

**Submission
No 43**

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

Organisation: Murrumbidgee Primary Health Network

Date Received: 1 November 2024



Progress Report – Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales

Murrumbidgee Primary Health Network (MPHN) Response

Murrumbidgee Primary Health Network (MPHN) is pleased to provide a response to the Progress Report on the *Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales*.

As an NSW regionally based Primary Health Network, MPHN is well placed to provide feedback and examples related to several of the recommendations highlighted in the progress report. Additionally, MPHN has a robust and productive working relationship with the Murrumbidgee Local Health District (MLHD) which ensures both key health stakeholders are in-step working towards a more connected health system for the residents of the Murrumbidgee region.

It is pleasing to note the progress being made in the implementation of the 44 recommendations from the Rural Health Inquiry, however it is evident that there is still significant work to be undertaken across multiple domains to improve the access to quality and timely healthcare for the residents of rural, regional and remote NSW.

MPHN urges the NSW government to ensure the gains achieved through the ongoing implementation of the 44 recommendations are sustained, and where recommendations have been categorised as completed, examination is undertaken to explore further improvements that may be achieved.

Of most urgency is the consideration given to the recommendations that underpin the collaborative planning and delivery of an integrated health system between LHDs and PHNs. Whilst a number of these recommendations have been progressed or reported as completed MPHN advocates for ongoing exploration in these areas and commitments to ongoing funding to ensure sustainable solutions. The one system health approach is a key driver to promoting increased access to quality health care for the residents of rural, regional and remote NSW.

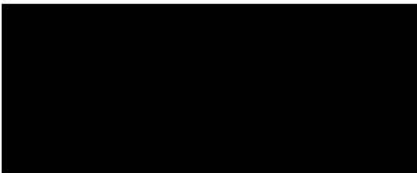
To support the one system health approach MPHN are developing a mutually agreed regional planning framework with the LHD which presents great opportunities for collective impact and place-based work

Additionally, the value proposition of Joint Regional Needs Assessments to inform planning cannot be understated and the legislative framework to enable joint data sharing between NSW Health/ LHDs and PHNs to inform such work is really important.

MPHN's response provides commentary on seven specific recommendations that are directly related to the delivery of an integrated health system or the delivery of primary care and the PHN remit more broadly.

We thank you for your consideration and review of this response and myself or my team would be happy to assist with any further commentary or information required.

Sincerely,



Stewart Gordon
Chief Executive Officer

Recommendation 8 - NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sectors' critical role in addressing the social determinants of health and reducing avoidable hospitalisations. Status: Completed

Whilst there has been excellent work in this area there is ongoing scope for further enhancement and the need to continue to provide funding to support local place-based solutions.

Murrumbidgee region continues to promote the single employer pathway and have seen the benefits of this model locally.

Murrumbidgee was one of the initial five Collaborative Care sites. The program in the Snowy Valleys addressed several issues identified by community and clinicians including developing a network for providers, improving referral pathways, improving community health literacy regarding the broader multidisciplinary team, improving diabetes literacy for First Nations People, and testing shared medical appointments. Leeton, in the Murrumbidgee is one of the new five sites commencing in October. There is a need to continue to provide funding to support local place-based solutions to primary care.

MLHD and MPHNSW have improved the way in which we work together to complete regional planning. We can continue to strengthen this approach, and this is an area for continuous improvement which will only enhance the process and outcomes.

A key area for further work and clarity is around localised approaches to addressing thin markets and the need to be more proactive in identifying collaborative solutions before there is a crisis. The role of PHNs in identifying thin markets and working with Commonwealth and State, needs further defining. PHNs understand local communities and are well placed to support the development of collaborative solutions.

Recommendation 43 - That the rural and regional LHDs work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population. Status: In progress

MPHNSW strongly advocates for further work and ongoing funding in this area. The Collaborative Care program referred to in the progress report is extremely beneficial in supporting a place-based

approach to planning. Sustainability of the initiatives and the strong community engagement achieved through the project can be difficult to maintain without dedicated local resourcing and funding.

As a PHN we are continuing to work in partnership with the LHD to develop our approach to joint health needs assessment and local health planning, with some way to go. We are pleased however to be partnering with the Local Health District as a member of the Murrumbidgee Health and Knowledge Precinct which has commissioned the development of a regional planning framework which will include partners such as Department of Regional NSW, local government and First Nations organisations. This framework will provide the value proposition and the methodology for partners to work together to address common local challenges.

