

Submission
No 289

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

Name: Name suppressed
Date Received: 11 December 2020

Partially
Confidential

Over the years there has been a systematic erosion of Rural Regional and Remote (RRR) services in NSW. Successive governments have directed the removal and closure of many services. Maternity and operating theatres in many centres that once supported thriving small hospitals and were the largest employers in the town are now closed. Clinics have been shut down women's health nurses and diabetes services no longer exist in many site, community and mental health has been scaled back. However Obesity, type 2 diabetes and suicide are on an increase Additional Allied Health service have been removed increasing the workload for nurses, service such as social work and physiotherapy, nurses in the bush are a jack of all trades.

(RRR) NSW have suffered from catastrophic natural disasters such as drought and bush fires and towns had endured severe water shortages. Unemployment due to natural disasters and the loss services and industry. Despite the suffering that country people have experienced, prospective employees to the country seem less willing to share the pain by come to live in (RRR) settings. In 2016 the most commonly reported industry of employment in small towns was Health care and social assistance (13%), followed by Retail trade (11%) and Construction (9.6%).

Current figures are hard to find but this overview paints a dismal picture of rural health, and services have only declined since 2016.

National Health Performance Authority data show life expectancy at birth in 2011 ranged between 82.0 and 83.6 years in metropolitan catchments, 81.4 to 81.6 years across catchments in regional hubs and 78.3 to 80.6 years in rural areas. Moreover, there were an estimated 115 avoidable deaths per 100 000 people per annum in metro areas, versus 171 per 100 000/year in regional hubs and 244 per 100 000/year in rural areas.

In 2006, very remote areas had, per 100 000 population:

- 58 GPs (versus 196 in capital cities)
- 589 registered nurses (versus 978 in major cities)
- 64 allied health workers (versus 354 in major cities).

(<https://www.westernalliance.org.au/2016/06/the-great-health-divide-why-rural-australians-have-poorer-health-outcomes-than-their-urban-counterparts>)In 2016, very remote areas had, per 100 000 population:

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In 2020 the Australian Institute of Health and Welfare reported

“All is not equal

A person's health is closely linked to the conditions in which they live and work. Factors such as socioeconomic position, educational attainment, employment opportunities, disability status, access to health services, social supports, and the built and natural environments can strengthen or undermine the health of individuals and communities.

Generally, Australians can expect to enjoy long and relatively healthy lives, however, there are disparities across some population groups.

Often, people living in rural and remote and/or lower socioeconomic areas, people with disability, and Aboriginal and Torres Strait Islander people experience higher rates of illness, hospitalisation and death than other Australians." Australia's health 2020: in brief, Summary - Australian Institute of Health and Welfare (aihw.gov.au)

There are four LHD in NSW that have the bulk of Multi Purpose Services' (MPS's)

MLHD

Hunter and New England

Western LHD

Far West

With other LHD such as North Coast, Mid North Coast and Southern.

These MPS and Peer Group D hospital all share the same issues and listed are the issues;

Isolation of Staff particular in the Emergency Department on Night, Evening and weekend shifts

Few Health Safety Representatives 's (HSR)

Skill mix of Staff (often junior or Grads)

Eight Hour Shifts on ND (10-hour Shifts is Gold Standard ensuring adequate handovers, education for the staff and fatigue management)

Education- very few educators on the ground

Classification of ED Departments 1-2 some are inappropriate

Noncompliance with Award requirements 2 RN on each shift with Level Two ED

Good will of nurses to be available to support colleagues but not be paid on call.

Managers on call constantly because they live in town.

Addition to workload due to VCare or Critical Care service.

Winding back of services such as maternity, theatres and many community positions

Mental Health service -and mental health services are limited

Contributing Factors:

Skills shortage both GP and Nurses

Recruitment and retention of personal

New GP Service being rolled out to the point that some hospitals have become virtual-Narromine and other services now have the service of 16 GP in Western who could be anywhere in Australia (More work for Nurses)

No Security Services – duress to Melbourne or Sydney

Police off duty around midnight in most centres

Ambulance services often of fatigue or out of town when required (CERS assist)

Building are old and not fit for purpose

Budget is overriding concern for LHD's

Over the past 4 years I have travelled to at least 50 MPS's across the state and many Peer Group B,C and D Hospitals. Health Care services to RRR communities is in my opinion in crisis.