

Major Health Reforms for Rural New South Wales

Richard Torbay – Member for Northern Tablelands

Supported by Peter Draper – Member for Tamworth

September 2005

TABLE OF CONTENTS

A. OVERVIEW	3
<i>Health and health care - Major issues for rural and remote NSW</i>	3
<i>Specific issues and trends for rural and remote NSW</i>	4
Demographic changes	4
Profile of health and illness	4
Workforce	5
Medical technology	5
Access	5
Costs and benefits – financial, economic, social.....	5
B. RURAL HEALTH WORKFORCE REFORMS	6
<i>Education and Training</i>	6
<i>Incentive Programs</i>	7
<i>Flexibility</i>	8
C. INFRASTRUCTURE	8
D. INFORMATION TECHNOLOGY	9
Communication infrastructure.....	10
Electronic Health Record (EHR).....	10
Integrated corporate systems	11
Community/small business/uptake of broadband technology.....	11
E. TRANSPORT	11
• Information	12
• Funds.....	12
• Integration.....	12
F. REGIONAL HEALTH AUTHORITY	12
G. THE NSW HEALTH FUTURES PLANNING PROJECT	15
1. Empowering people to make healthy choices	16
Implications for rural NSW	16
2. Working together to create better health care experiences and outcomes	16
Implications for rural NSW	16
3. Integrating regional planning, funding and services	17
Implications for rural NSW	17
4. Improving value, economy and sustainability in health care	18
Implications for rural NSW	18
5. Ensuring the availability of a flexible, skilled health workforce	19
Implications for rural NSW	19
6. Staying at the forefront	20
Implications for rural NSW	20
H. SUMMARY	20
I. RECOMMENDATIONS	21

A. OVERVIEW

“Many of Australia’s regional people are confronting – and are confronted by – a period of fundamental change. There seems little they can do to direct it. They are seeing members of their families pursuing work and careers of kinds they had not anticipated. They are finding their communities depleted and their social relationships disrupted by the departures of friends and relatives and sometimes the arrival of new residents. They are finding the businesses which they had relied on for purchase of their products, provision of supplies and maintenance of services disappearing as their local economy deteriorates. They are feeling increasingly insecure as the health and community services they had come to rely on dwindle. Many are struggling to maintain a basic, healthy standard of living while they see a few others acquiring great wealth.

... At the same time they are hearing that they have new opportunities to obtain prosperity. They are told that the world is opening up to them, but they are also told that they should change the ways they operate their farms and their businesses to participate in the new technically and culturally sophisticated international economy with which very few have had direct contact. They can see the ‘ground rules’ changing.

... People do respond to these changes. They are changing their own lives ... They organise and act politically. They operate farms differently. All these actions may individually and collectively alter the course of regional social change ...”

(Gray and Lawrence 2001)

Health and health care - Major issues for rural and remote NSW

By international standards, NSW has a good health system, with most of the population having access to high quality medical care and achieving long and healthy lives. But for all its achievements, the NSW public health system – like its counterparts in other Australian states and other developed countries - is also under pressure.

The major challenges faced by NSW Health both now and into the future can be summarised as follows:

- The state’s population is growing, with most of the expansion projected to occur along the eastern seaboard rather than inland.
- The increasing proportion of older people will place different demands on all human services as well as informal care arrangements.
- People’s expectations of the health system will remain high, fuelled by information obtained from the media and internet.

- These expectations will both propel and be reinforced by advances in medical technology which offer improved diagnoses, treatments and outcomes while also driving up the costs of care
- Accompanying the significant improvement in survival rates from heart attacks, strokes and cancers is a rising demand for chronic care services, which will continue to grow with the projected increase in lifestyle-related chronic conditions within the population
- The persistent health gap between the most and least disadvantaged members of our society will require redoubled effort to address
- The current shortage of doctors, nurses and allied health professionals will not be resolved quickly and will place increasing pressure on existing staff and services, particularly in rural and remote areas.
- Many of the above factors will drive up health care costs which, unless they can be contained, will draw funds away from other important government services and place greater financial demands on individual consumers.
- Harnessing the substantial promise of new generation information and communication technologies – in terms of boosting efficiency and improving consumer access to information and services – will require timely investment.

These pressures have been acknowledged at a national level by COAG and many of them are the focus of a national health reform agenda which should start to produce results as early as 2006.

