

**Submission  
No 368**

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

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**Date Received:** 16 December 2020

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**Portfolio Committee No. 2 - Health Inquiry Into  
Health Outcomes and Access to Health and  
Hospital Services in Rural, Regional  
and Remote NSW**

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Member for Blue Mountains**

## Introduction:

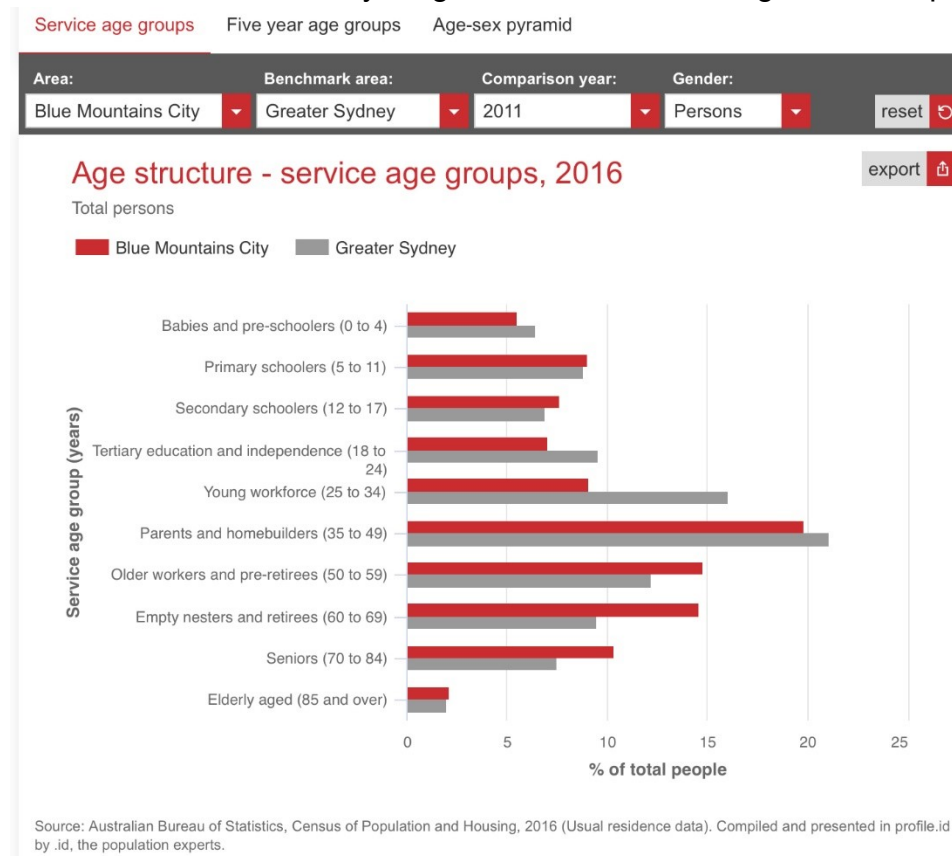
The Blue Mountains Electorate is a diverse region with distinct villages and communities. The Eastern fringe of the Electorate, located near Penrith, is highly urbanised, and the western non-metropolitan fringe, bordering Lithgow, is remote and isolated from many services. For this reason I believe the health needs and issues of Blue Mountains residents must be captured within the terms of reference of this inquiry in its role in exploring *the general provision and availability of health services in non-metropolitan areas*.

## Characteristics of the Blue Mountains

The Blue Mountains Local Government Area covers 140,377 hectares. With its spectacular World Heritage environmental setting, the Blue Mountains is home to a community of 80,000 people residing in 27 towns and villages spread across 100 kilometres of mountainous terrain.

The urban part of the city consists of a ribbon of close or contiguous towns which lie on the Main Western railway line, between Emu Plains and Lithgow. About 70% of the city's area is within the Blue Mountains National Park which lies north and south of the ribbon of towns.

