

**Submission
No 370**

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

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This is not a complicated matter. I live and practice as a GP/VMO in a small NSW town. Town and district have a population around 8000. Each week and most days people present asking can they be accepted as a patient. Perhaps 10 or more most weeks. We are unable to accommodate these requests. My situation is repeated in the other local practices as these folk do the rounds. Our town appears to have an adequate supply of doctors but they are unable to meet the need.

This is an aging community with an increasing population who are welfare-dependent, Increased case complexity means each consultation is likely to be longer in duration and often has related follow-on tasks. Increased administrative burden obviously consumes potential treatment time. For example, a large elderly population are going to present more frequently for drivers' licence reviews. This may be a necessary task but it takes time from patient care. Additionally, RMS NSW is requiring on-line processing for licences; more GP time contributed as this is more time-consuming than paper forms and have RMS considered the time helping older, non-computer oriented persons to deal with this matter.

Our medical workforce locally and elsewhere in rural Australia are aging rapidly. In the next three years this area will lose as many doctors. There is no reason for a doctor to locate rurally other than a personal desire to do so. It is unlikely their spouse will obtain suitable employment and costs in general for professional and family education will most likely be higher than a comparable city colleague.

If the committee has some measure of equity as a standard to be achieved it would acknowledge unequivocally that these situations need mending. If you wish specific occasions of poor service provision, eg a 12 month wait for cataract surgery in the only driver in the family who's vision is deteriorating. Note, rural Australians are more dependent on their own vehicle for routine mobility.

I love living and working in non-metropolitan Australia but our services in multiple areas have declined significantly. Rail and air services have been drastically altered or ceased and private psychiatric services are no longer available without travel of several hundred kilometres; and, don't believe that telephone or video consultations are an equivalent. The criteria for accessing mental health services via Hunter New England Health are very constraining and come down to emergencies only.

Please initiate the processes necessary to remedy this problem. Do not allow the ongoing unproductive blame game over State and Federal responsibilities to dominate the matter. Our current circumstance is plainly a failure of government. This subject has been fruitlessly raised with the health service for 20 years and has never achieved other than a lip service acknowledgement.