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

Organisation: Western NSW Local Health District, Medical Staff Executive

Council

Date Received: 27 November 2020

Our Ref: D20/10597



The Director Portfolio Committee No. 2 Parliament House Macquarie Street Sydney NSW 2000

E: PortfolioCommittee2@parliament.nsw.gov.au

Re: Medical Staff Executive Council (MSEC) Submission

Dear Committee Members,

Western NSW LHD MSEC members welcome the Parliamentary inquiry into health outcomes and services in rural NSW.

We acknowledge that care provision within our district is provided across the broadest geographic area serving people who come from many backgrounds. We face challenges often very different to those faced by the people in cities. Data on the poor health outcomes for some segments of our community are particularly worrying. Inequity across generations is commonly seen in our LHD. This is a true challenge we wish to confront.

MSEC humbly requests two matters from the Committee.

As part of the public hearings we ask that you physically come to our district and meet with us, the health care providers, our patients/the people we care for, their loved ones and the other local interested community members. We want you to see us in context. We would like you to understand what we are doing well, what is not going so well and what resources we might need to improve. There is much innovation that already delivers exceptional care despite our challenges amid the potential for many new opportunities.

Our second request is that you carefully consider and reflect on the lessons from *The Orange Declaration on rural and remote mental health*. Published in 2019 the lessons may be adapted to health systems more broadly, acting as guiding principles to a rurally focused framework of solutions.

The MSEC of our LHD looks forward to assisting the Parliamentary inquiry early in 2021.

Yours sincerely,

Dr Warren Kealy-Bateman

On behalf of MSEC, Western NSW LHD

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References

1. Perkins, D., Farmer, J., Salvador-Carulla, L., Dalton, H., & Luscombe, G. (2019). The Orange Declaration on rural and remote mental health. Australian Journal Of Rural Health, 27(5), 374-379. doi: 10.1111/ajr.12560

From the article (and generally applicable across many healthcare domains):



TABLE 1 Ten problems and ten solutions for rural and remote mental health research in Australia

	Problem	Evidence themes	Solution
1.	Rural communities are different from cities and are not homogenous	Contextual variance—one size does not fit all	Whole-of-community, place-based approaches are promising
2.	The rural mental health system is not working	Consistently poor rural health outcomes	New service models tailored to context must be considered
3.	Top-down service models are based on urban assumptions	Connecting policy, people and place	Co-designed bottom-up processes should be pursued
4.	Services are not based on needs	Service versus people-centred approaches	Holistic and integrated care models need testing
5.	Funding models are misaligned	Funding and investment	New better-aligned funding models are needed
6.	Fragmentation and competition hinder service provision, decreases robustness	System-level fragmentation and service instability	Whole of community approaches are needed
7	Structural inequity in mental health service provision is amplified in rural areas	Care provision—scope, scale and emphasis	Prevention and early intervention must be considered
8.	The rural mental health workforce is stretched beyond capacity and capability	Workforce capacity, capability and sustainability	New rural workforce models are needed
9.	Telehealth alone is not the answer	Technology—component or solution	Digital technology contributes now and can do more as part of new systems
10.	Data sets are incomplete, disjointed and limited	Data, research, evaluation and organi- sational continuous learning	Enhance data collection, monitoring, linkage, analysis and planning

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