

**Submission
No 341**

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

Organisation: Walgett Shire Council

Date Received: 13 December 2020



Shire of Walgett

ABN 88 769 076 385

Reference: Mike Urquhart

6th December 2020.

Attention Committee Chair
The Hon Greg Donnelly MLC
Health Outcomes & Services in Rural, Regional & Remote NSW
Parliament House,
6 Macquarie Street
SYDNEY NSW 2000.

Dear Mr Donnelly,

Re: Submission to “Health Outcomes & Services in Rural, Regional & Remote NSW

On behalf of Walgett Shire Council I submit the following submission in relation to the abovementioned inquiry.

Walgett Shire

The shire is situated in far north-west New South Wales with a population of 6,100 dispersed among the three (3) major towns, smaller villages, Aboriginal villages, rural properties and mining camps. Approximately 46% of Walgett Shires population is Aboriginal.

The Walgett LGA is rated on the SEIFA Scale of socio economic status as the third highest disadvantaged Shire in NSW due to its remoteness, limited employment prospects, disadvantage and generational welfare dependency, the Shire also has the third highest recorded statistics in relation to chronic health and diseases.

Background to Submission

Council is concerned with the replacement of face to face primary care with the telehealth platform.

In this region the shift to a Telehealth platform commenced in 2013 when the WNSWLHD considered the technology as a support tool, allowing remote and aging communities improved access to specialist services located in the larger regional centres. The service would complement the 24/7 face to face, primary care provided by doctors at local hospitals throughout the region.

On the 26th November 2020 Western NSW Local Health District announced its new provider of medical services to the Walgett Shire, and the outcome of the tender process finds the Collarenebri community having its face to face primary care service reduced by 53% to three (3) days a week, with access to doctors outside these core hours via telehealth and at other times with outreach from Walgett.

In a number of smaller towns across rural NSW telehealth has replaced face to face primary care General Practitioners, this is placing residents/patients at high risk, with increasing levels of unnecessary pressure on nursing staff, and increased incidence of trauma and in some cases death and long-term recovery for others.



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Locally - Council and Community Concerns – (*The erosion of face to face primary health care*).

The face to face General Practitioner primary care is essential aspect of health service delivery to the greater Walgett shire, any reduction in the number of face to face days may have serious ramifications, and would no doubt put more vulnerable residents at greater risk of harm or long-term recovery from injury. A shift to “Virtual Rural Generalist Service” VRGS is not considered a satisfactory alternative to appropriate 24/7 face to face primary health care for the residents of Walgett Shire. This form of medical consultation service will no doubt have shortcomings in some towns as internet connectivity is unreliable, and this may have serious consequences for patients. I am not saying this technology is not unsuitable, it has its place as a support tool for specialist services, but not primary care in rural remote NSW.

Our shire faces many challenges and Council is of the opinion any change in direction for face to face hours for our communities is unacceptable and fly’s in the face of the WNSWLHD 2016-2020 Strategic Plan where the Chair Robin Williams states,

*“We are proud of what we have been able to accomplish together over the past three years. However, there is still many challenges for us to tackle to create a compassionate health care system that consistently and reliably provides the highest standard of care to people **no matter where they live**”.*

It is a well-known fact our remote shire experiences, poorer health, a high degree of chronic disease, an aging population, and lower life expectancy, and this is acknowledged by the WNSWLHD, therefore, it would be unwise to embark on a journey to lower the present standard of care, in particular when the demand for medical services is only going to increase in time. This position is supported by the Australian Institute of Health & Welfare

“On average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services, compared with people living in metropolitan areas”.

Access to 24/7 medical care is critical for the on-going well-being of our rural and remote communities, VRGS or telehealth is not an option for any hospital, and the recent tragic death of a patient at Gulgong Hospital serves as a stark reminder, that our hospitals must have 24/7 face to face emergency primary care.

Our community generally understand the resourcing constraints placed upon the Health Service for delivery of health care to our remote communities, however, it would be a bitter pill to swallow for residents if services were to be continually reduced as part of a NSW State Government cost cutting exercise.

The community are really concerned for the high risk residents in the area, such as the six (6) children in the shire that suffer from heart related conditions, I hate to think what will happen to these poor children should they require urgent medical attention outside the minimum face to face hours. It has also been rumoured that Chemists in our smaller communities may be forced to close as a result of reduced face to face medical services, just another blow to rural remote NSW.



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Other Concerns for Rural and Remote Health Outcomes.

“The UN Committee on Economic Social and Cultural Rights has stated that health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity”.

People living in rural and remote NSW do not enjoy the same healthcare as those people living in more densely populated regional or metropolitan areas of NSW as it all depends on the availability of a doctor. The tyranny of distance continues to shape the Australian outback, only now it's the delivery of primary healthcare.

A reduction in GP primary care must increase the cost of patient transport services, with a greater reliance upon for the RFDS, Air Ambulance, Child Flight and other aero-medical service aircraft providers, to convey category 1 and 2 patients to regional health centres. Surely, it must be more beneficial for the NSW Government and remote communities to invest in local GP services.

The Queensland Government runs a highly successful program (Rural Generalist Pathway) aimed at encouraging and recruiting medical graduates to choose rural general practice. The NSW government should design and develop a similar program that gets away from the metropolitan focus of GP training.

The recent WNSWLHD tender process has made rural and remote communities in far west NSW more aware of the changing face of medical services in their towns, and be rest assured they will in future closely monitor and generate adverse media should medical services continue to decline.

The NSW Treasury efficiency drivers for the FNSWLHD has resulted in a centralisation of services in Dubbo and Orange at the expense of rural and remote communities such as Walgett Shire. I sincerely hope there are no casualties in these communities as a result of reduced primary care services.

In summary,

- ✓ The current health system is managed by LHD's in large regional centres and this is not working for most rural communities as they are not consulted.
- ✓ Primary care is the number one need of rural and remote towns to have doctors that can perform minor surgeries, deliver babies and deal with procedures and be on-call for the emergencies category 1 and 2, 24/7 primary care.
- ✓ The NSW Government should review its budgetary allocation of funds for remote and rural health with consideration to reducing expenditure in areas that are discretionary.
- ✓ Design and implement a new GP recruitment and training program for rural and remote communities.

Council is genuinely concerned about any reduction of health services to the residents of Walgett Shire.

Yours faithfully

Michael Urquhart
General Manager