Specific issues and trends for rural and remote NSW

Demographic changes

- major regional centres are likely to maintain or increase their population numbers
- many towns and villages outside major centres will experience a continuing decline in population

Profile of health and illness

- experiencing same general trends of increased life expectancy, improved survival rates from heart attacks, strokes, cancers, and increase in level of chronic disease
- BUT overall have poorer health status than the total population
- And there are particular communities (both geographical and cultural) which experience significant health disadvantage

Workforce

- The general shortages of medical, nursing and allied health workers are worse in those rural and remote areas experiencing declining population
- This has a direct effect on the local availability of basic services including general practice/primary health care, community/home nursing, early childhood health services, community-based rehabilitation services, and acute inpatient care

Medical technology

- Local access to certain diagnostic and therapeutic technologies is limited where relatively low volumes of activity do not justify capital expenditure on new equipment, and where specially trained and highly expert staff are required to operate the equipment.

Access issues arising from the above raise major transport challenges. Traditional responses have included:

- transporting the patient to the service
- transporting the service (eg. the medical specialist) to the patient

These continue to be relied upon, with travel assistance provided to patients via IPTAAS and the Transport for Health program. Telemedicine offers a “third way” by providing an electronic link between a geographically-distant consumer and provider, and new generation information and communication technology (eg. broadband) will render this a more effective and cost-efficient solution.

Costs and benefits – financial, economic, social

- The costs of maintaining services in rural towns are often higher than in larger regional centres and metropolitan areas. In addition to the freight charges added to the cost of goods which have to be transported to rural towns, many small rural hospitals operate with some degree of unavoidable inefficiency because their “critical mass” costs (eg. safe overnight staffing levels) cannot be reduced to match low volumes of activity. This is accepted as part of the Government’s community service obligation which requires that, as far as possible, communities have ongoing access to basic health services locally even where this results in higher costs.

- Health services also support local economies and communities by providing direct employment opportunities and by purchasing goods and services from local businesses. The presence of health services in a town can also increase its attractiveness as a place to live and may act as a magnet for other government services and businesses to establish or continue operations in the local area.

B. RURAL HEALTH WORKFORCE REFORMS

Ensuring that the distribution of the health workforce meets the health needs of the community poses significant challenges for government. Distribution issues are heightened when a sector is facing overall workforce shortages.

Difficulties are encountered in recruiting and retaining skilled staff in rural and remote areas, and are exacerbated by changes in the market for health services, that result from increasing difficulties recruiting and retaining sufficient numbers of staff into certain areas of care (such as palliative care and geriatric medicine) and/or in public health services (particularly in areas such as psychiatry, dentistry and pharmacy). Issues such as the level of remuneration, nature of the client base, professional supports, indemnity issues, access to rural training and education experiences, and capacity for private practice have all been cited as factors contributing to this maldistribution.

Education and Training

Although placing additional obligations on health services, studies have shown that clinical placements and access to training and education in a supported environment are an effective way of attracting staff. This may be particularly important in rural areas, where adequate academic infrastructure will likely attract suitably qualified staff and thereby support clinical placements.

Training and education reform however needs to be extended to facilitate:

- **Generic training of health professionals in their first years of undergraduate degrees, maximising team based skills development and providing an opportunity to reduce course length.**
- **Development of a new degree level program to train a multi-skilled health worker with skills across a broad spectrum**

including nursing, occupational therapy, physiotherapy and podiatry.

- **Providing incentives and payment systems that expands the number of health professional undergraduate and graduate places in rural areas, across all professional areas, thereby making a reality the concept of self-sufficiency with respect to workforce supply in Australia.**
- **Expand the Vocational Education and Training (VET) sector health training opportunities to maximise the training and capacity of support staff. By providing a mechanism that gives credit for training experience and on the job skills development, lateral entry to high professional training become available.**

Incentive Programs

Many initiatives developed by governments have targeted geographic maldistribution. Many have been modelled on interventions operating in the UK, Canada and the USA. They include continuing professional education programs, mentoring, locum relief and scholarship schemes.

- **Extension of these programs needs to be effectively targeted to maximise their outcome. Programs that have worked effectively for other professional groups or have been evaluated and found to be effective need to be considered. For example, preferential transfers for years of rural service, supported entry and exit into rural positions, leave loadings and incentive payments awarded to teachers, police and professionals in other sector remote locations need to be considered for health professionals.**

Because of the inter-dependence between clinicians, incentives need to be offered across the range of professions including allied health, key nursing positions and medical practitioners if a critical mass of service providers are to be attracted and retained in a rural area.

Flexibility

Despite some changes at the margins which for example, have seen limited prescribing rights introduced for a small number of allied health providers and nurses, the current roles and responsibilities of professional groups within the health workforce have largely remained as traditionally defined rather than evolving to meet modern day client needs or emerging service models. The impact of rigid professional boundaries are greater in rural areas where health services cannot offer specialty services and professional groups at every site.

