

**Submission  
No 264**

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

**Organisation:** Mid-Western Regional Council

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## Submission to the NSW Legislative Council Inquiry into Health Outcomes and Services in Rural, Regional and Remote NSW

This submission is made on behalf of the community of the Mid-Western Regional Council. There is no doubt that the provision of medical, hospital and emergency services throughout New South Wales is a complex and expensive exercise. Access to health services is regularly identified as the most important consideration for people considering where to live, where to work and where to raise their families. The provision of these services is one of the major tasks of the State Government.

Recent incidents in our community have put the delivery of emergency services under the spotlight and have been widely reported in the media. They have also been brought to the attention of all levels of NSW Health and the Minister. For our community, these concerns have been related to the provision of emergency services at the Gulgong Multi-Purpose Service. However, there seems little doubt that the fundamental issues will exist in rural, regional and remote areas right throughout the State.

Ultimately, the question is a basic one – if a person in a rural, regional or remote location is seriously unwell and their life is in danger, will they be seen by an appropriately trained medical professional?

### Telehealth

Looking at the wider health service, it is understandable that some medical and health services could be delivered in ways that are more efficient and that there are opportunities for the use of telehealth in these circumstances. However, the community is extremely concerned about the use of telehealth as the default option for the provision of emergency medicine. Even when telehealth has been used, there are anecdotal reports of nursing staff being unable to successfully connect with a doctor through the telehealth system.

*It is recommended that this inquiry examine whether the use of telehealth is an adequate and appropriate replacement in emergency medicine.*

### Recruitment of doctors in rural, regional and remote areas

Attracting doctors to rural areas has been a concern for decades. There are many layers to this public policy issue. Mid-Western Regional Council has been involved in a number of initiatives over the years including:

- The donation of land for the construction of a home to house students doctors from the University of Wollongong who are undertaking placement work in the local community

- The purchase of a house to accommodate medical professionals at Rylstone
- Financial contribution for the Mudgee Region Scholarship to support students in health related fields at the University of Wollongong
- Rental support for doctors providing services in Gulgong

Similar initiatives exist throughout the state in many local government areas. Despite the worthiness of these programs, the recruitment issue remains a significant one in communities in NSW.

It is clear that more still needs to be done in this area. A long-term approach is vital. We need to put significant resources into creating more liveable communities west of the Blue Mountains that are able to attract medical professionals to live in these areas. This includes investment in quality schools, roads, nursing homes, community facilities and recreational and cultural facilities to provide a level of liveability to match major cities.

Public policy also needs to consider the ways that students are brought into the medical training system through Universities. More bonded scholarships are required that provide return of service obligations and ensure that a steady stream of trained doctors are undertaking several years of rural or remote medical care as a way of reducing their fee burden.

*It is recommended that this inquiry consider a review of the longer-term process of attracting doctors to rural, regional and remote communities.*

### **Visiting Medical Officer Contracts**

The circumstances at Gulgong MPS highlighted the issues around VMO contracts and how they are managed. Looking at the situation in its simplest terms, there was a doctor willing to continue to provide VMO services at Gulgong. However, the contract had ended and so he was unable to provide these services. Gulgong MPS was therefore left without a VMO for several months.

At the very least, more needs to be done to manage these contracts to ensure that a hospital or MPS is not left without access to a doctor. The use of temporary contracts or the temporary continuation of existing contracts may allow services to continue while alternative arrangements are being sourced or finalised.

*It is recommended that a review of the processes around the establishment of contracts for Visiting Medical Officers be undertaken to ensure that facilities are not left without the ability to provide adequate emergency services.*

Mid-Western Regional Council appreciates the opportunity to make this submission and wishes the Inquiry well in their considerations of this matter and in developing meaningful recommendations for action to ensure that the health and wellbeing of our rural, regional and remote communities is improved.