Submission No 42

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

Organisation: National Rural Health Alliance

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National Rural Health Alliance

Submission to the NSW Legislative Assembly Select Committee on Remote, Rural and Regional Health 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

13 October 2023

Healthy and sustainable rural, regional and remote communities across Australia.

National Rural Health Alliance

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Introduction

The National Rural Health Alliance (the Alliance) welcomes the opportunity to make a submission to the New South Wales (NSW) Legislative Assembly Select Committee on Remote, Rural and Regional Health 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.

In January 2021, the Alliance made a comprehensive submission to the NSW Legislative Council Portfolio Committee No 2 Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW (the NSW Inquiry). The Alliance was pleased to see a comprehensive set of recommendations coming out of this Inquiry and the outline of progress that has been made in NSW to work towards better access to health care for NSW rural residents.

About the Alliance

The Alliance is Australia's peak body for rural, regional and remote health (herein rural). The Alliance comprises 48 national organisations[a] and our vision is for healthy and sustainable rural communities across Australia. The Alliance is focused on advancing reform to achieve equitable health outcomes for rural communities, that is the 7 million people (30 per cent) of Australia's population residing outside our major cities. Our Members include healthcare and medical professionals, health service and support providers, health and medical educators and students, rural researchers and consumers, and the Aboriginal and Torres Strait Islander health sector.

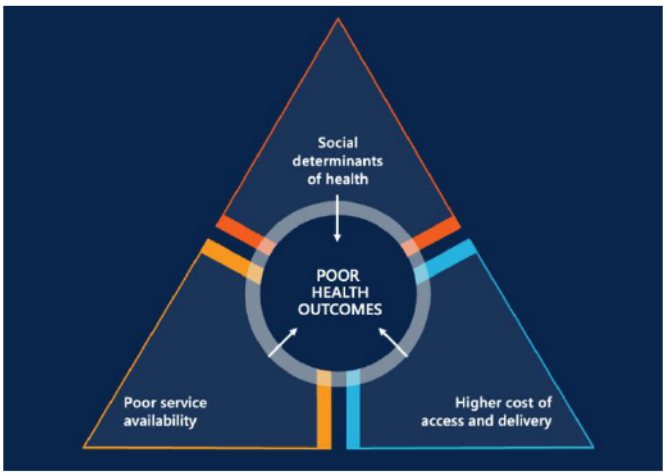
The gaps in rural health – key findings

A 2023 report released by the Alliance – *Evidence base for additional investment in rural health in Australia*[1] – provides data on the annual health spending deficit in rural Australia compared to metropolitan Australia. It demonstrates that rural Australia has a health access spending deficit of $6.55 billion annually, equating on average to $848.02 less expenditure annually per rural person for accessing health care, when compared to their urban counterparts. The report looks at the overall Australian picture; unfortunately, data analysis constraints mean that the information cannot be provided at a state and territory level.

The report was commissioned by the Alliance and undertaken independently by Nous Group. The Nous report identified a triple disadvantage for rural Australians: negative social determinants of health, poor service availability, and higher cost of access and delivery have resulted in poor health outcomes. This does not include the additional stresses of fires, floods, droughts and other disasters that negatively impact rural communities.

[a] Please see www.ruralhealth.org.au/about/memberbodies for details.

