Submission No 686

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

Organisation: NSW Farmers' Association

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NSW Farmers' response

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

January 2021

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About NSW Farmers

The NSW Farmers' Association is Australia's largest state farming organisation representing and progressing the interests of farmers across the State. NSW Farmers is Australia's only state-based farming organisation that represents the interests of farmers of all agricultural commodities. Our purpose is to build a profitable, productive, and sustainable farming sector. Our intent is support agriculture in NSW to achieve $30 billion in output by 2030.

Our focus is not just on issues affecting particular crops or animals – it extends to the environment, biosecurity, water, economics, trade, and rural and regional affairs. Our industrial relations section provides highly specialised advice on labour and workplace matters.

Farmers across New South Wales produce many billions of dollars' worth of food and fibre every year, including exporting a quarter of Australia's total agricultural product.

The NSW Farmers' regional branch network ensures local voices guide and shape our positions on issues which affect real people in real communities. Our Branch members bring policy ideas to Annual Conference, our Advisory Committees provide specialist, practical advice to decision makers on issues affecting the sector, and our member Executive Council is the final arbiter of the policies of the Association.

Executive summary

First and foremost NSW Farmers' recognises the skill, dedication and commitment of health professionals working and delivering services to regional and remote communities. Many are delivering services across wide geographic areas and face challenges that often go unrecognised.

NSW Farmers' is conscious of the significant budget allocations from the Australian and NSW Governments for the delivery of public health in both clinical and community settings. We note the NSW 2020-21 Health budget commitment of an additional $26.4 billion for recurrent expenses and $2.9 billion for capital expenditure. While these are welcome and not insignificant commitments, there is ongoing concern across the farming community for a priority focus to fund and provide ongoing support for service delivery in regional and remote communities.

Many essential services are provided in larger regional cities and towns. However, for those who are not resident in these locations un-certainty of timely access to high quality health services and specialised treatment adds to the already significant challenge of managing ill health.

NSW Farmers' holds that regional, rural and remote communities deserve excellent health care through ensuring timely access to the full range of services to reduce the significant divide in health between metropolitan and city and regional NSW.

In 2019 the Australian Institute of Health and Welfare[1] noted that on average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to, and use of, health services compared with people living in metropolitan areas. Key impacts included:

- *In 2016, people in Remote areas were more likely to report barriers accessing GPs and specialists than Major cities;*
- *In 2015, the total disease burden rate in Remote and Very remote areas was 1.4 times as high as Major cities;*
- *In 2015–2017, life expectancy for both males and females decreased as remoteness increased; and*
- *In 2017–18, potentially preventable hospitalisation rates in Very remote areas were 2.5 times as high as Major cities*

NSW Farmers seeks increased priority to deliver an individual (patient) centred approach that recognises, and makes provision for, the additional challenges of delivering effective health services to regional, rural and remote areas of NSW - be they delivered in a clinical or community setting.

NSW Farmers' policy (Attachment 1) identifies five (5) areas where focus by government must be a priority to achieve any real and meaningful improvement to the delivery of health services in regional, rural and remote NSW:

- Workforce;
- Training;
- Resources;
- Services; and
- Health Literacy

[1] Australian Institute of Health and Welfare 2019. Rural & remote health, October 2019

Recommendations

Recommendation 1

To improve funding allocations and health outcomes, NSW Farmers considers that increased transparency in reporting of health outcomes aligned to both State and Federal Government areas of responsibility be prioritised, provided as a single consolidated report, and delivered in a way that provides clarity for communities.

Recommendation 2

That significant and additional funding for employment of allied health professionals in remote areas be prioritised to improve access to essential health support services in regional and remote NSW.

Recommendation 3

New dedicated funding and support services be made available to aid regional and remote patients and primary carers to access specialist services.

Recommendation 4

That an audit of medical equipment available in remote areas be conducted determine gaps and enable appropriate resource allocation to increase locally delivered health interventions and preventative services by Fly-in-Fly-out or Drive-In-Drive Out specialists

Recommendation 5

That Medicare rebates to be made available to rural and remote counsellors, who are professionally qualified with a post graduate degree or equivalent and members of a professional organisation, to cover the cost of counselling appointments for depression, anxiety, grief and loss, drug and alcohol and trauma issues.

