

Submission
No 504

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

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Partially
Confidential

SUBMISSION TO NSW PARLIAMENT LEGISLATIVE COUNCIL

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

BACKGROUND:

In NSW and ACT there are 466927 people registered with Diabetes.

Type 2 diabetes is the fastest chronic condition in Australia.

An Australian is diagnosed with diabetes every 5 minutes.

The health complications from poorly managed diabetes are serious, life-long and life threatening and include:

- Heart disease and stroke
- Kidney disease
- Blindness
- Amputation of limbs
- Erectile dysfunction
- Chronic / persistent infections
- Dental problems (gum inflammation, tooth decay, fungal infections)
- Hearing loss

These complications can be minimised if diabetes is well managed. It is of extreme significance the ongoing awful health experienced by patients with these complications not to mention the huge impact of management of these chronic conditions to the NSW health budget.

Endocrinology is a medical specialty (same as doctors specialise in cardiology or anaesthetics), which manages multiple diagnoses with endocrine systems / hormones, including testosterone, oestrogen, pituitary glands, thyroid and pancreas (hence the latter means Endocrinologists are THE doctors to manage Diabetes).

However, if you live in rural NSW you can expect to have exceedingly poor service provision and subsequently exceedingly poor health outcomes from NSW Health.

PROBLEM: ABSENCE OF ENDOCRINOLOGY SERVICES IN NSW HEALTH IN MAJOR RURAL HOSPITALS

Our healthy, lean, fit, 18-year-old son was recently diagnosed with Type 1 Diabetes and was admitted to Orange Health Service via Emergency in August 2020.

Whilst an inpatient, he was under the care of a geriatrician (yes, bizarre for an 18 year old) and then the Head of Infectious Diseases (yes, also odd, especially during Covid), because Orange Health Service does not have an Endocrinologist.

We then discovered that the absence of an Endocrinologist led to the following poor clinical management:

1. Misreading of blood sugar levels on several occasions with subsequent mistakes in insulin prescription / management.
 - ➔ If there was an endocrinologist employed by OHS, this is unlikely to occur as they would be working within their specialty, plus registrars / residents / interns and junior medical officers would be supervised and educated.

2. When questioned about management anomalies, doctors on multiple levels confirmed sub-optimal and erroneous management on several occasions as not being Endocrinologists they are beyond their scope of specialty / practise.
 - ➔ Surely major regional centres, that are also teaching hospitals, such as Orange Health Service should have specialists... as this is as absurd as not having an Orthopaedic surgeon for fracture management or not having a Cardiologist for cardiac patients.
3. Diabetic diet prescribed and provided by the Orange Health Service - Hospital catering for inpatients included cornflakes / vegemite sandwiches on white bread / crème caramel / yogurt with full sugar... all high GI and contrary to normal diabetic diet guidelines. When staff were questioned (doctors / nurses / dietitians) they confirmed they knew it was wrong and agreed that the system was clumsy and should be improved but couldn't do anything about it.
 - ➔ This is not ok. NSW health services should be operating on best, not worst practise models.
4. We had to advocate for the Dietitians for appointments which were then only provided after the medical team called to follow this up. Surely best practise should include standards of care from Dietitians seeing patients without patients having to repeatedly ask. The information then provided by the Dietitians was noted to have been sourced direct from Diabetes Australia and Diabetes Victoria websites, which we had personally already researched, and was not personalised in any way. Surely a team of Dietitians, who are clinicians with allied health Degrees should be providing more than a generic photocopy, when some patients are young children with Type 1 diabetes, and others like our son are fit active exceedingly tall hungry young adolescents and others are overweight.
 - ➔ If an Endocrinologist was employed by OHS, I would expect that they would closely examine and optimise the Dietitians' department management of their patients and the Dietitians.
 - ➔ Perhaps from the poor service we received, the Dietitians department budget should be reduced and an Endocrinologist employed instead,
5. The Diabetes Educator and the treating Doctors argued on multiple occasions about the insulin management schedules.
 - ➔ This is another example of clinical uncertainty and guesswork as they are trying to fill the enormous void that should be filled by an Endocrinologist.
 - ➔ This would never happen if an endocrinologist whose speciality it is to manage diabetes was employed by OHS.
6. All staff at OHS recommended that our son attend an appointment with an Endocrinologist on discharge. The Diabetes Educator then informed us that there were 2 private Endocrinologists who worked a day or two a week in Orange privately, however when the Diabetes Educator checked, both were booked out for 6 months, and there were no faster services on other regional centres. Yet, the Orange Health Services doctors verbalised our son's need for an Endocrinologist was "urgent".
 - ➔ Fortunately, as we have private health insurance, we were able to obtain timely assessment and intervention with a specialist Endocrinologist in Sydney. However, in the waiting room, this specialist commented when seeing our address and the discharge letter "what on earth are you doing here, surely this can be managed in Orange?"
 - ➔ We have absolutely no idea how individuals without private health insurance manage, although we suspect that this is presenting in other forms in OHS and rural NSW as strokes, heart attacks, vascular problems, amputations, blindness with diabetic retinopathy, and non-healing ulcers-wounds.
7. A few months after diagnosis, our son experienced sudden onset ongoing vomiting and was unable to keep anything he ate or drank so his blood sugars started to decline towards hypoglycaemia, so as necessity dictates, he had to attend OHS Emergency. On arrival staff asked what medications he was on

