

**Submission
No 228**

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

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I am 61 and have spent the majority of my life in the rural shire of Warren in western NSW. In that time I have seen the decline of access and quality of health care.

Warren is still fortunate to have a medical centre and an MPS even though staffing is a constant issue. Visiting professional staff are increasingly relied upon and essential.

The Medical Centre quality of care is limited by a constantly revolving door of Drs and locums. As a consequence there is a limited ability to be abreast of patients long term health over time and patients personalities. Most of the Dr's seem to be on their first appointments as migrants and as was the case with my elderly parents, there is difficulty in understanding what the Dr is saying due to strong accents on behalf of the Dr.

Despite the best efforts of staff wait times for appointments can be considerable and sometimes over a week. Personally I have had the manager of the centre apologise for my wait, when there was an immediate need to access a Dr due to a severe urinary infection. I have the ability at this time to source my health care needs elsewhere. I choose to do so because I have limited confidence in the quality of what is available locally. I have very great concerns for my family if they chose to stay in the district and raise their own family. For example my nephews wife travelled 100km to have a baby in Dubbo, after a difficult birth it was recommended her stitches be checked 2 days after discharge. There was no capacity to do so in Warren!!! So brand new baby and mother had to again do a 200km trip for a check up.

Difficulties with an aging population are also critical. Health issues maybe multi factorial yet it seems appointments are only for one small issue at a time & of limited time. I had to book multiple appointments to get adequate referrals for my parents when necessary, which added to my parents stress. There was also a complete ignorance on the part of the Dr's to the pressure that put on me the carer - in my case I live out of town and manage a farm. So after the multiple in town appointments it then required a 150 one way trip on my part to take either of them to Dubbo for the referred appointment.

Both my parents at various times required ambulances - who were always very professional and caring - which resulted in placement in the local MPS. Almost 100% of the time this was followed by another transfer onto Dubbo base hospital, often for just overnight observations, followed by a family member picking them up when they were sent home again the next day. The supervising Dr's at the Warren MPS seem not to have the confidence or the authority to deal with anything much. This puts far to much pressure on Dubbo base hospital and a great deal of stress on the patients and family. Despite the MPS having video conferencing ability in my experience it seems to be used for in house training and very little for patient assessment of Dr advice.

Dubbo base Hospital is severely understaffed and doesn't have adequate beds to deal with the size of the districts it is serving. I have had 3 members of my family in the emergency department of Dubbo. Each time ED was flat out with an overflow. There has always been a wait for a bed in the remainder of the hospital, and a clear message to patient and family alike that all concerned are trying desperately to send the patient either home or to a local facility. There has been no consideration for distance in this scenario of discharge from

Dubbo, with patients having to call family late at night to pick them up, even despite family living over 100km away and having to deal with travelling in the night with the risk of kangaroo's etc.

It is imperative that patients have someone to check how the care is being given. My father was neglected as a patient, his food was unopened for him when he clearly couldn't do so himself, he was left soiled, he was in considerable distress for considerable periods but as there was only one Dr on at night during the Xmas period there was no capacity for adequate assessment to deal with his distress. This was so apparent to security staff also in the ward, that they comforted me with the statement "you wouldn't do this to your dog"! Later during his stay even despite the supervising Dr's wishes, the ward staff were still trying to discharge him, so desperate were they for the bed. At this stage it was a palliative situation!

My family has the financial capacity and support to cope with the demands of the existing system however many in our community do not. My father was heavily involved in the district health boards of the past, as well as managing and fundraising for the facilities we do have. District health boards no longer have any authority, and there is little willingness on the part of the health districts to listen to the community on their needs.

As mentioned Warren has a Multi Purpose Health Service Centre. This includes Calara house which was originally a separate aged care entity with separate management. Since being incorporated into the MPS structure management is now under NSW health. There are no staff patient ratios set out for MPS structures and the qualifications required for staff has declined. In the past there was a fully qualified nurse manager and at all times there was a qualified nurse on roster. It now stands that if needed nurses will come over from the hospital side if required. The residents get little stimulation or interaction mostly due to understaffing. My mother is now a resident however we chose to pay someone to come in daily to make sure her needs are being met. Again not everyone has this capacity and this is not the level of care that this community funded when this facility was built.

I am constantly frustrated that staff at our facilities know what is needed and know when things are inadequate, however it appears they are not going to give this feedback higher up the chain. It is not only not welcome it would jeopardise any chance of advancement in their careers.

I am sure that some of the solutions being considered are more video health services, however while I have used these in the past, it must not come with withdrawal of more services. They should be used as an improvement on service not a replacement of service. Covid has shown that the Australian public are discovering their own country. This includes rural and remote areas - these travellers expect health services of equal quality to the cities - at this stage they will not find it. For this tourism to be maintained we must improve our health services.