

**Submission  
No 464**

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

**Organisation:** Blue Mountains City Council

**Date Received:** 15 January 2021

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14 January 2021

Office of the Chief Executive Officer

F13651 (20/287169)

Parliament NSW  
Legislative Assembly  
Portfolio Committee No 2. - Health  
On-line submission portal

Dear Sir/Madam

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

The above Inquiry was announced in August 2020 and the submission from Blue Mountains City Council is attached to this letter. The attached submission raises key issues for the Blue Mountains community in relation to health outcomes and access to health and hospital services.

While the Blue Mountains falls within a metropolitan health district (Nepean Blue Mountains Local Health District) the Blue Mountains District ANZAC Memorial Hospital in Katoomba performs as a regional hospital. This position is made clear in the attached submission and warrants consideration as part of the Inquiry on those merits.

Accordingly, the maintenance and enhancement of a wide range of accessible health and hospital services within the City and at the Blue Mountains District ANZAC Memorial Hospital (the Hospital) is critical to the wellbeing of our community. However, inadequate access to a full range and good quality of health services is currently impacting on the health and well-being outcomes of the Blue Mountains community.

Should you have any questions or wish to discuss the matter further, Council's contact for this submission is \_\_\_\_\_, Environment and Planning Services Director, who can be contacted on 4780 5000 or via \_\_\_\_\_

Yours faithfully

ROSEMARY DILLON  
Chief Executive Officer

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

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

PORTFOLIO COMMITTEE NO. 2 – HEALTH

## Submission from Blue Mountains City Council

*Inadequate access to the full range and good quality health services is impacting on health and well-being outcomes for the Blue Mountains community*



## Introduction

The Blue Mountains Local Government Area (the Blue Mountains) falls within the Nepean Blue Mountains Local Health District (the Health District) together with Hawkesbury, Lithgow and Penrith Local Government Areas. The Health District is responsible for providing community health and hospital care for people living in these areas, and tertiary care to residents of the Greater Western Region. The Health District consists of urban and semi-rural areas covering almost 9,179 square kilometres, and an estimated resident population of almost 350,000 people.

The Western City District Plan categorises the Blue Mountains as *metropolitan rural* and there are associated challenges in access to health services. The Blue Mountains is however neither metropolitan nor rural. It is a string of towns and villages along the Great Western Highway, supporting a population of approximately 80,000 people.

Katoomba is recognised by the NSW Government as the strategic centre for the Blue Mountains, providing local services and is the focus for tourism. It is the focus for health care, with the ANZAC Memorial Hospital and significant allied health and support services located in the town.

Given the relative remoteness of the Blue Mountains from the major metropolitan areas of Sydney (particularly the upper mountains) provision of a wide range of accessible health and hospital services in the Blue Mountains and at the Blue Mountains District ANZAC Memorial Hospital (the Hospital) is critical to the well-being of our community.

The lack of health services within the Blue Mountains and specifically at ANZAC Memorial Hospital requires residents to travel to Nepean, Westmead (and possibly Lithgow) for treatment. This return travel distance (often up to 4 hours), when patients are ill and their health compromised, is not an acceptable health outcome for the community. The personal anecdotes attached to this submission recount first hand experiences in this regard.

## Recommendation

1. That the unique challenges faced by metropolitan rural councils and the Blue Mountains local government area in particular, be acknowledged and understood in the context of the Inquiry.
2. That the Inquiry investigate the issues raised in this submission in relation to the ANZAC Memorial Hospital, and the range and accessibility of services available within that facility and elsewhere in the Blue Mountains.

## Blue Mountains District ANZAC Memorial Hospital

As a priority, Council draws attention to the need to support and upgrade the Blue Mountains ANZAC Memorial Hospital (the Hospital). The Western City District Plan recognises that local hospitals and health facilities, such as Blue Mountains Hospital, are well placed to provide health services for the local and broader ageing community.

While Nepean, Westmead and Lithgow hospitals are part of a wider health service network, travel distances and times to these hospitals can impact significantly on Blue Mountains residents' access to a full range of health care and health services. The Hospital is approximately mid-way between Nepean and Lithgow and is well-located to fill the gap between these two, ensuring ready access to emergency services, and improved accessibility for other services. The Hospital is also well-located to provide a greater range of services to the local community and reduce travel times and distances, which can be an additional drain on patients who are unwell.