In 2016, Blue Mountains City had similar proportion of children (under 18) and a higher proportion of persons aged 60 or older than Greater Sydney. The Blue Mountains has a much smaller number of young adults than the average for metropolitan Sydney.<sup>1</sup>



As we know, older people experience higher rates of chronic disease. Cardiovascular disease and cancer were the leading causes of burden for older Australians (contributing 24% of each) followed by neurological conditions (11%), musculoskeletal conditions, and respiratory conditions (9%, each).<sup>ii</sup> With the associated burden of disease impacting on older people, and the ageing of the Blue Mountains population, it is reasonable to expect that Blue Mountains residents will require access to a wide range of health services in their local area.

In addition to the Blue Mountains population being significantly older than that of Greater Sydney, another characteristic is that many of our older citizens live alone with inadequate support. This highlights the need for transport and other support services and facilities in the wider NBM LHD and beyond.

### **Services provided by the Nepean-Blue Mountains Local Health District (NBM LHD) to people of the Blue Mountains Electorate**

#### ***Blue Mountains District ANZAC Memorial Hospital:***

Blue Mountains District ANZAC Memorial Hospital (BMDAMH) is located between Leura and Katoomba. It is an acute hospital with inpatient and outpatient services and hosts 97 beds. The hospital employs around 600 staff and many of whom are local Blue Mountains residents.

Facilities include an emergency department, child and maternity services, medical, rehabilitation, mental health, cardiac clinic, dental, drug and alcohol, outpatients and day surgery.

#### ***Springwood Hospital:***

Located in the middle of the Blue Mountains, half-way between Blue Mountains and Nepean Hospitals, Springwood Hospital has 30 beds. In addition to in-patient services, Springwood Hospital provides day surgery, cataract surgery, and palliative care and rehabilitation services.

#### ***Nepean Hospital:***

Nepean Teaching Hospital is a 520-bed teaching hospital. Nepean Hospital is located in Penrith. Each year, Nepean Hospital treats more than 54,000 people in its Emergency Department, has approximately 51,000 patients staying at least one night in hospital, performs more than 10,000 emergency and planned surgical procedures and provides 600,000 outpatient services. This is a mammoth job, ensuring each and every patient deserves safe and appropriate care and treatment.

#### ***Community Health Facilities:***

The Blue Mountains community is serviced by three community health centres – located in Katoomba, Lawson and Springwood. Services provided by these facilities include chronic and complex care and home nursing, baby and early childhood

services, counselling, drug and alcohol services and other allied health services and community mental health.

## **Health needs and gaps in the Blue Mountains**

### ***Comparing Blue Mountains Hospital with others of a similar size and population:***

If you review hospitals across the State and compare hospitals of a similar size, often serving a smaller population, it is noted that Blue Mountains is one of the few hospitals which has not benefitted from major reinvestment and upgrade.

The NSW Health Infrastructure site provides an easy to read list of hospital upgrades.<sup>iii</sup> Examples include Moruya, Macksville, Bathurst, Mount Druitt, Milton, Ulladulla, Bateman's Bay, Murwillumbah and Queanbeyan. Some of these hospitals are serving communities of 8,000 people or 12,000 people yet they have benefitted from major capital works.

In our own NBM LHD Lithgow Hospital, a much newer hospital than BMDAMH, serving a catchment of 20,000 people, has benefitted from major upgrades. With the allocation of funding to redevelop Nepean Hospital, again BMDAMH has fallen through the cracks and has not received any of this funding.

It could be argued that in contrast with similar size hospitals with similar populations (and often much smaller populations), BMDAMH has allowed services to contract over the past ten years requiring residents to go elsewhere for in-patient surgery and outpatient services and follow-up.

### ***One New Hospital for the Blue Mountains:***

BMDAMH is a critical piece of health infrastructure providing an emergency department and a range of general inpatient services including obstetrics, paediatrics, mental health, medical services, rehabilitation, palliative care and very limited surgery.

Over the past 90 years BMDAMH has provided essential health care to the Blue Mountains community. In 2020 the hospital is looking tired and is an ageing piece of health infrastructure. I have been told that the roof is past its use-by date and during storms the roof leaks and the ceiling cavity provides a refuge for local wildlife. While there have been some improvements to the Hospital infrastructure in recent years, much of the infrastructure remains outdated and in serious need of renewal.

