

**Submission
No 45**

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

Name: Ms Sharelle Fellows
Position: Community representative
Date Received: 31 October 2024

Submission

I gave evidence at the Wellington hearing of the original Inquiry into Rural and Remote Health Outcomes as part of the Gulgong Petitioners.

It is with a sense of despair that I write to say that while there have been some measures undertaken, the promise of the NSW Health Minister to implement all 44 recommendations seems unlikely to eventuate.

Gulgong has had no doctor since March / April. A town of 2500 people and an ever increasing population at the centre of the REZ (renewable energy zone).

[REDACTED] the town has effectively been doctorless. The MPS has been solely reliant on the Virtual service. A key finding of the previous Inquiry is that a virtual service should complement not replace face to face care.

Community members have presented to the MPS and been informed that their chronic conditions need consistent monitoring and they need to find a GP.

This is now impossible as both Mudgee medical practices have closed their books.

This is due not only to the overwhelming demand of Gulgong residents needing care but also to the failure to attract and retain doctors in Mudgee-many are retiring and replacements can't be found .

There have been several media articles about this situation:

<https://www.9news.com.au/national/its-ridiculous-aussies-moving-to-regions-shocked-by-major-healthcare-drawback/9392199c-67a0-4b19-8822-679189e023b4>

So those who have the means are travelling hundreds of kilometres to Lithgow , Bathurst Orange and Sydney to see a doctor.

Mudgee ED had seen a marked increase in low acuity presentations as it is a 4- 6 wait to see a doctor.

I wrote to the CEO of WLHD Mark Spittles on two occasions : the first to clarify the situation with the doctor's absence and subsequently to ask what measures could be put in place to meet the healthcare needs of this community. I suggested an urgent need for a locum at the MPS and/ or the Gulgong medical centre .

I also raised this matter directly with the Health Minister Ryan Park (see attached file).

Health workforce shortages remain the biggest problem - and the incentives to attract and retain them to rural and remote areas.

The lack of medical students choosing general practice is the crucial issue. While this is a federal responsibility there needs to be much greater collaboration between state and federal governments to address this as a matter of urgency - and sadly there seems to be inadequate planning to actually solve the problem.

Gulgong's situation is unacceptable - two new large housing subdivisions being developed to cope with an expanding population and no access to a doctor - unless you can travel hundreds of kilometres. The elderly, the frail, the disadvantaged are going without the healthcare they need.

Surely Energy Co could help subsidise medical services in this area as recognition of the impact of the REZ ?

This community is certainly far worse off 3 years after the inquiry and it is difficult to accept that there has been any real tangible progress in implementing all those vital recommendations.

Yours sincerely

Sharelle Fellows

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