Recommendation 6

Additional funding for palliative care services to enable home-based care in regional and remote NSW

Recommendation 7

Further funding for a NSW Q-fever awareness program and NSW Government support for vaccine development funding and approval of this vaccine under the Pharmaceutical Benefits Scheme.

Recommendation 8

That prioritisation be given for experienced nurses seeking to work in regional and rural areas across NSW to enable professional practice development in regional areas; and the development of a *Rural Nurse Practitioner* qualification by the Nurse and Midwifery Board.

Recommendation 9

That the benefits of further expanding the *HeathOne* model for health services in rural and remote areas be evaluated.

Recommendation 10

That there be the adoption of strategies to ensure high quality telehealth with an equal focus on both enabling technology and developing appropriate communication and support for patients.

Recommendation 11

Additional resourcing for Computed Tomography (CT) and /or Positron Emission Tomography (PET) and trained forensic medical practitioners in major regional hospitals to expedite autopsies in rural and regional areas.

Recommendation 12

Reinstate NSW Health policy to enable, where appropriate, medical officers with the requisite training, to perform coronial autopsies at regional hospitals.

Funding Regional Health

NSW Farmers' recognises the significant budget allocations from the Australian and NSW Governments for the delivery of public health in both clinical and community settings.

We note the NSW 2020-21 Health budget commitment of $26.4 billion for recurrent expenses and $2.9 billion for capital expenditure. While these are welcome and not insignificant commitments, there is ongoing concern in the farming community for an additional focus to support those in our regional and remote communities.

For example, of the $2.9 billion capital expenditure, only $82.1 million has been allocated to regional hospital infrastructure projects - two hospital developments on the eastern seaboard. An allocation of $100 m for rural ambulance infrastructure does not appear to have matching funding to boost regional paramedic numbers.

NSW Farmers recognises that the funding and delivery of health services are the responsibility of multiple jurisdictions and much delivery of and access to health support and services are interdependent[2].

The Australian Government funds General Practitioners and health 'items' through Medicare; funds pharmaceuticals; and supports access to private health insurance and some community delivered interventions through Primary Health Networks.

The NSW Government manages public hospitals; funds public community based and primary health services (Mental Health, Dental Health, Alcohol & Drug Services); delivers preventative services; and is responsible for ambulance services.

The Australian and NSW Governments share responsibility for education and training of the health workforce and funding of public health programs and services.

Local Government provides environmental health-related services and delivers some community and home-based health and support services.

Recommendation 1

To improve funding allocations and health outcomes NSW Farmers, considers that increased transparency in reporting of health outcomes aligned to both State and Federal Government areas of responsibility be prioritised, provided as a single consolidated report, and delivered in a way that provides clarity for communities.

[2] Australia's Health 2016, Australian Institute of Health and Welfare

Local access to health services

The performance of Australia's health system is ranked amongst the best in the world. However, in terms of access and equity, performance is lower outside of metropolitan areas due to dramatically reduced services.

It is crucial that improved, innovative and equitable access to health services is made available to regional, rural and remote residents.

This includes access to in patient, and out-patient services, allied health and community health services, including but not limited to the provision of appropriate mental health, paediatric and palliative care within the local community. Dental services must be covered by Medicare (and bulk billed). Private health insurance policies and costs should be fair and appropriate for regional and rural customers. The financial cost of treatment and travel time to specialist health services must be acknowledged and subsidised for those in need. Lastly, aged care facilities and available places should be proximate to regional and rural centres and packages and prices made transparent and fair for regional, rural and remote Australians.

Primary health care programs must be well resourced to effectively and broadly publicise support services such as early intervention awareness, prevention methods, available treatment, and palliative care structures, to these communities. This includes supporting NSW Health initiatives to improve health education and knowledge on the available health structures and facilities already in place and in future.

There are clear gaps and deficiencies in the health system leading to, for many, farmers lengthy and multiple travel to access important health care. This can, and is, exacerbated when needing access to specialist services. NSW Farmers' notes increased regional delivery for some specialisations through regional health campuses such as that in Orange. However, not all treatments may be available in regional locations requiring travel to Sydney or other larger regional centres for specialist treatment such as orthopaedic surgery, oncology, or paediatric services.