The triple disadvantage to rural health outcomes

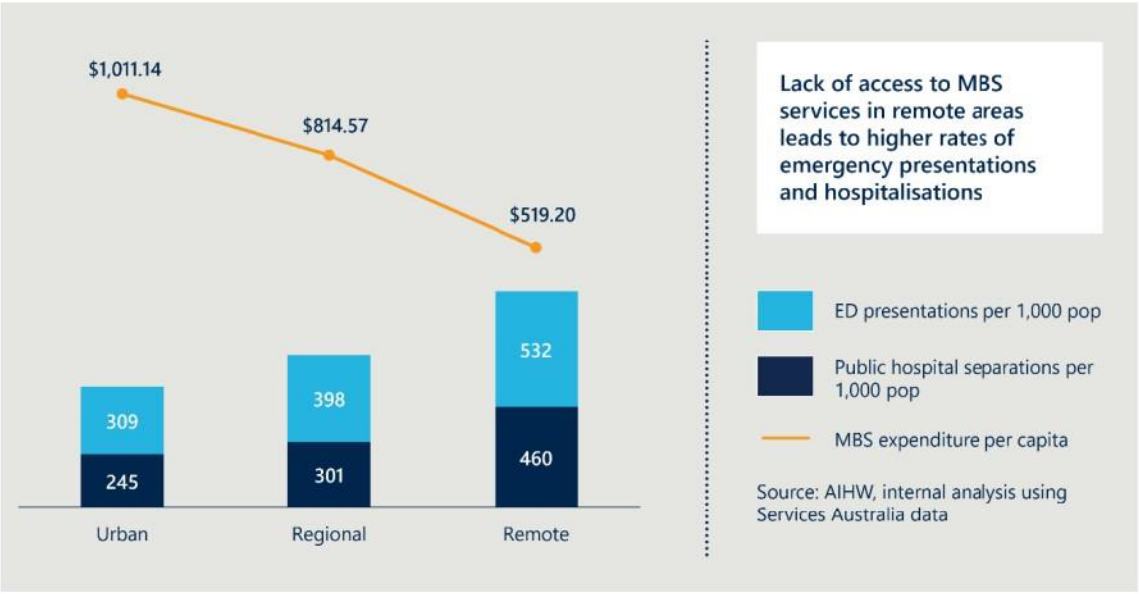


Source: Nous Group. *Evidence base for additional investment in rural health in Australia*, p29. Available from: www.ruralhealth.org.au/content/nous-report-evidence-base-additional-investment-rural-health-australia

The Nous report identifies that, in the Australian healthcare system, general practitioners (GPs) are commonly the referral pathway for service access and funding. Low GP access results in flow-on impacts to accessing allied health and medical sub-specialty services. It is recognised that, where primary care access is low, patients access emergency departments at higher rates. GP consults drop as areas become more remote, with increased emergency department attendance. The Nous report identifies that with a drop in Medicare Benefits Schedule (MBS) expenditure – a proxy for services like general practice – the rate of emergency department presentations rises.

The following diagram from the Nous report demonstrates the impact of a lack of access to primary health care on the use of public hospitals and emergency departments.

Figure 5 | Age-standardised community MBS expenditure vs ED and public hospital service use



Source: Nous Group. *Evidence base for additional investment in rural health in Australia*, p25. Available from: www.ruralhealth.org.au/content/nous-report-evidence-base-additional-investment-rural-health-australia

The prevalence of health professionals on a per capita basis (including most allied health practitioners, dentists, pharmacists, GPs and non-GP medical specialists) is reduced in rural areas.[2,3] As a result, Australians living in rural areas have, on average, shorter lives, higher levels of disease and injury, and poorer access to and use of health services, compared with people living in metropolitan areas.[4] Data also shows that people living in rural areas have higher rates of hospitalisation, mortality and injury, but poorer access to and use of primary healthcare services, compared with those living in metropolitan areas.[4]

Inadequate supply and uneven distribution of the allied health workforce greatly impede rural communities' access to essential allied health services, particularly in remote areas. This impact is most pronounced for residents of towns with populations of 15,000 or less. The smaller population size across rural Australian areas makes it impractical and unsustainable to establish permanent teams of specialised providers capable of delivering the required allied health services.[5] Despite the pressing demand for healthcare services in these areas, attracting and retaining healthcare professionals remains difficult. The workforce pipeline suggests this pattern will not soon change. Surveys of final-year medical students consistently demonstrate a strong preference to work in capital cities, with 2021 data showing graduates' intention to work as follows:

Capital city	Major urban centre	Regional city/ large town	Smaller town	Small community
61.1%	19.5%	13.3%	4.2%	1.9%

Source: Nous Group. *Evidence base for additional investment in rural health in Australia*, p26. Available from: www.ruralhealth.org.au/content/nous-report-evidence-base-additional-investment-rural-health-australia

The Alliance aims to ensure that rural health services receive equitable funding and access to essential services. The Alliance supports innovation and long-term reform and clearly there is scope for much more of this, particularly as it relates to primary health care in rural Australia, including NSW. The Alliance believes that a concerted effort is needed to drive reform and improve governance and funding arrangements to enable place-based planning that reflects demographic and geographic need. Equitable funding is required to do this. It is the view of the Alliance that urban-based models have failed to deliver equitable care in rural Australia.

