Submission No 678

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

Organisation: Manning Great Lakes Community Health Action Group Inc.

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Manning Great Lakes Community Health Action Group Incorporated INC 1601006 ABN 67 829 735 576 Fundraising Authority CFN/24278

SUBMISSION TO THE UPPER HOUSE PARLIAMENTARY ENQUIRY ADDRESSING HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

The Manning Great Lakes region is on the lower Mid North Coast of NSW but includes many inland regions such as Gloucester, Barrington, Stroud and tens of small village communities outside the main population centres. This region belongs to the Federal seat of Lyne, the State seat of Myall Lakes and the local government of Mid Coast Council.

This submission is written by and on behalf of the Manning Great Lakes Community Health Action Group. This is a community-based group established in June 2016 to lobby the Federal Government, NSW State Government, Local Government and all associated agencies for appropriate funding and resourcing of health service delivery for this region which comes under the auspices of Hunter New England Local Health District. Manning Great Lakes has a health and hospital-dependent population approaching 100 000 people. The Group has over 1000 supporting members and 7000 signatures on a petition to be presented to the NSW Parliament, requesting that budget provision is made to allocate funds that enable the completion of the Manning Base Hospital in its entirety. Some enhancements, actions and changes have occurred and this group would like to think that pressure has been brought to bear on the decision makers. The Executive Committee, driving this submission, consists of local community members with a wide variety of experience and clinical and non-clinical skills, an apolitical group whose major focus and interest is that which has already been stated.
The Group is agreeable to having this submission published on the internet.

ADDRESSING THE TERMS OF REFERENCE

(a)Health outcomes for people living in rural, regional and remote New South Wales. (NSW)

(1)Poor cardiac health outcomes are evidenced by the current statistics. (See Attachment 1)

The Heart of Inequality Study(2017) clearly states that the Federal Seat of Lyne has the worst cardiovascular outcomes in the whole of regional Australia.
Link to this study is:
http://inet.acu.edu.au/videos/mmihr/Mary-MacKillop-Full-Report.pdf

Solution:

Build and fit out Cardiac Catheterisation Lab at Manning Base Hospital, supported by an adequate number of cardiologists, specially trained nursing staff, equipment and ongoing funding.

Defibrillators should be placed at accessible points throughout this region with training for their use made available. The location of these should be widely publicised.

(2)Inadequate ENT coverage. Needs in this area are plentiful as evidenced by local GP's feedback. The services of an ENT Specialist are available only 2 or 3 days per month at present. There is no provision for public ENT patients at Manning Base Hospital.

travels from Gosford Hospital to Mayo Private Hospital Specialist Centre once a month on a Saturday and Sunday for consultations and operates in Gosford.

travels from Port Macquarie once a fortnight on a Wednesday for consultations and procedures.
For more immediate attention, it is necessary to travel to either Port Macquarie, Newcastle, Sydney or Gosford in order to address ENT problems.

This is highly unsatisfactory when considered against this area's large indigenous population, the low socio-economics of the population generally and its low affordability to access private health insurance.

Solution:

Appointment of ENT Specialists so that consultations and surgery can be performed on a daily / weekly basis locally, both in the public Manning Hospital and private Mayo and Forster Hospitals.

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

(1)Serious lack of specialists, doctors and nurses in rural health care facilities compared to metropolitan areas. This leads to poor outcomes.

(2)Lack of public transport

(3)The distances required to travel to access appropriate care

(4)Cost factors involved for travel and accommodation to receive specialist health care

(5)Inherent stress and inconvenience caused, particularly when treatment involves the very young and the very old.

Solution:

Increased funding to provide clinical staff and appropriate health care facilities in rural, regional and remote areas. Metropolitan areas involve less travel and the added advantage of both public transport and a greater choice of services.

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

(1)Lack of adequate numbers of full time specialists and clinical equipment in rural, regional and remote areas resulting in poor quality clinical services and poor outcomes.

(2)Once again, the tyranny of distance! There is at least one hour's travel to the nearest other significant public hospital (Port Macquarie in another local health district) or over 2 hours to Newcastle's John Hunter. Both destinations challenge the gold standard of receiving treatment within the first hour.

(3)The quality of many local roads is also an impediment to ready access to services. The Obstetrics ward at Gloucester Hospital has shut down, forcing birthing mothers to travel at least 75 kms over the poorly-maintained Bucketts Way to Taree's Manning Base Hospital and this occurs frequently at night.

