

**Submission
No 225**

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

Name: Ms Sharelle Fellows
Date Received: 9 December 2020

I write to advise the Commission of my recent experience lobbying for a Doctor to be appointed to the Gulgong MPS.

I have lived and worked in Gulgong for 37 years. Until 2010 Gulgong had a fully functioning hospital complete with a paediatric ward. Despite community protest the hospital was closed down and replaced with an MPS, with assurances that there would be no loss of services in 2010.

For many years the town and hospital were staffed by two doctors who provided exceptional service to the community.

Dr Glenys Caterson and Dr Robyn Williams alternated VMO hospital service 24 hours seven days a week.

I feel so fortunate that when my children were growing up there was a functioning hospital. For example, my then 18 month old son developed a severe respiratory infection, he was admitted and placed on oxygen. Similarly when my other son suffered a sporting head injury on the weekend the doctor was in attendance immediately.

In reality the MPS is a reduction in services with only 4 acute beds, fewer staff and no standalone X-ray or theatre facilities.

Locals remark that we have "gone backwards" in the level of services provided.

In July I became aware that there was no doctor at the MPS through social media. Upon enquiry to the local member Mr Dugald Saunders MP I was informed by his office that the issue was a contractual dispute and that Western LHD were sick of "greedy doctors".

I felt it was totally unacceptable that the MPS was completely reliant on the Virtual Generalist Service (Telehealth) and continued to pursue the issue with the local area health manager and the local member.

The strain upon the nursing staff being placed in this untenable situation was also a major concern.

I received an email from a health manager which confirmed that the "provision of affordable services" was a factor.

At this stage I thought the contractual dispute would be solved and/or another Doctor would accept the position.

However, I soon became aware that other facilities nearby such as Coolah had also lost their VMO because of a contractual dispute.

Coolah remains without a VMO.

<https://www.abc.net.au/news/2020-10-02/nsw-communities-fight-to-keep-doctors-in-regions/12726500>

I heard on Local ABC radio in September that contracts offered in the Barwon electorate were a substantial reduction in face to face VMO hours and were to be increasingly reliant upon Telehealth.

I became concerned that a model designed for remote towns without doctors was now seemingly being implemented across many smaller towns. It seemed nonsensical that a doctor who was willing to work for the same conditions as the previous contract was no longer employed as a VMO in Gulgong.

When I enquired what the terms of the contract were I was told non standard contracts were strictly "commercial in confidence" by both the health department and the local member.

The constant refrain from WLHD in the media was that "Recruiting doctors to rural areas is a nationwide challenge".

Yet our doctor was established in the town and willing to work for the same terms as the previous contract!

Tired of inaction and distressed to hear of community concerns I started an online petition on the 12 September. Sadly a few days later Mrs Dawn Trevitt died at the Gulgong MPS while being treated by Telehealth.

Again I rang the ambulance service, the health Department and Dugald Saunders's office pleading that the ambulance have the discretion to bypass a doctorless Gulgong MPS. I was informed that a "modified bypass guideline" was necessary for this to occur.

Mrs Kathy Pearson then organised a paper petition.

We then began to realise that media attention was an avenue to highlight our situation and pursued local media in all it's forms, resulting in the front page of the SMH 12 Oct.
Telehealth Fatality

<https://www.google.com.au/amp/s/amp.smh.com.au/national/we-couldn-t-believe-it-woman-bleeds-to-death-in-nsw-hospital-with-no-doctors-on-site-20201011-p563z1.html>

A subsequent SMH report also drew attention to the issue:

<https://www.google.com.au/amp/s/amp.smh.com.au/national/nsw/well-below-what-s-reasonable-death-prompts-rethink-on-regional-hospitals-20201101-p56aj3.html>

More recently we agreed to participate in the 60 minutes story on Rural Health Sick and tired 6 Dec 2020 in order to highlight the situation in rural health.

Our petition was presented totalling 2850 signatures.

On the 18 Nov Dr Nebras Yahya recommenced work at Gulgong MPS but we are not aware of the exact terms of the contract ie when the MPS is still covered by Telehealth only.

Our experience has highlighted how variable and inequitable the distribution of resources is and how difficult it is to establish exactly how often facilities are solely reliant on Telehealth.

In attempt to discover this information Kitty Eggerking and Kathy Pearson rang every hospital in the WLHD but the information was not readily available in many cases.

It also reinforces that the most vulnerable and disadvantaged communities may not have sufficient advocacy to have their voices heard and health care needs met.

The recent ABC report on the inequities of access to mental health services again highlights the reality of disadvantage.

Expenditure by postcode on mental health:

<https://mobile.abc.net.au/news/2020-12-08/covid-mental-health-system-medicare-inequality/12512378?nw=0>

In my experience as a NSW public school teacher schools were staffed on a universal staffing formula according to need and student numbers. Further, disadvantaged schools often received extra funding and staffing supplements to improve student outcomes.

Given the huge disparity between rural health outcomes in western NSW and metropolitan areas a similar model of adequate staffing and resourcing needs to be applied to health services. Indeed disadvantaged areas should receive more funding in order to redress adverse health outcomes.

There needs to be systemic change in how rural facilities are staffed by doctors.

The QLD and WA model of replacing the VMO in favour of permanently appointing senior medical officers to rural facilities needs to be investigated, as does the whole issue of rural health scholarships and incentives to ensure that outer regional and remote areas are sufficiently staffed. Dr John Hall President of the Rural Doctors Association of Australia recently made a statement about this very issue on 24 Nov.

There is no doubt that Telehealth can provide excellent support and specialist expertise to rural doctors but should not replace doctors on the ground.

I implore this committee to ensure that the right to equitable health services is guaranteed by the NSW government.