

**Submission
No 413**

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

Name: Mr James Burns

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Dear Members,

I make this submission as a citizen, a concerned member of the Regional Community of NSW and a Health care recipient in the past 12 months both public and private. I write to urge you to turn the project around on Maitland Hospital and place a 10 bed Coronary Care unit in it. For the good of the region and the long-term savings it will create for the Health system in NSW.

In March 2020 I had the unfortunate experience of being diagnosed with Cardiovascular disease, this subsequently required an operation as quick as possible and as such I received a quadruple bypass. Only after this experience did my surgeons and specialists tell me that I had 6 weeks to live if I had not had the operation. After I had the operation I started to convalesce and was well on track to maintain a healthy lifestyle only to have three of the four bypasses block again due to the aggressive nature of the disease and my Specialist and Surgeons conservative approach to after surgery treatment. This was not an issue of intent and I do not blame my Doctors or any one for that matter for the ensuing issues and complications that followed my operation. The team of Doctors and Nurses gave excellent Medical care, and my case is proof of that, as they have been able to keep me alive and build my awareness of the disease and how I am to deal with it throughout the rest of my life. To sum up my disease and treatment I have had a Quadruple Bypass followed by 7 Stents and approximately 4 months in Hospitals around the Hunter Valley both Private and Public. I am happy to say that my disease is now under control and the treatment is working. I am pain free and after 7 months I have returned to work in a reduced capacity. That is my story of treatment.

I would like to base my submission on the fact that I have had coronary care in both Public and Private Hospitals and the difference is massive. Granted the Private system is a business, and the Public must be accountable to the people for its expenditure, so I have taken that into consideration for the submission that I make.

I have been treated now in Scone Public Hospital, Maitland Public, Maitland Private, John Hunter hospital and Newcastle Private for Cardiac related illnesses. I received care from outstanding persons at all the institutions I attended and am enormously proud that here in Australia and especially NSW we have a system that can deal with these ailments and keep our citizens safe.

Scone Public Hospital is an excellent facility and I have to admit I am very happy as a resident of Regional NSW that we are serviced to the level we are. It is understood that we cannot have a level 1 trauma center in every town and Westpac Helicopter and Child Flight along with the Royal Flying Doctors are integral to the regional Australian way of life. Maitland

Public Hospital is tired and run down and so the NSW Government has seen fit to build a new facility to improve services in the region, which for your information is the fastest growing region in the Country and with the effects of the Corona virus now starting to become evident and the migration of people from cities to the regions will see this area only grow faster. The New Maitland Hospital was scheduled in 2016 to be built and the project was touted at \$750 million. It was scheduled for a Cardiac catheterization laboratory and a Coronary Care unit. This was a massive win for the regions and a great thing for the people of Regional NSW and especially the Hunter valley. However, now the build is going ahead, and the budget is closer to \$450 million dollars and the services have been slashed, the Coronary Care Unit is no longer in the plans, but the Cardiac catheterization Laboratory is still there. At the same time the John Hunter Hospital is set to gain \$750 million for revitalization, \$450 million for a brand-new hospital just 20 minutes away from an existing Hospital that is having \$750 million spent on it to give it a new lease on life. This is not a responsible spend of the public purse, yet my main concern is not with the State Coffers but rather the way the regions are serviced.

The New Maitland hospital sits in a catchment area which boasts the highest rate of Cardiovascular issues of anywhere in the Country. I agree it is not a great boast, but it is true. Yet the New Maitland Hospital does not have a Cardiac Care unit. Instead, it is scheduled to have an Intensive Care Unit / High Dependency unit. Besides the equipment in the wards which will be significant; the major difference between the Cardiac Care unit and a High dependency unit is the Nursing staff. Nursing is a calling, I have the utmost respect for them, they have compassion and ruthlessness in equal measures. They understand the meaning of "to be kind, sometimes you must be cruel" they are advocates and they stand up to Doctors when the patient simply cannot. They are incredibly special humans. Doctors are equally brilliant, and we have taken to giving them fancy titles. In a Hospital in Australia, you will never hear a Doctor say, "I'm just a Doctor" however you may very well hear the words "I'm just a Nurse". I think that this attitude has been taken by those planning the New Maitland hospital. A Nurse in a Cardiac Care ward such as those at Newcastle Private Hospital, Lake Macquarie Private Hospital and John Hunter Hospital are specialized in Cardiac Care. They know the intricacies of the issues of coronary care and they understand the pain management of the chest. In an environment that has the highest ratio of Cardiovascular issues per capita in the nation I think you will agree that these are essential qualities in our Nursing Staff.

I was admitted to the ICU as a Coronary Care patient due to staffing issues in a hospital. The Nurses and Doctors were inefficient and unaccustomed to Coronary care. Calls had to be made to Nurses off shift in order to gain advice on my treatment. A Cardiac Care Nurse knows that a Sub cutaneous injection of Morphine will not help a person experiencing Coronary pain. I suppose what I am trying to say here is, you wouldn't want a General Practitioner operating on you for a Quadruple bypass, why would you want a Nurse to not have the same level of specialty in their focus. Cardiac Care Nurses are experts in their field as are ICU Nurses, Oncology Nurses, Mental Health Nurses and so on in their own fields. By making them work in conditions of varying concern you essentially water down their ability to make the care available at the level appropriate to great health system.

