

**Submission
No 426**

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

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I refer to Bonalbo MPS when I am talking about services and conditions.

Waiting times to see a doctor are often quite long- up to 3 weeks, or 2 weeks to get a place on a script-only phone consult. This seems to me too long and often inconvenient.

Whilst we have the makings of a fine hospital/aged care facility, there is no option for in-patients due to no full-time doctor on-site. Emergency treatment is often not available-e.g .stitching wounds, as frequently no nurses can do it. This has happened to me twice in recent years. Once I just caught the stand-in doctor after hours at Bonalbo. The other I had to go to Urbenville, and was nearly asked to go to Casino, which is 1.5 hours away from my home.

A great deal of effort went into building the new hospital (though the old one was certainly serviceable) in the hope of attracting a full-time doctor.

This turns out to be a forlorn pie-in the sky at present.

The doctor working there is very good, but only serves Bonalbo 4 days a week, plus phone appointments from his home.

From my observations, there are plenty of office staff (too many?)but not enough medical staff, and certainly no provision for a full-time doctor.

What is missing?

Accommodation has been suggested as inadequate.

Location is certainly an issue.

Lack of training as GPs may have a bearing.

Certainly the attitude that resulted in the building of the new facility in a long-shot hope of securing a doctor has proved unrealistic, and certainly has not built community confidence in the system.

For a rural person like myself, who has a longish (20+years of prescription drugs)history of chronic conditions and long-standing medical need, the current methods of distributing scripts needs review.

I feel if someone has a long-term (AKA lifetime)need of PBS medication, then there must be a change that allows for script and/or medication renewal on-call without resort to doctor appointment. Pharmacists should be able to issue medications to their patients for at least 2 months supply. 99% of such patients are not rorting the system or using the drugs wrongly. Doctors would have more time to deal with real needs, and patients would not feel so entrapped within such a controlled environment.

It's like constantly being made to beg for life-sustaining medication- sign this, sign there. No, we cannot give you that yet, or your script has expired you need to see the doctor.

Or what happened to me last year: caught away from home when my brother-in-law was dying away near Coonamble, I needed testosterone, and other scripts. Now, because the rules are so strict, I had to have the original script sent by mail to the pharmacy (say 10 days? waiting, at least) or, as I did, visit the local doctor, give him my story and get new scripts. OK. Then, I was not allowed to take the script with me back to Bonalbo. What was I supposed to be doing with it? Hardly a dangerous drug in its state.

So, to recap: waiting times too long; no doctor available for 3 days out of 7; PBS scheme of distributing medications for long-term patients totally inadequate; bureaucrats ideas of how-to-attract-doctor needs a big rethink; and regional/rural Australia is in great need of intelligent schemes to attract and keep new, young doctors and nurses in for the long haul and willing to become members of rural communities for 10 years or more.

Much medicine is built on trust and that only can come about through time, manner and resourced support.

NSW health has failed local communities by trying t be clever, promoting MPS buildings, which turn out to be the worst of both worlds, and not actively promoting doctor placement in the rural environment.