

13th NRHC Priority Recommendations

- 1. Conference calls on the Senate to establish an inquiry into food security in remote and rural areas. The terms of reference should include:**
 - a review of the supply chain and cold storage issues;**
 - the potential introduction of a community service obligation on food wholesalers and retailers;**
 - ways in which local and regional food production and supply systems can be established or encouraged;**
 - food literacy and behavioural change policies; and**
 - the hypothecation of taxation on unhealthy foods.**

[This last to the tax review]

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2. Conference recommends that government and non-government agencies give greater attention to the health of women and children in remote and rural areas. This can be enhanced through the prevention of family violence and a focus on its causes, including mental health issues and poor help-seeking behaviours in those affected, including men.

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3. Conference calls for all governments' new policy proposals related to health and wellbeing to be subject to a rural impact assessment, with the findings of each made public.

The adopted protocol would scrutinise policies intended for rural communities to ensure that, firstly, they do no harm and, second, will make a positive impact on health and/or its social determinants.

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- 4. Conference calls on federal and state/territory governments to strengthen the Multi-Purpose Service model (and other services that have the same characteristics: pooled funding from Commonwealth and State, and an integrated approach to primary, acute and aged care that complements existing local services) as a means of improving access to health, aged, primary and disability care in rural and remote areas. The financial viability of these services is being seriously and rapidly threatened by changes in the funding system for hospitals and primary care.**

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5. Where access to more specialised services for people in rural and remote areas is concerned, the goal is continuity of patient care and enhancement of, and collaboration with, the local services in a rural area.

Conference calls on the Primary Health Networks (PHNs) to lead the development of greater access to specialised care through the operation of service agreements and clinical governance systems that collaborate with established programs and organisations to ensure these outcomes.

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6. In order to ensure workforce continuity and avoid the loss of service capacity, the Federal Government should make timely decisions on the continued funding of services, workforce programs and health-related organisations and thereby avoid deleterious effects on capacity.

Conference recommends the development of a Funding and Program Transition Framework that provides 6 months' notice of pending funding reductions and includes strategies that enable the phased introduction of innovations and new programs.

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- 7. In view of the rising prevalence of children with chronic illness and learning difficulties whose conditions require early identification and management, Conference calls for more funding and services for pre- and post-natal care and early childhood health that provides:**
- a co-ordinated national approach to screening and early intervention programs to ensure maximum lifetime benefit;**
 - a nationwide, standardised school-readiness screening program;**
 - local qualified child health nurses who provide information, and screen, support and refer babies, children, mothers and families to early prevention and intervention, including specialist programs;**
 - locally developed, managed and implemented early years health, education and wellbeing services that integrate local, regional and state/national support and are flexible to community needs; and**
 - culturally appropriate ante- and post- natal care clinics supported by Aboriginal and Torres Strait Islander health workers to encourage uptake of early screening and to support family focussed care.**

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- 8. Australia needs an integrated alcohol and other drugs service sector, suitably funded and providing the means for preventive, early intervention and harm reduction work across alcohol, tobacco and illicit drugs (including amphetamines).**

Due to the absence of specialised alcohol and other drug services, and some of the social and economic circumstances in the places where they live, rural and remote people face particular challenges related to harm from alcohol and other drugs. Delegates noted the current scourge of amphetamines which, as with other substances, is creating particular difficulties for some people in rural and remote areas and the communities in which they live.

Core and special programs must therefore continue to be funded and provided to people in rural and remote areas. There is the need for further localised data and evidence describing the substance use patterns and related issues facing rural and remote communities to identify which sub-populations are experiencing the greatest harm.

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- 9. Conference notes Minister Fiona Nash's proposal for a summit on rural and remote health workforce issues and supports the proposal. The Summit must deal with all health professional groups, in a fashion that reflects their relative prevalence and scope of activities in the rural and remote health sector, regardless of the funding source. The summit agenda should include consideration of:**
- an overarching rural health workforce strategy/strategic framework to support the development of a coherent national direction which responds to the changing economic, technological and policy landscape;**
 - the continuation, and application to other professions , of successful recruitment, retention and workforce development programs;**
 - further development of the Aboriginal and Torres Strait Islander Health Worker profession, including increasing the number of such workers;**
 - the selection criteria for rural and remote training positions (across all professions);**
 - allocation criteria for the integrated scholarship scheme flagged in the 2015 budget;**
 - the development and integration of rural generalist pathways for allied health professions and others as appropriate;**
 - issues relating to teamwork, scopes of practice and advanced practice for health professionals working in sparsely populated areas; and**
 - support for continued professional development.**

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- 10. Conference calls on remote and rural health service providers, including those represented at the conference, to work collaboratively to strengthen their capacity as rural health sector advocates in addition to their key roles as health service providers.**

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- 11. Delegates at the 13th NRHC agree that they will not tolerate continued failure to improve Indigenous health across the nation. Food security and poverty, in particular should be the subject of specific action. Conference delegates offer their support to governments' work to operationalise the National Aboriginal Health Strategy and welcomes the fact that this proposal has bipartisan support.**

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12. Fast, reliable, affordable, digital access is an urgent priority for remote and rural communities, for business and recreational purposes as well as for health services such as tele-health and tele-care.