While some improvements have been made to hospital services and infrastructure in recent years, much of the infrastructure remains significantly outdated and in need of renewal or replacement.

Council has consistently raised the need to address a physical and service upgrade of the Hospital in all available fora, including in its submission on the draft Western City District Plan (November 2017) with key points as follows:

- Blue Mountains Hospital/health facilities are underrepresented and the ageing infrastructure needs renewal
- Any redevelopment must ensure current services are not reduced as a result of centralisation of health services
- The population in the Blue Mountains is ageing, and Katoomba Hospital could be advanced as a centre specialising in allied health services for the local and broader ageing community
- An increase in services would reduce travel to obtain medical services and maintain jobs and services in the health arena, supporting the jobs target noted in the draft District Plan
- The hospital is a major local employer

### **Strategic Context**

The extensive community consultation undertaken for Council's strategic planning, strongly and consistently identifies the need for an upgraded hospital able to provide an expanded range of services and treatments locally for the Blue Mountains community. These concerns were raised through consultation on the *Blue Mountains Community Strategic Plan 2035* (CSP) and most recently in *Blue Mountains 2040: Living Sustainably* - the Local Strategic Planning Statement 2020. Below is a summary of key focus areas and specific actions identified by Council in response to the clear and consistent concerns of the community.

#### Community Strategic Plan (Key Direction Care)

Key actions include:

- Better health for all, promoted through preventative action and early intervention
- Provision of accessible local health services, and
- High quality, modern hospital and health services for residents and visitors.

Other key matters raised during this consultation were:

- Improve specialist health services, noting the difficulty in attracting specialists
- Provide mobile specialist units to visit the Blue Mountains and provide care at the hospital;
- Provide an additional hydrotherapy pool in the lower mountains; and
- Improve carpark facilities at the hospital for accessibility.

#### Local Strategic Planning Statement

The adopted Local Strategic Planning Statement (2020), identified the largest employment sectors in the Blue Mountains in 2018 as being health care and social assistance, followed closely by tourism, and education and training. All indicators suggest these sectors will continue to experience employment growth, particularly health care and social assistance, due to an ageing population.

Council has prioritised the need to continue to work with NSW Health to advocate for the redevelopment of the Hospital and associated health services and highlight the need for

improved transport links to both Nepean and Westmead hospitals, captured in these key actions:

*Action 3.5: Council will collaborate with NSW Health on the redevelopment and delivery of a district hospital and associated clinical facilities, including mental health facilities, for the Blue Mountains*

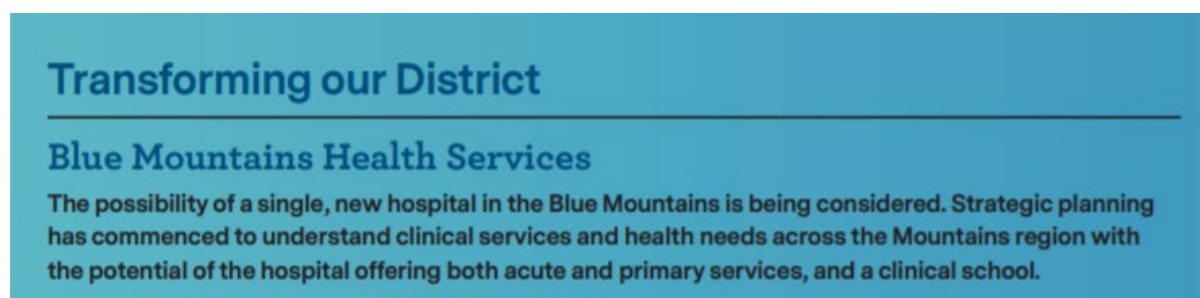
*Action 3.16: Council will advocate for improved transport links to medical facilities, including services from the Blue Mountains to Westmead and Nepean Hospitals*

These two actions follow from previous consultation during the preparation of Council strategies and plans, including the *Aging Strategy 2017* and *Disability Inclusion Action Plan 2017-2021*.

It is anticipated the role, function and location of the Hospital will be a key discussion point with the community in the recently commenced process to develop a Master Plan for Katoomba.

There is a clear and acknowledged need for renewal of the ageing buildings and infrastructure at the ANZAC Memorial Hospital, which is one of the oldest in NSW. While the issue of renewal of facilities at the Hospital is multifaceted, it is fundamental that this be prioritised by NSW Health.