The One New Hospital for the Blue Mountains must be the number one priority for the Nepean Blue Mountains Local Health District. Not only will a new, modern facility allow the LHD to provide a wider range of services in the Blue Mountains and attract more specialist staff, it will also help take pressure off Penrith's Nepean Hospital.<sup>iv</sup>

The identification of a suitable site and a clear plan with allocated funding and timeframes for completion must be released for greater community consultation.

In the short term, before the One New Hospital plan comes to fruition, a full review and refresh of the Clinical Services Plan for BMDAMH and Springwood Hospital must be undertaken. Funds must be allocated to allow planning for redevelopment of services and facilities to take place. This would enable best use of staffing and other resources and to maximise the provision of health services. I believe this is a matter of urgency.

***Access to specialist medical and surgical services:***

Whilst BMDAMH does a good job providing the services it does, many people requiring specialist services or surgery must go to Nepean Hospital (or even further afield) for example Royal North Shore Hospital.

BMDAMH is unable to provide orthopaedic surgery therefore anyone requiring this will be referred to Nepean Hospital.

Apart from emergency caesarean section, the hospital has no capacity to provide emergency surgery. Managing people who require further assessment and possibly surgery requires a high degree of skill and professional judgement. For example a person with appendicitis may remain at BMDAMH overnight and sent to Nepean the following morning. For elderly people this may place them at high risk of rupture and peritonitis.

Another example is that of a child who breaks an arm at weekend sport. BMDAMH is unable to provide quick sedation and plaster. The child must be referred to Nepean Hospital. This is not only disruptive for her family, but it may also delay treatment therefore impacting the health outcome for the child.

BMDAMH is unable to provide cancer services, cardiology, respiratory or neurology. The complexity and specialisation of health services today means that a small country hospital like BMDAMH is unable to provide the full range of health services required by residents. However, the provision of chemotherapy at BMDAMH is possible with some planning and funding.

Whilst the new haemodialysis unit opened in 2019, it is still falling short of its capacity with patients being referred to Nepean for haemodialysis. It is also noted that when a patient with renal failure presents for another type of health issue, they will be referred to Nepean due to a lack of capacity at BMDAMH to manage their presentation. A lack of staffing is limiting the full functioning of the unit.

BMDAMH Close Observation Unit (COU) does not have after-hours medical support. Therefore patients who would normally be referred to the COU will remain in the Emergency Department until the morning when medical staff arrive for work. Whilst nurse to patients ratios in the COU should be 1 : 2, the Unit operates with a ratio of 1 : 4 which is less than optimal and may compromise patient care.

### ***Imaging services at BMDAMH:***

Access to out of hours x-ray and other imaging services remain a challenge/unavailable at Blue Mountains Hospital. With limited after-hours access, many people will be transferred to Nepean Hospital for assessment and imaging.

If an x-ray is required afterhours, out of hours staff are called in to perform the x-ray as needed. However, the x-ray machine at BMDAMH is close to 20 years old. It is high dosage and cannot perform Orthopantomogram (OPG).

The CT machine was installed in 2018. It is slow and high dosage. Staff have raised concerns about its use with children due to the dosage.

BMDAMH needs a major upgrade of x-ray and CT equipment to ensure Blue Mountains residents have access to new generation, safer low dosage imaging.

### ***Caring for Older People:***

According to the Australian Bureau of Statistics (ABS):

*Most older Australians (94.8%) were living in households in 2015, while one in twenty (5.2%) lived in cared accommodation such as nursing homes and aged care hostels. Over one-quarter (26.8%) of all older people lived alone.<sup>v</sup>*

In relation to the need for support services, the ABS found:

*As people age they are more likely to require assistance with everyday activities such as household chores and transport, regardless of whether they have a disability or not. Assistance was most commonly needed for health care tasks (22.9%), such as taking medications, and property maintenance (20.2%).<sup>vi</sup>*

In Australia, approximately one in 10 older Australians have a diagnosis of dementia. Dementia has a significant impact on the lives of people diagnosed with dementia, their carers and families. Dementia is a National Health Priority.<sup>vii</sup>

Dementia, whilst not exclusively an older person's disease, is strongly associated with the ageing of the population. Given the demographics of the Blue Mountains, this is likely to be an even bigger issue of concern for local residents, their families and health providers.

