Submission No 3

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND REGIONAL COMMUNITIES

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BNMAC response to the NSW Legislative Assembly Select Committee on Remote, Rural and Regional Health Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities

17 September 2024

Term of Reference 1

Cross-jurisdictional cooperation between the New South Wales and Australian governments, in particular: Long-term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary health (including Recommendations 1, 7, 8 and 11)

Recommendation 1: NSW review LHD funding models to identify gaps and possible increases.

Recommendation 7: Engagement between the NSW and Australian governments at ministerial level to put in place a plan to improve doctor workforce issues in accordance with the Inquiry report.

Recommendation 8: That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.

Recommendation 11: NSW Health and the Australian government immediately invest in the development and implementation of a 10 year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.

Response

BNMAC notes a number of areas in the original report of the select committee inquiry where the issue of the division of NSW Health and Australian Government responsibilities was identified as being problematic. Further, both NSW Health and the Australian Government stated they would seek to address these issues via some specific mechanisms. From the inquiry report:

3.105 NSW Health also pointed to mechanisms in place that guide its collaboration with the Commonwealth. It described the Bilateral Regional Health Forum and its purpose to facilitate the discussion of rural health issues and monitor progress of Australian and NSW Governments' commitments to ensure a collaborative approach to improving regional health outcomes in New South Wales. (*Submission 630, NSW Government, p 4*)

3.109 From an Australian Government perspective, many of the challenges discussed by NSW Health officials were echoed by Commonwealth Department of Health. It is also advocating that the Commonwealth and States have a shared responsibility to ensure that all parts of the system operate in a coordinated and integrated way. (*Department of Health, Submission 38 to The provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians inquiry, 15 October 2021, p 11*)

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3.110 The Commonwealth Government formed a Primary Health Reform Steering Group to provide recommendations for reform. The Steering Group's report identified significant weaknesses in the current structure and funding of the primary health care system and made recommendations that both seek to integrate primary, secondary and tertiary health care, as well as deliver funding reform to achieve this. (*Department of Health, Health Reform Steering Group, Draft recommendations from the Primary Health Reform Steering Group, referenced in Submission 630a, NSW Government, p 6*) The Steering Committee identified a number of actions that are consistent with those being considered by the NSW Government, mentioned above:

• flexible funding models, employment models and service options tailored to community needs

• the need to address the Commonwealth/State divide

• creating Rural Area Community Controlled Health Organisations. (*Department of Health, Health Reform Steering Group, Draft recommendations from the Primary Health Reform Steering Group, referenced in Submission 630a, NSW Government*)

3.111 NSW Health advised that it is committed to working with the Commonwealth on implementing these recommendations. (*Submission 630a, NSW Government, p 6.*)

BNMAC is not aware of any activities of this nature on the part of either NSW Health or the Australian Government, that relate to long term strategic planning as per this term of reference. Nor has it heard of any particular relevant initiatives with the exception of a proposed expansion of the single employer model for GP trainees.

BNMAC is particularly supportive of recommendation 8 concerning the development of the Primary Health Care sector. BNMAC in previous submissions related to the work of this inquiry has highlighted the urgent need for greater resourcing of ACCHOs and a different way of thinking about the model of resourcing of ACCHOs between the Australian and NSW Governments.

The great majority of health care takes place in the primary health care sector. ACCHOs are committed to the provision of *comprehensive primary health care* in the meaning of the Alma Ata Declaration[1]. That is not just the provision of sick care but seeking to address all aspects of physical, emotional and social well being including consideration of the social and economic determinants of health.

This is entirely in keeping with Recommendation 8 but ACCHOs are not resourced either in quantum nor in the structure required for them to be able to begin to properly implement Recommendation 8.

NSW Health frequently expresses the desire to prevent hospital admissions, but seems to fail to realise that the health care delivery which might do so lies not within itself but within the PHC sector. If NSW Health wishes to improve health care that might lead to reduced hospital admissions, then it should be acting to better resource primary health care. It should not persist in maintaining that PHC is the responsibility of the Commonwealth. The current model of how NSW Health relates to and resources the PHC sector is fundamentally flawed.

ACCHOs are the best placed to understand the needs of the Aboriginal community and provide the most appropriate clinical care and preventive health programs. It is within the ACCHO sector that the greatest store of knowledge and expertise exists that might assist NSW Health in developing service delivery and programs that might contribute to closing the gap in health indicators for Aboriginal people. Unfortunately, ACCHOs are not adequately resourced to do so, either in depth or breadth.

[1] https://cdn.who.int/media/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2167_2

Nor are they resourced to provide the advice and expertise that NSW Health needs to better provide their care and programs for Aboriginal people. NSW Health should re consider its resourcing of the PHC sector.

If there is a desire within NSW Health for better engagement with ACCHOs in planning and delivering better, more integrated care, then it must consider resourcing ACCHOs specifically to do so. ACCHOs are funded to deliver their core and program services. To properly engage with NSW Health in program planning and integration takes the time and effort of senior management and health professional staff. NSW Health cannot plan and deliver programs that might "close the gap" experienced by Aboriginal people without the advice and expertise of ACCHOs. This is activity for which ACCHOs are not specifically funded. For example, doctor time in ACCHOs is funded for them to deliver clinical care, not for them to do the necessary reading and research to participate in planning processes with NSW Health and then attend those meetings. NSW Health should re-consider its funding model concepts if it wants better engagement and advice.

