Submission No 633

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

Organisation: Leeton Shire Council

Date Received: 21 December 2020

---

21 December 2020

SUBMISSION BY LEETON SHIRE COUNCIL TO THE NSW GOVERNMENT INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NSW

INTRODUCTION

Leeton Shire Council commends the NSW Legislative Council on undertaking an inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW.

Like many rural and regional areas, improved health and health service outcomes sit alongside water security as the two most significant areas impacting our future prospects as communities and regions.

In our view, equitable health outcomes and appropriate health services are essential, not optional, for communities in rural NSW.

The health system has been and continues to be a matter of increasing concern to Leeton Shire residents, as it is throughout rural and regional NSW.

Despite the best efforts of many staff in the Primary Health Networks (PHNs), Local Health Districts and NSW Health , it is apparent to rural areas like ours that the current health system is fragmented, tied up in inefficient bureaucracy, lacks the ability to be innovative and agile, fails to engage honestly and meaningfully with rural and regional communities, and is inflexible and not easily able to be tailored to respond effectively to actual need.

Critically, health is unable to attract, retain and even appropriately train the workforce required in rural and remote NSW. This is shameful in a nation that has one of the highest rates of trained doctors and nurses per capita.

FUNDING IS NOT (GENERALLY) THE PROBLEM – IT IS THE SYSTEM

It is Leeton Shire Council's view that the health situation is not so much a resourcing issue at the State and Federal level, but rather the inappropriate or ineffective distribution of resourcing frustrated by silo-thinking, outdated rules and regulations, as well as systemic issues that prevent the available resource from being optimised or accessed in a timely way.

Leeton Shire Council, along with the Leeton and District Local Aboriginal Land Council, contend that the health sector doesn't necessarily need more funding - instead we need a different way of working.

Health governance needs to be turned on its head, with a greater emphasis on health services planning and leadership at the local level and vastly improved collaboration between community, primary and secondary health. State and Federal co-investment also needs to be applied in flexible ways to support communities to meet their health needs, rather than in formulaic ways that assumes one size fits all.

Most importantly, services need to be readily available at the local level and delivered by people who genuinely care about the community and the people they serve.

REGIONAL CENTRES VS RURAL TOWNS

In undertaking this inquiry, the health of regional cities should not be confused with the health of rural and remote communities, particularly when it comes to access to services. As a rural Council we strongly urge the Committee oversighting this inquiry to clearly distinguish between major regional centres and rural and remote communities. They are not the same. Services in Wagga Wagga, Tamworth, Albury, Orange and Griffith, for example, simply cannot be compared to services in rural communities and their regional deliverables (outcomes and services) should not be used to camouflage or cloud the real situation in NSW's rural and remote areas.

Similarly, we accept that remote stations would face different challenges again to rural towns.

In presenting our responses below in accordance with the Inquiry's Terms of Reference, we wish to make it clear that as rural communities we do not expect to have the same levels of service as major regional centres with base hospitals. Our expectations are not unrealistic. However, we do expect to have ready access to quality primary health, quality emergency services (with a doctor on duty or, at the very least, on call 24/7), and a district hospital that is appropriately resourced to treat or deal with 'routine' conditions including the birthing of babies and C-sections, post op recovery closer to home, and various low level conditions (eg. treating dehydration or infection, asthma, minor fractures, mental health episodes etc). We also consider that where there is a high prevalence of chronic disease identified this warrants local treatment (e.g. renal chairs for kidney disease or low level cancer treatments).

Had Covid-19 struck our community, we would expect to have had a local hospital service with the ability to treat the majority of cases in Leeton with only the most severe cases transported to the base hospitals for intensive care.

In regards mental health and substance abuse, it is imperative that these services are coordinated at the local level by case managers vested in the community, who truly care about their patients / clients, and are able to work in a holistic and integrated context that is time sensitive.

ABOUT LEETON SHIRE

For the information of the Committee, Leeton Shire has a population of 11,438 (ABS,2018) residents and is growing. Leeton Shire is located in the Riverina 584km from Sydney, 470km from Melbourne and 371km from Canberra.

Leeton Shire is the second largest regional centre in the Western Riverina outside of Griffith and plays an integral role in value-added agricultural processing, agriculture, education and research, transport

and logistics. Leeton town is the fourth largest centre in the Murrumbidgee Health District (the other 3 being the cities of Wagga Wagga, Albury and Griffith).

Leeton is the birthplace of the Murrumbidgee Irrigation Area and was purpose built as part of the Murrumbidgee Irrigation Scheme. Being 1,167 square kilometres in size, Leeton Shire includes the towns of Yanco and Whitton and the villages of Murrami and Wamoon. Leeton also services some smaller communities in neighbouring Shires, such as parts of Barellan.

