

**Submission
No 6**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND
REGIONAL COMMUNITIES**

Organisation: Parkes Shire Council

Date Received: 24 October 2024

21 October 2024

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Dr Joe McGirr, MP
Chair
Select Committee on Remote, Rural and Regional Health Inquiry

Dear Dr McGirr,

Please find attached our Submission to the Select Committee on Remote, Rural and Regional Health Inquiry, regarding the Implementation of Portfolio Committee No. 2 Recommendations on Cross-Jurisdictional Health Reform and Government Consultation with Remote, Rural, and Regional Communities in NSW.

Yours faithfully



General Manager

Submission to the Select Committee on Remote, Rural and Regional Health Inquiry

Subject: Implementation of Portfolio Committee No. 2 Recommendations on Cross-Jurisdictional Health Reform and Government Consultation with Remote, Rural, and Regional Communities in NSW

24 October 2024

Introduction:

On behalf of Parkes Council and the wider region, I am writing to express our concerns regarding the implementation of the Portfolio Committee No. 2 recommendations on cross-jurisdictional health reform and government consultation with remote, rural, and regional communities in New South Wales (NSW).

Firstly, the May 2022 Portfolio Committee No. 2 Recommendations on Cross-Jurisdictional Health Reform and Government Consultation with Remote, Rural, and Regional Communities in NSW, should be applauded. The findings articulate the problems regional communities are experiencing and the recommendations at the very least suggest ways forward to address the issues identified.

Unfortunately, there is little evidence in the regions that any progress has been made, in fact from a subjective basis it would appear the opposite is the case.

Our region has faced significant challenges in accessing adequate healthcare services, and this submission highlights several critical issues, including the lack of doctors in regional areas, the declining health of rural populations, the closure of aged care homes, the closure of maternity services, the lack of primary health care options, the difficulty with accessing Specialist and the shortage of allied health services and NDIS support services. These issues are further exacerbated by the ever-increasing blurred lines between state and federal government responsibilities.

Lack of Doctors in Regional Areas:

One of the most pressing issues in rural and regional NSW is the severe shortage of doctors. This shortage has led to long waiting times for medical appointments, reduced access to specialist care, and increased pressure on existing healthcare providers. The lack of medical professionals in these areas not only affects the immediate health of residents but also contributes to the overall decline in health outcomes for rural populations.

Local hospital Emergency Departments are rapidly becoming pseudo primary health service providers. It may be time in many communities to embrace the need and provide primary care facilities from the local hospitals, that provide multiple roles, such as training doctors, allied health professionals, servicing the needs of ED and inpatients and providing primary care to the community. The pathway to developing health professionals needs to be built in a much more robust way, including the funding of placements for training doctors.

We have also seen the issues with lengthy recruitment processes by Health Districts, and inhibitive costs/timelines associated with bringing in international doctors.

In summary the issues are listed below.

1. The lack of access to doctors in the region is fast becoming critical.

2. Experienced fellowed doctors, cannot "work-harder" to solve this problem. They can however supervise and train multiple student doctors, which must be part of the long-term solution.
3. All tiers of government, industry and universities need to work together.
4. Parkes has a new \$80m state of the art hospital, with modern birthing suites, and twin operating theatres which are grossly underutilised.
5. There are no maternity services in Parkes since 2019.
6. Health outcomes for our people in our region are in serious decline.
7. Ambulance staff are caught up with patient transfer, critical vehicles in workshops for extended periods etc reducing their capacity to service local emergencies.
8. Universities have existing relationships with regional Hospitals, to training young doctors. This relationship needs to be fostered.
9. Doctor decline has meant that recently the aged care facilities have no visiting doctors in our region.
10. Western NSW LHD and Parkes Council have developed a "Health Precinct" masterplan which provides significant opportunities for a health cluster around the new Parkes Hospital.
11. Local GP's are overwhelmed, fatigued and exiting the profession as a consequence. The opportunity therefore to act as a trainer and mentor, may well be appealing, providing contractual arrangements are desirable.
12. The way we are working, is not working, and new models must be trialled.

Access to specialists in Regional Areas:

The doctor shortage exacerbates the ability for regional Australian to then access specialists. While there is no expectation for specialists to establish in smaller regional areas, there is every opportunity for them to visit the Hospitals of mid-sized regional areas to provide specialist services. This does occur on an ad hoc basis, and where it does the services are very well attended. A formal, strategic approach to specialist visitation would be a significant improvement.

