From: NSW Government
To: Flood Inquiry
Subject: Floods Inquiry
Date: Friday, 20 May 2022 1:45:47 PM

Your details

Title	
First name	
Last name	
Email	
Postcode	

Submission details

I am making this submission as	A business owner
Submission type	I am making a personal submission
Consent to make submission public	I would like this submission to remain anonymous

Share your experience or tell your story

Your story	Northern NSW Flood Inquiry , MBBS FRACGP I write this submission as a resident of Lismore, Northern NSW, a medical practitioner (GP) and a small business owner. My experience as a small-business owner

My medical practice, , was established in its current location - , in 1946. We employ 5 reception staff, 3 nurses, a practice manager and 3 registrars (training doctors). In addition we also house a contracting doctor and our four owning GPs. services the Lismore and wider NSW area, seeing patients from Goonellabah, Casino, Rosebank, Kyogle, Nimbin and further. We have some 8,000-10,000 active patients. During the 2019-2022 covid pandemic we supported our community by providing both telehealth and face-to-face appointments, while running regular covid vaccination clinics. This was in addition to our regular yearly influenza vaccination clinic, provision of nursing home services, and support for mental health and chronic disease management.

February 28 2022 was the first time the clinic has taken storm or flood water inside the building. The water reached 1.9m on the internal walls. Not only did our main clinic and supplementary building at both sustain major structural damage, but we lost the vast majority of our equipment and supplies. Both properties have required removal of the internal walls, removal of carpet (and the underlying particle-board floor in the case of), removal of part of the ceilings, and removal of all fitted cabinetry. Our air-conditioning units have been damaged, along with the power boards and data points for our extensive IT system. We lost printers and fax/copy machines, computer terminals and monitors, and both our server and our backup server. For two weeks after the event we believed we had lost the entirety of our patient information and records, as our IT company was unable to access the data. We were incredibly lucky that an IT acquaintance was able to retrieve this information.

Medical supplies are expensive, and over the course of more than 60 years we had acquired a

large volume of equipment necessary to practice day-to-day examinations and procedures. We have lost otoscopes for ear checks, ophthalmoscopes for eye checks, dermatoscopes for skin checks, pulse oximeters to check oxygen levels, an ECG machine for heart checks, an ABI machine for circulation checks, and a Spirometer for breathing checks. We lost two vaccine fridges housing our covid, influenza and childhood vaccination supplies, a steriliser to clean our surgical equipment, and a defibrillator for emergency care. Our nurses have lost their wound dressing supplies, gloves, syringes, needles, and cleaning equipment. In addition to the necessary medical items we also lost a large number of electronic height-adjustable examination couches, desks, office chairs, patient chairs, and office supplies.

When the clinic was destroyed, we were forced to place our staff on leave, as there was no work available. Fortunately a number of our staff have been with the clinic for more than 20 years, and have long-service and annual leave accumulated. However, our two youngest reception staff, one of whom has come to us straight from finishing high-school, have no leave available, and our casual nurse, who lost her home in the flood, also has no leave entitlements. When we were unable to provide certainty around work availability, we were forced to move one of our registrar doctors to another practice, so that her training was not interrupted. We have lost a further doctor, a nurse and a receptionist to different medical centers because of the uncertainty of our clinic's future.

To rebuild our clinic we have so far spent in excess of $130,000 in building costs alone. This has allowed us to rebuild the smaller auxiliary building at . The regular clinic at remains an empty shell. The cost to rebuild has been estimated to be between

$750,000 and $1,000,000. As small business owners with outstanding business debts this figure is overwhelming. We are currently considering options available to us, including selling the business to a medical corporate, or selling the building and disbanding the clinic altogether. We must also consider the future of the town of Lismore - if there are no businesses and homes rebuilding, there will be no patients to provide services to. If there are no places to live there will be no way to attract new clinic staff to replace those we have lost. I fear for the health of those whose situations leave them with no choice but to remain in this crumbling town.

Medical clinics, in fact all primary care clinics, must be recognised as an essential service to the community. It took 6 weeks for power to be restored to , hindering the rebuilding efforts and resumption of services. Classified as a small business, with less than 20 full-time equivalent employees, we are entitled to no more than the $50,000 government grants. This fails to recognise the size of the premises required to operate a medical practice, and the cost of replacing medical equipment. There needs to be additional funding provided to primary care to ensure the community does not face a surge of chronic physical and mental health conditions that would overwhelm the public system.

My experience as a doctor
As GPs my colleagues and I participated in the early medical response to the disaster on 28th February. We were faced with an onslaught of difficulties, many of which, in hindsight, could have been avoided. I have engaged regularly with the Royal Australian College of General Practitioner (RACGP) disaster meetings and heard many similar stories from Health Care workers across the Northern Rivers. I would like to take the time to outline several key points that

I believe should be considered during future disaster planning.