A major external factor influencing the demand for hospital care is the ability to access primary health care. This adversely impacts people living in rural Australia. In the year 2021–22, the prevalence of GPs providing primary care was lowest in the most rural and remote parts of the country, reducing from 125 per 100,000 population in metropolitan areas, to 84.9 in small rural towns, 75.0 in remote areas and 66.8 in very remote areas.[6] As previously mentioned, the prevalence of other health professionals working in primary care is also reduced in rural areas.

People living in remote and very remote areas also have lower uptake rates of preventive services like cancer-screening programs, including bowel, breast and cervical cancer screening.[7]

Access to high-quality, affordable primary healthcare services prevents avoidable hospital admissions and reduces hospital stays. Primary health care is in dire straits in many rural locations – and indeed has failed much of the population – where communities are receiving little or no access to care due to a shortage of doctors, nurses and other health professionals, inequity of funding, inadequacy of funding mechanisms and a lack of support. It is important to note that the preventive aspects of primary health care, regarding use of the acute health system, require not only access to traditional primary care, but also multidisciplinary care provided by a variety of health professionals, especially in the context of rising rates of chronic disease.

In addition to general hospital admission, it is known that where primary healthcare access is low, patients access emergency departments at higher rates.[8] Further work is needed to improve health literacy, health promotion, rates of various health and behavioural risk factors, and social and emotional wellbeing in rural communities, along with addressing inequities in the socioeconomic determinants of health. Preventing illness will always take pressure off more expensive clinical interventions.

For rural communities, the *Strengthening Medicare Taskforce Report* offers a solution:

> Rural and remote communities need rural and remote solutions. A variety of options are needed to improve access to affordable health care tailored to the needs and drawing on the strengths of local communities and to support sustainable primary care solutions in rural and remote communities now and into the future. Rural and remote communities should have the flexibility to design and fund solutions that better reflect the reality of what's needed and can be sustainably delivered. This can only be achieved through consumer and community engagement, collaboration, and co-decision making at the local level. With support from all levels of government, introducing more blended funding models alongside fee-for-service will support primary care sustainability and foster innovative models of primary care in rural and remote communities.[9]

The Alliance believes that place-based models based on local population health needs and community stakeholder engagement need to be supported with equitable funding, appropriate funding mechanisms and innovative mechanisms for the engagement of workforce and delivery of services. Rural health care at the community level must be viewed from a whole-of-system perspective, given the limited resources available. The federal and state governments must work together at the local level, rather than being hamstrung by funding and governance mechanisms that do not allow for place-based planning and delivery to occur.

This requires a much greater emphasis on, and requirement for, joint or multidisciplinary planning, development and implementation of health services between primary health networks (PHNs) and local health networks (LHNs), together with enhanced grassroots community engagement in influencing what services are needed and where health resources must be focused.

The NSW Government's response to the *Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW* suggests work is underway in NSW to improve joint planning, development and implementation between PHNs and LHNs, with community-level involvement, but the gaps in access are so large that much more needs to be done.

Nous identified this in their report for the Alliance:

> Federal and state governments recognise these challenges, and significant investment has been made over time on programs to address the health challenges in rural Australia and to improve the health workforce and infrastructure available in rural areas. These efforts have not, however, overcome the disparity in health outcomes and service access and expenditure.
>
> The current pattern of health service use indicates a missed chance for early intervention, preventative healthcare, and cost-effective general practice and allied health services in the community. As a result, severe disease has a higher burden, leading to increased usage of emergency and hospital services.[1]

Comments on specific recommendations from the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW

Recommendation 8 of the NSW Inquiry is:

> 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.

Recommendation 10 of the NSW Inquiry is:

> 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.

The Alliance developed a model which was previously called Rural Area Community Controlled Health Organisations. The model's name has changed in the past year to avoid confusion with Aboriginal Community Controlled Health Organisations (ACCHOs). The model, which we have now termed Primary care Rural Integrated Multidisciplinary Health Services (PRIM-HS), is specifically designed in conjunction with a local community (consumers, local government, local area health service, clinicians) to address the challenges of delivering primary health care in those settings, in accordance with local population health needs and services currently available locally.

There has been considerable interest in this model from across the health sector, specifically from several primary healthcare practices that would like to see the model funded and implemented. The Alliance has identified several NSW providers that are shovel-ready to implement a PRIM-HS model in their location.