(5)Since the closure of the T-BASIS Unit – the dementia-specific ward – at the Wingham facility, dementia patients have been a) placed on the general wards of Manning Base Hospital or b) returned to their families to be taken care of or c) sent to units at Tamworth or Newcastle. Placing dementia patients in the general wards is a neglect of dutiful and appropriate care of the elderly, it is grossly unfair to the nursing and allied health staff, as well as grossly unfair to other patients. (See Attachment 2)

(6)Metropolitan rates of patient satisfaction are much higher than in rural hospitals.

Solution:

Adequate funding for Doctors, Specialists, Allied Health Workers and Nurses to relocate to regional and rural areas which have well-funded hospitals with appropriate equipment and facilities to support all categories of staff.

There is a serious need to have Manning Base Hospital Emergency Dept fully staffed and all beds operational and funded. At present, the Emergency Department is staffed and funded for 9

beds instead of the full quota of 18 beds which places added pressure and work load on nursing staff and doctors.

There is a serious need for a secure ward in Manning Base Hospital for dementia patients. This would impact on staffing levels as more staff is required for an unsecured area while less staff is needed for a secure, controlled area.

Adequate funding, clinical staff, ongoing training.

Clinical services need to be more accessible locally.

Improved transport options and subsidies for travel costs.

(d)<u>Patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW:</u>

(1)Long wait times for elective surgical procedures;

(2)Lack of clinical staff to support patients and doctors resulting in poor clinical outcomes;

(3)Again, distances involved to travel to access appropriate specialised treatment;

(4)Cost factor and transport and accommodation availability;

(5)With the closure of the T-Basis unit, there has been, as a result, poor quality of care as dementia patients have been accommodated in wards with all other categories of patients.

(6)The 4-hour KPI in Emergency Departments is an artificial benchmark which was introduced by politicians so that wait times in emergency are reduced. This has resulted in discharges from ED's rather than further observation, particularly when a ward bed is not readily available which can result in subsequent poor outcomes.This can also impact on hospital bed block which then prevents ambulances responding as they are unable to offload their patients.

The current system discharges an emergency patient inside the four hour bench mark rather than working towards a good clinical outcome. If the patient remains unwell and has to re-present to ED the time measurement starts again and stats of these re-presentations are undocumented.

(7)Regional areas have a lower level of patient satisfaction and well-being compared to metropolitan areas. This is evidenced in NSW Health's ongoing Adult Admitted Patient Survey (monthly) and also the NSW Patient Survey Program.

Solution:

Improved transport options and subsidies for travel costs are required.

IPTAAS travel and accommodation application form should be easier to access and understand.

The recurring theme is that clinical services need to be more accessible locally, supported by adequate funding and clinical staff.

(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.

(1)To have local hospitals, councils and communities working and consulting together to formulate an up-to-date Clinical Services Plan and Business Action Plan that clearly state the ongoing needs of the Great Lakes Manning Area so that funding and planning are clearly defined. This can then be sent to NSW Health clearly stating what is required to deliver safe clinical outcomes and the cost factors involved.

(2)The Capital Works in hospitals appear to happen on an ad hoc basis when Government, at the time, sees political opportunity rather than a needs and outcome based business case justifying priorities.

(3)Local Government works from an integrated planning methodology which cascades from a community plan / consultation and non-negotiable reporting benchmark to the Office of Local Government. The Department of Health seemingly lacks this same consultative methodology.

(4)A lack of accountability and consistency between the state's local health districts exist because prevailing demographics are not applied to decision-making. Reviews such as Trauma Verification and Clinical Services Plans occur when pressure is applied by the community or by local politicians. Validation should be mandatory as a means of statutory oversight.

(5)Politicians typically use election periods to offer funds to various electorates for political purposes. This aids and abets a lack of accountability and justification for capital spending and personnel appointments.

The NSW State Premier recently acknowledged (26/11/20) the pork-barrelling that occurs prior to elections. She referred to it as normal political procedure.

This is exactly when the Politics of Health comes into play

to the detriment of the community and patients.

It means that some health districts are favoured and others suffer from disproportionate funding.

Solution:

The Premier's Plan for health service delivery should cascade down through the agencies bound by a chain of accountability reviews every 12 months to ensure the delivery of the desired clinical outcomes.

There must be formulaic weighting applied to the funding of health service delivery in rural, regional and remote areas.

NSW Health must make it mandatory for all local health districts to work from an up to date Clinical Services Plan and Business Action Plan in order to deliver targeted and effective funding.

The template for this needs to have a basis that includes demographics and population-age spreads, socio economics, land use capacity, and cost benefit analysis of upgrade versus a purpose-built new hospital.