Leeton has 3 high schools (two of them boarding schools), 6 primary schools, a TAFE, a TOCAL College Centre, a Country Universities Centre, a very significant manufacturing sector (more people are employed in manufacturing than agriculture), a major agricultural institute, a significant sports precinct, a regional arts precinct and an aerodrome.

LARGE RURAL TOWNS ARE COMPLEX AND NEED A SUITABLE HEALTH SERVICE

Leeton is a large rural community with a diverse workforce working across a complex array of manufacturing industries and large multimodal freight hubs, as well as agriculture. It has a broad education sector including boarding schools. Leeton is also a significant sports hub in the Riverina – with ovals, stadiums, grandstands, raceways and runways that support everything from footy, to netball, soccer, basketball, cricket, motorcycle racing, drag racing, trotting, gallops and international gliding competitions.

According to the Murrumbidgee PHN, Leeton Shire's Aboriginal and Torres Strait Islander population is significantly higher than the NSW average, at 7%. Private health insurance is significantly lower than the NSW average, at 35.5/100 and we are lower on the socio-economic index than the NSW average.

Rural towns like Leeton need a health service that reflects the relevant scale and complexity of the community and is fit for purpose. Leeton residents will not accept being relegated to a health service suitable for a small, rural town with a single industry.

RESPONSES TO THE INQUIRY TERMS OF REFERENCE

a. Health outcomes for people in rural, regional and remote NSW
b. Comparisons with metropolitan health Districts

Leeton Shire Council subscribes to a holistic definition of health, including:

The World Health Organisation (WHO) definition for Health

> "*Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease of infirmity*", and

The National Aboriginal Community Controlled Organisation (NACCHO) definition for Aboriginal Health

"Health is not just the physical well being of an individual but refers to the social, emotional, spiritual and cultural well being of the whole community in which the individual is able to achieve their full potential thereby bringing about the total well being of their community".

There is ample evidence that points to poorer health outcomes and shorter lives for people in rural, regional and remote NSW. For example:

1). Leeton LGA statistics from the Murrumbidgee PHN show our residents consistently performing more poorly than the NSW average in ALL areas when it comes to health outcomes. This includes premature deaths in males and females, deaths from circulatory diseases and cancer incidents (lung and bowel). Screening levels are lower for cervical screening and risk factors are all higher including obesity, smoking, assaults, cannabis use and vaccine coverage. The full PHN snapshot of health outcomes for Leeton Shire is attached as Appendix 1.

2.) The Australian Medical Association's (AMA) Position Statement – *Rural Workforce Initiative 2017* states that the 7 million Australians living in regional, rural and remote areas '*have more difficulty accessing health services than urban Australians leading them to have a lower life expectancy and worse outcomes on leading indicators of health.*

The AMA also concludes that *"death rates in regional, rural, and remote areas are higher than in major cities, and the rates increase in line with degrees of remoteness. People living in rural areas are more likely to defer access to general practitioners (GPs) due to cost. Rural patients often have to travel significant distances for care, or endure a long wait to see a GP close to where they live. They have higher rates of potentially preventable hospitalisations, and are less likely to gain access to aged care".*

3). The Australian Institute of Health and Welfare (AIHW) in its Web Report on Rural and Remote Health, stated in October 2019 that "*On average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services, compared with people living in metropolitan areas. Poor health outcomes in rural and remote areas may be due to multiple factors including lifestyle differences and a level of disadvantage related to education and employment opportunities, as well as access to health services*".

The AIHW also states that in 2016 people in remote areas were more likely to report barriers accessing GPs and specialists than major cities, in 2015 the total disease burden rate in remote and very remote areas was 1.4 times as high as major cities, in 2017/18 preventable hospitalisation rates in very remote areas were 2.5 times as high as major cities, and finally, in 2015 to 2017 life expectancy for both males and females decreased as remoteness increased.

4). An Australian Burden of Disease Study in 2015 confirms that burden rates increase with increasing remoteness, with the trends showing the following disease groups being the most significant : *coronary heart disease, chronic kidney disease, chronic obstructive pulmonary disease, lung cancer, stroke, suicide, self-inflicted injuries and type 2 diabetes.*

5). Recent consultation with our Leeton Shire community indicated the need for more regular reporting on closing the gap between urban and rural areas for health outcomes including the need for greater transparency and accountability.

c. Access to health and hospital services including availability, barriers to access and quality of services

d. Patient experience in comparison to Metropolitan NSW

In preparing this submission to the Inquiry, Leeton Shire Council undertook public engagement to help inform its response (See Appendix 2, as well as statements in the body of the submission). While the community greatly values our health services and health workers in the community, and appreciates access to specialist care in Wagga Wagga and Griffith, there is an increasing level of concern about the incremental loss of service for Leeton's growing population in the Murrumbidgee Local Health District.

