Submission No 246

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

Name: Mr Ryan Park

Date Received: 11 December 2020

Ryan Park MP
Member for Keira

11 December 2020

Hon Greg Donnelly MLC
Chair
Portfolio Committee No. 2 - Health

Dear Chair Greg.

Firstly I would like to thank and congratulate the committee for establishing this inquiry.

It is important that this inquiry be focussed on solutions not just the issues. There certainly are plenty of stories that should be told but we need to ensure that in order to improve services we are demanding change. If this inquiry only focussed on the problems, there will be little expectation on the NSW Government to implement solutions, which is what the community is demanding.

There is an opportunity in this inquiry to reframe the discussion around solutions.

We need the inquiry to be focussed on what works, why it works and how to adapt and implement it in other rural and remote areas to improve outcomes.

It has become quite apparent to many that, there are two different levels of healthcare in NSW. One for the cities and one for the bush. Our community expect and deserve better than this.

There are too many tragic stories of families losing their loved ones because they were failed by a system that is underfunded and understaffed.

Community Engagement

Community engagement and lack thereof has been something that is consistently raised with me by people living in rural communities in terms of feeling as though decisions are made about what healthcare services they need, instead of seeking the communities input into any changes in service delivery.

Services which are failing can at times be attributed to the fact that little to no consultation with the locals has taken place.

For example I am aware that Goodooga in remote western NSW had their health services cut without telling them, the community of Warren lost their dialysis and

Office: 247 Princes Highway,
Corrimal NSW 2518
Phone: (02) 4285 1588
Email: keira@parliament.nsw.gov.au
www.ryanpark.com.au
facebook.com/RyanParkMPMemberforKeira
twitter.com/RyanPark_Keira
instagram.com/ryanparkmp

Coolah lost its family health nurse. This has left these communities frustrated with the Government and feeling like they are simply forgotten.

Local Health Districts must put in place far more robust and extensive community engagement strategies when any significant change to the delivery and model of health services is to be undertaken. These communities understand that there can't necessarily be a major hospital in every rural town or village. However it is so often the case that they are not seriously and appropriately engaged as to the type of services that may best suit the health profile of their community.

Staffing and resources

Nurses and doctors are struggling with being under-resourced, under-funded and a culture of stay quiet at all costs. This must stop.

Data from the National Health Workforce Dataset show that the total clinical FTE for health professionals per 100,000 population generally decreased as remoteness increased. In 2017, the rate of allied health professionals, dentists and pharmacists was lower in regional areas and lowest in *Remote* and *Very remote* areas compared with *Major cities*.

A thorough review and investigation by the committee looking at incentives and initiatives designed to attract and retain health professionals is critical. We must look at what is working on the ground and how we do more of this rather than simply always saying that we have a workforce issue. Yes there are challenges but the inquiry needs to look far and wide and ensure it examines jurisdictions both here and internationally in terms of the best practice initiatives that working in terms of retaining staff in locations outside the large metropolitan areas.

Access to health care

Those living in rural and remote areas often have poorer health outcomes compared with those living in the city. They have higher rates of hospitalisations, mortality, injury and poorer access to health care services.

People living in remote areas of NSW may need to travel long distances or relocate to attend health services or receive specialised treatment.

The way people in rural and remote areas access primary health care often differs to those in metropolitan areas. For example, facilities are generally smaller, have less infrastructure and provide a broader range of services to a more widely distributed population. Rural and remote populations also rely more on general practitioners (GPs) to provide health care services, due to less availability of local specialist services.

Unlike what we have in our major cities, the health system in rural and remote communities plays greater significance in terms of the economic and social impact it

makes at the local level. Investment in health is crucial by bringing secure jobs and investment, stimulating economic activity and addressing social determinants.

Metropolitan models which have been in place in rural and remote communities simply don't work.

I urge the inquiry to look at models from across other jurisdictions.

In Victoria for instance, they aim to bring together multiple funding sources from across government to be delivered in more remote areas. This focus allows for a reduction in duplication, an improved targeting of solutions to reduce poor health, education, economic and social outcomes.

The Queensland Government has published standards about what each type of hospital should offer and classifies all hospitals based on geography and demographics. Currently in NSW we don't have such standards meaning there is nothing to drive Treasury decision making about the allocation of funding to rural health. At the moment, levels of services are decided based on the funding available, rather than health needs. The outcome is that the allocation of resources is to major regional centres at the expense of rural and remote healthcare.