Council has been advised across a number of forums over the past 5 years that following the state funding and completion of Nepean Hospital, the Blue Mountains was the number one priority for the Nepean Health District. Despite these assurances, there has not been a state government funding commitment to the redevelopment of a hospital for the Blue Mountains. Further, progress on announced strategic planning investigations into the needs of the Blue Mountains do not appear to have been prioritised, despite reference to the commencement of this work in the Nepean Blue Mountains Health District Business Plan 2019-2020 (see below).



*Nepean Blue Mountains Health District Business Plan 2019-2020*

The issue of relocation of the Hospital has also been raised on a number of occasions with the Health District, and is of great interest to the Blue Mountains' community. The importance of retaining this important and vital service at Katoomba cannot be overstated.

The strategic location of the Hospital is also paramount to the provision of services during times of natural disaster. The recent 2019-2020 bushfires saw the potential for the entire Blue Mountains community to have been isolated from the broader services available at Nepean Hospital. The need to provide services that are resilient and appropriate to the scale and likely geographic extent of future natural disasters is imperative. The current Covid-19 pandemic also speaks to the importance of geographic location (or isolation) and the servicing of local populations without needlessly increasing potential transmission pathways of infectious outbreaks should testing and treatment services not be locally available.

#### ***Recommendation***

Council requests the Inquiry investigate the inadequacies of the current Hospital, in terms of the age and capability of the infrastructure, inadequate space for redevelopment, insufficient parking on the current site, and the potential expansion of services.

## Health Services

The Western Sydney Health Alliance (the Alliance), formed under the City Deal, is investigating improvements in health outcomes for Western Sydney residents. While the focus of the Alliance is on health services, and not necessarily facilities within the City Deal area, the issues being raised are interrelated.

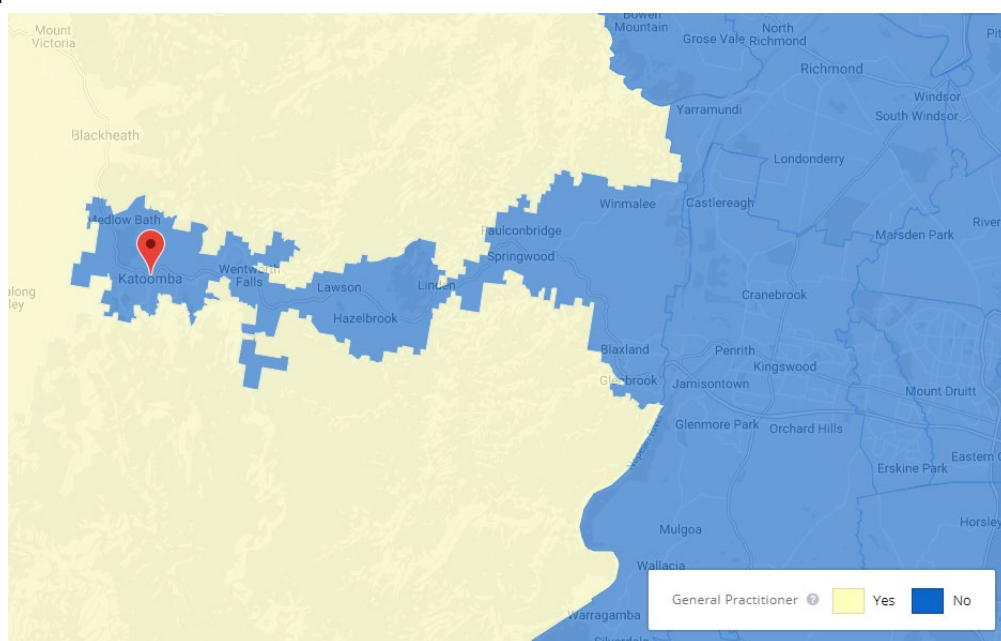
The Alliance carried out a needs assessment and analysis in 2019 (survey and workshop) and identified health issues and demographic profiles, leading to actions and strategies for each of the following thematic focus areas:

- Getting People Active
- Liveability – Connecting and strengthening communities through the built, natural and social environment
- Access to health and wellbeing services (this does not focus on health facilities, but services development applicable and scalable to all LGAs in the Alliance), and
- Promoting Healthy Food Access and Choices.