One of the comments in the community survey summed up the situation as follows:

> *"Our services keep diminishing, no operations, no maternity and anything other than minor issues get sent to Griffith or Wagga. If an ambulance is called, it's potluck to get one as they are driving someone to another hospital out of town".*

Leeton Shire overall has a relatively good range of health services that are highly valued but there are also some glaring gaps and some variable quality of services. It is also apparent that there is a lack in Health Literacy among the general community so people do not know what they are entitled to or can expect. This tends to worsen health access and health outcomes for people who are already disadvantaged.

Some of the key availability, access, or barrier issues identified by community include:

- The lack of Visiting Medical Officer (VMO) / doctor coverage in the Emergency Department, and the inability to use the operating theatre at Leeton Hospital is of significant concern. The situation also has the effect of deskilling the workforce as they no longer deal with any complex issues as patients tend to be redirected to the base hospitals in Griffith and Wagga Wagga.
- Unreliable access to ambulance services is an increasing concern.
- Not being able to deliver one's baby in Leeton any more is upsetting to residents (up until 2017 there were around 100 babies a year birthed in Leeton).
- There are also concerns over patients being discharged from base hospitals without transport home, and this is particularly worrying for mental health patients.
- Lack of readily accessible drug and alcohol and mental health services - these should be part of Leeton Community Health (MLHD). Service should be available when the service is needed.
- Physiotherapy services are getting harder to access due to a 66% reduction in staff in recent times.
- Wait times to access GP services when ill can be concerning. Sometimes it is several days.
- The cost of travel to health services (both direct and indirect) is high, with some traveling 600kms to access specialist services in Sydney and Melbourne.

One of the most telling indicators of the lack of confidence in Leeton's health services is when new retirees move to other centres so that they can be closer to 'reliable health services for their old age'. This is happening all too frequently and is on the increase. The impact is an erosion from our community of a valuable cohort of potential volunteers who have both skills and time available to contribute to a vast array of community services that contribute to overall public health and wellbeing.

e. Analysis of planning systems and projections used by NSW Health in determining provision of services

It is difficult to comment meaningfully on this in the absence of transparent health planning documents and a full suite of health statistics relevant to each LGA. However, from what is evident, Leeton Shire Council has concerns about possible inaccuracies in the facts (demographics and travel times etc.), that may be informing the decisions on levels of service to our community.

For example, the demographics published by Murrumbidgee PHN (MPHN) differ from those provided by Leeton Shire Council. MPHN gives an Estimated Regional Population (ERP) of 11,418 with zero population change expected in the 20 years 2016 – 2036. Leeton Shire Council states in its 2019-2020 Annual Report that the ERP in 2018 was 11,438 and the population is growing at 2.4% p.a. This would result in a population of 12,717 by 2041 which could be 1,300 more people or a population 11% higher than anticipated by the MPHN.

The MLHD website advises that Leeton Hospital is 35 minutes from Griffith Hospital. Leeton is 50 minutes from Griffith (assuming no traffic interruptions) and with time being of the essence when it comes to emergencies, a 20 minutes time difference can be the difference between life and death. If travel time is a consideration in any health planning, it is essential that Health Districts work to the correct facts.

Since 2018 there have been a cumulative[1] total of 97 people arrive in Leeton as migrant workers, with their families. These potential patients have seemingly not been taken into consideration in planning for health services in Leeton. In addition, there are approximately 30 Humanitarian and Bridging Visa holders in Leeton. Some are not eligible for Australian medical care. As a Council we are delighted that the AMA remains committed to providing quality health services for asylum seekers and refugees, and will continue to advocate strongly on their behalf. We recommend that the NSW government does the same.

There is a rather large disparity in the median age published by MPHN – 29 years and that published by Leeton Shire Council - 40 years. This disparity needs to be explained.

There are 8 GPs in a population of 11,438 which is equivalent to 65 GPs per 100,000 population. When this is compared with the figures used by the AMA, this seems to be a relatively low level of GPs for the size of our population. At present we are supported by 4 additional registrars, but we would like to return to 12 GPs as well as having the additional registrars. GPs have made it clear that registrars do not equate to having a full-time doctor as they require ongoing one-to-one supervision which consumes time for patient care.

There is considerable concern that due to a growing lack of confidence in Leeton Hospital's Emergency Department, patients are travelling directly to Griffith or Narrandera where they are more assured of

[1] https://www.data.gov.au/

being seen by a doctor. This could give the appearance of a lower demand for an Emergency Department in Leeton than actually exists. As a community we want assurance that current admissions won't form the basis of future service levels. The same applies to our maternity services and mental health services. Residents have lost confidence in the Leeton Hospital and are increasingly seeking services elsewhere. It is vital for future planning that admissions capture the place of residence of patients, not where they presented for treatment or a service.

