

Submission
No 308

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

Name: Name suppressed
Date Received: 13 December 2020

Partially
Confidential

Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote NSW

Warren NSW 2824

Services lost

The last 20 years has seen many services lost or reduced from the Warren Community

- All obstetric services, thus midwives cancelled registration
- Haemo-Dialysis - had 2 chairs both utilised 3 x week until 2015. Currently local resident required to travel to Dubbo Base Hospital (DBH) 4 times a week for 4 years. Aware of community members who are requiring this service in the for seeable future
- Full time radiology service, currently 2 days per week and can be cancelled at short notice, dependent on staffing levels at DBH radiology dept.
- Physiotherapy service –2 days/week Currently no service as Dubbo Base Hospital withdrawn service
- Aged and Disability Services – Offices removed from town replaced by centralized intake, My Aged Care, NDIS and community require masters degree to access and very disjointed, even with an advocate difficult to navigate.
- Occupational Therapy and Speech services expensive and difficult to access despite importance of the first 2000days. Speech therapy program have annual intake June/july each years. At 10 visits per year this is only consultative not therapeutic. Ability to thrive at school made more difficult.
- %Emotional developmental vulnerability in children at their first year of school, on average, 2018 is 11.5 compared to NSW 6.8.
- No Occupational therapy service to Warren
- Acute beds 12 now 5
- Loss of Skilled staff- Aged Care Manager for 30 aged care beds, FT Health Service Manager Warren MPHS, now covers Trangie and Warren. Increased reliance on Agency staff or contracted staff
- Diversional Therapy for Aged care residents gone.
- No MPHS daycare service and bus to transport residents to community events and outings
- 2.5 FTE GPs now 1.5 with need for ongoing use of Locum services to maintain health care to the community. Unsustainable long term due to inadequate funding and competitive market.

- VMO coverage was fully covered by 2 GPs in private practice, now reliant on ever increasing virtual service. No GP on call at times for weeks thus no Dr to suture wounds, apply a plaster or back slab to a broken bone.
- Loss of continuity of care, lack of communication between service providers.
- Paediatrician, 3 monthly visits for several years into 2016 no longer occurs. All children required to be seen in Dubbo.

Access to GP services

- RACGP and ACRRM training graduates to work in rural NSW but if unable to be supported, mentored or unable to utilize their skills, they find rural and remote NSW unattractive to work in.
- Reduced VMO contract hours makes these areas less attractive.
- Rural and remote towns need good medical services to maintain other professional services. (law enforcement, education, attract and maintain other businesses)
- LHD not renewed contracts or reducing hours of coverage with local service providers to ensure VMO coverage to the Warren community
- Employment of overseas trained Drs is counterproductive as they quickly move on, they don't see rural, remote NSW as an area to carve out a career.
- Ongoing cost of utilizing Locums – inadequate funding and the competitive market.
- Local GP practice unable close books to new patients as only service for 80+kilometers

Access to specialist service

Regional centers have long waiting lists

- Public cardiologists not accepting new referrals
- Public respiratory physicians, waiting list > 6 months
- Paediatrician services waiting list > 6 months
- No Public ENT specialist, required to travel to Orange.
- Elective surgery- joint replacement, cataracts > 365 days
- IPTAAS requires initial outlay and funds travel to the nearest service.
- Marrabinya, only fund travel and medical expenses for 6 chronic diseases for patients of Aboriginal or Torres Strait Islander descent
- Increased utilization of specialist services through telehealth has sped up access to specialists, namely rheumatologist, endocrinologist, and pain specialists without the need to travel.
- Renal specialist continues to provide a regular service to Warren either face to face or via telehealth

- Warren LGA residents participating in the Western NSW Community Health telephone Survey, 2018, Top 3 gaps in health services where you live identified medical specialists/ specialist services an issue by 34% of participants (Linda Mason western NSW PHN 2020)
- 31% of participants in the above survey identified more or better specialists/specialist services as health service improvements needed.
- Health service improvements needed 27% of people surveyed reported more GPs/ better quality GPs required.

Community Concerns

- Access to GP services, local access more GPs identified
- VMO contracts being reduced and replaced by Virtual service
- Ongoing loss of health services
- Demand for Aged care services to meet demand – Care packages, Residential aged care, Dementia care
- Access to services outside of the local town, lack of public transport, community transport unable to meet demand. Patient flow and ambulance service transfer patients in emergency or between facilities. Increased use of family or friends transporting patients to DBH for admission and or ongoing care.
- Identified in Warren LGA residents participating in the Western NSW Community Health telephone Survey, 2018, 31% of participants identified transport/ travel distances to medical services as a key area of concern
- Supports for high-risk families – D&A service, Mental Health Services, Community Services, family violence services.
- Increased demand for mental health services.
- 43% of participant in 2018 Western NSW Community Health telephone survey identified alcohol and drug use as a concern facing our community
- 26% of people in said survey identified mother and baby health/maternity as health concerns for the Warren community
- Cancer rates – higher incidence and mortality is of serious concern. Warren has 3rd highest rate of cancer incidence (42)and the second highest rate of cancer deaths (115) from 2012- 2016 as per HUI Warren mini–Health Needs Assessment September 2020 compared with RR with NSW incidence 1.38 and deaths 1.26.

What's working Well in Warren

- Locums providing a regular service, provides continuity of care
- Pathology Services x 3 services providing 2-5 days a week service, including a home visiting service.
- Regular podiatry service, available at GP practice
- Regular diabetic educator service, at GP practice with increasing need.
- Regular dietician, with waiting list, for patients with chronic disease, available at GP practice
- Regular mental health counsellor, service recently increased to weekly service available at GP practice
- Return of local dental service
- Resident Exercise Physiologist
- Opportunities to access various exercise programs, gyms