

**Submission
No 489**

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

Name: Cr Craig Davies, Mayor, Narromine Shire Council

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Thank you for the opportunity to put forward a submission regarding Rural and Remote health.

My role as the Mayor of the Narromine Shire and Chair of the Orana Joint Organisation of Councils has given me good insight into the many areas of health in Central and Western NSW in dire need of attention. From an outsiders perspective, Health in these areas is a dog's breakfast. It is flawed from the outset in that Universities are established in the wrong areas and are designed to achieve political outcomes rather than Social outcomes.

Charles Sturt University established their medical campus for Western NSW in Orange despite my pleas for this to happen in Dubbo. Dubbo is regarded as the most Eastern centre that many indigenous students would be comfortable in . It is still " country " but Orange is cold and not welcoming climatically nor geographically. It's too far from home. These cultural nuances have been completely ignored.

This western area needs to focus on Indigenous and rural based candidates to have any hope of them remaining in the rural and remote areas from which they have come. Sydney and coastal based students might attend these universities out of convenience and because they have missed out on entry into city based medical campuses but will never live out here. We need students who may not get 99% in their HSC but have achieved well enough to make it as a rural GP to be filling these positions. Why are we not indenturing these students to have them stay in the bush for a 5-10 year period?

The other very obvious drawback to having good medical services provided is that nurses are now required to go to uni. They are no longer nurses but mobile admin officers who rely on aides to do much of the work that was traditionally the role of a nurse. For reasons beyond my understanding, many of our local nurses refuse to work locally and we are reliant on agency nurses making the whole exercise so much more expensive. These changes have come about over the past decade or more and have all been retrograde steps to providing good health services to the bush. I'm sure that experienced doctors could give a better explanation to this than I can.

A Canadian model was explained to the CSU that has delivered 650 new doctors to rural and remote areas in Canada that is made up largely of Indigenous students and the vast majority go back home to take up practice. It is the initiative of an Australian and yet we overlook examples that work due to the bureaucracy knowing best. Frustration is but one of the symptoms we all feel when let down so badly.

Narromine Hospital is some 40 kms from Dubbo. It WAS a 32 bed unit. Our town has six doctors , none of whom will engage with the Hospital because of different reasons but mainly because "its too hard dealing with the bureaucrats". Our council built medical center in this town of 3600 people has 11, 000 clients on their books and our hospital is continually downgraded to the point where now we have 12 beds in use. We are told that it is not a down grade but " reutilisation of resources ". We are being taken for fools and find it difficult to accept. As an example of the downgrade to Narromine Hospital, during the tenure of the previous long term doctors in the town, two of them conducted over 7000 procedures during their time serving the community. This, all at Narromine Hospital.

The delivery of babies, setting broken limbs, appendix removed and other minor operations. Now there is basically nothing done there. Why is it a baby can be delivered in St George Hospital in western QLD but it can't happen in Nyngan, Bourke, Cobar or Narromine? All these mothers and families are forced to travel 3-400 kms in many cases. The distance to travel to seek good health services is also leading to significantly worse health outcomes because of the tyranny of distance. Many elderly people particularly will put off seeking advice on that lump or pain because it's too far to seek the advice. They suffer in pain and silence and their condition worsens. The cost to both them and government blows out. The cost cutting is counterproductive.

We are told that Narromine is too close to Dubbo to have too many facilities but the mere fact that the facilities are no longer available or operable means doctors are unwilling to act as a VMO. So our elderly and all other patients are mostly forced to go to Dubbo for anything other than can be treated in a surgery. Whilst there, they and their visitors will spend \$100-300 on groceries and other shopping every trip greatly impacting our retail sector and further weakening the local economy. This is replicated across all of western NSW.

Whilst I have explained the pitfalls of this "HUB AND SPOKE" approach to funding outside the cities, it is yet to resonate mainly for political purposes with the politicians and bureaucrats. Unfortunately it is exactly these types of policies that are rapidly exacerbating the situation across rural and remote areas and leading to the slow but sure death of the bush. To further highlight this situation and despite previous announcements and assurances Narromine residents are forced to travel to Dubbo for any of the services provided by Services for NSW. Again this further destroys our retail sector.

So our situation sees literally hundreds of \$ Millions being funnelled into Dubbo at the expense of the smaller towns and socially engineering poor outcomes for rural and remote towns. The services are withdrawn and more people leave. This means less services are needed and they too are removed and on it goes. This situation has to stop before the western areas are devoid of towns capable of functioning efficiently and effectively.

The other very obvious anomaly in this whole process is that whilst every tax payer in the country is obliged to pay the Medicare levy, those of us in the rural and remote areas are not just not getting the service but are subsidising the city based people who can access every service that's available. Either provide the service or eliminate the cost to those not receiving it.

Inland rail will establish a 500 man worksite on the outskirts of Narromine in the next 12 months. WNSW Health have yet to factor the impact of this development into the models and this again will be replicated along the Inland Rail corridor as it works its way north. Who will take responsibility for the medical requirements of a project of this magnitude and where will they be treated?

My understanding is that potentially hearings may be held in rural locations and can I strongly suggest that the major centres be avoided to allow the real facts to emerge from the rural and remote towns. I would like the opportunity to appear before this committee and would volunteer Narromine as a destination for a hearing. Narromine Shire will help with the logistics of such a hearing and the committee can be assured that we are very Covid aware without having the virus amongst us.

Thank you again for this opportunity to bring the issues of rural and remote health to your committees and the public generally.