



MEDIA RELEASE

HEALTH SERVICES CONCERNS CONTINUE

With the possibility of the Bourke Community being attended by an on-site doctor for only five (5) days a week from 8.00am – 6.00pm at the Bourke Multipurpose Service, Bourke Mayor, Councillor Barry Hollman, today raised further concerns in relation to the proposed reduced levels of service.

“The Western NSW Local Health District (WNSWLHD) has issued what is called a Request for Tender (RFT) inviting the medical fraternity to submit a tender to provide Visiting Medical Officer (VMO) Services to varying Multipurpose Services in the North West of the State”, Councillor Hollman said.

The Mayor continued, “The Bourke Multipurpose Service is part of this tender, with the RFT providing a minimum VMO coverage at the Bourke Service being on-site over five (5) days, from 8.00am – 6.00pm. Outside of this, tenderers have to identify how they will provide coverage, with the RFT stating that proposals ‘will be considered for virtual care service options in addition to the minimum on site/on call days’ ”.

The Mayor noted that should a tender for such minimum level of service be accepted, this would mean that for only five (5) days a week and for 10 hours of each of these days, a doctor would be available at the Bourke Multipurpose Service. He further noted that outside of these periods, being five (5) days a week 14 hours a day and two (2) x 24-hour days, only a virtual doctor would be available to service what would generally be accident and emergency patients.

“In terms of a ratio, the requirements of the tender provide for the availability of a face to face doctor only 30% of a full week with the remaining 70% being a ‘virtual care service option’ ”, the Mayor said.

“Let’s be frank here; accident and emergency cases at the Bourke Multipurpose Service, or for that matter at any hospital, don’t just happen in business hours. Life is not simply a 9–5 service. To potentially have a Multipurpose Service that will provide face to face medical services to the 2634 residents of a Shire that covers over 43,000km², for only 30% of the time, is not just disappointing but also provides an increased risk for residents ”.

A review by Council of the Federal Governments, Australian Institute of Health and Welfare website identifies that for 2018–2019, the Bourke Multipurpose Service attended to 3402 presentations throughout the year.

Mayor Hollman noted that in addition to the total number of presentations to the Bourke Multipurpose Service equating to every person in the Shire attending the service 1.29 times throughout 2018–2019, the combined presentations of Resuscitation/Emergency/Urgent cases totalled 1084.

"As I understand it, Resuscitation/Emergency/Urgent presentations are triage categories 1, 2 and 3 respectively out of 5 category levels. Categories 1-3 cases are the cases that require medical care ranging from requiring treatment immediately because of an immediate life threatening condition (Triage Category 1) through to requiring treatment within 30 minutes because of a potentially life threatening condition (Triage Category 3). Based on these figures, should the service levels regarding virtual services in the tender be accepted and it's a virtual medical service for Bourke 70% of the time, it is not considered unreasonable to assume that 759 of these life threatening or potentially life threatening presentations would have to be dealt with when a face to face doctor is not on site," Councillor Hollman said.

"Of course, this whole matter is further exacerbated by the lack of consultation. The WNSWLHD Board knew this issue would not go down well with the various remote communities with the Minutes of the Board's meeting held on 3 June 2020 stating, in respect of the Rural and Remote GP VMO Services Tender, that "Change management will be crucial as will be the management of community expectations", with the Health District Board also "noting the potential risks moving forward," the Mayor stated.

"The lack of community consultation is offensive to the residents of the Far North West. I call on the Health Service to cancel the current tender process and to visit the various communities the subject of the tender and meet with residents and explain the issues and discuss the various options.

There has been no consultation with the residents of any of the impacted towns and this is just another example of the erosion of services that threatens the ability of these rural communities to attract and retain residents

Unfortunately, however, unless the concerns are addressed in a timely manner, the tender will be assessed and awarded and basically by then, it's too late," the Mayor concluded.

A summary of emergency presentations for 2018-2019 in respect of the various multipurpose services that are the subject of the current tender and the definitions for hospital triage in NSW, are attached.

END

Further information: Contact Mayor Barry Hollman 0409037903 or General Manager Ross Earl 0409362307.

Emergency Department Presentations – Source:

<https://www.aihw.gov.au/reports-data/myhospitals/hospital/h0182>

Network	No of Triage Category 1 Presentations– Resuscitation	No of Triage Category 2 Presentations– Emergency	No of Triage Category 3 Presentations– Urgent	No of Triage Category 4 Presentations– Semi - Urgent	No of Triage Category 5 Presentations– Non - Urgent	Totals/ Daily Averages
Bourke	8	193	883	1,684	634	3402/9.32
Brewarrina	-	73	410	585	250	1318/3.61

Network	No of Triage Category 1 Presentations– Resuscitation	No of Triage Category 2 Presentations– Emergency	No of Triage Category 3 Presentations– Urgent	No of Triage Category 4 Presentations–	No of Triage Category 5 Presentations–	Totals/ Daily Averages
Walgett	9	264	646	958	1038	2915/7.98
Collarenebri	-	98	193	200	136	627/1.71
Light Ridge	9	277	782	1037	962	3067/8.40

Network	No of Triage Category 1 Presentations– Resuscitation	No of Triage Category 2 Presentations– Emergency	No of Triage Category 3 Presentations–	No of Triage Category 4 Presentations–	No of Triage Category 5 Presentations–	Totals/ Daily Averages
Coonamble	9	255	893	1343	733	3233/8.85

Hospital triage categories – Source:

https://www.health.nsw.gov.au/Hospitals/Going_To_hospital/Pages/triage.aspx

In hospital emergency departments, triage is done by a specialised triage nurse as soon as possible after a patient arrives. Patients are allocated a triage category based on the time in which they need medical attention.

Most NSW public hospitals use a triage scale for patients presenting to emergency and aim to achieve certain levels of performance with respect to the amount of time patients wait to be seen.

The five triage categories

Triage category 1

People who need to have treatment **immediately or within two minutes** are categorised as having an immediately life-threatening condition.

People in this category are critically ill and require immediate attention. Most would have arrived in emergency department by ambulance. They would probably be suffering from a critical injury or cardiac arrest.

Triage category 2

People who need to have treatment **within 10 minutes** are categorised as having an **imminently life-threatening condition**.

People in this category are suffering from a critical illness or in very severe pain. People with serious chest pains, difficulty in breathing or severe fractures are included in this category.

Triage category 3

People who need to have treatment **within 30 minutes** are categorised as having a **potentially life-threatening condition**.

People in this category are suffering from severe illness, bleeding heavily from cuts, have major fractures or are severely dehydrated.

Triage category 4

People who need to have treatment **within one hour** are categorised as having a **potentially serious condition**.

People in this category have less severe symptoms or injuries, such as a foreign body in the eye, sprained ankle, migraine or earache.

Triage category 5

People who need to have treatment **within two hours** are categorised as having a **less urgent condition**.

People in this category have minor illnesses or symptoms that may have been present for more than a week, such as rashes or minor aches and pains.