

Submission
No 639

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

Name: Name suppressed
Date Received: 4 January 2021

Partially
Confidential

I am a registered nurse, and live and work in a small country town in WNSWLHD. I am writing this submission as a daughter, with parents who were/ and are affected by local healthcare issues, so would prefer to remain un-named for their sake.

My mother had advanced, aggressive bilateral breast cancer diagnosed in September 2018. She underwent surgery, then chemotherapy but was too unwell to complete the whole course. She did not have the planned radiation treatment as the cancer had already spread to lungs and other lymph nodes, beyond axilla. She passed away in September 2019.

She had a wonderful GP at the local medical centre. Her surgeon was excellent, 160kms away from home. The oncology team, also were 160kms away. She had multiple admissions to hospital with complications from her chemo. She was always transferred to the base hospital after coming in to the local MPS, usually by ambulance. My biggest issue with her care was that her GP did not/could not have visiting rights at the local hospital.

There was always a different locum doctor, who of course had no idea of mum's history, or of her "normal" state. The locum doctor's could never access her oncology records, as they use a separate computer system. The communication between specialists and GP is vital, and all that information was not accessible by the locum doctor. Even pathology results at times, seemed to be inaccessible to the MPS. I believe having her GP involved in her care at the MPS would have made a difference to her care, and her quality of life.

My father is vision impaired, and has poor mobility. My mother was his carer before she became too unwell, then their roles were reversed, and support came in from Australian Unity, Community Health, and family. Dad chose to move into Residential Aged Care in July 2020. He has multiple health issues, and sees an eye specialist 160kms away for treatment, a neurologist for reviews and treatment, also 160kms away, and a haematologist usually via video conference. The care he receives from nursing staff is excellent. Again, the main issue with his care is that he cannot have a GP. There is no GP in town that has visiting rights at the MPS.

Dad, and all the other aged care residents, are the people most in need of a GP to co-ordinate their care. They would all have multiple health issues. There is no continuity of care with doctors, usually a locum on the VGRS nowadays. Communication between specialists and GP seems vital to me, but seems to not occur now, as there is no GP for the Aged Care residents.

The local shire council built and manage the town's medical centre, and also subsidize the 2 private GP practices in town. An investigation into the running of the medical services may reveal why the 3 to 4 doctors here cannot/will not provide a service to the MPS.