

**Submission
No 470**

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

Organisation: Murrumbidgee Council

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SC271

14 January 2021

Hon Greg Donnelly, MLC
Chair
Upper House Committee
NSW Rural Health Inquiry
Parliament House
SYDNEY NSW 2000

Lodgement: via submissions portal

Dear Sir

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NSW

What needs to be acknowledged, first and foremost, is that what is deemed essential and best practice in metropolitan and regional centres, more than likely will not even be deemed achievable in rural and remote sites. One size for outside of metropolitan centres will never be achievable at best and is irresponsibly derelict at worst, for the people of greater NSW. In fact, this inflexible approach actively inhibits and fractures our accessible pathways to, and deliverability of, health care.

Rural, regional and remote residents choose to live where we do because of the lifestyle offered. We do not need to be on the doorstep of Myer, David Jones or Bunnings. We do not desire to live in close proximity with one another...we enjoy the space, we enjoy the freedom, and we enjoy keeping our social distance naturally rather than it being enforced, as our city neighbours have been told under the COVID 19 pandemic.

Because we choose this lifestyle our desire is to be schooled, to work, to retire and to die in our home, for many a place our family has called home for 5 or more generations.

We are also very pragmatic that we cannot have an oncologist, a paediatrician or any other specialist on our doorstep. It is not expected and we know that it would be a waste of money.

However, we do expect that when we need such specialists, we are provided access with the same ease as our city neighbours. In general terms, we hear stories of people with lung disease, diagnosed with asbestosis, unable to get an appointment with the specialist in a regional town for over 12 months now, and counting. Is this because he is a farmer in a rural area, or is everyone, even those living next door to the hospital, on the same wait list? If it is the latter, then we need to recruit more specialists. Alternatively, is it that we have enough specialists, but they are all in capital cities and underworked? I am telling you now if such a specialist exists in Sydney and they are underworked, the bush is happy to drive, fly or train to the capital to be seen by the specialist.

I say the above because, as part of your terms of reference, you seek comment as to *access to health and hospital services in rural, regional and remote NSW, including service availability, barriers to access and quality of services*, and access to medical professionals is a major issue. I suggest that you do the metric on total patient hours required divided by medical professional billable hours to see if we have a surplus. Moreover, our disadvantage is that you want us to see the specialist in Wagga Wagga or Albury, which can take 12 months. Give us the option to go to Sydney if we can be seen within a reasonable time.

We consciously choose to live where we do, and we know an ambulance will take longer to get to us, it is a distance issue rather than an under-resourcing of personnel. However, in saying this, different models of ambulance work well in different situation. As author of this letter, and having lived in remote areas of Australia where the ambulance was attached to the hospital, the Hospital Orderly was the driver, the matron or registered nurse would be the paramedic and the local Ambulance Committee members were on call to drive the ambulance as and when required. I was the President of the Local Ambulance Committee and I volunteered to be relief ambulance driver. That is something you can put in the mix for the bush people. We rise up in times of need, and this has been witnessed with fires, floods and drought. Therefore, if it means volunteers are needed to drive an ambulance to cover every shift, these volunteers already exist and, most importantly, they are prepared to step up.

This model has been working in sites such as Yeoval in NSW, with the ambulance co-located to the redeveloped MPS, which is supported by volunteer drivers.

My understanding is that previous initiatives rolled out between NSW Health and Ambulance NSW have fallen over due to union issues and demarcation lines. This needs to be prioritised as *“best resource use and coverage”*, especially in rural and remote NSW, not necessarily in regional and metropolitan centres.

We are sure that, within the submissions, horror stories about ambulance wait times will be recounted, because the ambulance is being backed up by a neighbouring town or because the shifts have been exhausted locally. The town can see the ambulance sitting at the station; they had to drive past it when they were forced to drive the patient in their own car to the hospital. The assets are available, so let us find a better way to utilise them.

As someone from the bush, one of our greatest desires is to be able to age in place; the quickest way to kill one of us is to take us from our home. We see it repeatedly, once displaced from home, adjustment is extremely difficult, and many of the elderly do not cope, resulting in an earlier than necessary demise. Our neighbours in the city are home when they die; whilst it may be in a retirement village, it is usually in the same suburb where they lived out their life. Out of the terms of reference this is something not greatly explored, however it should be. How do you develop the health system so we

can live and die at home? A system that does not set the State Government against the Federal Government, with the age old argument of "it's not our job, it's theirs". This argument is long lost with us in the bush, we see it and hear it too many times (in health and in water) so, consequently, nothing meaningful happens. Can we move forward, can we have the NSW State Government take the lead, take the responsibility for our elderly, secure the money from the Federal Government and get it done? We have plenty of ideas and are willing to share, but only if you are genuinely serious about making a difference.

The greatest strides we could make in the overall health of our people is not at the NSW Health door, we need to reduce the need to spend more on reactive, and be more proactive.

As we know, what determines a person's health as a percentage is in the order of 50% social and economic circumstances, 25% health care system, 15% biology and genetics and 10% built and natural environments.

So we are asking, is the NSW State Government and the Federal Government spending the mix of taxation revenue appropriately, or is more being placed into the health care system in reaction, rather than being proactive, because there are votes to be had in building a new wing of a hospital and no votes in getting people to stop smoking or get off their backside and do physical exercise?

Like our reaction to climate change, it is disproportionate and very late, but we are not so late we cannot turn back prior damage. Health care of people is the same. We invest more in prevention and we will reduce the needs of the health care system. It will be a brave Government to change this focus, but I believe that this Parliamentary Commission could, under the Terms of Reference, conclude that attributing more focus onto prevention will, over time, close the gap which is the disadvantage of people living in the regional, rural and remote areas of NSW compared to those living in the cities.

Would this not be a great outcome, rather than having to budget more to close the gap of disadvantage by increasing the NSW health budget which, over time, would only be diverted to the cities anyway, as every other targeted approach to support rural areas has been.

Health is no different, and we understand political representatives are elected by the population, and the population are in the cities so, yes, Greater Sydney will get the new MRI over regional Albury every day of the week, because 7 State electorate seats will use the MRI in Sydney when its probably only 2 State electorate seats in Albury that will access the new MRI.

I am happy to speak further to support my statements should you so require.

Yours faithfully

John Scarce
GENERAL MANAGER