

**Submission  
No 25**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE  
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND  
REGIONAL HEALTH**

**Organisation:** Western Health Alliance Limited, trading as the Western NSW Primary Health Network (WNSW PHN)

**Date Received:** 24 September 2023

## **Western Health Alliance Ltd.**

**Submission to:**

***Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health.***

**21st August 2023**

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## Introduction

Western Health Alliance Limited (WHAL), trading as the Western NSW Primary Health Network (WNSW PHN), is one of 31 Primary Health Networks across Australia, established to support frontline health services and increase the efficiency and effectiveness of primary health care.

Our focus is patients who are at risk of poor health outcomes and working to improve the coordination of their care, so they receive the right care in the right place at the right time. We work closely with key stakeholders including general practice, other health care providers, Local Health Districts, hospitals, and the broader community to align services with the health needs of the region.

WNSW PHN is a not-for-profit organisation primarily funded by the Australian Government. The region covers both the Far West and Western NSW Local Health Districts.

### Our Vision

Supporting, strengthening, and shaping a world class person-centred primary health care system in Western NSW.

#### Priority Areas

- Aboriginal Health
- Chronic and Complex Care
- Older Person Care
- Maternal and Child Health
- Mental Health and Substance Abuse
- Risk Factors/Prevention
- Workforce
- Access to Services
- Coordination, Integration, Collaboration

Collaboration is a key value of the WNSW PHN and central to achieving our goals. Forming strong partnerships allows us to better focus on our role in driving, supporting, and strengthening primary healthcare in our region.

The following organisations are members of WHAL:

- Marathon Health Limited
- Bila Muuji Aboriginal Health Services Incorporated
- Maari Ma Health Aboriginal Corporation
- Country Women's Association of NSW
- Australian Association of Practice Management Ltd
- Services for Australian Rural and Remote Allied Health Incorporated (SARRAH)
- Royal Flying Doctor Service of Australia (RFDS) - South Eastern Section
- NSW Farmers Association
- Rural Doctors Association of NSW (Inc)

WHAL welcomes this opportunity to make a submission to the Inquiry into the health outcomes and access to health and hospital services in rural, regional, and remote New South Wales.

Our detailed submission addressing the Inquiry's Terms of Reference is outlined in the following sections. The key points to be highlighted to the Legislative Council are summarised below.

## **Summary of Issues**

The Western and Far West NSW regions, encompassed by WNSW PHN, face acute challenges that impact health services and the health of rural and remote communities. Critically, there is a shortage of GPs, and 41 towns are at significant risk of not having a GP within the next five years. This not only puts healthcare at risk, but the life and viability of towns themselves.

### **WNSW PHN Region**

- WNSW PHN supports a population of approximately 330,000 across a large geographic footprint shared by the Far West and Western NSW LHDs.
- Most of the WNSW PHN region is designated as rural and remote. In the WNSW PHN region, three locations, Bourke, Brewarrina, and Cobar, are in MMM category 7, the highest mainland category. A further eight locations are in MMM category 6 with the rest in MMM category 3-5.
- The entire region is identified as a Distribution Priority Area, recognising shortage of the GP workforce.

### **Population**

- The population of 330,000 (approx.) is dispersed across more than half the land mass of NSW.
- The average life expectancy of people living in the WNSW PHN footprint is 80.4 compared to 86.7 for Northern Sydney (2018- 2020 AIHW data).
- The number of potentially avoidable deaths per 100,000 people is higher, at 157 compared to 106 for Australia.
- 11% is Indigenous compared to 3.6% for NSW.
- 20% of population report a long-term health condition and 11% report two or more long term conditions.
- Residents of Western NSW have poorer health outcomes than residents of NSW. They experience higher rates of preventable hospitalisations and higher prevalence of chronic disease risk factors.

### **Our Primary Care Sector and Impacts on the System.**

- WNSW PHN has 796 General Practitioners (324 FTE) which is 1 GP FTE per 1000 population.
- 11 LGAs have 1 or less GP FTE per 1000 residents.
- More than 50% of GP workforce intends to retire in the next five years in approximately 23% of the General practices in Western NSW.
- 24% of our general Practices have reported that 31-50% of their GPs will retire in the next five years.