There are significant challenges in providing safe and appropriate care for people with dementia within the hospital environment. Discussion with local healthcare providers highlights the safety concerns when caring for people with dementia when they are in-patients at BMDAMH. A lack of appropriate facilities within the hospital can leave disoriented dementia patients at risk of injury and may pose risks to other patients receiving care and the healthcare workforce.

In consultation with medical staff, I have on a previous occasion written to the NSW Minister for Health calling for the establishment of a Dementia Care Unit at BMDAMH. I

reiterate my request and seek a commitment from NSW Health and the NBM LHD to establish a specialist, purpose-built and secure Dementia Care Unit at BMDAMH.

However the hospital environment will often worsen the disorientation and agitation experienced by older people. The fast-paced, noisy ward environment and staff mix is often inappropriate for the care of older people. As discussed elsewhere, further consideration and funding must be given to hospital-avoidance programs.

As has been shown by the COVID-19 pandemic, nursing homes are woefully equipped to care for residents who are acutely unwell. Inadequate staff ratios and a lack of trained registered nurses on duty 24/7 means that in many instances nursing home residents will be taken to the local hospital Emergency Department. Consideration of in-reach nursing and medical services from BMDAMH to nursing homes is required to more appropriately and safely care for nursing home residents as an alternative to hospital admission.

### ***Lack of Geriatrics at BMDAMH:***

Springwood Hospital has a Geriatrician employed 16 hours per week, however, once you take travel time out of the equation, the Geriatrician is only available 10 hours per week. Given the age of patients and the purpose of the Hospital this seems inadequate. However there is no access to geriatrics or a geriatrician at BMDAMH.

Whilst ACAT can undertake general aged care assessments, there is nobody available at BMDAMH to undertake capacity assessments. There is a complete lack of psycho-geriatrics at BMDAMH and Springwood Hospital.

A review of the clinical services plan must address this obvious gap in care for geriatrics and psych-geriatrics.

### ***Discharge planning and coordination of home-based support services:***

It is widely recognised that hospitals are dangerous places for people with dementia or those with other symptoms of cognitive decline. Even people who do not have dementia can be significantly disoriented through delirium when admitted to hospital. The Blue Mountains does not have access to Hospital in the Home programs or other hospital avoidance packages to support elderly people at home.

Healthcare workers must have the time and resources to carry out adequate discharge planning which includes assessment and coordination of home-based support services prior to discharge. There also needs to be sufficient administration and medical records staff to enable discharge summaries to be sent in a timely manner to General Practitioners and others involved in the person's care.



### ***Hydrotherapy and Rehabilitation Services:***

The Blue Mountains Hydrotherapy Pool was built with significant community funds raised by a caring community concerned with the health of its citizens. In recent years access to the hydrotherapy service has been identified by Blue Mountains residents as being critical to their quality of life and their capacity to live independently in their own home. Changes to the service over the past two years has limited access by people with chronic health conditions and disabilities.

In response to these changes, BMDAMH has implemented a consultation process with Hydrotherapy Pool users. I understand the intention of this process is to implement policies and procedures that will ensure timely access to services by those who need them. I would like to see ongoing consultation and review of current hydrotherapy policies and usage criteria.

There is an in-patient rehabilitation unit at BMDAMH. Whilst clearly in need of a make-over, this unit provides a safe and supportive environment, particularly for older people, with access to allied health services such as physiotherapy, occupational therapy and social work.

With an increasing number of elderly Australians living with dementia, the demands on this unit will continue to grow in complexity and number. However, it has been brought to my attention that nursing ratios are less than adequate to deal with the increasingly complex needs of this group of patients.

