Submission No 468

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

Organisation: Coonamble Shire Council

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COONAMBLE
SHIRE COUNCIL

80 Castlereagh Street, Coonamble NSW 2829
Telephone. 02 6827 1900 Fax. 02 6822 1626
Email. council@coonambleshire.nsw.gov.au
www.coonambleshire.nsw.gov.au
ABN. 19 499 848 443

All communications to be addressed to the General Manager
PO Box 249, Coonamble, NSW 2829

H5-2: NV:HB

14 January 2021

The Hon. Gregory Donnelly, MLC
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000
C/o hccc@hccc.nsw.gov.au

Dear Mr Donnelly,

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

Coonamble Shire Council ('Council') would like the opportunity to provide a submission to the Portfolio Committee No. 2 ('Committee') for the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales ('Inquiry'). The Shire is bounded on one side by the Warrumbungle National Park, and on the other by the Western Plains and Macquarie Marshes. The main township of Coonamble provides the Coonamble Multi-Purpose Health Service and consists of two villages of Gulargambone and Quambone. The district population is approximately 4,000 people.

The Coonamble Shire covers an area of 9,995 square kilometres and is one of the largest inland councils by land area within New South Wales (NSW). The Shire is renowned for its diversified agricultural industries, including broadacre cropping, and with large cattle and sheep production. Dubbo is the closest city centre and located 160km south of Coonamble.

The Inquiry provides an opportunity to raise our concerns and observations relating to the health that impact our region. The following information is provided against the Terms of Reference.

- **(c) Access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services**

Third party contract and hospital triage

The Coonamble Shire Local Government Area falls within the Western NSW Local Health District (WNSWLHD). The NSW Government provides multipurpose medical services to the region through third party contracts. The recent Northern Sector Medical Services tender was awarded on 26 November 2020 with the new service provider due to commence on 1 March 2021.

Access to urgent care at any time of the day or night will be carried out face-to-face either by the doctor onsite or by one who is called in. Less urgent care will be seen by a doctor through remote access services out of hours.

The Council had previously expressed concerns on the tender documentation making provision for an onsite doctor at a minimum of three days a week when compared to the previous contract which made provision for an onsite doctor of five days per week.

At the 9 December 2020 Council Meeting, WNSWLHD and the new service provider Ochre Health assured the Council that the new arrangement would see an onsite doctor Monday to Fridays and Saturday and Sunday mornings for face-to-face care for urgent care presented to the Emergency Department.

Based on the discussion on 9 December 2020, Council assumes that under the new contract, patients who present as Triage Category 1 to 4 will have face-to-face contact 24 hours a day. Triage Category 5 would be moved to Telehealth or some form of video conferencing for out of hours care. This was presented to Council as a fatigue management strategy for local staff which Council supports. Council also assumes that people who present as a Triage Category 4 where a potentially serious condition or semi urgent case would continue to have face-to-face care 24 hours a day. Council wishes to express our concerns if Triage Category 4 patients are moved to video conferencing such as Telehealth, especially during out of hours and recommends the Inquiry consider wherever possible that patients in this category continue to have face-to-face care across the state.

Council retention packages

Council established subsidised housing arrangement to attract medical practitioners to the area. This arrangement has been in place for several years. Up until recently, three houses were provided to doctors and dentists to attract and retain the medical practitioners. Council still maintains two houses for this purpose. In addition to the initial capital costs and outlay that occurred some time ago, maintenance, subsidised rent and property depreciation costs Council up to $30,000 per annum.

Arrangements where Councils are offer housing and other benefits is not unique to our Council but occurring in other rural and regional councils. This has significantly lessened NSW Health's barrier in providing multipurpose medical services out in rural and regional areas but at an economic cost to local councils which is not factored in, and rarely acknowledged, at the state government level. The legacy of these arrangements would be negatively received by the community if Councils adopted recommendations to remove them. The health and social implications would be detrimentally impacted if councils adopted to revoke these previous arrangements.

Council had also established our own medical centre but in more recent times sold this asset to a service provider. Such arrangements are still occurring in some remote and rural councils where council is providing and operating the local medical facility. As far as we are aware this includes Gwydir Shire Council (Bingara Medical Centre) and Bogan Shire Council (Bogan Shire Medical Centre) being operated by the local council. This has led to community misconceptions that health care is local government's responsibility.

Delineation of roles and responsibilities

The ambiguity on which level of government provides medical and health care services is not clearly defined. Clearer delineation between the roles and responsibilities between the state and federal governments are required. Establishing a clear national health policy that is administered through the states and territories is prudent. The Inquiry provides a great opportunity to encourage NSW Health to look at how they currently administer their services between the metropolitan areas and the regional and rural areas. Where third party services providers are contracted to provide care, contracts need to consider the remoteness constraints and not solely rely or assume that local government will provide attraction and retention incentives. Acknowledgement in terms of recognition and where possible resourcing for local councils is required.