Recommendation 9 – NSW Health work with Federal and PHNs to expediate the implementation of a single employer model for GP trainees across rural NSW. Status: In progress

MPHN continue to promote this model and participate in a joint working group supporting the role out. The single employer model was a Murrumbidgee initiative which is well embedded in the region. It would be of interest to MPHN to investigate primary healthcare being the single employer.

Recommendation 10 – NSW Govt work with Federal govt to establish a Rural Area Community Controlled Health Organisation (RAACHO) pilot, with a view to evaluating and refining it for roll out in all areas of NSW where existing rural health services do not meet community needs. Status: In progress

MPHN was a partner in the delivery of the Collaborative Care model in the Snowy Valleys and is pleased to be working again with the Rural Doctors Network in the expansion of the model to Leeton. While this two-year project will enable the engagement of community in developing placed based solutions to healthcare challenges, the short time frame and funding inhibits long term sustainable change. More long-term vision, commitment and funding is needed.

Addressing the urgent health care needs of communities in the Murrumbidgee has been a focus for both the PHN and LHD. Whilst NSW Health urgent care service funding has been welcomed, there remains ongoing challenges to design and deliver innovative collaborative models that support and work with the existing primary care infrastructure. Funding and payment structures through both State and Commonwealth for after hours and urgent care services needs to be streamlined to

enable rural and remote communities to design responses that meet local community and health care provider needs. More work is required.

Recommendation 22 - That NSW Health and the rural and regional LHDs work with the Primary Health Networks and other partners to promote improved communication between service providers, including through the use of shared medical record systems, in order to ensure continuity of care for patients. Status: In progress

A number of joint programs between MPHNS and the MLHD has seen the Murrumbidgee region achieve one of the highest rates of Lumos participation at 43% and this will help to provide important evidence around the success of our programs in keeping people well in the community. We watch with interest in this space as the facilitation of the integration of shared health summaries from GP systems into HealthNet promoting comprehensive and integrated care is a positive and essential movement forward. Working in partnership with the MLHD, MPHNS have been able to significantly increase the number of GPs receiving discharge summaries electronically rather than by fax, ensuring that critical handover of care to community occurs in an efficient and timely manner.

Recommendation 39 - That NSW Health and the rural and regional LHDs upgrade and enhance their collaborative work with the Primary Health Networks to: Ensure that high quality health services for rural, regional, and remote New South Wales are cooperatively planned and successfully delivered and Drive innovative models of service delivery, including those recommended elsewhere in this report. Status: Completed

Progress in this area has been made in the Murrumbidgee region through our Joint Collaborative Agreement between MPHNS and the Murrumbidgee Local Health district, our Joint Board and work plan. Our Patient Centred Co-Commissioning Group provides joint governance to our collaborative work including Collaborative Commissioning, Bilateral funded mental health, suicide prevention and AOD activity, diabetes planning and implementation. The Collaborative Commissioning approach in the Murrumbidgee has seen successful joint planning, development and implementation of services across community, primary care and acute care services, to ensure a joined-up care pathway for people with COPD and chronic heart failure. This work needs to continue. Joint State and Commonwealth funding is needed to facilitate this innovative work ongoing, and to ensure that gains made across our regional and rural communities are not lost.

The work progressed through Collaborative Care is similar.

Whilst this work is positive and productive MPHNS believes it is not completed. Much work is needed, and significant gains can be realised if this collaborative approach is continued to be

fostered and supported. This is perhaps one of the most significant areas of work that needs to receive ongoing commitments from all levels of government.

Recommendation 42 That the rural and regional LHDs: review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning; investigate methods of better informing communities about the services that are available to them and publish additional data such as wait times and minimum service standards for the facilities within their remit. Status: Completed

MPHN has a healthy and active network of LHACs and note the featuring of our Gundagai LHAC within the report. Our LHACs are jointly supported by MPHN and MLHD. MPHN and MLHD are currently delivering a joint LHAC recruitment drive which is jointly planned. Our LHACs are jointly supported through the biannual LHAC forums and priority setting sessions. MPHN representatives join all LHAC meetings. MPHN has a LHAC resources page established on our website with the support of MLHD to publish resources. LHAC representatives are also members of the PHN Community Advisory Committee.