

Submission
No 410

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

Organisation: Wentworth District Community Medical Centre Inc.
Date Received: 13 January 2021

Partially
Confidential

To the Chair and Members of the NSW Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW.

I am the President of Wentworth District Community Medical Centre Inc. (WDCMC).

WDCMC is a not for profit registered charity that currently has 100 local members and acts on behalf of the Wentworth community in endeavours to attract GPs to our rural town.

The following information of our demographics and circumstances relate to the Inquiry focal areas of -

- a) Health outcomes for people living in rural, regional and remote NSW;*
- b) A comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW;*
- c) Access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services;*
- d) Patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW;*

The information provided are examples of -

- patchwork/absent medical services in a small rural town,
- service access and continuity of care issues
- invisibility of small rural towns to decision makers
- vagaries of border towns, and importantly the
- impact of all on health outcomes.

Background

- a. WDCMC is a not for profit registered charity that the Wentworth community formed mid last year when the two Wentworth GP practices within a week of each another advised they were closing, their reasons included -
 - workforce shortfalls
 - change in location priorities related to a change in clinic ownership
 - static MBS payments for the commonly used Item numbers for a decade leading to standalone GP practices becoming less viable in small towns, and
 - changes to supervision rules for overseas trained doctors.

Since then Wentworth has had an interrupted and part time GP clinic service 1-2 days per week, with eight (8) months of no GP availability to the community, and the loss of our local Pathology service for most of this time. This recent history reflects many years of interrupted GP service access, and the results of poor access to GPs is evident in two health statistic graphs provided later in this document.

- b. Wentworth Shire – The southern boundary (along the Murray River) has the greatest population density in the townships of Wentworth, Dareton, Buronga and Gol Gol. The smaller remote town of Pooncarie is located approximately 120km north of Wentworth on the Darling River. Wentworth is situated 1,075 km from Sydney, 585 km from Melbourne and 420 km from Adelaide and is located within New South Wales, on the border of Victoria.

Towns in the Wentworth Shire	Population (2016 data)	Source WSC Website 2020 and Wentworth Shire Council (WSC) Community Strategic Plan 2017)
Buronga – Gol Gol	2,883	
Dareton and Coomealla	1,204	
Wentworth (town)	2,354	Includes - Anabranh, Boeill Creek, Cal Lal, Curlwaa, Ellerslie, Mourquong, Palinyewah, Pooncarie, Pomona, Rufus River & Wentworth. Shire Population 6,972 (now 8,000) Area (Km2) 26,256.20
2017 NSW Office of Local Government (OLG) data	Wentworth Shire Average	OLG Group Average
Unemployment Rate	11.6%	5.9%
Average Taxable Income	\$38,231	\$46,967
Population Aged Above 60	28.2%	28.9%
Aboriginal & Torres Strait Islanders	9.6%	8.6%
Socio-Economic Index Rank (1 Low, 128 High)	49	41
Language Spoken Other Than English	3%	2.4%

- c. Wentworth Town has
- Local Pharmacy operating 5 ½ days per week.
 - 20 bed local Hospital managed by Far West Local Health District (FWLHD), offering transition care program, sub-acute, low level mental health and palliative care beds. The hospital is supported by a GP from Merbein (Vic). Bed occupancy is heavily influenced by patients that can be managed with intermittent medical support (less than one session/week). The Merbein Doctor has no capacity to support a clinic in Wentworth. Our hospital has limited function due to its ageing infrastructure, its narrow range of services, the range and level of clinician skills, the lack of an urgent care/accident

and emergency or first aid services and critically the minimal GP support. Paramedics are regularly called to transfer patients interstate to Victoria for their care. In many cases it is care that could, and should have been provided locally, and would be in other rural locations. These service limitations impact on the hospital's ability to receive patient transfers from other hospitals for post-operative and recuperative care. I note that '*providing care closer to home*', and '*continuity of care*' are core to several strategies within the current NSW Health Plan. Neither of these strategies are evident in the Wentworth.

