

Bellingen Hospital Again under Threat.

There is a serious threat to down grade Bellinger River District Hospital (BRDH), and it is necessary for the Community to know about this threat, and it is in their interests to act on it

Discussions have been going on for the past 6 months with the Visiting Medical Officers (VMO's) and the Mid North Coast Local Health District (MNCLHD) The VMO's are drawn from the local General Practitioners and the Mid North Coast Local Health District led by Lydia Dennett - Coffs Clinical Network Coordinator (CCNC) and Dr Paul Douglas- Director Medical Services (DCS) at the behest of Stewart Dowrick – Executive Officer MNCLHD.

There is a crisis affecting the VMO staffing of the hospital which at present depends on VMO's and Locum Doctors to staff the Emergency Department (ED) during the daytime and cover the ED and Inpatients afterhours/overnight. The MNCLHD propose to close the ED from 8pm to 8am, and all ED presentations between those hours would be directed to go to Coffs Harbour Base Hospital (CHBH).

It also means there would be no Doctor present or on call at BRDH overnight. It is proposed to handle any deteriorating patients by phone contact with CHBH, and transfer them there as needed

Any ambulance calls from Bellingen Shire residents would be transported to CHBH and not to BRDH. This would include home calls and Nursing Home calls It was shown recently on a weekend where there was not a Dr on call at BRDH that ambulance transfers from BRDH to CHBH took up to 13 hours

This would effectively reduce the BRDH to a sort of Multi-Purpose Service – though the MNCLHD maintains otherwise.

It has been the experience of other hospitals where this has happened that the service capability of these hospitals has been markedly reduced, much to the detriment of the local community.

It has also led to no local GP's fulfilling VMO roles. Not because they did not want to but because they were eventually shut out by the LHD.

Service reduction would affect ED after hours, inpatient Care and the ability of the local community to be admitted to BRDH in acute situations – as they are now able to do

The VMO's have clearly and vocally opposed the MNCLHD Proposed Model. It is not in the best interests of the Community who have been effectively shut out of this process on the grounds of confidentiality, and of "not getting them stirred up"

The MNCLHD plan is to present a fully formed plan at the last moment, but it would be a plan detrimentally affecting the service capability at BRDH

Another Model put forward by the VMO's and has received little support from the MNCLHD. This is a model that aimed to allow local GP's to enter or to re-enter the VMO workforce, as well as longer term aiming for BRDH to be a training hub for GP's wanting rural experience. This was to ensure the keeping open of the ED overnight. A Number of local GP's have expressed interest in either working in ED or working in the inpatient area or both areas There are current contractual difficulties put forward by the MNCLHD that would prevent many local GP's entering or re entering the VMO workforce

Recent discussions with Department of Health Workforce and the Rural Doctors Association have been helpful in clearing the way for this to happen though the MNCLHGD is reticent to support their advice.

Direct advice by video link with the NSW Health Department and Rural Doctors Association (RDA) with VMO's and MNCLHD present acknowledged the following

1. There is a Dr staffing crisis in Rural Hospitals that needs to be addressed
2. Contracts for Drs working at BRDH could be varied from the current restrictive contract to support Drs working in different roles. IE a one type contract does not fit all.
3. The MNCLHD has the ability to work out what will work for that LHD
4. Listen to the VMO's as they understand the needs of BRDH
5. What ever is worked out will be favourably received by the NSW Health Department and mandated if it fits with funding for the MNCLHD budget