The New Maitland hospital is scheduled to have a Cardiac catheterization laboratory, for those Members that are not aware of what that is, it is an awfully expensive very intricate piece of equipment that allows Doctors to thread a catheter through the arteries of the patient to areas of the heart and surrounds in order to diagnose, image and fix issues with Stents and other modern medical marvels. This is as you can imagine not as invasive as open-heart surgery however it is not without risks, threading a thin wire through veins and arteries is complex and difficult task in itself and carries risk to the patient. If something were to go wrong, which is not outside the realm of possibility, the patient would need acute care immediately. A Coronary Care nurse is well versed in the management of that pain and treatment as they deal with it on a regular basis whereby an ICU nurse may have been dealing with Burn victims for the last month and is not up to date on the techniques available. Coronary Care Nurses concern themselves with the chest cavity of the patient and their overall welfare. They concentrate their study in the area of Coronary care, they understand that when a patient has a T wave inversion it is most likely that they have had some sort of cardiac intervention in the past and that requires further study. They understand the effects the medications of Cardiac care because they study it. They react to pain differently to an ICU Nurse because they know the timing of cardiac issues must be monitored before opioids or synthetic pain killers are administered, they reach for a reliever first and follow a protocol.

Members, I find it to be an absolute waste of taxpayers' money to place all of our eggs in one basket, the basket being John Hunter Hospital. A Hospital that is amazing, energetic and extremely inefficient as a care provider. Many people I know in the Hunter New England Health district feel that our care is predicated on being able to get to John Hunter because every time a Health announcement is made it involves that institution, we are a proud people in the Regions, and we are hard working. We deserve a Hard-working infrastructure that suits our needs.

The New Maitland Hospital being built is creating no new Cardiac Care beds and just two years ago there were 4 beds in the old Maitland Hospital. Again, I remind you that in the Hunter we have the highest rates of cardiovascular diseases and ailments, and are the fastest growing region in the Country. How can a Hospital be built in the area without treating the most prevalent issue? The Private sector has figured it out with Lake Macquarie Private Hospital and Newcastle Private creating a total of 30 beds in the area of Coronary care. Well, that is fixed then; you may think. However, not everybody has private health insurance and, in a world, where cost of living prices is skyrocketing, and uncertainty is the norm in some socio-economic sectors Private Health insurance is not the top of the wish list for most people out there. So, in an area with the highest rates of cardiovascular disease we have a grand total of 8 beds at the John Hunter Hospital that has just received a \$750 million grant to improve facilities of which I speculate some of the money came from the New Maitland Hospital build and we have not addressed the region's most prevalent disease in that hospitals refurbishment either.

Members of the Committee, I have been around the world during my time in the Military and look at our Health System as the best in the world, not one of the best, the best. A social

medicine system that allows for those that can, to be privately treated. Doctors and Nurses have access to the best equipment and training available. Australians pioneered the heart transplant, the cochlear implant and synthetic skin just name a few of our medical wins, this could not be possible if we were asking those Doctors to generalise, they had to focus and concentrate on the field. Truly our system is amazing. However, it is the best of a bad bunch, it can be better and it can continue to increase its dominance in the world as a leading light in medicine and the protection of its people. But it cannot do that if the Government continues to make silly mistakes that are obvious to those that are not trained in the art of Hospital administration, yet the administrators continue to stand on the course they are on.

By comparison Members, the Campbelltown Hospital in NSW has 26 beds in the Coronary Care unit. This is not a fair and equitable servicing of the Regional communities. The Wollongong Hospital has a 6 bed CCU with a 32 bed Coronary step down ward. The John Hunter Hospital has an 8 bed CCU with a further 16 monitored beds, I feel at this time it is appropriate to remind you that the Hunter Valley has the highest rate of Cardiovascular disease in the Country at the same time as being the fastest growing region in the Country. Wollongong and the Illawarra can be compared to the Hunter Valley in many ways, great beaches, awesome people, coal mines and tourism. It cannot however be compared in size of population due to it being smaller in population, over all area and it does not have a comparable rate of Cardiovascular disease in its residents. It also does not have a comparable Coronary care unit as its ward size and administrations attention to the disease is not the same, it is higher. The argument could be made that they are placing too much emphasis on the disease, but I do not think they are, I think have got it right. In South West Sydney health district, a district that does not suffer the tyranny of distance that we in the Hunter New England do, nor do they enjoy our boast as I put it earlier of having the highest rate of Cardiovascular disease in the country, Campbelltown hospital has 26 CCU beds. Again an illustration of inequitable care between health districts.

Members you are sitting to deliberate on Health outcomes and access to health and hospital services in rural, regional, and remote New South Wales. I urge you to take into consideration the lack of heart health care being administered in the Hunter Valley where it is so sorely needed.

In finality Members, on the 4th January 2021, I experienced a syncopal event while I was at work (I fainted). I work near Denman in the Upper Hunter and so was transferred by Ambulance to Muswellbrook Hospital, a fantastic refurbished regional medical Centre. At which time they found I had pneumonia, as you can imagine members pneumonia to a person like me is a frightening and life-threatening prospect. Being a high-risk case and in consultation with my Specialist, a man who is intimate with my case to say the least, Muswellbrook tried to send me to Maitland Hospital for monitoring and further investigation under a cardiologist. Maitland said No. They did not have the beds. They also made the decision from 1 and half hours away to override the doctor in the Muswellbrook Hospital and not start me on anti-biotics. 24 hours later after deteriorating at Muswellbrook I was transferred, and the first thing Maitland ED did was start me on anti-biotics based on the

diagnosis from Muswellbrook after they expressly told Muswellbrook not to issue it. The staff at both Hospitals were and are fantastic it is not their fault, it is the systems.

Please Members turn the project around and give the region a 10 bed Cardio Care Unit so we can avoid issues like the one above and us in the regions can get the care we deserve.

I thank you for your attention to this matter and wish you well in your inquiry.