- 65 bed Community Aged Care Facility (Murray House), supported by two Victorian based GPs
Neither GP has additional time, nor the interest to commit further to Wentworth.
- GP clinic open two days/week since October operated by the local ACCO.
- No visiting Pathology Service.
- Some locally available primary health services e.g. Palliative Care, Maternal Child Health, Immunisations and recently COVID 19 (CV19) testing although for the past four weeks it has been very minimal despite the issues of Covid cases in Sydney, Northern Beaches and Broken Hill etc. Primary Health services to Wentworth town will be further reduced in 2021 when the services are relocated 17 kms away as part of the HealthOne Project.
- Mental Health services have been deficient in Wentworth for many years with ongoing staff shortages unable to be resolved. There is an expectation that the community will travel to Mildura to access services through Mildura Hospital. While inpatient support is available, community services are not.
- Local transport issues/barriers – Wentworth bus services provide school time service between Wentworth and Mildura. No bus route links into GP clinics in Mildura or surrounding towns. One bus route links to the Mildura Hospital. Bus services are primarily run on week days. There is one taxi provider located 20 kms. from Wentworth, taxis are especially expensive \$80 one way Wentworth to Mildura Airport, taxis are reported as selective in accepting customers there is less interest in providing transport to concession holders. Live Better Service operates several days/week - \$5 each way, round trip of about 5 hours (this is a LONG time for an elderly or unwell person to be in a transport arrangement [traveling, waiting to return etc.]).
- Regional transport issues/barriers – Referral by GPs to specialists and for radiotherapy is most often Adelaide, Bendigo or Melbourne. Before CV19 air travel to Adelaide had stopped (400kms), the bus service to Adelaide has now also stopped, there is no air travel to Bendigo (400kms), although interrupted by CV19, air travel to Melbourne (600kms) is an option but is at a very high cost e.g. \$450-\$900 return trip. (Although some travel cost offsets are available through State government travel support schemes).

- Border aspects – living 30 minutes from a regional town in Victoria provides some opportunities e.g. accessing medical care at Mildura Hospital, and but has limitations and challenges and should not be a replacement for local care and support by the NSW government.
- Within all these arrangements there is a lack of continuity of care which impacts on chronic disease management and adversely impacts on health outcomes for local residents.
- Telehealth is being used to some level locally. It could be expanded, but there is still an inherent need to have F2F consultations for complete diagnostics, assessments, care planning etc.
- CV19 impacts – include border closures, uncertainty in ability to travel interstate and delayed arrangements of border zone resident permits, all have led to service disruptions and reduced access for those seeking health support from Victoria/South Australia. Impacts are more acutely felt by those without internet access or knowledge, and those with transport issues.

Details

With a patchwork very part time GP service, the town of Wentworth is in a parlous situation. We are a community of 2,000 with generally poor health and wellbeing, significant socio-economic disadvantage, high levels of unemployment, inherent vulnerability, meagre public transport, and a predominantly ageing community although young families are on the increase.

The town of Wentworth is a proud and resilient community with a history of making the most of its circumstances, but there is a strong sense of neglect in regard to health matters and health services. The community believes it is easily overlooked, as we are small in population, invisible and distant to decision makers.

The following are a few examples:

- Situated 300kms from the Far West Local Health District (FWLHD) main campus naturally reduces visibility of our health and service gaps, and issues. Inadequate public transport is a significant concern for the community, our primary health services are currently located in a neighbouring town (Dareton) and will relocate to the new Buronga HealthOne facility next year, a further 15kms away from Wentworth. With limited public and private transport, the level and accessibility of care is naturally reduced to our community. This is not in keeping with the 2019-2020 NSW Health Priorities of *timely and equitable access to appropriate care and non-emergency care options to the community*.
- Without the availability of two/three dedicated full time local GPs to support our Hospital, Nursing Home and a GP clinic, Wentworth faces the loss of services, a decline in related businesses, and an exacerbation of health and social issues. Having local GPs will support the NSW Rural Health

Directions of 'providing the right care in the right place at the right time' and will 'improve the delivery of healthcare and improve the general health of rural and remote NSW communities'.

- The following table provides a snapshot of Wentworth residents seeking GP type care interstate at Mildura Hospital, Victoria as Triage 4 and 5 Emergency Department presentations. (Source Mildura Base Hospital, 2019) Having available local GPs would reduce these presentations and align care more appropriately to a primary care setting.