- 45% of the general practices in our catchment have reported that their clinical staff have either reduced or requested to reduce work hours in the last six months.
- 30% of the practices have reported that they do not have a sustainable workforce currently with a further 8% reporting that their workforce will no longer be sustainable in the next five years.
- 28% of the practices have reported that they have closed their books to new patients.
- 50% of the practices have either stopped access or reduced access to a clinical service over the past 12 months.
- 77% of practices have reported that they expect to stop providing or reduce access to further services over the next 12 months.

WNSW PHN's recent investigations have shown that, since our submission to the NSW Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional, and remote NSW made in December 2020, and while we have been able to gain a greater understanding of the issues on the ground as well as making some inroads into improving health outcomes for residents, this dire crisis is continuing to intensify.

## Submission Details: Recommendations Actively Supported

While WHAL, in principle, supports the recommendations supported by the NSW Government in response to the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales, the following recommendations are specifically supported by WHAL.

### Term of Reference

#### Part a)

*Any challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for remote, rural, and regional health services and programs.*

### WHAL Position

WHAL supports Recommendations 2 and 3 of the NSW Government Inquiry Response specifically in relation to TOR Part a) and is willing to provide in-kind and collaborative support to achieve these objectives.

#### **Recommendation 2:**

*That the NSW Government review the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) as a matter of priority, with a view to:*

- *increasing the current reimbursement rates for accommodation and per kilometre travel*
- *expanding the eligibility criteria, with consideration given to people participating in medical trials, those that hold private health insurance and those that are referred to treatment centres that are not geographically closest to them due to the urgency of the treatment required*
- *streamlining the application process to make it easier for patients to access the scheme*
- *undertaking on an ongoing basis a public awareness program of the scheme across the state in communities and among health professionals who can then inform patients.*

**Recommendation 3:**  
*That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas.*

**Term of Reference**

**Part b): Recommendation 8**

*That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional, and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.*

**WHAL Position**

WHAL Supports Recommendation 8 of the Inquiry and is actively working with Primary and Allied Healthcare providers to build capacity and capability to reduce workforce demands and service duplication across all sectors to forge a more robust and responsive healthcare ecosystem.

WHAL is working to achieve this as part of its daily operations as well as its new initiative, the Sustainable Primary Care (SPC) Program. (\*SPC Program supplementary information at bottom of submission)

**Term of Reference**

**Part b): Recommendation 9**

*That NSW Health work with the Australian Government and the Primary Health Networks to expedite the implementation of a single employer model for GP trainees across rural, regional, and remote New South Wales.*

**WHAL Position**

WHAL Supports Recommendation 9 of the Inquiry in principle, in instances where it is feasible to do so.

WHAL can support NSW Health in investigating appropriate instances of adoption but is one of a range of options WHAL is currently investigating through its SPC Program. (\*SPC Program supplementary information at bottom of submission)

**Term of Reference**

**Part b): Recommendation 11**

*That NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. This should be done in consultation with rural, regional, and remote local government, schools, community services, human services, unions, professional organisations, general practice, pharmacists, and community organisations. It should set out a clear strategy for how NSW Health will work to strengthen and fund the sustainability and growth of rural, regional, and remote health services in each town including quantifiable targets for tangible improvement in community-level health outcomes, medical and health workforce growth, community satisfaction, and provider coordination and sustainability. It must also address hospital and general practice workforce shortages including General Practitioner, nurses and midwives, nurse practitioners, mental health nurses, psychologists, psychiatrists, counsellors, social workers, paramedics, allied health practitioners and Rural Generalists*

**WHAL Position**

WHAL supports recommendation 11 and will actively seek involvement in the development and delivery of this strategy.

**Term of Reference**

**Part b): Recommendation 12**

*That NSW Health review the working conditions, contracts and incentives of GPs working as Visiting Medical Officers in public health facilities in rural, regional, and remote New South Wales, to ensure that the GP/VMO model remains viable while broader innovation and reform progresses.*

**WHAL Position**

WHAL supports recommendation 12 and is available to provide appropriate support in the review.

