

**Submission
No 214**

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

Name: Mr Christopher Pearson

Date Received: 7 December 2020

I have witnessed a gradual deterioration of services available at Gulgong Hospital (now MPS) since moving here in 1984 when we had 2 functional full time medical practices in town (Drs Fletcher and Caterson)

VMO rights were in place and the town was well serviced.

Since 1984 Gulgong has lost a maternity/childrens' wing, X-ray facilities, physio services, transfusion/gamma globulin services, pathology dept and a helipad (which was built by the community).

After our hospital's closure in 2010 and its controversial demolition in 2015, only basic services were available in a revamped abandoned supermarket building in Mayne St Gulgong.

There were no patient beds available placing further strain on surrounding towns' facilities. Privacy was a huge issue, as was ambulance and disabled patient access given limited parking in our busy CBD.

Our new MPS has fewer acute beds than the old hospital, and a much smaller emergency dept.

The unavailability of above mentioned services often means travel to nearby Mudgee or Dubbo hospitals.

There is no regular public transport to these towns, placing great strain on family members (often elderly) to transport loved ones to and from the nearest facility. When an ambulance is used, it does not offer return trips after treatment.

In essence, our rapidly growing town and district is seeing a huge decline in medical services which is unsustainable and unacceptable.

I remind you of the enormous contributions to the state economy made by regional populations (if it does indeed all boil down to money).

I urge you to act on this matter immediately and deliver a much more sustainable health care model to regional and rural health services.

Could I suggest a revamp of the Rural Doctors Training Scheme whereby publicly sponsored trainees are required to attend areas in need, and not just those closer to the coast.

This "carrot" approach seemed to work well years ago when teachers were required to and were later rewarded for, staffing non metropolitan areas.