

Submission
No 457

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

Organisation: Central NSW Joint Organisation

Date Received: 15 January 2021

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

January 2021



**CENTRAL NSW
JOINT ORGANISATION**

- Bathurst
- Blayney
- Cabonne
- Cowra
- Forbes
- Lachlan
- Oberon
- Orange
- Parkes
- Weddin

14 January 2021

Reference: jm:jb 210114

Mr Greg, Donnelly, (ALP, LC Member)
Chair
Portfolio Committee No. 2 - Health
Parliament House
6 Macquarie Street
Sydney NSW 2000

To whom it may concern,

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

Local Government Regional Joint Organisations (JOs) were proclaimed in May 2018 under the NSW Local Government Act 1993. The Central NSW Joint Organisation (CNSWJO) represents over 200,000 people covering an area of more than 50,000sq kms comprising the Local Government Areas of Bathurst, Blayney, Cabonne, Cowra, Forbes, Lachlan, Oberon, Orange, Parkes, Weddin, and Central Tablelands Water.

Tasked with intergovernmental cooperation, leadership and prioritisation, JOs have consulted with their stakeholders to identify key strategic regional priorities. The CNSWJO Strategic Plan can be found here: https://docs.wixstatic.com/ugd/51b46b_31886650ecf546bc916f15e99a733b3e.pdf

We welcome the opportunity to provide comment on the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales. We understand the terms of reference to be:

1. That Portfolio Committee No. 2 - Health inquire into and report on health outcomes and access to health and hospital services in rural, regional and remote NSW, and in particular:
 - a) health outcomes for people living in rural, regional and remote NSW;
 - b) a comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW;
 - c) access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services;
 - d) patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW;

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- e) an analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW;
- f) an analysis of the capital and recurrent health expenditure in rural, regional and remote NSW in comparison to population growth and relative to metropolitan NSW;
- g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;
- h) the current and future provision of ambulance services in rural, regional and remote NSW;
- i) the access and availability of oncology treatment in rural, regional and remote NSW;
- j) the access and availability of palliative care and palliative care services in rural, regional and remote NSW;
- k) an examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities; and
- l) any other related matters.

Health is a particular challenge for the communities of Central NSW and their Councils. **Where the following advice is based on existing policy, a multiplicity of examples of the lived experience of our community can be provided and this region would welcome the Committee to visit this region and receive evidence from community members and the JO Board.**

People living in regional and remote regions still have a shorter life expectancy than their city counterparts. Central NSW communities rightly expect a level of health service comparative to metropolitan areas. The city/country divide in health outcomes needs to be a catalyst for change. There is still a significant shortage of generalist and proceduralist GPs in regional areas.

In the national funding framework, Local Government does not have responsibility for health infrastructure or workforce. It does have a statutory role in health protection such as food safety and delivering secure quality water.

However, health is identified in 100% of Community Strategic Plans as being a priority of the people of Central NSW. Under the Local Government Act, 1993, Local Government develops programming to meet community need. Therefore, CNSWWJO members increasingly find themselves providing health infrastructure and incentives to attract and retain health workforce.

Standing on the shoulders of advocacy undertaken by Centroc, Central NSW Joint Organisation (CNSWJO) advocacy recognises that Health in our communities is ensuring the needs of services across the regions are known to the NSW and Federal Governments, supporting a medical school in the Region and improving regional service levels.

Interesting Statistic - At graduation, 88% of JCU medical students intend to practice outside Australian capital cities compared with 31% of graduates from other medical schools.
 ("James Cook University MBBS graduate intentions and intern destinations: a comparative study with other Queensland and Australian medical schools." Written by academics at James Cook University and Bond University, published June 2013)

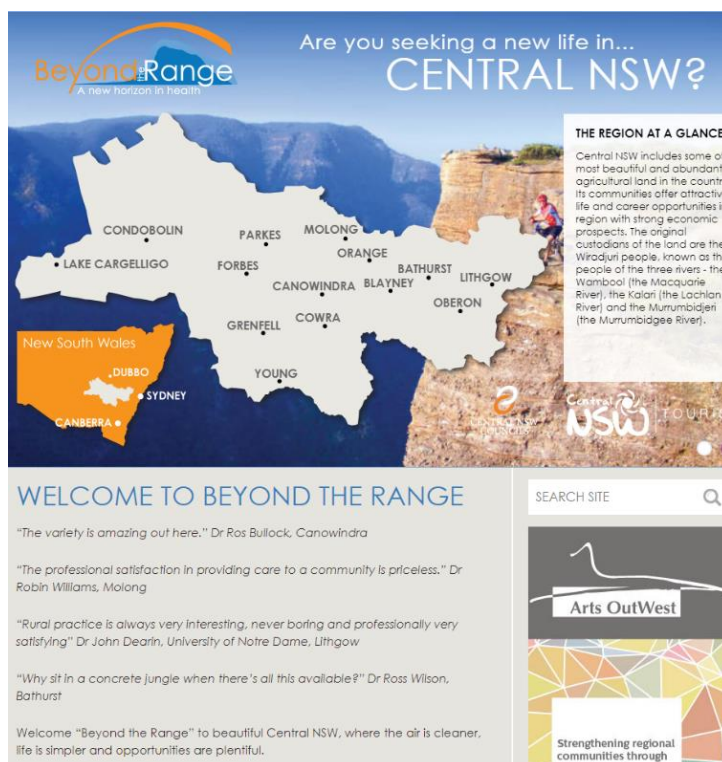
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The NSW Rural Doctors Network suggests at least two doctors will have to replace each one doctor who retires over the coming years. In some areas, GP proceduralists are required – doctors with specific skills in obstetrics or anaesthetics for example. Generally, larger towns like Forbes, Parkes, and Cowra can support proceduralists as well as generalists. The smaller towns can't support a proceduralist load, so require strong GP generalist support.

