

Submission
No 445

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

Organisation: Country Women's Association of NSW (CWA of NSW)
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Submission

NSW LEGISLATIVE COUNCIL PORTFOLIO
COMMITTEE NO 2: HEALTH - HEALTH
OUTCOMES AND ACCESS TO HEALTH AND
HOSPITAL SERVICES IN RURAL REGIONAL
AND REMOTE NSW - JANUARY 2021

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1. INTRODUCTION AND BACKGROUND

The Country Women's Association (CWA) is the largest women's organisation in Australia. It aims to improve conditions for country women and children. The CWA does this by advocating for its members, helping local communities, creating a network of support and meeting together in towns and cities across Australia. The CWA of New South Wales (NSW) has thousands of grassroots members and hundreds of branches across NSW. Our members have a strong interest in policy decisions that affect communities, families and country people and can be viewed as an important stakeholder of government at both state and national levels. A key aim of the CWA of NSW is to improve the conditions of families especially in country areas, as well as enhance the value of country living.

The CWA of NSW is also the State's largest rural issues advocacy group. With well over 8000 members and close to 400 branches across NSW, there is no other member-based organisation that has the breadth and depth of membership on matters affecting country people. Our policy positions and prioritised advocacy areas are determined by our grassroots members, via a democratic process.

The CWA was formed in 1922 when country women were fighting isolation and a lack of health facilities. Health services in regional, rural and remote (RRR) NSW remains a priority for the CWA of NSW. The CWA of NSW welcomes the NSW Legislative Council Portfolio Committee No. 2 Health's inquiry *Health outcomes and access to health and hospital services in rural, regional and remote NSW* (the inquiry).

The CWA of NSW is calling for a wide range of improvements to RRR health services, which we believe is now at a critical point. Rural and regional Australians not only have higher levels of disease, injury and poorer access to and use of health services, they also have a shorter life expectancy, and life expectancy for both males and females decreases with remoteness¹.

This submission will outline longstanding and newer health policies that the CWA of NSW continues to advocate on. The second half of this submission will comprise of the results

¹ Australian Government- Australian Institute of Health and Welfare *Rural and Remote Health* Web Report available at [Rural & remote health, Health status and outcomes - Australian Institute of Health and Welfare \(aihw.gov.au\)](http://www.aihw.gov.au) October 2019.



of a health survey conducted by the State Office in late 2020 for all residents of rural, regional and remote NSW. The survey was taken by over 800 people living in rural regional or remote (RRR) NSW. The CWA of NSW is keen to work with this Committee and the relevant NSW Government representatives to tackle the many problems in RRR health services, and identify pathways towards improvement.



2. CWA OF NSW EXISTING POLICY AND PRIORITIES

a. Health policy priorities

The CWA of NSW has a long and strong history of advocating on rural, regional and remote health. The main theme of our advocacy priorities in terms of health care centers around accessibility (including affordability) of health care for rural communities, and addressing the widening gap in terms of health outcomes in rural versus metropolitan NSW.

In 2018 the topic of rural health was chosen for the Association's "Awareness Week", a major campaign running for a week in September, which includes state and national media as well as local regional media and branch and community activities and outreach. Throughout this campaign the CWA of NSW called for a number of specific improvements to health services.

In 2019 in the context of a crippling drought, mental health, accessing mental health support and supporting others in seeking assistance for mental health was the chosen focus for the CWA of NSW Awareness Week campaign. In 2020, Domestic Violence was the chosen topic, and was particularly important given the reported increase in domestic violence in the year of the global COVID-19 pandemic and associated change to our way of life and various periods of lockdown. According to the Australian Government's Institute of Health and Welfare – rural, regional or remote people (those living outside major cities) are 1.4 times as likely to have experienced partner violence than those living in major cities, and people living in remote or very remote areas were 24 times as likely to be hospitalized for domestic violence than those in major cities².

Health and related support services have been the chosen topic for the most recent three years of awareness campaign for the CWA of NSW, indicating the level of CWA of NSW member's advocacy on health. It is overwhelmingly clear that increasingly in recent times, the declining health system, and improvement to the available health services including mental health and family support is a critically important issue for regional NSW. Families in regional and rural NSW are facing an increasing number of challenges when it comes to addressing their health concerns (particularly in times of

² Australian Government- Australian Institute of Health and Welfare *Family, Domestic and Sexual Violence in Australia: Continuing the national story 2019* Web Report available at [Family, domestic and sexual violence in Australia: continuing the national story 2019, Table of contents - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/10/family-domestic-and-sexual-violence-in-australia-continuing-the-national-story-2019) October 2019.



emergency), maintaining their health and meeting the costs of treatment. Ongoing erosion of health care services in rural and regional areas is one of the greatest concerns for these communities, leaving country people feeling like second-class citizens.

