

**Submission
No 75**

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

Organisation: The Royal Australian and New Zealand College of Ophthalmologists
(RANZCO)

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1 November 2024

Dr Joe McGirr
Committee Chair
Select Committee on Remote, Rural and Regional Health
Email: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Dr McGirr,

RE - The implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW

Thank you for the opportunity to make a submission to the 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 in NSW.

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is the medical college responsible for the training and professional development of ophthalmologists in Australia and New Zealand. We seek to enhance equitable service provision across Australia, particularly in rural and regional areas, and develop and maintain a sustainable ophthalmology workforce with the ultimate goal of eliminating avoidable blindness.

RANZCO supports many of the recommendations of the Portfolio Committee No. 2 report and would like to provide the Committee with the following information on the implementation of specific recommendations relevant to ophthalmology, as follows:

Recommendation 1 - *That NSW Health review the current funding models for all rural and regional Local Health Districts in order to identify any service delivery gaps and provide any recommendations for funding increases.*

RANZCO is aware there is a Special Commission of Inquiry into Healthcare Funding (the Inquiry) and has made submissions. We support a review of the current funding models for all rural and regional Local Health Districts (LHDs) and are keen to collaborate with NSW Health to develop a clear strategy to strengthen and fund the growth of sustainable rural, regional and remote health services.

RANZCO recommends that this review include a strong focus on the delivery of outpatient services. Currently, most regional and outer urban LHDs don't fund public outpatient services which means that 37% or 3 million people need to access services elsewhere increasing the risk of prolonging visual impairment and blindness. The wait for cataract surgery is the longest in inner and outer regional NSW due to underinvestment in regional services.

Public hospital Ophthalmology departments are not covering the NSW population equitably, this is particularly devastating for Aboriginal and Torres Strait Island people who have higher rates of vision loss but who use eye health services at lower rates than non-Indigenous Australians. One-third of Australia's total Indigenous population live in NSW, and three-quarters of this population have no access within their LHD to public ophthalmology outpatient services.

The burden of supplying outpatient services in regional NSW thus largely falls upon regionally based private ophthalmology practices. With increasing workforce pressures regionally, an ageing regional workforce, an ageing population and ongoing population growth in these areas, regionally based private ophthalmologists are under increasing pressure and this may result in some being forced into early retirement should their workload become unsustainable.

There remains a large community need for such services and without them, patients would be forced to travel for services to city areas which in turn costs regional areas as money is spent travelling for service rather than regionally and caregivers often lose income when accompanying their relatives for such services.

Therefore, RANZCO believes that a high priority for additional funding should be for outpatient ophthalmology services in regional NSW.

Some regional LHDs may consider innovative funding models such as outsourced-to-private outpatient services using Activity Based Funding (ABF). This would reduce some of the cost burdens to regional private ophthalmology practices that are delivering a greater proportion of no-gap services than their city counterparts and be key in attracting and retaining specialist medical workforce in regional NSW.

It would also enable more cost-efficient service delivery, at National Efficient Price (NEP), in regional NSW in LHDs where patients reside, thus reducing patients' need to travel for services, taking pressure off overburdened urban public hospital departments, and more equitably delivering services across the state. Given the workforce shortage of specialist ophthalmologists in regional NSW, this outsourced-to-private model of care for outpatient services would make the most efficient use of the limited regional specialist FTE resource.

The new Gadigal Eye Clinic was recently officially opened at Sydney Eye Hospital, which will be a fully equipped virtual clinic, that makes significant difference to the eye health of Aboriginal and Torres Strait Islander people all over NSW.

The new retinal cameras enable specialists at the Clinic to conduct eye checks at Moree without the need of an on-site specialist, potentially benefitting thousands of people. The retinal cameras will be easily used by GPs and nurses in the outreach centres, making it possible for the team based at the Sydney clinic to diagnose and provide a treatment plan for eye issues detected in a rural or regionally based patient.

For specialist departments that are unable to meet service demands, screening and monitoring of mild conditions should not be causing unnecessary delays for more urgent and sight-saving activities in tertiary centres. These activities could be more efficiently serviced via asynchronous telehealth programs.