In a 2017 survey for the Royal Flying Doctor Service of rural and remote Australians, almost one third of respondents identified improved access to services, particularly general medical services, specialists and GP services, as a key priority. The same survey indicated that the most important issues overall were access to medical services; mental health; drugs and alcohol; cancer and cardiovascular health. Respondents identified that money should be spent on access to medical services; mental health; health promotion and prevention activities; cancer; aged care; and travel and accommodation support for people needing to access health care outside of their community.[3]

Currently, rural and remote Australians see doctors at half the rate, medical specialists and dentists at one third the rate, and mental health practitioners at one fifth the rate of those who live in the cities. As a consequence, Australians living in rural and remote areas have up to three times the prevalence of avoidable chronic illness.[4]

Geographic isolation, smaller population sizes, and health workforce issues have a strong impact on access to and availability of health and hospital services in rural, regional and remote areas of New South Wales. In addition to reduced access, residents of these areas are often at greater risk of illness and injury due to factors such as reduced access to preventative services, higher rates of smoking and alcohol consumption, and more dangerous workplaces.

[3] Lara Bishop, Andy Ransom & Martin Laverty, *Health Care Access, Mental Health, and Preventative Health – Health care priority survey findings for people in the bush* (2017)
[4] RFDS data

While changes to funding models over recent years have led to increased availability and access to services in some regional towns, this has often been to the detriment of smaller towns. In the hub and spoke model, larger regional towns offer a variety of services whilst larger regional centres offer the health hub.

There are advantages to this model in terms of offering a variety of health services in a "one-stop shop", residents of smaller towns that previously had access to services will often experience significant reduction in local service delivery, or lose the service or health professional.

To access the service they may need to travel half an hour or more to the larger regional town, which can be very challenging for older, disabled or disadvantaged members of the community, particularly due to the absence of (or very limited) public transport options. Specifically, travel by road from Lightning Ridge to Dubbo (the closest specilalised health campus) is 4 hours. These members of the community are often those in most need of medical services.

Access and availability can also be impacted by the absence, or restricted provision, of important services in larger regional centres, requiring residents to travel long distances to Sydney, Newcastle, or Wollongong.

The following national data set highlights the workforce shortages experienced across States and Territories that indicate the potential for significantly reduced local access to local specilalised medical services and access to allied health professionals.[5]

Employed health professionals, clinical full-time equivalent rate, by remoteness area, 2017

Type of health professional	Major cities	Inner regional	Outer regional	Remote	Very remote
	Clinical FTE per 100,000[(a)(b)(d)]				
General practitioner (GP)	105.6	109.6	102.9	127.9	149.7
Specialist	143.0	81.5	57.2	54.3	21.8
Nurses and midwives	1006.4	979.2	943.7	1102.9	1172.1
Podiatrists	15.5	15.7	9.6	9.1	8.2
Psychologists	73.1	46.7	34.1	24.6	18.8
Optometrists	17.6	15.1	10.6	6.5	4.1
Dentists	57.1	40.4	34.6	27.8	16.9
Pharmacists	81.8	68.7	66.1	62.2	43.6
Physiotherapists	89.7	60.1	49.1	40.5	41.6
Occupational therapists	52.7	44.2	40.6	27.5	19.2

Allied Health Professionals

It is significant to note that for allied health professionals, who have a significant role in preventative and/or recovery, the numbers per 100,000 residents is approximately half in remote areas than in major cities.

Allied health statistics show that of approximately 195,000 allied health workers, less than 15,000 (approximately 7.7%) work in rural and remote locations.[6] Allied health workers offer critical services including podiatry, optometry, physiotherapy, occupational therapy, and psychology which do not diminish in demand as distance from cities increases, thus creating access and availability of service issues.

For example, occupational therapists and physiotherapists are often needed for post-surgery recovery. A patient may have no choice but to relocate from their home to an area that can offer these services to facilitate their recovery, particularly if recovering from a major surgery and ability to travel is limited.

[5] Australian Institute of Health and Welfare
[6] Rural Health Commissioner Report

The impact of this is that not only are there fewer professionals delivering a service, the impact of distance means that the capacity to provide services is compromised. With increased population density in metropolitan areas a community based physiotherapist will be available to a greater number of patients. In regional areas, especially for farm visits the health professional will be travelling much longer than the time spent with the patient to deliver the health service. As an example, a practitioner may be expected to be able to work with 4-5 patients in a home-based setting. A regional practitioner may only able to work with 2.

