

NATIONAL RURAL HEALTH ALLIANCE

Pre-Budget Submission

2018-19



NATIONAL RURAL
HEALTH
ALLIANCE INC.

Introduction

The National Rural Health Alliance (the Alliance) is Australia's peak representative body for rural and remote health. We are committed to improve the health and wellbeing of the 7 million people who live in rural and remote Australia.

Our 34 Member Bodies, each of which is a national organisation, include consumer groups (such as the Country Women's Association of Australia), representation from the Aboriginal and Torres Strait Islander health sector, health professional organisations (representing doctors, nurses and midwives, allied health professionals, dentists, pharmacists, optometrists, paramedics, health students, chiropractors and health service managers) and service providers (such as the Royal Flying Doctor Service). This large and diverse membership ensures a broad and authentic view of the interests of the people of rural and remote Australia. A full list of our current members is attached as Annex A.

This Pre-Budget Submission has been developed to support the key strategic goals that were agreed to at the annual meeting of all Member Bodies in September 2017 along with the priorities identified by over 1200 delegates at the Rural Health Conference held in Cairns in April 2017.

The Alliance and its 34 Member Bodies thank the Government for the opportunity to contribute to discussions regarding the 2018–19 Federal Budget.

We believe that this Budget presents an opportunity to support the vision of the Alliance and improve the lives of the seven million people living in rural and remote Australia. We stand ready to work collaboratively to resolve current and emerging rural and remote health issues.



Mark Diamond
Chief Executive Officer
National Rural Health Alliance

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Summary recommendations

INITIATIVE	BENEFIT	COST
1. Support for the National Rural Health Alliance	Improved capacity for the Alliance to provide leadership in the consultation of the rural health sector in the development of new initiatives, service models, new technologies and research to improve health outcomes for consumers in rural and remote areas.	\$1m over 4 years
2. Review the 2011 National Strategic Framework for Rural and Remote Health	Assessment and evaluation of the progress that has been made since 2011 in order to establish benchmarks for a new National Rural Health Strategy.	\$600k over 2 years
3. Development of a new National Rural Health Strategy	In consultation with the rural health sector develop a vision and strategy for health reform and improved health service delivery in rural and remote Australia.	\$1m over 2 years
4. Delineation of Health Service Access Standards for rural and remote communities	A scalable definition of minimum standards for ensuring equitable access to health care services for people in rural and remote Australia.	\$1m over 2 years
5. Development a framework for multi-professional rural generalist pathways	The identification of opportunities to leverage the medical rural generalist pathway to achieve efficient multi-professional rural workforce pathways which support evidence based integrated models of care and a sustainable rural workforce.	\$500k over 2 years
6. Evaluation of the reach and impact of the Health Workforce Scholarship Program in rural and remote Australia	Production of evidence to inform future targeting of bursaries and scholarships to address workforce maldistribution, under supply and retention in rural and remote Australia.	\$150k over 1 year
7. Collection and analysis of consumer views related to health in rural and remote Australia	Evidence of what programs and policies work to bridge the gap in health outcomes in rural and remote Australia.	\$400k over 2 years

Proposed priority initiatives 2018/19

1. Support for the National Rural Health Alliance

The Alliance has been supported by government over the past 25 years to provide leadership, advice and support to the rural and remote health sector. The Alliance is the only peak organisation able to source expertise from across the majority of healthcare professions and representative groups, each of which have a direct investment and involvement in rural and remote health. As such, the Alliance is uniquely placed to provide expertise and definitive advice to inform higher level decision making regarding the provision of quality health care services to consumers in rural and remote Australia. A core function of the Alliance is to assist the Commonwealth Government in the formulation of national policy and program initiatives designed to improve health outcomes for people living in rural and remote Australia.

Continued and amplified support of the Alliance would ensure:

- Expansion of the capacity of the Alliance to provide leadership in the consultation of the rural health sector in the development of new initiatives, service models and new technologies that will improve health outcomes for consumers in rural and remote Australia.
- Expansion of the network of affiliated member organisations to ensure all service sectors that have a focus on rural and remote health benefit from the support and involvement of the Alliance and are able to contribute to the formulation of key policy initiatives without duplicating effort.
- Expansion in the ability of the Alliance to facilitate research activity targeting best practice solutions to the provision of health care to rural and remote Australia.

