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

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Submission to the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW

In February 2020 the Northern NSW Local Health District announced that there was to be a reconfiguration of Maclean Hospital closing the upper floor and amalgamating patient care on the ground floor. The top floor was to be maintained as a "surge floor" to be staffed with casuals if needed.

There was to be a loss of two staff – a Nurse Manager and Patient Service Assistant (ward clerk). The hospital had been the recipient of an election promise of increased nursing hours which resulted in 1.3 Enrolled nurses and 3.5 Assistants in Nursing.

This announcement resulted in massive community outcry, assisted by the Health Services Union and the NSW Nurses Association and the Lower Clarence Branch of Country Labor. There were several public meetings and the Health Service Manager attempted to explain the logic however the community were having none of it. Petitions were presented to parliament and the Shadow Minister for Health labelled the decision as a cut to the hospital resources and a downsizing of the Hospital.

The decision was reversed in March and a Maclean Community Advisory Group was established through expressions of interest to assist with community consultation in the future. This Advisory Group runs as an adjunct to the Clarence Community Advisory Group which is mostly focused on Grafton.

Interestingly during the COVID times the occupancy has increased in the wards as Grafton has become busier catching up with the surgical lists and patients have been transferred back to Maclean for recovery almost like one of the old hospital annexes.

There is no evidence that this was not a cost saving exercise.

Socially the population is mixed – some self-funded retirees, aged pensioners, unemployed persons, low paid hospitality workers, small business operators, council workers, health and support workers, aged care workers and some persons who work in other towns such as Grafton, Ballina and Lismore. The median income is fairly low at $477 according to the 2016 census. The Lower Clarence has an aged demographic median age 49 compared with NSW at 38 with a huge tourist population all year round which includes multiple young families during the NSW and Queensland school holidays.

Maclean Hospital is a level 3 hospital which serves the population of the Lower Clarence with shared resource with Grafton Base Hospital. The Emergency Department is very busy and there are efficient systems in place for specialty referral. General Practitioner waiting times can take up to two weeks and there are only three practices which are "Medicare practices" i.e. – do not charge fairly high patient fees which increases the use of the Emergency Department.

Mental Health Services are supplied on a district wide basis with inpatient services at Lismore and Community and support services based in Grafton. Community Health is based in Maclean and Yamba. There is a palliative care room at the hospital and community health palliative care.

Current specialties, Geriatrics and Rehabilitation, are waiting for positions to be filled. These two specialties were the result of the Health Care Services Plan 2013-2018. There is no further Health Care Services Plan. There is a Strategic Plan signed off by the Board and the Chief Executive Officer.

This long-winded discussion is really about planning processes in NSW Health and its effect on Rural Health Services.

Rural Health Services are and always have been grossly underfunded. We are quite capable of running on a shoe string but Level 3 will always lose out to Base and referral hospitals it is just how it works.

It would appear health service planning for the catchment population has gone by the board. Planning has been divided into individual specialties through something called the Agency for Clinical Innovation (Information available on the NSW health web site). A series of separate disease and sometimes population- based groups which develop State wide programs which the health districts implement through their clinical and operational staff.

Basically, silos which the Local Health Districts have to adapt to their individual populations.

Some areas such as Mental Health which have a long history of adapting central resources to their local communities, and have some structure on the ground are moving forward although the lack of specialists makes this a real challenge. Telehealth is playing a major role in addressing this although remains a major problem particularly with psychiatrists.

Telehealth is an adjunct to clinical care not a replacement.

In this area there is considerable community involvement within the structure for mental health.

There is a Rural Health Network but no current Rural Health Plan.

The State level role delineation document is regularly updated however there has been no update to the Northern NSW Local Health District role delineation since 2016 that I can find. It appears considerable work is put into the collation of patient satisfaction surveys and "performance indicators" such as waiting times.

There is a current NSW Stroke Plan being rolled out with distinct pathways for persons with Strokes who present to the health services in order to produce more equitable outcomes – particularly for country people.

Issues with implementation:

Funding for implementation across the board
Availability of CAT scanners
Waiting times for patient transfers via the Ambulance Service

Lower Clarence people have to go to Grafton for the CAT scan then be transferred on to a Tertiary Centre if surgical intervention is required. This means a trip to Brisbane in most cases. This is a huge impost on the Ambulance service and can amount to lengthy delays in accessing tertiary treatment. The Ambulance Service is grossly under resourced and transfers such as this for tertiary Stroke and Cardiac care, for example, must be taken into consideration when allocating crews to individual Health Districts.

NSW Health is operating a series of clinician lead planning programs which rely on Operational and Clinical managers on the ground to implement.

Operational Managers have major performance indicators relating to budget and community consultation as well as the "did you like the nurse" patient satisfaction surveys. They are not always in a position to develop service planning as such especially with so few resources for Country NSW in funding and planning tools.

The decision in February at Maclean Hospital had no relationship with the population's health needs.