The Alliance's implementation work plans for each of the thematic focus areas highlight strategies and actions relevant to Council's submission, including:

- Establish a baseline evidence base for equity in planning outcomes;
- Local hubs, transport solutions and digital connectivity that helps improve service access and affordability; and
- Adaptable, person-centred services that are easy to navigate, affordable and that address changing, holistic needs and social determinant.
- Programs such as those identified in the Alliance's implementation plans related to healthy eating and living, being active and preventative health.

A connected issue in terms of the provision of medical services is the discrepancy in the Distribution Priority Area system for identifying areas in Australia with a shortage of medical practitioners. Currently this system classifies significant parts of the Blue Mountains as ineligible for GP incentive Medicare schemes (i.e. International medical graduates/GPs being able to access Medicare). This is a serious impediment to the attraction and retention of GPs with access to the incentive scheme only possible beyond Katoomba, as can be seen from the map below.



## Socio-demographics

The demand for health services to support the Blue Mountains ageing population is well-recognised, as is the need to maintain and improve those services. There are higher proportions of older workers, retirees and seniors (over 70) in the Blue Mountains when compared to Greater Sydney, and the proportions in these categories are higher in the upper mountains compared to the lower mountains.

The ageing of the Blue Mountains population is expected to continue. There is, therefore, a high and increasing demand in the areas of:

- Diabetes
- Mental health
- Physical and occupational therapy
- Geriatrics
- Renal therapy/dialysis
- Oncology
- Cardiology
- Podiatry, and
- Dementia support and respite care.

Many of these healthcare issues and services are also relevant to people with a disability. There is a known lack of services such as occupational therapy under the NDIS and My Aged Care, with many people in the Blue Mountains on waiting lists for assessments.

Some of the above services, such as podiatry and therapy, could be provided by mobile practitioners to reduce the need for patients spending time and money travelling, and reduce the need for fixed facilities.

Overall however, there is a need to provide services under community health to make them accessible to more disadvantaged citizens, given private services in the area are expensive and, therefore, not accessible to many within the Blue Mountains community.

It is of concern that many of these services are disappearing, rather than increasing. For instance Community Health had local day care centres for people living with dementia, in Springwood and Leura. These were closed down a couple of years ago. A not for profit organisation took over the day care centre at Springwood. However, subsequent services have not been on a par with those previously provided under Community Health and are not meeting community needs.

Difficult access to health services can be compounded when a person is affected by more than one condition, or by socio-economic related circumstances (such as income/savings or living alone). These circumstances can lead to the need for multiple long distance trips, at high cost to the patient and to their supporter network (if one exists), and may cause people not to access the health care they need, or to experience additional stress in doing so. A high proportion (28%) of older residents (over 65) in the Blue Mountains live alone, and they are more likely, than those living with a spouse/partner, to feel there is not enough support available to them, and tend to rely on assistance from neighbours and family, where possible. The personal anecdotes attached to this submission recount first hand experiences in this regard.

A related concern is the need for holistic healthcare that enables a person with chronic or multiple health needs to access a range of services and support in a coordinated way, including on discharge from hospital. Council is aware of cases where elderly people have been discharged from hospital not knowing what services are available, let alone how to access



these. The lack of holistic healthcare can have impacts on the wider public, when the lack of support presents as bad behaviour in public, as one of the attached examples shows.

Less recognised, but equally important, are health services for younger populations, including mental health services, maternity and paediatric care, and specialised youth health services (mental health and related self-harm and substance abuse) that may not be covered by some of the more generalised health services. These latter services would support retention, or an increase in younger populations, and build diversity in the community.

#### *Recommendation:*

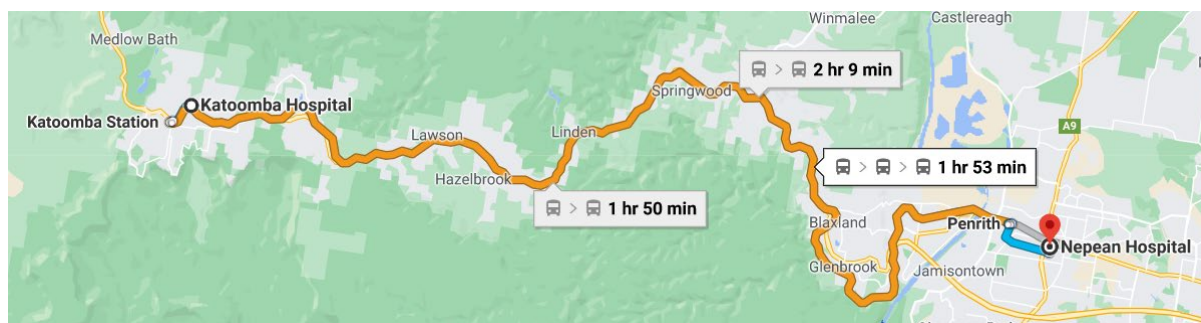
Council requests the Inquiry investigate, as a priority, the service needs highlighted in the Alliance's work, particularly in relation to establishing an evidence base for the equitable distribution of health outcomes, and developing an understanding of difference across the regions when considering benchmarks.

