

Submission
No 521

**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

Submission to NSW Parliamentary Enquiry

This Submission addresses the enquiries terms of reference in relation to Cessnock hospital and Kurri Kurri Rehabilitation facility at the Kurri Kurri Hospital especially the following :

- *(c) access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services;*
- *(d) patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW*

Lack of public transport to Major Hospitals

Cessnock and Kurri Kurri are the main towns in the Cessnock Municipality in the Hunter Valley. The population has more than the usual senior residents and persons with disabilities.

The Communities have very limited access to Public transport as they have no rail services and are served by a modest bus service with limited services to Maitland and Newcastle and Morisset but no direct bus services to Sydney.

Any person seeking to travel to Sydney for medical treatment must catch the bus and travel for an hour to Morisset, Maitland or Newcastle and then take a 2.5 hour journey to Sydney by train. A return journey occupies about 6 hours and if a persons medical treatment in Sydney is delayed they cannot get home

The lack of viable public transport exacerbates the health problems suffered by the residents of the Cessnock Municipality and it is essential that the residents have access to basic and well-resourced local medical services.

Lack of resources at Cessnock District hospital

My comments in relation to Cessnock hospital Is derived from the experiences of my family and especially my mother who recently turned 100.

In making my submissions I wish to make it clear that my submissions are not intended to reflect detrimentally on any of the staff or medical practitioners who valiantly look after the patients in their care. The nurses and ancillary staff are always polite caring and extremely kind - my submission is aimed at provide the staff with appropriate resources so that they can more easily do their jobs of caring for patients.

Dilapidated building ,furniture, fittings and equipment

When I first came to Cessnock 40 years ago the hospital was a modest hospital with ample resources and staff to cater for the community needs. Over the years successive state governments have ignored the needs of the hospital and the hospital has been allowed to fall into disrepair and has been starved off much needed equipment and medical resources.

The previously well-staffed maternity ward has been closed .Numerous other wards have similarly been closed and effectively the hospital has an emergency ward, a general medical ward (ward B) and I understand a Surgical ward A which I understand has been closed over the past year owing to Covid 19 Concerns.

The Emergency ward is crowded and noisy. My elderly mother has had to endure a number of nights in the ward and the experience was terrifying to her with patients in pain or coming down from drug episodes screaming and generally being belligerent.

This is worsened by the lack of furniture such as lockers or chairs. Much of the furniture is damaged or does not work.

My mother has been admitted a number of times following falls at her home and on at least 2 occasions her locker door was falling off its hinges and the recliner chair leg had to be propped up with a stool. Most of the patients in Ward B are elderly and like my mother need to sit up in a chair with their legs elevated. There have never been enough chairs for the patients and the poor nurses have to wait till a patient goes to bed and then take the chair and give it to another patients – reminded me of musical chairs!

I suggest the committee visit Cessnock hospital to see for themselves what the patients and staff have to endure.

Lack of Physiotherapy services

My mothers last two stays at the Cessnock hospital have been related to orthopaedic injuries. I have previously been advised by her treating doctor that it was essential that following such injuries she be mobilised as quickly as possible.

Unfortunately on her 2 recent admissions she received very little physiotherapy and could not be mobilised simply because the Therapist was run off her feet – she told me she had 17 elderly patients to mobilise and could only devote 10 or 15 minutes at most to mobilise my mother. As a result of this and the closure of the geriatric rehabilitation facility of the Kurri Kurri hospital (see further) my mother has lost most of her mobility and is now in a Aged Care Facility rather than living independently at home as before.

Excess Wait time at the Emergency Department

I have attended the emergency department a number of times with my son and my wife over the last two years and have noticed a great increase in waiting times from about 1 hour a couple of years ago to 6 hours.

From my observations it seems the increased waiting time is attributable to a shortage of physicians as most attendances are by local GPs “on call” rather than in house emergency doctors, the use by prisoners from the Cessnock corrective centre who obtain preference to the general population and numerous emergency attendances by ambulances caused by drug overdoses. I address these problems in greater detail later in my submission.

Limited Doctors

The lack of suitable physicians to attend patients at the emergency Department of the hospital or inpatients who might require urgent medical attention is a continued problem at the hospital. As far as I have been able to ascertain Cessnock does not have staff physicians or if it does it has so few that great reliance is placed on local GP's to attend after hour emergencies.

Cessnock is situated in the Hunter Valley and is a pleasant place to live so I do not believe that its location would pose an impediment to recruitment and use of salaried medical practitioners - Anecdotally it appears that the decision to use visiting medical offices in preference to salaried

medical practitioners is an economic decision in which the dollar has weighed heavily against the interest of the patient.

I understand that the number of visiting medical practitioners who are given hospital privileges are restricted by a cumbersome process which gives preference to existing practices already on the books and denies or restricts such privileges to new medical practices. One possible solution to this shortage of medical Staffs is to open the field to any competent medical practitioner who is willing to provide services do the Hospital . In other words if someone is qualified and applies they should receive hospital privileges with the minimum of fuss.

