



11 January 2018

Catherine King  
Shadow Minister for Health and Medicare

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Shadow Minister for Ageing NS Mental Health

Dear Shadow Ministers

Thank you for your invitation to comment on the ALP Health Platform. I was pleased to see that the Platform is comprehensive in its approach to the challenges of delivering better health programs for Australians. The Platform's focus on universal access to primary care and its recognition of the value of multidisciplinary solutions involving GPs, nurses and allied health practitioners is to be applauded. It is particularly encouraging to note that the challenges of regional, rural and remote health receive specific attention.

While the section of the Platform dealing with regional, rural and remote health recognises the broad deficiencies / disparities that confront Australians living in these areas, it omits key elements that the Alliance has prioritised. I believe that the Platform would be strengthened if these were to be included:

1. 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.

## 2. Develop 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.

## 3. Delineate 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.

#### 4. 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.

#### 5. Evaluate 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.

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.

#### 6. Empower consumer related to health in rural and remote Australia

Consumer views about what service models, practices and ways of working have the most benefit in improving health and well-being are a vital element to ensure that health service improvement (particularly for vulnerable people) implements changes that are most likely to be effective. 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.

#### 7. Improve the scope of private health insurance coverage for Australians living in rural and remote areas

There is growing awareness that private health insurance is not a good deal for Australians living in rural and remote areas. The recent report of the Senate Community References Committee of Inquiry into the value and affordability of private health insurance and out of pocket medical costs commended proposals from the Alliance to improve private health policy coverage in rural and remote areas. These include:

1. An increased range of benefits for non-hospital based services in rural and remote Australia. Priority items should cover, for example: community based rehabilitation services; private prevention, primary health care and early intervention services; oral health; and telehealth and other digital services.
2. Increased access to higher rebates to cover transport and accommodation when patients are forced to travel to access required health services, including costs for accompanying carers;
3. Viability supplements for private rural and remote services funded from the risk equalisation pool to support innovative models which encourage private investment in health services for rural and remote areas;
4. Continued access to treatment as a private patient in a public hospitals; and
5. Reconsideration of the financial penalties and incentives which aim to encourage people to take out private health insurance. These have limited use and impact in rural and remote areas. New products should bridge the divide in equity of access to services (and benefits paid); people in rural and remote Australia should not have to pay the same premiums and face the same incentives or penalties to take out PHI.

#### 8. Prioritise the potential of the first 1000 days

Another area that deserves greater attention in the Platform is child development, especially the identification of and early intervention around developmental issues. Growing awareness of the importance of the first 1000 days (conception to age 2) has shone a light on this important developmental stage, which can be of critical value as the foundation of sound preventive health policy. A recent paper, *The Invisible Children*, by Alliance member body, Royal Far West, highlighted the levels of vulnerability amongst rural and remote children, and their long term costs. In particular it found:

- Children in remote Australia are five times more likely to suffer developmental problems compared to city kids.

- One in three country children are unable to access the health services they need; for children with developmental delay, this poor access means they are more likely to end up homeless, unemployed, incarcerated and with relationship difficulties.
- NOT investing in strategies to half Australia's rate of developmental vulnerability in children is likely to curb Australian GDP growth by 10% over the next 60 years.

Currently, the health system is not responding to this issue, and there is a strong case for including a specific focus on reducing child developmental vulnerability in the Platform. Apart from the issues above, this is a key strategy in reducing mental health, suicide, and chronic disease rates and costs, which can have a highly positive impact on downstream service needs and access issues (for adults).

The Alliance works to achieve good health and wellbeing for the seven million people living in rural and remote Australia. We are keen to work collaboratively to resolve current and emerging rural and remote health issues. I would be very pleased to meet with you to elaborate on the suggestions we have for improving health outcomes for people living in rural, regional and remote Australia.

Once again, thank you for the opportunity to provide input into the development of the Labor Party health Platform.

Yours sincerely



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