

**Submission  
No 466**

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

**Organisation:** New England Virtual Health Network (NEViHN) - University of  
New England

**Date Received:** 14 January 2021

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

(January, 2021)

This submission is provided on behalf of the New England  
Virtual Health Network (NEViHN) with the support of the  
University of New England and all NEViHN partners.



Office of the Vice-Chancellor  
University of New England  
Armidale NSW 2351  
Australia

14 January 2021

The Hon. Greg Donnelly MLC  
Chair Health Outcomes and Services in Rural, Regional and Remote NSW Inquiry

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Dear Mr Donnelly,

**Submission on behalf of the New England Virtual Health Network (NEViHN) - to the Committee of Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote (RRR) New South Wales**

The following submission is provided on behalf of the New England Virtual Health Network (NEViHN), with the support of the Vice-Chancellor, University of New England (Professor Brigid Heywood) and all NEViHN partners.

We have read and considered the published Terms of Reference for the above Inquiry, which speaks to the heart of the healthcare divide between metropolitan and RRR NSW. Our submission anticipates the Committee's findings, putting forward the University's NEViHN initiative in direct response to the Terms of Reference, and with particular attention directed to terms 1(a) and 1(c).

The University of New England (UNE) recognises the challenges associated with the successful delivery of healthcare solutions over geographically dispersed locations throughout RRR New South Wales – and indeed, throughout Australia and internationally. As Australia's first regionally located university, UNE is well placed to understand the issues associated with retaining and attracting primary healthcare professionals and their families to these communities. UNE is also aware of the impending healthcare crisis that looms large over the RRR areas of our state as a result, placing the lives of those who live in those areas at potential risk in the event of a medical emergency. As a university with a successful School of Rural Medicine, UNE also appreciates the complexities involved with attracting medical graduates to RRR communities, despite the opportunities students may have had to undertake clinical placements at those locations throughout the course of their study.

In response to these known issues, UNE has partnered with the Hunter New England Central Coast Primary Healthcare Network, the Hunter New England Local Health District and NSW Health Pathology to develop the New England Virtual Health Network (NEViHN) - which is a transformative education and digitally enabled healthcare network, designed to improve health outcomes, livability and quality of life in RRR communities, as well as improve educational outcomes in medical and health training. With the ongoing support of our partners, we aim to grow and deliver the Network to the New England North West region of NSW as a pilot from 2021. Our submission and attached documentation will provide the Committee with further detail about the initiative, which we believe is able to address many of the challenges faced by RRR communities as they seek a healthcare solution that will meet their ongoing needs.

Thank you for your consideration of our submission, which we believe will provide the Committee with options and potential recommendations to address the key issues identified by this Inquiry.

Yours sincerely,

*Following:*

- *Submission – The New England Virtual Health Network (NEViHN)*
- *Brochure – The New England Virtual Health Network (overview) – as a separate file*

**Professor Brigid Heywood**  
**Vice-Chancellor & CEO**  
**University of New England**

# Submission - The New England Virtual Health Network (NEViHN)

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## 1. Contextualisation

The Terms of Reference for this Inquiry invites submissions related to the following key issues (in summary):

- The lived experience of individuals and communities in RRR areas, in relation to the type and quality of health services provided to meet their needs (see terms 1(a)-(d));
- The perceptions of individuals and communities in RRR areas around barriers that currently inhibit their ability to receive the health services they need (see term 1(c));
- An analysis of current and future state GP and specialist health services available (and to be made available) to communities within RRR areas, by government and private health providers (see terms 1(e), (g)-(k)); and
- A comparison between current and future state funding of health services within RRR and metropolitan areas (see term 1(f)).

Within the context of those issues, the University of New England (UNE) recognises the ongoing work undertaken by Australia's healthcare industry as well as state and federal governments, to address the disparity between the health-related patient outcomes for individuals in RRR communities, and those of individuals located in metropolitan locations.<sup>1</sup> UNE is also aware of the academic research undertaken in relation to the disparity, and the challenges experienced by healthcare professionals in their endeavour to deliver a quality service in a timely manner to the nation's RRR population.<sup>2,3,4</sup> The current Parliamentary Inquiry will serve as a further opportunity for both providers and recipients of healthcare in RRR areas of NSW to update the Committee of Inquiry on the status of those issues and challenges, and the remedies proposed to address them.

