

**Submission  
No 90**

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

**Organisation:** NSW Rural Doctors Network (RDN)

**Date Received:** 15 November 2024

15 Nov 2024

Dr Joe McGirr, MP  
Chair, Legislative Assembly Select Committee  
on Remote, Rural and Regional Health  
Via email: [remoteruralregionalhealth@parliament.nsw.gov.au](mailto:remoteruralregionalhealth@parliament.nsw.gov.au)

Dear Dr McGirr

**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**

Thank you for your email (13 September 2024) and the invitation to provide 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 (SC Inquiry 3)*.

Rural Doctors Network (RDN) is an independent not-for-profit, non-government charitable organisation that has been in operation for over 35 years. The charity's purpose is to improve access to health and social services for remote, rural, regional and disadvantaged communities.

For disclosure, RDN receives funding from the NSW Government for delivery of programs related to the scope of the *Portfolio Committee No.2 Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (Rural Health Inquiry). The organisation also receives funding from the Australian Government and acts as the Australian Government's designated Rural Workforce Agency for health in NSW.

Further, it also acknowledged that RDN CEO, Richard Colbran, is current chair of the NSW Regional Health Ministerial Advisory Panel. Members of RDN's Board, staff and contracted clinical advisors also hold positions on various NSW Health committees.

**RDN Submission Statement**

During the course of its initial 35+ years, RDN has become known as 'the honest broker' by its non-Indigenous and Indigenous stakeholders. These stakeholders include communities, community leaders, service providers, health professionals, universities, peak bodies, non-government agencies and government. Today, RDN understands the privilege of such reputation and the responsibility that comes with the expectation to effectively enable solutions for the needs of the diverse stakeholder groups within health and social care.

Since the announcement of the Rural Health Inquiry in 2020, RDN has responded to calls for information and submissions. In terms of cross-jurisdictional delivery, the focus of this inquiry, RDN's submissions present five central themes:

- Deliberate action
- Community at the centre
- Evidence-based practice in pursuit of improvement
- Integration
- Sustainable viability

These elements are central to **RDN's Community Solutions Methodology** which underpins RDN's logic and design for system and service model programs and is continually reviewed to ensure continued effectiveness and efficiency. This methodology is known to stakeholders and has been referenced within case studies provided by RDN to the Committee.

RDN's evidence demonstrates that coordinated and deliberate integration of the capability and resources of all stakeholders (health and non-health) is essential for effective, efficient and sustained health systems and service models for remote, rural and regional communities. RDN's experience suggests this need increases, the greater the distance communities are from a regional centre.

This concept of integration must be considered holistically, i.e. a holistic system of health that treats the whole person and supports the whole community. It is this concept that is central to the Rural Health Inquiry, and that which we cannot lose as we move forward. The system must evaluate itself against its commitment and ability to enable all players in the health and social care sectors. The concept of value-based healthcare is an aspect of this, but not the entirety. The Aboriginal cultural 'ways of knowing, being and doing'<sup>1</sup> view is a valuable guiding framework to achieving this.

It is the clear need for improvement in coordinated and deliberate integration of available resources, that has driven RDN to support the NSW Regional Health Strategic Plan 2022-32 which emanated from the Rural Health Inquiry recommendations. Of particular importance is Priority 5 relating to the expansion of integration between primary, community and hospital care:

The NSW Regional Health Strategic Plan 2022-32 is a commendable response to the identified challenges of health system integration and cross-jurisdictional engagement and performance. In 2024, and two-years into the Plan's delivery, RDN offers the following insights to constructively support continued improvements:

- the risk of confusion, and dilution of resources, resulting from continued calls for reporting against the Rural Health Inquiry recommendations versus focused delivery of the NSW Regional Health Strategic Plan 2022-32 which was designed with significant community and stakeholder consultation to respond to the Rural Health Inquiry recommendations.
- the lack of support, reported engagement and accountability to the NSW Regional Health Strategic Plan 2022-32 by non-NSW Health agencies – both from State and Federal perspectives, including government and non-government.
- a perceived lack of reporting (and/or communication to stakeholders) relating to performance tracking of the priorities and action areas of NSW Regional Health Strategic Plan 2022-32 – many of which require cross-jurisdictional participation and contribution.
- enhanced awareness and understanding of non-health system factors influencing the success and sustainability of rural health programs and initiatives. For example, accommodation availability and childcare for health and other key workforce.

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<sup>1</sup> Sinclair K. Disrupting normalised discourses: ways of knowing, being and doing cultural competence. *The Australian Journal of Indigenous Education*. 2021;50:203–211. <https://doi.org/10.1017/jie.2018.23>

- proliferation of metro-centric program design, especially in the post-COVID environment, and enhanced use/acceptance of technology for services and support programs, e.g. supervision. This is fundamentally counterproductive to the need to develop viable high-quality and sustained health economies for remote and rural communities.
- the value of well-constructed and collaborative work plans informed by community and targeted to resolve specific system and service challenges at town-based or sub-regional levels.
- the need to enhance and sustain the organisational capability of remote and rural providers and related health businesses by resourcing the development of improved administration, systems and program management.
- the need for expedited progress on targeted remote and rural workforce related initiatives. These include medical and GP VMO accreditation and support (Recommendations 12, 13, 15, 30), specialist training (Recommendation 14), and Aboriginal health professionals (Recommendations 33 and 34).
- strengthening of localised cultural engagement to inform service design and delivery mechanisms for Aboriginal and Torres Strait Islander people, and enhanced attention to eradication of racism with the system including awareness of localised cultural responsiveness.
- opportunity to disseminate learnings from activities that are proving successful to inform ongoing design and implementation approaches. There are many examples offered in the NSW Health June 2024 Rural Health Inquiry Progress Report, such as:
  - NSW Aboriginal Health Plan 2024-34
  - Transport services (Recommendations 3 and 4)
  - Multipurpose services (Recommendation 7)
  - RDN's Collaborative Care for Remote and Rural Communities (Recommendations 7 and 10)
  - NSW Rural Generalist Single Employer Pathway (Recommendation 9)
  - Cancer treatment services (Recommendation 21)
  - Medical record systems including Lumos (Recommendation 22)

These insights, and others from across the sector, will support investing in what has clear evidence of success and demonstration of integration. These case studies may then actually provide more valuable evidence of where targeted cross-jurisdictional reform is required.

In conclusion, RDN highlights two important statements:



“the system needs to join up and fit around people’s needs”<sup>2</sup> (Peter Breadon, Grattan Institute)

“...between Commonwealth and state government, policies need to be harmonised and leadership needs to be coordinated.” (NSW Regional Health Strategic Plan 2022-32)

RDN calls upon government to lead, drive, enable and resource integration and targeted responses to health system and service challenges so that equitable outcomes can be achieved for NSW’s remote and rural communities.

RDN thanks the Parliament of NSW for its continued interest in the welfare of NSW’s remote, rural and regional communities.

Yours sincerely,

Richard Colbran PhD  
Chief Executive Officer

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<sup>2</sup> Breadon P. *Putting the ‘reform’ in the National Health Reform Agreement: Submission to the Mid-Term review of the National Health Reform Addendum 2020-2025*. Grattan Institute; 2023.