## **Submission**

# **Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales**

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## COTA NSW

COTA NSW is the peak body representing people over 50 in NSW.

We're an independent, non-partisan, consumer-based non-government organisation. We work with politicians, policy makers, service and product providers as well as media representatives to make sure our constituents' views are heard and their needs met.

### The focus of the COTA NSW submission

COTA NSW welcomes the opportunity to respond to the Terms of Reference of the *Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales*.

Community engagement is a primary focus of COTA NSW. This is undertaken through a variety of methods, including focus groups and online surveys. The importance of access to high quality, affordable and accessible health care has been consistently raised by consumers during consultations as an area of concern.

*"If the state government wants to ease population growth in Sydney, they need to provide more health services such as adequate hospitals in regional areas then maybe more people our age would consider moving."*

This submission will highlight the anecdotal feedback that has been recorded by COTA NSW during our discussions with older people in regional and rural New South Wales, particularly in relation to access to health and hospital services, access to specialist medical staff, patient experience and transport.

Regional and rural New South Wales (NSW) is ageing. The Australian Bureau of Statistics (ABS) estimates that population of people aged 60+ is approximately 27% in regional, rural and remote NSW compared to 19% in the Sydney Metropolitan Region. This demographic shift will continue with the resulting need in increased demand for health and hospital services outside of the metropolitan areas.

The NSW Health website *HealthStats NSW* demonstrates in stark figures the inequality in health outcomes for people living in regional, rural and remote New South Wales in a range of areas including cardiovascular, kidney disease and diabetes. There are many contributing factors that result in this discrepancy, including socio-economic, cultural and behavioural influences. However, the importance of health prevention, access to health services and hospitals are also key determinants.

It is incumbent upon Government and policy makers to ensure that adequate planning and allocation of resources is enacted to ensure that residents of areas outside of the Sydney Metropolitan area are supported to live in their communities with the knowledge that they have access to comparable levels of health and hospital services as their city cousins do.

## Access to health and hospital services

Access to quality health and hospital services is largely dependent on the town or regional centre in which the older person resides. Major regional cities such as Coffs Harbour, Wagga Wagga or Dubbo have large hospitals and a population density that attracts General Practitioners (GP) and other health services. However, for those living in smaller towns the residents may have very limited availability (if at all) of health and hospital services and must travel to larger centres to access medical assistance.

There is of course an economies of scale that precludes investment in many smaller locations within the state. However, further investment is required by government to support more regular fly in/fly out visits by medical staff – whether this is a GP service, public dental or specialists to meet the needs of more rural and remote populations. In Bega, for example, specialists fly in once a month to the town. There is a long wait for patients to book in and the medical practitioner is overwhelmed by appointments during their single day in town.

During consultations across many regional towns, attendees complained that although there were GP's available in their location, very few if any provided bulk-billing services. This was a major affordability issue, many of whom were on the aged-pension or similar and often restricted their visits to the GP because of the cost.

For those towns fortunate enough to possess a public hospital there are often limitations and waiting lists on the services or procedures provided – often forcing them to seek treatment elsewhere. There were many stories at consultations of older people needing to travel to locations such as Canberra, Newcastle or Sydney to access treatment in larger hospitals. This will often be a stressful, isolating and expensive process that is often, unfortunately, inevitable for those living outside of metropolitan areas.

Limited access to mental health practitioners was also raised in a number of locations as a cause for concern. In recent years, a string of natural disasters has placed economic and psychological stress on many who live in regional and rural NSW. As with other allied health professionals, there is often limited availability of counselling or other mental health specialists in these areas. The dearth of specialist mental health services that target older people was raised as a gap in both Tweed and Bega during our consultations.

*“My husband had very bad depression. There was an 8 week wait to see a counsellor in Bega. I didn't know what to do... it was a very worrying time. He is on medication now, and feeling better but it isn't good enough”. Bega focus group participant.*

COTA NSW acknowledges the difficulty in attracting and retaining qualified medical staff to rural and regional areas and the many policies and programs that have been developed to address this shortfall. Whilst there are a number of financial incentives for medical staff to relocate to regional or rural areas, greater emphasis needs to be placed on retention, with local communities developing their own strategies to support staff to settle and connect with other professionals and community members.

## Access to specialist medical staff

By far the biggest health issue that is raised when COTA NSW visits regional and rural areas in NSW is accessibility and affordability of specialist medical staff. This includes both medical specialists and specialist nurse practitioners. This problem arose in both large regional centres such as Coffs Harbour or Bathurst, as well as smaller towns such as Bega and Port Macquarie.

In Bega, for example, there is very restricted access to specialist doctors. As described previously, there is a monthly fly in fly out service, that is heavily utilised and often difficult to book into. The vast majority of participants at the focus group, explained that if you needed to see an oncologist, neurologist or endocrinologist for example, would you have to travel to Canberra, Sydney or Melbourne. There was also a dire need for additional funding for specialist nurse practitioners in these areas. One man explained:

*“The community has been advocating for Health to appoint a Neurological Nurse Specialist. It isn’t much money, but there is a growing number of people with neurological conditions such as Parkinson’s, or Stroke. They would be able to help with rehab and check-ups between visits to the specialist. We haven’t had much luck so far”.* Bega Focus Group participant.