BNMAC is not aware of any move towards a joint NSW and Australian Government Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.

Term of Reference 2

Collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs (including Recommendations 9, 10, 14, 21, 22 and 39)

Recommendation 9: single employer model for GP trainees

Recommendation 10: work with Australian government to establish pilot for Rural Area Community Controlled Health Organisation

Recommendation 14: work with Australian government and others to increase GP and specialist training positions within structure in Recs 9 and 10.

Recommendation 21: develop strategies to allow regional cancer centre patients to access private/public services

Recommendation 22: NSW Health to work with the PHN and others to improve communication between service provides including through shared medical record systems to enhance continuity of care.

Recommendation 39: LHDs improve their collaboration with PHNs to cooperatively plan and delivery high quality services and innovative models of service.

Response

BNMAC is aware of a single employer trial taking place in the Murrumbidgee region and that the scheme is to be expanded elsewhere, but it not aware of the detail of how the trial is progressing nor where it might expand to. BNMAC is not aware of any initiative to increase GP training positions in regional areas under any structure.

BNMAC strongly supports Recommendation 10 concerning the development of a Rural Area Community Controlled Health Organisation pilot as it believes this represents a superior model of service delivery which would allow for more sustainable delivery of comprehensive primary health care. It notes that in the formal NSW government response to the Inquiry, this recommendation was

supported. However, since then this concept seems to have all but disappeared. The NSW Health Regional Health Strategic Plan 2022-32 makes only one very vague reference to this under point 5.4 of the 10 year delivery plan of Priority Area no 5. BNMAC feels this is disappointing and represents a missed opportunity for substantive improvement to regional health care delivery.

BNMAC is aware of and participates in a partnership with the Northern NSW PHN, the ACCHOs in that region and the NSW LHD. However, this partnership has so far led to little in the way of changes to the way NSW Health services are planned or delivered nor in development of innovative service delivery models. One exception to this is the new arrangements for the administration and management of the IPTAAS scheme which, at the initiative of the ACCHOs, will now be delivered via the PHN and the ACCHOs directly rather than via the NSW health bureaucracy.

BNMAC is not aware of any systemic initiative in northern NSW towards improved communication between service providers to enhance continuity of care.

Transfer of and access to patient information within the LHD remains highly problematic. Discharge summaries are inconsistent. It is impossible for PHC providers to directly access pathology and imaging reports on their patients from the LHD.

BNMAC is aware that primary health care providers in Queensland have direct access to Queensland Health patient records for their clients – clinical notes, pathology and imaging reports - which is highly beneficial in assisting them to provide care.

BNMAC, along with other ACCHOs in northern NSW, has been working with the local LHD on one system to improve patient care transfer and communication between the LHD and ACCHOs for community mental health clients. This work, which involves the electronic transfer of a single document between the LHD and an ACCHO, began in January this year and has yet to lead to a single transfer of information.

Term Of Reference 3

NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular: Improving communication between communities and health services (including Recommendations 5, 42), and Developing place-based health plans (including Recommendation 43).

Recommendation 5: LHDs actively engage with local community groups to understand what services they provide and where possible fill service gaps.

Recommendation 43: LHDs should work with a range of rural and remote stakeholders including First Nations organisations to develop place based health needs assessment and local health plans.

Recommendation 42: LHDs reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation in health service planning and explore better means of informing communities about available services and publish data on relevant service delivery outcomes (eg wait times and minimum service standards)

Response

Broadly speaking, the northern NSW LHD does not engage well with Aboriginal Community Controlled Health Organisations in the planning and delivery of LHD services. The LHD is part of a partnership forum involving the north coast PHN and the ACCHOs in that region. However, this activity has not translated into any transparency on the part of the LHD nor any partnership-like activity in their service planning or delivery.

There is no active Local Health Advisory Committee in the region. There is no activity that we are aware of to develop place based health needs assessments or local health plans and there has been no communication with BNMAC regarding such initiatives.

BNMAC is not aware of any activity on the part of the LHD to address recommendation no 5.

BNMAC and other ACCHOs in the region have initiated contact with the LHD to work cooperatively on several health service delivery issues in the past 2 years. The experience has been patchy at best and has yet to lead to any sustained improvement in health service delivery for Aboriginal clients in the region.

Term Of Reference no 4

NSW Government action to prioritise the health of regional communities in government decision making (including Recommendations 36, 37 and 44).

Recommendation 36: That the NSW Government maintain a minister for regional health with appropriate powers

Recommendation 37: That NSW Health department complete and published the final evaluation of the NSW Rural Health Plan: Towards 2021.

Recommendation 44: That the NSW Government adopt a Health in All Policies framework (similar to the policy in South Australia) in which all government departments and agencies adopt a health lens to all their policies and consider the impact on health of all their activities.

Response

BNMAC is aware that there is a Minister for Regional Health, Mr Ryan Park, who convenes a Regional Health Ministerial Advisory Panel. It is also aware that the Panel has 3 Indigenous members of whom 2 are CEOs of large rural Aboriginal Community Controlled Health Organisations.

BNMAC is aware that the final evaluation of the NSW Rural Health Plan: Towards 2021 was published in April 2022.

BNMAC is not aware of any significant activity towards the development of a Health in All Policies framework for the NSW Government. In the formal NSW Government response to the *Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales*, this recommendation was only "Noted"

Regards,

[redacted]

Scott Monaghan

CEO