Government policies and strategies that serve to address the issues and inequities between RRR and metropolitan healthcare accessibility and outcomes, focus upon the need for improvement of current health and higher education systems, thus supporting and improving the current RRR health workforce. Documentation also reinforces the need to ensure a steady stream of appropriately qualified graduates that are suitably equipped to meet the future healthcare needs of Australia's RRR communities. Relevant government documentation identifying these issues includes:

- [\*The NSW Government Regional Development Framework;\*](#)
- [\*The National Regional, Rural and Remote Tertiary Education Strategy;\*](#)
- [\*The NSW Rural Health Plan: Towards 2021;\*](#)
- [\*NSW Premier's Priorities\*](#)

A well recognised and important enabling factor involved in meeting those needs across dispersed populations, is the successful rollout and implementation of virtual healthcare initiatives.<sup>5</sup> In addition to the documents identified in the dot points above, [\*The NSW Health Telehealth Framework and Implementation Strategy\*](#) serves to further reinforce the importance of telehealth in reducing the healthcare divide between RRR communities and those located in metropolitan areas. However, despite government strategies and reports, industry findings and academic research, the uptake of virtual healthcare initiatives by RRR communities and the healthcare professionals who serve them, has been low.<sup>6,7</sup>

Coupled with this, is the ongoing challenge of dwindling numbers of GPs and health professionals choosing to remain in (or locate to) RRR areas.<sup>8</sup>

## **2. UNE's position in championing the need for change**

Reports suggest that many RRR towns no longer have access to a local GP as a full-time member of the community. Recent media reports suggest that some have no access to a GP in their local community at all.<sup>9</sup> The challenge of accessing a reliable healthcare service is further intensified when the facilities that individuals require are geographically dispersed, staffed by a dwindling number of healthcare professionals, and underpinned by physical and technological infrastructures and protocols that no longer meet their needs. Despite government and industry resolve to address these challenges, this submission demonstrates that they persist and unfortunately worsen. On its current trajectory, RRR Australia is fast approaching a healthcare crisis. There is clearly a critical and urgent need for change.

UNE is committed to championing that need for change in order to improve health outcomes for communities in RRR areas. The University's Faculty of Medicine and Health will be introducing longitudinal placements into its curriculum from 2021, embedding small groups of medical students for extended periods of time into RRR communities. The longer placements will allow students to become more familiar with GP practice, to build stronger professional relationships with the GPs in RRR communities, and to be in place for a duration of time that allows them to follow patients on their individual healthcare journeys. Their placement period will also afford students the opportunity to be woven into the social fabric of a RRR community, and to become recognised members of the town and participants in community events.

In this way, UNE will serve as a critical enabler in the expansion of the RRR primary health workforce in NSW. It will secure a potential pipeline of high quality, community connected healthcare professionals who can make a significant, positive impact on the health outcomes of RRR communities within the University's immediate reach (that is, the New England North West region of NSW) and beyond. This initiative directly relates to term 1(c) of the Committee's Terms of Reference, which focuses on the availability of healthcare services in RRR NSW, and to term 1(g) which recognises the issue of staffing challenges in RRR locations.

UNE also acknowledges that technologically-enabled healthcare services will play a crucial role in further supporting and improving healthcare outcomes for RRR communities, with remote monitoring and virtual health services connecting RRR patients with healthcare professionals irrespective of their location. Research links are being forged between the University and RRR communities to develop a collaboratively designed healthcare model that will be well suited to RRR areas, delivering healthcare options and solutions to the practice or to the home, as appropriate. It is our view that these links, and the development of a model of healthcare designed by and for RRR communities, also align with terms 1(c) and 1(g) of the Committee's Terms of Reference.

These are bold and much needed initiatives, aimed to ameliorate the impact of a national RRR healthcare crisis. In late 2019, and with the support of the Hunter New England Central Coast Primary Health Network, the Hunter New England Local Health District and NSW Health Pathology, UNE's Faculty

of Medicine and Health brought these initiatives and a suite of other associated work under the umbrella of a new initiative - the New England Virtual Health Network (the NEViHN).