A description of Primary care Rural Integrated Multidisciplinary Health Services

PRIM-HS is a model of care and funding for primary health care in rural areas, advocated by the Alliance and supported by various organisations. When funded, PRIM-HS will be community-based organisations that offer a comprehensive and affordable range of primary healthcare services. They should be not-for-profit organisations funded by government, designed and established by local communities to meet their primary healthcare needs in flexible and responsive ways.

PRIM-HS will employ a range of primary healthcare providers, including rural generalists, nurses, nurse practitioners, midwives, dentists and allied health professionals. The mix of practitioners employed will depend on the needs and circumstances of individual communities, with consideration of existing healthcare providers. Health practitioners will be supported by administrative staff (including practice managers), to ensure that clinical staff can focus on clinical practice. The PRIM-HS paradigm supports medical and allied health rural generalist models and pathways, including opportunities for structured supervision and support.

PRIM-HS will overcome barriers to attracting and retaining a rural health workforce. They provide secure, ongoing employment with a single or primary employer, attractive conditions including leave provisions (holiday, personal, parental and long service leave) and certainty of employment and income.

Most importantly, PRIM-HS will not be an urban-based corporate entity 'cherry picking' the profit out of rural communities. The Alliance believes Australia has a social and economic contract to build regions, not just take the best from them. This requires support to determine need and investment at the grassroots in local people, local services and regions.

PRIM-HS will not rely on health practitioners committing to establish their own practice, with the attendant responsibilities of operating a financially viable, standalone business (managing staff, administration and compliance) in generally thin markets. This employment model will make it easier for health practitioners to take up a rural position, knowing they can focus on their professional practice without the stress of establishing, purchasing or running a practice in a thin or failed market. They can also easily change their minds if their circumstances change.

PRIM-HS will support work–life balance, minimising social and professional isolation through peer support from a multidisciplinary team and overcoming related negative perceptions of rural practice. Employment conditions will recognise and support continuous professional development and specific accreditation requirements and can provide the opportunity for training and research collaborations. PRIM-HS will provide ready connection to the local community, with support and advice available regarding accommodation, employment opportunities for partners, education options for children, and social and recreational activities.

The health workforce shortage in rural Australia often means that older people or people with disabilities cannot access the support and interventions they need and are eligible for. This includes medical, nursing, allied health, dental and pharmacy services across a range of settings: residential aged care facilities (RACF), National Disability Insurance Scheme (NDIS) benefits and support through the Department of Veteran's Affairs (DVA). PRIM-HS have the potential to provide in-reach services for RACF, NDIS and DVA recipients, as well as for rural people with chronic disease, including those with chronic disease management or other similar care plans.

PRIM-HS are not intended to compete with ACCHOs. Where appropriate, PRIM-HS will work collaboratively to ensure that all primary healthcare services, serving the full spectrum of community members, can thrive. PRIM-HS acknowledge the holistic, comprehensive and culturally appropriate health services these distinct organisations provide.

PRIM-HS are also not intended to compete with existing health professionals in a community or threaten the viability of existing services. PRIM-HS are aimed at supporting communities that lack primary health care and would be implemented to ensure existing services are enhanced. Hence, PRIM-HS will be co-designed with local health consumers, providers and organisations to address local needs, offering better-integrated services across all sectors.

Alliance recommendation:

- That the NSW Government could immediately fund many NSW primary health sites using the PRIM-HS funding and program model. This would provide an evidence base for evaluating a model that has the potential to improve access to primary health care and, as a result, reduce avoidable hospitalisations for rural NSW residents.

Recommendation 11 of the NSW Inquiry is:

> 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.

The NSW Government response to this recommendation states that NSW Health will work with the Commonwealth if they are committed to investing in a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.

The Alliance believes the NSW Government, and indeed all jurisdictions, together with the Australian Government should be committing to a National Rural Health Strategy. The Alliance considers that obligations to rural people would be better met if Australia had a National Rural Health Strategy.

The Alliance has advocated for an integrated National Rural Health Strategy and Implementation Plan to address enduring healthcare workforce, access and affordability issues and to include the rural health sector in responding to climate change, local disaster planning and emergency management.

The federal and state governments have an obligation to work together and support the full spectrum of healthcare services throughout rural Australia. The emergence of significant new health challenges in recent years gives added impetus for a new and current National Rural Health Strategy.

The health effects of climate change should be incorporated into this strategy, recognising the increased frequency and intensity of bushfires, droughts and floods and, more importantly, that rural communities experience these challenges above the existing triple disadvantage and are impacted significantly more than urban populations.

