**Submission No 372**

# 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:** 22 December 2020

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# BLUE MOUNTAINS CARDIOLOGY

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18.12.2020

## ENQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NSW

## SUBMISSION BY DR JOHN ENGLAND

Dr John England is a cardiologist and general physician. He has the Order of Australia Medal for Cardiology and previously the Centenary Medal for services to medicine in the Blue Mountains of NSW.

Dr John England has worked in rural NSW for over 40 years at the Blue Mountains District ANZAC Memorial Hospital and Lithgow Hospital. For 20 years he did the pacemaker clinics at Bathurst Hospital and has been working at Mudgee for this same time. For a year he did the Aboriginal heart clinic at Brewarrina.

Currently he is working each year at Mudgee for 60 working days, at Lithgow for 20 working days, at Katoomba 40 working days and he also does medico-legal reports in Sydney and reports for the Coroner as an Expert Witness.

The 12 terms of reference of the enquiry:

***1. Health outcomes for people living in rural, regional and remote NSW.***
We find that people in these areas do not have access to regular general practitioners because of the dramatic shifts in doctors who only stay for a short while before being able to work in Sydney or on the coast. The situation for specialists doing outreach clinics in rural NSW is far worse and we have always found it very difficult to attract cardiologists to the areas in which I work. Psychiatrists have always been fly-in fly-out and are reluctant to live locally. There is very little local orthopaedic care in the hospitals in which I work and everyone is sent east to Nepean Hospital and beyond. In summary, the health outcomes for people living in rural NSW is deficient because there are no specialists living in the area to provide essential medical care and people have to travel.

***2. A comparison of outcomes for patients living in rural and regional NSW compared to other local health districts across metropolitan NSW.***

At Katoomba and Lithgow all the cancer care is now concentrated either at the Nepean Cancer Care at Kingswood or people are referred to Westmead and to central Sydney hospitals. We did have rural outreach clinics but they have now folded at Katoomba and Lithgow. There are some cancer outreach clinic services at Daffodil House at Bathurst Hospital but this is very limited. The basic problem is that specialists prefer patients to travel to their clinics which are closer to the hospitals to which they have access because the specialists live closer to the coast or Sydney.

There is still no pacemaker implantation service because it is so expensive to put in pacemakers and it is much cheaper to send patients to Sydney to have the pacemaker put in so it comes out of Sydney budgets but we don't have any surgeons or cardiologists who are able to put in pacemakers for example in rural NSW because there is no funding or enhancement

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

I have found that there is a tremendous distribution inequality of specialists compared to where specialists live and reside with their families. There are basically only six cardiologists working at Bathurst and Orange and in Dubbo many doctors have come and gone and as soon as they are able to get their provider number altered so they can practice in Sydney they leave the area of need for where they were originally registered as an overseas doctor. There is AHPRA data which would give all the hotspot postcodes of where specialists live in Sydney compared to how many specialists put their residential address in rural NSW. For ten years I have advertised to try and attract a cardiologist to come and live in the Blue Mountains and take over my practice at Katoomba but I have failed.

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

NSW Health has this data and realises that the waiting time for elective cardiac procedures at Orange for example far exceed that of metropolitan Sydney because there is the incredible need to provide a service for acute patients presenting to all the outlying hospitals in the region. From my experience at Katoomba we used to have gastrointestinal endoscopy services each week but now everyone has to go on a wait list at Nepean Hospital and there is this elective waiting lists for procedures at Blue Mountains Hospital.

The big crisis is that we have a silent community in the Blue Mountains. People realise that it is the same old, same old 95 year old hospital and they just accept that they have to go for any service to the Nepean Hospital east of the Nepean River so that they have to travel for over 50km to Kingswood to get specialist care. This requires 2 hours of public transport walking, train and bus and then 2 hours back home.

5. ***An analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that have been made available to meet the needs of residents living in rural, regional and remote NSW***

We have been trying for a decade to try and produce a new hospital plan for one hospital in the Blue Mountains to cover Katoomba and Springwood and we have looked at planning for a hospital at Lawson for example. However, there is no active capital works plan for this new one hospital for the Mountains let alone any money allocated for planning. Unfortunately we have both Labor state and Labor federal members who do not have any ability to influence the Liberal government in Sydney so we continue to miss out.

6. ***An analysis of the capital and recurrent health expenditure in rural, regional and remote NSW in comparison to population grown and relative to NSW***

The NSW Health Department has already shown in conjunction with Medicare data that people in regional NSW have 50% less Medicare spending than people living in the northern beaches let alone all the spending on Covid 19 patients at present. Eye surgery has been a nightmare for a publically covered patient who doesn't have private health insurance or the ability to pay cash for cataract operations. Macular degeneration eye injections become impossible because of limited public access and the cost of up to $500 a month. We give up putting people on the diabetes clinic at Blue Mountains Hospital because of the six month waiting list, the same for the kidney clinic which is at least 4-5 months. As for dental outpatient services we don't even bother in Katoomba or Mudgee.