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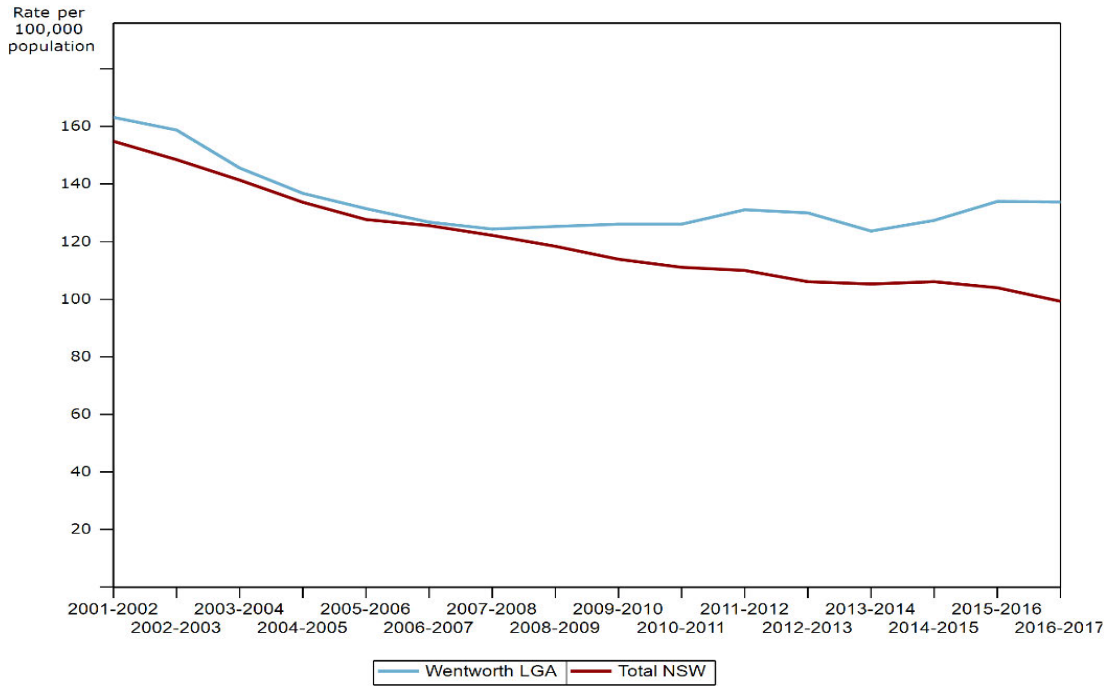
Triage Category	2018-19	2019-20 (YTD 18/9/2019)
4 - Semi-Urgent	518	86
5 - Non Urgent	102	18

- In August 2020, WDCMC provided a petition with 1007 signatures to the NSW Minister for Health and Medical Research, Brad Hazzard to raise his awareness of the need for critical health infrastructure in Wentworth necessary to attract and retain full time Doctors in Wentworth. The petition utilised particular health statistics sourced from the NSW Ministry of Health that unfavourably compared Wentworth LGA to NSW overall. Despite this indisputable data covering almost two decades, and over 1000 signatures we were unable to generate any level of interest.
- In addition, WDCMC for the past 18 months has sought opportunities for discussions with FWLHD, local government and local providers to share our vision and ambition, and to create partnerships. It has been impossible to form a working relationship, as bureaucracies seem disinterested in community groups even when the community group is committed to working at no cost to improve the community's social and health circumstances, and by default assist State and Local governments in achieving strategies and priorities within their relevant plans (NSW Health Plan, WSC Sustainable Wentworth Strategy, 2016).

Specific Available Public Data

I have attached the two graphs previously mentioned, that give an indication of our health status – potentially avoidable hospitalisations, and potentially avoidable deaths in under 75 years. Both graphs show Wentworth LGA and NSW overall. (Source-<http://www.healthstats.nsw.gov.au/>). Along with the descriptions with the graphs the following explanation is provided - 'The extent to which people in rural and remote areas are 'less healthy', or have their health needs less well or less immediately looked after, can be assessed in what is called 'excess mortality'. This is a measure of the number of extra deaths among the people of rural and remote areas compared with the number there would be if the same death rate applied to them as for the people of the major cities' (Source - The Determinants of Health in Rural and Remote Australia, Fact Sheet 28, National Rural Health Alliance Inc., May 2011.

