Submission No 268

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

Organisation: Quality Aged Care Action Group Incorporated (QACAG)

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QUALITY AGED CARE ACTION GROUP INC

QACAG Submission

Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales

About QACAG

Quality Aged Care Action Group Incorporated (QACAG) is a community group in NSW that aims to improve the quality of life for people in residential and community aged care settings. QACAG is made up of people from many interests and backgrounds brought together by common concerns about the quality of care for people receiving aged care services.

QACAG Inc. was established in 2005 and became incorporated in 2007. Membership includes older people, some of whom are receiving aged care in NSW nursing homes or the community; relatives and friends of care recipients; carers; people with aged care experience including current and retired nurses; aged care workers and community members concerned with improving aged care. Membership also includes representatives from: Older Women's Network; Combined Pensioners & Superannuants Association of NSW Inc.; Kings Cross Community Centre; Senior Rights Service; NSW Nurses and Midwives' Association and the Retired Teachers' Association.

QACAG members welcome the opportunity, through this submission, to provide input into the Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales

Margaret Zanghi
President
QACAG Inc.

The Quality Aged Care Action Group (QACAG) welcomes the inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

The challenges of access to health care in rural and remote areas is well documented. These communities also typically have higher proportions of older people than do urban areas. While availability of aged care services in rural, regional and remote communities is lower than their urban counterparts, paradoxically the need for services is higher due to factors including lower socioeconomic status, lower education levels, higher rates of disability and poorer housing[1].

Multi-Purpose Services (MPS)

MPS were implemented in the early 1990's to address health and aged care needs of rural and remote communities. NSW embraced the model, establishing the highest number of any state or territory. The identified characteristics of communities that would benefit from MPS included (among others)[2]:

- a community's inability to access the mix of health and aged care services appropriate to the needs due to isolation.
- catchment populations of 1,000 to 4000 persons considered insufficient to sustain separate acute hospital, residential care, community health and home care services.

QACAG members are aware of issues where elderly residents of MPS having been left without staff to attend to their needs when an emergency patient is presented to the MPS. For the safety of residents, staffing of these services needs to be improved so that staff are available to care for residents while emergency presentations are attended to.

[1] National Rural Health Alliance (2017). *Towards equity in aged care for regional, rural and remote Australia*. Accessed November 2020: https://www.ruralhealth.org.au/partyline/article/towards-equity-aged-care-regional-rural-and-remote-australia

[2] NSW Ministry of Health (2016). *Position Paper: Reshaping the Multipurpose Service (MPS) Model in NSW*. Accessed November 2020: https://agedcare.royalcommission.gov.au/system/files/2020-06/RCD.9999.0247.0025.pdf

QACAG Recommendation: that MPS staffing is improved to enable residents to be supervised at all times.

Palliative Care

Access to palliative care and palliative care services remains an issue in urban areas, however the shortage of availability is only heightened in rural and remote regions. A number of factors are essential to the effective delivery of palliative care: ensuring sufficient local resources are available (including capacity building among the current palliative care workforce and providing training for specialist and generalist nurses); equity of access (including equity of access to medications, equipment, and services); and models and approaches to palliative care (including culturally sensitive care, and better integration of services)[3].

It is important that all health staff are trained in palliative care.[4] Clinical staff working in aged care, community care, primary health, acute care and community services all care for those requiring palliative care and end of life care. It is essential that all staff are appropriately trained in palliative care and have access to referral pathways and services.

QACAG Recommendation: that access to palliative care specialist medical and nursing care is improved in rural and remote NSW.

QACAG Recommendation: that access to palliative care training and education is available to all specialist, generalist and aged care staff.

[3] NSW Regional Health Partners (2019). *End of Life Care in a sample of Regional and Rural NSW – what is the current situation and what are the problems*? Accessed November 2020: https://www.crrmh.com.au/content/uploads/end-of-life-white-paper.pdf

[4] NSW Health (2017). *Palliative Care Roundtables Consultation Paper*. Accessed December 2020: https://www.health.nsw.gov.au/palliativecare/Documents/pc-consult-paper.pdf

Attracting and Retaining a Skilled Workforce

More needs to be done to attract medical, nursing and allied health staff to rural and remote NSW. While strategies including scholarship programs and urban/rural exchange programs exist, staffing deficits remain[5]. Nurses comprise the majority of the health workforce yet there are fewer rural incentive program opportunities for nurses than for the medical profession. A broader approach to rural health workforce development, focussing on social and professional issues as well as financing, needs enhancing. A multi-pronged approach including HECS reimbursement, scholarships, enhanced pay, rental assistance, additional professional development and training opportunities and career development options needs to be examined as ways of attracting nursing, allied health and other health staff to rural and remote areas. Nurses in regional, rural and remote areas as a demographic are older than their urban counterparts. Without appropriate measures to address this, future geographic maldistribution will occur, increasing the future shortage of the nursing workforce in rural and remote regions, posing an additional challenge to staffing[6].

QACAG Recommendation: that comprehensive and multifaceted programs are implemented to encourage nursing, allied health and other health staff to work in rural and remote NSW.

Indigenous and CALD Communities

Aboriginal and Torres Strait Islander communities express a need for more Aboriginal health workers and cultural awareness training.[7] CALD groups also express the need for improved cultural awareness training of workers and an

[5] NSW Health (2014). *NSW Rural Health Plan: Towards 2021*. Accessed November 2020: https://www.health.nsw.gov.au/rural/Publications/rural-health-plan.pdf

[6] Department of Health (2013). *Review of Australian Government Health Workforce Program*. Accessed December 2020: https://www1.health.gov.au/internet/publications/publishing.nsf/Content/work-review-australian-government-health-workforce-programs-toc~appendices~appendix-ii-health-workforce-2025-summary

[7] Australian Commission on Safety and Quality in Health Care (2017). *Consumer health information needs and preferences: Perspectives of culturally and linguistically diverse and Aboriginal and Torres Strait Islander people*. Accessed December 2020: https://www.safetyandquality.gov.au/sites/default/files/migrated/Consumer-needs-and-preferences-Perspectives-of-culturally-and-linguistically-diverse-and-Aboriginal-and-Torres-Strait-Islanders.pdf

increase in the availability of interpreter services. QACAG members have found that culturally appropriate health care is a challenge, especially in rural areas where choice of existing services is limited. Consumers of health services must be effectively engaged and included in service delivery, design and evaluation to ensure culturally appropriate service delivery for indigenous and CALD communities[8].

QACAG Recommendation: that indigenous and CALD consumer representatives are engaged on an ongoing basis in service design, delivery and evaluation in rural and remote communities.

QACAG Recommendation: that health workers have access to ongoing cultural awareness training and education.

Margaret Zanghi

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[8] NSW Health (2019). *Plan For Healthy Culturally and Linguistically Diverse Communities*. Accessed December 2020: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_018.pdf