While we do not aim to see any reduction to their services, the Council and residents of Leeton Shire are increasingly concerned about why Leeton - a major centre in the Murrumbidgee (4th largest town after Wagga Wagga, Albury and Griffith) – appears to be receiving lower levels of service and investment relative to population size compared to the hospitals in Narrandera, Tumut and Deniliquin. There is little transparency and spurious reasons provided for these investment / service decisions which drives the Leeton view that there is serious inequity in the health planning system and a lack of regard for the demographics and risks faced in the community.

We emphasise again that Leeton Shire makes a notable contribution to the region (with a significant number of schools and manufacturing industries which provide significant earnings for the Riverina and NSW) and warrants a hospital and health services that appropriately reflects its size, scale and activity mix.

The 2019-20 Murrumbidgee PHN Annual Report states: "*MPHN is committed to continually monitoring, assessing and analysing the health needs of our region. Through our health needs assessments we are able to ensure our commissioned services address the health needs of people in our community".*

The MPHN undertakes a full Health Needs Analysis every three years with updates in intervening years. MPHN expressed the view that there had been very little change since the 2018 analysis.

For more than 3 years Leeton Shire Council has approached the MPHN and MLHD to undertake joint health planning for the Shire. While the idea has in principle been welcomed by all concerned, there has been no action to date. Our most recent approach to the MLHD in 2020 resulted in Council being advised to wait until 2021 to allow them time to complete their Clinical Services Plan. This is seriously back to front in our view.

It is imperative that Health Planning, including Health Services Planning, includes genuine community participation, with local Councils being fully appraised of the information being considered and party to the outcomes being identified and the decisions being made around services and actions. There needs to be greater transparency about the funding allocations as well.

The purpose of Local Health Advisory Committees has been changed significantly from when they were first set up. They are no longer privy to local health and hospital service outcomes, nor are they invited to participate in health service planning. LHACs are increasingly being steered towards health and wellbeing programs at the local level which in our view is a public health responsibility. While this type of volunteer work may be useful in some communities, the NSW government needs to understand clearly that LHACs are no longer serving as meaningful conduits between local communities and local health services for health planning and health reporting purposes.

To achieve genuine shared health planning at the local level, an alternative arrangement needs to be investigated / implemented with the PHN, LHD and AMS all sitting around the table together with local

Councils and their communities to determine what services should be provided and how. This should form the basis of future health investment decisions as well.

f. Analysis of capital and recurrent health expenditure

It is difficult (arguably impossible) to find the information to undertake meaningful analysis and provide an informed opinion about investment at the local level. It is understood however – from pre-election grant announcements in the local paper - that $2.5 million is to be spent on the Emergency Department at Leeton Hospital before July 2021. Leeton Council considers that there should be greater consultation at the local level about how to prioritise the spend of available funds for capital works.

The Operating Theatre has been updated several times over the last 9 years (anecdotally at a cost of $3M), including painting and air-conditioning. Having been consistently advised since 2015 that the theatre will open fully, and then have that down-graded in early 2020 to it will operate as 'part of a circuit', to more recently being advised it will not re-open at all as it does not comply with required standards as the recovery room is apparently 11 centimeters too small, is extremely disappointing.

As Leeton Shire Council we have continued to operate in good faith but keep finding the ball game changing and our local services shrinking at an alarming rate. Like our community, we have now lost confidence in what we get told by MLHD management. We've lost our maternity service despite being told in 2015 that it was here to stay. We've lost our theatre despite being told from 2017 to 2020 that it is here to stay. We now hear rumours that our aged care facility will be closed. MLHD assures us this won't occur but after hearing the same about maternity and the theatre, we are left wondering whether this latest advice is reliable.

The 3rd floor of the Leeton Hospital is vacant and the community wishes to have it explored for use for allied health services, mental health beds and/or a detox unit. It is a waste to leave this valuable floor space unutilized and deteriorating.

Leeton Shire Council's concerns are corroborated by the Australian Medical Association's (AMA) Position Statement – *Rural Workforce Initiative 2017* which states "*The closure and downgrading of rural hospitals is seriously affecting the future delivery of health care in rural areas. For example, more than 50 per cent of small rural maternity units have been closed in the past two decades in Australia."*

g. An examination of staffing challenges and allocations and how NSW Health is addressing them

The **Australian Medical Association**'s (AMA) Position Statement – *Rural Workforce Initiative 2017* states its concern that "*Although Australia currently has an adequate supply of doctors nationally, there remains a significant medical workforce shortage in rural areas. Many locally trained doctors are choosing not to work in rural areas and nearly 76% of graduating domestic students reported living in capital cities in the Medical Students Outcome Database Survey (MSOD). Research has shown that although GPs are more likely to practice in rural locations than other specialisations, the growth in the specialist medical workforce has outstripped the growth in GP numbers so that specialists now make up a larger proportion of the overall medical workforce. The rural medical workforce is reliant on internationally trained medical graduates.*

