

**Submission
No 179**

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

Organisation: Coraki Health Reference Group

Date Received: 9 December 2020

I am making this submission on behalf of the community members of the Coraki Health Reference Group, which was established by the Northern NSW Local Health District in 2013 to provide community input into the provision of health services to Coraki and its surrounds. The submission is also made with the full support and endorsement of the Coraki Business Chamber who passed a motion to this effect at their meeting on 8 December 2020. The purpose of this submission is to draw attention to the lack of a GP in Coraki and to urge Government action to attract and retain the services of GPs in small regional communities such as ours. In our view the most essential primary health service in such communities is that provided by a GP.

Coraki is located in Northern NSW, approximately 30 km south of Lismore, 30 km east of Casino and 30 km west of Evans Head. The population of Coraki and its immediately surrounding localities (West Coraki, East Coraki, Tuckurimba, Ruthven, Codrington and Bungawalbin) was 1997 at the time of the 2016 census. 12% of the population are indigenous. It is a low socio-economic area (median household income \$895 a week (NSW average \$1486), 69% of dwellings have access to the internet (NSW average 82%)). Lismore, Casino and Evans Head are all well served by GPs. There is a large regional referral, Level 5 base hospital in Lismore and a small community rural hospital in Casino.

Our Reference Group was established following a decision by the Northern NSW LHD to close the local Coraki Campbell Hospital after it was damaged by storms in 2011. The Hospital, which was founded and funded by a local benefactor, John Campbell, in 1903 had provided a wide range of primary and allied health services for over a hundred years. As well as being born there, cared for there and dying there many local residents had found employment there. The Hospital's closure was a great loss to the community and is still keenly felt.

With the Hospital closed it became difficult to retain the services of a GP in Coraki. The last VMO at the hospital stayed on for a couple of years, then left. A clinic at Casino established a part-time outreach practice here which lasted less than a year and all our efforts to attract other doctors and nearby practices to Coraki have failed.

In March 2012 the LHD announced it would develop a Clinical Services Plan for Coraki and surrounds to assess the health needs of the area and make recommendations on how those needs could best be met. That Plan was completed, with community input, in August 2012. It recommended the adoption of a 'HealthOne Model of Care' - bringing together Commonwealth- funded general practice and state-funded primary and community health services in the one facility. After considerable lobbying by the Reference Group the NSW Government allocated \$4 million for the construction of the HealthOne in 2016 and the facility was opened in May 2017.

According to various publications by NSW Health the key features of the HealthOne model that distinguishes it from other primary and community health services are integrated care provided by co-located general practice and community health services; organised multidisciplinary team care; care across a spectrum of needs from prevention to continuing care; and client and community involvement. In Coraki we now have an impressive new HealthOne which has consulting rooms for two GPs and houses a variety of community health

practitioners. Regrettably, since its opening it has not been possible to attract a single GP to the purpose-built facilities. We feel we have a HealthOne without a heart.

We are aware the lack of a GP is not unique to Coraki and that it is shared by many rural and regional communities across NSW. We are hoping this inquiry will shine a light on this problem and spur governments, both State and Commonwealth, to come up with solutions.

In Coraki's case a possible solution might be to expand the HealthOne into a Multi-Purpose Service. There is a 49-bed aged care facility adjacent to the HealthOne (operated by Baptist Care) and the future expansion of the HealthOne was allowed for in its planning and design. The Reference Group notes that a recent Commonwealth Government Report (Review of the Multi-Purpose Services Program - 2019), which was done in consultation with state and territory governments, found that the MPS is a sound model for delivering integrated health and aged care services in rural and remote communities and made recommendations, which have in large part been accepted by the Commonwealth Government, to strengthen and expand the MPS program. An MPS in Coraki, with its expanded range of health services and clients, would enhance the attractiveness of Coraki for prospective GPs.

Finally, we wish to draw the Committee's attention to the lack of an ambulance in Coraki. While ambulances are available from Casino, Evans Head and Lismore, the extra half hour they take to reach Coraki can be critical. My wife's experience illustrates this. She suffered a stroke at home in East Coraki in 2012. An ambulance arrived half an hour after my 000 call and was able to deliver my wife to the emergency department at Lismore Base Hospital 40 minutes later. By the time she arrived at the hospital the window of opportunity for thrombolysis to remove the clot in her brain was closing. After consultation with a neurologist at John Hunter Hospital it was decided thrombolysis was in fact viable. The injection was administered, but unfortunately it was not successful and she suffered two brain haemorrhages as a result. She has not walked since. That extra half hour it took for the ambulance to get to Coraki may have made the difference between success and failure. An ambulance stationed in Coraki could make a similar difference to local residents who require urgent emergency care.

We wish you well in your deliberations and thank you for taking our submission into account.