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Royal Flying Doctor Service
SOUTH EASTERN SECTION

Dr Joe McGirr
Chair
Legislative Assembly Select Committee
Remote, Rural and Regional Health

21 December 2023

Dear Dr McGirr,

Thank you for your work on remote, rural and regional health and for your letter of 7 December 2023, seeking responses to supplementary questions.

You specifically sought our views on the following three questions:

1. Have patient transport services improved, particularly those supported by the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)?
2. Can you outline the challenges of providing patient air transport service in very remote areas, or where improvements could be made in this area?
3. Your submission recommends a review of funding for non-government organisations. What funding or incentives should be provided to support services provided by non-government organisations, particularly those that target the development of the remote, rural and regional workforce?

We attach for the Committee's consideration, the Royal Flying Doctor Service (South Eastern Section) "RFDSSE" views on these questions. Please do not hesitate to contact Ms Annabey Whitehead, General Manager, Corporate Affairs and Fundraising [redacted], should you require further information.

In addition, we would like to update the Committee on a development since we lodged our submission. The Committee may recall that, at the request of local communities, the RFDSSE stepped in 2022 to ensure the ongoing provision of GP services to the communities of Warren and Gilgandra. In doing so we preserved vital GP employees in these regions and continued to provide GP services to over 8,400 patients. Combined with our medical practice at the Clive Bishop Medical Centre in Broken Hill, these three practices provided over 28,700 occasions of care last year.

At the request of the local community, the RFDSSE has again been asked to step in to keep the doors open for the GP practice in Condobolin. Our recent media release on this is attached for the Committee's information.

On behalf of the Board and Management of the Royal Flying Doctor Service, South Eastern Section, we wish the Committee and safe and happy festive season and look forward to your deliberations on these important matters.

Yours sincerely,

Greg Sam
Chief Executive Officer
Royal Flying Doctor Service (South Eastern Section)

> JOINT PATRONS: Her Excellency the Hon. Margaret Beazley AO QC NSW Governor & Mr Dennis Wilson
Royal Flying Doctor Service of Australia (South Eastern Section) ABN 86 000 032 422

1. **Have patient transport services improved, particularly those supported by the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)?**

   RFDSSE is not involved with the IPTAAS scheme and so is unable to comment on this point.

   RFDSSE provides aeromedical patient transport services as part of our Inter-Hospital Transfer (IHT) and Non-Emergency Patient Transport (NEPT) arrangements with NSW Ambulance and HealthShare NSW respectively.

2. **Can you outline the challenges of providing patient air transport service in very remote areas, or where improvements could be made in this area?**

The single biggest challenge we face as a healthcare provider in regional, rural and remote NSW, is finding a way to sustainably grow and further invest, so that we can meet the enormous unmet need that exists for essential health care services, amid a system and operating environment that is riddled with challenges and barriers to that aim.

The RFDS has been providing patients with aeromedical care across regional, rural and remote Australia for 95 years. For most of the last decade, the RFDSSE has also been a major provider of preventative, primary and allied healthcare to regional, rural and remote communities across NSW. In many cases, if it weren't for the RFDSSE these communities would have very limited, or no, access to healthcare.

Some examples of these systemic challenges include:

1. No holistic, strategic or financial recognition of our role as an essential healthcare provider and part of the NSW health system's frontline, including our long-standing history of delivering high-quality, reliable and essential health care to communities who may otherwise not have access to healthcare;
2. Little to no long-term clarity or certainty regarding RFDSSE's ongoing role as an essential healthcare provider and critical part of the NSW health system;
3. Little to no long-term clarity or certainty as we continuously recruit, retain, upskill and grow the regional health workforce, as a key part of the NSW Health system;
4. Consistent with the Inquiry's findings, the costs of providing many emergency and other health services which are activity based do not reflect the actual costs of providing that service.

Regulatory, transport, delivery, maintenance and resourcing costs have also been escalating since the pandemic and are compounded by ongoing inflationary pressures, global supply chain challenges and critical workforce shortages.

It is also noteworthy that the effect of these systemic and external challenges is exacerbated by their convergence with serious and well-documented, community healthcare challenges in remote, rural and regional NSW, for example incredibly poor health outcomes, poor access to health care and high levels of disadvantage and poor health literacy. Consequently, there is also a constant and rising demand from communities for RFDSSE primary and allied health services.

