

**Submission  
No 245**

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

**Organisation:** Bathurst Regional Council

**Date Received:** 11 December 2020

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10 December 2020

The Hon. Greg Donnelly, BEc MIR MLC  
Chair

Dear Sir

**Submission to Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW**

Thank you for the opportunity to make a submission to the Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW.

I am making this submission for and on behalf of Bathurst Regional Council. Bathurst holds an important place in regional NSW and, whilst Council acknowledges there are likely to be places worse off than Bathurst, even Bathurst suffers from inadequate health services. Saying this causes some inconvenience because the last thing Bathurst needs is to be thought of as a place where health services are not sufficient.

For some time, Council has been concerned with the level of health services provided to the community of the Bathurst Region. From the outset in this submission, Council makes no criticism of hard working and dedicated staff at Bathurst Hospital and the broader Bathurst Health Service. On the whole, they conduct themselves entirely professionally but struggle with insufficient resources. This submission aims at increasing the resources necessary to help the staff do their jobs as effectively as possible, and to increase the level of services to Bathurst in keeping with regional City status.

The concerns of Council come about from two primary sources - an opportunity to contribute to the Clinical Services Review of the Bathurst Health Service, and a grass roots community led unease with the level of services generally and in particular the regular sending of patients to Orange, 57 km away, for basic treatments such as broken bones.

The submission details the evolution of these concerns, most of which remain unresolved, due in part to an apparent reluctance of the Western NSW Local Health District (the LHD) to respond sufficiently, particularly in relation to the LHD continuing to deny Bathurst the same status as Orange as a referral hub. This is not a matter of rivalry between the two regions. On the one hand, a lack of health services in Bathurst stifles economic development of the region. On the other, and more importantly, it is potentially a matter of life and death for those members of the Bathurst community who happen to be afflicted with poor health and are sent to Orange for treatment that should be done close to home.

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This in part can be attributed to insufficient resources provided to the Bathurst Health Service by the LHD, which in turn is a reflection of the total resources available to the LHD. Having said that, several changes introduced in response to covid19 have revealed significant operational improvements can and have been achieved with few additional resources, which are now proposed to be removed with a reversion to lesser services, the “old normal”. Further, unsatisfactory operational matters associated with emergency orthopaedic services, long disputed by BRC, appears to reflect plain stubbornness by LHD management.

It is about two years ago that the community based Bathurst Health Action Group commenced lobbying for improved health services in Bathurst, prompted by the personal experiences of members of the community, a community which rarely “makes waves”. The Action Group has also made representation to the Minister. Bathurst Regional Council has become drawn into the debate and has hosted meetings with LHD and Bathurst Hospital management and the Chair of the LHD Board.

Infrastructure planning appears to be progressing but is not yet finalised. Even then, there needs to be a commitment from the LHD and Government to deliver on these and other service level plans to address the chronic underinvestment in floor space, equipment and personnel.

This has led Council, on 16 September 2020, to resolve as follows:

That Council:

- (a) Commend the Local Health District and Bathurst Health Service for its response to the covid19 pandemic;
- (b) Acknowledge the professionalism and dedication of the workforce of the Bathurst Health Service;
- (c) Encourage the Local Health District to finalise its infrastructure planning, integrate that planning with the planning of other agencies, including Council, and private sector entities;
- (d) Request the NSW Government prepare and publish a long term capital works plan for health infrastructure for the region;
- (e) Commence urgent discussions with the Local Health District and NSW Government over a three hub referral network model that elevates Bathurst to the same status as Orange and Dubbo within the Local Health District framework;
- (f) Commence discussions with Lithgow City Council on its preferred local health district model;
- (g) Urge the Local Health District to abandon its proposed emergency orthopaedic service in favour of one that leads to a full time permanent orthopaedic service in Bathurst and prioritises Bathurst based staff to work within the community of Bathurst; and
- (h) Request that the Local Health District guarantee the continuity of services at Daffodil Cottage and for mental health for the community of Bathurst.

Council believes now is the time to establish a better resourced “new normal”.

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The submission which follows on behalf of Bathurst Regional Council expands on these concerns.