### 3. UNE's response - the New England Virtual Health Network

The New England Virtual Health Network (NEViHN) is an innovative, digitally-enabled network of support to facilitate the delivery of online education and healthcare, and a sustainable RRR medicine and health workforce. The network, coordinated from a Joint Virtual Care Centre in Armidale, will oversee the delivery of in-place healthcare for patients and in-place learning for all future UNE medicine and health students in the New England North West region of NSW – which covers almost 10 million hectares and is home to over 185,000 people.<sup>1</sup>

Via the Joint Virtual Care Centre, the NEViHN will deliver educational access across dispersed locations and between students, practitioners and local health services in a number of potential pilot towns (see Fig 1, below) - improving student experience, the size and quality of the RRR health workforce, and RRR health outcomes.

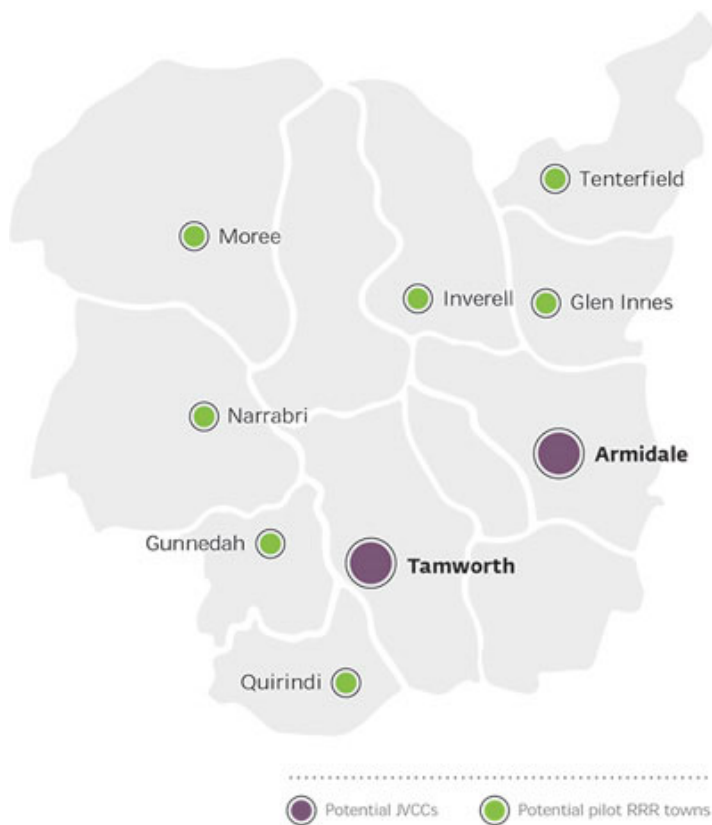


Fig. 1: Current reach of the NEViHN, showing potential pilot towns and locations for JVCCs

<sup>1</sup> 186,864 people as of 2018; Australian Bureau of Statistics, Region Summary, 2019

With the agreement and support of the Inverell Shire Council, the NEViHN will be piloted in the town of Inverell (population 10,660) from mid-2021. To support student placements to Inverell as part of the pilot, the University has also recruited two new members of staff from December 2020.

Over time, the NEViHN intends extending the reach of its placements to include additional RRR locations and more health disciplines, including allied health and nursing students. Virtual training programs will be expanded, and a library of case studies and procedures created to broaden the student experience. Additional clinical specialists from beyond the New England North West region will be leveraged to deliver telehealth patient services and education for students, and to RRR host General Practices through the Joint Virtual Care Centre (JVCC).

### The Joint Virtual Control Centre (JVCC)

The JVCC is a digitally-enabled network that will provide educational access across dispersed locations and between students, practitioners and local health services. The NEViHN is currently supported by the JVCC located in Armidale, with a further JVCC potentially located in Tamworth (see Fig 1). The interrelationships between each component of the RRR network and JVCC's position as an imperative within the NEViHN initiative, is shown at Fig. 2.