Increasing flexibility is essential for rural areas. This can be achieved by:

- **Piloting the development of alternative roles such as anaesthetic assistance, surgical technicians, multi-skilled allied health professionals etc.**
- **Overhauling of the accreditation process that reinforce professional rigidities.**
- **Reviewing of professional registration and regulation.**

C. INFRASTRUCTURE

In many rural areas of Australia it is becoming evident that the physical infrastructure for health service delivery has not been the recipient of adequate physical infrastructure (buildings and medical equipment) funding. The reasons behind this are complex and involved and are strongly linked to the fact that in NSW, the majority of the population is located in three main coastal areas; therefore these metro areas have had to build and rebuild to meet the growing population demands. Additionally, in recent years it has become apparent that overall sustainability of health service delivery from multiple sites, in some rural areas is questionable due to the age of the work force and the continuing inability to attract and retain young people to some rural areas.

It is apparent that many hospital sites are suffering from a long standing process of non investment in infrastructure maintenance and many are now not suitable to deliver acceptable care. It is not uncommon for staff and surgeons to be working at sites where the hospital's design and functionality is outdated. Therefore staff are working in unsatisfactory and below common standard conditions in order to maintain services.

There are several pockets of population growth in NSW where the current infrastructure will not meet the needs of the current and growing population. An

example is along the NSW coast where the aged population is growing fast and yet there are not enough facilities to support the health needs of this group.

- **For rural NSW it is estimated that some \$3 billion for health will be required over the next ten years to bring the physical infrastructure of health service sites to acceptable 2005 standards.**

For rural NSW there are also issues about service sustainability, both in terms of physical infrastructure and workforce, in some of the smaller sites.

- **The solution may mean some consolidation of services in locations proximate to one another to ensure adequate critical mass of health professionals to enhance recruitment and retention. For example, the creation of a rehabilitation or mental health services that covers more than one community, thus enhancing critical mass and increasing the attractiveness of working with fellow health professionals. This is also cost effective, attractive to specialist staff, meets community needs without travelling excessive hours to access care, and makes more sense in terms of physical infrastructure.**

D. INFORMATION TECHNOLOGY

Across rural Australia the tyranny of distance and the lack (or absence of) public transport means that we need to find ways to ensure equitable and timely access to services across NSW. The distances travelled by both patients and staff in rural NSW are substantial. This means that there are significant lost opportunity costs as highly skilled staff, are travelling rather than delivering care. To change will require the following:

- **Creating a common high speed communication infrastructure, using broadband**

- **Technology infrastructure that enables information sharing and protects confidentiality**
- **Increased use of tele-health tools that leverage our time and expertise**
- **Redesigned processes that use technology to save time and provide clinicians and managers with better information**
- **Decision support tools that enable evidence-based clinical and administrative decisions.**

Advances in information and communication technology will fundamentally shift how we provide care, how patients and providers interact and how providers work together. Technology has the potential to both improve access to information at the point of care in the current system and to serve as a tool to redesign and improve how and where care is provided.

- **Fundamental to this vision is the creation of a broadband network which will enable high speed communication, resulting in increased patient access through tele-health and greater interface between GPs and Specialists. The whole of rural NSW will require an investment of \$40 million over 3 years to build the broadband network which will achieve savings of \$13.5 million per annum.**

Communication infrastructure strategies will support rapid and secure communication, the establishment of “virtual communities” to share knowledge and enhanced ability to disseminate health care information to providers and the public. This will change the way we deliver care by allowing health care providers greater mobility in where they can deliver care and where they can access important information. The use of broadband technology will enhance and enable these activities.

Electronic Health Record (EHR) strategies will help enable the sharing of patient specific clinical information with providers across the area. The EHR would enable efficient and timely exchange of health care information and will support increased patient safety. Broadband technology deployment is a prerequisite to the EHR.

Integrated corporate systems, as a state-wide strategy, will result in significant cost reductions in providing these services, allow timely access to important business information, and provide detailed and integrated data to support efficient business processes. Again, broadband technology deployment is a prerequisite to achieving totally integrated corporate systems and exploiting the active benefits.

Community/small business/uptake of broadband technology

Once health and education provide the role of 'anchor tenants' of high speed broadband technology in rural NSW small businesses and local households will be able to avail themselves of this essential service at significantly lower cost (reduction of 40% estimated) than currently available.

E. TRANSPORT

In our smaller rural towns there are often no taxi or public transport services. Links to larger towns are by coach or rail services, some of which do not connect, or require long hours of travel for a brief appointment. Ambulance is only available for emergency transport and some specific treatment services, such as renal dialysis, and now that access is also being eroded. Many Area Health Services are providing patient transport services from their general operational funds in order to improve access for patients to inpatient services but this does not assist access to early intervention and community-based treatments.

