

Submission
No 493

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

Name: Name suppressed
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Partially
Confidential

Our health care in Deniliquin is lacking. While there has been effort by few individuals to improve services, it is severely lacking and the need for improvement in our local area has been heightened as a result of Covid. Relying heavily on services across the border has been difficult to access with border closures.

Our son requires consistency of practitioners for his medical condition.

Deniliquin ability to attract and retain health professionals is directly a result of services, and facilities available. Waiting 3 weeks to see a GP because they are so overworked and overbooked. They do their best but are double booking at times just to fit patients in.

Facilities inadequate for visiting specialists, patients should not have to travel more than 3 hours for care when they are distressed, or need certain testing. There should be the ability for specialists to visit Deniliquin in certain circumstances (ie mental health/suicide, rape victims etc).

Centralised system is a monumental failure, it shouldn't take weeks or months to get into therapy that is designed to be a regular appointment to address needs particularly under early intervention ie OT, speech. Lifetime flow on as a result costing the health care system more over the long run.

The emergency department is near unsafe with current layout. Adults, victims, children, violent patients, emergency care all in together. Ambulance bringing in patients through waiting room. Maternity is being accessed more than ever but having to enter through general ward potentially coming in contact with other sick patients. Sharing supply closest between vulnerable patients and sick patients is also unsafe.

Its disappointing to see the police station upgraded before the hospital, and police HQ now not intended for use as a result of lack of health care facilities for families being moved into area.

Understaffing of nurses at the hospital compromising patient care at times as they have too many patients to look after, also nurses being shared between wards. No gp on a roster at the hospital means that GPs need to leave their practise that is usually booked out to see a patient presented at the hospital, increasing the time a patient is potentially waiting for treatment at hospital and GP clinic. Patients presenting to hospital for non emergency care as it is a three week wait to see GP in clinic.

Update facilities, and services and practitioners will follow and will fill the shortages we currently have.