

**Submission
No 105**

**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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Date Received: 15 November 2024

This submission relates to the first term of reference in the enquiry:

1) Cross-jurisdictional cooperation between the New South Wales and Australian governments, in particular:

a) 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)

Submission Details

The Inquiry should note that long-term strategic planning to improve health outcomes requires measurable goals and targets such as:

- i) Equity of access to healthcare services, measured by objective statistics such as number of full-time equivalent GPs per capita
- ii) Equity of health outcomes, e.g. percentage of residents with no long-term health issues
- iii) Rules and regulations that account for the difficulty in accessing primary healthcare in rural and regional areas.

One example of ii) above is evident from the 2021 census data showing that Greater Sydney and the Armidale Regional Council local government area (ARC LGA) both have the same median age of 37 years. However, 65.1% of Greater Sydney Residents report having no long-term health conditions compared to 54.2% in the ARC LGA [1, 2]. The aim of the long-term strategic planning should be to reduce this gap to as close to zero as practical.

A simple example of iii) is the recommendation on the NSW Health website in relation to COVID-19 for people at higher risk of severe illness from COVID-19 should ...

“speak to your doctor now before you get COVID-19 to learn what you should do if you get sick. Topics you should discuss with your doctor include:

- *Getting a pathology form for a COVID-19 PCR test from your doctor in case you get symptoms*
- *Asking your doctor to complete a pre-assessment action plan for respiratory infections. This form helps you know what test to do if you get sick and if you may be eligible for antiviral medicines”*

That, of course, is all very well for residents who have easy access to GPs. There should also be an alternative route for obtaining pathology forms for COVID-19 PCR tests for people over 70 and immune compromised people, noting the advice that: Early diagnosis means you can access antiviral medicines quickly [3].

1. <https://www.abs.gov.au/census/find-census-data/quickstats/2021/1GSYD>

2. <https://abs.gov.au/census/find-census-data/quickstats/2021/LGA10180>

3. <https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/covid-info-high-risk-people.pdf>

quirement for people . Thus strateFor the record, Armidale

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:
 - a) 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)

This submission focuses on the long-term strategic planning goals that should be set as part of the cooperative process between the NSW and Australian governments, including:

- 1) Equity of access to healthcare-

- 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)

- 3) NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular:
 - a) Improving communication between communities and health services (including Recommendations 5, 42), and
 - b) Developing place-based health plans (including Recommendation 43)
- 4) NSW Government action to prioritise the health of regional communities in government decision making (including Recommendations 36, 37 and 44).
- 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.

This inquiry was self-referred on **9 February 2024**.

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) The delivery of specific health services and specialist care in remote, rural and regional New South Wales, including:
 - a) Maternity services, obstetrics and paediatrics (including Recommendations 19, 20, 26 and 27)
 - b) Patient transport and paramedicine (including Recommendations 3, 28 and 29)
 - c) Indigenous health services (including Recommendations 23, 31, 32, 33, 34, 35 and 43)
 - d) Mental health services, and drug and alcohol services (including Recommendation 11)
 - e) Aged care and palliative care (including Recommendations 18, 23 and 24)
 - f) Cancer care and oncology (including Recommendation 21 and 30)
 - g) Other specialist care and allied health services, as they pertain to the Portfolio Committee No. 2 recommendations (including Recommendations 5, 10, 30, 42, 43, 44)
- 2) Any updates or further observations relating to the progress of implementing Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding issues, as per the Select Committee on Remote, Rural and Regional Health's previous inquiry.

This inquiry was self-referred on 6 July 2023.

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 workforce issues, workplace culture and funding for remote, rural and regional health services and programs, including:

- a) any challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for remote, rural and regional health services and programs
- b) staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33)
- c) staff accreditation and training (including Recommendations 13, 14, 19, 20, 23, and 29)
- d) workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms (including Recommendations 40 and 41)
- e) funding for agencies, programs and incentives (including Recommendations 1, 4, 10, 23, 24,30 and 38), and any funding issues relating to the above recommendations