

Submission  
No 524

**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

I am a Registered Nurse who works in a MPS in the North West of NSW. Staffing and skill mix have been a big problem. The MPS I work at has 16 nursing home beds 6 acute beds and a emergency department. The GP practice in town has only one doctor at a time and the doctor is also on call for the hospital.

There is a lot of GP type presentations to the ED often on the afternoon shift when we only have three staff. This leaves at least one staff member tied up in the ED which mean other patients in the hospital can miss out on timely care. On a night shift there only two staff which can make it difficult to provide the care to all the patients particularly when there are ED presentations. You can often end up with nurses working on their own either in ED or the wards.

In recent times the health service has been unable to obtain RNs with the necessary qualifications to work in ED only seem to get first year RNs or overseas trained nurses. This can create a lot of stress for the senior nurses on shift they are unable to provide proper support for the junior nurses whist managing the workload. A solution to this problem would be staff to patient ratios and incentives to attract qualified staff.

A lot of double shifts and 12 hour shifts have happened in recent times due to lack of staff also staff miss out on their breaks all this contributes to staff feeling 'burnt out'. If the health service really wants excellence for every patient every time they need to provide adequate staff.

The need for more GPs was highlighted to me recently when a patient presented to the ED for a prescription for their regular medication they had been unable to obtain an appointment at the GP practice as they weren't taking new people. This person was in their mid sixties and had recently purchased a house and moved here. They were most upset that they couldn't see a doctor in their home town. This is problem I surrounding towns even the larger towns also if you can get appointments you often see a different doctor each time therefore continuity of care does not happen. Specialists often have long waiting lists and patients often wait an unacceptable amount of time to get appointments therefore compromising there health.

In my opinion telehealth has a place in rural health but shouldn't replace face to face appointments.