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SUBMISSION TO THE  
PARLIAMENTARY INQUIRY INTO  
HEALTH OUTCOMES AND  
ACCESS TO HEALTH AND  
HOSPITAL SERVICES IN RURAL,  
REGIONAL AND REMOTE NSW



BATHURST  
REGIONAL  
COUNCIL

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## Background

Bathurst Regional Council has been and remains concerned about the inadequate level of health services to the Bathurst community. A background paper leading to a Resolution of Council on 16 September 2020 is at [attachment 1](#). Incremental change remains too slow. Council has sought more rapid reform through multiple channels, including the LHD review of the Clinical Services Plan (CSP) and multiple representations to the CEO of the LHD and the Chair of the LHD Board with little comfort, apart from a commitment to review infrastructure needs and the recent announcement of long overdue MRI infrastructure (but without floor space identified to locate it nor matching operating expenditure).

The submission from Bathurst Regional Council at the commencement of the CSP review is at [attachment 2](#).

The key points arising from that submission remain the position of Bathurst Regional Council:

- The population data relating to the Bathurst region should be acknowledged as the basis for fair and reasonable allocation of resources within the Health District.
- The population of the Lithgow area should be included in determining the allocation of resources to the Bathurst Health Service.
- The human and social cost of requiring people to travel to Orange or elsewhere for basic health services should be included in determining the allocation of resources within the Health District.
- Internal data relating to performance levels of service provision should be made available to facilitate open and transparent decision making.
- There must be a guarantee of continuity of existing services and service levels as an immediate response from the Health District.
- Resources must be allocated as a matter of urgency for basic emergency and health services to be provided in Bathurst.
- Appropriate facilities should be developed at Bathurst Hospital to enable treatment of Bathurst Gaol inmates in Bathurst, in anticipation of the increase in inmate numbers.
- There should be an independent analysis of factors underpinning recruitment success of the Bathurst Health Service.
- Collaboration should occur between the Bathurst Health Service and the private sector with a view to determining and providing the required number of specialists to sustain both sectors in the short and long term.
- A suite of Health Service KPIs should be developed that incorporate indicators of community well-being.
- Increased investment and a more dynamic and collaborative multi-agency approach is warranted to develop and implement preventative strategies.
- Planning should commence now in anticipation of the end of life of the current hospital building.

A further submission to the draft CSP is at [attachment 3](#). That submission acknowledges that the CSP review is a necessary but small step toward important reform to health services in Bathurst but will need to be implemented concurrently with additional investment in infrastructure and services to meet current let alone future demand.

## The Bathurst Health Action Group

Council supports the efforts of the community based Bathurst Health Action Group, which is separate from Council but which has a common goal in lobbying for improved health services and infrastructure. The Group has been active for some time. Their activity has been endorsed by the community and has been reported widely (see [attachment 4](#)).

The Action Group has also made representation to the Minister ([attachment 5](#) is their briefing note).

The Action Group is mentioned in this submission to convey the fact it is not just a few that are agitating for change.

## The 2014 report

This submission refers to the Review of Bathurst Health Service: Situation Analysis and Options Paper (Hoyle, Hair & Cornish, 2014). The 2014 report analysed services and made recommendations which remain valid today.

This submission argues that many of the issues raised at that time remain unresolved, exacerbating the frustration experienced by the community of Bathurst and the medical professionals who look after them.

The 2014 report forecast significant population growth to be serviced by the Bathurst Health Service (BHS). It found that

- patient flow should be improved
- system improvement required leadership and collaboration from both management and clinicians, such collaboration “very much worth seeking”
- certain transfers to facilities outside Bathurst are distressing to patients
- the preferred way to relieve cost pressures on the Bathurst Hospital is to increase service volumes to offset overhead costs, and that reducing services worsens the financial situation of the hospital
- cost pressures at Bathurst Hospital were made more complex and intractable by the Private Public Partnership in place to access hospital support services
- increased services could be generated, for example, by way of elective orthopaedics and inward transfer of gynaecology activity
- other measures should include reduced reliance on locums, better sourcing of junior medical officers, better staffing and patient flow in the emergency department, and better oversight of diagnostic tests.
- staff felt marginalised within their own health service
- better clinical governance systems would allow system managers and clinicians to develop a shared understanding, to anticipate crises and to respond effectively as a team
- a properly costed service plan to meet the needs of the community was needed
- a proper business plan was needed to ensure the community, BHS staff and the LHD shared a common purpose
- local clinical management and governance processes should be empowered with achieving high levels of efficiency

