Submission No 642

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

Name: Name suppressed

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

I would like to make a submission to the Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and remote New South Wales. Most of my recent experiences with the Health System are as primary carer (Guardian and Enduring Power of Attorney) for an elderly gentleman (DVA Gold Card holder) and I will address these issues first.

LACK OF SERVICE PROVIDERS WILLING TO PROVIDE IN-HOME CARE AND SUPPORT

The gentleman concerned was deemed in need of in-home support. He was keen to remain living in his home, however needed personal care and wound dressing/medication support to remain in his home. Unfortunately, **none of the service providers who advertise through MyAged Care can deliver the level of service required to keep him at home, as they do not have adequately trained staff available.** He was also **unable to access a transition to home from hospital package as no service provider had staff available or were willing to provide the service**. The result was that the gentleman concerned spent weeks an acute bed in the local hospital as no service providers would provide in- home care, and the local Multi-Purpose Service did not have a bed available in the MPS Age Care Unit. The gentleman concerned has now had to leave the local Age Care Facility at the local MPS as they do not have the trained staff or even rudimentary secure facilities to carer for an aging gentleman with dementia. He is now in another hospital 3 hours away from his hometown and is likely to be placed in a facility even further away. It is disappointing that service providers are unwilling to provide staff and services that will allow rural and remote citizens to remain at home or in their local community for their aged care needs.

LACK OF ACCESS TO A LOCAL GENERAL PRACTITIONER

The gentleman concerned had been under the excellent care of a local GP, however since the resignation/non re-appointment of a second visiting medical officer and general practitioner, the remaining VMO GP was overworked with an excessive patient base, reflected in extensive wait times for appointments, weeks longer than other medical practices in larger towns. This GP has also now left, and there is no longer a rural medical practice in the town that once supported 3 GP's

Telehealth or Virtual health systems being used to substitute face to face medical and allied health consultations have proved most unsatisfactory in my experience. Whilst I do acknowledge it may have a place in certain specialised medical areas, my experience so far has been very unsatisfactory, and at times distressing. The problems range from inadequate internet speeds, lack of continuity with health or allied health providers, lack of care or responsibility by medical staff and lack of privacy. **To discuss an end-of-life plan using the telehealth system where the conversation was audible to many other people in the**

hospital including patients, visitors, cleaners, kitchen staff etc was very distressing and an absolute invasion of privacy for the people concerned dealing with the end-of-life plan.

LACK OF CONTINUITY AND SERVICE DELIVERY ACROSS AREA HEALTH DISTRICTS

There are numerous examples of allied health services not being delivered to rural or remote communities by the closet provider, or lack of provision because of area health districts. An example is if women give birth in their closest birthing hospital that is not in their residential area health district, and return home, Child and Family Health Services have denied home visits because of cross boundary issues.

POOR HEALTH OUTCOMES FOR RURAL AND REMOTE COMMUNITIES

Finally, I would like to illustrate an example of a poor health outcome in a rural community with my personal experience.

I presented to my local rural hospital feeling very unwell and experiencing abdominal pain. We do not have access to a GP/VMO so I was ambulanced to a larger hospital, where I spent the night and was discharged the next morning with a diagnosis, by an unsupervised resident doctor, of oesophageal reflux. I was in fact suffering from a perforated small intestine and if family had not come from 2 hours away to take me to see a doctor in another region I would quite possibly have died at home. I believe this misdiagnosis was a culmination of many things, including lack of following proper hospital admitting protocols, lack of adequate supervision of trainee doctors, disregard for nurses' observations in the initial admitting hospital and an unwillingness to isolate the pain through dialogue and palpitation.

I do not know why rural and remote communities must be denied basic health care and allied services and be the victims of poor health outcomes due to their geographic circumstances.

If you require any supporting documentation, or further information, I am happy to provide it.

Thank you for the opportunity to submit to this inquiry.