Submission No 718

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

Organisation: Walgett Aboriginal Medical Service Limited (WAMS)

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Submission to the hearing of the Portfolio Committee No. 2
Health Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW.

Introducing Walgett Aboriginal Medical Service Limited (WAMS)

WAMS has been operating its services since June 1986. The Board of Directors are five local Aboriginal people, some of who have worked, and are working in the health field for a combination of over 50 years of knowledge. Such familiarity in health, stands them in good stead to navigate the ever changing environs.

WAMS treats all people of all ages, regardless of income, gender or ethnicity. WAMS footprint covers an outreach clinic at Collarenebri, Goodooga and Pilliga and other areas as defined by funding agreements. The organisation also operates an outreach service at Brewarrina, with a staff of twelve persons.

Culturally Appropriate Care

Our hospitals are not culturally safe. Walgett Hospital has no seating space as well as kitchenette area for families. The hospital model for palliative care is not appropriate. No aftercare is provided to the families. The current walkways and distances to services are not suitable for low mobility clients.

Many mothers are choosing Narrabri, Moree, and Tamworth Base Hospital in preference to Dubbo Base Hospital because they do not like the care given at Dubbo Base. Preferred hospitals are in the adjacent LHD, not Western LHD.

Palliative Care

There is a severe lack of Palliative Care in our region. To receive this care, our people have to be relocated to Dubbo or Orange (from Walgett – 3 hour and 4 hour car journey one-way) removing them from their families and loved ones at a time when these people really need each other.

Discharge planning.

Patients are often flown to Dubbo Base Hospital. When discharged have to return home as best they can – there is no co-ordination with WAMS' GPs or AHWs to plan their return home. They have to rely on family to arrange logistics, find a Dubbo bed for the night, have money in their pocket and this often fails if that family has no support. People cannot afford to be discharged.

Dubbo Base Hospital will not email discharge summaries to WAMS in order to prepare for the discharge of our patients, in particular for our mums and bubs. This has to change. It's vital that our maternal nurses receive information about the birth of babies, any post birth trauma, and relevant information.

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We require this in order to deliver our services and to report to the Aboriginal Maternal Infant Health Strategy program funded by NSW Health. WAMS has written about this issue over the years to both the Ministry for Health, and the CE of WLHD.

Partnering with government departments

Once public School Principal/s are appointed both in the primary and secondary schools, WAMS are required to formally meet with them and introduce their scope of services. In the anticipation that our local knowledge and local staff (who are more often than not related to the students and staff) can value add to their student's times at the schools. Some of the programs that we have offered to the schools include Health Checks (holistic health care from top to toe). Tooth paste, brush and carry bag with staff demonstrating how to brush your teeth, a chilled water unit at the primary school (Walgett does not have fluoridated water supply). WAMS have sponsored many events inclusive of Sporting, NAIDOC and end of Term awards. WAMS recommend that local agencies are permitted to work across government departments as a pre-determined arrangement.

Health care by other parties

There is competition by other health related services – e.g. the Primary Health Networks, RaRMS, OCHRE and Mission Australia. Regional health care has its place; subject to complete involvement of the local health provider. Hub and spoke programs versus local community controlled operations – pop in and out, expectations that local agencies will subsidise the visiting program.

Too often a regional provider announces the services with the expectation that the local agent (e.g. WAMS) shall "support" their work – e.g. make appointments for the clients, transport clients to appointments, retain data/medical information on behalf of the visitor, have an office available, have WAMS staff available, provide follow up care, manage unexpected crisis outside of the scheduled visit. All of the above support services are gratis by WAMS.

Telehealth

Telehealth is problematic without a proper co-designed introduction that we lead in our community. Limited, infrequent audio and visual screens due to poor NBN reception. This in turns delays the consult time as well as anxieties by both the client and the practitioner.

Workforce

Currently WAMS is advertising for 5 x RNs, 2 x doctors, 1 x dentist, 4 x AHWs. We require a constant, pro-active recruiting campaign to fill our current vacancies and grow our services to meet the health needs of our communities. This campaign must counteract the negative media characterisation of Walgett and poor knowledge of our services that fosters a perception that a career with the Aboriginal Community Controlled employment sector would be detrimental for career prospects.

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We require capital funds to build more staff housing – there is no available housing on the private rental market in Walgett. We need to provide staff vehicles and subsidised rent, similar to arrangements offered to police, teachers and other agencies.

Case Study: Oral Health Program.
The program offers high quality oral health services for Walgett and surrounding communities.

Its program areas are:

- general dental services
- targetted preventive and clinical school children's program
- denture services
- coordination with other primary care and health check programs at WAMS.

WAMS is necessarily flexible with employment conditions of dental professionals, encouraging regular visits by dentists in order to provide continuity of care and trust within the community. A pressing challenge is the decreasing availability of dental workforce with the skills and knowledge appropriate to working in communities with high risk dental needs.

A pressing challenge is the decreasing availability of dental workforce with the skills and knowledge appropriate to working in communities with high risk dental needs. We also experience many workforce challenges:

- increasing reluctance of dentists to leave cities and large centres
- dentists might not have the necessary skills and experience for treating the acute and chronic dental conditions in people with high levels of multiple chronic diseases
- working in rural/remote and/or Aboriginal communities is often viewed as a short term "placement" or a one-off visit to "give back" to society
- this creates confusion and discontinuity of dental service provision, and can be stressful also for local dental management teams who are forever adjusting to working with a procession of strangers
- high costs of recruitment agencies
- government's fascination with Corporate or other third party providers, who generally have a prescribed model of service delivery which does not respect existing oral health program structures and community-identified needs
- funding bodies focussing only on Dental Weighted Activity Units (DWAUs) as evaluation of "productivity", i.e a one-size-fits-all, bums-on-seats assessment that has no regard for the actual quality of care, or for the time and resources put in to working with other program areas as part of a holistic approach to improving the oral health of individuals and encouraging their attendance for regular dental care.

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Dental recommendations:

- Opportunities for ACCHO dental programs to connect with a wider network of professionals, eg through their professional organisation and associations. To diffuse some myths and fears about working in rural/remote regions, and to present the opportunities we can provide for professional support and career advancement
- recognition by funders of the positive impacts of a dental provider team approach, as opposed to the previously traditional models of dentist-only services
- enhanced funding so that dental professionals are adequately remunerated, agreed accountability processes, whereby ACCHOs are involved in identifying real and appropriate measures of program outcomes
- recognising that newly graduated dental professionals are not suitable for rural/remote work, unless they are very closely mentored by a senior clinician who is onsite and not just "accessible by phone"