- **(d) patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW**

Acknowledgement of local government involvement

The patient experience is different in rural and remote NSW when compared to metropolitan NSW. Local government's assistance in patient transfer needs to be recognised and commended in the remote and rural regions. Council provides a service to the Rural Flying Doctor and Air Ambulance by providing our own suitably qualified officers to check the aerodrome for kangaroos and ensure clearance of the airstrip prior to the landing of any airplane and prior to departure from these services. Depending on the nature of the care required, staff from the Rural Flying Doctor or Air Ambulance service maybe required to leave the aircraft and travel into the Coonamble Multipurpose Facility and departing several hours later which requires the council officer to return to ensure clearance of the airstrip. On average council officers must be on call and on standby from anywhere between an hour to four to five hours depending on the nature of care required.

There have been times where helicopters are required to land at the Coonamble Sporting Oval or the Coonamble Showgrounds and council officers assist with this.

This information has not been highlighted as an issue, but a consideration on the other processes that need to occur for health care services to be delivered. Local councils should be commended for their assistance they provide in reducing the patient wait times through the regulatory local government services that are absorbed in our maintenance budget in providing quality care to patients who need urgent care.

- **(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**

In addition to what has been addressed earlier, the local government involvement in providing attraction and retention incentives is a challenge that NSW Health is unlikely to recognise as part of their own challenge and the Inquiry should recognise this.

Health and social implications
Council would like to specifically address the staffing allocation challenges that exist within our local government area and other Councils. The legacy that local government has provided these attraction and retention packages to incentivize medical practitioners to come to rural and remote areas should not be assumed to always be continued. The initial capital and outlay costs of establishing any facility or housing and the ongoing maintenance means resourcing in other areas are placed under pressure. In most instances, the rural and remote councils have a smaller rate base and rely heavily on grants and state and federal government funding. Renewing assets like our extensive local road infrastructure network in a reliable and sustainable manner makes it impossible for rural and remote councils to allocate funding to functions/items that are not part of local government's jurisdiction and responsibility. A pressure that is not a challenge for metropolitan and some regional councils.

If local councils elected to remove these incentives, the health and social implications fall specifically on the local council electing to do so and with little consequence to NSW Health or the state and federal governments. An overhaul of the inconsistences and how this is implemented across the state needs to be addressed.

NSW Rural Health Plan to 2021 and the Health Professionals Workforce Plan 2012-2022
The *NSW Rural Health Plan to 2021* and the *Health Professionals Workforce Plan 2012-2022* ('Workforce Plan') is due to expire. Both plans identify that attracting and retaining a strong health workforce in rural areas is a major challenge in rural NSW.

The *NSW Rural Health Plan* identifies local government as a partner and describes this partnership as *"provides a range of local and community services. It also manages statutory responsibilities in health protection such as food safety, delivers health promotion to prevent chronic disease and provides support for primary care infrastructure".*

The Workforce Plan is silent on local government's involvement. The Workforce Plan's strategy includes *"undertaking research on the factors that have the greatest return on investment for attracting and retaining generalist health professionals."* Council was able to locate an independent contemporary review of the literature by Rural Health West (2013), *Critical success factors for recruiting and retaining health professions to primary health care in rural and remote locations.* The inconsistency around retention expectations was listed as one of the problems.

Council recommends a holistic approach that considers the role of rural and regional local councils play be captured in the update of both these plans and any related key plan and strategies. But more importantly, in a manner that will not constitute "cost shifting" from the state and federal governments to local government, as this sphere does not have the capacity to absorb this financial responsibility. The updated approach needs to consider:

- identifying the key partners and stakeholders, in particular the role of rural and remote councils.
- quantifying how local government contribute from a social and economic perspective.
- analysing the variance and depth of the roles and responsibilities local councils provide.
- resolving the retention inconsistencies across the state, this may include additional resourcing support.

Thank you for the opportunity to provide comment, Council makes the following observations for your consideration against health outcomes and access to health and hospital services in rural, regional and remote New South Wales, the Inquiry:

1. Should make recommendations for clearer delineation between the roles and responsibilities between the state and federal governments in health outcomes and access to health. Establishing a clear national health policy that is administered through the states and territories is prudent. If the expectation that local government is to continue to play the role of providing attraction and retention incentives, then an equitable approach should be considered across all local councils and acknowledged as a legislated local government function under the *Local Government Act 1993* and be properly funded by state and federal governments and avoid any cost shifting.
2. Need to investigate and reevaluate the use of third-party service provider contracts for medical services in rural and regional areas and make recommendations on how to improve these types of arrangements if they are to continue. If they are to continue, a holistic approach including the externalities that feed into the system for its viability such as local governments involvement requires recognition and analysis in any cost benefit analysis or triple bottom line assessment. Recommendations from this analysis then need to be implemented.
3. Wherever possible, Triage Category 1 to 4 patients should continue to have face-to-face care across the state.
4. Should acknowledge the past involvement of local government in providing attraction and retention incentives to engage in better medical services and should acknowledge the difficulty placed on remote and rural local councils if they wished to remove this function and provide recommendations in how NSW Health could address this issue.
5. Provide recommendations for relevant state agencies to update key plans and strategies such as the *NSW Rural Health Plan to 2021* and the *Health Professionals Workforce Plan 2012-2022* and ensure that any key plans and strategies consider the historical local government's responsibility and provide strategies and actions to address this problem.
6. Overall should acknowledge the local governments involvement and performance in this area.

Yours faithfully

HEIN BASSON
GENERAL MANAGER