



Christine McDonald  
Secretary  
Legislation Committee  
P.O Box 6100  
Parliament House  
CANBERRA SCT 2600

13<sup>th</sup> February 2013

Dear Ms McDonald,

**Inquiry into the implementation of the National Health Reform Agreement**

The Rural Doctors Association of NSW would like to thank you for the opportunity to express concerns regarding the proposed cutbacks to rural health services.

Whilst cutbacks of various descriptions are not new to those of us working in rural environments, they are a source of ongoing concern and reflect a poor philosophy on the part of the Federal and State budgets. Rural health practitioners (and therefore patients) always seem to bear the brunt of cutbacks, and the consequences of centralising services away from our towns. To a certain extent, our smaller district hospitals and MPSs have continually adapted to cutbacks and loss of services, but as the cutbacks continue, services gradually become strangled to the point of collapse. We have seen the

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disintegration of rural maternity services in many district hospitals over the years, as an example.

Similarly, the average patient in the many country towns utilises almost 50% of the Medicare budget compared to patients in some areas of the Sydney metropolitan area.

Over time, the cutting of money and hence services, from rural hospitals has led to centralisation of services at larger base hospitals. Centralising services is neither cheap nor beneficial to patient care, particularly in terms of continuity of care and also lost productivity for the patient who often has to travel significant distances, and lose workdays, as a consequence of travel.

In New South Wales we have a number of different "styles" of rural hospital. The larger bases, the medium-sized procedural district hospitals, smaller, non-procedural district hospitals and Multi Purpose Services make up the majority.

Multi Purpose Services and smaller non-procedural hospitals offer a very important service to their communities. These hospitals need funding to fortify the provision of community health services to their communities. Cutbacks here result in loss of ability in areas such as emergency services and community nursing / district nursing, amongst other allied services. These more "primary care" services are critical to these towns. Strong primary care services have been well shown in numerous countries to improve health outcomes and cut health costs. If anything, strong general practice services, strengthened community,



allied health services and dental services should be the aim in these towns. If patients can be better cared-for in these regards, less illness will filter through to the clogged base hospitals.

In relation to larger procedural district hospitals, these hospitals provide services as per the above hospitals. The same applies here. Also, these hospitals should be encouraged and funded to provide more surgical services to their communities. GP anaesthetists need decent surgical cases, to maintain a skill base to enable them to practice obstetrics and anaesthesia. District hospitals are often in a position to provide more efficiency in their surgical lists than base hospitals at the latter; lists are frequently interrupted by emergencies. In the districts this is less likely, and so lists are not infrequently smoother and hence less interrupted and more cost-efficient. Visiting surgeons generally work well in these protected environments. Rather than chiseling patients off lists in the districts, more elective (lower-acuity) surgical cases should be done here. These facilities should be doing more, rather than fewer cases! This also improves societal efficiency as patients can have surgeries completed closer to home, avoiding unnecessary travel and days off getting something done hundreds of kilometers away when they can be done up their hill.

These are some of the basic points that should be considered in your process. If you require further discussion regarding this matter, please contact the RDA NSW office on 1800 350 732.



Yours sincerely,

Dr David Richmond  
President

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