

**Submission
No 441**

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

Organisation: Merriwa Pharmacy

Date Received: 15 January 2021

Submission to NSW Parliamentary Enquiry into Rural Health

Summary

- Better co-ordination between the various levels of government and the various parts of the health system which they fund will yield better results for remote rural communities.
- The one-size-fits all approach to the assessment of aged care facilities is inadequate and does not improve patient care.
- Changes from the PHARIA to Monash models in classifying rural and remote have resulted in many remote **single pharmacy towns losing funding**. This will affect their ability to employ locums and will most likely lead to a reduction of opening hours.
- Issues exist with patients transported to Maitland/Newcastle hospitals being discharged without any way to get home.
- Problems exist on the fringes of health areas (e.g Cassilis – lies in the Hunter NE Area) but Mudgee is the nearest maternity hospital. New mothers in this situation are denied midwife support after returning home.

My Background:

Owner and Operator of Merriwa Pharmacy in the Upper Hunter since 2008. The pharmacy serves a surrounding population of around 2300 people. The nearest towns are Denman (50km), Scone (63km), Muswellbrook (80km), Mudgee (125km), Coolah (90km), Dunedoo (116km). There is very limited public transport to surrounding townships.

Merriwa is serviced by a Multi-Purpose Service (MPS) with approximately 10 aged care beds and 10 acute care beds. We also have a local government run 20 bed aged care hostel. There are two doctors surgeries that operate part-time or varying hours which ****
Currently the acute care section of the MPS cannot be used due to a lack of visiting doctors.

Changes from PHARIA to Monash will Reduce Opening Hours of Pharmacies in Vulnerable Communities.

- Recent changes from the PHARIA to Monash system for classifying rural and remote communities have lumped remote single town pharmacies in the same category as rural towns with multiple pharmacies. This has resulted in a funding decrease for the single pharmacy towns. This has an impact on the affordability of taking leave for professional development, meetings with aged care providers and rural health teams and holidays. Towns with multiple pharmacies are able to run rotations for weekend openings and often have more than one pharmacist per pharmacy which allows greater flexibility. Single pharmacy towns do not have the opportunity to do this and are faced with the choice of finding a locum at great expense or reducing opening hours. This represents a further reduction in access to health care for our rural populations.

Lack of co-ordination between the three levels of government is amplified in rural communities.

- **MPS UNABLE TO ACCESS EFFICIENT SYSTEMS**

MPS Facilities do not have a Residential aged care facility (RACF) ID – Having an RACF ID would make it possible to improve efficiency by removing the need to duplicate medication chart updates and writing of prescriptions. Removing this duplication would also reduce the risk of medication errors.

- The Merriwa MPS Aged care section has Dose Administration Aids supplied by Merriwa Pharmacy however the pharmacy does not have access or visibility of the patient's electronic medication profile. Having access to the profile would again improve efficiency and reduce the risk of medication errors.
- A RACF ID is required to implement the PBS funded "Medchart" Prescribing System. The Medchart system would improve both efficiency and accuracy of medication supply and administration for the MPS, doctors and pharmacy.
- Currently doctors do their rounds and make medication changes where appropriate. They then have to separately write new prescriptions on their own prescribing software. The MPS must also separately fax the updated chart to the pharmacy (often this is 10+ pages per patient). This is grossly inefficient.

NO RESOURCE SHARING BETWEEN LOCAL GOVERNMENT HOSTEL AND MPS

- The opportunity exists for sharing of resources between our local MPS and Aged Care Hostel (e.g registered nurses)
- This would require co-ordination across the different levels of government that are responsible for each facility.

ASSESSMENT PROCESS FOR AGED CARE FACILITIES IS INADEQUATE

- The One Size Fits All approach to Aged Care Facility Assessment does not work for small rural facilities like our Hostel.
- Gummun Place is a council run aged care facility with approximately 20 residents.
- It is a well-run facility with happy residents – several of the carers have their own parents as residents
- The facility has had ongoing issues with accreditation – the assessors from the aged care commission have an inflexible template that is unable to differentiate between a 200 bed urban facility and a 20 bed rural facility. The lack of flexibility in the approach has actually resulted in a lower standard of care for residents as staff are placed under significant stress and tied up with bureaucracy rather than caring for the patients.

Lack of Planning for the future of Aged Care in our Community

- Our local council has been trying to devolve itself from operation of the Gummun Place Hostel. As a result there has been no effective planning conducted to meet the future needs of our ageing community. Gummun Place was founded by the residents of Merriwa through fundraising initiatives when Merriwa had its own shire. Amalgamation of the Merriwa and Scone shires into the Upper Hunter shire has shifted the decision making and power within the shire to Scone where there is a lack of interest in maintaining Gummun Place as a community owned facility and we faced with the threat of privatisation of an integral part of Merriwa's health care

provision. Significant problems with the standard of care in many privately run aged care facilities have been well documented throughout the Royal Commission into aged care.

Things that are Working Well

- GP Helpline: 1800 022 222 – We regularly refer patients to this helpline. Patients, for the most part, have reported positive experiences with this service.
- Better Health Channel – Although this is a Victorian government health website we regularly refer patients to this website for more information

Impacts of Council Amalgamation on Healthcare

Merriwa shire was amalgamated with Scone and Murrurundi Shires in 2004 to form the Upper Hunter Shire. Since amalgamation all senior executive management positions have been based in Scone. This has resulted in a centralised management bubble that has lost connection with the Merriwa community and is out of touch with key issues affecting residents. There is often confusion regarding which level of government is responsible for various issues. Whilst healthcare is generally state or federally funded a lack of representation at the local government level in remote rural communities means that significant problems often go unreported.

One significant problem is patients being taken by ambulance from Merriwa to hospitals in surrounding communities and then being discharged and having to find their own way home.

Conclusion

Greater collaboration is needed between all levels of government to better utilise the existing workforce and to build integrated systems that will optimise the use of people and infrastructure. Improved advocacy and increased involvement at the local government level is crucial.