Potentially avoidable deaths, persons aged under 75 years
Wentworth LGA, NSW 2001-2002 to 2016-2017

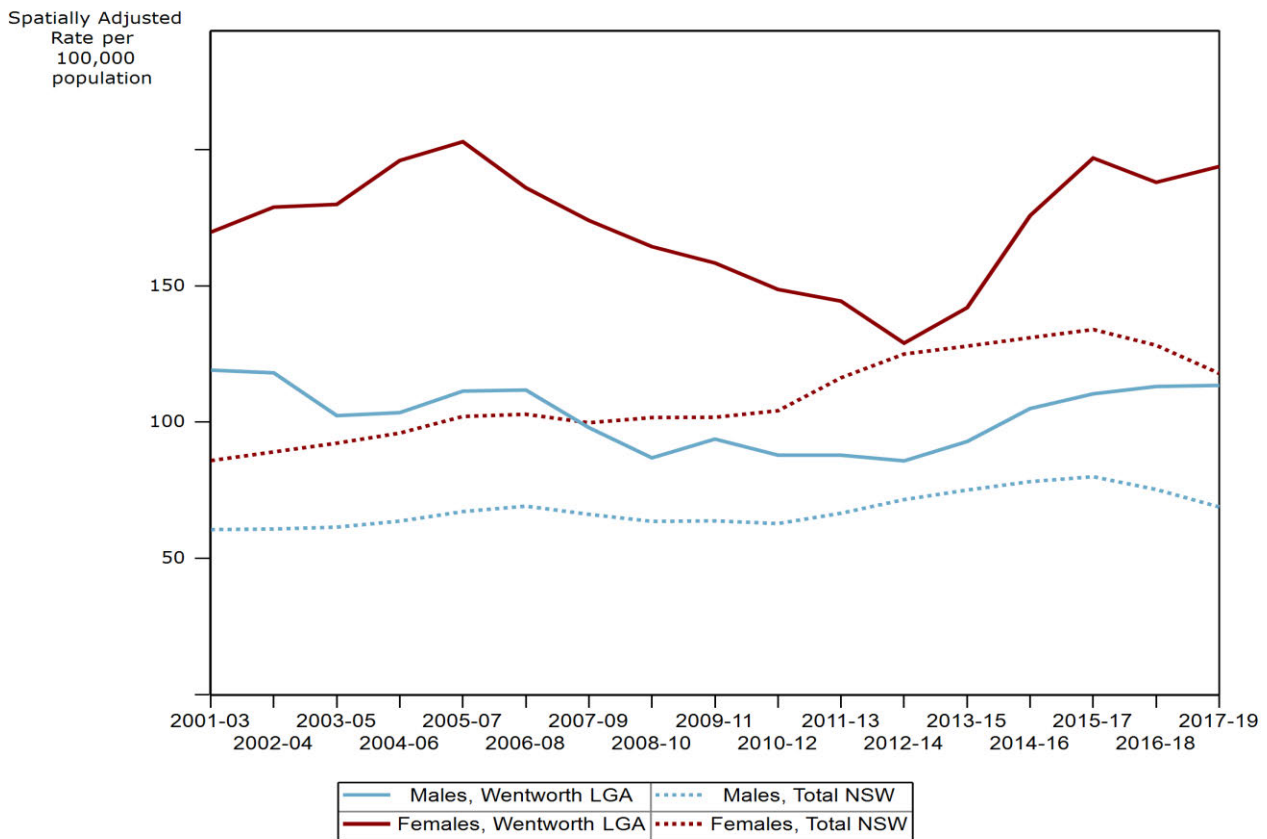


Potentially preventable hospitalisations, Wentworth LGA, Total, NSW 2001-03 to 2017-19