### **Transport and connectivity**

As referred to earlier, the issue of transport to and from health services is of specific concern, particularly in terms of availability and cost. This single issue can have a significant impact on access to health services, and reinforces the need to maintain, and expand, the range of services in Katoomba.

As can be seen below, the public transport travel times to Nepean Hospital from Katoomba Hospital is nearly two hours and requires transfers between trains and buses or walks of nearly 20 minutes.

It is unacceptable that members of the Blue Mountains community need to undertake a 4 hour return trip on public transport to receive basic medical care.



Google maps (Times as at 11am on Monday 21 December 2020)

Equally the community have identified improved waiting times, including for surgery at Lithgow, as they are having to travel out of area for treatment.

It is understood a significant number of attending patients at Katoomba hospital regularly need expensive and lengthy transfers to metropolitan hospitals. The cost of this service, financially to the Hospital as well as emotionally to the patients, cannot be underestimated.

This was a major issue raised in consultation on Council's *Aging Strategy 2017* and *Disability Inclusion Action Plan 2017-2021*, which also spoke to how getting around within and outside the Blue Mountains is difficult for older people, particularly during the day and on weekends.

Public transport to health services was raised as a significant issue, with the following issues raised:

- The lack of connections between Blue Mountains train stations
- Loss of direct train service to Westmead or connection to Westmead Hospital
- Poor accessibility at train stations (doors, gaps and stairs)

- Poor connections between the mountains trains and inner Sydney train.
- Additional accessible and safer parking facilities needed at key destination sites such as the Hospital
- For people in aged care, they are not eligible for community or patient transport
- Limited number of accessible taxis in the Blue Mountains (three at the time)
- Public/community transport to medical services/social activities is limited and costly
- A clear need for the resumption of the Westmead and Kingswood train stops within the Blue Mountains link, or a specific Western Sydney hospital link.

These transport issues are potentially further complicated with the recent (July 2019) incorporation of Great Community Transport (formerly based in the Blue Mountains) into a broader regional Active Care Network based in Kingswood. The location of the service in Kingswood may become an issue for Blue Mountains residents accessing health services. As a result, taxis could often be the only alternative for people accessing health services and may be out of reach for some. Overall it can be concluded that due to the relative remoteness of the Blue Mountains (and the mid to upper mountains in particular), the level of service and costs of public and community transport can significantly affect a person's access to health care. The Alliance also recognises this need in the following strategy:

*“Harnessing transport, movement and connection for improved health and wellbeing through best practice transport solutions that deliver great health and wellbeing outcomes.”*

**Recommendation:**

Council requests the Inquiry investigate the significant concerns about health related transport issues for Blue Mountains communities.

**Summary**

This submission outlines the following issues and requests these be included in the Inquiry's investigations into *health outcomes and access to health and hospital services in rural, regional and remote New South Wales*:

- Inclusion of Blue Mountains in the Inquiry as urban rural
- Maintaining and enhancing infrastructure and services and the Hospital
- Maintaining and enhancing a range of health services provided locally and appropriate to the local population
- Improving transport related access to health services.

Please refer to the attached case studies (supplied by Council's Aged and Disability Services Development Officer) for an insight in the personal experience of people affected.

It is worth noting many of the issues raised in this submission were also previously documented in *The Community Report on the Blue Mountains Community Forums on Health 2012*. That report recorded positive stories and praise for people working in the healthcare sector in the Blue Mountains. However, the report also documented concerns about severe resource shortages. Subsequent Health District strategic and action plans included strategies and actions to address the community's concerns, and members of the local health network worked collaboratively to achieve change as a result. However, the lack of resources mean that outstanding issues remain. Significant change is still needed, backed by adequate state government funding.

