

**Submission  
No 463**

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

**Organisation:** Parkes Shire Council

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# PARKES SHIRE COUNCIL SUBMISSION TO THE NSW RURAL HEALTH INQUIRY



*Large community protest at the closure of maternity at the Parkes Hospital, 21 June 2019*

**The Hon. Greg Donnelly MLC (Chair) & Committee Members****NSW RURAL HEALTH INQUIRY**

Thank you to all those responsible for catalysing this inquiry and for the opportunity to make a submission in relation to rural health. While everyone in the industry is well intended, the facts appear to support an increasing disparity between health outcomes in regional NSW versus metropolitan areas.

While rural health is not normally the role of Local Government, Parkes Council (like many other Councils) has spent an inordinate amount of time (and money) dealing with all manners of health service deficiencies, that would be deemed "market failure" in other industries. We have held community forums and multiple other meetings discussing the health issues of our region, and therefore feel confident we speak on behalf of our whole community.

Parkes Shire is located approximately five hours from Sydney and three hours from Canberra. The Parkes Region boasts a diverse economy with strong industries including transport, mining, health care, tourism, agriculture and public administration. With its central location, Parkes allows businesses to connect with suppliers and customers quickly, with over 80% of the Australian population able to be reached by road within 12 hours. Parkes is at the junction of the transcontinental railway and the new Melbourne to Brisbane inland railway and is the location of the first Special Activation Precinct in NSW, and consequently strong growth is expected in both Parkes and our neighbour town Forbes.

The shire population is about 15,000, where Parkes is the largest centre with a population of 12,000, Peak Hill 1,150, Trundle 670, Tullamore 370, all of which have health services of some form.

Parkes, together with Forbes, operate as the Lachlan Health Service within the Western NSW Local Health District (WNSWLHD). The WNSWLHD is one of the largest Local Health Districts in New South Wales covering an area of 246,676 square kilometres (similar to the size of Britain), but a population of only 276,000 (about the population of Northern Beaches Council area). Therein the problems arise, large areas, long distances with small populations.

Historically, towns in our shire were serviced by career "family doctors", many lived and worked in these communities providing excellent continuity of care through generations of patients. This is no longer the norm but the exception. **Continuity of care is an important issue** for those that do not have robust health services at their disposal.

**The health system is of course constantly changing, however the complexity of the health care system now intrinsically defends itself against the risk of being understood.** The roles and responsibilities of State Government versus Federal Government and the increasing participation of Local Government as a last resort provider. Also, in our region for example, the role of Western NSW Primary Health Network versus NSW Rural Doctors Network versus Western NSW Local Health District and so on. At present there appears to be goodwill between all levels of Government and agencies, but very limited strategic coordination. **Strategic collaboration (forced or otherwise) is essential for improved rural health outcomes. We have great hope for the "Collaborative Care" models** recently announced by Minister Coulston for the services in our region, but only if these models are the catalyst for real and sustained change.

The consequence of the complexity, the low populations, the changing workforce, lack of doctors and allied health workforce is a real and apparent declining access to primary health care.

### **Parkes Health Services**

After decades of lobbying by Council, work commenced in 2014 on the \$72.5 million Parkes Hospital as part of the \$113.4 million Lachlan Health Service Project, which is fully funded by the NSW Government and included \$40.9 million refurbishment of Forbes Hospital.

Construction commencement was preceded by extensive service reviews, which looked at the opportunity to share services between the two towns (Parkes and Forbes) and where services could not be shared and should be available in both towns. As a result, excellent facilities have been provided in both towns, for which we are very grateful.

The new Parkes Hospital boasts two state-of-the-art operating theatres, beautiful new birthing suites, 24\7 emergency, as well as allied health services, such as community and family nurses, community health as well as other services that are expected from the hospital.

However, the state-of-the-art facilities are not used to anywhere near their potential, because of the lack of suitably credentialed doctors and allied health staff such as occupational therapists, speech pathologists, mental health specialists and the like. This creates great stress for the excellent staff that are working at the hospitals and reduced health outcomes for the community.

### **Maternity**

In June 2019 the maternity services at the new Parkes Hospital closed due to insufficient obstetricians, despite a decade of notice that the existing cohort of doctors intended to retire. The community of Parkes and surrounding areas are confused, frustrated and very angry at the unavailability of this extremely important basic health service.



*Figure 1: Large community protest at the closure of maternity at the Parkes Hospital, 21 June 2019.*

Maternity services at Parkes remains unavailable at the date of this submission, although we are advised that a "Maternity Lead" model is to be introduced at some point. While Council is supportive of this initiative it only caters for a small portion of mothers (low risk), with only remote support by doctors.

