

**Submission
No 67**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

Organisation: Older Women's Network NSW

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Review and Update of Initial and Personal Submission to Parliamentary Enquiry – Legislative Assembly Select Committee on Remote, Rural and Regional Health.

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Thank you for the opportunity, as a member of OWN (Older Women's Network) to report back to the committee regarding the uptake of recommendations, regarding the Parliamentary Enquiry to "Inquire and Report. Progress relating to Implementation of Portfolio Committee No. 2"

My residential address is one hour's drive North of Canberra and is part of the Yass community. Our local hospital was originally the 6th hospital created in NSW by the community in colonial times. One of the main supporters was Hamilton Hume. His property is still preserved in our district. Through the support of local benefactors, and run by a Board of Directors, the Yass Hospital grew to become a 55bed hospital that incorporated maternity, emergency, inpatient care, aged care and palliative care along with operating theatres and the like.

Now, Yass Hospital has little capacity for diagnosis. It has a 24hour Emergency Department that is reliant on "Fly In and Fly Out" locum ED specialists that are excellent at their job. The imaging sector of the hospital has an ageing X-Ray machine, including a mobile machine that is now over 20 years old. The radiologist is employed on a limited contract that restricts the time she is available to operate this Instrument, to part time weekdays. Note that X-Ray machines have a Medicare expiry of 15 years and this machine is approaching that age. I am unaware of any succession planning to upgrade the equipment. There are no other radiological instruments other than a hand-held ultrasound device available to ED clinicians versed in its operation. This instrument was purchased by the Yass Hospital Auxiliary to aid clinicians in diagnosing abdominal presentations. This is the diagnostic capacity of a regional hospital that sees over 5,500 presentations per year in its Emergency department, where generally 2,000 of that number are very ill. (Cat 1,2 or 3 presentations) (Ref. My Hospitals AIHW data, Yass Hospital)

Now, there is no capacity for surgery – the Yass operating theatres were closed about 20 years ago, - and therefore there is no capacity for the hospital to offer a birthing facility. A tertiary hospital with adequate facilities for a safe delivery and required emergency equipment is too far away to assist birthing mums at Yass, if they get into difficulty. The magic time needed to respond to a complication is basically and simply, too short for the journey to Canberra and would risk the lives of mother and infant.

The one redeeming factor for Emergency Care – is the facility that exists between Canberra Hospital and Yass Hospital regarding heart attacks. There is a wonderful, streamlined and efficient co-operation when patients present with cardiac symptoms. A well-oiled process goes into operation where paramedics bring cardiac patients to Yass Hospital where they are able to confirm a heart attack through the facility of an instrument that can determine blood levels of troponin. A simple and cheap monitor of recent heart attack. The amazing work of the nurses and doctors then, using the latest cardiac monitors etc, stabilise the

patient whilst in constant contact with cardiologists in Canberra who can also direct treatment. Once the patient is stabilised, the paramedics then transfer that patient directly to the Cardiac care Unit in Canberra Hospital for treatment. My husband was the recipient of this amazing service. From the time I dialled OOO until he received a stent was less than 7 hours – considered best practice. This service is a hero for rural patients and should be replicated throughout the state. I ask, why can't this service be instituted in other emergency situations such as stroke patients? The simple answer is that Yass does not have a CT scanner or an MRI to determine the cause of a stroke. The lack of key diagnostics that are now basic to any diagnosis are not readily available in Yass nor many rural locations. The issue with stroke, falls or unconscious episodes is that they absolutely require an immediate imaging diagnosis to enable ANY treatment to begin. There are two reasons for strokes: one is due to haemorrhage; the other due to a blood clot – AND the treatments are completely different and damaging if given incorrectly. If ever there was a case for more diagnostics to be installed in regional hospitals this is it. Allowing patients to be diagnosed as early as possible saves lives and also money. The beauty of a CT scanner in situ saves huge dollars in pushing a patient into a tertiary hospital that need not be there, and at the same time, enables prompt responses to patients who desperately need help. For this hospital system to be able to function in a sensible capacity requires Triage, including appropriate imaging diagnostics to be performed in situ. This immediately gives rural hospitals capacity to look after their own people; and taking the burden of diagnosis off city tertiary hospitals, allowing them to actually do their incredible job of saving seriously ill folk, the task they have been designed for. I also believe that it will save money and time across the health system.

The other major diagnostic tool missing from Yass Hospital is an ultrasound. Ultrasound is becoming a major determining factor for diagnosis of many soft tissue abnormalities, and again allows capacity for a rural hospital to keep patients without sending them to city hospitals for care. Recently, I had a fall and I presented to the Yass Hospital. I was grateful for the professional care that I received from the locum and nurse attending me. I had left sided acute pain, and I was grateful for an X-Ray to make sure I had no broken ribs causing internal issues, and an ECG to rule out cardiac possibilities. However, as there was no ultrasound capacity, any query regarding soft tissue damage could not be addressed. At the same time, my dog Nellie, was not well. I took her to the vet in Gundaroo, a tiny hamlet between Gunning and Queanbeyan. The vet immediately rolled out the ultrasound machine and within 5 minutes had diagnosed that Nellie had a pyometra- essentially an abscess in her uterus that require immediate emergency surgery. She was operated on the next day. I find it incomprehensible that my dog Nellie, is able to access more responsive and definitive diagnostics than I am. To my mind this is nothing short of scandalous. Why is this so?

