

Submission
No 297

**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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Partially
Confidential

Submission re rural and regional Health services

I would like to register my concerns about the increasing trend that many patients from the local Northern Rivers Community are required and expected to travel up to the Gold Coast in order to access Specialist Medical consultation and treatment for chronic illnesses in a timely manner.

I am speaking from my perspective as a semi-retired rheumatologist and having practiced as a consultant in medical practice Lismore .

It is my observation that over the last 10 - 15 years, there are increasing access problems for Northern Rivers Community patients with chronic illness and that it is hard to attract non-hospital based specialists to come to rural/regional Australia. While chronic illness is not immediately life-threatening there is significant morbidity with adverse emotional & social consequences on the patients and family. Poorly treated or delayed treatment of chronic illness results in poor outcomes and earlier mortality.

In contrast to the above comments, I have noted that the emphasis on hospital care and services has progressively increased in the last 20 years and that there are undoubtedly more acute hospital services and there has been recruitment of hospital based specialists. While I acknowledge that it is good for the community to have more acute services & more high powered imaging services available, I think there is a growing imbalance with community based needs and it is time that we worked harder for some increase in the services which focus on prevention of illness or management of chronic illness (such as Rheumatoid arthritis or Parkinson's disease.)

While the issues with Specialist workforce shortage are most obvious to patients, families and local GPs they are not the domain of hospital Administrators. Workforce data which I have seen seems to be heavily skewed towards hospital care & services. Workforce surveys conducted by hospital staff will not necessarily providing an accurate representation of community need. It is my view that the local Northern Rivers Hospital services are primarily geared to assess & treat life threatening problems, acute trauma, medical crises or acute Medical and Surgical Problems rather than the assessment, management or follow up patients with chronic illness.

There appears to be a disconnect & widening divide between the Community delivery of Medical care and the delivery of care at the Hospitals. Local GPs and community Specialists are not included in discussions and decisions about Medical workforce needs. There is little opportunity for dialogue.

In summary, my perspective as a Community based Specialist is that there are issues related to access :

1. Shortage of particular Medical Specialists in rural / regional Australia & in particular, the Northern Rivers area of NSW which has an increasing population.. Examples of shortages include Rheumatology, Geriatrics, Neurology, Cardiology, Palliative Care, Ear Nose and Throat Surgery. Many patients on the Northern Rivers are needing to travel to the Gold Coast for their treatment, This is costly for patients and contributes to poor follow up which is a poor model of care. There are economic consequences for the local area.
2. The current trend of LHD / Health Department employment of Staff Specialists (rather than Visiting Medical Officers) does not serve the Community need because rural/regional hospitals run very few outpatient clinics so the patients are not seen in a timely manner. The Staff Specialist model of care is a metro model and based on 2 or 3 half day clinics a week and shorter clinical face to face working hours. The Staff Specialist model of care does not work well in rural Australia where I believe that medical staffing must be available for chronic care and follow up and treat and manage patients face to face for at least a full working week. Rural Medical services need to be set up to allow doctors to see more patients in order to serve the community.

Delivery of health care is a complex area and there is no simple solution to address the disparities between metro and rural/ regional

Some suggested solutions which are worth review and further discussion are

- Medical Student Selection Criteria : Funding to cover a significant Increase in the number and percentage of rural origin medical students. Rural students are more likely to return to rural Australia. At the moment there are not enough rural entry students
- Increase the number of Aboriginal medical & health care students and provide dedicated mentoring & support from rural practitioners
- Increase the number of medical students who are doing at least a year of rural training and provide appropriate funding for teaching and training for medical and healthcare students in rural/ regional Australia. The funds need to be specifically allocated and directed to Medical & Healthcare Education facilities at the sites where the teaching is being delivered.

- Provision of funding for outpatient facilities at rural/regional hospitals to cater for chronic illness e.g Outpatient clinics for Osteoporosis, Arthritis, Neuromuscular diseases, Geriatric Assessments etc Currently rural/regional hospital services are not catering for outpatients for chronic care so this is an area which appears to be completely neglected
- Increasing the financial incentive payments for rural based practice on the basis that there is often increased complexity (due to the distances travelled by patients and late presentations.)
- Targeting of increased support and incentives for Community- based practitioners who are residents in rural/regional Australia and who are prepared to invest and set up their own clinical practice in the Rural/ Regional Areas. Incentives for resident and existing Medical Practitioners to stay in a rural area would be more helpful than providing incentive funding for fly in fly out services. (which are not the ideal option.)
- Provide access to Professional Practice Support payments for all Specialists who are resident and practicing medicine in Rural/Regional Australia -- currently these incentives are only available to Hospital- based Specialists. All Specialists who provide rural services need to be supported for their CPD (Continuing Professional Development)

Thank you for taking the time to consider my submission.