For the average person without access to personal transport, a referral to a specialist for further assessment or treatment becomes an almost insurmountable challenge. At times it can seem easier to ignore things until the illness or symptoms become so advanced that hospitalisation occurs. The human and service cost associated with this is not acceptable.

It is not appropriate to provide specialist health services in every small rural community in NSW. These communities require local delivery of a well-funded and planned generalist primary care service with generalist aged care, community nursing, allied health and child health services (including residential aged care and, where appropriate some levels of emergency care and inpatient service) associated with access to a sustainable and effective transport system, which links people to appointments for other health services available in larger towns and cities.

Rural Area Health Services currently receive funds from NSW Health through the Health Related Transport program. Transport coordinator positions have been

created in rural NSW to facilitate local strategies to make best use of existing transport opportunities in a co-ordinated fashion. There have been some excellent initiatives, using these resources, to improve access to transport for small rural communities. However as the cost of providing specialist services increases, and as the population ages and requires more ongoing and complex care, the need for co-ordinated and readily available transport will increase.

There are some key requirements for a well-integrated transport system for rural communities to access health promoting and health delivery services. These are:

- **Information: An electronic information solution that uses high speed broadband connectivity and links with existing electronic clinical systems (such as eDRS, CHIME, GP systems and the EMR) to manage transport as part of the appointment setting process.**
- **Funds: Rural NSW would need \$1.75 million recurrent annually to establish an effective transport and information system.**
- **Integration: All the key health service providers – both Commonwealth and State funded would need to be part of the system, with incentives available to support GPs and private providers to buy in.**

F. REGIONAL HEALTH AUTHORITY

Currently, in rural Australia and indeed throughout Australia, the complexity of differing levels of Government at Federal, State and local government levels impacts on the ability to truly deliver integrated health care. This is not solely related to funding mechanisms, although they are also truly complex. The differing level of government involvement in health care currently creates a system which does not readily allow for integration at the point of service delivery. Indeed it could be argued that the current structures enable bureaucratic complexity, but may fail the patient. The diversity, duplication and complexity of the differing levels of government must also result in increased costs to maintain multiple governing bodies. It is postulated that in order to overcome this multi-layered approach and to truly form health partnerships, the most effective route would be to consolidate Federal, State and Area Health service funding in a regional approach and to direct it towards coordinated networks of services tailored to specific areas and communities. The vision of delivering services close to home could then be fully realised. A regional approach has been used in Canada, and although there are acknowledged problems that have been encountered, all related to funding structures, overall the evidence

seems to support a regional approach for large rural areas. According to Romanow (2002), regional approaches have enabled the actualisation of empirical values within the health care system, thus turning rhetoric into reality.

Rural health care is not the same as urban health care. There are specific needs and problems which require a specific focus of attention.

- **There should be development and implementation of national rural health strategies with central government at either state or federal level support through co-operative involvement of communities, doctors and other health professionals, hospitals, medical schools, professional organisations and governments at all levels. This would be progressed by the establishment of a Regional Health Authority.**
- **Government must centrally develop and adequately fund rural health authorities which deal with the specific health service needs of the rural areas and develop rural friendly approaches to health issues.**
- **There should be development of appropriate needs-based and culturally-sensitive rural health care resources with local community involvement, regional co-operation and government support.**
- **Policies and requirements of governments should be tailored to the capacity and needs of rural areas, decreasing multilayered bureaucracies and targeting health care in to the community.**
- **Creating an integrated health system requires a significant shifts in how we work together to meet health needs and how we deliver care. Supporting these strategic shifts requires a change in structure to develop a foundation that supports population health, integration of care and teamwork.**

In moving toward an integrated regional health authority system, we will need to focus on both planning (creating an integrated continuum of care) and service delivery (improving population health and improving care). A regional health authority approach would enable the following:

Reduction of service fragmentation and the development of more holistic person /family/community centred approaches to health care delivery.

Establishment of co-ordinated and collaborative processes for the delivery of multiple cross programme services to residents of NSW.

Over-arching planning approaches from primary to tertiary care to further an integrated approach to achieving better quality, safe and sustainable health care goals.

Knowledgeable health care professionals are pivotal to the services we provide to those we serve. In Australia and throughout the world, it is anticipated that the current shortage of health care professionals will be exacerbated by a lack of training capacity and the escalating demand for health care services.

It is vital to the sustainability of the health care system that we anticipate and advocate for the training of health care professionals to meet tomorrow's demand for health care services. This involves not only ensuring that the proper number of health care professionals are being trained but also ensuring that they have the skills required to work in a health care environment that is constantly evolving with the identification of better practices and introduction of new technology for more effective and efficient health care delivery.