The **Murrumbidgee Local Health District** has said

"Rural hospital medical services are provided by visiting medical officer general practitioners, GP trainees, corporate providers and international medical graduates. GP Synergy, the federally funded GP Training provider, advised GP practices that from August 2019 there would be a decrease in the number of GP trainees allocated for training as a result of a decrease in the number of GP trainees in the GP rural training pathway. This has affected the number of GPs available to support rural hospitals. GPs are the only specialists that have the breadth of knowledge and skills to provide all the services that are required in a rural hospital. Some of these doctors also have advanced skills in anaesthesia, obstetrics and emergency medicine."

MLHD has also provided the following information about increasing the number of medical practitioners in rural areas:

"NSW Health is progressing programs to support the growth of GP training and employments in regional areas. Some of the work underway includes:

- *NSW Rural Medical Officer Cadetship Program – which ties postgraduate training to rural hospitals*
- *Rural Preferential Recruitment Program – supporting junior doctors in a rural location for their first two years of work*
- *Rural Generalist Training Program – developing advanced skills for GPs in areas including Obstetrics, Anaesthetics and Emergency medicine, Palliative Care, Mental Health and Internal Medicine*
- *NSW Rural General Practice Procedural Training Program – providing additional procedural skills for GPs*
- *Training Networks – linking intern and specialty training across rural and metro areas*
- *Metropolitan Access Scholarship (MAS) Scheme – supporting rural doctors undertaking metropolitan rotations*
- *Obstetrics and Anaesthetic Incentive Grants for GPs – NSW Health funding incentives for GPs to work in obstetrics and anaesthetics in public hospitals*
- *Map My Health Career website – profiling specialist medical careers with an emphasis on rural priority specialties*
- *Rural Doctors Network funding – NSW Health funding for rural doctor cadetships, rural undergraduate placement and GP orientation, professional development and succession in rural areas.*

The District is co-designing a number of these models across the region as each community has different needs.

A new model of employment for Rural Generalist Trainees, recently supported by the Federal Government, will help boost the future rural doctor workforce. The Government has announced that a pilot 'Single Employer Model' for Rural Generalist (RG) doctor trainees will be trialled in the Murrumbidgee Local Health District. The model gives a level of support for doctors choosing rural generalist practice, which will provide a supported training and career pathway to develop the doctors needed in the bush."

The Annual Report of the **Murrumbidgee PHN** includes the following:

> *"The shortage of medical practitioners in rural and remote locations remains an ongoing national concern. For MPHN's rural and remote locations, the lack of access to medical practitioners is a key barrier to improving the health and wellbeing of our communities. For primary health and international medical graduates, the recruitment process is often complex and lengthy. The MPHN workforce program provides local recruitment assistance and advice to medical practices. Medical practitioners seeking to relocate to the region are assisted throughout the recruitment process with family needs being considered and supported if required. Monitoring and understanding regional workforce challenges as they emerge is a key component of the program."*

MPHN collaborates with national, state and local workforce organisations such as NSW Rural Doctors Network, GP Synergy, Remote Vocational Training Scheme, MLHD, Regional Training Hubs, Rural Clinical Schools and local councils to address workforce challenges as they emerge. These partnerships have contributed to several positive outcomes across the Murrumbidgee region. In the year 2019/20, of 25 Medical Practitioners to the Murrumbidgee Region, 22 went to rural communities. Overall 74 GP Registrars were trained in the Murrumbidgee region.

The main staffing challenges in Leeton are:

Lack of doctor services at the Leeton Hospital. There are insufficient Visiting Medical Officers and there is no Career Medical Officer. A community of 11,400 expects to have access to a doctor 24/7 at the Emergency Department when there is a genuine emergency. Leeton lost its only obstetrician when the MLHD removed him from service for a personal matter unrelated to his services as a doctor in 2017. Up until that point approximately 100 babies per year were birthed at the Leeton Hospital, including through C-sections. Now there are less than 10 babies a year birthed at Leeton Hospital and C-sections were ceased for lack of an obstetrician (we still have a surgeon and an anesthetist but have now been advised the theatre is no longer fit for purpose). The MLHD ignored the Council's and community's pleas to reinstate the obstetrician as a VMO and he has since left town, leaving a significant service gap.

It is apparent that many GPs want a better work life balance and are choosing to work only 'office hours'. This seems to be increasing and is a situation that needs to be discussed / addressed so that the out of hours services needed by community can be delivered in ways that are fair to treating doctors. Doctors who make themselves available should be suitably rewarded. Doctors should also be encouraged to 'share the load' with their peers for the greater good. If all 8 doctors (and possibly also the 4 registrars) in Leeton shared the after-hours load, the impact on their family lives and GP practices would be manageable – especially if the Hospital successfully recruits a Career Medical Officer.