RANZCO recommends that governments fund asynchronous telehealth service delivery and increase funding for synchronous telehealth services. These services are cost-effective, safe, increase service availability, decrease wait times and patient travel, and are well-accepted by patients and referrers.

Recommendation 7 - *That the NSW Government urgently engage with the Australian Government at a ministerial level to:*

- *establish clear governance arrangements and a strategic plan to deliver on the health reforms recommended in this report to improve doctor workforce issues*

- *progress those initiatives that both levels of government have identified as meritorious, but where progress has been slow or non-existent.*

Public eye healthcare services are currently funded and delivered within each Local Health Districts (LHDs) in NSW. The National Health Reform Agreement (NHRA) does not provide structured information to LHDs to define which services should be delivered by each specialty in each geographic region. Despite a key objective of the NHRA being the equitable delivery of services by jurisdictions, it is left up to each LHD to decide which services will be delivered within their area within the limited and reduced (in real terms) financial footprint available.

To improve equity and consistency in the delivery of eye health care in NSW, RANZCO recommends the development of a state-wide Eye Health Services Delivery Plan by NSW Health in conjunction with the eye healthcare sector. This plan would enable a state-wide overview of the delivery of eye healthcare services to the residents of NSW and would facilitate the delivery of timely, cost-efficient, sustainable, collaborative eye healthcare services across the state underpinned by the principles of the right care, at the right time and in the right place. This plan would also link service delivery in primary and community care clinics, outer urban collaborative care clinics, the private sector, and public hospital ophthalmology departments.

Recommendation 11 - *That NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.*

RANZCO supports the development of a *10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy* and would be happy to work with NSW Health and the Australian Government to ensure it addresses the urgent need to address the shortage of ophthalmologists in rural areas.

The proposed Strategy should take into account current RANZCO initiatives to strengthen the rural and regional medical eye health care workforce, including the following:

- In response to the ongoing maldistribution of the ophthalmic workforce, the RANZCO Workforce Taskforce has designed a Regionally Enhanced Training Network (RETN) and has implemented 4 inaugural training pathways with a further one due to commence. Three of these pathways are based in NSW, targeting the workforce-poor areas of Tamworth, Orange and Wagga Wagga.

RETN pathways are designed to specifically encourage the Fellows who graduate from them to choose to work in regional areas post-graduation with the fundamental goal of significantly addressing workforce maldistribution in a lasting manner.

- General Practitioners (GPs) and Rural Generalists (RGs) play a vital role in providing community primary care and hospital-based care in many rural and remote communities. Recognising their potential and expanding their scope of practice through appropriate training and upskilling in non-GP specialties is an important step forward to optimize the Australian medical workforce and to improve service delivery.
- RANZCO is currently collaborating with the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) on a pilot program in Queensland to upskill GPs and RGs in performing Intravitreal Injection in areas where ophthalmology service is not accessible. If

successful, RANZCO would like to expand the upskilling program to rural, remote and regional areas in NSW.

RANZCO also recommends that the proposed strategy to progress with a review of rural trainees' remuneration and incentives.

Recommendation 39 - *That NSW Health and the rural and regional Local Health Districts 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*
- *drive innovative models of service delivery, including those recommended elsewhere in this report*

RANZCO agrees that increased support for collaborative care will improve access to high quality health services in rural and regional NSW. In relation to eye health care, this includes collaboration between ophthalmologists and primary health care providers such as optometrists, orthoptists, nurses, rural generalists, GPs and Aboriginal Health Workers. This can involve both LHDs and Primary Health Networks (PHNs) but also should include collaborative models that operate outside of these structures.

Collaborative models of care (MOCs) can alleviate the strain on both public clinics, which are often overburdened, as well as private clinics, by reducing the duplication of testing, unnecessary provider visits, and inappropriate or unnecessary treatments. These MOCs are evidenced to reduce demand on limited and costly specialist services by redirecting some aspects of care to other appropriately trained practitioners. This results in more efficient utilisation of health resources, reduced healthcare system costs, improved access to specialist services, and increased patient attendance and convenience.

RANZCO has engaged widely across the eye health sector, NGOs, and other healthcare professionals, to establish working groups to look at the evidence for best practice along the lines of the right care, at the right place, at the right time. Each working group is tasked with keeping the patient's journey central and will document, for the Australian setting, the best preventative, screening, chronic and acute MOCs for common conditions.

