



Special Commission of Inquiry into Healthcare Funding

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Message

I am a GP on the Mid North Coast of NSW (Gumbaynggirr / Coffs Harbour region). For over 20 years I have been involved at a range of levels from private to public in attempting to improve (from appalling to tolerable, all the while aiming for excellent) communication between NSW Health and private community health services, especially but not only General Practice. Occasionally some headway has been made, in the realm of discharge summaries for example but the situation remains pretty dire. A recent personal experience exemplifies: My son required incision and drainage of a foot abscess. Performed in operating theatres the swab results were apparently copied to me as he doesn't have a regular GP (he's 16). The discharge summary said "GP to kindly chase swab", as they do. I waited a few days. Despite the empirical antibiotics he was discharged on, his foot was not improving. I directly contacted the pathology department and asked for the result. It was eventually found and forwarded to me, six days post-discharge, the resultant organism was MRSA, requiring a different antibiotic. He started this and 2 days later, great improvement. How easily that could have been missed. How potentially devastating the consequences. How often does this occur? How much morbidity and mortality occurs, how much extra cost and suffering could be avoided, if the emphasis on getting the right information to the right people at the right time was appropriately prioritised? I have been barking on about this for 20 years. I have been involved in projects which have stopped half way. Where is the will? Where is the emphasis? Please make this a priority. Feel free to get in touch for further information if you wish.

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