

GP Link Lunches | Sally Quinnell, Camden MP

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.



Sally Quinnell



Dr Ken McCroary

Recent issues have seen Sydney South GP Link advocating for and working with the NSW Ministry of Health on issues such as Pharmacy prescribing and ADHD GP scope of practice.

Not to mention the findings from the government's own report, the special commission of inquiry into healthcare funding. I recently caught up with one of South Western Sydney's local member of Parliament, Sally Quinnell from Camden.

Sally has represented the Camden electorate since her first election to the position in March 2023.

Sally grew up in the St George area but moved to Camden with her children, Molly and Grace and her husband, Damian. She has lived and worked in the area ever since.

Before entering parliament, Sally was a teacher in public, private non-government and independent schools across Western city and the wider Camden area. She studied music education at the Sydney Conservatory of music and owned and operated her own business in the wider, Macarthur area teaching music to primary and high school students.

Through her work and constant involvement in the community, Sally has seen students', parents and community members face issues of access. Access to healthcare, work, housing and education. Combined with recent cost-of-living pressures and her personal feelings of 12 years of liberal national government neglect in the area, Sally was driven to run for the state seat of Camden.

Ken McCroary: Thank you so much for meeting with me again. I recall we met back at the Camden Show. We have that sort of unique region that we've got our country show in this Metropolis. What do you think about our uniqueness as a community?

Sally Quinnell: I think we are the perfect marriage of country and city. We have a country town feel but we're right on the edge of the urbanisation of Sydney. I think we still have so many aspects of us that are like a country town. From the most obvious being most of our first responders live in the area, we still have first responders that have a very high chance, for example, of attending someone who they know or is a family member or that they have some sort of connection with, which really gives it that sense of our people.

We have a very strong sense of protecting our own, looking after each other, that is just amazing. We're only just out of the city, so it's a fantastic kind of connection of the two. We also have because of the floodplains we have the open spaces and the wide sky and all the benefits that come from fresh air and freedom, but we are close to the city.

Ken McCroary: What is your experience or understanding of the needs of our region?

Sally Quinnell: We have a very young population now unlike the rest of Australia, which is ageing. We have an ageing population and then we have a very large divide in the middle ages and then we have a very young population. I think we have a lot of need in paediatrics. We don't have a huge number of Paediatricians. It's a bit of a shortage and paediatric mental health support is particularly needed. What we're finding is what we found in teaching, for example, is getting children diagnoses and an action plans and treatment plans as early as possible is prohibitively expensive or there was a long wait, so that can make it difficult.

We also then at the other end of the spectrum, our older members of our community are ageing, people are getting older and we kind of have these two groups that need completely different healthcare needs we're trying to address. We're not like the Central Coast where the entire population is getting older and you can direct everything for that. We have these two groups that have competing needs and need completely different types of accommodation and healthcare requirements.

It can be quite difficult because we're trying to look at paediatrics, but we are also trying to look at palliative care. Unless you are a massive hospital, Campbelltown or Liverpool. It's unusual to have those two things being both of paramount importance. You have maternity and palliative care, or aged care and rehabilitation, having those two competing needs actually makes it really tricky because it's not like we can put all our eggs in one basket.

Ken McCroary: How do you think we find solutions to dealing with those issues?

Sally Quinnell: It's really tricky and I think the trickiest thing is that we are surrounded by three of the busiest hospital in Australia. South Western Sydney Health does an extraordinary job but we have Campbelltown, Nepean and Liverpool hospitals are just massively busy. We've had this population growth and we've still got the same hospitals we've had before. I don't pretend to have necessarily the answers. I think what we're trying to do is relieve emergency as much as possible give people alternatives with Urgent Care Centres, access to GPs, etc. I have conversations frequently with Minister Park's office about how we're going address both ends of the spectrum and it's tricky. At the moment we're working on it. That's all I can really say. I don't know we have all the answers and if any of your members have some ideas, please send them through because it is tricky. Having affordable GPs, having GP times where people feel they can come and spend a lengthy amount of time with their GP, which is kind of how the older members of the community remember GPs from their youth, but it's making that affordable and having it so the GPs aren't working long days and not being able to sustain that.

Ken McCroary: I think being a Primary Care Physician and working with their team all the time, we see they're not being prioritised. If we prioritise Primary Care, we wouldn't need hospitals. We would only need the occasional presentation for an elective procedure. We're building dialysis units, we wouldn't need these if we can prevent Diabetes, we can prevent Hypertension, it is a complex issue.