A similar experience was outlined in the Coffs Harbour focus group. As a larger regional centre there was greater access to specialist doctors, but in many cases, there was only one doctor in one speciality area. This meant that there was a monopoly and out-of-pocket charges for consultations were beyond the reach of many older people in the area. They often chose to travel to Newcastle to access more affordable medical care. These sentiments were also reiterated in other locations such as Bathurst and Dubbo.

COTA NSW recognises that the fees charged by specialist doctors are outside the responsibility of the state government, there are still measures that can be utilised to influence this area. COTA NSW recommends for increased advocacy at Federal level to increase the Medicare rebate for specialists and to support the investigation into the fees charged for different item numbers. There is also continued scope to initiate and support programs that continue to recruit and retain specialist doctors and nursing staff in regional and rural New South Wales.

## Patient experience

It is important to note that for most recipients, their experience in the health system has been either a positive or neutral experience. However, it is important to note that there are still areas that require improvement and there are geographical differences in patient care.

A common complaint from all regions was the need for improved communication training for medical staff, particularly those working in hospitals. It was felt that in many situations staff spoke to older people in a condescending manner or that medical terminology was not explained in plain English to ensure the patient was adequately informed. For attendees from Culturally and Linguistically Diverse (CALD) backgrounds, written information provided in community languages or access to interpreters is seen as critical, but is often missing.

This barrier in communication was also evident in hospital forms. In most cases these forms are in small type and frequently use jargon or medical terminology. It is essential that in all areas of government, consideration is given to the different levels of literacy, English proficiency and cognitive abilities in the design of forms, website design and promotional materials.

There were also concerning reports of older people being discharged from hospital without a satisfactory level of duty of care being enacted. Attendees in Port Macquarie described situations where older people were discharged in the middle of the night or without checking whether they had a way of getting home. In Bega, the hospital is located on the outskirts of the town, there was also concern about patients being discharged in off-peak hours when public or community transport was unavailable and for some the use of a taxi would be cost prohibitive. One participant said:

*“I was driving not far from the hospital, when I saw an older woman walking slowly along the side of the road. I stopped to check on her and offer her a lift. She told me that she was walking home (5km) after a hospital stay as there was no transport available. I was shocked and angry”.*

COTA NSW recommends that reviews into discharge procedures are undertaken regularly to ensure that all patients (with a focus of vulnerable groups) are discharged safely into the community, including transport, rehabilitation if needed and easy-to-read follow up instructions. Senior management of hospitals must ensure that there are transport options available from their facilities that cater for those with limited incomes. This may involve commencing a dialogue with local transport operators, council and other community services organisations.

## Transport

A common factor across many of the limitations that impact older people living in regional, rural or remote areas of NSW is the necessity to travel to access medical services. This often applies to those that live in major regional centres that have large hospitals, but do not have the depth of expertise of specialists that means travel to cities such as Newcastle, Sydney, or Canberra is still required.

COTA NSW would like to emphasise the importance of a robust Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). This is an essential program that supports many people living outside of metropolitan areas to travel to the city to undertake specialist surgery or other treatments. It is strongly recommended that this scheme is regularly reviewed to ensure that reimbursement rates for travel expenses and accommodation are commensurate with current costs.

As stated previously, the difficulty in travelling to hospital facilities if you don't possess private transport arose across the spectrum in our discussions with older people in regional NSW. COTA NSW recommends that all Local Area Health districts conduct examine the current availability of public and community transport options available to hospital patients. In the absence of an adequate service, co-operation should be sought from local transport providers (inc. community transport) to modify routes and timetables to improve access to the hospital. As a matter of course, all new hospitals built in the state should include public transport access within the planning and delivery process.

It will always be challenging to provide the same breadth and diversity of health and hospital services in communities in regional, rural and remote New South Wales. However, government at all levels can ensure that physical access through adequate public and community transport is available when needed and that it is subsidised to an extent whereby financial vulnerability will not form an additional barrier to travel for medical care.

## Conclusion

COTA NSW would like to that this inquiry for the opportunity to provide input into access to health and hospital services in regional, rural and remote New South Wales. The facts are that on many health indicators people living in these areas having poorer health outcomes than their city counterparts. COTA NSW believes that there are a number of relatively low-cost initiatives that can improve older people's experiences in the health system. These include:

- Developing and supporting programs that focus on localised retention strategies for medical staff, particularly specialist medical practitioners;
- Increase investment in specialist nurse practitioners' positions;
- Advocate to the Australian Government to investigate out of pocket costs for specialist doctors in regional and rural Australia and to explore strategies to address the increasing unaffordability;
- Training for medical staff to improve verbal communication with older people and those from CALD backgrounds;
- Review forms and websites to ensure that easy-English versions are available;
- Regularly review discharge procedures and support a culture of continuous improvement;
- Audit the accessibility of current transport options (i.e. public and community transport) for all of the state's hospitals;
- And, regularly review the NSW IPTAAS program to ensure that the financial assistance available is commensurate with current transport and accommodation costs.