**Term of Reference**

**Part b): Recommendation 30**

*That NSW Health:*

- *commit to providing continuity of quality care with the aim of a regular on-site doctor in rural, regional, and remote communities.*
- *commit to a model of care under which virtual care technology is used to supplement, rather than replace, face-to-face services.*
- *where virtual models of medical care are operating, roster additional suitably trained nursing staff to assist in the provision of the physical care usually attended to by the medical officer.*
- *provide staff members with training on how to effectively use telehealth and other virtual models of care.*
- *create a public information campaign specifically targeted to rural, regional, and remote communities in order to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions.*
- *ensure that the use of virtual care, if required, is undertaken in consultation with community members, health providers and local governments in rural, regional, and remote areas.*
- *investigate telehealth cancer care models to improve access to cancer treatment and care including the Australasian Tele-trial model to boost clinical trial participation in regional areas.*

**WHAL Position**

WHAL supports Recommendation 30 of the Inquiry and will actively seek to support with collaborative coordination in Western and Far West NSW through WNSW PHN and its SPC Program. (\*SPC Program supplementary information at bottom of submission)

**Term of Reference**

**Part c): Recommendation 13**

*That NSW Health establish a state-wide system of GP/VMO accreditation, which is independent of the Local Health Districts. As part of this system, NSW Health should ideally look to establish an online GP/VMO availability system where GP/VMOs can nominate dates and locations they are available to work that can be accessed by the rural and regional Local Health Districts and general practices in filling vacancies.*

**WHAL Position**

WHAL supports Recommendation 13 of the Inquiry and can assist in Western and Far West NSW through WNSW PHN.



**Term of Reference**

**Part c): Recommendation 14**

*That NSW Health work with the Australian Government, the Primary Health Networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions, integrating these within the new employment and service delivery models recommended in Recommendations 9 and 10.*

**WHAL Position**

WHAL Supports Recommendation 14 of the Inquiry and can assist in Western and Far West NSW through WNSW PHN.

**Term of Reference**

**Part c): Recommendation 23**

*That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW urgently establish a palliative care taskforce to:*

- *plan palliative care access and services of equivalence to those living in metropolitan areas*
- *map who is currently providing palliative care services and their level of training, as well as where these services are offered*
- *establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services*
- *investigate and promote innovative models of palliative care services*
- *ensure culturally appropriate palliative care services are available to First Nations peoples.*

**WHAL Position**

WHAL Supports Recommendation 23 of the Inquiry and will actively seek to collaborate in these efforts for the benefit of Western and Far West NSW through WNSW PHN.

**Term of Reference**

**Part e): Recommendation 10**

*That the NSW Government work with the Australian Government to establish a Rural Area Community Controlled Health Organisation pilot, with a view to evaluating and refining it for rollout in all areas of New South Wales where existing rural health services do not meet community needs.*

**WHAL Position**

WHAL Supports Recommendation 10 of the Inquiry and can assist in Western and Far West NSW through WNSW PHN.

**Term of Reference**

**Part e): Recommendation 24**

*That NSW Health and the rural and regional Local Health Districts expand the Far West NSW Palliative and End-of-Life Model of Care to other rural and remote settings across New South Wales.*

**WHAL Position**

WHAL Supports Recommendation 24 of the Inquiry and will actively seek to collaborate in these efforts for the benefit of Western and Far West NSW through WNSW PHN.

## Recapping Progress

Since our original submission to the Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales, submitted 24 December 2020, issues identified by WHAL have seen some progress or received some recognition, but not to the full extent recommended, as shown below.

