



# Trish Doyle MP

## Member for Blue Mountains



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### **New South Wales Parliament Legislative Assembly**

### **Health Practitioner Regulation National Law Bill 2016**

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I support the Health Practitioner Regulation National Law (NSW) Amendment (Review) Bill 2016. It is important to have cooperation with participating jurisdictions and the Commonwealth.

I will outline a few critical points in relation to the hospitals that my community rely upon for their health care or that they work within.

The Premier and his Minister for Health are presiding over a health system that is stretched to its limits.

The system continues to operate solely through the goodwill of its workforce—doctors, nurses, cleaners, ward clerks, physiotherapists, social workers, administrators and managers—and without that goodwill I fear it will break.

Each year the number of complaints received by the Health Care Complaints Commission about our public health and hospital systems increases.

The statistics speak for themselves: Between 2013-14 and 2014-15 the number of complaints received increased by 10.5 per cent—more than 5,000 complaints.

The bill aims to simplify the healthcare complaints process and to make it more transparent and fairer for all involved. Indeed, the making of a healthcare complaint and working towards its resolution can be a complex and time-consuming process that often does not yield the desired outcome.

The rights of health professionals must also be protected and they should be accorded natural justice. However, surely it is better to address the source of the complaint rather than spend a lot of time and money on complaints management and resolution.

In my view much of the substance of healthcare complaints results from severe funding cuts and a lack of health resources. The best goodwill in the world cannot undo the

current state of affairs as our local hospitals struggle every day to meet the needs of those who attend our emergency departments, the demand for beds and the increasing complexity of the needs of those presenting for care.

The Baird Government must be held to account for slashing \$3 billion from the New South Wales health system, and now the Turnbull Government is having a go.

Often motivated by the desire to prevent others from having the same experience and in the hope that the system will learn the lesson and improve the situation, constituents tell me of their experience in using the health system. As a first step, they come to me with their complaints rather than accessing the formal healthcare complaints system.

I work with management at the Nepean Blue Mountains Local Health District to address constituent concerns where possible. Again, many of these complaints relate to waiting lists and waiting times. People wait for an ambulance, they wait outside emergency departments, they wait inside emergency departments for treatment, they wait for beds and then they are rushed out of hospital before they are ready, which results in re-admissions and infections.

Their stories reflect the facts—for example, at Nepean and Westmead hospitals 52 per cent of patients waited longer than four hours and at Nepean Hospital, which is utilised by many in the Blue Mountains community, 835 patients waited longer than 20 hours in emergency.

That is not good enough.

Recognised health challenges in my region include: relatively large increases in the number of older people in the local health district; an ageing population, so we are seeing a significant increases in chronic illness; high smoking, obesity and stress levels; 58 per cent of the population are overweight or obese; high rates of diabetes; a large urban Aboriginal community with poorer health outcomes than non-Aboriginal people; a physical landscape that means many people must travel long distances to access care; and socioeconomic inequalities resulting in poorer health outcomes. And whilst my region faces significant health challenges, we do not have all the health resources that we need to meet community needs.

I hark back to Neville Wran and Laurie Brereton's "beds to the west" campaign. At the time health resource levels were improved for the west, but today we see an increasing gap between east and west, delivering poorer health outcomes for those who live in Western Sydney.

Nepean Blue Mountains Local Health District is experiencing a much higher rate of growth in the ageing population compared with the rest of New South Wales. At the same time increasing numbers of elderly patients are requiring the services of Nepean and Blue Mountains hospitals.

Despite the best efforts of staff, neither facility has adequate staffing ratios to care adequately for this high-needs group of patients. For example, Blue Mountains Hospital's rehabilitation ward, which caters largely for aged patients, has two nurses who have the impossible task of caring for 12 elderly, high-needs patients.

Staff are doing their level best to meet the needs of this growing group of patients. However, they provide care under extraordinarily difficult circumstances.

I have previously called on the Minister to establish a secure dementia unit at Blue Mountains Hospital and this recommendation is supported by the hospital's medical council.

Dr John England, as spokesperson for the medical council, has advocated passionately for this cause.

But to date our calls have fallen on deaf ears.

Anyone who calls an ambulance in the Nepean Blue Mountains Local Health District can find themselves taken to one of a number of hospitals in Sydney's west due to bed block and waiting times. We are at an all-time high, with ambulance response times rising above a 10-minute wait in 2014-15. With the move to ambulance super-centres, areas such as the Blue Mountains may well experience longer waiting times.

Recently we witnessed a shooting in the Nepean emergency department. I regularly hear of assaults against staff in other parts of the health system. Staff stress levels are at an all-time high. The health and safety of our healthcare workforce is currently at a critical level.

We must invest rather than cut the healthcare budget to improve services to patients and ensure the health and safety of our healthcare workforce.

Bed block at Nepean means that staff are under huge pressure to discharge patients prematurely, before they are clinically ready, due to bed shortages. At Nepean and Westmead hospitals diagnostic reports are taking up to six months to be typed up and sent back to the patient's general practitioner [GP].

How does the GP implement an adequate treatment plan when she or he is operating in the dark?

Whilst the Turnbull Government uses the razor to slash \$800 million from community health, the Premier and the Minister stand by and watch as the community health system slowly grinds to a halt.

Many elderly patients suffering from chronic health conditions such as leg ulcers and other conditions requiring daily dressings are unable to receive the necessary ongoing treatment from community health due to budgetary pressures and its impact on staffing and servicing levels.

Cuts to preventative health are of great concern to Blue Mountains doctors. They would like to see greater investment in primary health care and preventative health. This makes sound clinical sense as well as good economic sense.

Instead, we see cuts to basic health services, pathology such as Pap smears, international normalised ratio testing for people with blood clots and diagnostic imaging.

The Blue Mountains continues to experience a shortage of GPs, with waiting times of up to a week or longer to access a GP. Additionally, people who have recently moved to the Blue Mountains often cannot find a local GP because their books may be closed. So they turn up in our emergency departments.

Our GPs are not getting any younger either and many have indicated their desire to retire in the next five years. They often lament "Who will take my place?"

These factors are potentially catastrophic for the health and wellbeing of our community. We must plan ahead to attract younger GPs to the area. If the community does not have adequate access to primary health care they are likely to present to our emergency departments, placing additional strain on our local hospitals and beds.

Another source of community complaint is our overburdened mental health system. Bed block at both mental health units in my area means that patients often have long stays in the emergency departments of Nepean and Blue Mountains hospitals. This not only adds to their stress levels but also potentially places staff and patients at increased risk of aggression.

Frequent bed block at Nepean and Blue Mountains mental health units means that my constituents may be transferred to Cumberland Hospital.

It is of considerable concern to me that this historic site, which has had continuous use as a mental health facility since the days of Governor Macquarie, is being considered as part of the North Parramatta Urban Redevelopment project.

We need greater investment in rehabilitation and accommodation services for people with mental illness. The mother of a young man with persistent mental illness recently asked me, "What will happen to my son if they close the CHIP hostel?"

In conclusion, I hope that this bill goes some way towards providing increased protection for both consumers and healthcare professionals in this State.

As has been previously stated, there is real pain in the health system.

My hope is this amendment review bill might alleviate some of that.