Conference calls for:

- **the Australian government to develop a remote digital inclusion framework and telecommunications strategy to ensure that remote and rural Australians can effectively participate in the global digital economy;**
- **the Department of Health to undertake a comprehensive review of telehealth/telecare initiatives, with a view to providing more services through such mediums, providing sustainable resourcing and establishing business models that effectively underpin implementation and sustainability.**

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13. For the NDIS model to succeed in rural and remote areas, there needs to be a substantial increase in the supply of service providers. In order to overcome workforce shortages in rural and remote areas, Conference delegates call on the government to trial innovative local responses that include engagement and liaison with existing workers. Such approaches could include:

- **a key worker model that would enable a nominated health professional working in a remote area to oversee the package of care for an NDIS participant. Key workers in remote areas would need to carry out tasks beyond their usual scope of practice in collaboration with other service providers.**
- **Employing community based workers to work in partnership with visiting key workers and act as community/cultural advisors, particularly in remote Indigenous communities. These individuals could provide regular, on the ground support for people with disabilities in their local community and help key workers to operate effectively.**

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- 14. With 94% of vision loss in Aboriginal communities being preventable or treatable, Conference recommends funding an integrated strategy to Close the Gap for Vision that includes:**
- **increased support for visiting optometry and ophthalmology services in areas of need (remote, regional and urban);**
 - **supporting local and state-wide co-ordination and community control;**
 - **subsidised spectacle schemes for rural and remote areas and Aboriginal and Torres Strait Islander communities;**
 - **support for Trachoma elimination;**
 - **support for monitoring, reporting and national oversight; and**
 - **ensuring that rural and remote Australians and Aboriginal and Torres Strait Islander peoples are not disadvantaged by the rebate reduction for optometric services.**

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- 15. Patients in rural and remote areas with multiple co-morbidities where there is no community pharmacy have little or no access to medication advice. Conference recommends approaches from state/territory and commonwealth governments that:**
- **Fund clinical pharmacist positions in Primary Health Networks to provide medication review outreach services, and education and support for patients and health professionals;**
 - **Fund clinical pharmacist positions in Aboriginal and Torres Strait Islander health services to oversight bulk medications dispensed under S100 Remote Area Aboriginal Health Service Program, assist patients with medications, and support GPs, nurses and health workers;**
 - **Improve the funding arrangements for the S100 Remote Area Aboriginal Health Service Program to ensure appropriate financial support, including equitable salaries, for the dispensing of medications to clients in remote communities.**

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16. Like Australia, Pacific island nations suffer significant health burdens related to their remoteness. These nations are working to develop strong, autonomous healthcare for their populations and seek Australia's assistance in this mission.

To progress this goal Conference recommends:

- that work on threats to health, wellbeing and security posed by climate change is undertaken to ameliorate the consequences for all nations in Oceania;**
- the development of a multinational plan to prevent and eliminate the infectious diseases of greatest burden regionally (including malaria, TB, leprosy)**
- The development of partnerships between Australian health professions and their equivalents in neighbouring nations provide training opportunities and exchanges for rural and remote health workers to increase cultural competency and exchange and assist in addressing workforce shortages.**

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- 17. Conference recommends that the Australian and state governments provide funding for Aboriginal Community Controlled Health Services to enable them to:**
- **establish research partnerships with local universities, Primary Health Networks and Local Health Districts to develop trust, partnerships and the ability of researchers to work competently across cultures;**
 - **incorporate a population health approach into their planning and service development;**
 - **ensure that Aboriginal and Torres Strait Islander peoples and organizations are involved in developing, implementing and translating research; and,**
 - **support practice-based research by Aboriginal Health Workers in rural and remote health services as we believe this will lead to a greater amount of culturally suitable research being undertaken.**

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18. Data

Conference recognises the critical role played by data which are current, publicly available and analysed by geographic area. It calls on agencies involved with health, aged care and disability data to further strengthen their collaborative efforts to convert their data to publicly available or accessible evidence so that organisations such as PHNs can be assisted to meet their objectives effectively and efficiently.