

Submission
No 361

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

Name: Name suppressed
Date Received: 14 December 2020

Partially
Confidential

Portfolio committee No2 – Health inquire into and report on Health outcomes and access to Health and Hospital services in Rural, regional and remote NSW.

SUBMISSION TO THE UPPER HOUSE PARLIAMENTARY ENQUIRY ADDRESSING HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

The Manning Great Lakes region is on the lower Mid North Coast of NSW but includes many inland regions such as Gloucester, Barrington, Stroud and many small village communities outside the main population centres. This region belongs to the Federal seat of Lyne, the State seat of Myall Lakes and the local government of Mid Coast. Manning Base Hospital is located 11/2 hours North of the City of Newcastle and 45 minutes South of Port Macquarie. These two Centres have Major fully equipped and staffed Hospitals. Our Hospital is under the control of Hunter New England Health. Our L.G.A. population is just short of 100,000. Our Hospital apparently is Classified as a **Mild Trauma Hospital**.

I have not provided much in the way of reference material or previous studies and reports as I am sure this will be well catered for in other more detailed submissions. I make my submission based on what actually happens to a Mid Coast resident when faced with a need for Medical assistance through our Hospital as it is currently operated.

Some points to consider: -

1. 100,000 population. Based on the national bed allocation = 250 Beds. Our shortfall is **90 Beds** only having 160 in total. **Almost 1/3 less.**
2. We have compared to the State average approx. 10,000 extra people aged over 55. That is 10,000 extra per 100,000 Population.
3. We were at the top of the top 20 Stroke Incidence Electorates in 2017 with an ageing Population growing 10% higher than State average. Regional Australians are 19% more likely to suffer a Stroke than those in Metropolitan areas.
4. In Sydney 12% of the Population live between the Poverty Line. This rate is 22.2% in Taree.
5. 44% of the Taree Population are Pension concession card holders.

To visit the Manning Base Hospital for us isn't something new. It has always been a marathon to get in and to get out and this has deteriorated dramatically over the last 5 years. These days to present at the ED at 9.00pm and depart at 5.00am is not unusual despite the publicised figures to the contrary.

No big deal if you have a minor or non-life-threatening issue. It is said and well known that in Taree if you have a serious condition get yourself to Port Macquarie or Newcastle where

they have the equipment and staff to attend to you. That's all good except for those who don't have the means to do so. What happens if you present either by your own means or Ambulance at the Manning Base having or had a Heart Attack or Stroke. Not much at all. If you are stable enough you will be transported to Newcastle by Ambulance for a procedure and treatment. You could have to wait a day or 2 for everything to be available and organised so long as you don't die in the meantime. If you live in Newcastle or even Port Macquarie it is a very different scenario as they have everything required to **Save Your Life**. Taree has 1 Cardiologist servicing a 100,000 population who spends a great deal of his time in Newcastle attending to Taree patients among others as the facilities at our Public Hospital are inadequate.

Part of the problem is HNEH is Newcastle centric and it appears that the attitude of Hunter New England Health is that Taree is only an hour and a half away and it's ok for residents in the Mid Coast Council LGA to present there either by Ambulance or their own means when Manning base cannot cater for them. In the real world this is not so easy or economical for HNEH to arrange. How does a Single 70-year-old person on a Pension without a car or Family cope? **Same as anyone in a third world Country would**. They get the Ambulance ride away from support, are landed in Newcastle for treatment and are discharged. If they don't have private medical insurance, they are left to find their own way home. Unfortunately, HNEH sees this as acceptable. Don't forget we have an extra 10,000/100,000 of people over 55 that equates to **20,000/100,000 people** over 55 and in the **high-risk category** for Heart Attack and Stroke. Without full interrogation of the numbers Newcastle with an estimated population for 2020 of 450,000 you can make the approx. assumption that Newcastle has 45,000 people over 55 and a fully equipped Hospital Vs Manning Base a bit under half the number by comparison with scantily equipped Cardiac emergency facilities. Last time I enquired I was told that Newcastle has 9 Cardiologists and recently was told that this number is 14 I am not sure how accurate this is but have no reason to question it. It sure is a long way from 1.

I am not exactly sure when or why it all changed but Manning Base Hospital had a very strong sense of ownership by the Community and the Hospital was always well supported by an army of helpers raising funds to purchase vital equipment. We had good Community access through our local Hospital Board enabling a say as to the direction and equipping of the Hospital. This is now controlled by HNEH whose Board is spread over a huge area and is ineffective from a small Hospital perspective and do not engage the Community at all.

The questions I would like to have answered and addressed by the Panel after considering the facts are: -

Why is it that Manning base Hospital does not have -?

1. A fully equipped & Staffed Cardiac Unit with more than 1 Cardiologist?
2. A properly resourced Geriatric Unit?
3. A complete Cancer treatment Unit and Equipment?

We in the Community continuously hear that Manning Base can not attract Specialists to the area. Contrary to popular understanding these Specialists are all Businesspeople when it said and done.

In your investigations, please give the following points due consideration.

1. Why would an Orthopaedic Surgeon come to Taree which has a **mild trauma rated Hospital** to see a huge part of his Business put in Ambulances and shipped off to Newcastle or Port Macquarie.
2. Why would a Cardiologist come to Taree when he/she would have to travel to do procedures on their patients? **No local Cath Lab no interest.**

This is in some ways particular to a lot of recruitment issues throughout the Medical profession.

I have no idea as to how many procedures actually get done in Manning Base, but I do know that among all of our friends and Clients who have had procedures done over the past 5 years all have been done in Sydney, Newcastle or Port Macquarie. As mentioned, we are residents who have a very large circle of friends, clients and acquaintances.

SUMMARY

1. Higher than average health and social drivers for change.
2. Mild Trauma Classification.
3. Total Lack of Community consultation.
4. Poorly equipped and resourced Units critical to 1 above.
5. Lack of Incentive for recruiting Specialists and Specialised Staff.
6. Very cumbersome and unsympathetic Management model.
7. An apparently unhappy work force throughout.
8. 20,000 high risk residents.
9. Shortage of Beds
10. Newcastle centric approach inconsistent with favourable outcomes.
11. Top of the Top 20 Stroke Incidence Electorates in 2017.
12. 22.2% population living under the Poverty Line.
13. Large Indigenous population.

Thank you for providing the opportunity for an average person like myself to put forward my observations and opinion. We are not the type of people to complain but enough is enough. We are rapidly approaching the point in our lives like many others in our LGA when we will need to rely on our Hospital.