Alternately, the Hospital could rotate Career Medical Officers based at larger centres so that District Hospitals also get to benefit from their services on a rostered basis.

The reduction in GP trainees is a grave concern. Further steps need to be put in place by governments to support the pathway, job security and reward for those who are willing to train to become Rural GP Specialists.

Financial support for doctors to study followed by a period of being bonded in a rural community ought to be considered and implemented.

Lack of registered nurses at Leeton Hospital. At time of writing we understand that Leeton Hospital is short at least 5 registered nurses on the wards alone, that existing nurses are working multiple shifts for extended periods (which presents fatigue risks and burnout possibilities), that emergency nurse capacity is significantly down and that the hospital routinely has to rely on agency nurses to fill the gaps.

Hospital Management. Having had relatively stable management for many years, in the last 5 years the hospital has had a revolving door of facility managers and cluster managers. It seems their decision making powers have been sorely eroded and bottlenecks are being created as all significant decisions are made in Wagga Wagga. The local hospital facility manager appears to have no mandate to recruit staff and has to refer everything to the MLHD's central office. This does not make for an efficient system.

Also, why does the hospital insist that the Facility Manager must be a Registered Nurse when there is already a Nurse Manager in the structure? This limits the pool from which to draw managers, it's a role that need not be clinical, and is function that arguably requires a different skillset to a nurse. When Council inquired we were informed that the RN qualification was a prerequisite "on the insistence of the Union".

Difficulty recruiting GPs. Leeton used to have 12 GPs but now has 8 GPs and 4 registrars. It is reported that it is increasingly difficult to recruit GP specialists. Leeton Shire Council has a policy to provide any new GP to the Shire with $5K towards relocation and/or establishment costs (provided they also sign up for the VMO service at the Leeton Hospital). We also sponsor students on a Bush Bursary Program in an effort to introduce them to life as a rural GP however have had little success with getting any returning on a permanent basis.

For 10 years Leeton Shire Council has supported clinical placements at local general practices through providing accommodation and social support to students from the University of Wollongong Doctor of Medicine program. *"For the majority of the placement, students undertake parallel consults where they see patients under the guidance of a qualified doctor in local practices and attend weekly training sessions delivered by Dr Marion Reeves, Regional Academic Leader for UOW in the Murrumbidgee Hub".* This has not yielded any returning doctors either.

Ambulance paramedics not resident in Leeton. While there are 12 positions in the system for Leeton Shire, half fly-in and fly-out and are unavailable for on-call. On-call is no longer a requirement for officers which leaves the community without a service if the single ambulance on duty is transporting someone to Griffith or Wagga Wagga or is dealing with another call in Leeton. This is entirely unacceptable to our community who have seen several deaths in recent times that may have been avoidable had there been an ambulance adequate service. Leeton Council contends that the ambulance service should incentivise paramedics to relocate permanently to Leeton and become part of the community / vested in the community.

Difficulty recruiting physiotherapists. Leeton used to have 6 physios but is now down to only 2. Despite numerous attempts at recruiting, there has not been any success in recent times.

Recruitment rates by MLHD to Leeton Hospital is a concern. It seems processes for recruitment and management of staff are inordinately slow and fraught with bureaucracy, sometimes resulting in newly appointed staff never commencing as they take up other job offers (sometimes in other States)

because of the slowness in finalising the recruitment process. Also, there are agency staff who at the end of their contracts wish to become directly employed by the MLHD. Having proved their capabilities and signaling their interest to permanently reside in Leeton, one would think the MLHD would jump at the opportunity (especially as the sponsorship costs are negligible to the organisation). Instead staff are not supported to stay and so move on to look for work elsewhere where there are employers who are willing to sponsor them. This results in more churn of staff in the hospital that can be avoided, not to mention the loss of excellent staff who have proved their worth.

Staff morale at Leeton Hospital. It is felt that morale continues to be poor and little has been done about it by MLHD management. Poor morale is partly as a result of the deskilling of staff at the hospital because the interesting work and more complex patients are increasingly being sent elsewhere. It is also fueled by constant management churn and disenfranchised management, moving goal posts, and undelivered promises about staff training. Of particular concern is staff burnout due to staff working excessive hours to cover for unstaffed rosters.

It is understood that Leeton Hospital has recently lost its only nurse practitioner (a critical role, especially in an emergency department that is often without a doctor on call). It is hoped that the MLHD routinely does exit interviews with staff to ascertain what is behind their departure and seriously considers what might have made them stay.