Australian Institute of Health and Welfare (AIHW) figures released in July 2019 show the further Australians live from capital cities, the higher the rate of potentially avoidable deaths.

According to these figures, for every 100,000 people, there are 91.6 avoidable deaths in major cities, compared to 248.7 avoidable deaths in very remote parts of the country.

AIHW report from October 2019 states on average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services, compared with people living in metropolitan areas.

People in regional and remote areas have higher prevalence of selected chronic conditions including Arthritis, Asthma, Diabetes, mental and behavioural conditions.

2019 Emergency department figures for regional NSW hospitals show that they are feeling the neglect of the health and hospital system.

At Dubbo Hospital, more than 40 per cent (41.1 per cent) of T2: Emergency presentations were not seen in the clinically recommended timeframe. At Lismore Hospital, more than one-third (37.5 per cent) of T3: Urgent presentations exceeded the clinically recommended timeframe, representing a 15.1 per cent increase since the same period in 2018.

The health and hospital system across the state is under enormous pressure with the waiting list for surgery blowing out to over 100,000. In regional NSW, hospitals such as Wagga Wagga (365 days), Goulburn (383 days), Lismore (399 days), and the Tweed (432) all had at least ten per cent of patients waiting a year or more for surgery.

Data released in January from the Public Health Information Development Unit shows us that:

- Avoidable deaths can be twice as likely in rural and regional communities when compared to cities
- The median age of death for those in Sydney (79) is more than a decade higher than residents in our most remote communities (66)
- The highest rates of preventable hospitalisation and preventable chronic disease are in regional and rural areas

Rural communities have less access to services and bulk billing and regional Australians see their doctors at half the rate and mental health practitioners at one-fifth the rate.

A complete examination of funding delivered to rural and remote communities is paramount if we are to start to address the health needs of populations living in these areas.

Telehealth

Telehealth is growing right across NSW especially with the global pandemic however there remains widespread concern that it will be used to replace onsite doctors in rural and remote areas. Telehealth should be used as an enhancement of health care **not** an opportunity to try and cut costs. Whilst I have spoken with many residents living in rural communities who say having access to specialists more frequently through telehealth is a positive, no one wants to see this model replace existing clinicians and health professionals located in these areas.

In fact a recent survey carried out by the Rural and Remote Medical Services Ltd found 99.2% of people who responded to their survey believed having a local GP in town was important.

Whilst it certainly has a role to play there is a risk if used to "replace doctors" that this will undermine rural and remote health systems forcing out local pharmacists and other allied health professionals. Decisions by Local Health Districts to replace on-site GPs with a Telehealth model has not been supported by local communities and anger from the community regarding using Telehealth to replace rather than enhance services was evident when the Sydney Morning Herald reported the death of local Gulgong resident Dawn Trivett.

Accessing Cancer Services and Treatment

Cancer services and the way in which rural and remote communities access these services is an issue that has come up regularly in discussions I have had with local community members and Councils as I have engaged with them over the course of the last year.

The highly respected Cancer Council, who I understand is also making a submission to this inquiry has outlined a number of areas where they believe a real focus needs

and these areas align with the feedback that I have heard directly from community members and frontline health workers, nurses and clinicians.

The Cancer Council has highlighted that the Optimal Care Pathways that are well known and developed for cancer treatment are not effectively embedded in the operational plans of Local Health Districts. This means that patients undergoing a cancer treatment in rural and remote areas do not often have access to the high level of care and treatment available to those living in major metropolitan areas.

The Cancer Council and other local residents have raised with me concerns around the existing Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). The cost and impact that travelling large distances for cancer treatment and appointments was raised as part of a recent survey the Cancer Council carried out. The feedback we have received is that the scheme is difficult to access bot in terms of eligibility and ease of completing the required documentation and I would be very supportive of a complete review of this scheme informed by people such as the Cancer Council and others who are treating and working with patients needing to travel substantial distances to access services.

Finally, I would like to request that the ***Committee ensure it holds its hearings in rural and remote NSW outside of the major centres***. I believe this will provide an even greater opportunity for residents and service providers to have their voice heard and to raise their concerns and perspectives directly with yourself and other members of the Committee.

Thank you once again for the opportunity to contribute to this important Inquiry and feel free to make contact with me at any stage should you require further information.

Yours sincerely

Ryan Park MP
Member for Keira
Shadow Minister for Health
Shadow Minister for Housing and Homelessness
Shadow Minister for the Illawarra and South Coast