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Whilst Council acknowledges that the LHD has now completed a review of the clinical services plan and has commenced infrastructure planning, and the BHS response to covid19 shows collaboration can work successfully, most of the recommendations of the 2014 report remain unmet. Further, Council has reservations about the final clinical services plan (see Attachment 3), is yet to see a final infrastructure plan (about which Council is a key stakeholder) and is not satisfied Government will fund whatever these plans recommend.

A copy of the 2014 report can be made available to the Committee if needed.

### **The tyranny of distance and separation – a Bathurst hub needed**

The most defining of Council's concerns centres on the reluctance of the LHD to recognise that concentrating resources on Dubbo and Orange, in the current two hub referral model of the LHD, significantly disadvantages the community of Bathurst and undermines the status of Bathurst as a regional City. To be sent to Orange for basic medical procedures such as treatment of broken bones or an angiogram is disrespectful not just to the needs of the patient but to their families and carers. Too often, patients have procedures in Orange (not just Bathurst) cancelled or postponed, and too often left to their own devices to get back to Bathurst after treatment in Orange. The distance between the two hospitals is 57 km. There is no regular public transport. The Mitchell Highway is regularly closed in poor weather.

There is a collection of unfortunate stories in [\*\*attachment 6\*\*](#) that go to this unfairness. It does nothing to secure the welfare and rapid healing of patients when they are separated from home as much as the current arrangements inflict.

Further, the two hub model disadvantages the status of Bathurst Hospital itself and the capacity of both the public and private hospitals to attract new staff, they being attracted to positions in Orange because of the scale of services occurring at Orange. Bathurst Hospital is unable to fully function as a training facility. These factors further accelerate the decline of services in Bathurst.

The failure of the LHD to create a three hub model, and the disadvantage to Bathurst created by a two hub model, is evidenced in LHD expenditure patterns found in Service Agreement Schedule C of June 2019. Of interest is the budget growth of certain governance and management functions compared to funding for front line services.

<b>WNSWLHD</b>	<b>2019/20 Initial Budget</b>	<b>Growth compared to 2018/19 Annualised Budget</b>
Bathurst Health Service	\$88,919,000	+2.6%
Dubbo Health Service	\$138,242,000	+3.6%
Orange Health Service	\$151,101,000	+3.3%
District Governance	\$2,310,000	+24.7%
Operations Management	\$45,083,000	+18.7%
Reporting Entity	\$45,667,000	+17.5%

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Council therefore requires the LHD to redesign their structure to capture a three hub model. Council believes such a model is easily achieved if the population catchment of Bathurst is reviewed to include the population of Lithgow, currently part of the Nepean LHD. Lithgow is not much further from Bathurst than Orange and would avoid a trip to Penrith over the Blue Mountains.

### **Blurring the artificial boundary between Local Health Districts**

Council believes there is potential for greater collaboration between health practitioners at Lithgow and Bathurst, public and private, that would enhance the services available at each location. Such suggestions are routinely dismissed because they are in different LHDs (although that was not always the case). Council believes strict adherence to a boundary between local health districts in regional areas might be a convenient administrative tool for the LHD but one that does not optimise service levels nor the patient experience.

### **Response to Covid 19 – let the good outcomes be sustained**

It has been informally reported to Council that Bathurst Hospital has responded effectively to the coronavirus situation, putting in place a number of initiatives that can be argued were always necessary. This is applauded. These include collaboration with the private hospital to accept public patients, streamlined triage at Emergency Department, creation of additional bed space (admittedly, by temporarily closing the Panorama Unit, the adult acute mental health inpatient service) and orthopaedic operations conducted effectively at Bathurst that would otherwise have been performed at Orange. Council understands these good outcomes, achieved by successful collaboration with practitioners (something the 2014 report was hoping for), are about to be reversed.

