

**Submission
No 374**

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

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As a resident of a regional Australian community I am very concerned about the difficulty that the University of New England has been having in getting funding from any level of government for its innovative solution to the issue of training the next generation of regional medical and healthcare practitioners as well as supporting current practitioners in accessing the latest telehealth technology.

The proposed New England Virtual Health Network (NEViHN) is a digitally-enabled education and healthcare network which has been developed in partnership between University of New England, the Hunter New England Local Health District (LHD) and the Hunter New England and Central Coast Primary Health Network (PHN).

This transformative program supports the delivery of in-place healthcare for patients and regionally based learning for UNE medicine and health students across the New England North West region. NEViHN will enable students at the UNE School of Rural Medicine to undertake residential placements in our local communities by using telehealth technologies to complete coursework and connect to specialists and mentors in other cities and towns.

At the heart of NEViHN is the Joint Virtual Care Centre (JVCC) located at UNE's Tablelands Clinical School at the Armidale Hospital. The JVCC will be a training and observation centre for students to learn about and deliver clinical and telehealth services. When fully activated the JVCC will have the ability to connect directly to existing healthcare services, regional hospitals and practices across the towns of New England: Glen Innes, Gunnedah, Inverell, Moree, Narrabri, Quirindi and Tenterfield.

In the current COVID19 context, a trial of the Joint Virtual Care Centre (JVCC) element of the NEViHN is being fast-tracked. This trial is enabling healthcare professionals to remotely monitor low-risk patients suspected of having COVID 19, or having been diagnosed but presenting with mild symptoms, from their homes. Devices connected to the patient will track all vital signs, and this data, with the support of Artificial Intelligence (AI), will be monitored remotely by medical professionals at the Clinic.

In this unprecedented COVID19 pandemic context, the NEViHN has the potential to act as the ideal enabler of telehealth and remote monitoring services, to take pressure off already overburdened hospital networks, and improve health outcomes and access to healthcare for regional patients.

This pilot is demonstrating the ability of virtual healthcare to provide much needed support to the overburdened local hospitals as well as ensuring the best possible level of care and patient experience across regional, rural and remote communities.

UNE has made a number of presentations and submissions to NSW and Commonwealth Government and submitted a number of grant applications. The need for innovative solutions to this issue is urgent and the UNE proposal is based around providing a long term solution to an ongoing issue.

You can find further information about this project at <https://www.une.edu.au/about-une/faculty-of-medicine-and-health/nevihn> and I would also suggest that the Committee seek out an interview with Professor Rod McClure, outgoing Dean of the Faculty of Medicine and Health at UNE who has put extensive work into addressing this issue. <https://www.une.edu.au/staff-profiles/faculty-of-medicine-and-health/rod-mcclure> and <https://www.une.edu.au/connect/news/2020/02/health-education-and-research-where-it-counts>