**Submission No 97**

# 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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**Date Received:** 8 November 2024

**From:** [redacted]
**Sent:** Friday, 8 November 2024 10:44 AM
**To:** SC on Remote, Rural and Regional Health
**Subject:** Re: Extension of submissions deadline - Cross-jurisdictional health reform and government consultation with remote, rural and regional communities

**Follow Up Flag:** Follow up
**Flag Status:** Flagged

**Categories:** SUBMISSION

Thank you for the opportunity for further submissions.

In regional NSW there are no tertiary hospitals and therefore no neurosurgical or cardiothoracic capabilities, amongst other things. For those services, we rely on referral pathways and remote advice. Sometimes this works perfectly. However, not infrequently, we are told things like "that needs an operation, but we have no beds. Can you speak to another hospital." Although we can try other hospitals, those conversations always end with "we aren't your referral service, therefore we can't take your patient." This seems to be a bed management decision rather than a clinical decision.
I don't understand this. We are all in NSW health. If a patient needs an urgent operation, beds and referral pathways should be a secondary concern to clinical urgency. Yes, having a default policy is a great start and very helpful. But if that pathway is at maximum capacity, why are we loading it up more if another hospital might be more able to accept? If hospitals are paid in activity based funding, why are they saying no?

Two ways around this that I can see.
1) have a regional tertiary facility
2) use existing pathways as a default, but have a backup mechanism that is helpful to cross these imaginary LHD referral boundaries.
- hospital A (unable to take) foots a proportion of the bill for being unable to take "their" patient
- state retrieval service gets oversite of bed capacity and can refer to the most appropriate centre

At the moment, regional hospital staff spend hours on the phone being bounced around the state trying to advocate for their patients. This can be streamlined. All those phone calls and delays are frustrating, but the most important part of it is that they are delays in definitive care for regional patients. We are not getting equal access to healthcare as metro patients. The recently published ITIM report 'Neurotrauma in rural NSW' illustrates this. https://aci.health.nsw.gov.au/__data/assets/pdf_file/0011/964037/ACI-ITIM-Neurotrauma-rural-NSW.pdf

We cannot change our geography. We can change the way our systems help us.

With thanks

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