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

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Inquiry into the implementation of Portfolio Committee No. 2
recommendations relating to cross-jurisdictional health reform and
government consultation with remote, rural and regional communities

Good morning
I furnish this submission to the Committee after being contact by Wagga Local
Health Advisory Committee.
My name is Steven Ross, I am a resident of the Snowy Valleys Shire NSW.
I had recently retired after 33 years of service in NSW Government department of
Justice.

NSW Health does not have a shortage of staff, NSW Health has an excess number of
hospitals and MPS's
that are spreading the staff thin across the state.
The Goverment needs to be bold and brave and make decisions the people will not
always agree with.
In this case a complete reshuffle of the NSW regional/country health system.

I cannot for the life of me understand why NSW Health would build and establish
hundreds of Hospitals and MPS's
in short distances from each other.
Australia has been moving ahead and NSW in some regions is still thinking 100 years
behind.
The establishment of technology, better transport systems, newer advanced vehicles
and education/training of staff
need to be used.

We need to move with the times, reduce wasting treasury funds and make cuts where
it is needed including
closing some hospitals and MPS's and expanding the roles of NSW Ambulance Service,
patient transport
and community specialist centres. The community needs to get with the times and
relise that
Accident and Emergency is not a doctors surgery. All Non urgent/Emergency issues go
to your Doctors and
if they cannot get in take advantage of the recent government changes in
legislations go and
"see the local chemist for advice, work sick certificates and basic treatment".

I believe that the NSW Government and Health should start changing the roles of NSW
Ambulance. We all know that
an Ambulance is a mobile trauma centre or accident and emergency department.
In most cases in towns without a hospital nearby people call the ambulance, the
ambulance arrives triages the pateint onsite and
decides if they need to goto hospital, doctor or given suitable treatment onsite.
Thankyou here's your bill, make sure you get ambulance cover.... The cost of
running extra ambulances is alot less then
the cost of running a Hospital or MPS in a town or region. Towns, areas need to
re-intorduce visiting specialist centres to support Doctors Surgeries and isolated
towns communities.

Patient transport arm of NSW Ambulance needs to be expanded for those patients who
cannot find transport to return to thier town of origin.
Patients should try to resource family, friends,community transport first before
Patient transport is offorded, this could include a fee.

My submission came about after hearing of the Registered Nurses pay disputes, I
looked at NSW Maps, lists or NSW hospitals and MPS's and
used my own knowledge of the amount of Hospitals and MPS's in Snowy Valleys Shire,
Wagga regional, Cooma Monaro Shire and Shoalhaven shire.
They all differ in facility numbers, population/presentation amounts and distances
between the assets.
NSW People need to start learning to travel to hospitals for treatment not
Goverment building hosptials closer.

If NSW Health closed down some of the Hospitals/MPS's that are too close together
in distance,by identifying and improving the best facility
for purpose as the hub of the area or region. Increase ambulance, patient transport
numbers and relocating staff to fill positions.

Snowy Valleys has 4 hospitals within approx 90 km's. Gundagai, Tumut,
Batlow/Adelong and Tumbarumba. Tumut is the Base Hospital for the area the others
are MPS's.
Gundagia population/location ensures it viablilty however Tumbarumba and
Batlow/Adelong are questionable. They have emergency department but
no permanent doctor available. At times there is not even in the township, all
emergencies are either transported to Wagga Base Hospital or Tumut Hospital
because the staff and facilities are not able to cope with proper emergencies. NSW
Ambulance in most cases triage the patient and make the decission,
forget Tumbarumba and Batlow/Adelong just go direct to Tumut or Wagga for
treatment.
I can see the need for Tumbarumba it is an outpost that takes in Rosewood,
Jingelic, Khancaban,Tooma and it is just over an hours drive to tumut.
It also catches the motor vehicle accidents that occur on the western side of the
snowy mountains between Tumbarumba and Kiandra and Khancoban and Thredbo.
Batlow is only 25 minutes to Tumut and Adelong 10 minutes, it has low numbers of
emergency presentations most are cases patients that could have attended
the Doctors Surgery for consultation. There is also 19 aged care beds. Given the
distance to Tumut and having a ambulance station, the additon or more ambulance
 and patient transport numbers would be cost effective and much cheaper to attend
emergencies around Batlow and if required transporting direct to Tumut
for treatment instead of running a fully staffed MPS at Batlow.

The riverina area (murrumbiggee is a cluster F--K)
Tocumwal, Finley, Jerilderie, Berrigan bundled up. Wagga, Lockhart, Henty,
Culcairn, holbrook, Corowa, Albury also bundled up.
Most of the facilities are small and some within a 25-30 minute drive from each
other and they are fully staffed.
Albury Griffith and Wagga are the main bases of the region. Identify the main
outposts needed upgrade them and close the others and
upgrade NSW Ambulance and patient transport capacity in the areas closed.

