

**Submission
No 631**

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

Organisation: Bourke Shire Council

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Legislative Council

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

RE: Portfolio Committee No. 2 Health inquire into and report on health outcomes and access to health and hospital services in rural, regional and remote NSW.

Bourke Shire – An Overview

Bourke Shire Council is located in North Western NSW and covers an area of 43,116 square kilometres. The town of Bourke is located on the banks of the Darling River and is the intersection of three significant cross country transport routes – the Kidman Way, Mitchell Highway and Kamilaroi Highway. The shire is considered a gateway into south west Queensland and the far west of New South Wales and is home to many small villages including; Byrock, Enngonia, Fords Bridge, Wanaaring and Louth.

Historically, the town was a virtual link for agriculture in the west and larger cities to the east. Traditionally a wool growing area, Bourke was the biggest wool railhead in the world. The Shire's main agricultural products now include cotton, cattle production, irrigated wheat, wool, wild goat and the wool and sheep meat industry. Employment in both the Government and Non-Government sector also continues to be strong now employing more people than the Agriculture sector.

Tourism is a growing industry in the region due to the area's natural beauty and the presence of seasonal travellers.

Bourke, and the surrounding area is rich in indigenous cultural history. Traditionally country of the Ngemba people, Bourke is now home to around 21 different recognised Indigenous language groups. Many of the Bourke's Indigenous peoples are Wangkumra people from the Tibooburra region, but also include those from Murrawarri, Barkanji and Yandruwandha Nations to name a few.

Bourke Shire Council provides leadership in maintaining and improving services and opportunities that meet the needs of the local community. Council's vision is for Bourke Shire to grow as an iconic, outback, regional community and destination, which is united, thriving and productive, when water resources are plentiful.

Bourke Shire is within the area known as the Orana region (Orana meaning 'welcome' in Wiradjuri), which stretches across the Central West and Western Region of New South Wales (NSW). The Orana region is the largest and most diverse region in the State and covers quarter of NSW.

a) Health outcomes for people living in rural, regional and remote NSW

Since the early 2000 Bourke has seen a decline in medical services provided through the Bourke Hospital. A new hospital was built in early 2000 at an estimated cost of \$15M. The upgraded facility was welcomed by the community who thought the new facility would provide the same or advanced health care for the LGA. Soon after the completion of the new facility, the Bourke District Hospital was downgraded to a Multi-Purpose Facility, this in turn meant that the services once provided would decline over time. There is no longer a maternity unit and surgical treatment (theatre) operating is minimal.

Bourke is a regional centre to a large area, people living and visiting the area rely on Bourke as a hub to provide all services. The removal of the obstetric facility meant that obstetric and anaesthetist trained GP's would not come to Bourke. This has impacted the ability for Bourke hospital to perform other surgeries and attract doctors.

Due to the decline in the provision of medical services at the hospital many of the emergency cases are transferred out to larger centres.

Bourke is very lucky to have the Eye team and gastroenterologist specialist that continues to utilise the facility to undertake cataract surgery, and scopes.

Many Aboriginal people have maintained their vision through the Fred Hollow Eye Team and it is important that this service is maintained at Bourke and other facilities within the North West. If the team did not visit Bourke some of the clients that now have improved vision may be left blind as they would be reluctant to travel to a regional centre.

A number of health facilities within the far west are also suffering a decline in medical services. This may be due to budget cut and also the centralisation of services to larger centres. This decline has a significant impact on communities.

The cost associated with travel accommodation and time away from home makes it difficult for people in the remote areas. IPTASS does support this to a certain degree but they have to have available funds to pay upfront. This again has an impact on health outcomes as some people elect not to travel.

b) A comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW

Bourke is four hours from the closes major hospital at Dubbo. As the Bourke Hospital now only deals with minor cases, most traumas and emergencies are sent to Dubbo or other larger hospitals by air ambulance, road ambulance or by personal motor vehicle depending on the urgency of the situation.

Women expecting babies are required to leave town and travel to Dubbo or Orange or a hospital of their choice to have their babies at least two weeks before the due date, to ensure they have access to safe and medically competent delivery services as this is no longer provided at Bourke Hospital.

For the mother and the families of these women this incurs additional costs for transport, accommodation and food. Often this results in some women waiting at home until they go into labour as there is no one to care for children or assist with costs for two weeks living away. In turn this is putting the mother and baby at risk due to the unavailability of Obstetrician, midwives or theatre provision in case of emergency.

