

**Submission
No 692**

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

Name: Dr Ian G Spencer OAM

Date Received: 15 January 2021

10th December 2020

Dr Ian G Spencer OAM
MB BS DRCOG DA DCH FACRRM

Submission to State and Federal Health Departments
Health Outcomes and Access to Health Services for Rural NSW

Dear Sir/Madam,

The Health Outcomes for Rural and Remote populations in NSW are significantly disadvantaged compared to the larger and metropolitan Centres. This is particularly true for the disadvantaged and indigenous people living in the Rural and Remote parts of NSW. This is also true for all the other states of Australia and the problems and solutions need to be addressed at a State and Federal level.

The main points which I believe need addressing first are

- The terms of reference appear to mainly relate to Hospital Services when in fact the greatest need is for Primary Care and Hospital Services to be looked at as a combination of services working together with the one objective of providing better access and delivery of Health Needs.
- The lack of numbers of doctors coming into rural towns both large and small is the most important issue facing Rural Health Services.
- The Small Towns are at a Crisis point now and are facing the possibility of there being no primary health access in the next few years.
- This lack of Local Medical Practitioners has a severe flow on effect to the Hospitals in those towns. The people that are not able to be seen on any one day are presenting to the Local Hospitals and causing that system to be overloaded and the staff to be over stressed hence a difficulty getting staff and retaining them.
- Most of these patients are Triage category 4s and 5s and should be seen in General Practice and not at the Local Emergency Departments.
- The Local Hospitals are increasingly being serviced by Locum Visiting Medical Officers (VMO) and the numbers available is inadequate to cover all the hospitals which need VMO cover 24/7.
- This is causing the service from the Hospitals to be 'Irregular and Unreliable'.
- Many of the smaller rural towns may need to be integrated into a 'Virtual Clinic' model.
- The Local Doctors are also not being encouraged nor supported in becoming VMOs at the Local Hospitals
- The root cause of this is 'Under Funding' of the Health Services to Rural and Remote Australian towns.
- The people of Rural and Remote Australia deserve an 'Equity' of Health Access and not simply an 'Equality' of Health Expenditure per Capita of population.
- The maldistribution of doctors throughout Australia needs addressing urgently and would almost certainly need a restriction of Medicare Provider Numbers in the areas where there is an oversupply of doctors both General Practitioners and Specialists. It will only be by a change in the 'Market Forces' that will change the maldistribution of doctors throughout Rural Australia.
- These changes need to be coordinated by the RDAA, AMA and AHPRA with advice from the DOH both State and Federal

- The Universities need to be supported and encouraged to increase their numbers of Medical Students that have a longer exposure to Rural Towns.
- The GP Training Schemes both GPET and RVTS need extra support and encouragement to get their registrars to spend more time in rural training practices.
- The Peripheral Rural Hospitals are increasing in their support of the Base Hospitals need to have reciprocal support from the Base Hospitals both for doctors and nursing staff to complement the rosters needed to maintain the Services at the Local Hospitals.
- The Peripheral Hospitals are doing a lot of the Rehabilitation and Assessments for ACAT, COMPACS and Nursing Home Placements. This service should be supported by Federal funding as this work is in the Federal Health Department portfolio.

Yours Sincerely,

Dr Ian G Spencer OAM