[Please click here for a full page view of this image.](#)

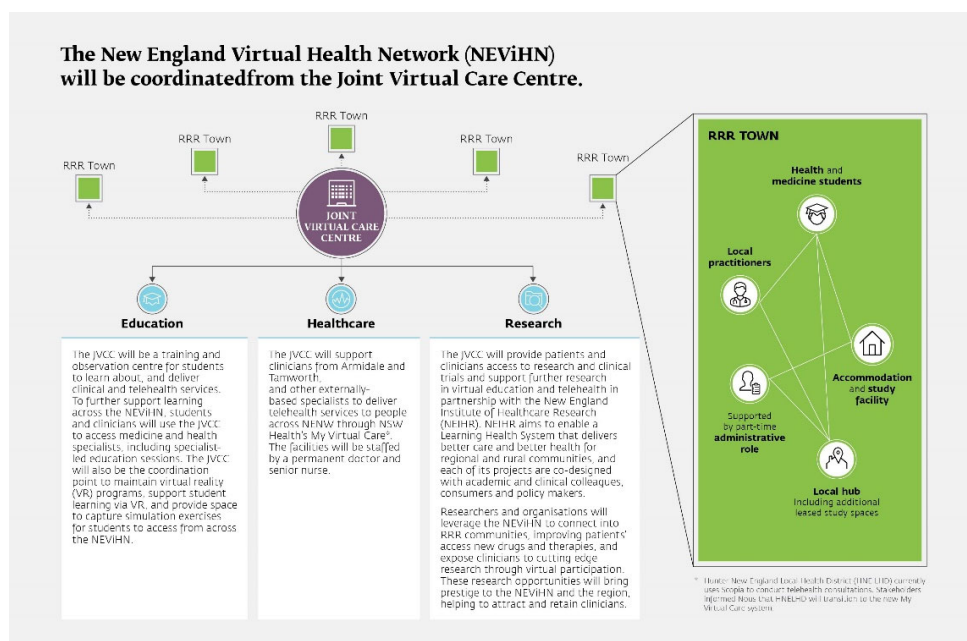


Fig 2: Interrelationships between the JVCC and the components of the NEViHN.

The JVCC will improve the student experience by leveraging technology to ensure students complete coursework, while enabling them to connect to specialists and mentors in metro and regional areas. In this way the JVCC and the network of specialist expertise it creates, it will be the enabler that supports the NEViHN's education and healthcare model for replication and expansion across other RRR communities in NSW and eventually, Australia.

#### **4. Summary and recommendations**

On the basis of the current progress and potential impact of the NEViHN initiative, the level of support provided to UNE and NEViHN partners and the level of interest shown to the NEViHN by members of RRR communities, UNE staff, and state and federal politicians to date, this submission provides the following points for consideration by the Committee of Inquiry:

- a) The objectives of the NEViHN, and the work already progressed by its members and partners to respond to the impending healthcare crisis in RRR NSW to develop a collaboratively-designed, technologically enabled model of primary healthcare;
- b) The NEViHN's increased prospects for success in improving health outcomes and access to healthcare services in RRR communities, by virtue of the initiative being supported and delivered by Australia's first regionally located university - and implemented by a team of individuals who deeply understand, live and work within the unique culture of RRR communities;
- c) The agreement by the Inverell Shire Council for the NEViHN to engage with the town as the first pilot site for this initiative;
- d) The potential for other stakeholders to join or leverage off the success of the NEViHN and its approach, to further strengthen the network and potential for even greater improvements in health outcomes and access to health and hospital services in RRR NSW; and
- e) The potential for the NSW Government to provide additional support to the NEViHN in order to complete its pilot and extend operations across other sites in RRR NSW.

#### **5. Further information to assist with the Committee's deliberations**

A copy of the NEViHN brochure outlining all components of the NEViHN initiative in greater detail, has been included for the Committee's information as a separate attachment to this submission. Further information is available via the [NEViHN webpages](#), which provide a comprehensive overview of the key features of the initiative.

The [NEViHN e-Newsletter](#) is also a valuable resource designed to keep stakeholders and supporters apprised of progress made in all areas of the initiative, and includes links to the NEViHN Blog, video presentations, and relevant local and metropolitan media coverage.

If the Committee requires further detail or wishes to discuss any aspect of the NEViHN in greater depth, please contact a member of the NEViHN Team by email, at: [nevihn@une.edu.au](mailto:nevihn@une.edu.au)

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