7. ***An examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and current strategies and initiatives that NSW Health has undertaken to address them.***

The problem always has been that the staff at the Nepean Hospital at Penrith haven't been silent and they have pushed for a 1 billion dollar refurbishment of the Nepean Hospital so the Katoomba Hospital has always missed out. The staff at Penrith regard the Blue Mountains staff and the patients who live in the Blue Mountains as "ferals"!

An interesting aspect of doctors working in rural NSW is that the doctors don't talk to each other. As a cardiologist who has been working at Mudgee for the last 20 years, I really have never been able to have a working relationship with any cardiologist visiting Dubbo because they just come and go and we have no area meetings let alone any social get-togethers or conferences. There are three cardiologists at Orange, one left and went to Port Macquarie and a new doctor, has been there for two years and I have never spoken to him and I have no idea what he looks like. As for the other two cardiologists there I have spoken to on the phone and I find that I am seeing his patients because they can't wait 4-6 months for a follow up visit. At Bathurst it is so long since I have seen I really don't remember what he looks like yet we see his patients from Kandos and Rylstone. The cardiologists at Penrith do not work with the three visiting cardiologists who come to the Blue Mountains Cardiology Clinic at 3 Woodlands Road and they are in direct competition with each other and the referral patterns reflect this animosity.

***8. The current and future provision of ambulance services if rural, regional and remote NSW***

This is an area which will involve paramedics but unfortunately we really need to look ahead to the future where we can transfer people by helicopter from Mudgee to Orange rather than putting them in an ambulance by road to Dubbo and then transferring them from Dubbo to Orange by road ambulance let alone flying them to Sydney. .

***9. The access and availability of oncology treatment in rural, regional and remote NSW***

Early on I used to give chemotherapy at Blue Mountains Hospital and I used to give the lymphoma CHOP and MOP therapy but this was removed and the oncology outreach service was started when the Queen Victoria Hospital site was sold. Within less than 18 months the doctors who came to these clinics refused to come to Katoomba any more and insisted that the patients come to their clinics at Kingswood because as they told me they had to get home to their children and they couldn't afford two hours driving to Katoomba and two hours coming back because it impinged on their families. I don't think cancer patients really mattered to them but it was the bloody inconvenience of traveling west of the Nepean River. There is no real cancer care for people in Katoomba and Lithgow. They all have to travel and I can assure you with my wife's cancer that it was a terrible experience traveling to Sydney and back with all the side effects of chemotherapy and vomiting on the side of the Great Western Highway.

***10. The Access and availability of palliative care and palliative care services in rural, regional and remote NSW***

There have been times where palliative care has been delivered exceptionally well at Katoomba with the setting up of the palliative care beds and a suite of rooms to enable family to stay with the patient but the doctors come and go and there is very little interaction with the resident medical staff and weekends can be a nightmare. Some GPs in rural NSW can deliver very good palliative care but really in Mudgee it doesn't exist. At Katoomba this was funded by the Leura Gardens Festival, not by government.

***11.The impact of health and hospital services in rural, regional and remote NSW on the indigenous and culturally and linguistically diverse communities.***

At present I tend to look after one in ten patients with an indigenous background and I seem to have a good practice which is "closing the gap" basically because I bulk bill 100% of my patients. I am a dinosaur as a cardiologist who bulk bills my patients and I find when I look at patients going to St Vincent's Private clinic that what I am paid for my services is approximately 1/3 of the fees that patients pay for the same item numbers at Darlinghurst for example. I have always had an interest in Aboriginal health care partly because my wife had an indigenous background and we certainly tried to provide access to a specialist.

There should be a geographic higher rebate for medical item numbers in rural areas.

***12. Any other related matters***

I have read the Medical Journal of Australia response to the Enquiry and I agree with many doctors that we are still waiting for the 2008 Garling Report to be enacted. We have had so many people getting up and talking and beating their breasts but so little is done. I would like to support the Submission of who is a visiting medical officer at the Coonabarabran District Hospital. When you look at the map you would be surprised at how many patients I have that come from the Warrambungles and Coonabarabran to Mudgee to see me because of the breakdown in all the medical services in the towns of Coolah and Dunedoo. You also need to look at the newspaper reports in the Mudgee Guardian and in the Sydney Morning Herald about the breakdown of medical services in Gulgong and the failure to be able to staff the MPS at Gulgong and so it goes. I really despair of what is happening even though we have had a new state-of-the-art hospital built at Mudgee. This hospital was built within three years from the initiation of consultation but it hasn't changed medical care yet. The new Mudgee Hospital building and operating theatres are not being utilised or staffed!