

Submission  
No 449

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

**Organisation:** The Office of Helen Dalton MP, Member for Murray

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## **Helen Dalton MP – Submission for New Inquiry into Health Outcomes and Services in Rural, Regional and Remote NSW**

### **Overview**

As state member for Murray in NSW Parliament, I welcome this urgent inquiry into the appalling state of rural health in NSW.

An extraordinary gap in health outcomes between my rural electorate and Sydney has coincided with the downgrading of health services in this region over the past 20 years.

In 1999, people in the Murrumbidgee had an average life expectancy of 79.5. This was actually higher than in Sydney, where the average life expectancy was 79.3.

However, by 2018, the Murrumbidgee had had an average life expectancy of 81.7, compared to 85.0 in Sydney. We now die more than three years earlier than our Sydney counterparts, on average. In the Far West, people die on average five years earlier.

Similarly, In 2001/02, the Murrumbidgee had a suicide rate of 11.6 per 100,000 population, similar to a rate of 10.3 in Sydney. However, by 2016/17, the Murrumbidgee had a suicide rate of 20.9 per 100,000 population, almost three times the rate of 7.8 in Sydney.

The fact that geography now determines life outcomes may be linked to the systematic downgrading of rural health services and facilities.

There are no orthopaedic services in any public hospitals in my electorate – an area of 107,362 square kilometres. This means that when someone breaks a bone, they face a drive of between two and four hours to the nearest hospital for treatment.

Despite our skyrocketing suicide rates, not one hospital in my electorate has an inpatient mental health unit. Once again, people are forced to travel several hours for treatment – away from friends and family – and then find their own way home.

Many hospitals across the electorate don't even have a full-time doctor working at them – and instead rely on on-call private GPs.

There have been several instances of hospitals being without a doctor available for days and weeks at a time, notably in Leeton and Hillston.

Rape victims presenting at Griffith Base Hospital have had to travel two hours to Wagga for treatment, as there was no doctor on site accredited to administer rape kits.

Cancer services throughout the area are completely inadequate, resulting in people travelling up to seven hours to Sydney for treatment, where they have to pay the bulk of their own travel and accommodation costs.

When I've raised regional health issues with the NSW Government, I'm told the standard line – "it's too hard to get medical staff to work in rural areas, they don't want to come here".

However, I've also been approached directly by medical practitioners who wanted to work in our hospitals – but have been denied the opportunity by NSW Health barriers and bureaucracy.

I have found that many doctors, nurses and hospital staff have wonderful ideas on how to address regional health issues – but they are aggressively shut out of decision-making processes by the NSW Government.

The local health bureaucracy in my electorate – Murrumbidgee Local Health District – gags their staff from sharing their ideas on improving their health services. Medical staff often make anonymous complaints to me, refusing to give their names for fear of repercussions.

I believe involving medical staff and the local community in decision-making, allowing them to speak freely, is an essential step in addressing rural health deficiencies.

My discussions with medical staff and the community suggest three major trends in NSW Health need to be reversed –

- 1) The centralisation of services, facilities and management in major population hubs, such as Wagga;
- 2) The NSW Government's desire to sponge off superior Victorian health services and allow its residents to cross the border for treatment. The NSW Government will reimburse Victoria \$63 million for cross-border treatment in 2020-21.
- 3) The privatisation of essential medical services.

Privatising health services in rural areas – where the population is small and competition limited – does not make sense from an economic or social perspective.

The emergence of St Vincent's Private Hospital in Griffith has coincided with the decline of services in the nearby public Griffith Base Hospital.

For instance, in 2017, the NSW Government decided to outsource the sterilisation services at Griffith Base Hospital and hand them over to the private hospital. This stunned medical staff at Griffith Base, given most surgery is done at their public hospital.

When I questioned the decision, the NSW Government told me the outsourcing was needed to ensure the private hospital remained viable.

My fear is that because private hospitals struggle for profitability in rural areas, government will prop them up and make them more attractive to customers by downgrading services in public hospitals.

The NSW Government needs to instead focus on a dedicated strategy to improve public hospital services.

In early 2019, my party and I devised a 10-point plain to improve regional health. Key recommendations include:

- conducting an independent audit of regional public hospital services to determine what basic services are missing from each hospital;
- developing a comprehensive incentive package to attract nurses and doctors to regional locations;
- bringing back local boards represented by clinical staff and community members in each public hospital to make decisions on hospital staffing (to replace the current regional board in large population hubs); and
- establishing a \$500 million independently administered grant fund for regional hospital equipment.