*80 year old woman with dementia is transferred from Nepean Hospital to BMDAMH following a fall at home. Whilst in hospital, she had around ten falls often involving head trauma. Whilst in the Rehab Ward her family were called in to care for her as the unit was so short-staffed that the nurses were simply unable to cope with her care needs. After ten days in hospital she was discharged home with serious concussion, unable to walk or talk.*

Current staffing levels must be reviewed and addressed to ensure the safety and security of staff and patients.

The Rehabilitation Unit at Springwood Hospital is located in an old portable building. It is poorly equipped to meet current standards for rehabilitation services. This facility requires renewal to ensure that older people in the Blue Mountains can access a local service that is fit for purpose.

### ***Transport and Parking:***

Many older people in our community, who are no longer able to drive, have difficulty getting to and from appointments at our local hospitals. This is a particular problem for those living in nursing homes and supported accommodation who are now ineligible for community transport.

Long travel times and a lack of private transport add to the transport disadvantage experienced by local residents. Many residents have contacted my office to seek assistance with transport to and from appointments, between NBM hospitals and transport home, post-hospital discharge.

A constituent in her 60s contacted my office following a visit to the BMDAMH Emergency Department:

*About three days post-surgery I experienced unbearable pain. I don't drive so my neighbour took me to Blue Mountains Hospital Emergency Department. Following an assessment the doctor told me I had to get myself to Nepean Hospital because they couldn't do anything further at Blue Mountains Hospital. I told him I don't drive and had no way of getting there and I was still in excruciating pain. He said I would have to catch the train. It would have taken me an hour and a half to get to Nepean by public transport. I did not feel I was physically capable of catching public transport in this condition.*

The changes to transport arrangements resulting from the introduction of the National Disability Insurance Scheme (NDIS) and My Aged Care (MAC) have impacted the capacity of residents to access community transport. This has left major gaps for some residents.

Many residents, due to their specific health needs, are forced to access health services outside the Blue Mountains. For many older residents who do not drive and/or do not have a friend or family member who can take them to their appointment, this is a costly and difficult experience.

A Blackheath man who uses a wheel-chair and is reliant on community transport and taxis to access medical appointments, community activities, shopping, etc reported the following experience:

*He has been in contact on a number of occasions regarding the cost of community transport. Recently my constituent was charged \$850 for a return trip to Chatswood from Blackheath to attend his dentist. This seems extraordinary given public transport is something most of us can count on for a reasonable cost.*

With our older population and many residents lacking family and/or other social supports in the area, assistance in getting to, from and between health facilities is a high priority when assessing health access.

Parking at BMDAMH continues to create difficulties for staff and patients. Frail-aged patients and those with disabilities accessing services such as hydrotherapy and rehabilitation services have sought my assistance to have this issue addressed over many years now.

*Ms XXX, who has multiple sclerosis and a regular attender of hydrotherapy, has almost been hit by a car crossing Woodlands Rd on at least one occasion. She said that many other users of the hydrotherapy pool experience similar battles finding parking and also crossing the road (safely) due to lack of suitable parking nearby.*

More accessible parking located near key services at BMDAMH is required to ensure those needing care are able to safely negotiate access to facilities.

### ***Palliative Care:***

Six local health districts in the greater Sydney metropolitan area have dedicated multidisciplinary palliative units or centres. Some, such as Northern Sydney LHD, have two while others, such as South Western Sydney LHD will soon have access to three dedicated palliative care centres. ***NBM LHD has no dedicated palliative care unit or centre.***

Palliative care workforce numbers and facilities provided by NBM LHD are inadequate to meet current and future patient numbers and their palliative care needs. The resident population of Nepean Blue Mountains LHD will grow to 460,000 in the next 15 years.

Based on current, NBM LHD should have 26 specialist palliative care beds. Currently NBM LHD has ten nominal palliative care beds based in general medical wards across several hospitals, to serve an estimated population of 390,000 people (2020).

Impacts of this inadequate staffing and facilities include:

- Inadequate and poorly co-ordinated services that don't meet the needs of vulnerable patients
- Increased healthcare costs due to admissions via ED, delayed discharges etc.
- Poorer symptom control
- Poor support for families and carers
- Inability to provide best practice specialist palliative care in dedicated settings.

