Submission No 66

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW

Organisation: Aboriginal Health and Medical Research Council (AH&MRC)

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***ABN** 66 085 654 397*

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The implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

The AH&MRC Acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.

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Overview

This response is an opportunity to review the current hospital system and how it works alongside Aboriginal Community Controlled Health Organisations (ACCHOs) to provide adequate health services for Aboriginal people in rural, remote, and regional areas of New South Wales (NSW).

The Aboriginal Health & Medical Research Council (AH&MRC) response elevates the voices of the ACCHO Sector in NSW, outlining the challenges and recommends tangible solutions to reform the current hospital and health system.

The AH&MRC is the peak body for Aboriginal Health in NSW, representing the rights and interests of 47 Member Services. The AH&MRC assists the ACCHO Sector across NSW to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities. The AH&MRC is committed to the delivery of four key priorities. These are:

- Aboriginal Community Control and Innovation
- Education and Workforce
- Research and Data
- Governance and Finance

The AH&MRC welcomes the opportunity to make a submission to this inquiry on behalf of its members.

The NSW Government recently released its response to the Inquiry into health outcomes and access to health and hospital services in rural, regional, and remote New South Wales. The response, which received over 40 submissions and 22 findings, highlighted the key challenges faced by those living in outer regions, particularly Aboriginal and Torres Strait Islander communities.

Key issues raised by stakeholders included:

- Shortages in health workforce, causing staff fatigue and pressure.
- A lack of genuine consultation between Local Health Districts and the community.
- Reluctance of the Aboriginal community to seek medical assistance.
- Concerns with the use of virtual care; issues with patients navigating the health system.
- A lack of transparency and accountability of NSW Health in terms of the governance of health.
- Issues with workplace culture, and challenges with transport and travel to access appropriate care.

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- Shared responsibilities between the Federal and NSW governments leading to gaps in service delivery.
- Sub-optimal access to specialist care and maternity, palliative and ambulance services.

AH&MRC Response:

In its own submission to the Committee, the AH&MRC called for a review of existing systems and policies as well as the implementation of formal partnerships between LHDs and ACCHOs. The overarching issues the AH&MRC addressed were:

1. Lack of genuine commitment to work in partnership with the ACCHO Sector creating unnecessary access barriers for Aboriginal patients including institutional racism in hospitals.
2. Lack of connected care resulting in diminished patient experience and outcomes.

Further, a NSW Health reform was recommended, that included a review of existing systems and policies and the implementation of formal partnerships between the LHDs and the ACCHO Sector. Additionally, improved models of health service delivery that promote culturally appropriate connected care including processes for information sharing and transition in-transition out planning arrangements.

Whilst much of the response does explore a commitment to address challenges faced by those in rural, regional, and remote areas, the AH&MRC holds the view that greater efforts must be made by government to address the experiences of Aboriginal and Torres Strait Islander communities outside metropolitan areas.

Whilst the response makes several references to what government is already doing, there are no new commitments to improve health outcomes and expand access to health services across rural, regional, and remote New South Wales.

Transport creating barriers to accessing healthcare:

- Recommendation 2 & 3

Broadly, IPTAAS utilises a reimbursement model for individuals to access the scheme. This means that patients are required to cover the upfront costs for travel and accommodation and then subsequently claim a reimbursement for partial coverage of costs. This excludes low-income patients who are not able to afford upfront costs. Further, costs are often deferred to ACCHOs to support transport to specialist care and referrals when needed, despite not being funded to do so.

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NSW Government has committed an additional $149.5 million in 2022-23 towards IPTAAS funding. This has gone toward increasing the fuel rebate, travel subsidy and expanding patients' eligibility. While the increase in investment is supported this does not provide coverage for ACCHOs that foot the cost of transportation.

Transport remains a significant barrier for Aboriginal people to access critical health services and will continue to do so without sufficient funding for transport provision. ACCHOs should receive specific funding to provide essential transport services for patients as needed.

Partnerships between ACCHOs and Local Health Districts (LHDs):

- Recommendations 5, 8, 22 & 23

LHDs do not systematically work with ACCHOs as key partners in primary health care delivery. Partnerships between the ACCHOs and Local Health Districts continue to be inconsistent across the State. This has a significant impact on continuity of care and can lead to fragmented care planning, disproportionally impacting Aboriginal patients. NSW Health provided a $3 million investment to improve regional community access to health services through better coordination and information services, however this did not include engagement with ACCHOs. Commitment to work with the ACCHO Sector continues to be driven by individual relationships and is yet to be embedded within LHD governance processes.

ACCHOs are the preferred provider for Aboriginal people, and service a significant proportion of communities in regional, rural, and remote NSW. Despite this, ACCHOs are not formally recognised as essential health service providers and are often left out of care planning for Aboriginal clients.

In line with recommendation 5 and 8, the NSW Government should be exploring multi-level improvements to support partnerships and connected care for Aboriginal patients. This includes examination of Board of Director membership criteria for LHDs which currently does not include a specific requirement for Aboriginal representation. Amending this criterion is a critical systems improvement to support the delivery of health services that are inclusive of Aboriginal people through Aboriginal representation in decision-making roles. Further, formalising the partnerships between LHDs and ACCHOs is critical to ensure system changes are upheld. Formal partnership agreements recognise the important role that each sector plays in service delivery and presents an opportunity to integrate systems of care and decrease duplication.

In many communities, there are a range of service providers funded for the same services where other health needs remain unmet. Formal partnerships provide an opportunity to map the services that are being offered, identify duplication, and determine how to work together to address community needs.

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LHDs and ACCHOs are servicing the same community and reducing duplication of services and sharing staff will reduce the incidence of ACCHOs and local hospitals competing for staff in areas of distinct workforce shortages.