I believe the document provides a good blueprint for addressing the regional health care crisis. But for a start, I'd like to see the NSW Government involving regional communities and medical staff directly in all their decision-making processes.

The remainder of this submission will covers issues specific to the various districts in my electorate.

## Local Health Districts in the Murray Electorate

My electorate stretches from Yanco in the Riverina to Wentworth Shire on the South Australian border – an area of just over. It encompasses 10 Local Government Area and two Local Health Districts (LHD) - Murrumbidgee and Far West.

**Murrumbidgee LHD** is 125,243 sq/km in area, encompassing 21 Local Government Areas, eight of which are in the Murray electorate.

The Griffith Cluster, in the northern catchment of the electorate with a population of approx. 45,190, includes Griffith Base Hospital (GBH), a Community Hospital and several Multi-Purpose Services (MPS). GBH is currently undergoing major renovations and upgrades; however, there is no plan to provide a psychiatric ward, despite the large population and a growing need.

The NSW Government has committed \$2.5 million for an upgrade of the Leeton District Hospital. I have been provided with a concept plan of the building upgrades, and understand the plan has been provided to community representatives on the project user group for their feedback.

The Deniliquin and Finley Clusters, in the southern region with a population of approx. 32,901, is serviced by Deniliquin District Hospital. This hospital provides a range of services both on-site and via outreach, supporting the township and surrounding areas.

More broadly, the below tables provide an overview of facilities across the Murray Electorate:

Table 1 – MLHD LHD facilities by type (peer group) and location	
District Hospital – group 1 (C1)	Griffith
District Hospital – group 2 (C2)	Deniliquin
Community Hospitals with surgery (D1a)	Leeton
Community Hospital without surgery (D1b)	Barham, Finley, Hay
Multi-Purpose Services (F3)	Berrigan, Hillston, Tocumwal
Other Services	Dental Services <ul style="list-style-type: none"> <li>- Berrigan</li> <li>- Deniliquin</li> <li>- Griffith</li> <li>- Hay</li> <li>- Hillston</li> <li>- Leeton</li> </ul> Mental Health Inpatient Services <ul style="list-style-type: none"> <li>- Zero for Murray Electorate</li> </ul>
Community Health Posts	Coleambally, Darlington Point, Mathoura, Moama, Moulamein, Tooleybuc

**Far West LHD** is 194,949 sq/km in area, encompassing five LGAs, of which Balranald and Wentworth are situated in the Murray Electorate.

Balranald Shire Council, covering the major townships of Balranald and Euston, has a population of approx. 2,350. This area is serviced by one MPS and outreach programs delivered by Dareton Community Health.

Wentworth, including the major townships of Wentworth, Dareton, Buronga and Gol Gol has a population of approx. 8,000, and is serviced by a Community Hospital.

Balranald, with the only 24 hour Emergency Department in both LGAs, has a role delineation level of a 2, as per the Role Delineation Levels of Emergency Medicine May 2019 (Consistent with the NSW Health Guide to the Role Delineation of Clinical Services 2018). Wentworth is only level 1.

Table 2 – Far West LHD facilities by type and location	
Community Hospital without surgery (D1b)	Wentworth (no 24hr emergency – First Aid only)
Multi-Purpose Service (F3)	Balranald
Other Services	Aboriginal Medical Services - Coomealla Dental Services - Balranald - Wentworth Mental Health Inpatient Services - Zero for Murray Electorate
Community Health Posts	Dareton

*Information provided for Table 1 & 2 – NSW Hospital Peer Groups 2016 (Document Number IB2016\_013)*

