

**Submission
No 446**

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

Organisation: Rural Doctors' Association of NSW

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Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Submission on behalf of the Rural Doctors Association of New South Wales

The RDANSW is a member organisation representing rural doctors and the health of rural communities. Our members provide care in rural hospitals and as GP's in rural towns. We are well placed to understand the challenges of providing health care in regional and remote NSW.

Terms of Reference (TOR a & b)

We note the already known disparity between outcomes in rural areas compared with metropolitan. Considerable data have already been collected regarding health outcomes. We draw the attention of the Committee to information held by the Australian Institute of Health and Welfare and in New South Wales, the Bureau of Health Information. We recommend that this data be analysed with particular regard to comparison of outcomes in New South Wales hospitals in respect of maternity care, emergency attendances, length of stay and costs. Any analysis should take into account the demographics of the patients, the diseases treated and the existing comorbidities.

We further recommend that, as far as possible, these comparisons be extended back for a period of 10 or 20 years to assess trends over time.

A number of the problems seem to be generated by policy settings. These will not be solved by taking a hospital by hospital or LHD by LHD approach.

TOR c, d, e

We identify staffing and retention/attrition as a major factor in addressing many of the terms of reference.

Staff relations need to be improved

We have been aware over many years of continual friction between hospital staff involved in patient care and various layers of the New South Wales Health administration. This has had an unfortunate effect on staff retention, attracting skilled practitioners and service delivery.

The attrition in rural general practice has led to staff shortages in hospitals. The result of this is reduced access to health services and increasing difficulty in managing hospitals and extensive use of locums.

We would also point out that there has been considerable loss in the numbers and skill base of rural nurses. This impacts heavily on the availability and quality of service in rural hospitals. We are aware of considerable distress amongst rural nursing staff and a large increase in the number of agency nurses being required. We also contend that many rural hospitals are understaffed from a nursing point of view.

We are aware of many doctors and nurses who have resigned from hospital work over the years due to ongoing difficulties in obtaining support and preserving facilities to provide good comprehensive care in rural hospitals.

New South Wales Health needs to be more responsive to problems identified by staff and patients. Local decision-making needs to be enabled. Decision-making driven only by overall policy fails to meet the needs of local institutions. **The issues of safety and cost deserve careful analysis.** It is our opinion that there is a misunderstanding of safety outcomes and costs in rural hospitals and that too many decisions are driven by specialist colleges with little understanding of how to deal with things under local conditions. These remarks apply not only to requests from doctors and nursing staff but also to local administrators who often feel hamstrung by guidance that they are receiving from further up the chain. This problem needs deeper consideration and willingness by New South Wales Health to allow local staff to make decisions that are relevant locally.

There is an urgent need to review the ethos and management skills within New South Wales Health.

There has been a general trend in the reduction of services available in rural hospitals. Some of this seems to have been driven by a perception that small rural hospitals with GP VMOs are not as safe as tertiary hospitals. We contend this view lacks factual foundation and that possibly the reverse may be true. **We urge a careful review of safety across rural and metropolitan hospitals.** The information should inform further decisions about the level of services provided in rural hospitals. Such decisions should be based on actual evidence rather than occasional poor outcomes receiving excessive publicity, or expert opinion.

We recognise the considerable amount of money that has been spent by New South Wales Health in rebuilding and refurbishing hospitals and health services. There has been an emphasis on amalgamation of aged care into multi-purpose services. Unfortunately, the result of this has often been loss of capacity for acute care in smaller hospitals with the shifting of a load to base hospitals and the consequent pressure on base hospital emergency departments and bed capacity. The result is reduced local access to health care and an increase in ambulance transport costs. This has not been paralleled by improved outcomes. This trend needs to be halted or reversed. **There is a strong case for restoring or increasing capabilities in smaller hospitals. (TOR h)**

The centralisation of services to metropolitan and urban regions without sufficient provision (including outreach) to support rural and regional health can significantly disadvantage these populations that contribute heavily in national GDP.

We point out the obvious that rural general practice and health care in rural hospitals are inextricably linked. GPs provide the majority of care in the communities. Local health districts need to incorporate this in their plans. There is too much focus on hospitals and not enough on integrating GPs.

Any solution must integrate general practice and hospital care.

It will not be possible to consider any of the issues raised in the terms of reference from a purely State or Federal point of view. Sustainable collaborative systems recognising this must be central.

TOR g

There is already policy under development within NSW Health which identifies attraction, training and retention as key issues.

Rural generalist training has received considerable attention over the past few years. The need for this was recognised 20 or 30 years ago but progress has been agonisingly slow until recently.

Rural generalist training needs to be paralleled by the provision of facilities in which these doctors can practice their skills. Unless this occurs there will be limited ability to attract doctors and the current staffing issues will not be resolved.

We identify retention as the major issue affecting health workforce.

Attempting to care for patients in rural areas has become less and less attractive over the past 2 to 3 decades. The lived experience is that there is a lack of understanding within New South Wales Health about how the day-to-day business of patient care gets done. At the point of care, there are many issues which appear to make the job more difficult and slow. When problems are identified the response is glacial or non-existent. Doctors, nurses and administrative staff working on patient care in the hospitals feel constantly undervalued and frustrated. This problem needs to be addressed because at the moment staff in training have the impression the work is onerous and under paid. Attraction suffers severely. Those working in the area are leaving. This attrition has been evident over a long period of time. **Succession strategies are doomed to failure if the job is not attractive.**

There needs to be a change of attitude within management away from regulation and towards facilitation. Policy needs to see beyond budget control as the only driver. People in management need clear direction on what is intended to be delivered and how to enable local solutions rather than block. Health outcomes must be THE key performance indicator.

Adequately staffed rural hospitals are safe. We urge New South Wales Health to consider the data that they already have available to re-appraise the safety of rural hospitals relative to metropolitan areas. Rural and regional hospitals in conjunction with general practice provide effective, economically sound care. New South Wales Health needs to re-analyse the economics of rural and regional hospitals and recognise the deep interaction between general practice and hospital-based care.

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