

Submission  
No 344

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

**Organisation:** Can Assist Coleambally

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**HEALTH OUTCOMES & SERVICES INQUIRY NSW**

**(a) Health outcomes for people living in rural, regional & remote NSW**

- Longer recovery due to limited access to resources or supports.
- More at risk of health complications due to access/ proximity to services.
- Increased mental health risks. A need for mental health nurse/practitioner to help with anxiety + poor health diagnoses. concerns of patients.  
Mental health services at regional hospitals.  
along with drug + alcohol services is paramount.

**(b) A comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW**

**Rural regional remote areas:**

- Poorer recovery outcomes due to lack of resources and opportunities.
- Become more resilient knowing that they do not have access or supports to services.
- A less dignified death for palliative patients, as dying at home is sometimes not an option in these areas due to palliative care resources, at home care supports, multidisciplinary input and even no dedicated palliative care wards.  
• Extra community nurse care + support in palliative care for week days + weekends for patients at home.  
Metropolitan: is in extreme need.
- Good recovery due to close proximity to well equipped services. Easier transport accessibility, so able to seek urgent assistance and follow up with specialists sooner.
- Dignified deaths where patients are able to die within the home with full 24/7 support using different resources or with dedicated palliative care wards.

**(c) Access to health and hospital services in rural regional and remote NSW including service availability, barriers to access and quality of services**

- High turnover of visiting specialists unable to follow through or consult with person and their needs.

- Not all facility's cater for certain care, therefore travelling further for appropriate resources/ appointments or missing out due to travel and accomodation costs.

- Quality of services; appropriate buildings for applying service to areas, a lot of rural, regional and remote don't have facility's equipped to host services. Planning of a hub that can be easily accessed for health services and patients e.g visiting physiotherapist with gym, visiting child and family nurse that has a room to attend checks and immunisations. Following that making it cost effective and environmentally sound, e.g solar panels, water tanks, insulated, fire proof, recycled systems. As majority rural, regional and remote people care and advocate for their environment, which is partly why they live in these areas, so would strive and appreciate sustainable and purposefully made facility's.

**(d) Patient experience, wait times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW**

- Common patient experience reported by rural, regional and remote people is the amount of travel, costs and seeking accomodation to attend appointments or urgent care. Waiting times on top of that, brings anxiety to the person as they



- It is also often raised by patients/ family members why specialists appointments don't recognise or make an effort to prioritise rural, regional and remote patients with appointments before metropolitan clients to factor in there costs and travel home.

- Heavily reliant on volunteer services, which are limited and unable to cater for amount of health needs in these areas/ population.

(e) An analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW

- Community health services, although this is extremely limited.

- A much larger role of community nurses, especially with administration of medications + palliative care – weekdays + weekends – for at home clients, patients.

- A more comprehensive role for the Ambulance in rural + regional areas, administering of medications re @ home palliative care patients etc.

(f) An analysis of the capital and recurrent health expenditure in rural, regional and remote NSW in comparison to population growth and relative to metropolitan NSW

(g) An examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them

- Minimal staffing, leading to burnout
  - Skill sets varied
  - Lack of available resources
  - Unequipped and unsafe facility's
    - Lack of funding

Lack of incentives to attract GPs into rural + remote areas.

(h) The current and future provision of ambulance service in rural, regional and remote NSW

- Crucial first line service in rural, regional and remote settings.
- High risk areas for needing service
- Flight care services crucial

Training for palliative care + administration of medications for rural + remote areas.

**(i) The access and availability of Oncology treatment in rural, regional and remote NSW**

- Lack of access and availability. Long travel for many oncology clients as treatment not available nearby.
- Hours of travel and waiting of procedures.
- Costly
- No transport available for patients.
- Massive amount of fatigue and stress brought on patients and their family.

**(j) The access and availability of palliative care and palliative care services in rural, regional and remote NSW**

- Very limited access
- Unfair for rural, regional and remote people as they don't get the opportunity to die with dignity at home with loved ones
- Lack/ limited hospice
- Palliative clients end up dying in ward areas that do not have skills or resources for looking after palliative clients.
- Focusing on community palliative care or funding towards hospice wards/ beds
- Further palliative care training to health care workers

(k) An examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities

- Lack of access and resources and knowledge for in the care and respect of indigenous and CALD communities.
- Implementing education not only for health workers but all communities to understand needs, practices and respect of indigenous and CALD communities

(l) Any other related matters

\* MRI & scanning machines need to be of the same quality as city based equipment. GPs and specialists request patients to travel to major cities for these services because the regional machines are of inferior quality.