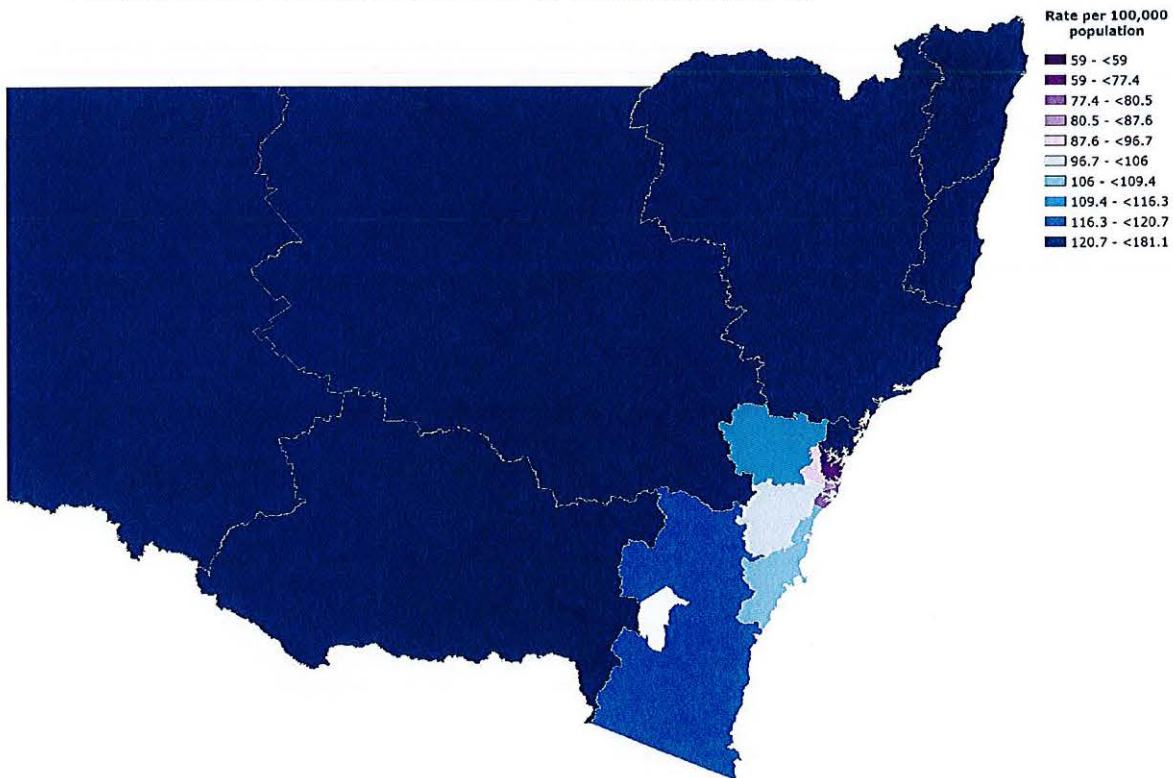
Across the Murray Electorate, services have shrunk significantly or have been completely abandoned over the last 15 years, forcing constituents to travel across the border into Victoria to access services.

The cost of NSW residents accessing cross-border health services is significant and avoidable.

Indeed, Minister for Health and Medical Research, the Hon Brad Hazzard MP, outlines reimbursements to Victoria Health to the value of approx. \$63 million in the 2020/2021 financial year, on top of the \$120 million NSW Health provides to Albury/Wodonga Health, operated by Victorian Health.

Alongside financial costs, the potential for avoidable deaths in the Murray Electorate is on the rise. According to NSW Government Health Stats, in the year 2017-2018, the potential avoidable deaths by LHD for persons aged under 75 years, was substantially higher for those living in regional areas than for people living in Sydney.

Potentially avoidable deaths by Local Health District, persons aged under 75 years, NSW 2017-2018



Across the Murray electorate, the following are of significant concern in relation to health services:

- There are no orthopaedic services in any hospital in the Murray electorate.
- 24 hour security staff are required at all hospitals to protect staff from violent patients. At present, smaller hospitals like Leeton only have security staff for part of the day, leaving medical staff vulnerable to assault.
- Smaller hospitals, particularly Leeton, are over-reliant on locum and on-call GPs. A full-time doctor is required in each of the smaller hospitals.
- There is a lack of qualified staff (GP's, nursing and allied health) across the electorate, and a lack of suitable facilities, particularly in Wentworth and Deniliquin.
- There is a lack of services for Oral Health, including inadequate publicly funded dentists and long wait times for treatment.
  - The service contact centre for Dental (Oral) Health Service for the Murray Electorate is located in Goulburn (194km from Sydney). This service requires constituents to phone a 1800 phone number and be triaged for treatment. With a service contact centre located outside of both the electorate and the LHDs, patients must speak with staff who often don't understand where constituents are located or the most suitable dentist for referral.
  - Balranald and Wentworth have no dentists, forcing constituents to travel to Victoria for treatment.

- The NSW Health Oral Health Fee for Service Scheme (OHFFSS) engages private dental practitioners to provide dental treatment to public patients across the Local Health Districts –
  - Murrumbidgee offer 10 private practitioners (Barham, Deniliquin, Finley, Griffith, Hay, Leeton and Tocumwal, with a dental prosthetist in Echuca)
  - **Far West offer 0 private practitioners.**
- There are over 100,559 people currently on the treatment waiting list in NSW, 4,726 of which are children (*figures obtained from NSW public dental waiting lists*).