I will segue ahead to the hospital in Camden. I did get your emails about the petition about upgrading and expanding Palliative Care and I have seen that there was an allocation in the latest NSW budget. Congratulations. You must be proud of that.

Sally Quinnell: I am unbelievably proud of that. Until I came into this role, I thought palliative care was the same as hospice care and I've learned a lot since then, but what I'm very proud of is the Palliative Care Unit at Camden Hospital is statewide renowned and we didn't want to mess with what was not broken. We just wanted to make sure the staff there were getting what we could support them with and making sure they were working in facilities that were the best we could give them. This upgrade will mean better facilities for patients which then passes onto staff. What was happening, which was the most concerning, was staff were having to choose who is the closest to passing away to go into the single bedroom, so that's very distressing. A distressing choice to have to make, and now we're hoping to have everyone in their own room, which means that choice is taken away from staff. They're not assessing patient and family, and the new rooms we're hoping will be large enough because we understand all families are really different. Some families are large. Some families don't necessarily get along so a small room may not be conducive to family harmonics. In your last days and hours, you need everyone on the same page.

I'm very proud to have been able to get that money and to be able to get a palliative care ward set up at Campbelltown Hospital for those palliative care patients that still need to access specialist and MRI, CT, those sorts of machinery that we don't have at Camden. We have a palliative care ward at Campbelltown that can serve people but also a Palliative Care Unit at Camden for those end of life, end of days care. I'm really thrilled. I think what the staff do in Camden palliative care is unbelievable and I'm so proud and thrilled to support them and do what I can to. I could never do what they do, so to be able to support them to do what they do for our community. When that upgrade is completed. I think it'll be really something.

Ken McCroary: You slipped in maternity with your palliative care and paediatrics. We haven't had maternity at Camden for a long time. Is there any plans, as the community expands and rapidly grows, particularly Camden LGA but they don't have a local hospital to actually see sick people, is that something important to you?

Sally Quinnell: It is, Camden Hospital is where older community is getting older. The community is getting hold of it where the younger community is in the Oran Park, Gregory Hills, Gledswood Hills, Leppington side of the electorate. That's where maybe there could be some exploration as to some sort of support. Camden Hospital does not have a space that is conducive to surgery anymore. It doesn't meet the requirements and I'm sure your subscribers would understand that better than me.

What we're trying to do is to make Camden not just a line item in Campbelltown Hospital's plans because we are proud of that hospital and we want to shine. My focus is making it shine in the aspects of health that do not require surgery. We've got a renal dialysis unit being put there, we've got palliative care, we will have further discussion with motility clinic that's amazing. It's finding the parts of healthcare that don't require surgery and even an emergency that doesn't require surgery. What we don't want is something to go wrong and people having to be moved quickly to Campbelltown in an ambulance because that doesn't work either.

It's all about knowing where our strengths are and knowing that Camden has a place to have different strength. That doesn't mean that I'm not looking at expanding. We've got the new Aerotropolis, we've got Oran Park expanding and we're having conversations about the possibilities in that area physically for healthcare because

you're right we have more people coming and the idea that we can just keep absorbing this population and just hoping that just doesn't wash with me. We are working with the health minister as to what the options are and whether that be one big massive, single location hospital, I don't know if we're going to do healthcare like that anymore. I wonder if we're going to have lots of smaller hubs, if you will. I don't really know I leave that to the experts. I just say this is the need and tell me what their suggestions are.

Ken McCroary: I will get you to take back to Minister Park that we don't need machines in Camden if we prevent diabetes and we're preventing renal failure. If we can support in primary care instead of building more hospitals.

Sally Quinnell: That speaks to the investment of healthcare, which is for a while there was a perception that healthcare if you couldn't measure it wasn't worth putting money into. The idea of preventative healthcare getting in early or investing into. I'll go back to my expertise, which is children you know when you go to say early intervention with diagnosis and assistance with ADHD or Autism and things like that. If you can get that early intervention happening by the time that child becomes an adult their needs within the healthcare system so much lower than they would be if you don't help the child at all. No one measures what isn't needed. I think for a while we looked at if it's not measurable it's not worthy. The idea of investing early just seems to slip through the net somewhere and you're right I wholeheartedly agree that it's not sexy and it's not measurable and we can't have a photo in the paper about it but early investment into that primary care early, you know money. It can have lifelong effects for people and lifelong benefits that we won't ever be able to measure because it won't have not happened.

