

Submission
No 602

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

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Partially
Confidential

1.(c) access to health & hospital services in rural, regional & remote NSW including service availability, barriers to access & quality of service

There is a significant divide & distinction in access to health services in regional NSW when compared to Metropolitan NSW. This appears to magnify further when you are in a rural or remote setting. All for the negative & at the detriment of patients.

In a town the size of Dubbo, it is impossible for individuals to get into a local GP service. This is because doctors have “closed their books” to new patients & will not accept anyone who has not been to them previously. And for those lucky enough to have a local GP & be on their books you have to wait an unrealistic period of time to get into your GP (usually a matter of weeks). So, because of this major deficit, individuals in these examples then are forced to present to the local hospital, Dubbo Hospital, via their Emergency Department. By doing this, an already struggling system becomes further clogged by generally low acuity GP related presentations, putting additional strain on it. All to the detriment of patients & already exhausted frontline workers alike.

Another major impact & detriment is found in outlying Western NSW towns that “feed into” Dubbo Hospital’s LHD. These towns routinely are left uncovered by actual face to face medical doctors & are replaced by an inferior “virtual doctor” teamed with inappropriate nurse to patient ratios throughout the day & night. Consequently the vast majority of patients presenting to these outlying hospitals are transferred to Dubbo Hospital for initial or ongoing treatment & allied health care attention. This also puts additional pressure on the already failing system where it bottle necks even further.

Patient outcomes are hindered further when any of the barriers to access are involved as well. As a Paramedic of over 20 years’ experience in both Metropolitan, Regional & Remote areas of NSW I can attest that Paramedics are routinely the first port of call in a lot of these instances. And routinely these patients are far sicker than they should be had they received timely & appropriate health care interventions. These patients are therefore more likely to have a longer hospital stay, require higher acuity treatments & rely far heavier on the health system as a whole. All of which is putting additional pressure on the system in its entirety.

None of these scenarios are acceptable when as a society we place so much emphasis on prevention & health strategies along with early or timely interventions for long term health benefits.

1.(d) patient experience, wait times & quality of care in rural, regional & remote NSW & how it compares to Metropolitan NSW

I have personally had many interactions with this either as a patient; as mother of a patient; and as wife of a patient over many years in Western NSW.

As a general rule I have found that the health system over-relies on the goodwill of its frontline workers within the system no matter where they are in the state. Over the years I have encountered positive & negative experiences overall.

Wait times are generally too long. Recently my husband had multiple presentations for a medical condition, the second time he presented he was stuck sitting in an uncomfortable chair in the waiting room of “Fast Track”. He was forced to wait there until someone could see him yet it certainly was not busy there. About a week later he was summoned to Sydney to be examined by a specialist for his condition. This experience was a total contrast to the Dubbo one. We presented to a busy RNSH Emergency Department & were met with a far superior system of processing, triaging & attending to patients. Within about 3 hours he had presented to ED in the late afternoon, been triaged, sent through to Fast Track, seen by the doctor in Fast Track, the specialist called, given analgesia & then taken to a bed on the ward where the specialist’s registrar was waiting to assess him in person. This was an absolute contrast to what had been experienced in Dubbo Hospital.

1.(h) the current & future provision of ambulance services in rural, regional & remote NSW

The current staffing levels are inadequate. NSW cannot keep up with natural attrition & the population growth of NSW. Consequently Paramedics routinely are working much longer hours every shift, not getting access to cribs or meals & accessing fatigue entitlements to try & maintain themselves. We are collectively burn out, under appreciated by our managers & have the lowest morale that I have personally witnessed since I joined NSW in 1997. There was 700 ‘new positions’ put in by the government over the last couple of years yet they are a drop in the ocean of what is required to truly have any impact on service delivery & Paramedic welfare.

On top of these inadequate staff levels we are under resourced further each day across the state due to vacancies not being filled & rosters not being maintained. This means a decreased ability to cover a growing workload & a higher potential for patients to slip through the cracks & have negative patient outcomes. This is all compounded further when you add the vast geographical footprint of Western NSW to the scenario.

We now see a “revolving door” as such throughout regional & rural NSW (particularly Western NSW) as we cannot retain paramedics in the area for any basic length of time. There is no incentive for newly trained Paramedics to move & relocate to this area so they generally get a forced posting out after their training & then they apply to go back to the eastern seaboard & metropolitan areas very quickly. Sometimes they are gone within weeks or months of arriving. This is very unsettling to the local communities.

One way to rectify this would be to return to a local recruitment position. For example a local from Bourke to be recruited, trained up & then return to either Bourke or a local township to work after successfully completing their training. This approach far greater guarantees stability in these outlying townships & is a fantastic way for other locals to see a career path they may not have considered previously. The sense of community is also bolstered by a ‘local’ giving back. This is even more significant when the individual may identify from a minority group.

Over recent years we have seen a huge number of higher management positions created & recruited into. This appears to be a higher priority than investing in tangible increases in frontline positions which actually benefit the community.

There is also a majorly disproportionate number of Intensive Care Paramedics throughout regional NSW compared to metropolitan areas. This fact is astounding when you look at the fact that these Paramedics with additional lifesaving skills are all located in metropolitan locations where they are all literally within stone's throw of major facilities with world class facilities & specialists in them. That is a stark contrast to regional NSW where brand new & inexperienced staff are sent into rural areas where basic health services & interventions are unheard of.

I believe that the patience & resilience of regional community members are being deliberately pushed as decision makers

It makes far more sense to have additional lifesaving Paramedic skills in these rural areas instead of metropolitan areas. Particularly when you couple that with the deskilling of outlying hospitals & a lack of face to face medical practitioners. But decision makers do not see the economic benefit for this as they typically do not reside in these locales & therefore are not immediately affected by these significant clinical limitations. Poor quality of staff skills & inexperience lead to negative & poor patient outcomes & typically that can be seen in regional areas significantly. That means more people are failed by the health system & slip through the cracks.

Currently Paramedic funding is of a P1 level throughout the state, with a set number of Intensive Care Paramedic positions funded. If this was to change to having Paramedic positions in NSW funded to an Intensive Care Paramedic level, this imbalance & detriment being experienced by rural communities would cease. We would see a dramatic increase in patient outcomes across the board.

Due to the downgrading of medical facilities in regional NSW, typically Paramedics have borne the brunt of this tenfold. This occurs in 2 ways. Firstly, Paramedics are the first port of call for patients in the community so we are being called to more cases where people are requesting assistance they might usually expect from a GP service or local hospital. And secondly, we are being called into the local hospitals to assist limited staff with clinical interventions because they are unable to provide the service to their patients. All of this puts an increased pressure on a workforce that is already struggling to keep up.

People living in regional areas should be afforded the basic human right to access appropriate & timely health care regardless of where they live. This is not currently occurring & as a long term regional resident, I don't think that is good enough. For too long, we have persevered & shrugged off the poor health care we receive in regional areas of the state & our goodwill & resilience is continued to be thrown in our faces. Decision makers need to bear in mind that we pay our taxes too & NSW does not stand for Newcastle Sydney & Wollongong. Your postcode should not determine what level of care you get when it comes to your health.