

Outline of anticipated evidence

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Occupation: General Manager, Lachlan Shire Council

1. This is an outline of evidence that is anticipated that the witness will give to the Special Commission of Inquiry into Healthcare Funding.

A. Role

2. I am the General Manager of Lachlan Shire Council. In this role, I am responsible for the day-to-day management of the Council's operations. I have worked for the Council in this role for around seven years.
3. Lachlan Shire Council is located in Wiradjuri country in central west NSW and covers an area of 14,973 square kilometres.
4. The Local Government Area encompasses the towns of Condobolin, Lake Cargelligo and Tottenham and the villages of Albert, Burcher, Tullibigeal, Fifield and Derriwong.
5. Approximately 6,090 people live within the Shire, with 2,579 of those living in Condobolin.
6. The Shire is home to approximately 1,119 Aboriginal or Torres Strait Islander people, representing 18.3% of the population.

B. The health needs of the shire

7. The towns of Tottenham, Tullamore, and Trundle are part of the "Four Ts" program. As a result, the health needs of the residents of those communities are largely serviced through that program. Each of those towns share General Practitioners (**GP**) who provides services in the respective hospitals and Multipurpose Services (MPSs).
8. The Condobolin Health Service includes Condobolin Hospital, which operates an emergency department and inpatient beds, as well as community health services. As I understand it, the Health Service is staffed by nurses and locum doctors when available. It also operates a telehealth service, usually one week and a locum doctor on alternate weeks.

9. There are currently no Visiting Medical Officer (**VMO**) GPs in that facility. However, when the RFDS began providing services into Condobolin, as I understand it the Western New South Wales Local Health District (**WNSWLHD**) has asked the RFDS to provide VMOs whenever possible.
10. I have observed that there has been a diversion of many services from local delivery to larger regional centres, including Orange and Dubbo.
11. One example, which has been raised with the Council on a number of occasions, is that dialysis which is no longer available at Condobolin. There are about 12 residents in town who require regular dialysis treatment, with most needing treatment two to three times a week. These individuals have appointments at different times. That service is not available in Condobolin and patients have to travel to Forbes for treatment. However there is no community transport available to get them to their treatment and home again. It is about 100km from Condobolin to Forbes where the next closest dialysis chair is, and Dubbo is about 200km away. Despite their need, I am aware that a number of those patients opt to receive treatment once a week or when there is a bus service available.
12. The Condobolin Aboriginal Health Service operates a very successful service. The service does see some non-Indigenous patients, but their primary purpose is to serve the Aboriginal community, so this is not a solution for non-Indigenous community members.

C. Council operations in relation to health care services

13. The Council has had to take action to address a gap in service.
14. In 2023, it entered into an agreement with the Royal Flying Doctor Service (South Eastern Section) (**RFDS**) to take over the previously vacant general medical practice in the Council owned building at 5 Melrose Street, Condobolin. The facility was built by the Council about 20 years ago to attract and recruit GPs to the town. It is currently being rented to the RFDS

for a subsidised rent. The facility includes five practice rooms, a nurse practitioner room, administrative offices, a storeroom and a kitchen.

15. During my time at the Council, there have been two other providers in the Council's facility whose operations were either withdrawn or failed. The main issue has been retaining permanent doctors.
16. During the Covid pandemic there were border issues in being able to bring staff into the region. Other staff who had moved to the region elected to return to their homes. For example, the previous occupiers of the Council facility faced issues in attracting and retaining practice managers, nurse practitioners and nurses. They also faced difficulties with the administrative side of the practice. The Council attempted to assist those operators in an effort to keep the facility open, and in doing so lost almost \$50,000 in rent for that period trying to assist them to recover financially, but this did not occur.
17. In addition to the Council-owned practice building, the Council owns two three-bedroom style townhouses in Condobolin. They would normally be rented out for approximately \$450 per week, however they are currently being leased to the RFDS for \$200 per week, fully furnished.
18. The Council has been working to support the community in the healthcare space for many decades. I understand that the current Council-owned GP practice was built to replace a previous council-owned facility. I previously worked at Lachlan Shire Council in a more junior role in 2004 when the old facility was still in use.
19. In the past the Council has also provided housing support and made a car available for the local doctors in Condobolin, Lake Cargelligo and Tottenham. Similarly, the Council provides subsidised rent in a council owned property for a doctor in Lake Cargelligo. In Tottenham, the Council owns a relatively new furnished four-bedroom home which is rented to the WNSWLHD to house its staff for \$100 per week. Council is also responsible for the yard and house maintenance at the Tottenham house. This home is utilised by the doctor who

practices out of Tottenham Hospital and whose services are shared between Trundle, Tullamore and Trangie.

D. Impact on local community of concentrating services in larger centres

20. While the concentration of services into larger facilities and away from more regional towns may have made greater efficiencies for the wider system, it is community members who have to bear the cost of travelling further for treatment that they need on a regular basis. The removal of dialysis treatment in Condobolin is one example of this. Palliative care is also very restrictive and some residents need to travel to Forbes, Parkes or Dubbo to obtain the care they need, often a large distance away from their families.
21. The Council, and to my observation the wider community, understands that not every service will be available in smaller towns and facilities. However, unavailability of treatments or services that are required on a regular basis has the potential to have a significant impact on the local community. For example, I am aware of residents who have chosen not to receive treatment due to the associated cost of travel and/or the inconvenience their needs place on family and friends.
22. In addition to the need to incur the cost and time of travelling large distances to access that treatment, I am aware of instances where patients have elected to access the treatment they need less frequently as they do not have the means to travel on a regular basis.
23. I believe that there is increasing discussion, which was apparent during the trial of the Four Ts, about health being the responsibility of the three tiers of government. Local governments are involved because we are required to advocate for our communities, but it is not the function of local government to become a service provider or subsidise the delivery of health care in its community. The Council has taken steps to support the delivery of health care as a last resort to ensure that services are available to its residents. However, doing so adds to the Council's operating costs, which are not provided for in rates and charges levied by the Council.

24. It is usually rural and regional councils that find themselves in this position rather than our metropolitan counterparts.

E. Dialogue between Lachlan Shire Council and the WNSWLHD

25. In my experience, there is little contact between the Council and the WNSWLHD regarding the planning of services within the Shire. For example, while I have heard numerous reasons for the removal of the dialysis chairs in Condobolin from within the community, the Council has not received a clear explanation from the LHD for the reason for that change.

26. Better dialogue between the Council and the LHD would empower local government to advocate for and explain decisions to the community. While the community may disagree with the ultimate decision that is made, if the Council was consulted, and the reasons for decisions clearly explained, at least the Council would be in a position to understand these decisions and inform its community members.

27. An example of more active collaboration between the LHD and Lachlan Shire Council was in the trial of the Four Ts program. The Council was involved in the steering committee and made a contribution to the project by providing housing in Tottenham at no cost while the trial was undertaken. The Council was consulted about issues such as impact on community and level of service, rather than precise models of care. In my view, that approach was a good model of consultation with Council.