To do this, we must first make the health professions more attractive to prospective students by providing a healthy and attractive work environment with an emphasis on attracting prospective professionals into rural areas. We must also ensure capacity to provide the necessary training in rural areas. A regional health authority approach will enable the increased flow of personnel and development of a more integrated educational and collaborative approach to delivering health care, a rural regional health authority with a tertiary site would attract specialist and enhance overall training opportunities, within both the tertiary areas and the primary care arena.

- Increased opportunities to partner with other large organisations
- Enabling structural re-organisation to support integrated service delivery across NSW
- Integration (and reduction) of financial, information and administrative processes

- Development of a one layer system in health across NSW, with a truly integrated approach from primary to tertiary care.

G. THE NSW HEALTH FUTURES PLANNING PROJECT

The NSW Health Futures Planning Project has been established to develop long-term strategic directions for the NSW public health care system.

These strategic directions will be informed by answers to questions such as:

What do we as a society want for ourselves when it comes to the future of health?

What vision do we have for the health care system in NSW in 2025? What values do we want it to be based on? What do we want to achieve?

It's not hard to set out broad ideals that we would all like to see realised. These can be expressed as the **four goals** for NSW Health:

- **To keep people healthy**
- **To provide the health care that people need**
- **To deliver high quality services**
- **To manage health services well**

Supporting these goals are a **set of values** that we want to see embodied in our health system. Sometimes these values may be in tension with one another, but they are all important if we are to create the sort of health care system we desire.

Health and wellbeing	Being healthy gives us a greater capacity to enjoy life and fulfil our potential, and societies should therefore protect and promote the health of their citizens
Care and compassion	Every individual in need deserves to be cared for, irrespective of their circumstances
Quality	Health care consumers and staff should be confident of quality and safety in all circumstances
Access	Everyone should have fair access to health advice and services that are affordable, timely and appropriate to their needs
Shared responsibility	People should take responsibility as far as possible for their own health, and should be offered help and support in doing this
Participation	Individuals and communities should have the opportunity to participate fully in decisions relating to their health and health services
Stewardship	Available resources should be allocated fairly in accordance with need, and should be used wisely and accountably to maximise the return on investment
Efficiency and	Services should be offered efficiently to avoid

effectiveness duplication and waste, and effectively, based on evidence of what works

It is generally understood that improving our health and addressing our health needs cannot be achieved simply or solely through the provision of more health services. It requires coordinated action by government, individuals, communities, non-government agencies and the corporate sector.

It is therefore logical that we should aim for partnerships in health, underpinned by a set of principles which will guide our actions over the next 20 years. Six **operating principles** have been developed as drafts for consultation.

1. Empowering people to make healthy choices

A good health system will encourage people to be more aware and active in managing their own health, will help promote healthy environments, and will work with others to mobilise community support for healthy choices.

Implications for rural NSW

Many rural towns have a strong sense of community, and a willingness to focus on projects which benefit all local residents. There is significant scope in rural towns for joint action at the local level by government services, local businesses, schools, sporting clubs, community and cultural organisations, and the media, to reduce health risks and create healthy environments.

2. Working together to create better health care experiences and outcomes

A good health system will provide services that are matched to people's needs, and will enable the whole community to participate in creating the best possible experiences and outcomes for those using the system.

Implications for rural NSW

Because of the increasing difficulties in maintaining some local health services due to a worsening shortage of doctors, nurses and allied health professionals, it is imperative that increased efforts are made to engage local rural communities in discussions about what services can and should be available locally, and what services need to be provided on a more centralised basis and will therefore necessitate patient travel.

I&CT solutions will need to be pursued to improve consumer access to:

- **Up-to-date information about what health services are available, and about treatment options**
- **Quality health care services which can be provided via remote electronic communication, and which reduce the need for travel (by both consumers and providers).**
- **At the same time, as part of a statewide effort, planning for rural health services must also very deliberately shift its focus more towards protection, prevention, detection and early intervention services, and services provided in the community (all of which will reduce the need for acute hospital admission over the longer-term)**

3. Integrating regional planning, funding and services

A good health system will use an integrated approach to planning, funding and service provision which considers health care within the broad range of factors affecting health and wellbeing.

