Submission No 607

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

Name: Dr Geoffrey Stewart

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To: Mr Greg Donnelly,
Chair
Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Dear Greg,
Please find attached my submission to the NSW Parliamentary Inquiry as above. I am a general practitioner working in an Aboriginal Medical Service in regional NSW. I have 25 - odd years of practice in regional and remote Australia (mostly in the NT) and predominantly in Aboriginal Health.

I have been working in NSW for just the last 2 yrs having relocated from outside of Darwin in the NT. I am staggered at some of the inadequacies of access to health services working in a regional centre like Coffs Harbour that I did not expect coming from the NT.

Most striking to me are the dual issues of the under-funding of the public health system, combined with the over-reliance on private (particularly specialist) services. The lack of access to bulk billed specialist services creates a significant barrier to Aboriginal people accessing specialist care, which is particularly important given the additional burden of chronic disease borne by them.

I have framed my responses around these central issues and have set out some examples of this below noting the most of my information relates to, and addresses Terms of Reference 1 (c), (d) and (k).

Coffs Harbour Hospital suffers a dire lack of out-patient clinics and specialist services across a broad range of specialities. An orthopaedic acute fracture clinic is one of the few services that continues to operate from the hospital. This results in reduced access to those most disadvantaged groups of the community, amongst them the Aboriginal and Torres Strait Islander community that I work for.

Specialists work within the public system in providing in-hospital, but not for out-patient care. I am not familiar enough with the historic context or drivers for this, however it is abundantly clear that patients suffer as a result, and the extent of that suffering is closely correlated to an individual's socioeconomic status.

Our organisation pays out exorbitant amounts of money for health service "brokerage" – this is money we receive in funding from the local PHN in order to pay for patients to see specialists, who are often the same doctors they may have seen in hospital. These visits cost anywhere from $100-300. We employ staff to manage booking, invoices, payments, often with specialists refusing to see our patients without prior payment. Cardiology services is the lone speciality for which we have blanket access to bulk billed services for our patients.

This process is an efficient cost-shifting exercise away from NSW Health to the commonwealth. It not only shifts funding from state to federal government but moves it

from public services to private. The higher costs, out-of-pocket expenditure and reduced bulk billing all combine to reduce access to marginalised parts of the community.

For a significant number of specialities wait times for appointments are in excess of 6m, notable examples being ENT, rheumatology and psychiatry.

Services on which people of lower socioeconomic status have a greater reliance upon are critically under-resourced and explicit access blocks in place;

- The Opiate Treatment Program based at CHHC is chronically over-subscribed with lengthy waits to get onto the program. People exiting the prison system are often commenced on OTP prior to release without having any possibility of this being continued in the community.

- Coffs Hospital Mental Health Services are reliant upon visiting locum psychiatry services, making it hard to maintain a quality service that addresses the issues identified in past coronial inquiries into deaths in the unit several years ago. The wait times for access to youth mental health services at Headspace are sufficiently long as to be considered unavailable. My patients have no access to a child and adolescent psychiatrist should they not be unwell enough to be admitted to a psychiatric ward. There is no perinatal mental health service available to pregnant women in the region.

- Sexual health and Blood Born Virus services struggle to cope with the burden of people needing treatment for BBVs, notably hepatitis C. These services struggle to allocate the resource to community outreach, primary prevention and education in a region known for its high rate of substance abuse and injection drug use.

- Women's Health Services are very limited with no publicly funded termination of pregnancy access. It is those who are least able to afford these services, who most need them and where there is likely to be significant long-term health and well-being benefits afforded by ready access to the full suite of family planning services.

I am inadequately familiar to say too much about out-patient surgical wait times however I would note that where waiting times are long this disproportionately disadvantages those who don't have stable accommodation, contact details etc who, by the time their appointments come around can no longer be contacted.

I apologise for not having sufficient time to better provide supporting data for the issues raised here. Limited time and a pressing clinical demand left me little time to complete this submission.

In summary I am surprised that access to specialist services and out-patient surgical services is as difficult as it is here- yes Coffs Harbour is regional, however services were significantly more accessible via the public health system in the substantially more remote NT where I have spent most of my career.