Local councils have a role to play in planning, land use zoning and provisioning which warrants stake-holding communication with the Department of Health.

(f) <u>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:</u>

(1)A transparent system of hospital clinical role delineation is needed. Manning Base Hospital receives less funding dollars than hospitals of a similar size e.g. Maitland, Tamworth and Port Macquarie Base Hospitals. A transparent budget methodology must be developed and applied to ensure fair and reasonable distribution of funds to all hospitals and health facilities.

(2)Population-based funding fails to allow for weighting for vulnerability and ageing demographics. This area (Manning Great Lakes) also has one of the largest number of indigenous people in NSW. The 2016 Census shows that 6.2% of its population is indigenous, numbering 5,572 people. Indigenous people number 2.8% of the total Australian population.

(3)Weighting should happen according to the demographics of each area and its needs. Funding formulas are slanted towards large population centres.

<u>Solution:</u>

NSW Health must make it mandatory for all local health districts to work from an up-to-date Clinical Services Plan and Business Action Plan in order to deliver targeted and effective funding.

Proper and thorough consultation and the trialling of equipment must occur to ensure equipment and buildings are targeted and fit for purpose to negate wasted health dollars and to ensure delivery of optimum health care.

(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:

(1)Patient / staff ratios – ongoing shortages of nursing staff at Manning Base Hospital.

(2) The number of permanent experienced staff at Manning Base Hospital is shrinking at an alarming rate.

(3)A serious lack of morale and job satisfaction exists among some staff members.

(5)Recruitment and retention of specialists, doctors, nurses and allied health staff is of paramount importance.

(6)There needs to be an investigation into the maximum number of days per annum to be provided for health employees for ongoing education and course participation. This is particularly important now with Covid 19 as there needs to be emphasis on infection control. All ongoing education / training needs to be mandatory, with an opportunity for funding assistance for courses to be provided.

Solution:

It is imperative that there is a Chain of Command in place to resolve staff disputes in a non-intimidatory manner.

Regular performance reviews of Staff should be undertaken in a fair and objective manner with the option of a support person present.

Staff Satisfaction surveys should be answered anonymously to avoid fear of recrimination which is a real fear.

The physical environments of the hospital and its agencies must be enhanced in order to attract and retain suitably qualified medical and allied health practitioners.

(h) <u>The current and future provision of ambulance services in rural, regional and remote NSW:</u>

Traditionally, Ambulance Stations were built in the larger regional areas as this is where communities were most active in funding the construction of the Stations. Over the years, this policy has prevailed and Stations continued to be built in the larger so-called growth areas where the greater workload is.

Many Stations were built close to the major Hospital for obvious logistical reasons. This often meant that patients living outside this demographic area had to wait some time for an ambulance to attend, which often had dire consequences for patient outcomes, considering the regularly quoted period known as the "Golden Hour".

With the advent of professional officers, funding became a major cost in staffing regional and remote areas as allocation of funding was often directly proportionate to the service and, therefore, the number of patients transported to Hospital.

When the Ambulance Service came under the banner of NSW Health the service was actually handed the crumbs. In one year there was no budget allocation whatsoever made for the service.....an oversight the Ambulance Service was told!!!

For many years the Service has had to negotiate for staffing and equipment which has often resulted in industrial action by staff such as paperwork bans. The increase in skills and the additional drugs and procedures education for Officers has added more cost to providing a viable and cost-effective Ambulance Service.

Over the years many suggestions have been made to endeavour to have the Service become self-funding as is the case in other states but these proposals have fallen on deaf ears.

The unique circumstances in the Manning Great Lakes region are detailed below in this Submission.

(1)Currently, Taree Ambulance Service has only three paramedics with ICP qualifications, one about to retire. Tuncurry Ambulance Service has three ICP Paramedics with two about to retire.

(2)New South Wales Ambulance has no provisions for Rural Paramedics to attain this level and stay at their rural location.

Solution:

Fund and provide module training to Rural Paramedics to obtain this ICP level.

(3)Manning Base Hospital lost the ability to treat T1 Trauma category patients about 10 years ago. Trauma patients who meet this category's requirements have to be transported to Port Macquarie Base Hospital if a helicopter is not available to transport them to Newcastle's John Hunter Hospital. This means an ambulance is lost out of the Great Lakes Manning area for 5-6 hours whilst the ambulance and its paramedic/s respond , treat, package and transport trauma patients to Port Macquarie Hospital in line with NSWA and Health trauma guidelines.