Inability to fully harness the potential of overseas trained doctors. Leeton is known as a refugee and migrant friendly community. Council has had several doctors make contact to seek employment in Leeton who have their medical qualifications recognized but are not yet registered to practice. The 'rules' require them to be supervised but there are insufficient 'supervisors' available. Instead they continue to live in Sydney and drive taxis and perform other non-medical roles. This is an inordinate waste of a resource pool who are desperate to work in their chosen field, willing to move to the bush, and willing to be supervised in order to gain full registration. Attached as CONFIDENTIAL Appendix 3 is one such doctor who wants to live in Leeton (supplied with his permission). He is willing to become a Career Medical Officer at the Leeton Hospital, having had vast experience leading an emergency department in Afghanistan. No local GP is able to take him on for supervision as they are already fully subscribed. The MLHD has been approached on several occasions to support this opportunity which address the community's needs for a doctor at the Hospital, but appear unwilling or unable to "look outside the square" for a solution such as having this doctor 'supervised' remotely. Why can he not be invited to do a 3-month in-house stint at Wagga Hospital and then, if he is deemed fully capable, be allowed to operate from Leeton under telephonic supervision from emergency department doctors in Wagga and Griffith until he becomes approved to operate in a sole capacity? If the nurses in Leeton's emergency department (operating without a doctor and having to treat patients) have to work this way, why can't an experienced overseas ED doctor be afforded this same opportunity?

h. Current and future provision of ambulance services

The ambulance service is a major concern for Leeton residents. Whilst initially the change in rostering was seen by the community as a positive step forward, with four to five more paramedics than previously, several incidents have occurred in recent months when the single ambulance on duty was out of town or dealing with another call in Leeton. The delays in an ambulance arriving have resulted in significant distress and in some cases may have contributed to the death of patients. The issues with the ambulance service are compounded by the lack of an on-call doctor at the Leeton Hospital which has the service 'distracted' by transporting patients to Wagga Wagga and Griffith.

There does not appear to be a functioning / reliable on-call system for a back up service in Leeton Shire despite having sufficient staff, sufficient vehicles and, apparently, more than sufficient funds. With the decline in Leeton Hospital services impacting the ambulance service – with more transfers needing to go to Wagga Wagga or Griffith - a community the size of Leeton warrants an on-call ambulance service to cover for circumstances when the first ambulance is already occupied. A respondent to the Council survey on health services wrote:

> *'It is evident talking to local Emergency Service workers from all agencies that the restructure of the Ambulance rostering and the current state of affairs at the Leeton Hospital, as a collective, is endangering the lives of those in our community.'*

The following recent incidents are presented by way of examples:

Incident 1 : A man rang 000 at 4.09pm. He lives 5 minutes from the ambulance station and was advised an ambulance would be despatched. At 4.29pm he rang his neighbour as the ambulance had still not arrived. The neighbour attended and comforted the man. The ambulance finally arrived at 4.50pm. The man asked why ambulance took so long and they advised they had come from Griffith and had to drive through a hailstorm. A second ambulance arrived shortly after. The neighbour reported that the paramedics sat in their ambulance for some time before entering the house and did not show any sense of urgency. The man died shortly after and it was determined that he had suffered a heart attack

- Why did 000 not stay on the line to support the man in his time of distress?
- Why did 000 not ring back to check on the man when the ambulance was delayed.
- If there was going to be a long delay for the ambulance why didn't 000 send the Volunteer Rescue Association (VRA), or Police or Fire Department to act as first responders?
- There were other off-duty paramedics in Leeton at the time – if the duty ambulance was out of town, why were they not called to see if they could assist?

Incident 3 : At approximately 8.45am a 000 call was made about a possible self-harm incident involving a vehicle. There was no ambulance available in Leeton as they were at Griffith doing a transfer for a patient with a non-life threatening condition who had presented to Leeton Hospital emergency department when there was no doctor on-call. Police were also delayed due to another matter and could not attend, so the decision was made to send Fire and Rescue to the scene. On arrival Fire and Rescue confirmed the person was deceased. They waited with the deceased and the informant for a further 40 minutes whilst an ambulance was sent from Griffith to attend.

This begs the question as to what would occur if there was to be a school bus accident in the morning and no ambulance is available to attend for nearly an hour because they are tied up doing non-emergency work due to an under -functioning Hospital?

Incident 4 : A father became ill at home and his son called 000 at 4.15am. The father's condition deteriorated, and the son called 000 again at 4.26am. In the middle of this crisis the son was asked by the 000 operator if he identified as Aboriginal or Torres Strait Islander which seemed highly irrelevant in a time of crisis and distress. The son said he could not wait any longer and put his father in the car and drove him to Narrandera Hospital. When asked why he did not travel to Leeton Hospital, the son said he 'had no faith' in Leeton Hospital due to the lack of a doctor on call. The son was satisfied with the service he received at Narrandera Hospital where there was a duty doctor on call.

i. Access and availability of oncology treatment

Oncology treatment has to be accessed outside the Shire. Leeton Hospital used to administer 'low level' cancer treatment and it is not clear why this service is no longer available to residents. Leeton Shire Council considers that this is a service that should be reinstated.