Cost: \$1m over 4 years

2. Review the 2011 National Strategic Framework for Rural and Remote Health

Endorsed in 2011 by the Standing Council on Health, the National Strategic Framework for Rural and Remote Health (the Framework) recognised the unique challenges of providing health care in rural and remote Australia and the importance to all Australians of providing timely access to quality and safe health care services, no matter where they live. The Framework was intended for use by all engaged in the planning, funding and delivering of health services in regional, rural and remote Australia – governments, communities, local health service providers, advocacy and community groups and members of the public.

However, no reporting has ever been undertaken to present an update on progress, recognition of the range of policies and programs implemented by Commonwealth, State or Territory Governments to address the goals of the Framework, or to examine the effectiveness of the Framework in addressing those goals.

While the Alliance believes it is time for a new National Rural Health Strategy, it recognises the importance of assessing and evaluation the progress that has been made to establish benchmarks.

Cost: \$600k over two years

3. Development of a new National Rural Health Strategy

Australia's Health 2016 (the biennial report of the Australian Institute of Health and Welfare) acknowledges that "Australians living in rural and remote areas tend to have lower life expectancy, higher rates of disease and injury, and poorer access to and use of health services than people living in Major cities." This is word for word the same as the assessment from *Australia's Health 2010*.

With little change in health outcomes in the intervening six years, it is time for a new National Rural Health Strategy which should be developed following the evaluation and review of the 2011 Framework outlined above.

Key elements of the strategy might include key priorities similar to those contained in the 2011 Framework including: access; service models and models of care; health workforce; collaborative partnerships and planning at the local level; and strong leadership, governance, transparency and performance.

Australia has been at the forefront of rural health service development. We need to evaluate programs such as the multi-purpose services programs and other innovative models of service delivery and look at how we can build on their successes to meet emerging needs in rural and remote communities.

A revised National Framework, with a supporting implementation and evaluation plan, must reflect such aspirations and look at how health reform and improved health service delivery is positioned within the broader social and economic life of rural and remote Australia.

Cost: \$1m over two years

4. Delineation of Health Service Access Standards for rural and remote communities

Difficulties in accessing health services is one of the most commonly cited issues of concern to people living in rural and remote areas. Health services that are time appropriate, commensurate with individual healthcare needs and capable of responding to changes in consumer circumstances have a proven positive impact on the health outcomes experienced by people who live in rural and remote Australia.

As a core part of the development of a new National Rural Health Strategy, the Alliance is keen to lead a body of work aimed at delineating the minimum service access standards that are needed to support the health needs of country people. This work will build on previous research that has highlighted the significance of service access as one of the three major influences on a person's ability to recover from ill health (the nature of the health condition, the individual's genetic pre-disposition and timely and appropriate access to health care).

The expected outcome of this work will be a scalable definition of minimum standards which would ensure equitable access to health care services for country people. The standards will be reflective of the socio-demographic and cultural needs of individual communities as well as being contextually sensitive to the geographical proximity to metropolitan and regional centres and access to specialist referral pathways.

Cost: \$1m over two years

5. Development of multi-professional rural generalist pathways

Health workforce data clearly indicates that there is a maldistribution of the health workforce across a range of professional health disciplines. While the focus of efforts to correct this has largely been focussed on the medical professions, an equally concerted effort is required to identify strategies and opportunities for enhancing access to multi-professional practitioners more generally.

The Government's commitment to the development of Rural Generalist Pathways in medicine is commended. This work is a core responsibility of the recently appointed Rural Health Commissioner and the Alliance is keen to work with the Commissioner to assist in any way it can with this important initiative.

The Alliance believes that the identification and development of generalist pathways can be a key enabler in addressing the present maldistribution of the health workforce more generally. Such an initiative would enable the identification of learning and development requirements for trainees during both their undergraduate and postgraduate years to enable them to be proficient in applying their practice to rural and remote settings.

The Alliance is well placed to undertake this work. Each of the relevant professional disciplines is represented as part of our membership as well as employer and organisational membership-based peak bodies.

This work would occur in parallel with the work being undertaken by the Rural Health Commissioner and would occur over the same time period (two years). The Alliance will work closely with the Commissioner to coordinate the development of complementary training, development, work experience and employment pathways for multi-professional disciplines being skilled and attracted to working in rural and remote areas.

Cost: \$500k over two years

6. Evaluation of the reach and impact of the Health Workforce Scholarship Program in rural and remote Australia

The Health Workforce Scholarship Program (HWSP) is presently limited to the health practitioners working exclusively in the private sector in rural and remote Australia. It is understood that health professionals that receive even a portion of their work-related income from a Government funded source are ineligible to receive scholarship assistance.