Declining Health of Rural Populations:

The health of people living in rural and regional areas is declining at an alarming rate. Factors such as limited access to healthcare services, higher rates of chronic diseases, and socioeconomic disadvantages contribute to this decline. The disparity in health outcomes between urban and rural populations is a significant concern that requires urgent attention and action from both state and federal governments.

Closure of Aged Care Homes:

The closure of aged care homes, such as Fraser Court in Peak Hill and Rosedurnate in Parkes, has had a devastating impact on our elderly population. These closures force elderly residents to relocate far from their communities, families, and support networks, causing emotional distress

and disrupting their continuity of care. The lack of local aged care facilities places additional strain on families and the healthcare system.

The closures have been catalysed by the cost of the Royal Commission reforms, the lack of qualified staff and the lack of visiting GPs to attend to the health needs of residents.

Closure of Maternity Services:

The closure of maternity services in Parkes in 2009 is another critical issue that needs to be addressed. Expectant mothers are now required to travel long distances to access maternity care, which poses significant risks to both maternal and infant health. The absence of local maternity services also places a burden on families and increases the likelihood of adverse outcomes during childbirth.

Lack of Primary Health Care Options:

The lack of primary health care options in rural and regional areas is a major concern. Residents often have limited access to general practitioners, allied health services, and preventive care. This lack of access leads to delayed diagnoses, untreated conditions, and higher rates of hospital admissions. Strengthening primary health care services in these areas is essential to improving health outcomes and reducing the burden on the healthcare system.

Shortage of Allied Health Services and NDIS Support Services:

In addition to the shortage of doctors, there is a significant lack of allied health services such as occupational therapists, speech therapists, and other essential support services under the National Disability Insurance Scheme (NDIS). This shortage severely impacts individuals requiring these services for rehabilitation, developmental support, and daily living assistance. The absence of these critical services exacerbates health disparities and limits the quality of life for many residents in rural and regional areas.

Blurred Lines Between State and Federal Governments:

The issues outlined above are exacerbated by the blurred lines between state and federal government responsibilities. The lack of clear delineation and coordination between the two levels of government results in gaps in service delivery, funding shortfalls, and inefficiencies.

A more integrated and collaborative approach is needed to address the complex health needs of rural and regional communities effectively.

A proposed Pilot to develop a training pipeline for doctors and allied health professionals while supporting the primary health needs of the Community:

The issues outlined above are exacerbated by the blurred lines between state and federal governments. A unified approach is likely to yield significantly better outcomes.

As a consequence of the current circumstances, we believe there is an opportunity to trial a new way of simultaneously delivering primary health care to the community, service the needs of the regional Hospitals and creating a training pipeline for doctors and allied health professionals.

1. We propose a demonstration project would involve:
 - a. **Establish an expert committee**, including for example, the Local Health District, PHN, Educators (Universities), Doctor Practitioners, Nurse practitioners.

- b. Develop facilities on the new Parkes health precinct to support the initiative, including the delivery of primary healthcare in a surgery close to the hospital, training of student doctors, training facilities for new doctors, inclusion of nurse practitioners, paramedics, accommodation, etc.
- c. The recruitment and direct employment of fellowed doctors to support this initiative.
- d. Develop and trial new models of care in consultation and oversight by expert committee and fellowed doctors. This may include nurse practitioners using virtual Health technology, student doctors overseen by virtual Health technology, onsite doctors overseeing care, outreach to aged care facilities, smaller hospitals in the region etc.
- e. There may be an expanded role for Ambulance officers in this new model, particularly to encourage the recruitment then to ensure the skill development/maintenance of IC and EC Paramedics.
- f. Use the expert committee and proposed project to fully support the relationship with Educators to train student doctors, thereby creating a pathway for new doctors and allied health professionals.

We believe this is directly supportive of many recommendations of the inquiry.

Conclusion:

In conclusion, the implementation of the Portfolio Committee No. 2 recommendations on cross-jurisdictional health reform and government consultation with remote, rural, and regional communities in NSW is of utmost importance, but outcomes are not yet readily observed. Addressing the lack of doctors, declining health of rural populations, closure of aged care homes and maternity services, lack of primary health care options, and shortage of allied health and NDIS support services requires urgent and coordinated action from both state and federal governments.

Parkes Council proposes a pilot program to develop a training pathway for doctors and allied health workers, while simultaneously supporting the local hospital and providing basic primary health needs to the community, in a one-stop arrangement.

We urge the Select Committee to consider these issues and work towards sustainable solutions that will improve the health and well-being of rural and regional communities in NSW.