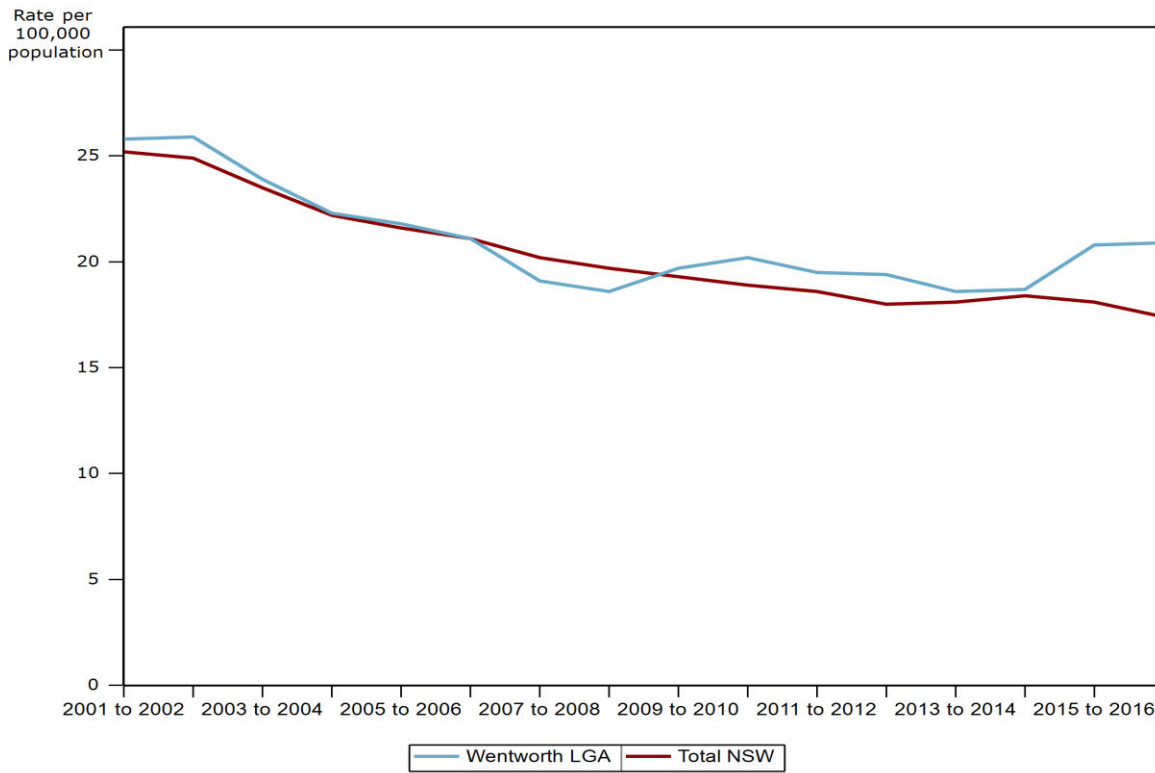


The potentially preventable hospitalisations (PPH) indicator is a proxy measure of primary care effectiveness. PPH are specific hospital admissions that potentially could have been prevented by timely and adequate health care in the community. This report highlights disparities in PPH rates between populations, particularly the very young and the elderly, those in socioeconomically disadvantaged areas, remote areas, and Indigenous Australians, and illustrates some challenges and opportunities for PPH reporting. (Source-<http://www.healthstats.nsw.gov.au/>).