Based on this work, RANZCO sees the potential to increase access to and distribution of public hospital eye healthcare services by formalising and funding existing high-value multidisciplinary models of care, particularly in poorly serviced areas, there needs to be an increase in collaborative care arrangements with general practitioners. This needs to include clear definition of the scope of practice for each health professional group to ensure that a high standard of care is maintained, and all service delivery is safe and appropriate for patients.

Another area in which collaborative with primary health care is vital is in discharge planning. The current NSW Health service delivery framework does not include a coordinated approach to discharge planning that integrates inpatient care seamlessly with primary care and other community-based services. There are opportunities to enhance patient-centred care, improve health outcomes, reduce costs, and limit wastage by investing in the development of a state-wide coordinated discharge planning policy.

RANZCO also recommends looking at some of the structural barriers to the adoption of collaborative care, including funding mechanisms, jurisdictional issues and health data infrastructure.

The overlapping roles and responsibilities of the State and the Commonwealth have resulted in poor coordination of Australia's healthcare system. Siloed patient results and records across and within jurisdictions have resulted in increased risks to patients and substantial inefficiency in and increased costs of service delivery. In eye health care, the lack of a cohesive ophthalmic electronic patient record is a barrier to the wider adoption of collaborative care models.

RANZCO would be happy to work with the NSW government and other stakeholders, to support the implementation of Collaborative models of care and enable eye health practitioners to work to their full scope of practice.

Recommendation 42 - *That the rural and regional Local Health Districts:*

- *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*

RANZCO supports community consultation on local health and hospital services and broader health service planning processes and increased transparency on the delivery of these services in local areas. We believe that this will improve the accountability of governments in meeting their obligations to their communities.

States and territories, including NSW Health, have Clinical Governance frameworks that emphasize the need for equity of access for patients throughout their jurisdiction, but they have not put in place mechanisms that ensure equitable service delivery and they are not held accountable for meeting these requirements.

Outpatient and procedural waitlist data is a key component of the performance of LHDs but is currently not included in the AIHW reportable data set. The absence of outpatient and procedural (Tier 2 services) waitlist data in the AIHW mandatory reporting data set signifies to LHDs and jurisdictions a lack of importance regarding timely access to public (ophthalmology) outpatient and procedural services, and results in low visibility of and thus poor transparency regarding outpatient and procedural service delivery. This is particularly impactful for ophthalmology as outpatient services represent 80% of ophthalmological service delivery encompassing cost-effective, sight-saving treatments for highly prevalent, blinding conditions such as diabetic retinopathy, glaucoma, and age-related macular degeneration.

Current management of inpatient and outpatient waitlists in NSW is variable and does not facilitate equitable access to patients across and within LHDs. Waitlists often sit with each hospital, rather than at the LHD or state level driving inequity in access to services within LHDs and across NSW. This results in a large variation in waiting times for the same services across, for example, greater metropolitan areas and between urban and regional areas. Many individuals are on multiple waitlists for the same service in multiple locations, waiting to see which waitlist gets them to the front of the queue first.

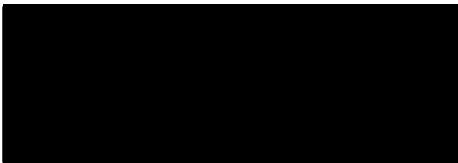
The fragmented approach to waitlist management also makes it difficult to see where there are gaps in available services and service delivery. Therefore RANZCO supports a more transparent and systematic approach to the management of inpatient and outpatient waitlists, including increased reporting requirements for LHDs on the provision of outpatient services.

RANZCO is keen to collaborate with NSW Health to investigate solutions to increase training positions in public hospitals and in regional areas and to consider measures to optimise ophthalmology training in NSW.

RANZCO hopes that this information is useful to the Committee and looks forward to working with NSW Health, our members and other stakeholders to make progress in implementing those recommendations.

Should you have any questions or need further information, please contact Ms Legend Lee, Senior Manager, Policy and Advocacy at [REDACTED]

Kind regards



Mark Carmichael
RANZCO CEO