Implications for rural NSW

- **Developing integrated networks of health and human services within local rural communities and regions will be absolutely vital to maintaining adequate and appropriate services in those areas, and could play a major role in ensuring the ongoing viability of many rural towns.**
- **In particular, a more integrated approach to the delivery of human services at a regional and community level would reduce overall infrastructure costs through cost-sharing arrangements, address some of the “critical mass” problems which each agency faces when working independently, and allow joint planning and service delivery which more efficiently and effectively addresses the community’s priority needs, and improves the coordination of care. Such an approach also allows the development and implementation of strategies that are customised for a particular place and/or group of people.**

- **A prerequisite for integrated regional service delivery is a governance framework that ensures accountability and funding arrangements and infrastructure (including I&CT) which support new ways of doing business.**

4. Improving value, economy and sustainability in health care

A good health system will make the most effective use of the available resources and ensure that costs are kept under control to promote sustainability. The services provided to meet the health needs of the community will be appropriate and cost-efficient.

Implications for rural NSW

- **The costs of maintaining services in rural towns are often higher than in larger regional centres and metropolitan areas. In addition to the freight charges added to the cost of goods which have to be transported to rural towns, many small rural hospitals operate with some degree of unavoidable inefficiency because their “critical mass” costs (eg. safe overnight staffing levels) cannot be reduced any further to match low volumes of activity. This is accepted as part of the Government’s community service obligation which requires that, as far as possible, communities have ongoing access to basic health services locally even where this results in higher costs.**
- **The development of new models of care such as Multipurpose Services have maintained local access to services and reduced net infrastructure costs through collocation of primary, acute and aged care services. Increased investment in health protection, illness prevention, early intervention and chronic disease management in the community will also pay long-term dividends in reduced demand for hospital services.**
- **Continue to pursue efficiencies that have been delivered through the consolidation of corporate and business**

support functions across a number of rural health services. These sorts of initiatives must continue to be pursued as the health needs of rural NSW continue to change.

- Ongoing advances in high cost technology for diagnostic and therapeutic purposes is likely to lead to an increased consolidation of such services into fewer centres. However, the effects of this will be mitigated by improved information and communication technology which will connect rural communities with regional and metropolitan hubs and facilitate remote access to quality advice, service and support (while at the same time supporting more efficient work practices).

5. Ensuring the availability of a flexible, skilled health workforce

A good health system will plan and use its workforce creatively and intelligently to ensure an adequate supply and distribution of high quality health care workers. Health workers will be equipped with the right education and skills for the different roles they are asked to perform.

Implications for rural NSW

- The current and worsening statewide shortage of medical, nursing and allied health providers is most pronounced in rural and remote NSW, with many towns struggling to maintain even basic primary health care in the form of a General Practitioner and a Community Nurse. It is clear that urgent action is required on a number of fronts, to: support, retain and develop the existing workforce; encourage additional students to undertake health provider education, and; attract skilled staff to work in NSW Health.
- An essential element of the response to this challenge will be to rethink the current assumptions and structures to allow greater flexibility in the workforce, and to reconfigure different health workers' roles and

responsibilities in delivering services. The successful establishment of the new role of nurse practitioner illustrates what is possible in this regard, as does the expanded role of enrolled nurses in particular settings, and practice nurses working with General Practitioners. The education and employment of “technical assistants” to support certain allied health professional groups is also gaining support. Education and training options for health care workers will need to be remodelled to support new workforce demands.

6. Staying at the forefront

A good health system will be alert to the changes in the world around it, and quick to respond to new issues as they emerge. It will be flexible enough to adapt to new circumstances, and robust enough to sustain itself in the face of external pressures.

Implications for rural NSW

- For these, amongst other reasons, rural NSW also offers considerable scope and impetus for trying out innovative ideas and new ways of doing business. Active pursuit of whole-of-government and intersectoral approaches to planning, funding and service delivery is an obvious example. Harnessing the potential of new generation communications technology also holds great promise for addressing the tyranny of distance. The platform for action should be a sound assessment of costs and benefits, taking into account evidence and experience of what works.

H. SUMMARY

People living in rural communities in NSW have the right to the same levels of health care as their city counterparts. However, rural people in NSW live, on average, five years less than people from the more advantaged metropolitan areas. In addition, rural NSW faces a number of other health challenges – relatively low population growth limited largely to regional centres, increasing difficulties with attracting and retaining scarce health professionals, a necessary concentration of some specialised

health services in centres at some distance from where people live, and rural dwellers overall having a poorer health status than the population as a whole.

Developing an integrated approach to human service delivery in rural NSW will play a major role in ensuring the future of many small rural communities. To achieve success this approach must be supported by a significant investment in long term planning and infrastructure resources. It is apparent that the physical infrastructure of many health service in rural NSW is sub standard for health service delivery. An investment of \$3 billion over the next ten years is required to be able to deliver safe, sustainable and efficient health care services.

