

Submission  
No 555

**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

This is an anonymous submission. I'm an experienced rural generalist, an oxymoron I realise, but I am a proud specialist generalist with fellowship to the Australian college of rural and remote medicine. I have worked in a number of hospitals and health services in NSW, NT, QLD and WA. I have worked in some of the most remote parts of the country, and have been involved in the difficult task of ensuring some of our most vulnerable and geographically isolated citizens receive the quality care they deserve. I have seen first hand the resilience, passion and strength of the people who live and work within the regional, rural and remote parts of the country and it is for these people that I am writing this submission. I believe strongly, that those living in NSW are not getting the care they deserve, and haven't been for a long time.

The actual job of being a doctor is an incredible privilege which can be a blessing and a curse. But it is not the job that brings us down. It is the systems in which we have to do the job. I'd guess this is true for all health professionals.

Every system in which I've done my job around the country has had glitches here and there that generate grizzles and minor frustrations. However the glitches within the NSW health make the system unworkable. Furthermore, the resulting care that patients are provided and the way in which it is provided has left me shocked and scared. I spoke up, to try to effect some change for the betterment of patient safety (my primary concern) and not long later, at the time of my contract renewal, my concerns had still not been addressed. I asked for discussions to commence before I re-signed a contract and was told I was no longer needed. But at the same time, NSW health were repeatedly stating to the media that they can't get doctors to their rural areas despite their best efforts. My story is not unique. I am not alone. I would argue lots of great, experienced rural doctors come to regional NSW towns and leave quietly after recognising the serious system glitches or are asked to leave for speaking up.

Ultimately, there is an important balance of power which a health service must get exactly right in order to be successful. If administrators hold too much power, people will die prematurely, avoidably and unnecessarily. If doctors and frontline staff hold too much power, the service would probably run out of money. QLD and NT recognised the need for this to be balanced many years ago and have taken the steps to ensure both clinicians and administrators work closely together to care for patients in a way that ensures the unique needs of the patients, nursing staff, medical staff, paramedics etc are all met. That is, each hospital within a health service has administrators and clinicians working closely together to balance the unique needs of the various stakeholders within their operations.

In NSW, the balance of power is non-existent. Administrators simply run the show. Administrators even go so far as to make decisions about patient care. This is the heart of the problem in NSW health. Everything else you are seeing, and will see, are flow on effects of this. Hospitals, especially regional/rural and remote hospitals are not McDonald's franchises. They can not be run centrally by administrators several layers of administration and red tape away. A small group of clinicians and administrators on site, in each facility are better placed to work closely together to be the 'in between' for to ensure their unique staff and patients needs are met in a way that fits within the broader frameworks dictated by the 'system'.

This has been pointed out to NSW health in a previous inquiry. No changes have been made. This is the issue that needs to be addressed now and with urgency, once this is addressed I believe the rest will fall into place. Staffing at the patients bedside will be better matched to activity but also the acuity of the patients coming and going (something that obviously requires the combined input of expert administrators and clinicians) This then improves the culture of the workplace, staff will come and stay. Sick leave less. Turnover a lot less. Patients will get more timely and appropriate care. Junior doctors and nurses - the next generation can be rostered in safely so as to ensure a succession plan is created for our rural and remote towns. So on and so forth.

As for the points the inquiry hopes to address. Well, I hope the outcomes are not looked at without also looking into the 'how it got there'. Like a maths teacher only looking at the answer a student has written, without also looking at the working out. The student could have cheated, copied, guessed or in the case of NSW health - gotten an acceptable outcome/answer, but by going the very long and hard way around and by harming staff and patients in the process, wasting valuable funds, and recording data inaccurately and inappropriately.

The real question is not, what are the outcomes in rural and remote NSW, but how were these outcomes achieved? Is there a better way of doing things? The answer from me is a big YES!

I suggest an urgent restructure of NSW health entirely, to restore the balance of power between clinicians and administrators in individual hospitals. Once this has been done, the rest will fall into place.