It is considered these matters need further investigation and Council would welcome the opportunity to participate further in the Inquiry.

### **Case Study 1**

Mr S is aged 78 lives in Blackheath and has cataracts. Mr S needs to have his cataracts removed at the Sydney Eye Clinic in Darlinghurst, Sydney. It is hard to get appointments and these need to be booked six months in advance so he can't postpone. Mr S should be accompanied before and after the appointment, due to his frailty and the need to be monitored and supported after being anaesthetised and having the procedures carried out on his eyes. Mr S however has no one to take him to the clinic on the day of his appointment, and community transport won't make a special trip for one person. Mr S can't afford to get a taxi to the appointment, even with the taxi subsidy scheme. Mr S is forced to travel by train to the appointment, and rely on other commuters to get him on and off the train.

Mr S would need to get to the station from his home. The train from Blackheath to Central takes two hours and fifteen minutes. Mr S would then have to get to Darlinghurst by taxi or a combination of walking and bus. Mr S could spend about six hours in travel, there and back, to make to his appointment. Mr S, who is already incapacitated by his condition, would be alone all of this time, would need to negotiate the unfamiliar cross city trip by himself, and on the return would be even more incapacitated and frail by the procedures he has undergone.

### **Case Study 2**

Mrs T is aged 60, lives in Katoomba, and has rheumatoid arthritis. Mrs T's daughter, who has epilepsy and is prone to having fits, lives with her. Her daughter needs to see an endocrine specialist at Nepean Hospital. Mrs T doesn't drive and her daughter, despite being prone to fits, isn't eligible for NDIS funding. Neither Mrs T nor her daughter are eligible for the taxi subsidy, and neither can access community transport. A full fare taxi is too expensive for them. Mrs T and her daughter don't have friends or neighbours that can take them to Nepean Hospital in work hours, and their extended family lives interstate. Mrs T will have to accompany her daughter on the train from Katoomba to Penrith (a one hour trip each way) then accompany her in a taxi to Nepean Hospital.

The train from Katoomba to Penrith takes one hour and ten minutes and the taxi to Nepean Hospital at Kingswood would take ten minutes. Factoring in getting to and from locations and waiting times, the return trip could take three to three and a half hours.

### **Case Study 3**

Ms S is aged 65, a pensioner, and lives in Winmalee. Ms S has second stage breast cancer and attends her oncologist at Strathfield Private Hospital for treatment. Due to the time of day of the treatment she can't use the oncology transport provided by community transport. She ideally needs someone to escort her to her appointment and back. As she has no family or friends to escort her she is forced to take public transport, first a taxi to Springwood train station, train to Strathfield, then she will walk to Strathfield Private Hospital.

A bus from Winmalee to Springwood Station takes 15 minutes. The train from Springwood to Strathfield takes an hour and ten minutes, and it's a five minute walk to the private hospital. The return trip is likely to take three to three and half hours.

### **Case Study 4**

Ms V 76 has a basal carcinoma that she needs removed from her face, this needs to be done by a specialist dermatologist. She lives at Blackheath, is a single lady with no supports. The only specialists she can see are based at Penrith and Westmead. She can only get an appointment at Westmead. As she needs antiseptic and the specialist is out of the mountains, community transport won't take her. Hence Ms V needs to catch a train to Parramatta then a taxi to Westmead and the same on her return. This is a long and costly day for Ms V requiring her to start her trip at 7am in the morning and not getting home till 7pm that night.

### **Case Study 5**

An elderly woman, who has vascular dementia, breached her AVO in July this year. As a result, she was placed in a cell at Katoomba Police. Council's Aged and Disability Services Development Officer was asked to speak with the woman and support the woman in further contact with the justice system. The woman was sent to Emu Plains Correctional Centre for an appearance at court the next day for the AVO breach. No services were put in place on the woman's return home from court. Council's officer then used their contacts to find the woman's GP and advise them of the situation, and then advocate to the GP and the ACAT team to provide a support package.

This is an example of people falling through the cracks due to the lack of integrated and holistic health care services in the Blue Mountains. Ideally this woman should have been placed in hospital when found in public and to have breached her AVO, as opposed to being placed in the correctional centre, given her actions were likely to be health related. In turn services should have been put in place on her discharge by the health care system.