Council cannot see why this level of service cannot continue after the pandemic eases. At the same time, Council supports the reopening of the Panorama Unit. Relocation of the Panorama Unit into new floor space on a permanent basis could create additional emergency department bed space quickly, with relatively lower expense and improved patient experience.

### **Cardiac services**

The Bathurst community is severely under-resourced in cardiac services. Apart from a lack of cardiac specialists, Bathurst does not have a catheter laboratory or sufficient support staff. If someone in Bathurst is suspected of having a heart attack – a not uncommon occurrence given the size and demography of the catchment population – they are initially treated at Bathurst Hospital Emergency Department but must be transported to Orange (or Sydney) for an angiogram. That can only occur if there is a bed available at Orange and, as Council understands it, only under the supervision of an Orange based doctor. Patients have been known to wait for days, all the while fearing the worst.

This is a further example of the unacceptable discrimination and distress faced by the community of Bathurst compared to regional NSW cities of comparable populations.

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## **Emergency Orthopaedic Service**

Bathurst Regional Council is aware of changes proposed by the LHD to the emergency orthopaedic service provided in Bathurst. Whilst the proposed service will be better for patients than the current arrangements by giving greater certainty to treatment dates, there is no certainty the procedure will be conducted close to home. What is proposed remains insufficient for the community of Bathurst in the long term and will immediately and significantly disadvantage orthopaedic surgeons who live in Bathurst.

Council understands the proposed service is predicated on members of the orthopaedic surgical team practicing in Bathurst on a Tuesday and Thursday morning and on Monday, Wednesday and Friday mornings at Orange. Council has been advised that a large proportion of broken bones are not life threatening once emergency treatment has been administered, allowing treatment to occur at a scheduled appointment on one of those mornings at either Bathurst or Orange. Whilst the greater certainty of the treatment date is appreciated, it may still require travel to Orange to receive it. Further, a person waiting at home with broken bones is unlikely to willingly accept any significant delay in obtaining treatment. Additional resources should be allocated to the task as a whole to alleviate the obvious stress of waiting and travelling for treatment. In this context, the LHD must ensure the supporting services (anaesthetists, nursing staff, bed capacity) are also sufficient to support an expanded service at Bathurst.

The proposed service will disadvantage Bathurst based members of the orthopaedic team. Whilst the proposed service is said to require an equal commitment from all members of the team, it does not create equity in its design. All team members are required to be on call in Orange on a roster. This means Bathurst based orthopaedic surgeons must be at Orange Hospital between 8 and 8 on weekdays and 8 and 6 on the weekend whilst rostered on call. Orange based surgeons are not required to be on call in Bathurst. By definition, this is hardly equitable. It places significant disadvantage to the family life of Bathurst based surgeons and disrupts their private practice because theatre privileges are linked to acceptance of the new service and not transferable to a locum. This makes it difficult to describe Bathurst as a preferred place to live for orthopaedic surgeons specifically and medical professionals generally, further tarnishing the reputation of Bathurst as a place to live and work. No other specialists are required to be on call in another City, and rightly so given the travel time between Orange and Bathurst which, when added to the duration of the shift, represents an unsafe work practice. Council understands no other specialist department is shared across both hospitals.

Bathurst Regional Council therefore requires the LHD to design and fund an emergency orthopaedic service that respects the equal status of Dubbo, Orange and Bathurst as regional hubs in the central west of NSW.

## **Obstetrics and Gynaecology**

Council has been advised that a significant proportion (estimated at around one third) of Bathurst region expectant mothers choose to have their babies delivered at Orange, or are sent there for the purpose. Council believes this is a clear indication of a lack of capacity (or confidence) in the local health service.

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## Daffodil Cottage

This facility is located on the Bathurst Hospital grounds and provides services to cancer sufferers. The community recently received a scare when a critical staff position became vacant. The appalling possibility that cancer sufferers had to travel from Bathurst to Orange for treatment became apparent. Whilst it was a temporary situation relating to an internal staffing matter, it was one that was foreseeable and caused unnecessary alarm. This is best illustrated by the following correspondence from community members.