and they took his insulin pens into their care. His long-acting night dose of insulin was due at 9.30 pm, and despite our multiple requests and explanations that his specialist Endocrinologist had indicated Optisulin must be administered within an hour of same time daily no matter what, A&E Staff refused to permit administration of this, until he was discharged, so it was almost 6 hours late. We later checked with another Emergency Department and his Endocrinologist, who commented that this was basic knowledge and should never have occurred and they were “appalled”.

→ It is clear that there is suboptimal to negligent management of a common debilitating life threatening diagnosis at OHS. The absence of an Endocrinologist to manage patients and educate other staff has multiple impacts and poor health outcomes.

8. Orange Health Service prides itself as a teaching hospital, yet, does not have adequate staff to properly manage one of the most common and debilitating health diagnoses. It is our experience that whilst other doctors attempt to fill this gap, that this is not well done. Indeed, we had multiple OHS staff discretely stop us when external to the facility and beg us to “please complain”.

9. Our enquiries reveal that there used to be an Endocrinologist at OHS, however, our enquiries revealed that this specialist was inundated with work and left . When re-advertised, there was no suitable applicants so the money was re-allocated.

→ Surely as Diabetes, with Type 1 and 2 as one of the biggest diagnoses in NSW with so many horrendous complications requires proper management for both the patients and for the cost effectiveness of the NSW health budget expenditure on both the short and long term

10. It is of utmost significance that it is our understanding that not only is there no Endocrinologist at Orange Health Service, but there is also no Endocrinologist at Dubbo Hospital, not Bathurst. This is not ok. This would not be acceptable in a metropolitan hospital.

CONCLUSION:

We understand that Orange Health Staff are acting within their scope of practise and are doing the best that they can, however, Diabetes is a chronic and life threatening extremely common condition. Diabetes also causes many long-term health complications including cardiovascular problems, visual problems and peripheral neuropathy if it is not well managed, that greatly impact individuals and cause additional expenditure for the NSW health budget. To not have an Endocrinology service at OHS is a massive gap in service provision. This was evident in every service we received with OHS. If there was an endocrinology service, the Emergency specialist would know that Optisulin must still be administered, the medical team would be more skilled in their management, as would the service provided by the Dietitians. To not have Endocrinologists at OHS is the equivalent of OHS trying to manage cardiac patients without a cardiologist, or orthopaedics without an Orthopaedic Surgeon. OHS is a teaching hospital and due to the lack of Endocrinologists, there is a suboptimal level of skills in all staff.

We understand that there was an endocrinologist on staff in the past, however they were inundated with work, which was so excessive, they left. Then when readvertised and no one wanted to take on the impossible overloaded job, the funding was re-allocated.

This must be looked at as a priority chasm in medical care provided at OHS, with the creation of an Endocrinology service where the Endocrinologist is not a sole practitioner, but part of a team with visiting rights similar to Cardiac service so that doctors are attracted to and want to stay to work in Orange and the community can receive a health service equivalent to equivalent hospitals.

However, this is bigger than Orange, with the same massive void in Orange is also in Dubbo and Bathurst.

Name withheld to protect the privacy of our son.