Detrimental effect of the recent fourfold expansion to the Cessnock Corrective Centre

Over this last few years there has been a fourfold expansion of the prison population at the Cessnock Corrective Centre adding over 1200 extra prisoners to the population and the prison has been upgraded to a high security prison. This large increase in prison population effectively raised the population of Cessnock by about 5% (excluding extra prison guards staff and their families).

As far as I can ascertain no additional resources have been given to Cessnock hospital, either in increase security or in funding, to cope with the increased burden.

Prison inmates have greater medical needs than the normal population because of lifestyle, drug abuse, mental problems and propensity to self-harm. In addition it is common knowledge that some prisoners fake illnesses or deliberately injure themselves so that they can have stay in the more pleasant environment of a hospital.

Prisons (especially those housing high security prisoners) should have their own fully equipped hospitals and should not rely on public hospitals in country towns to meet their medical needs.

Cessnock hospital is not a specialist hospital and there is no reason why services available in the Cessnock Hospital cannot be provided to the prison population in a purpose built prison hospital constructed in the prison grounds.

Insufficient security leading to a prison office drawing a gun and lockdown of hospital

One of the major problems with the use of the Cessnock hospital to service the needs of the prison inmates is the risk such uses poses to the staff and patients attending the hospital. There is also the additional costs of having prison officers accompanying inmates.

I know of one incident in the emergency department where a prison officer drew his gun causing fear and distress to the staff and the patients attending.

I have been in the emergency Department with my wife when up to four prisoners being given priority treatment. A number of them were from the corrective centre

They were two

officers guarding each prisoner meaning that they were eight law enforcement and prison officers managing the prisoners. Patients at the emergency Department had to wait while the staff attempted to deal with these very difficult prisoners.

Closure of the Cessnock Geriatric Rehabilitation Ward at the Kurri Kurri Hospital

Back Ground of the Service

About 10 years ago the Federal Government decided to build a geriatric rehabilitation facility at the Kurry Kurry hospital.

The facility was constructed a few years later and my mother (who had suffered an orthopaedic injury) was privileged to be one of the first patients of the facility .

The facility offered excellent rehabilitation services and I credit the facility with keeping my mother mobile and enabling her (after each orthopaedic injury) to return home and live as normal a life as a person over 90 years of age could live.

Over the last seven years or so my mother has suffered a number of falls resulting in orthopaedic injuries and on each occasion she has been admitted to the Kurry facility and they have performed miracles on her . The facility serves the Lower Hunter, Upper Hunter and North Coast communities.

Closure of facility due to insufficient Doctors

Between August and November 2020 my mother had two falls at home which required orthopaedic treatment . She was admitted to Cessnock hospital who gave her the best care they could but they lacked the rehabilitation facilities available at the Kurri facility.

Arrangements were made for her to be transferred to the Kurri Kurri facility and she had been accepted as a patient however the transfer never occurred as I was advised that, owing to a lack of doctors, the facility had closed. I was shocked that such a new and efficient facility had been closed without any notice to the public. I do not know whether the facility is still closed but I suspect it is.

This is a perfect example of the cavalier disregard by the authorities to the needs and welfare of the people in Cessnock and Kurri Kurri and the North Coast and the Upper Hunter.

It beggars belief that an excellent new and modern facility that provides an invaluable service to enable aged people to go home has been closed when the need is so great.

Recommendations

I suggest that in order to alleviate the problems articulated above the following steps be taken:

1 The NSW government immediately conduct a dilapidation and needs survey of the physical assets in the Cessnock hospital and take steps to repair, refurbish and reequip the hospital to modern standards.

2 The NSW Government immediately commence the construction of a medical facility in the grounds of the Cessnock Corrective centre and in the meanwhile contract with medical practitioners to attend at the corrective centre to treat the inmates in the prison grounds as and when needed and that the practice of treating inmates at Cessnock hospital cease immediately.

3 That the NSW Government immediately ensure that adequate staff are employed to properly keep open the Kurri Kurri Geriatric rehabilitation facility and ensure that this service is fully supported and staffed to ensure the welfare of the communities it serves.

4 That The NSW Government implement appropriate measures to ensure that persons in the Coalfields are given proper and reasonable access to public transport to enable them to seek treatment at Regional and Capital city medical facilities and take steps to alleviate the lack of reasonable and efficient public transport to the coalfield especially for the aged and vulnerable.

5 That Cessnock hospital "open its books" and permit any duly qualified medical practitioner who wants to receive hospital privilege to do so without any rationing or limitations.

I ask the Parliamentary Committee to consider my submissions and others like it and expose to the "cathartic glare of public scrutiny" the disadvantages of country communities caused by thoughtless and ill-considered acts of authorities and governments