It is noted that the Commonwealth Government has invested \$11m over three years in this initiative. It is clear that given that the majority of nursing, midwifery and allied health professionals working in rural and remote areas receive at least a portion of their income from a State Government funding source (through either full or part time employment or other method of engagement), the scope of benefit that can be applied to supporting the training and development needs of health professionals working in rural and remote areas will be severely restricted.

This initiative would assess the impact of the eligibility of those restrictions on the distribution and uptake of scholarships and bursaries to the rural and remote workforce and potentially inform future amendments to eligibility criteria. This work would include recommendations for Government consideration concerning the enhancements necessary to assist efficient access to the scholarship program.

Cost: \$150k over 1 year

7. Collection and analysis of consumer views related to health in rural and remote Australia

This initiative seeks to collect consumer views about what service models, practices and ways of working have the most benefit in improving health and well-being. It follows the recent announcements and social media commentary made by the Hon Ken Wyatt regarding the value that needs to be placed on listening to the stories of health consumers and the insights that they have into how health services (particularly for vulnerable people) can be improved.

In addition to this, recent research has highlighted the need to look more broadly at the range of evidence used to inform decision-making in healthcare. Much of the research points to the lived experience of consumers of health services being key to informing better practice. Also, studies have now clearly established that a positive service experience is closely related to a heightened sense of health and well-being.

This initiative is also consistent with movement toward ensuring consumers and carers are at the centre of decisions being made concerning their care. This movement is most clearly demonstrated within the aged care and disability services sectors where consumer directed care systems and processes are now being implemented to give consumers and their carers control over the choices available to support them in both community and residential care settings.

This project seeks to review the evidence available and to undertake a research project aimed at capturing the personal stories of rural and remote consumer and carer experiences with the health care system. This information will then be used to expand the breadth of evidence available to inform better practice and policy reform required to address the rural and remote health outcome divide.

Cost: \$400k over two years

Annex A:

National Rural Health Alliance Member Bodies

ACEM-RRRC - Australasian College for Emergency Medicine - Rural, Regional and Remote Committee

ACHSM - Australasian College of Health Service Management (rural members)

ACM-RRAC - Australian College of Midwives Rural and Remote Advisory Committee

ACN-RN&MCI - Australian College of Nursing (Rural Nursing and Midwifery Community of Interest)

ACRRM - Australian College of Rural and Remote Medicine

AHHA - Australian Healthcare and Hospitals Association

AHPARR - Allied Health Professions Australia Rural and Remote

AIDA - Australian Indigenous Doctors' Association

ANMF - Australian Nursing and Midwifery Federation (rural nursing and midwifery members)

APA (RMN) - Australian Physiotherapy Association (Rural Members Network)

APS - Australian Paediatric Society

APS (RRPIG) - Australian Psychological Society (Rural and Remote Psychology Interest Group)

ARHEN - Australian Rural Health Education Network Limited

CAA (RRG) - Council of Ambulance Authorities (Rural and Remote Group)

CRANaplus - the professional body for all remote health

CWAA - Country Women's Association of Australia

ESSA (RRIG) - Exercise and Sports Science Australia (Rural and Remote Interest Group)

FRAME - Federation of Rural Australian Medical Educators

ICPA - Isolated Children's Parents' Association

NACCHO - National Aboriginal Community Controlled Health Organisation

NRHSN - National Rural Health Students' Network

PA (RRSIG) - Paramedics Australasia (Rural and Remote Special Interest Group)

PSA (RSIG) - Rural Special Interest Group of Pharmaceutical Society of Australia

RACGP Rural: The Royal Australian College of General Practitioners

RDAA - Rural Doctors' Association of Australia

RDN of ADA - Rural Dentists' Network of the Australian Dental Association

RFDS - Royal Flying Doctor Service

RFW - Royal Far West

RHWA - Rural Health Workforce Australia

RIHG of CAA - Rural and Indigenous Health-interest Group of the Chiropractors' Association of Australia

ROG of OA - Rural Optometry Group of Optometry Australia

RPA - Rural Pharmacists Australia

SARRAH - Services for Australian Rural and Remote Allied Health

SPA-RRMC - Speech Pathology Australia - Rural and Remote Member Community

...good health
and wellbeing
in rural and remote
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