The ability to utilise information technology has the potential to transform the way in which care is provided and people work together to achieve better health outcomes. To build a broadband network across NSW to realise this will require an investment of \$40M over three years, with a recurrent savings of \$13.5 million per annum. People in rural NSW continue to be hampered by problems of long distance travel to services, lack of public transport or other adequate travel systems. Whilst it is not appropriate to provide specialist services in every town, access could be improved by better use of high speed broadband activity and the development of an effective transport system for human service delivery. Infrastructure to support a transport network would require an annual recurrent investment of \$1.75 million across rural NSW.

The NSW Futures Planning Project identifies that we cannot address health needs simply by providing more health services. A coordinated partnership approach with governments, individuals, communities and non government agencies and the corporate sector through, a regional health authority approach, has the potential to create an integrated health system that will reform the way in which all health service funders and providers work together to deliver health services to people in rural and remote NSW. Supporting this strategic shift will develop a health service that supports the four goals of NSW Health - to keep people healthy; to provide the health care that people need; to deliver high quality services and to manage health services well.

I. RECOMMENDATIONS

Rural Health Workforce Reforms

Education and Training

1. Generic training of health professionals in their first years of undergraduate degrees, maximising team based skills development and providing an opportunity to reduce course length.
2. Development of a new degree level program to train a multi-skilled health worker with skills across a broad spectrum including nursing, occupational therapy, physiotherapy and podiatry.
3. Providing incentives and payment systems that expands the number of health professional undergraduate and graduate places in rural areas, across all professional areas, thereby making a reality the concept of self-sufficiency with respect to workforce supply in Australia.
4. Expand the Vocational Education and Training (VET) sector health training opportunities to maximise the training and capacity of support staff. By providing a mechanism that gives credit for training experience and on the job skills development, lateral entry to high professional training become available.

Incentive Programs

1. Extension of these programs needs to be effectively targeted to maximise their outcome. Programs that have worked effectively for other professional groups or have been evaluated and found to be effective need to be considered. For example, preferential transfers for years of rural service, supported entry and exit into rural positions, leave loadings and incentive payments awarded to teachers, police and professionals in other sector remote locations need to be considered for health professionals.

Flexibility

1. Piloting the development of alternative roles such as anaesthetic assistance, surgical technicians, multi-skilled allied health professionals etc.
2. Overhauling of the accreditation process that reinforce professional rigidities.
3. Reviewing of professional registration and regulation.

Infrastructure

1. For rural NSW it is estimated that some \$3 billion for health will be required over the next ten years to bring the physical infrastructure of health service sites to acceptable 2005 standards.
2. The solution may mean some consolidation of services in locations proximate to one another to ensure adequate critical mass of health professionals to enhance recruitment and retention. For example, the creation of a rehabilitation or mental health services that covers more than one community, thus enhancing critical mass and increasing the attractiveness of working with fellow health professionals. This is also cost effective, attractive to specialist staff, meets

community needs without travelling excessive hours to access care, and makes more sense in terms of physical infrastructure.

Information technology

1. Creating a common high speed communication infrastructure, using broadband
2. Technology infrastructure that enables information sharing and protects confidentiality
3. Increased use of tele-health tools that leverage our time and expertise
4. Redesigned processes that use technology to save time and provide clinicians and managers with better information
5. Decision support tools that enable evidence-based clinical and administrative decisions.
6. Fundamental to this vision is the creation of a broadband network which will enable high speed communication, resulting in increased patient access through tele-health and greater interface between GPs and Specialists. The whole of rural NSW will require an investment of \$40 million over 3 years to build the broadband network which will achieve savings of \$13.5 million per annum.

Transport

1. Information: An electronic information solution that uses high speed broadband connectivity and links with existing electronic clinical systems (such as eDRS, CHIME, GP systems and the EMR) to manage transport as part of the appointment setting process.
2. Funds: Rural NSW would need \$1.75 million recurrent annually to establish an effective transport and information system.
3. Integration: All the key health service providers – both Commonwealth and State funded would need to be part of the system, with incentives available to support GPs and private providers to buy in.

Regional Health Authority

1. There should be development and implementation of national rural health strategies with central government at either state or federal level support through co-operative involvement of communities, doctors and other health

professionals, hospitals, medical schools, professional organisations and governments at all levels. This would be progressed by the establishment of a Regional Health Authority.

2. Government must centrally develop and adequately fund rural health authorities which deal with the specific health service needs of the rural areas and develop rural friendly approaches to health issues.
3. There should be development of appropriate needs-based and culturally-sensitive rural health care resources with local community involvement, regional co-operation and government support.
4. Policies and requirements of governments should be tailored to the capacity and needs of rural areas, decreasing multilayered bureaucracies and targeting health care in to the community.
5. Creating an integrated health system requires a significant shifts in how we work together to meet health needs and how we deliver care. Supporting these strategic shifts requires a change in structure to develop a foundation that supports population health, integration of care and teamwork.