Some headline problems that we have highlighted through previous campaigns and advocacy work, and continue to call for are:

- Shortage of General Practitioners (GPs) in rural and regional areas;
- Difficulty recruiting and retaining specialists, nurses (including specialist nurses) and allied health care professionals;
- Downgrading of local hospitals (including closure of birthing and maternity units);
- Shortage of drug and alcohol support and rehabilitation services;
- Shortage of mental health services (including lack of psychological support for those with chronic or terminal illness in rural areas and their families and carers);
- Poor access to blood products in rural and regional areas;
- Poor access to dental care;
- Shortage of services for domestic and family violence.

b) Funding

CWA of NSW acknowledges that some progress has been made recently in terms of a more equitable distribution of funding for rural, regional and remote health care , and in particular infrastructure upgrades including regional hospitals and some associated health care centres.

It is clear however that this is just the 'tip of the iceberg', and the CWA of NSW calls for continued and enhanced focus on building and updating country hospitals as a matter of priority in next year's budget and beyond. Due to years of neglect and gradual decline, significant funding allocations are now required, and it is not acceptable that many hospitals and health service facilities have to be so depleted before being flagged for enhanced funding or upgrade. In the 2020-2021 NSW Budget it is stated that more than a third of the health infrastructure spend will go to regional and rural areas (with \$900M allocated for new and upgraded regional hospitals and health facilities)³, and that this is on top of recurrent funding of \$26.4B. This is commendable, however

³ The NSW Budget 2020-2021 available [NSW Budget 2020-21 | Latest NSW Budget](#)



where recurrent funding is clearly not adequate, the additional spend would need to be significantly increased in order to address the vast shortfalls.

As well as a continued focus on hospital and health service upgrade and maintenance, CWA of NSW calls for funding boosts for staffing levels including adequate nursing levels to service the regions. Other specific items of funding include:

- Increase in funding for public audiologists in rural, regional and remote NSW;
- More funding for perinatal, depression and trauma support services for rural regional and remote NSW;
- Funding for a cardiac bus service to visit regional and remote areas of NSW;
- Subsidise a Q-Fever vaccination program and include Q-VAX on the national immunisation schedule;
- Funding for enabling and enhancing telehealth and eHealth as a compliment to health services, not in replacement of;
- Adequate funding for palliative care;
- Continued funding of medical research into safer and more effective treatment of snakebite.

e) Attracting and retaining adequate numbers of health professionals in RRR NSW.

It is overwhelmingly clear that the NSW Government needs a better plan for enhancing the NSW rural health workforce. It is often expressed that there are highly talented and extremely competent medical professionals in regional NSW, however there are simply not enough staff to service the population of any given regional area. Regional NSW has the potential to be world-class in terms of providing integrated and connected health care, because of the community-minded nature of rural localities, and the natural links that exist within rural communities.

Take for example some recent findings out of the Australian Government's Royal Commission into Aged Care Quality and Safety. In a report on quality indicators, small facilities of 30 beds or less in small rural towns yield far better outcomes (with government run facilities performing better than private/for-profit facilities), and aged care facilities in small rural towns returned the best result on 5 of the quality and safety indicators⁴.

⁴ Australian Government's Royal Commission into Aged Care Quality and Safety *Research Paper 15 – Residential Care Quality Indicator Profile* available at [Royal Commission into Aged Care Quality and Safety](#) Paper released 16 November 2020.



