

Submission
No 467

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

Organisation: Hunter Medical Research Institute (HMRI)

Date Received: 14 January 2021

The Hon Greg Donnelly MLC, Chair
The Hon Emma Hurst MLC, Deputy Chair
Portfolio Committee No. 2 – Health
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The Hon Greg Donnelly, The Hon Emma Hurst and Committee members

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

The Hunter Medical Research Institute (HMRI) welcomes the opportunity to comment on this Inquiry.

HMRI, located in Newcastle NSW, is one of Australia's leading health and medical research institutes and is the largest comprehensive institute of its kind to be based in regional Australia. HMRI is the result of a successful 20-year partnership between the Hunter community, The University of Newcastle and the Hunter New England Local Health District (HNELHD). HMRI provides an important conduit for the Hunter and New England community to have a role in shaping the direction of the region's health and medical research – strong community support and leadership are vital in enabling many aspects of health, hospital and medical research and services. In turn, HMRI is a world-class institute with over 1500 medical researchers, students and support staff striving to prevent, treat and defeat a multitude of serious illnesses, working closely with partners to improve the health of our community. Implementation and coordination of quality health care across the vast expanse of the HNELHD district, with its very different metropolitan, regional and rural centres, is a theme of many research projects at HMRI.

HMRI makes the following key points and recommendations in this submission:

1. Funding for healthcare, health initiatives, medical research and other health funding opportunities should always consider the large rural and regional populations of Australia, including its Indigenous populations, in representation on priorities, funding, future focus and impact. Understanding local context is critical for positive health outcomes, as well as acknowledging that there is no 'one size fits all' approach to solutions and models of care – thus healthcare, initiatives and research schemes need to consider local context and tailor these for the target communities.
2. Expectations of better patient and public outcomes for regional and rural populations must be the key driver. A strong emphasis on the evaluation of initiatives, and measurement of their actual short and long-term impact, should be considered in the design of health services, initiatives or funding schemes. Any evaluations, including of interventions, programs and priorities, should have an implementation science focus with research outcomes being both cost-effective and affordable to the regional community. It is necessary to skew research investments toward technologies and models of care that can be realistically implemented and to maximise the likelihood of translation to routine care.

In partnership with our Community

HMRI has a strong health economics team which, via NSW Regional Health Partners, has undertaken extensive work on evaluating healthcare in Australia at regional level, in its report '[The Local Level Evaluation of Healthcare in Australia](https://nswregionalhealthpartners.org.au/wp-content/uploads/2019/05/NSWRHP-Local-Level-Evaluation-of-Healthcare-in-Australia-FINAL.pdf)',¹ showing that:

- Local level evaluation is necessary for health and medical research and health services, but it is often done poorly or not at all, because the 'capacity to evaluate' is in short supply.
 - Many health technologies enter the health system without full understanding of comparative effectiveness, and comparative cost-effectiveness, i.e. with no assessment of patient benefit or of cost effectiveness. The evaluation problem is also problematic after a new technology is introduced. This may result in embedded low-value healthcare, with poorer patient outcomes and poorer value.
 - Capacity building for evaluation and impact assessment is needed in health services. Existing private and academic sector services are not meeting these needs.
3. Continued investment in health and medical research is integral in improving health outcomes. Funding for regional and rural focused medical research that can, on successful outcome and evaluation, be implemented more broadly into regional and rural communities across NSW, continues to be of key importance. HMRI and the Hunter region is fortunate to have world-class researchers committed to the mission of improving health outcomes in the local community. HMRI is able to facilitate health and medical research opportunities with our local community, that may otherwise be unavailable to them in regional NSW.
4. Australians living in rural, regional and remote areas have faced barriers in taking part in clinical trials, including cultural difference and geographical isolation. HMRI worked with the NSW Ministry of Health in developing an MRFF bid for the 'Improving Access to Innovative Healthcare in Rural, Regional and Remote NSW and ACT Project'. HMRI was pleased that \$30.6 million was awarded to the NSW Ministry of Health for this purpose. This funding will improve and increase access to trials for the 1.8 million people in rural, regional and remote NSW.
5. HMRI's research activity is coordinated through six key research programs. These draw together the different perspectives of biomedical, clinical and public health researchers from HNELHD, The University of Newcastle and Calvary Mater Newcastle. Below are examples of projects which highlight both the breadth and community-connected nature of most of the research undertaken by HMRI affiliated researchers.
- **Professor Clare Collins** and her team were recently awarded an MRFF grant of over \$1million for a project that aims to reduce the Hunter region's risk of heart disease. The project is set to improve the way people access dietitians by working with GPs and primary care providers to test telehealth models of care, to reduce the inequities faced by regional and rural communities.

¹ Searles A, Gleeson M, Reeves P, Jorm C, Leeder S, Karnon J, et al., 'The Local Level Evaluation of Healthcare in Australia: Health Systems Improvement and Sustainability (HSIS) National Initiative', Australian Health Research Alliance (2019), <https://nswregionalhealthpartners.org.au/wp-content/uploads/2019/05/NSWRHP-Local-Level-Evaluation-of-Healthcare-in-Australia-FINAL.pdf> (accessed 14/1/2021).

- **Associate Professor Kelvin Kong** in 2020 received a five year, \$1.12 million NHMRC grant to explore a telehealth ear, nose and throat (ENT) model, based in metropolitan, rural and regional Aboriginal community-controlled health services. Dr Kong notes that this project aims to break down barriers to access to healthcare.
- **Professor Andrew Boyle** was granted a NSW Health Translational Research Grant in 2018 of \$651,155 for his project 'Management of Rural Acute Coronary Syndrome (MORACS)', which aims to define a new paradigm for assessment and management of Acute Coronary Syndrome (ACS) in rural settings. This comes off the back of findings that one third of patients presenting to Australian hospitals with STEMI (Segment Elevation Myocardial Infarction) do not receive standard primary reperfusion treatment. In this project, small rural hospitals are randomised for usual care or mandated advice from a central hub service, which will channel patients into existing ACS management structures. The primary outcome will be the difference in identification of patients who present to rural hospitals across two local health districts (LHDs): Hunter New England LHD and South Western Sydney LHD.
- **Professor Craig Pennell's** 'Newcastle 1000' project, a collaboration of HMRI, The University of Newcastle and HNELHD, will follow regional mothers, fathers and babies from the start of pregnancy for the first 1000 days and into their adult life, with the aim to improve longer-term health outcomes for those children at risk of chronic disease.
- **Professor Peter Gibson** was recently awarded substantial MRFF funding to explore the impacts of prolonged exposure of bushfire smoke on vulnerable groups, such as pregnant and breastfeeding women with mild asthma.

I would welcome the opportunity to meet with you, to discuss HMRI researchers' significant contributions and commitment to continued improvement of health outcomes in the region.

Yours sincerely

Professor Mike Calford
HMRI Director