Further, since the development of previous strategies and frameworks, the impact of the COVID-19 pandemic has exposed the vulnerability of rural Australians due to the lack of capacity in the rural health system. Workforce shortages, the lack of appropriate facilities, and a higher proportion of older and vulnerable people all contribute to this risk. A comprehensive and integrated National Rural Health Strategy and Implementation Plan is the best way forward to drive the necessary policy change and reform.

A commitment from all levels of government to support a National Rural Health Strategy will be critical to its success and capacity to drive reform and structural change, as well as to ensure its development and implementation shares the objectives of the National Health Reform Agreement Addendum.

Support for the objectives of the National Health Reform Agreement, as well as collaboration and action across governments, will be the key drivers required to achieve the aims of improved accessibility, equity and rural health outcomes. In particular, a commitment is required from the federal and state governments to additional funding to support rural access to the full spectrum of health professionals – including medical, nursing and midwifery, allied health, dental, paramedicine and pharmacy – based on the population health needs of the rural communities they serve. Indeed, priority must be given to rural recruitment of students and rural training in medical and other health careers.

More detail about the background to the need for a National Rural Health Strategy is included in Appendix A.

The Nous *Evidence base for additional investment in rural health in Australia* report notes that:

> Maintaining a sustainable rural health workforce requires attention to several issues.
>
> Professional decision-making support and professional development are crucial. Non-urban health practitioners often have limited access to peers and mentors and may experience professional isolation. Providing opportunities for networking, peer support, and access to professional development can help to retain practitioners in rural areas, improve job satisfaction and encourage skill-sharing.
>
> Another missing piece is lifestyle support for practitioners with families. Access to affordable and quality childcare, housing, schools for children, work for partners as well as flexible work arrangements, can all be challenging in non-urban areas. Providing support for these needs can help practitioners to balance their work and family commitments and improve their ability to remain in rural areas.

> Emotional support for rural practitioners is also important. Isolation, burnout, and moral injury can be significant challenges for rural practitioners. Providing access to counselling services, peer support and debriefing can help to address these issues and improve practitioner well-being.[1]

The development of a National Rural Health Strategy and Implementation Plan would also have the benefit of investigating and further enhancing the scope for consistent and supportive employment conditions across the health sector in rural NSW.

Employment conditions for health professionals can vary dramatically across state-government-funded and primary healthcare services, creating significant perverse incentives for where health professionals understandably choose to work. Further work is needed to ensure the transferability of employment conditions and equitable pay conditions, housing and sign-on bonuses so that one part of the health system is not competing with others, especially in rural communities where human resources are scarce.

Alliance recommendation:

- That the NSW Government takes immediate steps to advocate for a National Rural Health Strategy.

Special focus: maternity services in rural NSW

While the following recommendations are not specifically mentioned in the Terms of Reference for this inquiry, the holistic nature of maternity services means that any related recommendation inherently includes the consideration of workforce, culture and funding. Maternity workforce considerations are specifically referenced in NSW Inquiry recommendations 16 and 20.

Recommendation 26 of the NSW Inquiry is:

> That the NSW Government implement the midwifery continuity of care model throughout rural, regional and remote New South Wales.

Recommendation 27 of the NSW Inquiry is:

> That the rural and regional Local Health Districts, and those metropolitan Local Health Districts that take in regional areas of the state, review their maternity services in order to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services.

The NSW Government response was that recommendation 26 was supported in principle and recommendation 27 was supported. The government stated:

> NSW Health supports improved access to maternity care options for all women in NSW.
>
> Many local health districts have already undertaken a review of their maternity services and are currently creating action plans and implementing recommendations to support resilient, safe and sustainable maternity services.[10]

Yet, the recently released NSW Health maternity services policy, *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW*, for which an expert advisory group is about to be established[11], has a limited focus on the needs of rural women in NSW or prioritising their access to the proposed care. But around the country, the state of maternity care outside of metropolitan areas is dire and a significant commitment and body of work are needed to ensure that the key issues are addressed.

The National Rural Maternity Services Forum, held in Canberra in August 2023, highlighted the need for the federal, state and territory governments to work collaboratively to improve access to high-quality maternity services, close to home, for rural women around the country. The forum recommended that:

- work be done to update a nationally agreed implementation plan to improve rural maternity care
- a set of minimum service standards be developed
- a national workforce plan be developed and funded
- Birthing on Country models of care be implemented for Aboriginal and Torres Strait Islander women
- the RISE Framework be considered as a tool for planning locally appropriate services throughout rural Australia more broadly.