These health challenges are particularly severe in the Western PHN area, which covers both the Western and Far Western LHDs, for instance:

- The annual average rate of potentially avoidable deaths for WNSW PHN residents is 49% higher than that for NSW.[1]
- The rate of potentially avoidable deaths in Aboriginal people was more than twice that in non-Aboriginal people.[2]
- In 2020, the age-standardised rate of suicide in WNSW PHN was 53% higher than the national rate.[3]
- 85% of WNSW PHN LGAs are classified as being ranked in the lowest five deciles (most disadvantaged) when compared nationally as part of the Index of Relative Socioeconomic Disadvantage; with more than a third (37%) of the WNSW PHN LGAs occupying the two lowest (most disadvantaged) deciles.[4]
- Only about 40% of adults (in the WNSW PHN area) have the level of individual health literacy needed to be able to make informed decisions and take action about their own health.[5]

These systemic and health challenges mean that for regional, rural and remote providers like the RFDSSE:

1. It is **increasingly difficult to sustainably maintain services, let alone grow to deliver more** essential services to serve the increasing unmet demand, due to the lack of certainty and appropriate, strategic recognition and clarity for essential providers who are a core part of the NSW health system.
2. It is **increasingly difficult to invest in strategically expanding and upskilling a high quality regional and rural health workforce** that is needed now and into the future, as there are little to no supports to do so. Rather, in some cases, competitive barriers and unlevel playing fields have been created which make it even harder for frontline healthcare providers like the RFDSSE.
3. It is becoming **increasingly difficult to maintain a regional, rural and remote based operation** – something the RFDSSE is proud of and remains committed to, as we firmly believe that being part of the fabric of communities that we serve is what makes us unique and underpins our longstanding ability to provide tailored, community-centric, high-quality care where it's most needed.

3. Your submission recommends a review of funding for non-government organisations. What funding or incentives should be provided to support services provided by non-government organisations, particularly those that target the development of the remote, rural and regional workforce?

This is an important question, thank you for exploring it further.

We appreciate that budgets are tight and demand for health services are ever expanding, as too is the competition for health-related funding. Given the demographics of our state, it is, and will continue to be, critically important that the health dollar is invested wisely – where it can achieve the greatest benefit to the health outcomes of all communities, particularly remote, rural and regional (RRR) communities, and the NSW health system overall.

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[1] *Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au*

[2] *Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au.*

[3] *Australian Institute of Health and Welfare National Mortality Data Base. Available at: https://www.aihw.gov.au/*

[4] *Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, December 2017*

[5] *Australian Commission on Safety and Quality in Health Care, 2015. Health Literacy: A Summary for Clinicians*

For RRR NSW, it is our view that **the health care dollar, should be strategically invested to support and grow priority healthcare capabilities**, such as RRR doctors, RRR nurses, RRR patient transfer services, RRR healthcare related infrastructure.

We consider **three guiding principles warrant consideration** here.

Firstly, that the **health dollar should be prioritised and strategically invested** to address the gaps in the healthcare system experienced by RRR communities**.** Healthcare funding should **support and grow priority healthcare capabilities in remote, regional and rural NSW**, such as the health workforce, access to essential medical and health services, investment in healthcare infrastructure (including training and upskilling).

Secondly, that **government policies, funding programs and incentives (across the board) should not exclude or discriminate against NGOs** providing similar healthcare services in RRR communities.
Thirdly, that **strategic investment in priority healthcare capabilities in RRR communities should support the development of sustainable operations in the long term**.

The comments throughout our submission, including page 8, were premised on the following key principles which, to our way of thinking, should define, prioritise and target funding of frontline services provided by non-government organisations to build sustainable priority healthcare capabilities.. These include:

1. **Equity**: Government incentives should not discriminate against or disadvantage NGOs that provide critical frontline services to remote, regional and rural (RRR) communities - particularly NGOs that deliver services on behalf of Local Health Districts or deliver services easily accessed by metropolitan communities but not available in the bush.
    1. Examples of these provided in our submission include the doubling of incentives offered to healthcare workers who move to rural and remote areas (applicable only to Government instrumentalities)
    2. Study subsidies to help boost the health workforce (also applicable only to Government instrumentalities).
2. **Access**: Remote communities need access to vital health services – including primary and allied health. NGOs should be funded to provide medical and health services to rural and remote communities where the public health system cannot. The provision of these services to our most vulnerable communities should not be left to chance or the philanthropy of benevolent benefactors.
    1. Health funding for remote communities is not only falling between the Federal/State "definitional cracks" but also misconceived as solely a federal responsibility.
    2. In our view and experience, this is not the case. NSW LHDs subcontract the provision of primary and allied health services to NGOs, which is consistent with the purposes of LHDs as defined by sections 8 to 10 of the NSW Health Services Act 1997.
    3. NGOs delivering these services, whether subcontracted by LHDs or not, should be more strategically recognised, funded and incentivised.
3. **Certainty:** Short term funding contracts, be they 1 to 5 years, do not always provide the certainty needed to invest significant funds and resources to provide essential services. Experience in other

states has demonstrated that longer-term contracts, for say 10 years, provides greater investment certainty and value for money for all involved.