<b>Term of Reference</b>	<b>1(a), 1(b)</b>
<b>Issue</b>	Health outcomes for people residing in the WNSW PHN region
<b>Original Recommendation</b>	<b>Recommendation 1.</b> <i>That formal agreements be made between PHNs and LHD to work together on Regional Health Priorities as identified by PHN's regional health needs assessment, annual sharing of financial and operational plan information between LHDs and PHN Community Health and Primary Health activities by sub-region; a commitment to working towards agreed and shared target outcomes in line with the quadruple aim.</i>
<b>Progress</b>	While a new collaboration, consisting of WNSW PHN, FWLHD, WNSWLHD and NSW RDN has been established, formal agreements addressing each of the key recommended items have not been established, though we are seeking to address these items as part of the SPC Program activities (see <i>SPC supplementary material at end of submission</i> ).
<b>Term of Reference</b>	<b>1(c)</b>
<b>Issue</b>	Access to health and hospital services in rural, regional, and remote NSW
<b>Original Recommendation</b>	<b>Recommendation 2.</b> <i>That formal agreements be made between the WNSWPHN, WNSW LHD and Far West LHD to work together on a new shared service and funding model that addresses the urgent problem identified in 41 towns in Western and Far West regions where approximately a quarter of the population at risk of not having a practising GP over the next 10-15 years, and making primary care, acute care and emergency care sustainable.</i>
<b>Progress</b>	Again, formal agreements are yet to be signed, but we are also seeking to address these items as part of the SPC Program activities (see <i>SPC supplementary material at end of submission</i> ).
<b>Term of Reference</b>	<b>1(d)</b>
<b>Issue</b>	Patient experience, wait times and quality of care in rural, regional, and remote NSW
<b>Original Recommendation</b>	<b>Recommendation 3.</b> <i>That formal agreements made between PHNs and LHDs to regularly share LHD and PHN health data to inform population health and service planning.</i>

Progress	Again, formal agreements are yet to be signed, but we are also seeking to address these items as part of the SPC Program activities (see <i>SPC supplementary material at end of submission</i> ).
Original Recommendation	<b>Recommendation 4.</b> <i>NSW Health to commit to resourcing Health Pathways in all regions.</i>
Progress	While COVID-19, Diabetes and Aged Care/Dementia have been made available, our region's health providers continue to seek access to the entire suite available on Health Pathways.
Original Recommendation	<b>Recommendation 5.</b> <i>NSW Health progress a tender process for a solution that facilitates the two-way sharing of clinical information in real time between hospital, community health, general practice, and Aboriginal Community Controlled Health Organisations</i>
Progress	This recommendation has not been adopted; however, we are also seeking to address this as part of the SPC Program activities (see <i>SPC supplementary material at end of submission</i> ).
Term of Reference	<b>1(g)</b>
Issue	Strategies to address staffing challenges need to be comprehensive
Original Recommendation	<b>Recommendation 6.</b> <i>NSW Health to amend its Rural Medical Generalist Training Program (RTGP) to incorporate the missing critical elements of quarantined and adequate number of GP intern positions in the regions; adequate resourcing for program support; regionally focussed workforce and training plans; and industry recognition of the RG qualification.</i>
Progress	While some steps have been taken, especially in the Murrumbidgee Local Health District, and further support guaranteed, as noted in Recommendations 7, 8 and 9, as well as some corresponding support through Recommendation 14, WHAL maintains its recommendation for concerted efforts and assurances in this area to effect positive outcomes in all rural, regional and remote locations.
Original Recommendation	<b>Recommendation 7.</b> <i>NSW Health and LHDs maintain procedural in rural hospitals, i.e. obstetric, anaesthetics and emergency services including birthing services, demonstrating alignment of policy at a state-level and regional level for development and maintenance of the Rural Medical Generalist workforce.</i>
Progress	See above (Recommendation 6)
Original Recommendation	<b>Recommendation 8.</b> <i>NSW Health to build the capability of rural health professionals by sharing educational and research resources of the NSW Health Education and Training Institute (HETI) with private, non-government and Aboriginal Community Controlled Health services.</i>

<b>Progress</b>	Addressed by Recommendations 14 and 18 of the Inquiry and supported by the NSW Government and will be eagerly supported by WHAL through WNSW PHN.
<b>Term of Reference</b>	<b>1(j)</b>
<b>Issue</b>	Collaborations between the WNSW PHN, Far West and Western NSW LHD to improve access and availability of palliative care in rural, regional and remote NSW
<b>Original Recommendation</b>	<b><i>Recommendation 9.</i></b> <i>NSW Health to support the implementation of the Shared Locality Record with interoperability record with GP software systems</i>
<b>Progress</b>	Addressed by the supported Recommendation 22, and Recommendations 23 and 24 that have been supported in principle by the NSW Government. WHAL supports the NSW Government in supporting these recommendations and ensuring the implementations of these recommendations are done with the wellbeing of consumers, carers and providers as the core focus.