A recent incident that occurred, a local from Wanaaring (180 klms) west of Bourke received an injury, a mulga stake became lodged in his foot, the person was brought to Bourke by car, on attendance at the Bourke Hospital some 3 hours' drive from their home, the medical staff were unable to remove the stake and he was required to travel to Dubbo in a private car another 4 hours. The Dubbo hospital staff removed the stake and the patient and his carer then returned to Wanaaring. This was a 14 hour plus ordeal for the patient.

The example above shows that the situation was not urgent enough to call the air ambulance but was urgent enough to need medical assistance as soon as possible. Prior to the decline in services at the Bourke hospital this type of situation would have been completed at Bourke. Is this acceptable, I would think not for person's living in a metropolitan area.

The medical services provided by the Bourke Hospital has declined in recent years. Procedures such as caesareans, tonsillectomies, appendectomies, are no longer provided and are now referred to the larger centres such as Dubbo or Orange health services.

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

Access to health and hospital services locally and to other larger centres does have challenges with transport.

Some transport is provided by the local Aboriginal Health Service to those who access the Aboriginal Health Service, but not to the wider community.

As the service provision at the local hospital has been downgraded over the years, such as birthing services, surgeries and some procedures, people are now required to travel to the closest major centre Dubbo to have their babies or surgery and this then incurs further costs for accommodation and travel.

The barriers such as transport, extra costs, not able to birth on country, families having children and no one to assist in the care of them, can often effect safe outcomes as patients will often delay treatment.

d) Patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW

Waiting times at local hospitals is generally minimal but this largely depends on the nature of the visit and staffing and other presentations at the time. As the services have been downgraded so has the staffing ratios and this then overflows to the service provision.

Staff are often working multiple shifts with little to no rest days, new staff with little experience in rural areas, also effects the quality of care given.

Having on call Doctors present and also the implementation of the critical care response team via camera also assists in the care provision of the clients especially in an emergency response.

This enable optimal care provision by specialist teams located at major hospitals that ensures correct procedures are followed until transfer is arranged.

It is important that smaller communities maintain the presence of a doctor 24 hours a day 7 days a week. The support of Video Conferencing from major hospitals is an added benefit to support the doctor in emergency situation. At no time should a remote hub such as Bourke not have a doctor on the ground for emergency situations.

e) An analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW

No comment

f) An analysis of the capital and recurrent health expenditure in rural, regional and remote NSW in comparison to population growth and relative to metropolitan NSW

A lot of funding has been spent on capital works for hospitals in many regions, this includes Bourke, Cobar, and Dubbo. It is great to have state of the art facilities, but bricks and mortar alone do not save lives.

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 to address them

Staff are difficult to recruit in hospitals within remote locations. Council has lobbied for a long period of time for incentives to be provided to nursing staff, police and teachers receive incentives to work in remote locations such as Bourke and nurses do not receive any incentives.

Incentives could include the provision of low rental accommodation, additional monetary bonus as the teachers receive for years of service and the opportunity to transfer to a more regional centre once they had completed a certain number of years in a remote local.

The incentives should also be offered to young doctors to come to the bush and practice.

Staff recruitment is an issue with delays in advertising, the recruitment process is delayed this has a negative effect with applicants finding alternate positions during the process.

Staff recruited are new Australians and although have nursing qualifications, are inept of many qualifications needed to work in rural and remote area where you are nursing with minimal staff and often with little experience.

The language barrier from foreign staff is an issue for community at times. This deters some residences from seeking medical assistance as they do not understand what is been told to them.

Bourke hospital is staffed with minimal staff overnight most nights 2 registered nurses working on their own with an aged care section with 15 patients and also the acute care patients and emergency department. Sometimes a security person is available but not every night and often a hotel services staff member is employed at night.

Nursing staff are subject to working long hours sometimes they are expected to work double shift and due to the work load there is a high turnover of staff due to burn out.

h) The current and future provision of ambulance services in rural, remote and regional NSW

Due to the size of the Shire and the long distances to stations and villages it is important that the LGA maintains a fleet of ambulances with paramedic trained staff.

As the area is becoming a tourist destination, we are finding that older people are travelling to the area. It is important that with more people on the roads, more accidents are occurring and skilled staff to deal with such situations is important.

i) The access and availability of oncology treatment in rural, regional and remote NSW

Access to oncology services is at a minimum 400kms from Bourke at Dubbo Oncology for chemotherapy treatment and review by oncologists and nurses.