Snowy Monaro area,, Bombala - Delegate 20 minutes apart, bega - Pambula 25 minutes apart but all fully staffed and could be condensed to 1 in each area, redeploying staff to the upgraded hub and reinforced with additional ambulance and patient transport in the other location. This would close Delegate, Pambula. Jindabyne is the exception instead of building a hospital they have a comprehensive medical centre.

Last is comparing to the Shoalhaven, huge population numbers over 113,000 people, huge emergency presentations and the regions are able to cope with having main hospitals
with greater distance of travel. David Berry, Shoalhaven and Milton-Ulludulla. David berry is a special hospital however it is 1 hour drive between Shoalhaven and Milton.
The comparison demonstrates something needs changing urgently, a big portion of population understand and travel some distance to a hospital. They don't see a need for expansion
instead they use ambulance and patient transport. They prefer NSW providing a regional or area hub hospital that better quality, equipt and improved than having half a dozen hospitals around them.

Staff, well if you speak to alot of staff nurses, ancillary, administrative and hospitality/cleaning services they would feel more support and more secure in a larger better quipt environment than a small one.
MPS's with emergency rooms generally have no doctors available and some locations no nurse practitioners.It leaves the nurses vulnerable (no wonder they want a payrise) things can go wrong.
They are unable to properly treat some patients, some locations need to use the tele health system to get directions and assistance from doctors hundreds of km's away
even using their personal mobile phones to take images of injuries sending to doctors at other locations for directions on treatment.
Cleaning and cooking staff no one ever thinks about, very few people want to work in this area and get very little support.
In smaller towns the employment pool is very shallow it's extremeley difficult to recruit staff.

   Accident and emergency waiting times and use of the service by non emergency cases. It's time to educate the public.
We know the Medicare system has alot to do with the emergency department crisis and bed shortages.
The NSW Government and Health need to look at a fee for service at Accident and emergency centres.
NSW doctors due to the neglect of Australian Government Medicare not increasing the rates over 10-15 years has forced doctors across NSW to slowly wipe out the bulk bill system.
As a result people wont pay the $80 - $100 doctors bill instead abusing the NSW health system by attending accident and emergency with issues such as colds, small cuts or bruises,

medical certificates for employers etc.NSW Health need to remind it's people that Accident and Emergency is for emergency medical treatment not for a cold or a certificate of capacity.

They need to be reminded and instructed to see their GP or under the government reform their Chemist.

To combat the neglect of people trying to use the system designed for emergencies not non-emergency presentations.NSW Health work with NSW Government to support and introduce a fee.

On presentation when Triage is conducted staff should be legaly supported by law to make judgement if a presentation is an emergency or non-urgent. just like the ambulance service.

The person should be informed of the decision you are or are not an emergency presentation,then advised to either see their GP, local chemist or can stay and be treated that will include

a fee at GP or Medicare gap rates as decided by NSW Government and Health.

In a very short time period the public will get educated and start making sensible decicions. "I better go see the GP, not A&E" a good catch phrase.

Televsion advertising of a child falling off a bike with a minor scratch or getting a cold, Mum and Dad looking at the situation and telling the child "We better go see the GP not A&E" is a reminder.

The introduction of a trial or experiment if you like in the NSW Murrumbiggee health area is a good start for future change across the state.

Down in the Tocumwel district there is a number of facilities costing alot of dollars, between them is a low emergency presentations and acute ward needs, fully staffed.

If one facility was identified, upgraded then the others could be closed and staff relocated. In the areas closed state government increase Ambulance staff and vehicles numbers.