Ken McCroary: I'll keep banging on about your ex-teaching health education in the region. How can we work together to improve that because that's going to lead to better outcomes and healthier community and more productive community and productivity is really important for all of us. How do we improve our education and literacy? We had a meeting last night when we were trying to come to solutions for the vaccine hesitancy and our falling rates. Again, we concluded that education and health literacy is one of the main steps. How can educators and health providers would work together to do that?

Sally Quinnell: The same way we have this belief system that early money didn't mean anything every time something came into education in the past it's been well let's teach it at school. I just don't think that works in every instance and now the curriculum has become so jammed with all these extra things like dog safety and boat safety. All these other things that teachers are expected to cover, when actually a lot of this should be coming from parents or grandparents. I go back in a strange way to time having a conversation with your GP, having that educational chat. Please don't hear me putting shade on anyone or not I'm not blaming anyone.

I'm just saying there is a point where yes, we need to have that conversation with children regarding healthy lifestyle but they're already covered at school so maybe it's not the kids we need to get it. Maybe that conversation needs to be happening elsewhere. What's hard is during COVID there seem to be a lack of trust, a diminishing of trust in science and healthcare professionals.

The irony is, it seems to have come because people got solutions to certain problems really quickly and so that then became a problem. A really good friend of mine is an Immunologist and having her explain to me how we got for example the COVID treatments and the vaccines. Having her say to me how that happens so quickly was incredibly eye-opening to me, but I was lucky I could have a conversation with an expert I trust. I think what happened was we went down into a rabbit hole of conspiracies and fear and general fear of health in a way

that we haven't seen since the Spanish flu and people's reaction was to become suspicious of anyone who came up with an answer too quickly. Healthcare when it came up with an answer quickly, which was amazing because everyone banded together and said let's do this together became suddenly the same as shonky science in a strange way in people's minds.

I think it will come back. I think it will take time I think that this idea the painful realisation we have pretty much eradicated smallpox for example, measles and we've had measles cases this year. That breaks my heart, let alone, healthcare professional, saying we were so close to never seeing this again. I don't have an answer to that. I don't think anyone does at this point. I think it's just about spreading the word this is safe. This is real. This will save lives. It's not ok to be saying it's fine, if my child gets measles. It can kill you. I don't know what the answer to that is. That's a really hard one and I think we're dealing with a level of fear in the community, that is just so I don't want to say misplaced because that sounds judgmental but I feel it's misplaced because I trust science. I trust healthcare professional, but I've had no experience of not trusting them so it's hard. I think if you've been in a system that hasn't helped you, it's hard to continue to trust.

Ken McCroary: It's based on like you said, conspiracy and false information. I'd love to see more education from you guys coming out to the community. We talk all day long in our consultations and direct and assist people in making decisions for them individually. Overall, I'd love to see you pushing education talks for community.

Sally Quinnell: I am here to serve, so if there is a PSA that you think needs to get out there like flu vaccine for example, tell me. I will promote that. What's hard is that we get information from so many sources and it's disseminating what needs to go out at which particular time. Don't hesitate to pound us with it and say listen I really need this message out to the greater community about, don't forget to get your vaccines before your child starts school. It's really important, they're about to walk into a cesspool that's out of your control. You wouldn't do that. You wouldn't send them swimming in a contaminated river, don't take them to school without the protection. That's just not how this works. We're happy to promote that. It's just, sometimes the thing about this job is that you can be really focused on an issue and then overtime, your focus widens and every now and again I just need someone to say focus on this.

Ken McCroary: We need to keep our kids safe. At the moment maybe 15 per cent are getting flu vaccines. It's pretty low considering how significant the flu season was last season. The older population as well, only 50-60 per cent aged over 75 are getting vaccinated. Particularly aged care facilities you mentioned our ageing population. We are ageing faster than anywhere else in the country because the percentage of people over a certain age is roughly growing every year. We're in the top three electorates in Australia for dementia per head of population, so it's massive rapidly growing. I can't get funded to go and provide immunisations because our state government doesn't provide support to go in there. You have one of the highest instances in the whole country of aged care dementia.