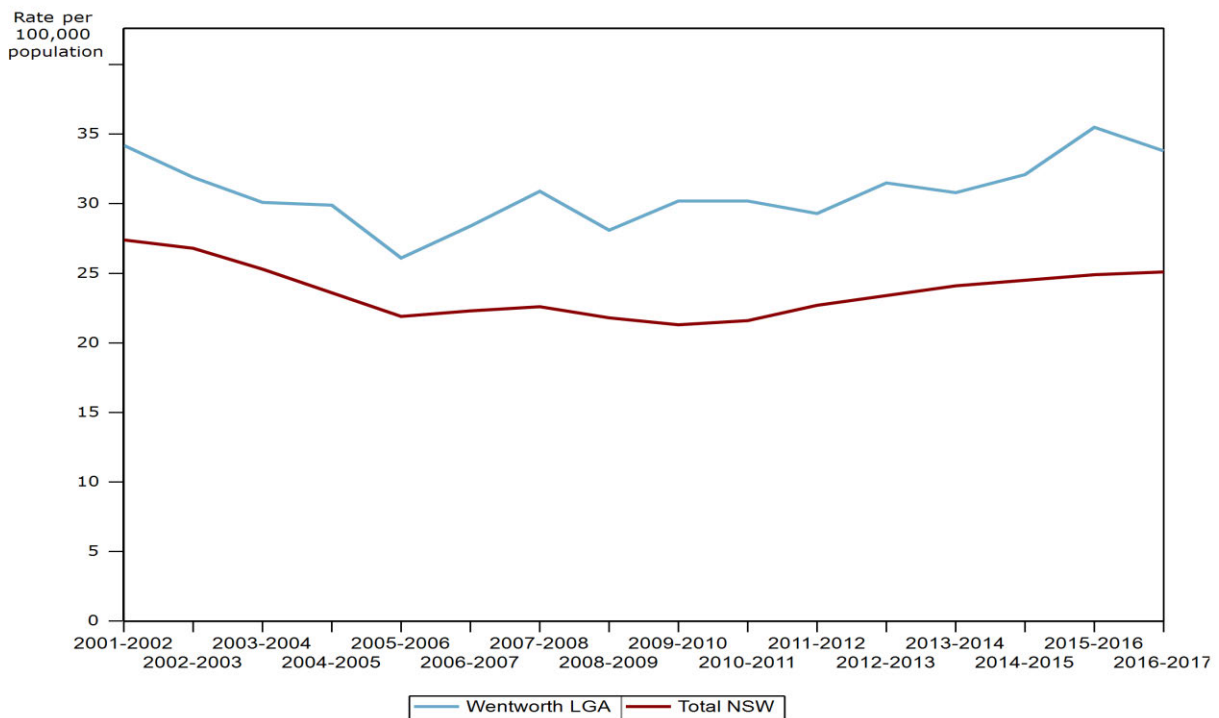
Intentional self-harm hospitalisations, persons of all ages, Wentworth LGA, NSW 2001-03 to 2017-19



Alcohol attributable deaths, Wentworth LGA, NSW 2001 to 2002 to 2016 to 2017



Chronic obstructive pulmonary disease deaths, Wentworth LGA, NSW 2001-2002 to 2016-2017



Cancer Prevalence (source Cancer Institute NSW)			
Cancer Type	Wentworth LGA %	Western NSW Primary Health Network %	NSW %
Prostate	22	16.4	15
Lung	10.6	10.8	9
Colon	8.2	7.9	7.8
Rectal	6.1	4	4

Local experience does not reflect the following core elements of the 2020-2021 Service Agreement **(and previous Service Agreements)** between FWLHD and the Ministry of Health –

- *delivery of NSW Government and NSW Health priorities;*
- *delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, and provide care and treatment to the people who need it, taking into account the particular needs of their diverse communities;*
- *Districts and Networks engage(ing) in appropriate consultation with patients, carers and communities in the design and delivery of health services.*

While it is commendable that the NSW Premier has the following current priorities to –

- *Reduce preventable visits to hospital by 5% through to 2023 by caring for people in the community.*
- *Reduce the rate of suicide deaths in NSW by 20% by 2023*

There have been similar priorities previously that haven't had local visibility.

The town of Wentworth cannot hope to change our health outcomes without dedicated full-time Doctors and local access to a range of allied health clinicians. There are many people in Wentworth with serious illnesses (Lymphoma, Leukaemia, Cancer and Pulmonary conditions) along with others that have issues that limit their ability to find a GP. There will be a significant proportion of our population who are not receiving timely health care due to the availability and access issues.

A town without a full time GP service is not going to thrive, if our town is unable to secure dedicated full time GP services, many businesses will be at risk, services including but not limited to; our Pharmacy, our Hospital and our Nursing Home.

Our town like all rural areas, deserves to have minimum health services accessible to all across the weekdays, we deserve to have a hospital that provides for the community's need and most of all our town should be supported by the Local Health District with a range of locally available core services and suitable clinicians that reflect the community's health needs, and 'best practice'.

Glenis Beaumont

President Wentworth District Community Medical Centre Inc.