Recommendation 2

That significant and additional funding for employment of allied health professionals in remote areas be prioritised to improve access to essential home-based health support services in regional and remote NSW.

Specialist Health Services – medical and dental

Data indicates that 30-58% of people living in outer regional and remote communities lack access to non-GP specialist services compared to 6% of people living in metropolitan areas.[7]

A major access issue for rural and remote residents is treatment for cancer patients. Access to regional oncology is increasing in a number of larger regional centres. However, not all cancer treatment may be available in these centres, requiring regional patients to travel to Sydney. This has two significant impacts. Economic impacts relate to continuity of the farm business, travel and accommodation. Equally important to recognise are the personal and psychological impacts - increased stress for the patient, lack of targeted support for primary carers, and isolation from family and supportive communities. For those in more remote locations or those without access to significant discretionary funding this potentially minimises the access to timely treatment.

Other examples of rural and regional specialist service gaps include cardiovascular health and women's services (e.g. high risk pregnancies), which generally require travel to a major hospital, often a significant distance. In the event of high risk pregnancies this can mean weekly visits and relocation to be close to a major hospital in the lead up to childbirth.

While access to specialist services is a major issue for very remote areas, it is somewhat addressed by the Royal Flying Doctor Service and fly in fly out specialists. Through these services, major rural towns such as Broken Hill may have access to a certain specialist once a month. This goes some way to addressing access, but can create a waiting list of six months or more to see a specialist, which can be increased if the doctor cannot attend the clinic, for example as experienced in the COVID-19 pandemic.

Some of these specialist services, such as access to a colonoscopy, are time sensitive, and waiting months for an appointment can have a dramatic impact on a person's health outcomes, including leading to more serious conditions or complications. Services such as dental clinics are also critical, as they may only visit once a year for a short period. If a person cannot attend, they may need to wait another year and be subject to pain and discomfort, in addition to increased risk of other medical conditions.

In some locations, such as Bourke, visiting doctors also have the ability and facilities to enable them to perform day surgery. Expansion of these services in other locations would also help alleviate access to service issues in rural, regional and remote areas.

[7] Lara Bishop, Andy Ransom & Martin Laverty, *Health Care Access, Mental Health, and Preventative Health – Health care priority survey findings for people in the bush* (2017)

Recommendation 3

New dedicated funding and support services be made available to aid regional and remote patients and primary carers to access specialist services.

Recommendation 4

That an audit of medical equipment available in remote areas be conducted determine gaps and enable appropriate resource allocation to increase locally delivered health interventions and preventative services by Fly-in-Fly-out or Drive-in-Drive-Out specialists

Mental Health

The impacts of prolonged drought, the devastating fires of 2019-20, and the COVID-19 pandemic has resulted in an increased focus on the need to support good mental health. In March 2020 the Australian Government committed $74 million to mental health initiatives and the 2020-21 NSW Budget included provision of $700 million for mental health (clinical and community delivered).

The value of this significant increase in funding has yet to be realised. However, without clear communication across all providers (clinical and community), there is a significant risk that this funding will not deliver the full value to isolated farmers.

The engagement with mental health support systems is time critical. For many a referral from the General Practitioner is often required. As there is often significant delay in regional areas it will be vital that the non-clinical support services are able to connect those with critical support needs as simply and as quickly as possible. Equally important is broad awareness raising of the breadth of services available.

Despite the strong focus on reducing the stigma surrounding treatment for mental health, and encouraging people to reach out and get help, people living in rural, regional and remote areas continue to face significant hurdles in accessing mental health services, including managing any potential stigma or personal reticence in seeking help. In these areas, it can take months for an appointment with a mental health professional, and demand is outstripping supply with many practitioners unable to treat additional patients.

There is an increased focus on community-based support and mental health support services with a psychiatrist are available through telehealth with costs covered by Medicare for 10 consultations.

However, access to clinical treatment in regional locations is stretched, as is the ability for paramedics and/or police to safely transport individuals experiencing a severe psychotic episode to a hospital for assessment and treatment. In smaller communities such transport requirements means the loss of either of these services for the transport and return.

NSW Farmers is aware that due to pressure on beds, patients may be discharged without access to community delivered services following mental ill-health or suicide attempts.

Recommendation 5

That Medicare rebates to be made available to rural and remote counsellors, who are professionally qualified with a post graduate degree or equivalent and members of a professional organisation, to cover the cost of counselling appointments for depression, anxiety, grief and loss, drug and alcohol and trauma issues.