4. **Actual Reimbursement**: In our submission we particularly refer to the need for a review of funding models to reflect actual costs borne by NGOs to deliver essential emergency, medical and healthcare services. This applies across the board.
    1. As the Inquiry found, activity-based funding does not represent the true costs of providing vital emergency, medical and healthcare services.
    2. This particularly applies in the case of providing aeromedical services where activity-based costing (as, for example, measured by kms flown) does not reflect the true nature of funding these services, including standby costs and costs of aircraft or key personnel, such as pilots, doctors and nurses.

Strategic Investment in Priority Healthcare Capabilities

In the arena of healthcare there is unanimous agreement that regional, rural and remote communities cannot be left behind. Achieving that outcome against the obstacles presented by working and living in remote, rural and regional communities, is the challenge.

In seeking to address the equity and access gaps experienced in RRR communities health funding should be prioritised and targeted to develop, build and sustain priority healthcare capabilities in and for RRR communities. For NGOs operating in this space, this could be achieved by:

1. recognising and rewarding the scope and breadth of services provided by NGOs to RRR communities – particularly those NGOs operating in remote, rural and regional locations;
2. recognising the holistic, inter-connected, and inter-dependent nature of the services provided by NGOs to RRR communities;
3. valuing and recompensing the actual costs of healthcare services provided by NGOS in RRR communities;
4. identifying areas of need where NGOs are currently filling the gap and, with strategic government support, can continue to provide enduring capability resulting in a more stable RRR health workforce that, in turn, provides improved access and enhanced health outcomes for RRR communities.

Media Release 19 December 2023

Royal Flying Doctor Service set to open GP clinic in Condobolin

The Central West NSW town of Condobolin will soon have access to increased local medical services when the Royal Flying Doctor Service (RFDS) reopens the doors of RFDSSE Medical Services- Condobolin, in January 2024.

"We're pleased to be able to expand our primary health services and support another community to retain their health care services by assuming ownership of the GP clinic in Condobolin," RFDS General Manager Health Service, Jenny Beach said.

RFDSSE Medical Services- Condobolin will be located in the Council-owned premises at 5 Melrose Street, Condobolin, and will open in early 2024 with an official opening date to be confirmed soon.

The practice will offer health care services including primary health, early intervention and prevention, health information and screening and chronic disease management. Appointments will be available to book once the clinic opens. In the future additional allied health services may be offered by visiting specialists including mental health clinicians, podiatrists and dieticians.

Ms Beach said the support received from Lachlan Shire Council and the Western NSW Local Health District had ensured a smooth process and the RFDS has been engaging with other local service providers to ensure they support community needs.

"We're grateful for the support of the Council as we have gone through the process of establishing the practice, and for the use of the Council-owned building," Ms Beach said.

"We would like to acknowledge the commitment of the existing healthcare providers and look forward to collaboration in delivering healthcare services to Condobolin and the surrounding region," Ms Beach said.

Lachlan Shire Council Mayor Cr Paul Phillips said: "Council is very happy to welcome the RFDS to Condobolin. The community are pleased to have such a trusted and well-respected organisation providing medical services in the town. Council trusts that the community will embrace and support the RFDS to ensure their faith in establishing this service is repaid."

Bulk billing will be available for children under 16, pensioners and health care card holders, and Aboriginal and Torres Strait Islander people.

In order to provide certainty for the Condobolin community, the practice will charge a small fee for patients who are not eligible for bulk billing. These fees go back into providing services to the community.

Condobolin is the third GP clinic the RFDSSE has assumed ownership of, with GP clinics in Warren and Gilgandra opened in December 2022.

“Despite the challenges of a shortage of medical professionals and rising costs in all areas, the RFDS is committed to rural, regional and remote communities having access to GP, allied health and nursing services,” Ms Beach said.

"We know that adding primary and preventive health care services in local areas has led to a reduction in emergency evacuations, because earlier identification and treatment means health problems are less likely to worsen to the point where someone needs to be moved out of their community and into a larger hospital,” Ms Beach said.

“The RFDS is evolving to meet the needs of modern regional, rural and remote communities, and one way we can do this is to help communities save their General Practices,” Ms Beach finished.

For more than 95 years the RFDS has been providing healthcare, including primary care and lifesaving emergency care, to people who live, work and travel in rural, regional and remote Australia. The RFDS will continue to investigate and evaluate opportunities to expand primary health services.

About the Royal Flying Doctor Service

The Royal Flying Doctor Service (RFDS) is a not-for-profit charity which provides 24/7 essential lifesaving, emergency and primary healthcare to regional, rural and remote NSW communities.

For 95 years, the RFDS has taken the finest care to the furthest corner. We provide lifesaving outback emergency aeromedical retrievals and hospital transfers, as well as proving over 68,000 occasions of care through on the ground GP and nurse appointments, dental care, mental health care, alcohol and other drug counselling, vaccinations, chronic disease management and telehealth.

The RFDS has proudly been named Australia’s most reputable charity 11 times by Reptrak.[1]

[1] https://www.flyingdoctor.org.au/news/rfds-named-australias-most-reputable-charity/