

**Submission
No 210**

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

Name: Mr Garry Baker
Date Received: 7 December 2020

Health Submission

Firstly, following is a letter of complaint I sent to the Murrumbidgee Local Health District in November 2019:

Good afternoon

I would like to draw your attention to the lack of adequate services available from the oncology department at Deniliquin Hospital.

I was diagnosed with non-Hodgkins Lymphoma in 2016 and it became aggressive in late 2017, requiring chemotherapy followed by radiation treatment, which required many trips to the Regional Cancer Centre in Albury. Since May 2018 I have been on a program of quarterly maintenance chemotherapy.

Early this year I discussed with my oncologist in Albury the possibility of receiving my chemotherapy at Deniliquin Hospital, as this saves a trip to Albury. When my treatment is in Albury I have to travel there the previous day, necessitating a night's accommodation plus the travel cost.

During my first treatment at Deniliquin Hospital I became aware of the following which needs immediate attention:

Complaint 1: The footrest on the second oncology chair was broken (I was not in this chair, though that was little comfort to the patient who was). As a consequence a box, plus a pillow were placed on the chair and this is what the patient had to rest his feet on. This chair needs replacement as a matter of urgency.

I was due to have my next chemotherapy treatment yesterday (November 14), which was booked in by oncologist Christopher Steer during his visiting service to Deniliquin earlier this month. However when my wife phoned last Friday to confirm the appointment she was told the sole oncology nurse was away. After several calls to the Regional Cancer Centre in Albury I was advised I would have to travel to Albury for this treatment. Again, I will have the unnecessary cost of accommodation and travel.

Complaint 2: The Deniliquin Hospital Oncology Department has, in the past, been serviced by two oncology nurses. One of these nurses resigned when she relocated from Deniliquin but has not been replaced. Why has this person not been replaced and what steps are being taken to recruit a replacement to ensure the department is adequately staffed?

During discussions last year with the CEO of the Fight Cancer Foundation I was advised that Deniliquin is a cancer 'hot spot'. There is certainly anecdotal evidence to suggest cancer is more prevalent in our town/region than other localities.

Has the Murrumbidgee Local Health District undertaken any research to determine the cancer frequency per capita in Deniliquin compared with other areas? This information would surely be helpful in determining the level of services required.

I believe it is quite obvious that the oncology services being provided in Deniliquin are inadequate and request that steps are developed to improve these services for our community.

I look forward to your response.

Kind regards
Garry Baker
(Contact details were supplied)

Oncology services at Deniliquin Hospital have since been spasmodic, despite a very high number of oncology patients in our area. A key reason for the inconsistent oncology service is the inability (or perhaps lack of intent) to recruit and train staff, and this is not unique to this discipline.

Soon after my initial diagnosis of NHL, it was suggested I talk to a social worker. On investigation, I discovered the social worker attached to Deniliquin Hospital was on extended sick leave and would not be returning to her position. However, MLHD was not going to start a recruitment process until after the incumbent had officially ended in her position. Such an approach may be good for the MLHD budget, but it's certainly not satisfactory for members of our community who need the service. We need to ensure that in rural areas there are sufficient trained staff, including those who can cover leave and illness. We need far greater attention paid to recruitment, and policy that supports recruitment.

While my personal experiences have primarily been around oncology services, I am aware there have also been issues at Deniliquin Hospital with other important services, in particular maternity and paediatrics. In communities of our size it is imperative that adequate services in these areas are provided. We don't expect patients to have brain surgery at Deniliquin Hospital, but it's reasonable to expect that a mother can give birth to her baby whenever it decides to arrive into the world, or that a child with, for example, a broken arm can be appropriately treated.

We need to ensure that the widest possible range of health problems can be treated locally, with local general practitioners being assisted as necessary by specialists from larger centres using remote consultation technology.

In making this last comment, I believe it also needs to be accepted and appreciated that improved telehealth during the COVID-19 pandemic has been beneficial in some areas of rural health. However, we need to be aware that it is not a 'magic bullet'. Virtual health has its advantages, but in most cases physical examination is required ... it cannot replace physical health services.

Finally, in relation to Deniliquin Hospital, the NSW Government needs to accept that it has been a 'poor cousin' in our region's health services, in particular over the past quarter of a century since the Greater Murray Area Health Service was established. For our hospital, establishing the rural Area Health Service network was merely a government exercise in reducing bed numbers, medical services and, primarily, hospital expenditure.

We now need a process to rebuild these lost services, starting with a business case to determine whether it is feasible to rebuild/develop the hospital on its existing site or whether a new hospital on a greenfield site is a more suitable option.

Until a few years ago I fortunately didn't have a great need for health services. Unfortunately, I have since discovered that while the services in large regional centres like Albury are exceptional, some of the available services in small regional centres like Deniliquin (the third largest hospital in MLHD) are well short of what a community of our size should reasonably expect.

I trust your inquiry will take the first steps to rectifying this situation.