Some community members consider there to be inadequate or no support for cancer patients. There is reportedly a long wait from referral to testing, diagnosis and treatment. This can be as much as 6 months. There are also financial issues with accessing treatment. CANAssist provides crucial support to patients and is part of the massive voluntary effort that is required in rural areas.

> "*Cancer costs are extreme. We experienced a $1,500 cost to be admitted to Calvary in Wagga Wagga for treatment with a specialist at RCCC. We had private cover, but they would not accept us as patients until this was paid. Treatment had been going on for a while before with help from Leeton CANAssist."*

j. Access and availability of palliative care services

Access and availability of palliative care services is an issue with family members reporting high levels of distress over many months, if not years, including after the passing of their relative. They report that palliative services are generally poor or poorly explained.

This area, along with aged care, warrants better health literacy as residents do not get to practice using these services on many occasions and find themselves 'navigating in the dark'.

k. Impact of health and hospital services on indigenous and CALD communities

Representatives from the Leeton District Local Aboriginal Land Council took part in the Service Providers Workshop held on 26th November at which the main topic of discussion was the lack of co-ordination, access and availability of Mental Health and Alcohol and Other Drug Services.

The Leeton and District Local Aboriginal Land Council is a key participant in the Riverina Murray Regional Alliance that produced the Ngunggiyalali (*continue the conversation*) Position Paper on "Healing, Health and Family Wellbeing". This document (see **Appendix 4**) identifies the priority outcomes being sought by community and their inter-connectivity, and promotes the importance of individuals being considered in the context of family, community and culture. The approach is a holistic one. The position paper advocates a different way of working together and provides a de-identified case study as to what interventions may have supported the kinds of outcomes being sought. The paper also signals that funding is not the main issue.

"*No amount of money is going to help. Government need to see it differently and we need to work together differently*".

Key themes in the paper include:

- Have a consistent and trusted LOCAL person to act as advocate and coordinator of services. Building these sorts of local relationships is key.
- Increased service accountability – not just numbers based but genuine outcomes based reporting including community stories (via "Truth Testing", where quality is more significant than quantity).
- Services must be culturally safe, with no judgement, and vulnerable people must not be treated as a commodity or blamed for their situation.
- The right people must be in the roles – people who genuinely care and can work in an integrated way across agencies while always listening carefully, understanding deeply and communicating honestly and in simple language.

In regards CALD communities, raising awareness of what services are available and how to access them remains an ongoing needs. English can be a challenge for some so having material available in common CALD languages or a translator available is recommended.

l. Any other related matters.

Health literacy is a significant topic and a program of education in health literacy could make inroads into closing the gap if people have a better understanding of what they are entitled to and can expect.

In summary, Leeton Shire Council is advocating for:

1. Equitable health outcomes for rural communities.
2. Quality primary and emergency services for rural communities.
3. Quality district hospital services with full staffing for large rural communities, including a functioning theatre, a full maternity service that has access to an obstetrician and routine treatment of chronic diseases where the numbers are warranted (such as renal chairs or low level cancer treatment).
4. Full transparency of health outcomes, health budgets and health reporting at the federal, state, regional and local LGA level.
5. A refreshed health governance model that sees collaborative health planning at the LGA level that genuinely responds to local needs, with all 3 levels of government working together in an open, honest and respectful manner, along with key community stakeholders.
6. Greater innovation around the training of the medical workforce, making the rural pathway attractive, interesting and secure.
7. Greater innovation towards embracing the services of migrant doctors (and nurses) who are interested to live and work in rural NSW hospitals as career medical officers, including

proactively supporting them to gain supervision opportunities, including tele-supervision once they have done a period in a base hospital.

8. Rapid permanent residency sponsorship of registered nurses and other clinicians who have reached the end of their agency contracts, proven themselves and wish to stay on in a regional town / hospital.
9. Greater accountability for community health outcomes (measured by quality not quantity).
10. A greater focus on people centred services at the local level, especially for mental health and drug and alcohol services.
11. Local ambulance services that are mandated to have on-call capability when the duty service is sent out of the Shire or to another incident in the Shire.

Leeton Shire Council has signalled its willingness to pilot a new collaborative approach to local health service planning in collaboration with the MLHD, the MPHN and the Leeton and District Local Aboriginal Land Council. It is our sincere hope that the NSW Inquiry findings will promote new ways of working so that resources are used effectively and communities are serviced appropriately.

If hearings are being called, Leeton Shire Council would appreciate the opportunity to address the Inquiry Committee.