Submission No 587

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

Name: Mrs Renee Murphy

Date Received: 15 January 2021

Inquiry into health outcomes and access to health and hospital services in rural regional and remote NSW

This submission is being written from a Registered nurse/Registered midwife who has worked mostly in the hospital settings in rural and remote areas, with nearly 20 years of nursing/midwifery experience.

I am directly concerned with the impacts to our current remaining midwifery staff working with limited support and the community also who access our services. Our health service currently provides necessary antenatal care to keep women and babies safe and provide the appropriate place in which to birth. Currently services within our hospital have been reduced due to staffing challenges i.e shortage. I believe some of this problem has stemmed from midwives wanting to provide effective and safe care to their women and babies but are unable to do so because of the added responsibilities of overseeing the entire hospital ward and having a patient load of medical and surgical patients from the general ward.

Having services reduced provides problems in that we as a health service are expected to continue to provide the same level of care and attention with decreased staff and capacity to do so. This will have a direct impact to Terms of reference *a)health outcomes for people living in rural, regional and remote NSW*

g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking them.

Current strategy that NSW health has taken at our health service is reducing the availability of inpatient beds for medical, surgical, obstetric, and paediatric patients. Operating days and antenatal clinic days have almost been reduced by half and not because the demand is not present. It was deemed necessary only a few years ago to increase antenatal clinic days to effectively screen our women and therefore be able to provide appropriate options for antenatal care and birth.

This is not a reasonable or sustainable solution, this will certainly affect health outcomes for people living rurally, but in turn it will also impact on rural health providers in retaining the service provision, staff, and skill diversity that we currently have, and it does not provide any vision for the future in retaining and strengthening our provision of health care in recruiting new staff with a diverse range of skills to continue providing essential health care to rural people.

This geographical area that is being highlighted, is growing in industry and population i.e inland rail and gas but has a health service that is diminishing in service provision to a community that will require its services much more into the future.

This reduction in service capability will only widen the divide of health access to the people living rurally as opposed to their city counterparts and certainly impacts on our goal of closing the gap in our communities between our indigenous and non-indigenous residents. There is no strategy here for the future or initiatives for recruiting and retaining staff.

Solutions

1. We need to retain current services to avoid a real risk of losing a service completely which will have a flow on effect of then retaining valued skilled staff. We need to supply real incentives to attract, recruit and hopefully retain staff which will enable provision of services, access to health care to meet needs of communities in rural settings.

i.e. Zonal or postcode related taxation relief for specialist providers i.e. midwives, registered nurses, GP\obstetricians, anaesthetists to live and work in the areas that are having difficulty in attracting the required staff.

2. There needs to be more support for the midwife on evening shift and night shift when the hospital is reduced to minimal staff, on night shift the hospital ward is currently staffed by1x RM/RN (Registered midwife/Registered nurse)1x EEN (Endorsed Enrolled nurse) which has the capacity for medical/surgical/paediatric/palliative/cardiac monitored/obstetric antenatal, postnatal and intrapartum patients.
   For e.g when a labouring patient presents having a midwife on call would enable the labouring woman to have one on one care which is a requirement when caring for a woman in the labour ward.
   Presently without an on-call system the midwife on shift will have this presentation only added to her workload. The midwife could potentially have 13 or more patients which will have varying patient needs as mentioned above and often high acuity, requiring 2x nurses to provide the care. Over this last month we have had 2 agency midwives finish their contract and nil replacement also 2x full time local midwives have resigned, we need to change from what we have been doing and try and make it better for the staff we have and for the future staff we wish to attract and retain.