Submission No 562

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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Medical submission following the Terms of Reference of the Inquiry.

1a) Overall, health outcomes are getting increasingly worse for people living in rural areas in comparison to even 20 years ago. There are less and less services being provided in rural communities. Farmers and their families are hardworking physically, and often suffer mentally as well, and the more difficult it becomes to access services the less likely they are to seek out what is needed.

We used to have a well operating community hospital, which was staffed by people who knew and understood the needs of the community and provided services to suit. Small operations took place and there was a maternity section which was used for births when no complications were expected. It was nice when babies were born for family and friends to easily visit and support the mother.

GP's are an integral part of a rural community, and in the past, visited the hospital regularly, dealt with any emergencies, or if needed, organised for a patient to be transferred to a larger, regional hospital at Dubbo which was usually able to be done fairly efficiently and quickly. Most of the GPs we have had, are also ready to refer a patient to a specialist when needed.

As hospital planning was taken away from those who knew what was needed in a rural community, and the hospital was only seen as part of a larger organisation (in the name of efficiency of larger oganisations), less and less services were provided until the state we are in at the moment where we have NO doctor available. The modern concept is for Telehealth video conferencing to assist patients but that only works for some issues. From my experience as outlined in 1b) video conferencing did nothing to assist me.

1b) Recently, at about 7.15am. I fell while outside, my husband rang for an ambulance and had to give details to someone who had no idea where our place was or how to find or place. In the past, he could have rung the LOCAL ambulance number and said who he was, and because they knew the area, they would be out in about 30 min. It took about an hour for them to arrive for the initi*a*l assessment. I was in agony and it turns out I had completely smashed my wrist.

I was taken to the emergency department of the closest hospital and they used video to try to get help for me. No doctor came to the hospital, and 3 different staff tried to find a vein to get a canula in me, without any success.

Eventually, they organised for patient transport to come from Mudgee (over an hour away) to take me to the regional Dubbo Base Hospital (over another hour and a half), and I got there about 2.30 for xray and later, discussion with a surgeon.
It was about 5 pm, and after 4 different nurses/doctors trying, before they could get a canula in, because the three different people who earlier tried to find a vein had ruined any chance of those veins being used. I had only had one small sip of water in the morning to take some tablets since 10 pm the night before. All the time I was waiting in Dubbo base I had to sit in a recliner chair and when I requested to lie down there was no bed I could use.

It was about 11 pm after the operation, when I woke up in a room which was in the Maternity ward because there were no other beds available.
I am sure that in a metropolitan area this whole process would have been a lot quicker and less stressful.

1c) Although some services provided by specialists and surgeons such as orthopaedic, colorectal, cancer, and skin specialists etc, are available in some larger regional areas, in many cases the quality provided is not up to the standard of these services provided by the specialists in metropolitan areas. I realise that more and more of the top service providers in Sydney/Melbourne do visit rural regions on a regular basis particularly for appointments prior to or after operations. At these times, they might perform some operations. However, I am aware of a few cases in different regions in NSW, where these visiting surgeons have used an incorrect implant size, because they have a limited supply of implants with them. These patients have had to have second operations with another surgeon in a metropolitan area to fix the issue.

It is for these reasons that in many instances, it is better to travel to Sydney for operations. As this is a very costly process, it is difficult to do. Yes, we did discover applying for assistance through IPTAAS accidentally on the radio in 2007. From talking with others, very few doctors actually inform people, and as it is extremely difficult to fill out the forms, many people just can't be bothered. This IPTAAS application process has to be made easier.

1d) As mentioned in 1b), my recent experience was disappointing, unacceptable, and very stressful, and I am sure a metropolitan area would have been much quicker, and more efficient.

In a metropolitan area a person can see their GP usually within a day but with perhaps a one week wait for an appointment. Once our town was down to one GP, you could not make an appointment without waiting 4 to 6 weeks. That is not at all satisfactory, and now we have NO doctor, the nearest place we can go for a new GP appointment is over one and a half hours from home. In addition to time, this presents a huge cost for petrol which often can't be afforded, so people decide not to go to the doctor. How can that ever be deemed a satisfactory provision of health services?

Another personal experience that exemplifies that the quality of care is very low compared to metropolitan areas happened to my husband. 10 months after he had bilateral knee replacements, one knee was very swollen and he was in pain. He visited the local GP located at the hospital and instead of suggesting she tested blood for infection (which I was later told should have been her first response to what she saw) she just said "oh it's just fluid and you are seeing the surgeon in a few weeks".
It turns out he was lucky to not lose his leg, and had to have serious operations back in Sydney with temporary knee followed by a new permanent one after three months of antibiotic being fed intravenously via a pic line. This would not have happened if she was a more efficient doctor. After a few weeks of receiving daily antibiotics, he came back to Coolah hospital, but not all the nursing staff were qualified to perform this procedure.

1e) I have no knowledge of this, but will say that providers and services need to be assessed taking into account community needs, not run along the lines of economics for large organisations.

I feel that one suitable option for the shortage of qualified staff is to offer financial incentives to university students in all medical fields. Obviously, monetary incentives to stay in rural areas will also help. And overall, more money needs to be allocated to rural areas on the basis of individual towns taking back control of what they need.

1f) I have no knowledge.

1g) Because staffing is organised without much consideration of local situations, often the staffing does not really fit the community needs. Because of shortages, often agency staff are sent for a couple of weeks to rural areas. Often their nursing skills are ok, but as far as a local community is concerned, they are not part of it. It is just seen by them as just a job.

1h) I believe the current provision of ambulance services does not provide a satisfactory service for rural areas. My experience is not the only one. Neighbours have also told me stories of having to argue with the people in Sydney on the phone who, from their maps, are telling the property owners the wrong way of getting to a patient. We need to go back to the situation of being able to contact the local station first. They are familiar with where to go. If they are busy then the phone call could then be redirected to a central call centre.

1i) It is very important that oncology treatment can be carried out in rural areas so that you don't have to go travel to Sydney for such an awful experience.

1j) It is equally important to have a high standard of palliative care provided.

1l) Information that helped develop my thoughts.

I lived in Sydney until 46 years ago, when we moved to our farm where our closest town is Coolah (35 km's away). Like many farmers' wife's do, I spent 15 years working away from the farm in another rural area, so my experience is not limited to one rural area. My sister still lives in Sydney and I am aware how easy getting medical help is for her and her family and how quickly she can get appointments when needed with her GP, or by driving a few kms to another medical centre. My husband and I have seen many specialists and surgeons in Sydney, so I am very familiar with the benefits in the health system of living in metropolitan areas compared to rural or regional areas.

At the times we have had two GP's in the town, they have rotated, and have been able to offer mostly 24/7 hospital service with an actual doctor, not a TV screen. This was a very satisfactory situation.

At the moment as mentioned in 1a) we have NO doctor, and this is not suitable for people in need of doctor who understands each patient as a whole person, not just someone who present on a tv screen.

Obviously there needs to be a large increase in funding allocated to the health system in general, and specifically to rural and regional areas in order to improve health outcomes for those citizens.