Australia: Inquiry reveals chronic under funding and lengthy wait times for South-West Sydney health services

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A New South Wales (NSW) parliamentary inquiry report released at the end of last year has revealed that health services in the working class suburbs of South-West Sydney have experienced historic under funding by successive governments, with lower overall funding and numbers of health workers per capita than most areas of Sydney. This has resulted in wait times of over 500 days for some procedures.

South-West Sydney is one of the largest local health districts (LHD) in NSW, with an estimated population of over one million residents—around 12 percent of the NSW population. The district includes the suburbs of Liverpool, Canterbury-Bankstown, Fairfield, Campbelltown, Camden and Wollondilly, which have high levels of socioeconomic disadvantage and low rates of private health insurance.

Associate Professor Richard Cracknell told the parliamentary committee that the South-West Sydney LHD has "the highest ED [emergency department] presentations of any [LHD]… yet we have the lowest number of specialists. We are the second most populous LHD yet we have the lowest annualised budget. We have the highest growth rate and the highest birth rate but the lowest number of GPs per population."

Using figures published by NSW Health, one submission reported that between 2012 and 2018 the total annualised expense budget per resident for South Western Sydney LHD has been one of the lowest in Sydney.

In 2017–18, the annualised expense budget per resident in the area was $1,714, compared with other LHDs, including Nepean Blue Mountains ($1,967), Central Coast ($2,323) and Sydney ($2,497).

Paediatrician Dr. Setthy Ung told the committee that patients at Campbelltown Hospital had to wait over 500 days for elective surgery and procedures including screenings for colon cancer, the second most common cancer in Australia. Medical guidelines recommend that patients be referred for colonoscopy as soon as possible and within a maximum 120-day threshold.

Waiting times for other elective surgeries, including for cancer, have been exacerbated by the coronavirus pandemic. In NSW alone there were over 95,000 people on the elective surgery list for the September quarter last year.

Dr Ung said that he now advises patients to ask their families for financial assistance so they can enter the private system to receive the care they need.

Long wait times were also prevalent for mental health patients. Insufficient bed numbers and growing demand for these services has led to longer wait times for patients to be admitted to a mental health unit.

Associate Professor Cracknell told the committee that, on average, there were some 54 mental health patients per month who spend greater than 24 hours in emergency departments with illnesses such as schizophrenia, severe depression or suicidality.

"Our record is 100 hours for a patient from time of admission in emergency before they left emergency. Greater than 50 percent of patients admitted to the mental health services at Campbelltown Hospital will go home from the emergency department having never seen the inside of the mental health unit," he said.

A submission to the inquiry from the Liverpool Medical Staff Council stated:

"The stress of a prolonged stay in an Emergency Department exacerbates a patient's mental health crisis and this may precipitate behavioural problems such as verbal or physical aggression because of the confined, noisy, brightly-lit environment not appropriate for the purpose of managing a mental health crisis.

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"The trauma of this experience may even result in a prolongation of the mental health problem that brought the patient to the Emergency Department. We have insufficient funds to rectify this significant mental health bed problem."

Shortages of beds and a lack of services for mental health patients is commonplace across Australia.

In Victoria, wait times of up to 48 hours for acute mental health beds have been recorded and a recent Victorian Royal Commission found that 80 percent of those who waited more than 24 hours in emergency departments in 2017–18 had mental health-related needs.

In 2016, South Australia Health revealed that almost 800 mental health patients had to wait more than 24 hours in emergency departments that year. The Australian Broadcasting Commission recently reported that in Western Australia a 17-year-old high school student who had seriously self-harmed spent four days in Rockingham Hospital's emergency department because there were no mental health beds available.

Mental health services demand has increased during the coronavirus pandemic. According to a recent Australian Institute of Health and Welfare report, contacts by crisis support services in September 2020 increased between 14.3 percent and 21.3 percent from the same period in 2019.

Since the outbreak of the pandemic, millions of workers have been laid off or had their hours and income reduced. This has disproportionately impacted young people in casual and contract employment.

Instead of providing money for health services, Australian governments, with the full support of the trade unions, have transferred hundreds of billions in public funds into the hands of big business and wealthy individuals.

The NSW parliamentary committee heard of long travel times for patients in South-West Sydney. For example, 40 percent of the inpatient bed days provided to patients in the Macarthur region had to be provided outside of South-West Sydney due to capacity and speciality. Children often have to travel over 55 kilometres to Randwick for treatment for conditions like acute appendicitis because there is no children's hospital in the area.

At Fairfield hospital, patients with end-stage kidney disease had their dialysis treatments cut back from the standard three times a week to twice a week, due to inadequate resources.

The committee also heard that at Campbelltown Hospital there is "one of the highest numbers of childbirth of any hospital, but the capacity of the maternity services is pushed beyond its ability to manage… the number of beds and midwives for the births is not keeping up."

The same conditions face health workers across Sydney. In November last year, some 20 obstetricians threatened to resign from Blacktown hospital, in the Western Sydney LHD, if their concerns about under staffing weren't met. This was followed by 150 nurses and midwives walking out for a 24-hour strike in response to the deaths of five babies at the hospital in under two years, ongoing staffing shortages and concerns about patient safety.

The strike was halted by the nurses' union, the New South Wales Nurses and Midwives Association (NSWNMA), who acted on the orders of the Industrial Relations Commission and forced workers back to work without their demands for safe staffing levels being met.

The worsening healthcare crisis is a direct result of the decimation of public health services by consecutive state and federal government, Labor and Liberal-National alike, with union support.

Above all, the health unions have agreed to, and implemented, these attacks on the working class over decades. The NSWNMA and the Health Services Unions (HSU) made submissions to the inquiry, with the NSWNMA stating the need for nurse-to-patient ratios and the HSU concluding that "deficiencies of staffing, facilities and resources demand urgent remedial action."

The unions are directly responsible for these conditions, through their enforcement of regressive enterprise bargaining agreements (EBAs) and the suppression of workers' opposition to the slashing of conditions, wages and jobs.

The parliamentary inquiry made 17 recommendations, most of them calling for NSW Health to undertake immediate reviews into the funding of maternity and paediatric services, mental health beds and staffing levels. No specific time limits are provided and none of the recommendations are binding on parliament.

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