

**Submission  
No 18**

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

**Organisation:** Culcairn Local Health Advisory Committee (LHAC)

**Date Received:** 28 October 2024

## **Culcairn LHAC Response to the Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional, and Remote New South Wales**

We are pleased to provide the following response from the Culcairn Local Health Advisory Committee (LHAC) regarding the Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional, and Remote New South Wales.

### **Background**

In our initial submission, Culcairn LHAC raised several key issues for consideration, as follows:

*The Culcairn LHAC would like the committee to consider the following matters:*

- 1. The lack of transferability of patient details between the NSW and Victorian health systems (if a patient is transferred from Culcairn to Albury, separate paperwork is required due to cross boarder movement)*
- 2. Greater use of the Culcairn MPS by Albury Wodonga Health*
- 3. Increased staffing to enable vacant aged care beds to be utilised at the Culcairn MPS. Since the opening of the new MPS facility the additional aged care beds have sat vacant for approximately 3 years.*
- 4. VMO services at the MPS - the doctor only visits the aged care section. These visits occur once a fortnight, at best.*

*Thankyou for taking the time to consider the above.*

### **Feedback on Committee Recommendations**

In response to your request for feedback on specific areas, we provide the following insights regarding the issues raised and the progress of the recommendations made by the committee.

*That the Select Committee on Remote, Rural and Regional Health inquire into and report on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations relating to health outcomes and access to health and hospital services, including:*

- 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)***

Our original concerns about the lack of patient information transferability (Issue 1) and the limited patient movement between Albury Wodonga Health (AWH) and Culcairn MPS to optimise bed usage (Issue 2) remain unresolved. No changes have been observed in practice since our submission.

Recommendation 1: Although reported as completed, it mentions the establishment of a long-term working group to explore options for funding small hospitals in NSW. What mechanism will be used to track the progress of the nine recommendations from the review of the NSW Small Hospitals Funding Model?

Recommendation 7: This is reported as completed, with joint planning sessions initiated by the Australian Government and NSW Health. However, how will these efforts address the shortage of doctors, and where will the results be published?

Recommendation 11: This is still in progress. The National Medical Workforce Strategy 2021–2031 aims for better distribution of medical professionals, but will key performance indicators (KPIs) ensure a focus on physical doctor presence, as opposed to reliance on virtual services? Additionally, inconsistency between GP requirements at the federal level and VMO requirements at the state level remains a significant issue for small communities like Culcairn.

***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)***

Despite our submission, there has been no change to the VMO services at the MPS. Doctors continue to visit the aged care section only once a fortnight, at best (Issue 4).

Recommendation 9: Reported as completed, this recommendation discusses the adoption of the Rural Generalist Employer Pathway. However, it is unclear if this program will meet the VMO requirements. Furthermore, where and how will the results of ongoing consultations with key stakeholders be published?

Recommendation 10: This recommendation remains in progress. While it focuses on community health needs, it does not address community expectations. Misalignment between the two can result in dissatisfaction, distrust in health services, and suboptimal outcomes. Ensuring both health needs and expectations are met is critical for engagement and health equity, especially in rural areas like Culcairn.

Recommendation 14: In progress. Clarity is needed on whether this initiative targets specific types of hospitals.

Recommendation 22: Also reported as in progress. Will the National Healthcare Interoperability Plan address the patient intake processes in cross-border situations, such as the administrative paperwork when a patient is initially admitted to a NSW hospital and then transferred to a Victorian hospital?

***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)***

Since our submission, there has been no action taken to utilise the vacant aged care beds at the Culcairn MPS, which have remained empty for approximately three years (Issue 3). This underutilisation of resources hinders efforts to engage the community.

Recommendations 5 and 42: These are supported, but it is essential to recognise and understand the existing infrastructure available within communities to deliver health services.

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

Recommendation 37: This is reported as completed. However, there are many actions marked as being worked on in the progress report in Recommendations marked as completed. What mechanisms are in place to ensure these actions are implemented?

**5) Any updates or final observations** relating to the progress of implementing any Portfolio Committee No. 2 recommendations that the Select Committee has considered in its previous inquiries.

Please do not hesitate to contact the committee if you would like any further clarification of the points above.

We appreciate the opportunity to contribute to this progress report and look forward to further developments.