Solution:

Fund and provide the infrastructure to Manning Base Hospital to elevate it to the same level of Trauma Care / Acute Care as Port Macquarie Base Hospital and Maitland Hospital as evidenced in Professor Balogh's Trauma Verification Report 2017.

(4)Laurieton Ambulance Service, about 8 years ago, had a staff increase from 6 Paramedics to 14 Paramedics (about 120% staff increase). The Laurieton community has seen 0% productivity increase despite the staff increase.

NSWA introduced a day shift crew and a night shift crew model roster with no "on call" availability. This area has seen a huge population growth and the workload has increased.

Laurieton Ambulance transports patients to Port Macquarie Base Hospital. Should another urgent case occur, an ambulance has to

This is an inequitable situation when compared to patients living in metropolitan areas close to major hospitals.

Solution:

Fund and establish a Radiotherapy Cancer Centre in the Manning-Great Lakes region.

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

(1)There is a great need in this region for a Hospice so that palliative care patients can live out their remaining days with dignity and comfort in a more homely, caring environment with access to the outdoors and gardens, surrounded by their family and friends.

(2)It is also imperative that there be a dedicated, stand-alone ward at the Manning Base Hospital made available for terminally ill and palliative care patients. This would enable wholistic care, allow family and friends access 24 hours a day and provide adequate support for all.

(3)There is an ongoing need for specialised personnel in this area.

(4)The Committee of the Push 4 Palliative Care Group is entering its own submission, identifying the needs of this area of 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:

(1)In a low socio-economic region such as Manning Great Lakes, the number of chronic diseases each person has is increased. This increases the complexity of each admission / consultation.

(2)The incidence of cardiac and renal disease, diabetes, ear, nose and throat and eye problems is much higher in indigenous populations.

(3)The impact of a low socio-economic region such as this requires a significant loading for all hospital, medical and ancillary services.

(4)There is a serious lack of ENT (Ear, Nose, Throat) specialist service. (Refer back to (a) – (2) in this Submission.)

(5)Low socio-economics is associated with decreased health literacy.

(6)If time can be taken with each admission / consultation, then the complexity is better managed. Health literacy improves and gradually, admissions/consultations decrease or are less time consuming.

(7)All of the above applies to acute admissions as well.

(8)Several overtures have been made to the CEO of the Biripi Medical Service (the local Indigenous Health Service) for up-to-date information and statistics on Indigenous Health. Nothing has been forthcoming up to the time of this Submission.

(l)Any other related matters:

(1)Manning Base Hospital Emergency Department needs to be fully staffed with FACEMS, Registrars, Junior Medical Officers and suitable trained nursing staff and funded to its capacity of 18 beds. It needs to be brought up to the levels of Maitland and Port Macquarie Hospitals' Trauma and Acute Care.

(2)Attachment 1 spells out clearly the need for a Catheterisation Lab at Manning Base Hospital in order to address the serious cardio-vascular needs of this region locally.

(3)24-hour Radiology and Pathology services are required.

(4)Acute Care Unit needs to be upgraded.

(5)Manning Base Hospital needs at least one other operating theatre.

(6)Short Stay unit associated with the Emergency Department to accommodate patients waiting for results is required.
(MACU – Medical Acute Care Unit)

(7)Procedure room to perform Gastroscopies and Bronchoscopies is required.

(8)Provision is required for eye surgery to be performed locally.

(9)Facilities are needed for lung function tests to be performed locally.

(10)A Sleep Unit is required to perform Sleep Studies locally.

(11)The national bed allocation per 1000 patient population is 2.5. Based on this statistic, Manning Base Hospital should be a 250 bedded hospital with equitable and comparable resource allocation.

Attachments:

Attachment 1:

a) Letter to
   outlining the need for a Catheterisation Lab at Manning Base Hospital;
b) Letter from to all the specialists at Manning Base Hospital for a catheterisation lab;
c) BHI Data 2016;
d) Living far From A Cath Lab (Canadian Trial).

Attachment 2:

Letter from recent patient at Manning Base Hospital with her experience of hospitalisation in a general ward with patients suffering from dementia.

Attachment 3:

Ambulance Document -Manning Hospital Coverage with distance from Hospital, Road Status, Time for travel and Population. Location map is included.

CONCLUSION:

Manning Great Lakes Community Health Action Group thanks you for this opportunity to put forward our grave concerns and to advocate further on the very serious health needs of our local community.

The repetition and recurring themes embedded in this Submission are highly indicative of the glaring gaps in health service delivery for the people of the Manning Great Lakes region.

We hope and trust that this special Enquiry will make strong recommendations for the Government and its Health Department to act upon the solutions we have identified.