**Submission No 291**

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

**Name:** Name suppressed

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This submission relates to Coolah NSW [population 900] within the Western NSW Local Health District & approximately 150kms from our nearest regional city of Dubbo.

I've included a timeline as a simple reference.

The MPS healthcare model is promoted as tailoring healthcare needs for the local community by integrating health, aged care services & emergency services to provide flexible health service delivery. Contrary to the claims of the then local MP Kevin Humphries that MPS environments encouraged better care closer to home & better experience for patients, neither has been evident in our community & Mr Humphries & others were advised as such, in writing, on more than one occasion. MPS health services provided to our community have deteriorated markedly with both verbal & written complaints lodged by patients in the past. In one serious complaint the HCCC found that "no individual was found to have provided care and treatment that was below the standard reasonably expected or that would pose a risk to public health or safety". If the HCCC did not consider this appallingly neglectful mistreatment to be below the standard of care reasonably expected I would argue that the standard is too low at best or that there is no standard applied at all.

Telehealth is increasingly being rolled out for use by dieticians, diabetes educators, mental health practitioners etc as a method of delivering these services to rural communities. It may be efficient & cut costs but it's not effective as the only option for rural people all the time. Our integrated health emergency service has been whittled down to telehealth & while telehealth is a tool in servicing rural communities it should not be relied as a standalone option in emergency. The tragic results of which were seen in nearby Gulgong, NSW, in October.

With the necessity for rural people to travel long distances to access appropriate medical services and procedures with generally poorer health outcomes due to the tyranny of distance it was interesting that the Ministry of Health enquired why there wasn't a better uptake of IPTAAS [Isolated Patients Travel & Accommodation Assistance Scheme]. In my experience this is due to the fact that many rural patients are not aware this assistance is available. It would be a worthwhile use of rural health funding to promote IPTAAS to rural people effectively i.e. TV ads - not via a round of wasteful pamphlets or wall posters. This would in turn provide more people with the travel subsidies they need to access regional services. There's also an impediment for the aged accessing the care they need with 'community cars' costing $75 for a pensioner to get them to an appointment in the nearest regional city where their specialists are available. This is too expensive especially if there are numerous appointments or where the specialist charges well beyond the Medicare rebate. Despite $15 million being spent on upgrading the Coolah MPS there is still not enough accommodation for our local aged residents who are forced to seek options elsewhere far away from family & friends once they can no longer manage in their own homes.

The Coolah District Medical Centre [CDMC], a bulk billing clinic, closed permanently in March 2018 after almost four years of operation leaving the Coolah district without their only permanent, full time, resident GP & 3 rural women without a job. During his 4 years in Coolah our much loved & respected overseas doctor, moved his family here, earned his fellowship with the Royal Australian College of General Practitioners, secured a 1700 patient base at the CDMC & settled into a small town he enjoyed. During this time, he had to endure bullying, defamation & slander from members of the local health council & locum medical personnel employed at the MPS simply because of who employed him. Once Rural & Remote Medical Services [RaRMS] came to town in 2015 there was a distinct lack of consultation and/or collaboration with all stakeholders providing health services in Coolah & the CDMC was disregarded by the Western NSW Local Health District [WNSWLHD] & the

Local Health Council & RaRMS and excluded from any planning, discussion, or support services even though it was as a major provider of essential healthcare in our community.

After expenditure reportedly close to $15 million [up from the initial $8 million announced] at the Coolah MPS for the addition of only ten new hostel beds and the later addition of new GP rooms, Coolah still had no permanent doctor at the MPS. Services were provided at substantial expense by a Rural & Remote Medical Services [RaRMS] locum for five years until he hastily left town in July 2020. It should be noted that this locum GP was living rent free in a comfortable house purpose built by Council to attract a doctor to Coolah. All previous VMO's residing in the house paid rent which is a reasonable expectation. However, in this instance the WNSWLHD were also paying the rent & once this contract arrangement came to an end the locum declared he was homeless & left town abruptly. Following his departure RaRMS pulled out too leaving their patients without a doctor & more rural women without work. Although RaRMS did state that they would be looking at the Covid JobKeeper options for their staff which was not be appropriate as Covid was not the cause of a downturn in their business but access to the taxpayer funded trough is a revolving door for these health agencies.

RaRMS was established in 2001 as a not-for-profit organisation under the auspice of the NSW Rural Doctors Network. At that time, they aimed to provide practice management to enable GPs to work in rural & remote NSW as clinicians rather than small business owners. This morphed into an organisation with an operating budget of $13 million. It claimed to be NSW's, if not Australia's, largest, non-government funded, not-for-profit provider of general practice and secondary healthcare (in-hospital GP/Visiting Medical Officer) services in 13 rural/remote towns across NSW.

