

**Submission
No 278**

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

Organisation: Old Bonalbo CWA

Date Received: 13 December 2020

Comments on local health services:

Bonalbo and district covering Old Bonalbo, Bonalbo, Tabulam, Mallanganee, Drake, the many rural properties and smaller holdings with a large number of senior and lower income people living in the area. Also quite a number of First Nation people who live in and around this area on country.

The relatively new MPS at Bonalbo (which is a godsend) is not working at full capacity and does not have enough staff within the MPS or from the visiting healthcare professionals.

1. Medical cover is falling short with the only Doctor supplying part time service to the community which is wide ranging in both substance and location in this physical area.
2. It would appear that nursing staff are under pressure with recruitment practices facing many problems having to be both ED skilled and aged care resident savvy when there is no available doctor.
3. Professionals who visit tend to be ad hoc with very few having a relief person when they are not available. Clients with chronic illness and varied complex needs are generally travelling 70-100 plus km to access private or public allied health. This becomes impossible for the ill person due to our poor roads and lack of public transport links. Often the partners or carers of these people have their own health issues.
4. Lismore Base hospital can be accessed for urgent acute quality health care. However, there seems to be an overwhelming issue with the hospital releasing patients at all hours (especially in late night hours or early mornings). Many of us have experienced the call at night to say, "they have let me go home and said I cannot stay inside until someone comes to get me". This invariably happens at 8.00 pm or later. In my case especially, this means getting in a vehicle, travelling rough roads, avoiding kangaroos, possums, wild dogs, cattle, horses etc., etc. for at least 2.5 hours in the dark (no street lights here!) picking up the patient then turning around and reversing the process.

I know that this is NOT an uncommon complaint and has happened to so many people.

5. There is not enough public transport to accommodate the health needs of residents here. The community relies on the weekly small community bus and various volunteers to carry them to appointments in Lismore/Casino, etc. It is not ideal and many people have appointments as far as Brisbane, Tweed Coast or Newcastle/Sydney. Arrangements are made well in advance but specialists tend to change the appointment times whilst the person is travelling. (Just happened to my brother - specialist changed it 4 times for a booking from 5 months ago - 3 times in the last week.)

It is understandable that things happen as they do and it would be very difficult to meet up with all the varied appointments using public or targeted personal transport. However, a

regular dedicated public service (bus) or personal driver may be the only way to address this problem.

6. There are a large number of First Nation people out here but communication does break down when the person is quite ill.

7. Due to the distance involved, many people are very tired and sore by day's end. If there are better ways to remedy this, it would be very much appreciated. A whole day is required to attend appointments and much of this could be shortened if there were more professional associated services coming to the MPS. A second doctor for Emergency Department patients and the overflow from the Private Clinic (which is now fully booked) is a necessity. Families are having difficulty accessing the doctor now through the ED as he is so busy.

8. Another problem which has come to light is that xrays, scans, etc. taken are not being shared to the local doctor when the patient comes to see him. It would appear that there is a breakdown in communications between doctor-doctor, testing and recording between hospital to hospital of a patient's records. The information is obviously important to the diagnosing and treating doctor and somewhere there is an unwillingness to share this for the patient's wellbeing.

9 Many people with medical problems are moving to the cities simply because of the lack of sufficient health services in the country. The depopulation of the Australian rural areas is (dare it be mentioned) a strategic problem from many socio perspectives. Many people have to move from the community culture and friendships that exist in these areas. The upheaval is traumatic in most cases with the loss of belonging endemic.

10. Mental health is also not easily addressed in these areas. Again the lack of first aid for mental health and continuing support for those with chronic conditions is not being continued. Rural areas in particular suffer most from mental health issues and not enough professional care is being provided.

I have interspersed these points with my personal experiences. By no means am I alone in this and our group members would endorse this as it has happened to them also.