INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

HEARING – Thursday 2 December 2021

SUPPLEMENTARY QUESTIONS

Mr Carl Grant, Chief Executive Officer, Bila Muuji Aboriginal Corporation Health Service

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?

2. A point I probably would have raised given the chance was when discussing the issue of recruitment of staff one issue never really discussed was adequate provision of subsidised accommodation for staff. In some of our smaller regions it is increasingly difficult to find accommodation. I note from meetings I've been in with Three Rivers University Department of Rural Health that they have purchased local houses which are utilised by students during their placements in smaller regional areas. This is a great initiative to support their students and is a means of ensuring their completing their studies by offering subsidised accommodation options. Our members would probably attest to the fact that your never provided funding to purchase a house for staff to utilise as subsidised accommodation. Where member services are providing this extra support to staff they need to find extra money somewhere to provide such subsidised accommodation and rentals in smaller regional towns are ever increasing. Not sure what the committee can do about this but wanted to raise it as an issue our members face when trying to attract and retain clinical staff to their service.

3. I would also like to add I agree with AH&MRC that the current criteria used to define Distributed Priority Areas (DPA) for GP distribution is making it difficult for our member services to compete with metropolitan areas in terms of employing staff. For example, issues around classification with models such as the Modified Monash Model

(MMM) and the Area of Need program do not really reflect the health demands of Aboriginal communities in our regions. As a result, our services are unable to access appropriate exemptions thereby adding another barrier to attracting and retaining staff on a sustainable long term basis.

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SUPPLEMENTARY QUESTIONS

Mr Carl Grant, Chief Executive Officer, Bila Muuji Aboriginal Corporation Health Service

1. 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?

2. Ensure that our member services and other ACCHO's within our communities are given the appropriate resources to not only survive but prosper and continue being trusted primary health care providers in our communities. As already alluded to in everyone's submissions ACCHO's are stable, trusted health care providers in their local communities despite often having to face more barriers than most in keeping their doors open. They are often the only GP service a community may have at its disposal (both Indigenous and Non-Indigenous) so ensuring their growth is ensuring everyone prospers in our rural, regional, and remote communities.