While healthy competition is a reasonable expectation in any business, the playing field is not level with RaRMS when they do not need to be profit driven & they garner much support from their NFP partnership organisations which small GP clinics do not. Even as a non-profit organisation RaRMS can still make a profit and benefit from their entitlements to tax exemptions and concessions.

This allows them to effectively drive out small local GP practices, resulting in reduced choice in healthcare options for our communities. This outcome provides RaRMS with a guaranteed stream of health funding which may or may not be the best use of taxpayer dollars but by then there is no other service in town for comparison.

The increasingly closed collaborations between RDN, RaRMS, PHN, WNSWLHD & the local health council signalled that solo GP practices in rural NSW had an uncertain future. That was also the view of Dr Paul Collett (Acting CEO & Medical Advisor RDN) in an email dated 01/12/2015 wherein he stated that "It would generally be RaRMS preferred option to have an integrated practice in all small towns, recognising the many practice sustainability/viability studies that have been undertaken over a number of years, including that by RDAA a few years ago that confirmed solo rural practice to be financially unviable (and professionally undesirable)." To date all agencies have acted to make this the reality. At that time Dr Collett was a Director on the Western NSW PHN Board.

The current approach to increase the efficiency and effectiveness of primary health care appears to have produced an abundance of bureaucracy within a flourishing corporate medical & Not-for-Profit industry [PHN, RaRMS] now providing services which were once the preserve of government. With health funding being absorbed into administration & management, public funded health services are diminished at the grass roots level where it should be targeted & maximised.

I have tried to draw attention to the plight of our rural town over the past few years without success & unfortunately the avoidable outcomes have now come to pass. Over time I have written to;

Scott McLachlan, Chief Executive, Western NSW Local Health District
Kevin Humphries MP
Mark Coulton MP
Brad Hazzard MP, Minister for Health & Minister for Medical Research
Greg Hunt MP, Minister for Health
Andrew Harvey, CEO, Western Primary Health Network
Chair, Rural & Remote Medical Services [RaRMS]
and in one instance Medicare, AHPRA & the HCCC.

In December 2018 a local permanent resident doctor returned to Coolah & renovated premises in the main street where she runs her private GP practice part time. She has closed her books as she cannot absorb the patient overload & there is no replacement for her either in her clinic or at the hospital when she goes on leave.

Coolah now has a vacant modern building which was occupied by the Coolah Hostel, a vacant purpose-built medical centre which was occupied by the Coolah District Medical Centre & a brand new doctor's surgery constructed within the Coolah MPS in 2018 for Rural & Remote Medical Service's locum and which was vacated by them in July 2020.

Last week I called an ambulance to our farm for a friend with a suspected stroke at which time paramedics informed me that they would take him directly to Dubbo Base Hospital bypassing the Coolah Hospital which I was grateful for at the time. Since then, I've been made aware that Coolah is now considered a 'bypass hospital' with patients being directed straight to Dubbo some 150+ kms away. What value then in vast amounts, multi millions, of taxpayer dollars spent here?

I am frustrated that those I asked for help wouldn't help me & that our hospital has been eroded from the highly esteemed establishment it was. I'm disappointed that I've been let down & our community has been let down by the people who purport to represent us & those who should be responsible & accountable for how our taxpayer dollar is spent. I am angry that this situation was allowed to go on at great expense with no intervention at any level. There were serious complaints made to the HCCC, AHPRA, Medicare, RaRMS & WNSWLHD all to no avail. There is no end to the reckless squandering of taxpayer funds, lack of proper management of our health services and disinterest in reported complaints of Medicare fraud and the poor standard of medical services provided by the local hospital.

After the recent local tragedy in Gulgong NSW the politicians have come out again spruiking billions in funding and "new models of primary care". Rural communities are tired of hearing hollow words about burgeoning health budgets & planned "new models" that gobble up funding while nothing improves for us.

The amount of rural health funding isn't an issue but the way it's misused is. New policy makers need to make better decisions in the future in the best interest of taxpayers & communities not in the best interest of private providers & layers of health bureaucracy who are unaccountable & ignorant of who they work for. Governments need to stop outsourcing their core essential services in health & aged care to private operators & NFP's at great taxpayer expense without proper oversight, regulation or follow up to ensure these agencies are providing value for money because currently they are not, and our rural areas are poorer for it.

There ends this submission and whatever insight it may bring to this Inquiry.