There is no reason why rural and regional health services in general could not duplicate the environment that created the better outcome, as rural and regional services are well positioned to do so. Regional people know their community, and for example, members in the same family will see the same GP for many years. Health professionals in rural, regional and remote areas are well-placed to support the patient's entire health journey, and the possibility of continuity of care is far more possible in regional areas, should the framework be there to support this type of care. Some specific asks in terms of attracting and retaining health professionals in rural, regional and remote NSW include:

- Employ more and retain registered nurses and enrolled nurses in rural and remote areas of NSW;
- Accredited mental health clinicians to be able to provide psychological services in rural communities for people living with advanced chronic and terminal illnesses, their families and caregivers (available through Medicare);
- Introduction of a rural loading or incentive payment for accredited allied health care professionals working in RRR communities;
- Protection against violence and assaults for all health employees;
- Mandated nurse to patient ratios and nursing hours applied equally throughout all hospitals in NSW including rural and remote hospitals;
- All aged care facilities have a minimum number of safe level of staff (to resident ratio) and skill mix in aged care;
- Assistance including for professional expenses for all nursing students undertaking clinical placement in RRR NSW;
- Ongoing specialist services for mental illness in young people and adults, to be located in regional health centres.

c) Education/awareness

Over time, the CWA of NSW highlights medical issues that the membership believe need amplified awareness and education campaigns in order to reduce the strain on the rural health system and assist with community health overall. Education and awareness campaigns need to be fit for purpose and relevant to the unique health needs of RRR communities, for example:

- Promote and improve the awareness in both urban and rural communities (including newcomers to Australia), of appropriate first aid treatment (for example snakebite);



- Educate medical practitioners and alert all communities about the identification, treatment and prevention of Q fever;
- Education and training of medical professionals for the provision of safe and legal medicinal cannabis for pain relief for chronically or terminally ill patients.

d) Availability and accessibility of health services

Availability and accessibility of health services is one of the most limiting facets of the regional health care system in NSW. Many people in RRR communities do not have access to services, and for where services are potentially available, many cannot access the service they need in a timely fashion (see data and examples, in the Survey Results section, below).

The CWA of NSW recommends that a service map is created of regional areas to identify gaps in service availability, particularly for time-critical and time-crucial health services. Some of the specific lack of services that the CWA of NSW has highlighted in recent years include:

- Wide-scale availability of antenatal and post-partum care models prioritizing continuity of care;
- Public cancer clinics in RRR areas to ensure public patients have affordable accessible on-going treatment for all cancer related illnesses;
- A unit of O-negative blood be available in all country hospitals at all times;
- Access to women's health services in rural areas;
- Homecare (aged care) be available for all eligible RRR people;
- Every tertiary referral hospital in NSW should provide onsite or nearby accommodation that is affordable (at the rebate rate), and is wheelchair accessible;
- Availability of post mortems in regional and rural centers.

f) Costs

It is clear that the costs of seeking treatment in regional NSW is highly variable and not easily estimated or known prior. The costs for treatment will depend on whether a public or private service is available, and where private, costs may vary greatly depending on whether the patient carries private health cover, the amount that the medical provider will charge, how much can be claimed (through either Medicare or privately or both), and of course, whether healthcare is able to be accessed locally or some distance away, where additional costs will be incurred in the form of travel and accommodation,



and the associated time away from work that this means for many rural people. In the Survey Results section, below, we present some data on out-of-pocket costs as well as some examples for people who are required to travel for treatment (and experience using the Isolated Patients Travel and Accommodation Assistance Scheme). The unpredictability of the costs of healthcare for regional people is a major point of frustration and deterrence, as is holders of private health insurance finding that the healthcare required not being reasonably available or accessible nor covered by the fund's policy.

Some specific items in terms of costs that have been discussed and confirmed recently by the membership of the CWA of NSW include:

- Review of the disparity of prices charged by health professionals;
- Improve the management processes and increase the reimbursement that patients receive from the Isolated Patients Travel and Accommodation Assistance Scheme, to a level that reflects the actual costs incurred whilst visiting major centres in order to receive essential health care services, that are not available in their own area;
- Costs of follow up mammograms, x-rays and ultrasound scans required by cancer patients;
- GPs and specialists be able to “bulk bill” all Health Care Card holders.



