

**Submission
No 501**

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

Name: Ms Elizabeth Worboys

Date Received: 15 January 2021

The current situation experienced by those living in rural and regional health is the worst that I have seen. The Great Dividing Range is often referred to as the great divide in health care and conditions.

I am a person who has lived her life in rural areas and for the majority of my 25 years as a Registered Nurse/Registered Midwife have loved working in rural health and want to continue so. However the past 12 months have pushed me to the point of not knowing what to do.

This in itself has brought issues with expectations on what they can and cannot do and to be able to commence roles with minimal orientation as we do not have the time to provide detailed orientation.

We have also seen the number of presentations to our emergency department increase as the number of General Practitioners in towns have shrunk and the ability to attract replacements is not working and at times I often wonder how hard some practices are working to find replacements or is there an expectation that this the responsibility of Health Districts to do this. The process of credentialing medical practitioners is time consuming and frustrating. Perhaps if it could be done once at a state level would enhance the attraction of medical practitioners. Gone are the days when a medical practitioner held multiple skills and would work an emergency department rosters. many medical practitioners work what they want leaving services in rural towns still unsupported.

The medical practice that I attend has gone from having 6 full time doctors as well as 2 other practices in the town giving us 10 doctors to now having 4 doctors and locums covering the emergency department. I have health issues and have enjoyed consistency of care. But since August 2020 I have lost 2 doctors who have health issues and the practice now has only 2 doctors and effectively I do not have a GP and neither does my 77year father who is bed bound at home in the palliative stages of his illness. Our options are to join many of the towns 10000 people and go out of town for care.

Thankfully the practice will cover my father as they try to recruit. For me who has been on sick leave since October, had surgery, required 7 weeks in hospital that was 4 hours away from my family and I was released 1 week before Christmas. Since being home I have had further complications but I cannot talk to my surgeon until February 16th, another test requested by my then GP I will be lucky to have done in June and I am trying to find a metropolitan practice to complete it. Now without a GP I do not have medical support to rectify the appointments. I am living in pain and as I am medically unable to drive I cannot get to another practice and if I did it would require my mother to leave my father to drive me.

My story is only one of many that I have heard of both professionally and as a community member. We are hurting out here but whilst people say they are listening that is not apparent. I could write to my local member but I do not want a letter back that says we got \$4 million dollars to upgrade the hospital and since the last election nothing can be seen.

What is the use of upgrading a facility if there is no clinical staff to work within the facility.

When I return to work is unknown, but currently I do not wish to do so but need to. Nursing is something I always wanted to do and have loved but I cannot continue within the current system and my feelings are intensified by what I am witnessing and suffering as a consumer of the health system.

I would love the opportunity should it arise to discuss this manner further.

Thank you for your time and consideration to improve rural health.