Local government is the front line of regional communities and a part of the solution for a sustainable regional health workforce. This region supports “growing our own” health workforce. In 2015 Centroc undertook a promotion of the Central NSW region for health workforce. Marketing advice had been developed in the previous years, then we implemented a marketing program, called Beyond the Range.

Please visit our website that was launched by the Federal Minister for Rural Health, at the time Fiona Nash.

<https://www.beyondtherange.com.au/>



In Australia, as elsewhere in the world, recruiting, training, supporting and retaining a rural health workforce is a long-standing and continuing problem. The rural health workforce is numerically deficient, with long-standing vacancies and high turnover being common features of rural health services. It has been long recognised that training for rural practice is a core element in redressing the problem; but appropriate support and skills maintenance opportunities for rural health professionals are equally important in retaining health professionals in rural practice. Increasingly, preparation for rural life in advance of arriving in a rural community and support structures for spouses and family have been recognised as important elements of recruitment and retention.

The soon to be opened Murray-Darling Medical Schools Network in Orange is an exciting step forward for this region. In 2020 the Central NSW Joint Organisation approved a Medical Scholarship for students studying at Charles Sturt University. This is a 5 year Scholarship with a total value of \$75,000.

Local Government is willing to be part of the solution and invest in health infrastructure, but requires support from State and Federal Governments to do so. Doctors do not want to come out to the regions and take on the risk of building their own infrastructure. Examples in Central NSW of councils taking the initiative and risk to develop health infrastructure and attract health workforce are;

- Forbes Health Precinct
- Melrose Medical Centre, Condobolin
- Waluwin Community Centre/HealthOne Molong
- Weddin Medical Centre

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Local Government has invaluable knowledge, skills and expertise in community issues and services required in regional health. This deep understanding of community is essential to targeted, sustainable, workable health infrastructure.

To enable infrastructure development and attract critical health workforce to the regions, Local Government needs to be eligible for infrastructure grants.

The constant churn and change of structural arrangements in providing regional health services creates uncertainty and risks continuity of services. This is a particular concern for cancer care services in the region.

Over one-third (36%) of premature mortality (age <75) in WNSW is due to cancer¹

Australians in rural and remote areas have relatively poor access to cancer treatment and support;

- 38 per cent of rural hospitals administering chemotherapy had neither a resident nor visiting medical oncology service;
- only 58 per cent of rural hospitals surveyed reported that most chemotherapy orders were written by a medical oncologist;
- as the remoteness of hospitals increased, chemotherapy was increasingly administered by people other than a chemotherapy-trained nurse, such as other nurses and general practitioners;
- 7 per cent of non-metropolitan hospitals that reported administering chemotherapy had access to a radiation unit;
- many hospitals reported long waiting times for allied health and inpatient services; and
- 61 per cent of the hospitals requested urgent access to psychological services and support.²

The CNSWJO also supports the development of a Special Activation Precinct (SAP) for the Orange Health and Innovation Precinct enjoying the same level of support as other SAPs in NSW. Based on its merits, this SAP will deliver not only better health outcomes, but better economic and research outcomes for NSW.

HEALTH AND INNOVATION PRECINCT PROJECT OBJECTIVES

The Health and Innovation Precinct, as summarised on the previous page, is the subject of this master planning report. The brief establishes the following vision and seven (7) Key Objectives.

Vision

"Capitalize on the significant opportunities to develop complementary health services and life sciences education and research around the existing Orange Health Service Public Hospital and GATE precinct, by broadening the services available, enabling business synergies and improving community access to education and research services."

Key Objectives

1. Define the Health and Innovation Precinct around the public and private hospital.
2. Identify opportunities to support economic growth.
3. Identify opportunities to support Life Sciences cluster growth.
4. Provide a strategic direction for the management of competing land uses and development pressures within the Precinct.
5. Identify and facilitate suitable reuse of buildings for health and allied health practices and Life Sciences research and manufacturing.
6. Maximise opportunities for complementary activities across the city health precincts.
7. Include a strategy for collaboration between the NSW Government and Orange City Council to identify and convert opportunities for economic development in the Life Sciences and Health Sector or allied activities.

ORANGE HEALTH & INNOVATION PRECINCT MASTER PLAN

¹ Western NSW Health Needs Assessment 2013, Western NSW Local Health District & Western Medicare Local

² Clinical Oncological Society of Australia. Mapping rural and regional oncology services in Australia, 2006

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It will incorporate the existing hospital site, the proposed private hospital, the Department of Primary Industries agribusiness accelerator (the GATE), education facilities and life sciences businesses, to develop a diverse ecosystem of health services, educational facilities, research institutes, multinationals and innovative high growth SME's clustered in an activation precinct.

The Vision for the precinct is to capitalise on the significant opportunities to develop complementary health services and life sciences education and research around the existing Orange Health Service Public Hospital and GATE precinct, by broadening the services available, enabling business synergies and improving community access to education and research services.

This region would like to seek support from the Committee in support of the Health and Innovation Precinct in Orange.

Yours sincerely,

Jennifer Bennett
Executive Officer
Central NSW Joint Organisation (CNSWJO)