### **Northern Area issues/requirements:**

- Griffith Base Hospital medical staff feel the Murrumbidgee Local Health District have ignored major concerns at the hospital for several years. They have outlined their concerns in a letter to me (Attachment A).
- Murrumbidgee Local Health District has also shut out community involvement in the planning for a new public hospital for Griffith. The NSW Government devised a plan for the hospital without community input, then conducted token information sessions after they'd already made key decisions.
- The Griffith Local Health Advisory Committee do not engage the community on hospital matters. There needs to be a better forum for community involvement.
- The NSW Government must support the Federal Government's promise to establish a Radiation Therapy Centre in Griffith. This Radiation Therapy Centre will not be possible unless the NSW Government support workforce recruitment and integration with the public health service. However, when I consulted NSW Health, they did not even know about the Federal Government's plans. It's essential state and federal departments communicate with each other.
- The emergence of St Vincent's Private Hospital in Griffith has coincided with the decline of services in the nearby public Griffith Base Hospital.
- In 2017, the NSW Government decided to outsource the sterilisation services at Griffith Base Hospital and hand them over to the private hospital. This stunned medical staff at Griffith Base, given most surgery is done at their public hospital.
- There has been significant staff turnover at Griffith Base Hospital. Two general managers have resigned in the past two years. There are reports of bullying and intimidation by senior management. However, the NSW Health Minister has refused to provide me with information on this when I've requested it.
- Mental health in-patient facilities are urgently needed at Griffith and Wentworth hospitals. Services must also cater for the under 16.
- Hillston has limited access to GP services. This is of particular concern during the pandemic, and must be addressed.
- The township of Goolgowi is over-represented in relation to suicide statistics. Community members are campaigning strongly for greater access to mental health services in the township. The Council is providing a building, and the community is looking into grants. There is a role for Government here, but to date it has not committed funds.



### **Southern Area issues/requirements:**

- Deniliquin Hospital:
  - A new District Hospital is desperately needed
  - The immediate reinstatement of Paediatric services must be prioritised
  - Increased visiting rights for Drs / Specialists and the provision of greater surgical, Oncology and Immunology services is critically important
  - Deniliquin Maternity unit (2 bed) services a large district area but has very limited resources including staff and is in need of equipment upgrades.
  - A Review of Emergency Department staff to patient ratio is required
  - Increased Patient transport is required
  - Addressing the aging workforce and issues of staff recruitment and retention is a matter of urgency
- Cancellation of Cardiac/Pulmonary rehab in the Finley Cluster is a growing problem.
- Long delays with new rural GP's being given VMO rights in local hospitals is counter the provision of good healthcare.

### **Far Western Area issues/requirements:**

- Wentworth Hospital
  - A new hospital at Wentworth, including an Emergency Department with increased services (currently first aid only) is required
- The lack of GPs in the Wentworth district must be addressed, along with the limited Specialist services in western area of the electorate
- The lack of community/patient transport enabling patients to access larger facilities must be improved
- The lack of public dental services is having a damaging impact, particularly on lower socio-economic groups
- Addressing the aging workforce and issues of staff recruitment and retention is a matter of urgency
- Vast remote areas across the western area with limited health services, patients need to travel to larger areas (in Victoria) to seek treatment – this must be dealt with
- The absence of inpatient maternity services is forcing women to travel to Victoria to deliver, at an incredibly demanding time. This is totally unacceptable.

### **Recommendations:**

- A new "regional" medical hub for Deniliquin, servicing constituents of the district and surrounding area with care they would normally receive in Victoria
- Additional funding allocated to dental clinics across the Murray electorate.
- Additional private dental practitioners for the NSW Health Oral Health Fee for Service Scheme (OHFFSS), particularly in the Far West LHD.
- Review of the "Fit-for-Work pre-employment checks", particularly in the Murrumbidgee LHD

- Construction of a new Wentworth hospital in a new location, employing a collaborative approach with Wentworth Shire Council (as part of the 2017-2027 Community Strategic Plan)
- Increased and improved staff retainment initiatives i.e. subsidies to HECS debts/accommodation/child care fees/professional fees

Please also find attached (Attachment B) Rural Health Commissioner Prof. Ruth Stewart's editorial, *Enough seagulls! Rural and remote communities need local researchers living, walking and talking with locals*, published in The Medical Journal of Australia (6 Dec 2020).

Prof. Stewart describes many of the issues facing constituents of the Murray electorate, including the fact that "Australians enjoy some of the best health outcomes in the world and those benefits are concentrated in our urban centres. Australians who live in rural and remote Australia have poorer health than their urban peers. The more remote your residence, the shorter your life span and the greater the burden of disease carried by community."