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

Organisation: Tamworth Medical Staff Council

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Partially Confidential

Submission to the inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Long term funding of an additional operating theatre at Tamworth Rural Referral Hospital is required to improve patient outcomes, retain current staff and recruit new staff.

Case Study

This type of incident occurs approximately 6 times a year in the Tamworth region, and there are other presentations (such as abscess drainage, epistaxis, certain tracheostomies etc.) that could have been treated by a local ENT service that also have to be transferred urgently. Of course, there are many times more outpatient referrals to ENT surgeons in Newcastle and beyond, and local GPs identify ENT as a major deficiency in the service Tamworth hospital provides.

However, the major problem in re-establishing ENT services in Tamworth is not a lack of interested surgeons. Indeed, there are currently 2 FIFO ENT surgeons who consult in Tamworth and perform simple operations (not tonsillectomies) at the local private hospital.

Currently there is no available capacity in the 5 funded operating theatres at Tamworth Rural Referral Hospital to accommodate any new procedural specialists. There are 8 operating theatre rooms, with 3 remaining unused. Thus, an ENT specialist looking to move to Tamworth today could not have access to the operating theatre in the public hospital. Hospital management has told me this is due to a lack of funding. It is unacceptable to have such a major deficiency in a large and growing regional referral hospital for this reason.

The lack of adequate funded theatre capacity has implications beyond ENT. The lack of access to procedures in all specialties in regional NSW is well described, and this inequity is even more exaggerated 'west of the divide'. Fewer procedures, if any, are being performed in small rural hospitals. Armidale hospital is a referral hospital near Tamworth, but due to local issues is having to refer a greater proportion of patients to Tamworth due to patient complexity. Thus, Tamworth has never had a higher demand for general surgical, orthopaedic, ophthalmic, urologic, O and G, anaesthetic and endoscopic services. Even the department of medicine requires increasing theatre time for interventional nephrology, cardiology, bronchoscopy etc. To attract more staff to meet this increasing demand we need to be able to offer them reasonable theatre availability. Furthermore, to retain the existing procedural staff, theatre access needs to be adequate to enable acceptable patient care so that surgeons can simply do their job.

I understand other submissions have been made regarding Tamworth hospital and I support these. There are many other issues we could have brought to your attention, but the Tamworth Medical Staff Council have chosen this issue in particular to highlight for your urgent consideration.

Your sincerely,

Dr David Scott

Chair

Tamworth Medical Staff Council