End of Life and Palliative Care

Home is the front line of health care, however accessing home based aged care, chronic disease management, palliative care and end of life care present significant challenges for the farming sectors and

rural communities. Distances from towns with community health services mean that home-based services are limited or very often not available, meaning that aged care, or hospital admissions a distance from home and family is often the only option.

Being able to readily engage with specialist palliative care nurses is vital, particularly in the management of pain and end of life care, as is access to allied health professionals such as occupational therapists and community nurses. NSW does have a commitment to employ increased numbers of palliative care nurses across NSW, the number of these specialist nurses are low in regional areas. The importance of this is amplified when realising that home visits often require two palliative care nurses to attend the home. Additionally, management of medication by primary carers without close professional support is challenging, forcing admissions to hospitals hours away from home.

In the larger centres, and metropolitan centres pathology results can be delivered expediently, to effect treatment, however in rural areas, often there is a wait time of 24 hours due to capacity of regional pathology services and distance couriers have to travel adding burden to the patient and family.

Aged care packages can often not be fulfilled due to the limit of home care support service providers. NSWHealth could look for flexible options often across area health districts ensuring aged clients in their communities are to be able to access these services. An option for residential care may be regional aged care facilities. However, with these resources being additionally stretched and access to registered nursing support, the current system is seriously failing regional families.

NSW Farmers also notes challenges of accessing in-home care packages and ACAT assessment. Without adequate support residential care is the only option and due to shortages in regional areas this can lead to dislocation, isolation and additional challenges for extended families and community members who seek to maintain independent living for farmers at home.

Recommendation 6

Additional funding for palliative care services to enable home-based care in regional and remote NSW,

Q fever

Q fever continues to be a major concern for agricultural industries and the communities that support them. Q fever or query fever is a disease caused by infection with Coxiella burnetii, a bacterium that affects humans and other animals. This organism is uncommon, but may be found in cattle, sheep, goats, and other domestic mammals, including cats and dogs. The infection results from inhalation of a spore-like small-cell variant, and from contact with the milk, urine, faeces, vaginal mucus, or semen of infected animals. The incubation period is 9–40 days and infection can result from even a few organisms.

Farmers, their families, and communities at risk of Q fever still report issues with the affordability and accessibility of the Q fever vaccine in regional areas. NSW Farmers is calling for government investment into protecting against this disease, which disproportionately affects people in rural areas and animal industries.

It is estimated that the cost of individual medical treatment for each case of Q fever diagnosed is $3,800 and a further $20,000 for medical treatment for patients with chronic Q fever. There is currently no Medicare rebate for this treatment. The impact and issues are outlined in an article in *The Farmer Magazine* – text is at Attachment 2.

Some rural GP practices in areas such as Guyra and Coonamble have developed Q fever clinics in partnership with other organisations including NSW Farmers' branches and the Red Cross. This is a positive step toward increasing vaccination levels but has so far seen limited uptake. This is further exacerbated as community groups and GPs are often unsure about how to secure funding for clinics.

Clinics will generally reduce the cost of testing and vaccination by providing guarantee of demand for a practice, allowing the practice to match their stocks of the vaccine and testing material to this demand. In a clinic situation, multiple patients can be tested from one vial of the Q-VAX skin test. Outside of a clinic, some GPs will require a patient to cover the cost of a whole Q-VAX skin test vial if it cannot be used for other patients during the safe storage period of six hours. A new human vaccine is currently in development, but greater protections for the community are required before the new vaccine is commercialised.

Continuation of the Q fever awareness program is essential to track the effectiveness of public awareness leading to an increase in vaccination levels and, ultimately, reducing infection notifications. NSW Farmers requests a continuation of the Q fever awareness program to ensure it is effectively targeted to people at risk.

Given an initial funding commitment of $200,000 for a Q fever awareness program in 2018, we propose the government commit to extending the program at a cost of $150,000 per annum to allow for effective face-to-face engagement with farmers and others at risk of Q fever, as well as monitoring effectiveness.

Recommendation 7

Further funding for a NSW Q-fever awareness program and NSW Government support for vaccine development funding and approval of this vaccine under the Pharmaceutical Benefits Scheme.