Funding to establish a dedicated multidisciplinary specialist palliative care centre within the NBM LHD would provide a once-in-a-lifetime opportunity to integrate the planning and provision of palliative care services to better serve patients with life-limiting illnesses who are poorly served by existing services across the local health district.

This should also be addressed as part of the review/redesign of the Clinical Services Plan for BMDAMH and Springwood Hospital.

### ***Mental Health Care:***

Available population health data indicates the Nepean Blue Mountains region has a higher burden of mental illness and suicide compared to NSW. This includes:

- Relatively high levels of high or very high psychological distress. Overall, 17.2% of adults report high or very high psychological distress
- Relatively high rates of hospitalisations for mental disorders
- Relatively high rates of suicide
- Relatively high rates of self-harm, with hospitalisations for self-harm higher than the NSW state average. <sup>viii</sup>

Mental health inpatient services regularly experience ‘bed-block’ with Blue Mountains residents being referred to Nepean for mental health inpatient care. Community mental health case management is often overwhelmed by demand.

Recent reports of a spike in suicide rates in the area, particularly amongst young people, are serious and alarming. This has led local health and community services to focus on prevention and early intervention responses.

A local community fund-raising group has been established with the aim of building community capacity to support young people’s mental health. The group will work in partnership with youth, Council and health services to strengthen community responses.

***Public dental services:***

Waiting times for public dental services remain a frequent subject of complaint from my constituents. There are high levels of social disadvantage in my electorate which place dentistry out of the hands of many. The most disadvantaged in my community are reliant on the public dental clinics at Blue Mountains and Nepean Hospitals.

Waiting lists for dental treatment are long forcing people who are in pain to wait for extended periods to receive basic dental treatment. Access to dentistry that may be considered more cosmetic in nature is not available to this group of people which may impact on their self-confidence, employment prospects, etc.

Reinvestment in public dental care is required to address long waiting lists and to ensure a minimum level of dental care is available to all in our community.

Staff having to reapply for their jobs every year is creating job insecurity. This is a disincentive to attracting and keeping experienced team members. Meeting demands for service and maintaining high standards of care is hard enough - staff should not have to contend with job-insecurity at the same time.

## **Conclusion and recommendations:**

In making this submission, I acknowledge the work of Blue Mountains City Council in preparing their submission. I concur with their findings.

I request that the NSW Government and the Minister for Health address the following as a matter of urgency:

1. Explore and consider the 'One New Hospital for the Blue Mountains', as promised by this Government during the 2019 election. Whilst planning for this proposal has commenced, it is clear that this is no longer a priority issue for the NSW Government and the proposal appears to have been quietly shelved.<sup>ix</sup>

I seek a commitment from the NSW Government (with funding attached) to progress the planning and development of the One New Hospital plan and ensure it is the number one priority of the Nepean Blue Mountains Local Health District Asset Strategic Plan.

2. Conduct a full review and refresh of the Clinical Services Plan for BMDAMH and Springwood Hospital and the allocation of funds to allow planning for redevelopment of services and facilities to take place.
3. Plan for and fund geriatric services at BMDAMH, and the address the unmet need at Springwood Hospital.
4. Fund a major upgrade of x-ray and CT equipment at BMDAMH to ensure Blue Mountains residents have access to new generation, low dosage imaging.
5. Consideration of the reclassification of BMDAMH and Springwood Hospital to attract clinicians, equipment and grants so that Blue Mountains Hospital can continue to provide the services required by the local community.

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## **References:**

<sup>i</sup> <https://profile.id.com.au/blue-mountains/reports>

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<sup>ii</sup> [https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-functioning/burden-of-disease\)](https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-functioning/burden-of-disease)

<sup>iii</sup> <https://www.hinfra.health.nsw.gov.au/our-projects/project-search?viewmode=0>

<sup>iv</sup> <https://www.bluemountainsgazette.com.au/story/5590020/new-hospital-plan-for-blue-mountains-revealed/>

<sup>v</sup>

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<sup>vi</sup>

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<sup>vii</sup> <https://www.dementia.org.au/statistics>

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