

Submission
No 537

**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

First of all, I would like to take this opportunity to thank you for giving those of us in rural areas a chance to have our voices heard.

I work as a nurse in a small town in CWNSW. Until January 2020, our hospital had a 24hr on call VMO. Now, we have a local GP on call between the hours of 0800-1700 Monday to Friday. And the remainder of the time, our hospital is covered by the VRGS and Vcare. The pressure this places on nurses to perform advanced skills and report their findings to the virtual GP's is immense, and at times overwhelming.

As our last VMO pointed out, he spent 6years at Med School learning how to differentiate between different sounds of various organs. The use of the senses is such an integral part of making a speedy and correct diagnosis. Prior to the departure of our VMO's, our hospital and surrounding areas were serviced very effectively and efficiently by RaRMS, who withdrew from our town very suddenly, with no explanation as to why.

The consequences of no on site Dr, are not just life and death scenarios. Now, anyone who presents to our ED that requires suturing or removal of a foreign body from eyes, which is a regular occurrence due to use of grinding and welding equipment, must undertake at least a 200km round trip to attend the ED at the next biggest facility. This is adding a great burden to those 2 facilities, that are busy enough with their own local presentations.

And, over the Christmas period, these 2 facilities were also relying on the VRGS, hence palcing added pressure on our tertiary hospital, Orange. People are bypassing our facility and Parkes and Forbes and heading straight to Orange to ED, where they know there will be a Dr on site. Is this acceptable? Would it be tolerated in metropolitan areas? Our town had zero Dr's from the 23/12 to the 4/1, and so ED was also functioning as a GP clinic.

Another area of concern, is that of dialysis, and the need for people from our community to have to travel 200km three times a week to access this vital and life sustaining service. Again, placing pressure on people that are already vulnerable and on other health services. Our town has a large aboriginal population, and kidney disease is a debilitating and ever increasing problem, not just in the indigenous community, but the population as a whole.

Communication is a vital tool that also needs to be addressed. To say it is poor within the health system would be an understatement.

I would like to see a change for those of us who chose to live in rural and remote communities, and our level of health care be the equivalent of that available to those living in larger centres. We provide our country with essential food, fibre and minerals, yet I feel as if we are treated like 2nd class citizens when it comes to health care. This should be non negotiable, and a service provided to ALL.

Thank you