First and foremost, primary care (GPs, psychologists, pharmacists, community nurses, social workers, etc) must be involved in leading the disaster response. Emergency and tertiary level care providers have their place in the triage and provision of acute care during the very early rescue stages of any disaster. However, primary care providers are best placed to oversee the coordination and management of their communities' needs. The biggest medical requirements for those displaced from their homes was emotional support (which is best provided by social workers, community mental health workers and psychologists), and access to vital medications (which is best provided by GPs and pharmacists). Hospital-based specialists are often not familiar with accessing medication dispensing records nor writing PBS prescriptions. Tertiary-level mental health workers are familiar with acute mental illnesses and conditions requiring hospitalisations, but are less equipped than those working in community services to deal with the family and housing issues faced by patients at the evacuation centers.

To be effective in early disaster management GPs need early access to computers, printers and internet connection. Without this, accessing patient history and providing care is very time consuming and fraught with the risk of errors. Specific general practice software, such as Medical Objects or Best Practice facilitates electronic prescription generation and accurate recording of patient information and data. I propose that the Primary Health Network be allocated a number of laptops that run a medical software program, with licenses valid, or ready to be activated when required. This would allow prompt GP access to the necessary resources, and would also allow patient information and

treatment details to be shared between all GPs working at the evacuation centers. Doctors would also be able to access the electronic My Health Record of the patient and, via their PRODA account, could obtain medicare information for those who have lost their medicare cards. I would also propose that the emergency department keep an emergency medication supply box, stocked with relevant medications that are required on the ground in the evacuation centers (e.g. GTN spray, antibiotics, reflux medications, antiemetics, etc) for early deployment to GPs staffing the centers.

I would like to see community mental health and social workers deployed early, with a rostering system set up to provide on-the-ground care to patients at their time of need. Many of these requirements were filled by volunteers, which runs the risk of inappropriate management of shock and trauma, and further trauma to the volunteers themselves. I would also advocate specifically for an indigenous liaison team and a support person/team for the LGBTQI community. I was significantly concerned to hear of the safety concerns of my transgender patients who had no safe nor appropriate bathroom access at the Southern Cross University evacuation center.

In the days following the disaster, I would like to see the Primary Health Network obtain information on all primary health care providers (including GPs, community-based specialists, pharmacists, physiotherapists, occupational therapists, psychologists, etc) regarding their current ability to open and their setup location. This would then be distributed amongst the primary care providers themselves and also to the wider public. There was significant confusion and misinformation provided to the community around which services were open and operating, leading to more distress for displaced patients. People didn't know where to obtain prescriptions for medications, nor where to have them filled.

They didn't know if their regular physiotherapy appointments were able to take place. There were no contact numbers for specialist consulting rooms. The "traffic light" system used in Christchurch after the earthquake disaster has been suggested as a useful model, and I would support its implementation.

Given the financial impact of the disaster on the community, I am aware that people are facing difficulty accessing medical care in the private sector. GPs and allied health practitioners are unable to generate enough income to rebuild their businesses by discounting their services to the "bulk billing" rate. It is important to note here that this bulk billing rate equates to an over 50% discount on a regular GP attendance. It should also be noted that as patients are often displaced from not only their homes but their towns as well, or spending all day caked in mud as they clean their homes, telehealth has become a prominent means of connecting people with their regular GPs. I would strongly recommend that additional bulk billing incentives be introduced in areas where a natural disaster has been declared. This would increase the rate of bulk billing, and avoid people delaying medical care, while simultaneously supporting the community-based medical and allied health services to rebuild their businesses. By making primary care accessible to patients in disaster-struck areas, we can mitigate the known rise of medical complications that occur in the months and years that follow the event. It is well known that rates of mental health conditions, cardiovascular mortality and morbidity and end-organ damage from diabetes and other metabolic disorders climb steeply after a natural disaster. Much of this comes from poor access to not only primary care in general, but a patient's familiar and long-term GP. By supporting GPs to reestablish in the community, we are reducing the enormous anticipated cost to the public health system and the burden on the emergency

and hospital departments. Primary care must be a priority.

My experience as a resident and a parent
I consider myself and my family to be very lucky in that we did not receive water inside our house. We were physically isolated from town for 3 days, and without power for 11 days. We were also required to isolate with COVID 19 from the first day of the flood. This made life with two school aged children and a 7 month old baby very difficult. We are lucky to be on tank water, and have a gas stove. However, we had no running water and could not run our hot water system. We had no lights, no refrigeration and no washing machine. We relied on strangers to bring us supplies so we had enough food.

My daughters were unable to attend school for 2 weeks after the flood, due to lack of staffing. I noted increased anxiety levels and separation difficulties when they did return to school. Even now, every time it rains, my 7 year old gets scared and worries that it will flood again.

Once we were able to physically access the town, there were very limited food and grocery supplies. Our local fruit shop was damaged and not open. Our closest Woolworths and Coles were also lost during the flood. We now have to drive 20min to do our weekly grocery shopping, where we fight for car parks and a share of the remaining items on the shelves.

I love Lismore, and I want to rebuild my business and continue to raise my family here. While every drive through town still brings feelings of despair, I do hope that we will not be forgotten. I hope that assistance will come, to help us rebuild and to keep us safe from the next natural disaster.

Terms of Reference (optional)

The Inquiry welcomes submissions that address the particular matters identified in its Terms of Reference

Supporting documents or images