## Supplementary Information: SPC Program & PRHF

Due to the numerous acute challenges faced by Western and Far West NSW that impact health services and the health of rural and remote communities, WHAL is implementing its Sustainable Primary Care (SPC) program. However, due to the breadth of the program's vision and deliverable actions, these have been identified as being beyond the capacity and legislated scope of WNSW PHN and is currently establishing a new subsidiary company, Priority Red Health Foundation (PRHF) to undertake these objectives.

WHAL deems it necessary to include this information as part of its submission due to the collaborative functions and aims of the SPC Program under PRHF due to their alignment to many of the Recommendations of the Inquiry being supported or supported in principle by the NSW Government.

### PRHF Functions

Function	Overview	Details
<b>First function</b>	Practice management support for General Practices	<ul style="list-style-type: none"> <li>Supporting existing "back office" functions for General Practices or designing and implementing new functions for General Practices.</li> <li>Enhance sustainability of General Practices, generating efficiencies through economies of scale and savings that can be reinvested into practice improvement.</li> <li>These supports may include: <ul style="list-style-type: none"> <li>IT infrastructure and support.</li> <li>Practice management services.</li> <li>Human resource management.</li> <li>Financial and accounting management.</li> <li>Recruitment services, in collaboration with Local Health Districts (LHDs), Rural Doctors Network (RDN) and ACCHO sector.</li> </ul> </li> <li>In the case of severe market failure, PRHFL may seek to operate a Practice in the relevant locality, but only if doing so would not be incompatible with maintaining any tax exemptions that PRHFL may enjoy at the time.</li> </ul>
<b>Second function</b>	Place-based Co-design planning	<ul style="list-style-type: none"> <li>PRHFL will undertake place-based planning on an LGA-by-LGA basis, in partnership with key stakeholders including the LHDs and RDN to achieve medium- and longer-term sustainability.</li> <li>This will involve bringing together all parts of the health system, GPs, ACCHOs, allied health, pharmacy, hospitals, community leaders and consumers, to assess specific challenges and service gaps, and identify, test, and implement co-designed models of care that are local, lasting, and effective.</li> <li>Priority LGAs will be determined by population need, service availability and suitability.</li> </ul>
<b>Third function</b>	Collaborative Commissioning of services	<ul style="list-style-type: none"> <li>Collaborating with WHAL's partner organisations, LHDs and RDN, to commission new services aimed at provided enhanced service delivery to support residents living with Chronic Disease.</li> </ul>
<b>Fourth function</b>	Innovation, research, and evaluation	<ul style="list-style-type: none"> <li>This encompasses a range of activities around identifying new models of care and ways of working for the primary health care sector in relevant localities, with the aim of supporting sustainable primary health care, and thereby reducing hospital admissions.</li> <li>PRHFL will provide a mechanism to trial and test new service and funding models in NSW including robust evaluation processes to demonstrate outcomes and cost effectiveness.</li> </ul>

PRHF's 2nd Function, place-based co-design planning, is of particular importance in its collaborative aims, and will be implemented within each of the 27 Western and Far West Local Government Areas (LGAs) to build capability, capacity, resilience, sustainability and experience satisfaction for consumers and providers across the local healthcare ecosystem.

Place-based co-design planning will be rolled out in stages, commencing with those LGAs which are at greatest risk and in need of urgent intervention, then across each subsequent LGA, based on risk and urgent need.

This will also complement our work with General Practices in PRHF's 1st function, listed above, as well as our existing relationships with key stakeholders across the region, especially the Western NSW and Far West Local Health Districts as well as NSW RDN and other peak industry bodies, while also helping us to deepen engagement and empowerment for individuals and communities, while simultaneously helping to grow service delivery capacity and equity of access.

This alignment of PRFH and the SPC Program to the numerous Recommendations being supported by the NSW Government from the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales ensures that WHAL will not only be an active collaborator in delivering these recommendations, but also prompts our request for engagement in their implementation.