

**Submission
No 417**

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

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Eleanor Cook

Letter parliamentary inquiry to rural health

A: health outcomes

B: comparison services across state

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D: patient experience and wait times and quality

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K: impact of indigenous and linguist diverse

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Dear Committee Member,

Re: The poor and unreliable health service delivery to small rural and remote communities with the immediate and long term negative impacts on individuals and the community's wellbeing.

As a concerned citizen of a rural community Coolah, apart of the Warrumbungle Shire Council, I write on behalf of my community's for their loss of a local doctor service

I have had several members of the community pleading requests for help to lobby and resolve the dire situation of no doctor for our community and other communities alike.

Our rural community as a whole and individuals have issues that I can align to your specific terms of reference of this parliamentary enquiry.

A: health outcomes

Due to lack of continuity of available Doctors services and the subsequent loss of a local doctor, creates individual uncertainty which undermines the core delivery of positive health outcomes.

Mental wellbeing - For most individuals who live in a rural community, concern, worry and fear can be generated from uncertainty of access to basic health care locally, the tyranny of distance, causing limited access to transport to another major towns and the time/cost prohibitiveness of travel, adds to the level of stress of an vulnerable individual to access basic health services.

B: comparison services across state

Most larger towns can boast access to a variety and choice of health services with multiple doctors residing or servicing the areas. Often like the case of Coolah's 'one doctor' community is a heavy reliance on the individual doctor, which adds burden and burn out. Rural and remote doctors often have a dual relationship in the community which can add pressure to the doctor to isolate and not integrate; often to avoid the barrage of issues occurring in the community regarding health being raised by individuals directly to the residing doctor. Having the support of multiple Doctors could alleviate this issue. Another would be to incentivise the terms of rural doctor practice, to alleviate bureaucracy and simplify the terms; looking after the well being of our rural doctors.

C: access and barriers

The convoluted and complex integrated health system fails to deliver local health services creating a significant barrier to individual especially the sick, vulnerable and the aged. The organisational structure, hierarchy and funding bodies all add to the complexity which could be likened to the problems identified in the Royal Commission regarding the delivery of services in the recent catastrophic fire events in NSW. A wholistic decision making process could elevate poor decision making. A litmus test rural and remote communities to the forthcoming impact of a decision could mitigate unforeseen impact of health decisions. I would suggest that a 'one stop portal' for rural communities to express concerns, understand the facts of the doctor health situation and access services. Who in health or government is championed to keep us informed? The confusion, mis information and complexity around the 'doctor service health care provision' has added to the stress of the individual and community as a whole. We have been shocked and left without obvious guidance as to what's happening and who is taking the lead?

D: patient experience, wait times and quality of service

First hand experience of wait time to access our only doctor before they suddenly departed was eight weeks. This time frame is direct evidence of the lack of health service and level of service which can be considered as poor quality health service provision. This poor service drives people away from our community having a long term health, social and economic negative impacts that are detrimental to the individual and the delicate balance of a rural community as a whole. My own recent experience of a jaw bone infection sent me direct to drive 150 km to Dubbo Base Hospital to wait in

emergency as no residing Doctor in Coolah with only a Telehealth option.

E: decision making analysis

One questions what data is used to make the decision for the provision of services to rural and remote Australia. when decisions made by government and health sectors that rock the community the can quickly change like a domino affect that delicate balance of a thriving rural community. There appears to be a lack of a wholistic approach. One department will make a decision and is not mindful of the long term or subsequent ramifications of a decision.

As a community we have for many years fought hard to mitigate the loss of services in our community and worked along with various departments of NSW government such as state and regional development to plan, implement and be entrepreneurial to maintain a good mix of businesses to maintain a town centre with services; and to not lose them to the sponge regional cities. One department working to retain services whilst another making decisions to inadvertently remove services to our local communities.

An example: at the time of the forming of the Western area regional health

Cost affective decision making was to have butchers put to tender for the supply of hospital meat not for their local hospital by for the supply was put to tender to provide all regional hospitals putting most local butchers out of the game and a loss of core business for our local butcher. In turn this health dept decision may have been cost affective across the regional but detrimental across local communities struggling to retain a butcher as a part of their local mix of services in their community. Our butcher closed Saturday and we are about to lose them completely now.

If the decision makers could understand that cost saving for the short term has a long term cost to community and the delivery of services in a town. Town proving a good mix of services is attractive to Doctors, businesses and employees. As volunteers we wear many hats and fight for every item of infrastructure, service or facilities often working with a local government with limited funds and resources. We volunteers suffer burnout. We are tired often lacking the skill, support, resources and funds to continually bring these matters of basic health services to the attention of our leaders and government. As tears roll up in my eyes as I write this; I know I personally and suffering as the toll of trying to keep our community well and vibrant is exhausting.

F: analysis expenditure comparison rural / urban

In comparing the expenditure of analysis between urban and rural health would be difficult to equate as these as they are so varied you will always have a higher cost per person due to the cost dispersement over smaller population.

G: staffing challenges

A community with a smaller population and therefore smaller pool of employees will always pose challenges. If health departments could see the long term benefits of working collaboratively with other government departments to generate a whole of government approach towards creating community well being and vibrancy would payoff most government departments and met their strategic objectives. A nurse or a doctor would prefer to have employment near whereby their quality of life style is supported. Communities that have an attractive lifestyle, social and wellbeing supports, will attract doctors and health staff to work, enjoy and live in rural Australia. The formula of a dynamic mix of services that

support a community are a crucial ingredient to maintain a vibrant and viable community.

H: ambulance service provision

ambulance Service is critical and often the only service available.

I: oncology access

There are little of no oncology services available deeming our community level of health care as poor for our community.

J: palliative care access

There are little or no palliative care services available deeming our community level of health care as poor for our community support through a challenge chapter.

K: impact of indigenous and linguist diverse

we have a small portion of the community identifying as indigenous and linguist diverse with little support services.

L: other

Humans are complex with all their systems integrated and impacting each other. If one's mental well being is being impacted negatively, this in turn can negatively impact of ones ability to heal, if physically unwell. It is therefore crucial that your members consider seriously a wholistic approach so as to work effectively to provide health 'care' services. The critical word is care. As a government elected representative you already demonstrate you 'care' ; it is through your leadership and decision making framework you can implement health 'care'.

Warm regards Elly Cook