The NSW Health Futures Planning Project

Empowering people to make healthy choices

1. Many rural towns have a strong sense of community, and a willingness to focus on projects which benefit all local residents. There is significant scope in rural towns for joint action at the local level by government services, local businesses, schools, sporting clubs, community and cultural organisations, and the media, to reduce health risks and create healthy environments.

Working together to create better health care experiences and outcomes

1. Up-to-date information about what health services are available, and about treatment options
2. Quality health care services which can be provided via remote electronic communication, and which reduce the need for travel (by both consumers and providers).
3. At the same time, as part of a statewide effort, planning for rural health services must also very deliberately shift its focus more towards protection, prevention, detection and early intervention services, and services provided in the community (all of which will reduce the need for acute hospital admission over the longer-term)

Integrating regional planning, funding and services

1. Developing integrated networks of health and human services within local rural communities and regions will be absolutely vital to maintaining adequate and appropriate services in those areas, and could play a major role in ensuring the ongoing viability of many rural towns.
2. In particular, a more integrated approach to the delivery of human services at a regional and community level would reduce overall infrastructure costs through cost-sharing arrangements, address some of the “critical mass” problems which each agency faces when working independently, and allow joint planning and service delivery which more efficiently and effectively addresses the community’s priority needs, and improves the coordination of care. Such an approach also allows the development and implementation of strategies that are customised for a particular place and/or group of people.
3. A prerequisite for integrated regional service delivery is a governance framework that ensures accountability and funding arrangements and infrastructure (including I&CT) which support new ways of doing business.

Improving value, economy and sustainability in health care

1. The costs of maintaining services in rural towns are often higher than in larger regional centres and metropolitan areas. In addition to the freight charges added to the cost of goods which have to be transported to rural towns, many small rural hospitals operate with some degree of unavoidable inefficiency because their “critical mass” costs (eg. safe overnight staffing levels) cannot be reduced any further to match low volumes of activity. This is accepted as part of the Government’s community service obligation which requires that, as far as possible, communities have ongoing access to basic health services locally even where this results in higher costs.
2. The development of new models of care such as Multipurpose Services have maintained local access to services and reduced net infrastructure costs through collocation of primary, acute and aged care services. Increased investment in health protection, illness prevention, early intervention and chronic disease management in the community will also pay long-term dividends in reduced demand for hospital services.
3. Continue to pursue efficiencies that have been delivered through the consolidation of corporate and business support functions across a number of

rural health services. These sorts of initiatives must continue to be pursued as the health needs of rural NSW continue to change.

4. Ongoing advances in high cost technology for diagnostic and therapeutic purposes is likely to lead to an increased consolidation of such services into fewer centres. However, the effects of this will be mitigated by improved information and communication technology which will connect rural communities with regional and metropolitan hubs and facilitate remote access to quality advice, service and support (while at the same time supporting more efficient work practices).

Ensuring the availability of a flexible, skilled health workforce

1. The current and worsening statewide shortage of medical, nursing and allied health providers is most pronounced in rural and remote NSW, with many towns struggling to maintain even basic primary health care in the form of a General Practitioner and a Community Nurse. It is clear that urgent action is required on a number of fronts, to: support, retain and develop the existing workforce; encourage additional students to undertake health provider education, and; attract skilled staff to work in NSW Health.
2. An essential element of the response to this challenge will be to rethink the current assumptions and structures to allow greater flexibility in the workforce, and to reconfigure different health workers' roles and responsibilities in delivering services. The successful establishment of the new role of nurse practitioner illustrates what is possible in this regard, as does the expanded role of enrolled nurses in particular settings, and practice nurses working with General Practitioners. The education and employment of "technical assistants" to support certain allied health professional groups is also gaining support. Education and training options for health care workers will need to be remodelled to support new workforce demands.

Staying at the forefront

1. For these, amongst other reasons, rural NSW also offers considerable scope and impetus for trying out innovative ideas and new ways of doing business. Active pursuit of whole-of-government and intersectoral approaches to planning, funding and service delivery is an obvious example. Harnessing the potential of new generation communications technology also holds great promise for addressing the tyranny of distance. The platform for action should

be a sound assessment of costs and benefits, taking into account evidence and experience of what works.

References

Gray I and Lawrence G (2001) A future for regional Australia – Escaping global misfortune. Cambridge University Press, Cambridge, UK, p. 41

Romanow RJ (2002) Building on values, the future of Health care in Canada. C 10