

## **Health outcomes and access to health and hospital services in rural, regional and remote New South Wales - Post-hearing responses**

### **Supplementary Questions**

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#### **Contributors**

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The Australasian College of Paramedicine (the College) welcomes the opportunity to make a further post-hearing response in regard to the health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

#### **Supplementary Questions**

1. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in rural, regional and remote New South Wales?

The delivery of health care in rural, regional and remote NSW is increasingly complex due to the competing challenges of distance, geography, population and the inequitable distribution of primary health care services. We acknowledge that the current primary health care system has not evolved with the growing health care needs of the population and has limited ability to meet the challenges of caring for the community in rural, regional and remote NSW.

It is widely recognised that rural and remote populations in Australia experience poorer health outcomes and lower life expectancy due to inadequate access to health services (1). Access to GP, palliative care and related services continues to be challenge in many areas, and innovative models of care are needed to address this ongoing inequity. With traditional workforce shortages, seen predominantly in these areas, we believe an opportunity exists to expand the use of paramedics, including outside of an ambulance service, to improve access to health care.

2. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding ways to improve both the access and availability of palliative medicine, nursing and care in rural, regional and remote New South Wales?

To improve access and availability of health care, including palliative care services, in rural, regional and remote NSW, there needs to be a focus on different ways of providing these services rather than trying to fix or improve the current model. Innovative models of care that meet the needs of each rural, regional and remote community in NSW should be explored and employed. Paramedics, as registered health professionals, should be employed as part of future focused multidisciplinary models of primary care that is patient and community focused.

With traditional health workforce shortages seen in these areas, an opportunity exists to improve access to healthcare with paramedics. Community paramedics bring their experience, skills and knowledge in pre-hospital care along with subsequent education in primary health care. There are numerous successful international models of care where paramedics play a key role, such as in Scotland where Advanced Paramedic Practitioners work a shift pattern where they spend 20% of their time in a GP surgery or out of hours centre seeing patients with minor-moderate illness and injury. The rest of their time is spent responding as a single practitioner to mid-acuity calls to treat and refer patients to the most suitable care pathway which may, or may not, include an Emergency Department.

Current state and federal legislation surrounding employment of paramedics outside of ambulance services, and funding models of health care, are barriers to these innovative models being implemented and as such needs to be included in discussions.

#### References

1. Economics References Committee. Inquiry into the indicators of, and impact of, regional inequality in Australia. In: The Senate, editor. Canberra, ACT: Commonwealth Government of Australia; 2020