Staffing and workforce

The health service access and equity barriers described above are exacerbated by workforce shortages. Regional, rural and remote New South Wales face ongoing challenges in attracting and retaining general practice and allied health professionals, in particular where challenges of remoteness and climatic adversity coexist with cultural diversity and social vulnerability. To achieve the good health outcomes that these areas deserve, along with all Australians, excellent communication skills, cultural understanding and an appreciation of social adversity are crucial.

To this end, Government policies must engage more professionals across the health services spectrum to work in regional, rural and remote areas. This requires well-designed positive incentives and employer/Government commitment to mentoring and clinical practice supervision to ensure ongoing professional experience for continuing registration.

Most importantly any bureaucracy and undue delays in progressing applications for medical registration when a practitioner moves from a State to a Commonwealth facility/service must be removed and processes for registration streamlined. Less experienced medical practitioners must also be supported in their on-going learning. This could be achieved by additional training for clinical supervisors in regional areas.

Recommendation 8

That prioritisation be given for experienced nurses seeking to work in regional and rural areas across NSW to enable professional practice development in regional areas; and the development of a *Rural Nurse Practitioner* qualification by the Nurse and Midwifery Board.

Co-locating Complementary Services

NSW Health has supported, since 2007, a *HeathOne* model that, by bringing together Commonwealth-funded general practice and state-funded primary and community health care services together. This model of co-location may include pharmacists, public dental services, private allied health professionals, other government agencies and non-government organisations with the intent to:

- Prevent illness and reduce the risk and impact of disease and disability
- Improve chronic disease management in the community
- Reduce avoidable admissions (and unnecessary demand for hospital care)
- Improve service access and health outcomes for disadvantaged and vulnerable groups
- Build a sustainable model of health care delivery

The stated features are to provide integrated care by general practice and community health services; a multi-discipline care team; and a focus on preventative and continuing care. In 2018 there were 27 *HealthOne* services (18 in regional areas) and a commitment to construction of a further 21[8]. This model of co-location and shared service delivery would benefit for regional areas to aid attraction and retention.

Recommendation 9

That the benefits of further expanding the *HeathOne* model for health services in rural and remote areas be evaluated

[8] https://www.health.nsw.gov.au/healthone/Pages/healthone-nsw-service-locations.aspx

Remote service delivery

Telehealth

The Australian Government, in recognition of CoVid-19 challenges made substantial funding ($669 million) to expand Medicare-subsidised telehealth services. The COVID-19 pandemic rapidly increased the numbers of Australians who engaged on-line. The rapid transition to access health practitioners through the Telehealth model allowed continuity of consultations with General Practitioners and other diagnostic services. Benefits in time saving were noticed especially for consultations of minor concern to the patient or doctor.

While some of the ongoing benefits will result in better access to medical support while in homes, Telehealth should never be assumed to be able to provide a service that replaces the face-to-face consultation.

For those in regional and remote NSW there are concerns that the expansion of Telehealth may reduce the already constrained access to health professionals. The importance of having access to a supportive local health professional who may be able to explain any proposed course of treatment, or aid in the interpretation of medical information cannot be underestimated.

Where voice and data access is of a reasonable speed and there is certainty of connection, Telehealth will be beneficial. However, where the communications services are poor or unreliable NSW Farmers expresses considerable concern for an increased reliance on this service. Poor connectivity for the farming community is well documented, and severely limits interactions with the digital economy, let alone health care.

Government's vision of a digitally enabled and integrated health system delivering patient centred health experiences and quality health outcomes, will require a greater focus building effective partnerships and alliances, both for the enabling technology and sustainable engagement by healthcare practitioners.

NSW Farmers' considers that additional resourcing is required for the development of alliances and partnerships by Local Health Districts that enable patients and their carers to make informed decisions regarding treatment. This commitment should:

- better support non-admitted telehealth activity at the provider and receiver end;
- ensure ongoing commitment in workforce excellence to achieve best practice in communication, safety and information management; and
- support expansion of telehealth capability for mobile paramedic responses and in emergency departments.

Recommendation 10

That there be the adoption of Strategies to ensure high quality telehealth with an equal focus on both enabling technology and developing appropriate communication and support for patients.