It was also considered imperative that the issue be placed firmly on the political agenda – both nationally and for the states and territories. Funding mechanisms were frequently mentioned as an important barrier to providing best-practice care.

This issue has persisted over many years with minimal improvement. There were 255 rural maternity units closed around the country between 1992 and 2011 and closures have continued since then.[12] Research shows that existing units are not distributed according to population needs.[13] When women don't have access to birthing services close to home, they experience poorer health outcomes and higher rates of intervention[14], along with increased rates of giving birth before arrival at a health facility.[15] Having to relocate or travel away from work and family to give birth increases stress and psychological distress and generates added financial costs for women.[16] The lack of antenatal and postnatal care close to home has the potential to reduce the comprehensive nature of care, and the lack of local maternity services also has broader negative repercussions for rural communities.

Alliance recommendations:

- That the NSW Government ensures rural NSW is represented on the new maternity services policy expert advisory group.
- That the NSW Government strengthens its focus on access to maternity services in rural NSW, by committing resources to enable the development of local services that are of high quality, sustainable and meet the needs and expectations of local communities, including the development of Birthing on Country models of care for Aboriginal and Torres Strait Islander women. This involves consideration of models of care, workforce needs and funding models and requires collaboration with the Australian Government.

Conclusion

The Alliance is pleased to see the attention being given to ensuring that the findings and recommendations of the Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote NSW are addressed. We support the work being undertaken by the NSW Legislative Assembly Select Committee on Remote, Rural and Regional Health to inquire into and report on the progress of and issues relating to the implementation of Portfolio Committee No 2 recommendations specifically relating to workforce issues, workplace culture and funding for remote, rural and regional health.

The Nous report commissioned by the Alliance did not provide welcome news. The deficit being experienced by people living in rural Australia is getting worse and has increased substantially over the past decade.

Rural people deserve better. They are the economic powerhouse of the Australian and NSW economies, which benefits all. They should have greater access to the essential care they need. The Alliance welcomes the progress that has been made in NSW to improve access to health care – but, clearly, more needs to be done.

The Alliance believes the NSW Government can take more proactive steps to support the primary healthcare workforce and general access to primary health care. The NSW Government could also proactively advocate to the federal government and other jurisdictions for a National Rural Health Strategy.

Appendix A: Background to the need for a National Rural Health Strategy

The first *National Rural Health Strategy* was released in 1994. There have been various updates and revisions of the document over the ensuing years, with the last being the *National Strategic Framework for Rural and Remote Health* (the Framework), which was endorsed by Health Ministers in November 2011. The 30 per cent of the population comprising rural Australians is not covered by a current rural health strategy. This requires a consultative process including significant input from the Alliance and other rural health stakeholders.

The Framework can still be accessed through the Department of Health and Aged Care website and must be utilised as a strategic driver of health policy. No reporting was undertaken against the goals of the original strategy, nor has there been an evaluation of the effectiveness of the Framework goals. At the time, the Alliance called for a National Rural and Remote Health Plan to be developed to operationalise the goals set out in the Framework, but this key driver for outcomes still needs to be implemented.

Thus, the Framework has yet to be actioned consistently or comprehensively. There are no national reports on progress against the Framework and action has yet to be taken to update it. The Framework is also principally focused on the medical workforce. However, there is a pressing need to invest in and support nursing, allied health and other non-medical health professions.

There is also currently a range of programs and incentives grouped under the banner of the Stronger Rural Health Strategy. This strategy focuses on the rural health workforce that, while critical, is only one element of addressing rural health outcomes. Further, this strategy seeks to meet some workforce needs but is not a comprehensive or integrated policy approach. Rather, it demonstrates gaps and inconsistencies in addressing rural health workforce needs. The Stronger Rural Health Strategy is currently being evaluated.

A new National Rural Health Strategy should acknowledge that rural communities are different to metropolitan communities and that each rural community has particular circumstances and needs. Any new strategy must address the need for more progress in improving the health outcomes for those living in rural Australia. It should consider the barriers and incentives for attracting and retaining a rural health workforce, how to incentivise and provide greater investment in preventive health as well as acute care, and how to fund and administer models of care that are flexible and responsive to local needs.

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