Sally Quinnell: I am the chair of the Parliamentary Friends of Dementia, which is a funny name. Basically, I work with Dementia Australia to promote prevention strategies and treatment strategies, so I'll get onto that because that's something that it is really important. Dementia is something I've lived through once, my father passed away with dementia and now my mother has dementia. I feel like this is a forest I know my way through. It's just become the biggest kille dementia, this year it's just over heart disease. It's almost becoming the word that we don't want to talk about you know, that we don't want to discuss in aged care but we have to. We must discuss it. We must discuss it now you know. I'm in my 40s and now is when we discovering this is

when my actions count. With both parents having dementia, I've got to be very aware of everything I do now because this is all from now about dementia prevention for me. I'm lucky I work with Dementia Australia to know the strategies but people don't and they're just frightened and they don't know that there are things they can do that will lessen their chances of developing dementia later on.

Ken McCroary: Dementia Australia are learning that most dementia is multifactorial. All those factors are preventable if you manage them in primary care, I can keep dementia patients functional and in the community and in their own homes.

Sally Quinnell: There is an understanding that starts in your middle age. By the time you're starting to think about dementia chances are it's too late but I'll say it's never too late but you will make it harder for yourself. If we have that conversation with people in their 40s and say hey guys, you need to start thinking about how you're going to prevent this now and put things in place to make that happen. Then we are not spending the money later.

Ken McCroary: In traditional and fully funded General Practice those discussions start at our six week check-up. That's when we start talking about that sort of stuff. We follow those kids through to adulthood and older age, in the practice. We don't value those interactions as much as we do the dialysis machine. I need your help with that as well. You talked to me about access to GPs. To me, there's a workforce issue as well, particularly in our region. Over a quarter of our GPs are over 65. I don't know any other profession in the country that has a quarter of its population already past retirement age. We have another 11% approaching that age group and about same that are over 70. The average age is just a couple of months under 60 for GPs in the region. We can't attract people to do General Practice anyway. We can't get GPs once they do come through to actually come into our region. Your face shows me that's surprising. I might give you a bit of time to think about it. How do we improve our work force distribution, so we can actually get some GPs out here where it's needed.

Sally Quinnell: I've been talking about some of that only this morning with some stakeholders is access to universities. One of the things that is a little bit tricky for people out here is access to a range of universities. We're lucky we have Western Sydney that does an amazing Medicine program, but most of our students are either commuting to Wollongong or moving out of the area to go to a Sydney university. We do have universities starting to come to the area but what that's meant is we've lost them; they've moved out of area. They've left you know and one of the things I think that is very interesting, is that we had a stage when at university people were going to do Medicine straight out of high school and they were maybe not suited. They got the ATAR so that was the choice that suited their ATAR and it was either that or Law. If you didn't want to do Law, you did Medicine. We changed that because we weren't getting the doctors that we needed, the types of doctors that we needed. Whether that was accurate or not that was the belief at the time. I believe what we've done now is make it so hard to do medicine that kids that would be really, really good at are finding it hard to get into. I wonder if that's part of the problem. I wonder if we're not making it like back in the day when everyone had their country GP.

They were a person of note in the town. The GP was trusted and loved and respected and you sort of had the Mayor and the GP. They were someone that everyone turned to for help and advice and they knew everyone. We have kind of lost that in the city. I think the idea that people go to the same GP their whole life has been lost somewhat. I know of a lady who all her life deliberately went to a different GP every visit because she hated the idea of someone knowing her medical history and this is not a conspiracy theorist. This is just

someone who hated the idea of someone knowing that much about her. I think there is such a loss opportunity there for any sort of continuity of healthcare or saying I see a pattern here, you've come to see me about your knee and your ankle and your hip all on the same side over the last three years let's have a look what's happening on that side of your body. Rather than seeing that overarching kind of holistic idea, I think people are going to different GPs and therefore there's not that sort of vocation feel. Young people are not seeing GPs as having a vocation. It's like they're just a practitioner. Does that make sense? Young people aren't seeing GP like a holistic vocation like it used to be.

Ken McCroary: In terms of patients or practitioners?

Sally Quinnell: I mean that kids aren't looking at a GP when they go to a GP. They're not seeing them like when I grow up, I want to help people like this. As they are seeing a different doctor each time.