*Hi Friends,*

*We have heard that Daffodil Cottage is again facing a threat from the Health Service to reduce services at the Cottage and diminish its importance in providing assistance to local Cancer patients.*

*This appears to be prompted by the failure of the Health Service to reappoint the Oncologist Pharmacist to the position she has held for 4 years.*

*This has had the effect that chemotherapy treatment could not be administered at Daffodil Cottage without the assistance of an Oncologist Pharmacist.*

*We have learned that Cancer Patients have therefore been advised that they would need to travel to Orange to receive their treatment.*

*While this is currently a temporary arrangement, the concern is that it is the thin end of the wedge to transfer Chemotherapy treatment to Orange on a more permanent basis.*

*The time has come, once again, for Bathurst people to stand up and say "Not on our watch!" We will not let it happen!*

*We understand that the Health Service has been given till Wednesday this week to appoint a replacement Oncologist Pharmacist so that Chemotherapy treatment can resume at Daffodil Cottage.*

*If this does not happen then it will be again necessary for Bathurst people to rally in support of Daffodil Cottage. Get your Yellow T-Shirts, Hats, Ties, Scarves, etc ready to show our support for the Cancer Patients and Staff.*

*At this stage, Friday 10 July is proposed as a suitable day for such a Rally to take place at Daffodil Cottage. Further details will be forwarded later in the week.*

*Please send this on to your friends, workmates, acquaintances, etc to spread the word.*

*Regards*

Kent & Dianne McNab

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Council insists continuity of services provided by Daffodil Cottage be guaranteed even if from a different address in Bathurst.

### **Additional services needed**

The paragraphs above represent the pressure points identified by the community of Bathurst and their representations to Council. However, there are numerous other services Council is advised are under-resourced including gastroenterology, renal medicine, palliative care, geriatrics, neurology, rheumatology, endocrinology, outpatient rehabilitation, oncology and multidisciplinary clinics.

### **Sample letters from members of the community**

The terms of reference of the Inquiry include listening to examples of the patient experience.

**Attachment 6** contains a number of unfortunate stories provided by members of the community on various occasions as publicity about health services in Bathurst arises.

### **Infrastructure Planning**

Council is a partner with LHD, the Department of Planning, Industry and Environment and Charles Sturt University, and separately with the private sector, to develop long term health infrastructure plans for the Bathurst region and applauds the commitment of the partners in this goal. Council acknowledges the recent announcement about a new long overdue MRI facility at Bathurst Hospital. A proposal has also been announced for a new integrated medical facility and private hospital in the Bathurst CBD.

Time is of the essence and Council reinforces the need to finalise infrastructure planning. However, planning for infrastructure is only a first step. Council expects the NSW Government to prepare, adopt and publish its long term capital works schedule for health infrastructure in the Bathurst region, as it expects Council to do for Council's infrastructure planning, to advise the community if, when and how much it will invest. Further, the NSW Government needs to provide the LHD and BHS with sufficient people to properly operate the range of services such new infrastructure will allow. Only then can the community be assured an adequate service will be available.

### **Something not right inside the system**

Council has noticed that there are frequent staff vacancies at Bathurst Hospital and difficulty filling them, with what seems to be an overreliance on locum workers. The 2014 report identified similar problems, indicating an entrenched shortcoming. Occasionally, frustration with working conditions is brought to Council's attention. These could be indicators of something not right inside the system. In general, Bathurst is an attractive place live and attracts workers from other sectors of the economy intent on relocating to Bathurst. In addition to creating Bathurst Hospital as an equal with Orange and Dubbo in the LHD structure, Council encourages management of Bathurst Hospital to look for and correct any causes of low morale or rejection of the hospital as an employer of choice.

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One of the points of frustration brought to Council's attention is the need to strengthen collaboration between Bathurst Hospital management, clinicians, Council and the broader community in developing new ways of working together, to reimagine innovative ways of delivering health and wellbeing locally, and in turn to maximise clinician engagement and morale and attract new sources of funding.

## **Conclusion**

Council has been patient in waiting for long overdue improvements to health services to the community of Bathurst but frustration is escalating. Council hopes the Inquiry can encourage the Government of the day to prioritise their delivery.