Submission
No 693

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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Partially Confidential

Inquiry into Health Outcomes & Access to Health & Hospitals

As junior medical officers we have a unique role in liaising and rotating through a number of specialties as well as being the main communication between the hospital and general practice. We are currently based in the Western Local Health District. These are a few of the points that we would like to put forward from our experience this year and from the perspective of a JMO in a rural hospital.

+ Virtual Rural Generalist Service (VRGS)

- Currently there a large number of towns in the western district being solely run by nursing staff and a virtual generalist
- As JMOs we often hand over patients to these peripheral hospitals under the care of a virtual generalist
- While there is a role for virtual doctors and telehealth this should NOT be the mainstay of hospital cover in a rural town
- I have had experiences where the on call doctor knew very little about the services the hospital offered or even the distances or where it was geographically located – how can we expect appropriate care of patients in their home town if the doctor caring for them does not understand their context? Or ever physically be a part of the community
- Virtual doctors and telehealth do have a role but there should be greater focus on retention of doctors both in the community and in the peripheral hospitals.
- As a JMO handing patients over there is a lack of continuity of care as a number of different doctors rotate through each of the sites – often when calling the service you get two different doctors in the one day.
- Even a model of care whereby GPs who live in a regional centre and are willing to service a community within the area for some of the week every week would be better for continuity of care than the current telehealth/virtual/sporadic locum service (eg there are a pool of GPs who reside in Dubbo and work in practices there but also do 2 days in Cobar every week where they also have a patient base/work in the local ED – this is not dissimilar to the way Western Imaging sends radiographers to communities once a week/month). This may help to build greater understanding of a community and be more likely to have greater retention in these places.

+ Rural JMO retention into the future

- There are a number of supports available for rural medical students and there is a lot of focus on this group for rural retention
- As a JMO there is a much, much smaller focus on rural health and understanding of the opportunities available rurally are much less known and promoted
- This is mainly due to a large focus on rural work being associated with general practice and not necessarily other specialties.
- The promotion and incentives for rural general practice should continue however there should be greater involvement with other colleges to create more opportunities for longer training in rural hospitals
- There should be no perception that training in a rural hospital disadvantages you from gaining entry onto specialty training programs – at a JMO/medical student level this is sometimes the perception

- Opening greater numbers of training places for longer parts of overall specialty training in rural hospitals would allow greater opportunities for rural (and metropolitan) JMOs to pursue a specialty career in rural areas – as well as ensure that young doctors are in a rural location for critical life stages (that will keep them living rurally – instead of being lost to a metropolitan area due to new relationships, children, etc)
- In turn keeping young professionals in town for longer would create more income for the community
- Providing rotating opportunities for staff to peripheral hospitals to help service Emergency Departments/wards – eg JMOs/SRMOs being able to rotate through smaller hospital EDs (this occurs in Port Macquarie, where JMOs can rotate to the smaller Kempsey hospital)

+ Lack of focus on retention of specialists in rural areas (as well as rural GPs)
- There are currently several lucrative FIFO systems within our hospital (for example the entire Orthopaedics department in Dubbo is serviced by FIFO surgeons despite drawing from a large number of communities in the west of the state) and having long waiting lists
- Encouraging specialists to remain in a community would not only increase the income of the community but provide a greater continuity of care for patients
- Currently there is no palliative care physician on site for this region (palliative care ward run by GPs – who do a very good job however do not work in any outreach services)
- Dubbo Hospital services communities that are up to 5-6 hours away, it is unacceptable that people in our district do not have access/support or the services available to die in their own community/on country.
- Having specialists and GPs who are supported to provide these services to these people, who understand their context and where they come from is essential (as the doctor themselves would live in the community as well!)

+ General practice/Emergency Department wait times
- Currently many general practices in Dubbo that have closed their books
- Long wait times to get into the GP
- This is causing a large number of Emergency Department presentations
- Lack of numbers of rural GPs and available services means that there is less preventative health care and worse outcomes for patients and hence ending up in hospital (and costing more than if they were regularly seen by a GP)
- Patients unable to go to GPs/local hospitals means greater pressure on regional hospitals that are already largely bed blocked
- We work with some of the most vulnerable people in the entire state and some of them do not have access to basic medical care in their own community – a GP
- Anecdotally: I ask patients to follow up with their regular GP about the outcome of a test result or further testing required and this is often met with a scoff and "I wonder which locum I'll try to get into" – this is a serious problem for continuity of care
- Often when communities do have a regular GP they talk about trying to make sure "they don't burn out their local doctor" so that they can remain in the community
- Everyone should have the basic right in NSW to access medical care and not have to have community meetings to gain these things (see below a flyer given to me by a patient) – I'm sure there aren't any communities in metropolitan areas getting together to raise awareness for basic medical coverage.

WE NEED A DOCTOR @ WELLINGTON HOSPITAL

- We are at risk of having NO DOCTOR
- Government has no plan to GUARANTEE a Doctor at Wellington Hospital 24 hours a day
- 1 Doctor at Present and only TEMPORARY who works 7 days
- We have two gaols, three solar farms, two wind farms, ageing population, high at risk population
- **WE NEED TO SUPPORT OUR HOSPITAL STAFF**
- In an emergency can you financially and medically afford to travel to Dubbo?

PLEASE COME TO THIS COMMUNITY MEETING TO ENSURE YOUR VOICE IS HEARD

ITS IMPERATIVE

TUESDAY 24th NOVEMBER 2020

6pm — CIVIC CENTRE