Ken McCroary: All the studies around the world show that if you see the same GP or Practice for 20 years or more you live longer, you stay out of hospital and have a better quality of life. We all know that but the community doesn't know that. Our people in charge are not getting those messages out. To be frank at the moment the people in charge are potentially contributing to fragmentation and disruption of care by encouraging convenient medicine like pharmacy prescribing, etc, which is one of the policies we've seen in the state. It fragments care, increases ED visits. It causes greater cost, but it may sound more convenient for the younger people at the time. How do you balance that knowledge that continuity of care with a GP makes you healthier and keeps you out of hospital with policies at tend to be doing the opposite in terms of increasing fragmentation. It is the pseudo belief of convenience being quality care, it's not. Convenience is just convenience at the cost long-term of your actual health.

Sally Quinnell: I think what is hard is designing healthcare suits everywhere in NSW. One of the things that is particularly tricky is there are places in NSW where access to a GP is virtually impossible at certain times of the year or for a couple months at a time. The Royal Flying Doctor might bring a GP every three months for example. Sometimes I think that we're bringing out policies to help a certain group of people that has a knock-on effect for another group of people and that can be tricky. I think trying to find healthcare that suits everyone is really tricky and that's where having adult conversations that are really nuanced about did you know that having the same GP for 20 years elongates your life, the data shows that you are likely to live longer.

I'm a big believer that people are not as dumb as some media and politicians make them feel like they are or make or treat them like they are. They're not if you have a nuanced conversation and say we can hold two truths at the same time. Yes, sometimes you are going to need urinary tract infection antibiotic really quickly and you're going to need that prescribed straight away, but most of the time you're going to have a chance to go and discuss it with your GP and they're going to star to see a pattern if this is something that happens to you often. Those truths can both exist at the same time, and I think we need to be brave enough to have that kind of conversation with people, rather than sort of saying all this works. I find that making it cut dry, quickly and easily, which is sometimes we will have a conversation for example at an event and what is them recorded and promoted for that event is the last sentence you said. I spoke for 20 minutes, and you use the last sentence. That can be really frustrating, and I think that as I said those messages about that nuance conversation it's easy to forget what needs to be said and it's easy to fall. When you have so many things that you're trying to look at and trying to cover like fire safety and vaccines, healthcare and education. You're you like you trying to cover all

of those bases it can be easy to miss some of the messages or to dilute the message to a two- or three-word slogan, which doesn't do any good.

Ken McCroary: We're happy to talk. We cannot bring about reform and change and improvement, if we don't discuss and get everyone around the same table. I'd like to see more of that to improve our quality outcomes. We said in the old days when it was hard to get into Medicine, 50 per cent of students wanted to be General Practitioners, now only 5 per cent. The more specialist we train at the cost of training GP, the lower our life expectancy is. The more specialists we see, the more specialists we train, the lower our community's life expectancy becomes. It's a shame to see that happen on our watch. I'd love to work together to improve that. One of our other really important goals apart from educating our members and GPs locally is wellbeing. You mentioned burning out and that sort of stuff before. You work hard, you've got a busy job. What are your secrets for well-being?

Sally Quinnell: I exercise. Exercise is my number one thing is my mental health. I'm actually injured at the moment. I am injured at moment, I have an injured MCL, so I can't run. I usually park run. I'm a big runner, but I am so slow. I always joke that there's no one in the world who wants to run more than an injured runner. Running for me, is my mental reset, it's my mental quiet time, but it also inspired me to eat healthier. I love exercising and I love food and those two things inside me constantly buy for my attention but for me exercise is key. It's the fresh air. It's the time to myself, but it's also that ability to switch off and just listen to my body. I'm also a massive advocate for yoga. The mental stillness and discipline that's required for yoga, I find incredibly beneficial and I have no doubt this physical benefits too but for me, it's all about the mental.

I love laughing too. I'm a huge believer in finding joy in life and being grateful for what you've got. I am a practising Catholic. I pray every day so that's part of it. It's just finding that great gratitude for this body I've been given. This opportunity in my life, but also just being able to say I know I've got three kids, they are amazing. I have a fantastic husband. I am incredibly lucky and just sitting with that and just being able to then say I'm really lucky and life is good. I have the opportunity to see that the future will be OK. I'm healthy and what else is there you know so keeping that health for me is really important. Being as healthy as I can whilst still eating the cake.

Ken McCroary: Thanks very much for sharing. I was thinking you should see me run, that will make you laugh at the same time! I really appreciate your time.

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