

Submission
No 244

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

Organisation: Shine Lawyers

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CONTACT:
CONTACT EMAIL:

Clare Eves

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Parliament of NSW
Online submission

Dear Committee

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

We write with respect to the inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

Our medical negligence team have extensive experience in representing clients who have suffered harm as a result of medical negligence. We have seen many individual cases, with a pattern emerging of substandard care in rural, regional and remote areas, resulting from similar systemic causes.

Our submissions seek to highlight some of the issues and concerns that have been raised with us by former, current and prospective clients, and interested family members, who have been injured or who have lost a loved one due to underlying systemic failures in rural and regional health districts.

Whilst access to health and hospital services in rural, regional and remote New South Wales demands enormous scope, our submission is limited to the lack of access to quality emergency and specialist care within various rural, regional and remote areas, placing a risk of injury or death to those in their local communities.

The issues raised concern the following within a number of health districts in rural, regional and remote New South Wales;

- Lack of access to qualified and skilled doctors present in local hospitals, with some hospitals having no doctor on site, or limited access to a doctor through a locum system, on-call service or telehealth;
- Lack of skillset of medical personnel in local hospitals;
- Lack of equipment or basic resources.

Access to qualified and skilled doctors present in local hospitals'

13 11 99 shine.com.au

Shine Lawyers Pty Ltd
ABN 86134702757

PO Box 217
SOUTHPORT QLD 4215

37 Bundall Road
SURFERS PARADISE QLD 4217

Phone: 07 5558 5558
Fax: 07 5539 0348

DX 41552 SOUTHPORT
QLD

Whilst eHealth has an important part to play in rural, regional and remote locations it is not designed nor is it suitable to replace primary and emergency care needs.

Emergency situations require an experienced person to be “on the ground” providing hands-on patient care as well as guidance to other practitioners present. Patients attending hospitals with health conditions requiring assessment and diagnosis require a physical examination by a doctor, and in-person care and treatment.

Some hospitals have no permanent doctors on site, with doctors working on short term contracts or by way of a locum system. Many hospitals have inadequate staffing levels of skilled doctors, placing the doctor and other staff under increased pressure.

Passing a doctor’s role onto nurses or to be undertaken by remote means, places an increased level of stress on existing staff, fails the patient and will result in increased exposure to injury and death that will invite litigation.

There are current issues of hospitals being understaffed and under resourced. The focus needs to remain on increasing funds allocated to staffing levels and resources, opposed to a focus on cost saving.

We recently spoke with a family member of a patient who suffered significant injury in early 2019. He required multiple surgeries with loss of bowel and cardiac failure following three failed attendances at Cobar ED, where his severe abdominal pains were dismissed as food poisoning, after inadequate investigations were undertaken and despite a concerning scan result. He suffered a ruptured bowel and sepsis requiring emergency hospital care at Dubbo Base Hospital via a transfer from the Royal Flying Doctor’s Service.

Skillset of medical personnel in local hospitals

Currently many rural and regional locations are not attracting, training and retaining an adequate number of competent doctors, skilled across different disciplines. Senior Medical Staff are not being secured in these regions, and the ones that are have too onerous a workload to sustain such a role. This has compromised a patient’s ability to receive emergency care or care should they have complex needs.

Whilst a Health Professional Workforce Plan has been put in place by the NSW government, reports continue to be made of misdiagnosis and failure to diagnose in both an emergency and inpatient setting, often with major health consequences.

We recently spoke to a family member of a patient who passed away following inadequate treatment at Dubbo Hospital. Her father was flown to Dubbo Base Hospital following multiple injuries sustained in a motor vehicle accident in early 2020. He remained at Dubbo Base Hospital for around 5 ½ weeks, where he was allowed to become grossly unwell and septic. He was subsequently transferred to the Royal Prince Alfred in a critical condition, where he passed away. The matter is currently with the State Coroner.

Equipment and basic resources

Some hospitals still have little ability to manage an emergency situation, and in less obvious emergency settings, incidences of failure to diagnose a medical condition or misdiagnosis continue to occur.

If a working or differential diagnosis is made, the appropriate levels of investigation or treatment to manage the condition is not always readily available. This ranges from diagnostic equipment such as an MRI scanner, to fundamental items such as blood and basic medications.

We recently spoke with a family member of a patient who suffered injury in 2018, as the patient was not administered with medication, despite suffering a recent thromboembolic stroke. He was ultimately transferred to Liverpool Hospital, however, by that time the window of opportunity to provide such medication to elicit a better outcome had passed.

Steps taken by the NSW Government

Significant steps have been taken by the NSW government to date to improve access to health and hospital services in rural, regional and remote New South Wales, and many initiatives have been acted upon as outlined in the NSW Rural Health Plan towards 2021 to integrate a cohesive system of care.

There has been expenditure in hospital infrastructure, although, more expenditure needs to be allocated. Further, in our submission, that money has been misplaced without the staff, resources and internal leadership to effectively manage a hospital.

Investments have been made in hospitals such as Dubbo Base Hospital, Cobar Hospital and Broken Hill Hospital, with huge expenditure in infrastructure, facilities, equipment and service offerings. Yet reports continue to emerge of systemic failings with poor systems, processes and leadership, highlighted in the stories of Alan Wells, John Stingemore and Alex Braes, as well as clients who have contacted us for advice in recent times.

We represented a family a number of years ago whose mother presented to Dubbo Base Hospital complaining of right elbow pain after being referred by her GP with a letter querying septic arthritis and requesting urgent treatment. Despite the referral and initial tests strongly indicating infection, a diagnosis was not made and she was not administered appropriate treatment. Her condition continued to deteriorate without appropriate treatment and she died of complications of her condition which could have easily been avoided with administration of antibiotics. Disappointingly, despite the steps have been investment made by the NSW government instances similar to this are still occurring.

More work needs to be done to deliver good health outcomes for those who have suffered adverse health events. High standards need to be met and maintained around recruitment, placement and ongoing training of doctors and medical staff, as well as a complete overhaul of current processes and what is considered acceptable care.

Large inequities remain between rural and metropolitan NSW, particularly with respect to health service offerings. Whilst speciality services have purported to be established in many different rural areas, many hospitals still have limited access to a doctor with multi-disciplinary experience, and rely upon urgent medical transfer to neighbouring hospitals, thereby often missing their window of opportunity for treatment and patients suffering adverse consequences as a result.

This has also placed paramedic and nursing staff in an overwhelming unfair position of managing complex patient care that is outside of their skillset and capability, as well as placing unrealistic demands on them to work excessive hours.

No-one should be harmed or have their life ended prematurely in Australia where such harm or death is preventable through basic medical care due to their postcode.

Yours faithfully

Clare Eves | National Practice Leader - Medical Law
SHINE LAWYERS