The lack of maternity services at Parkes also has ramifications for the ambulance service. More and more the ambulance service is called upon to take mothers in various birthing circumstances to other hospitals such as Orange Base. This then **removes that ambulance from community emergency response.**

We are advised that **the Health Service is simply unable to recruit sufficient Proceduralists for obstetrics and anaesthetist to run the service.** If this is the case for Parkes, then **this is almost certainly the "canary in the cage" for other communities, and similar reduction in service will spread across NSW. Maternity services is an URGENT issue for our region.**

### **Lack of Doctors especially Proceduralists**

Doctors credentialed to perform various medical operations, "Proceduralists" are also significantly depleted, and repeated recruitments have been unsuccessful. The Parkes Hospital has two state-of-the-art operating theatres which are largely unused as a consequence.

As the number of proceduralists decline the demand on the remaining doctors increases. This in turn creates unacceptable demand on the remaining doctors to the extent that they do not get respite. Unfortunately, this then can result in those doctors leaving to areas where greater support is available.

Currently (as we understand) doctors are also often required to set up their own businesses in regional areas to warrant their participation, i.e. they need to collect income from multiple sources, including patients, State Government, Federal Government etc, meaning the complexity of these arrangements are certainly a disincentive to establishing in regional areas. In more densely populated areas larger patient volumes allow simpler arrangements. We also understand that Doctors employed by the Government Health Services are not able to set up revenue streams created by patient consultation.

More and more local Councils are being asked to provide doctors with housing, vehicles, surgeries, relocation expenses, incentive payments etc. This can end up in a bidding war between areas to entice doctors into smaller communities. Councils are unfunded for these undertakings and consequently, is not sustainable for Councils to continue funding these initiatives.

Our community are forced to travel over 100km to locations such as Orange Base Hospital or fly to Sydney for basic procedures, or more seriously, they **suffer the impact of delaying/avoiding the surgery.**

Incredulously, despite the absolute dearth of suitably credentialed doctors to run maternity services or undertake surgery, Parkes' status as a "Distribution Priority Area" (locations in Australia with a shortage of medical practitioners), has been removed!!

### **Mental Health**

Mental health issues, particularly youth suicide is increasing dramatically in regional NSW. We are directly informed of the significant delays in getting help to those that need it urgently. We are advised that there are no resources in our local area and these need to be via Telehealth, or at times only via Sydney.

## Emergency

Council is also hearing reports that things that use to be dealt with in Parkes ED such as dislocated shoulders are now needing to be transferred - our question is if this is true, why?

By downgrading the maternity unit and not having an anaesthetist on call 24/7, the Emergency Department has unofficially downgraded.

## Suggested areas for critical investigation

### Collaboration

- It is critical in regional areas that all health care service providers work collaboratively. Mechanisms (forced or otherwise) need to be in place to ensure this collaboration occurs, particularly between the NSW Primary Health Network, the NSW Rural Doctors Network and the NSW Local Health Districts.
- The "Collaborative Care" model announced by The Hon. Mark Coultan, may be an important demonstration project of how this could work, and we are highly supportive of the trial. The first trial of this approach is in our region, and includes the towns of Tullamore, Trangie, Tottenham and Trundle – known as the 4Ts. The 4T's model aims to provide a collaborative approach between the Western NSW Primary Health Network, Western NSW Local Health District, Far Western NSW Local Health District and NSW Rural Doctors Network.
- All tiers of government should support the findings of this collaboration if it proves successful, with the aim of introducing the model to other areas.

### Lack of Doctors especially Proceduralists

- Significantly more doctors (particularly proceduralists) are needed urgently.
- Consistency is important for continuity of care. A different doctor on every occasion is not conducive to good health outcomes.
- Support - doctors like any profession (if not more so) need support. They need a secure income, colleagues to consult with when needed, support staff, other doctors that can relieve when on holidays or take on work overflow. These are all more complex where there are low populations. If for example proceduralists were directly employed on a full-time basis by the Health Service, with a competitive income, many of these issues would be resolved. **Doctors need a "safety-net" to practice in regional areas.**
- NSW Health need to provide a significant number of career packages for students wanting to be doctors. This might include for example a 10-15 year contract, which supports a student financially, academically, moves them through a range of regional hospitals and GP practices, such that on completion they are highly skilled, very familiar with regional work & financially secure.
- Many more doctors need to be trained. We hear of a tsunami of doctors, but its hardly a trickle in regional areas. This could be supported/encouraged by such incentives as sponsoring HECS (for example) for those students that practice in regional areas.
- Mechanisms need to be created to streamline the entry of suitably trained overseas doctors to Australia.

- Young doctors in later years of training, that require supervision, should be able to complete training using Telehealth technology. Telehealth is considered suitable for a patient, but presently cannot be used to supervise a doctor. This may facilitate more doctors practicing rather than doubling-up in student-supervisor circumstances.
- Doctors fully employed by a Government Health Service, should be permitted to run fee-for-service clinics (with revenue returned to the State).
- Allocation of Medicare provider numbers should be referenced to areas of need, such as regional Australia.
- Distribution Priority Area status needs to be provided to areas of need, such as Parkes for example - where no maternity services have been available since June 2019.

**Lack of Allied Health Services**

- Similar to doctors, other allied health services need to be enticed to the regions to ensure primary health needs are met, including nurses, occupational therapists, psychologists and speech therapists.

We would be pleased to provide further information on these very important issues.