- Recommendation 22

Formalised Partnerships would better support the implementation of recommendation 22, to improve communication between service providers through the use of shared medical record systems. A failure to implement consistent, communication processes for transfer of patients between LHDs and ACCHOs has led to fragmented care where patients are discharged from hospital into the community without adequate clinical handover to an ACCHO. Integrated care models facilitate seamless transfer of care and requires effective information sharing between providers.

Further to this, the NSW Government should explore best practice models for data sharing such as the Queensland Health Provider Portal which allows eligible health practitioners to request access to patient health information from public hospitals. This works to bridge the information gap between primary health care providers and local hospitals.

Without sufficient system-level improvements in place, implementation of recommendations 1,5, 8 and 22 will be inhibited.

Access to palliative and end of life care

- Recommendation 23

Palliative care services are significantly under resourced and limited in availability. LHDs cover large areas with high demand for palliative care and end of life services. While LHDs may receive funding for one palliative care-specific Aboriginal Health Worker, these roles are often not recruited to. As such, the existing workforce services a significant geographic region and is not always culturally safe.

Palliative care models rely on strong partnerships with other service providers to facilitate effective end-of-life care. However, existing palliative care options for Aboriginal people are poorly integrated with ACCHOs and other primary care providers. This is exacerbated by chronic under resourcing and remoteness where patients are required to travel long distances, away from their families and communities. ACCHOs do not receive funding to support palliative care activities, including to provide transport or social assistance.

There needs to be a full scope of the palliative care environment to urgently identify and address service needs and gaps. A systematic increase of palliative care availability relies on a skilled workforce and ongoing training that is not yet being delivered to a sufficient scale. While NSW Health has reported on

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various working groups and committee's contributing to the Palliative Care needs, they are yet to establish a taskforce consisting of key Aboriginal stakeholders to coordinate a centralised approach.

Ongoing workforce shortages

- Recommendations 9, 11, 12, 13, 14, 16, 17, 20 & 33

The AH&MRC supports the expedition of the single employer model for GP trainees, but this model would be strengthened by stronger collaboration with local ACCHOs. As critical primary health providers and the largest employer of Aboriginal people in NSW, workforce strategies that include planning with ACCHOs and are underpinned by stronger partnerships between the LHDs and ACCHOs are critical.

As part of the existing NSW Health Workforce Plan, the NSW Government invested $883 million to target 'hard to fill' roles with packages of up to $20,000 per worker annually. However, this is not aimed at ACCHOs as workers are only eligible if they are employed by NSW Health. While general practitioners working in ACCHOs can access the Commonwealth's Workforce Incentives Payment, this is only sufficient to supplement staff salaries to meet market rates. It does not provide additional support for housing, utilities, travel, professional development, or other entitlements that the NSW Rural Health Workforce Incentive Scheme provides.

ACCHOs are essential primary health providers of the public health system. Without strong, secure primary health services, patients will present directly to hospitals. ACCHOs should be able to access state-level workforce incentive packages given their role in preventing hospitalisations and reducing presentations to NSW Health facilities. Not only is preventative health care essential, but it also ensures that hospitals are not overburdened to maintain reliable and responsive health systems.

The overall funding model for healthcare is fragmented due to cross-jurisdictional complexities and the Commonwealth holding responsibility for primary health care planning. Despite this, the NSW Government should take a primary role in addressing workforce shortages within general practice.
ACCHO staff should be eligible to access the Rural Health Workforce Incentive Scheme and be included in state-level approaches to recruitment and retention of the health workforce.

Service Duplication in regional, rural, and remote areas.

- Recommendation 10

In response to recommendations for the NSW Government to work with the Australian Government to establish a Rural Area Community Controlled Health Organisation pilot (RACCHO), the NSW Government has committed to working with the Federal Government to develop and trial models that support communities where existing rural health services did not meet community needs. Whilst the AH&MRC

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and its member services are in support of addressing rural community health needs, this model and subsequent term is a direct duplication of the ACCHO model.

Use of the term 'RACCHO' poses a risk where communities may think that RACCHOs are affiliated with the Aboriginal Community Controlled sector despite being mainstream organisations. This further fails to recognise the significance and unique role of the ACCHO sector in providing primary health care to Aboriginal people. Further, there has been no consultation with the sector regarding the establishment of RACCHOs. It is critical that consultation occurs to avoid unnecessary service duplication or strengthen coordination between providers where significant service gaps are present.

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Recommendations

The NSW Government has undertaken various activities in response to the Committee's recommendations to the inquiry into health outcomes and access to health and hospital services in rural, regional, and remote New South Wales. However, there are several system and policy improvements that are required to enable better outcomes for Aboriginal communities residing in these areas.

The AH&MRC recommends that the following:

1. Full implementation of the recommendations relating to the delivery of specific health services and specialist care in regional, rural, and remote NSW with specific focus on:
    a. Providing block funding for ACCHOs to provide transport to patients attending appointments and treatment.
    b. Amending the LHD Board of Director requirements to mandate at least one member who identifies as an Aboriginal and/or Torres Strait Islander person.
    c. Establish and implement formal partnership agreements between LHDs and ACCHOs.
    d. Establish a centralised state-level palliative care taskforce with representation from key Aboriginal stakeholders.
2. Workforce shortages within primary health settings needs to be urgently addressed with appropriate recruitment and retention strategies that include:
    a. Expanding eligibility of the Rural Health Workforce Incentive Scheme to include ACCHO staff.
    b. Undertaking joint planning with the ACCHO sector to develop appropriate workforce strategies that includes direct investment from the NSW Government.

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