Oncology services in Orange provide radiation therapy and chemotherapy services. The redevelopment of Dubbo services will include a Radiation bunker for access and provision of services.

Oncologist reviews are often also provided by teleconference services or outreach to Cobar that does assist with travel and accommodation costs.

j) The access and availability of palliative care and palliative care services in rural, regional and remote NSW.

Palliative care services are provided via outreach service, specialist palliative care nurses travel from Dubbo to Bourke and surrounding towns every few weeks. Bourke previously had a position of palliative care nurse this position was previously advertised but not filled.

Local Primary health nurses provide services to palliative care patients in these communities on a daily basis or as needed with assistance from the palliative care services.

k) An examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities

Many of our indigenous community members have one or more chronic diseases, such as Heart disease, Diabetes and/or Renal failure, and this results in the requirement of multiple services to treat and monitor these health conditions.

Chronic diseases often result in multiple presentations to the hospitals for poorly treated health conditions that often is a result of poor compliance with treatment and management or difficulty accessing services.

Visiting specialist such as endocrinology, renal specialist, cardiologist have assisted in the provision of and access to health care to improve the health outcomes of people with these chronic diseases. It is important that these visiting specialist are maintained.

The Bourke community has an increasing population of CALD community members that do access health services and this is assisted with the use of interpreter services when required and also resource provision for improving access to these community members.

Bourke also has an Aboriginal Health service that does provide many services to the Indigenous population of Bourke to assist in the provision of culturally safe health care.

I) Any other related matters

Pharmacy Services

Pharmacy services are also feeling the effect of changes to the methodology of rebates for providing services. The local pharmacy in Bourke dispenses almost 40,000 PBS prescriptions per year, a clear majority of which are for pensioners, disabled people and Aboriginal people with chronic diseases, many of whom live in extremely remote locations.

Due to substantial extra costs arising from COVID- safe procedures the pharmacy has had to reduce trading hours and no longer opens on Saturdays. On top of that, on 1 January 2021 the pharmacy was notified by the Commonwealth of a \$7.5K cut in annual practice subsidies. The Rural Pharmacy Network of Australia advised that some 60 mostly smaller and more remote pharmacies in NSW and 200 Australia-wide are similarly affected by these practice payments cuts. The pharmacy owner and manager says that subsidy cuts will probably mean that the reduction in pharmacy service hours will be permanent, even after the pandemic has passed".

This is a Commonwealth initiative, but the effect on community is felt though the decline in hours the pharmacy is available again another cut to services for remote medical services.

Eye Clinic

The Fred Hollows Eye Team / Outback eye team that continue to provide a service to the Bourke, Walgett, Lightning Ridge, Brewarrina and Cobar communities are an example of what is working within the region. The Eye team provide an important service to the remote aboriginal communities. Many of the clients would not visit this sight saving services in a regional centres meaning they could lose their eye sight.

It is important that NSW Health continue to support services such as these into the future so vulnerable community members have access to such services.

Other Specialist

Bourke is also service by other specialists such as Obstetrician/Gynaecologist who provides a monthly service and then organises for patients to go to Dubbo for their surgeries when required.

A general surgeon also visits Bourke to conduct consultations and then organises for patient to go to Dubbo for surgeries.

The Ears, nose and throat specialist, Renal Specialist, Endocrinologist and Cardiologist visit Bourke every second month at the Aboriginal Medical Service to provide consultations to patients. However these clinics are usually very busy and could easily be provided on a monthly basis for optimal service provision.

Dermatology services are also provided on a second monthly basis to Bourke Health service. Geriatrician support is also provided by telehealth services and the aged care assessment team (ACAT).

Audiologist visits monthly to Bourke health service and conducts hearing assessments, Australian hearing also provide visits to Bourke health service four times a year to assess and implement treatment for patients.

Podiatry services are also provided at both the Bourke health service and Aboriginal health service on a 6 weekly basis.

A paediatrician also visits Bourke Health Service 3-4 times a year to provide paediatric specialist assessment and treatment of infants up to 18 years of age.

Psychiatrists visit Bourke Health Service several times a year to provide assessment and management to Community Members who have mental health conditions.

Sexual Health Doctors visit Bourke Health Service several times a year to provide comprehensive sexual health assessment and treatment to Community Members.

A gastroenterologist visits Bourke Health Service to Provide surgery and consults several times a year.

Yours Sincerely

Leonie Brown
Acting General Manager