3. SURVEY RESULTS

The CWA of NSW conducted a survey which ran for 3 weeks in November 2020, and was completed by 844 people who live in RRR NSW. The local health district (LHD) where the most survey respondents were located was Western NSW at 29%, followed by Hunter and New England at 25%. The remaining respondents were located in the Murrumbidgee (14%), Southern NSW (10.8%), Mid-North Coast (6.6%), Northern NSW (6.7%), and Far West (3.4%) LHDs.

a) Access to services

Most survey respondents can 'reasonably' access a GP and a hospital- that is there is a GP or hospital within 70kms from their home and/or within their local government area. However, many survey respondents noted that even where a GP is available, there may be very limited visiting or practicing hours available, and hospitals may have very limited or limited "on-call" services. When it comes to more specific or specialized services, access is clearly far more limited:

- GP 96%
- Ambulance 95%
- Access to hospital or hospital service 90%
- Emergency department (hospital) 87%
- Pathology 89%
- Aged care 86%
- Dental 77%
- Other allied health 67%
- Early childhood services (including mother and baby) 55%
- Palliative care 53%
- Maternity services 51%
- Psychology and mental health services 47%
- Disability services and child development services 44%
- Domestic/family violence, sexual assault services 42%
- Oncology treatment 40%
- Alcohol and other drugs treatment and services 39%

Where services are available locally (or within the relevant local government area), a very clear theme was apparent throughout the survey results, availability was a significant limiting factor. For those with little or no access to service, distance and time required to travel ranged from 1-3 hours, or frequently more, with many respondents commenting that even nearby towns do provide services, those services are very



stretched and in decline. Some anecdotal evidence from our survey respondents on distance to services are reproduced below. There are many more examples of this nature and we are happy to provide more anecdotal evidence as is needed for the Committee's inquiry.

i) Anecdotal evidence about access to services





b) Wait times

More than 75% of respondents indicated that of the services that are available locally, some or all of them are subject to significant wait times.

- 37% of respondents experience **significant** wait times for **most** of the available local services;
- 38% of respondents experience **significant** wait times for **some** of the available local services;
- 20% of respondents say that the available local services are accessible within a reasonable time frame.

Survey respondents indicated that wait times range from weeks to months, and some cases, 18 months to 2 years, or more/unknown/continually extended timeframe. Many respondents stated that often the wait times are not feasible, for example for skin cancer treatment or cardiology services, and alternative arrangements need to be secured.

i) Anecdotal evidence about wait times



c) Private health insurance

Over 67% of survey respondents take out some sort of private health insurance.

- Hospital cover only 10%
- Hospital and extras cover 58%
- No private health insurance 32%.

Many respondents who do take out private health care were not satisfied with what was covered and/or available to be covered under private care. For example the following patient in the North Coast LHD:

For respondents who do hold private health insurance, only 22% are able to access private health care locally or within their local government area.

- Able to access private health care locally: 22%
- Required to travel away from home for any **hospital treatment** covered by private health: 14%
- Required to travel away from home for any **hospital or extras** treatment covered by private health: 13%
- Able to be a private patient in the local public hospital for **some** services, otherwise required to travel for treatment: 20%



- Travel for **better/specialized treatment**: 13%

d) Costs for regional people to access private or public health services

For survey respondents who have to travel away from home for private or public health treatment, 42% have found the costs to be prohibitive/a deterrent. Approximately 44% experiences extra costs but found the costs reasonable and/or expected. Approximately 14% of respondents did not encounter additional costs or any additional costs were expected and/or minimal. Many survey respondents had utilized the Isolated Patients Travel Assistance (IPTA) scheme, to varying degrees, for example:

e) Quality of care in rural, regional and remote NSW

When it comes to quality of care, only 11% of respondents believe that the quality of care in the regions is equivalent to that in metropolitan NSW. Over 52% of respondents believe that the quality of care may be on par, however there are simply not enough medical professionals, staff and/or equipment and adequate infrastructure in regional NSW to provide the **equivalent** level of care to that in metropolitan NSW. Overall, the average rating for regional people's **best experience** in accessing regional health was 6.7 (out of 10) in the last 5 years. The overall average rating for people's **worst experience** in accessing regional health was 3.7 (out of 10) in the last 5 years.



4. Conclusion

The CWA of NSW welcomes this much-needed inquiry and congratulate the Portfolio Committee No 2 Health on commencing the important process of identifying where health outcomes and services can be improved for RRR people. CWA of NSW members are longstanding advocates for improved health services in regional NSW , and although there have been attempts at improving the system in recent years, it is very clear there remains a widening health gap in terms of both health outcomes and services. Major initiatives in terms of funding, attraction of staff, and adequacy of infrastructure and facilities/equipment are highly recommended. The CWA of NSW would be pleased to work with this Committee to continue to understand and raise awareness of the health service needs of rural , regional and remote people in NSW.