Royal Flying Doctor Service

Communities in rural and remote New South Wales rely on the Royal Flying Doctor Service (RFDS) to meet their healthcare needs. Aside from their 24 hour aeromedical service providing critical access to healthcare in times of emergency, the RFDS also facilitates telehealth consultations, fly in fly out GPs and nurses, mobile dental services, and patient transfers, amongst others.

Whilst the RFDS did not stop when COVID-19 hit, it was forced to adapt its operations. This highlighted to rural communities like Broken Hill just how heavily they rely on RFDS and other fly in fly out medical services.

One of the first services to be sacrificed was the dental clinic. This a significant loss, but for locals, the visiting dental clinic may be their annual opportunity to visit the dentist and have work such as a filling completed.

Missing one opportunity to visit the dental clinic could have major consequences – both in terms of pain and wellbeing, and in potential related health issues stemming from poor dental health.

Prior to the pandemic, it could take months to see a specialist in Broken Hill; it could take weeks or months to receive a referral and then additional months to attend an appointment. During the height of the COVID-19 border closures, fly in fly out medical visits dropped and patients lost their appointments. This issue was exacerbated by the fact that Broken Hill residents, for example, could not travel to South Australia to access medical services as they normally would due to the border closures.

It is critical that the RFDS continues and receives adequate funding to support these communities and aid closure of the health care gap between regional and remote areas and metropolitan centers.

Air Ambulance Services

Additional to the essential service for remote areas is the provision of air ambulance services for rapid transport of patients to regional centres for emergency treatment and or emergency transfers by helicopter or fixed-wing services from major regional centres to specialists in metropolitan hospitals.

The 2020-21 NSW Budget included a commitment for an additional $100 million for a second stage of the Rural Ambulance Infrastructure Reconfiguration on top of an initial commitment of $122 million

NSW Farmers welcomes this commitment, but notes that for many regional, rural and remote communities the reduced availability of specialist services means that transfer to larger centres is as important as ambulance stations.

Significant community fundraising goes toward supporting the operation of these services and further investigation into the value of their role in supporting regional communities, needs to be further investigated.

Regional post-mortem examinations

According to NSW Health, more than 6,000 deaths per year are referred to the NSW Coroner.[9] Such a death, which can be due to reasons including unknown or unnatural causes, necessitates a post mortem examination to be carried out by a forensic pathologist.

Post mortem examinations are expected to be completed within a few days of admission, but services are currently only available in Newcastle, Wollongong or Sydney.[10] NSW Farmers' understands that the Newcastle centre has carriage of all referred deaths from western and northern NSW, and as a result, can experience extensive delays.[11]

Delays and transport of the deceased causes additional grief and stress for family already dealing with the loss of their loved one, particularly where a person has died as a result of an unexpected or unexplained death, and a post-mortem examination is required to be undertaken in accordance with the *Coroners Act 2009* (NSW).

For residents of rural, regional and remote NSW, there can be extensive delays and uncertainty surrounding burial of the deceased, as the body will have to travel to one of the post-mortem centres and back with little clarity around how long the entire process will take. Anecdotal evidence indicates that it can take several days for the body to be transported, a few days for the post-mortem process, then additional days to be transported back to the locality where the death occurred. This can often mean a two week delay.

Regional and remote families are concerned that time delays and requirements for storage prior to transportation add to the uncertainty following an unexplained death. Under previous NSW Health policy, depending on the circumstance, coronial autopsies could be performed in some regional hospitals.

Prior to 2016, medical officers who were not specialist forensic pathologists could perform coronial autopsies at certain regional hospitals in NSW. The system then became specialised and centralised, with the requirement for forensic pathologists to perform the examinations introduced, despite a worldwide shortage of such specialists.[12]

Recommendation 11

Additional resourcing for Computed Tomography (CT) and /or Positron Emission Tomography (PET) and trained forensic medical practitioners in major regional hospitals to expedite autopsies in rural and regional areas.

Recommendation 12

Reinstate NSW Health policy to enable, where appropriate, medical officers with the requisite training, to perform coronial autopsies at regional hospitals.

9 https://www.pathology.health.nsw.gov.au/our-networks/forensic-medicine
10 https://www.pathology.health.nsw.gov.au/our-networks/forensic-medicine
11 https://www.abc.net.au/news/2019-02-20/regional-autopsies-under-pressure-amid-record-cases/10828016
12 https://www.abc.net.au/news/2018-11-10/regional-autopsies-lacking-causing-pain-for-families/10470636