

**Submission
No 190**

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

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Chairman and Committee Members of the Parliamentary enquiry into Rural and Regional Health.

In September, a petition was launched in Gulgong calling on Western Area Health to appoint a doctor to Gulgong hospital. The position had been vacant since June, and the only access to a doctor at the facility was via the VRGS. The petition attracted 2850 signatures in a little over a fortnight, which was extraordinary considering the population of Gulgong is less than 3000.

Following the petition, a submission box was placed outside the local supermarket, asking people to recount their experiences with the VRGS. Many did so, but the organisers of the petition, including myself, found that whilst many more people had a story to relate, they were very reluctant to write anything down. They didn't want to be seen to be 'making trouble'; they lacked the written skills, or, more commonly, they didn't want to criticise the medical staff at the MPS who 'did their best in the circumstances. But they did want to be heard.

A day did not go past without someone stopping me in the street to tell me about their (bad) experience with Telehealth. When I placed the submission box outside the supermarket, there would sometimes be three or four people wanting to tell their story. One particular Sunday, a man sitting on my right in church leaned across and said sadly that his Dad had been pronounced dead via a Telehealth doctor. The chap on my left then chimed in with his story of being sent home without adequate treatment on his foot, because the Telehealth camera could not give the doctor a clear enough view of his injury to be able to prescribe treatment. (He is an amputee, and relies heavily on his 'good' foot for balance.) One farmer's wife told of the day her husband had cut his hand; she drove him in to the hospital, only to be told that was no doctor. She was forced to drive 30km to Mudgee, where her husband waited for several hours for treatment. Another, who lives further west, phoned three hospitals in her area when her husband needed stitches, only to be told at each that there was nobody who could help. She was forced to drive to Dubbo, over an hour and a half away.

There were just so many stories, many of them heartbreaking, and most of them of them preventable if the health care system had been adequate. Very few people in the Gulgong community were aware that the hospital no longer had a doctor on call, and it wasn't until they needed one that they discovered the horrible truth. Sadly, the tragic death of local schoolteacher, Dawn Trevitt, which drew media attention to Gulgong's plight, has led to a situation where people, particularly the elderly, are reluctant to go to the MPS even when they need to. The reappointment of a local doctor as VMO to the hospital has done little to allay their fears, as the Telehealth service is still used for the majority of presentations.

You may wonder why I am sending you this submission. I am not sick, or elderly, or vulnerable, and I have no story to tell. But I have heard so many stories, often from people who are elderly, or sick, or burdened in some other way, and I have been shocked and appalled to see just how far our health services have been eroded in recent years. Doctors on the ground appear to be a dying breed, replaced by the Telehealth service that has been

stealthily introduced as a supposedly COVID safety measure. This service, while it does have a place, is certainly no substitute for a hands on doctor.

The government needs to act quickly to reverse this trend. It needs to ensure that all country hospitals are serviced by real doctors. It needs to listen to medical personnel, particularly nurses, who are placed under tremendous pressure when the only doctor in the facility is via the remote service. It needs to ensure that staff are given adequate training so that they are competent users of Telehealth cameras when they are forced to use them. It needs to ensure that Telehealth is used to support medical personnel, not replace them. It needs to ensure that doctors on rural scholarships are appointed to rural areas. (Coffs Harbour is not a rural area.) It needs to face up to the fact that NSW health is in crisis.

It should not take a current affairs programme like Sixty Minutes to expose the faults in the system. Our government needs to listen to the voices of people in towns like Gulgong, and take positive steps to improve the health outcomes for its constituents. I trust and pray that your committee will do everything it can to ensure that our voices are heard, as a matter of urgency.