So where does the lack of diagnostic resources in rural hospitals actually leave us in terms of the delivery of specific and specialist health services to rural, regional and remote NSW hospital health services? I have already explained what the capacity of Yass Hospital has done to the risk management of implementing a birthing facility, not to mention prenatal and postnatal care. How does this affect aged care and palliative care? Certainly, the lack of a CT scanner limits any local clinical response to folk who have falls, cancer diagnoses, and chronic illness, and subsequently, increases the cost of required treatment for elderly folk elsewhere, that must be conducted out of jurisdiction. This also leads to the next vexed

issue, namely, lack of transport and its subsequent cost, for local folk to access the care that they need.

Today, I spoke with [REDACTED], a local hero in Yass who works tirelessly to help vulnerable, sick folk in need. She is the Patient Co-ordinator of “Can Assist”, a voluntary organisation who looks after the ongoing needs of cancer patients in Yass. She tells me that the patient transport situation in Yass is “desperate”, in helping chronically ill patients to access treatments and specialist services, all requiring the need to travel to the ACT or Goulburn for their care. The local transport service has 5 volunteers to drive folk to their appointments and this is simply not enough to service the problem. There is no regular public transport to the ACT other than a twice daily bus service to Canberra City from Yass. Whilst we may be an hour’s drive away, if you do not have a family friend or member to help, you may as well be in Timbuctoo. Timely accessibility to health services for the old, chronically ill and frail is a fundamental problem here and the mounting cost to them personally is unacceptable. This rationed isolation significantly increases the cost burden of disease for the elderly and chronically ill.

The sad situation is that this rationing of services does nothing to contain costs. Over the years I have been advocating for better health delivery, I have seen the costs to the NSW Budget bottom line dramatically escalate as the cost of having NSW citizens treated in the ACT paid directly via The Administrator, National Health Funding Pool, from 76,725,000 dollars in 2014 to 189,528,000 dollars in 2023. (See Annual Reports: The Administrator, National Health Funding Pool). This payment increases every year by millions of dollars and now overextends the ACT health system to cope with the influx of NSW patients surrounding the ACT. Rationing healthcare only serves to increase costs and inevitably makes folk, particularly, elderly folk, sicker and therefore, more expensive to treat.

The recommendations to increase delivery of specialist services and specific health services back into rural and regional communities is to be applauded. However, specialists cannot work effectively without associated diagnostic monitoring of their patients regardless of whether the appointment is face to face or via Virtual Care. Almost all diagnoses require an investigation through highly specialised instruments that is now a standard requirement to confirm or monitor an ongoing condition. To me it seems somewhat redundant for a specialist to visit Yass if the patient is still then required to travel for any radiological or scientific investigation apart from an X-Ray. The general assumption by political leaders is that most rural hospitals are adequately equipped to determine diagnosis. This is simply not the case.

The promise of Virtual Care technology changing the lives of rural folk is tempting. The possibilities of extending specialised care to the country has given all the promise of a new age of healthcare. Again, I caution the practicalities and the possible reach of this technology, given the diagnostic and treatment constraints that I have already outlined. That said, already we are seeing a such wonderful innovation like “Wally” – a very clever robot that can be operated by a Registered Nurse in situ, and virtually monitored by a qualified ED doctor in a remote location. Wally is a godsend to parents with sick children who come down with an illness after hours. Through Wally the remote doctor can examine your throat, ears, nose and check you out for any manner of ailments allowing the remote

doctor to diagnose a problem and order appropriate treatment and medications. Wally, however, cannot help with very serious conditions where hands on treatment is necessary. Wally is available at Yass Hospital.

It is my firm belief that Rural and Regional health delivery are at a crossroad and there is a great need for a comprehensive audit and review of potential resources, both equipment and clinical staff. This audit must address the needs for country folk, and, in particular, the need to be able to accurately diagnose conditions IN SITU so that the most efficient, timely and safe use of resources can be allocated for the maximum benefit of the patient. It must also examine technological change and begin to efficiently use diagnostics and telehealth to enhance and supplement a system that can mitigate against the tyranny of distance, providing timely, quality care to our rural and regional populations.

Yours faithfully,
Jill McGovern,



References:

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- 3) Recent developments in federal government funding public hospitals: a quick guide by Amanda Biggs, Social Policy Section, Parliamentary Library Research papers 2018-19
- 4) Yass Valley Council 2019 Population Projections at www.planning.nsw.gov.au/projections
- 5) .idcommunity Yass valley population forecast at <https://forecast.i.d.com.au/yass-valley>