

Submission
No 549

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

Name: Name suppressed
Date Received: 14 January 2021

Partially
Confidential

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

Date: 14 January 2021

I live near the rural town of Coolah, we have a fabulous hospital (NSW Health downgraded to MPS), with an attached aged care facility. Currently without a VMO. We have dedicated Ambulance and nursing staff in our community. The last GP has just closed the practice at Christmas which is leaving our community Doctorless. Three years ago we had 2 GP's and a VMO.

The point I wish to raise to the inquiry are:

1. Poor Communication by LHD.

Our MPS lost its VMO mid-2020 and since Christmas the only remaining doctor. There has been very little communication from LHD to the concerned wider community about what steps it is taking to supply a Doctor to replace the VMO. All we have heard is the position has been advertised – we don't know if there were any applicants or a person is being engaged. After recent departure of GP there had been no engagement until Shire General Manager contacted LHD. LHD if don't know how to communicate, ask the MPS board to do it. Telehealth seems to be the default solution position of NSW Health & LHD which is not suitable or adequate long term for any town.

2. Telehealth. It has a role to play for rural and remote patients but it can **not** be the only Doctor service source. Great in an emergency situation to have a medical specialist guide the GP if the situation requires in trauma situations but it cannot be the main medical source.

3. Communication: We have a MPS in Coolah but LHD do not promote the allied services that visit it or how to access service – what is required e.g., is a referral necessary? This issue has been raised in the past with area health who did a one-off promotion which is not enough nor did it explain how to access services or when they visited. Promotion is a very simple fix to this problem, social media is a cheap way do promote allied health services that visit if paper media too expensive (we do have a local paper). It is expensive and time consuming to travel to another centre to receive a service that unbeknown to you is available locally.

4. Small Towns need local Dr's not only for community health and well being but also for economic reasons. Now Coolah does not have a Dr the pharmacy may not be a viable

business. Once a business closes it is unlikely to reopen. If people have to visit medical practitioners in larger centres, they tend to purchase medicines there and even shop there which all has a major impact on a rural town economy which can lead to other business closures and population moving out – the domino effect. A town with out a doctor is also deterrent for people looking to move to the regions to move to that town.

5. Distance. If people have to travel out of town for medical appointments, they may be less likely to do preventative medical checks as the cost to travel to another centre and the time it takes is a deterrent. This can lead to poorer health outcomes, decrease in productivity, increase in cost to the medical system in the long term. For many of the elderly a long-distance trip (e.g., 140Km one way to Dubbo, 100Km to Mudgee) to a larger centre can be stressful.
6. For many years it has seemed NSW Govt wants to centralize health to major centres which increases cost for many rural people, reduces health outcomes which statistics already bare out. Increases the risk of accidents when unwell people have to drive long distances. The fact expecting mothers have to move to a regional centre often to wait for the birth as local hospital not allowed to deliver.
7. In Coonabarabran after the Wambelong fire mental health was a major issue, fire affected people needed help, aware some driving to Sydney for help. I lobbied the area health at a meeting in Mendooran to discover there was a specialist going to the hospital in Coonabarabran – LHD did not let the fire recovery centre know, advertise the service, even the head of the Hospital board did not know and service was cancelled due to lack of use. If a service is not promoted how is public to know it is available – many thought this was a deliberate ploy set up to fail. The sir Ivan fire once again mental health is a concern – telehealth promoted as solution but only available to those with a health care card! Thank god for RAMPH and various NFP providers and a private practitioner did start to visit. LDH a bit lacking with initiative in disaster response.

Possible solutions

There needs to be great support for local rural and remote GP's. NSW Health needs to develop a model of Locums that can do periods in these hospitals so local GP &/or VMO can have weekend off occasionally and a holiday. The current model using NFP groups such as RARMS did not work for Coolah.

NSW Health needs to take ownership of problem and solution instead of tendering it out. There needs to be financial incentives to open a practice in the regions, also incentives to attract nursing staff rather than fly-in fly out temps (covid has impacted this model). There needs flexibility in models to allow for upskilling e.g., nurse upskill to deliver chemo treatments locally.

Improve communication from LHD to the communities it serves, what services are available when, where and what is required to access service.