NSW Police are already operating this system in Sydney. Every police vehicle is a portable police station, they have everything they need to perform their day to day tasks.
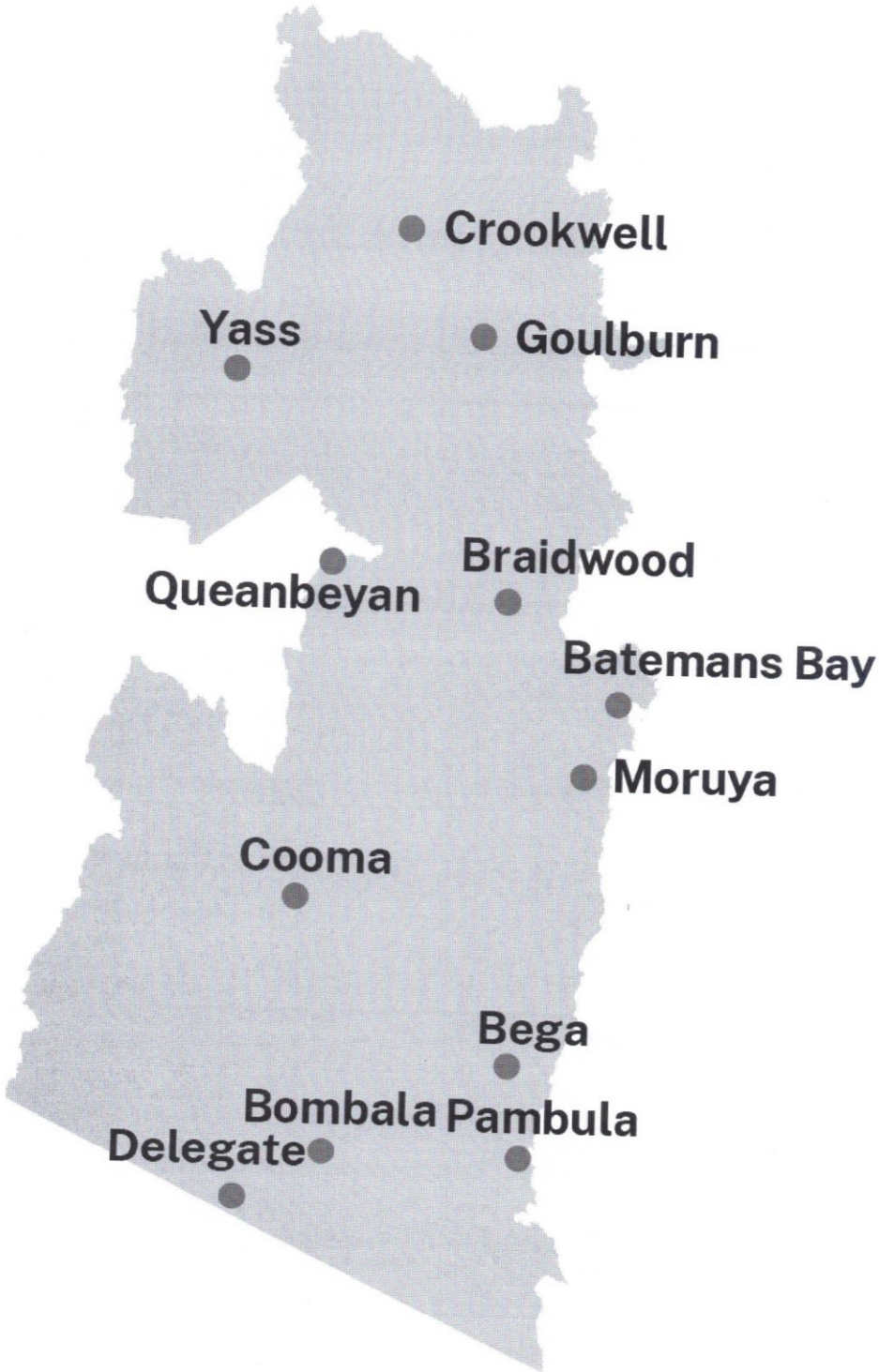
An officer signs on, collects his equipment and out onto the street with the vehicle. The only time a vehicle need to return is at end of shift, bring in a custody or administrative/training etc.

NSW Ambulance is the same, computers, communtications, technology they just need to change proceedures and mindset. Ambulance officer signs on, collects equipent and attends emergencies/call outs.

They will differ by remaining at the station for periods but once on the road would become a portable emergency room attending multipl locations. Returning to the base for restock, cleaning and admin/training.

Thank you
Steven Ross

Lake Cargelligo

Hillston

West Wyalong

Mercy Care Centre, Young

Griffith

Temora   Young

Hay

Leeton   Cootamundra   Boorowa
                                     Murrumburrah-Harden

Narrandera   Coolamon

                          Junee

                Gundagai

Lockhart

Urana   Wagga Wagga

Jerilderie   Tumut

Deniliquin

Barham   Henty   Adelong-Batlow

Finley   Holbrook

Berrigan

Tocumwal   Tumbarumba

Culcairn

                Mercy Health Service, Albury
Corowa

Albury

Crookwell

Yass

Goulburn

Braidwood

Queanbeyan

Batemans Bay

Moruya

Cooma

Bega

Bombala Pambula

Delegate

- Coledale
- Bulli
- Wollongong
- Port Kembla
- Shellharbour
- David Berry
- Shoalhaven
- Milton-Ulladulla