

Submission
No 442

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

Organisation: Gunnedah Community Roundtable

Date Received: 15 January 2021



Submission: Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Lack of effective preventative and early intervention responses in primary and allied health is a key factor impacting the health outcomes of rural and regional people. The collective community services of Gunnedah Shire have identified a pattern in which risk factors and early stage illnesses are not addressed or appropriately managed until a person's health has experienced significant decline. This is a direct result of the barriers our community faces to accessing GPs.

Due to the current shortage of GPs in Gunnedah, many people present at the hospital with concerns or illnesses which are inappropriate for an emergency department to address. The emergency department at Gunnedah Hospital is currently serving the dual purposes of responding to emergencies and operating as a makeshift GP clinic. This is not a sustainable situation. Locum GPs located at the hospital are transitory, and do not have the community knowledge or connections to refer people to community-based services which can provide ongoing support. This creates a situation in which risk factors or co-morbidities are either not identified or not responded to, and health and wellbeing are not proactively supported. The emergency department cannot be expected to provide the continuity of care necessary for preventative and early intervention strategies to be effective.

This dependence on the emergency department also creates challenges to effective follow-up for people who have presented to the emergency department, who are often advised to see their GP within a specific timeframe following discharge, and are either unable to schedule an appointment or unable to become a patient in any of the local surgeries. This often results in longer admissions to hospital, or recurrent presentations to emergency for non-urgent care.

A criticism of the current health system is the focus on addressing illness, rather than considering the entire context in which an illness occurs. There is a need to take a holistic approach to treatment to maximise the benefits of treatment and identify associated factors which are impacting health outcomes. This is vital in rural areas, which face multiple levels of economic, environmental and systemic disadvantage which indirectly impact health.

There is a dire need to consider innovative and alternative approaches to delivering health services, these may include:



- Empowering psychologists and social workers to develop and implement mental health care plans
- Expanding the scope of duties a registered nurse is able to perform
- Establishing GP clinics within rural hospitals
- Increased funding for Aboriginal medical services to expand into neighbouring communities
- Requirements for registrar doctors to practise in communities experiencing GP shortages prior to becoming metropolitan based specialists
- Expansion of the IPTAS scheme to provide payment options outside of reimbursement

We request that the State and Federal government acknowledge the current deficits to our health system and commit to immediate and sustainable provision on primary and allied health services. We also request that the respective governments acknowledge that the current systems and practises are failing rural communities, and invest in system design which recognises the unique needs and barriers of rural communities.

On behalf of ~~the~~ Gunnedah Community Roundtable,

Best Regards () \

Kate McGrath

Acting Chair

Gunnedah Community Roundtable