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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Our previous local member advocated tirelessly on his community's behalf for improvement to our access to doctors especially available within our new hospital n Emergency Department, as well as replenishment of GP practices.

We signed petitions and voiced our support over several years for the provision of doctor numbers to increase and provide 24hour cover at our local hospital.

Today, we have fewer doctors in our community as GPs, still, with a wait time for an appointment being weeks, rather than days. More often than not there is NOT a doctor available to see at ED, nor a doctor within the hospital admitting or treating n reviewing patients. Sick people have to be transferred to other hospitals, such as Armidale or Tamworth, even Newcastle. This puts stress on those hospitals too, as well as on patients then isolated away from family support.

I understood that the arrangement being discussed was to be between Fed n state govts enabling doctors to work within the hospital and as a community based doctor. This needs to happen as a matter of urgency.

STOP TALKING and just provide the country areas with adequate health services; one where a sick person going to ED is seen by a doctor face to face, not via telehealth, can be admitted to the local hospital where a doctor can oversee their medical progress, and where there are enough doctors in the community to get an appointment to be seen within a week, minimum. JUST DO IT, PLEASE.

Not really a big ask by our community is it??