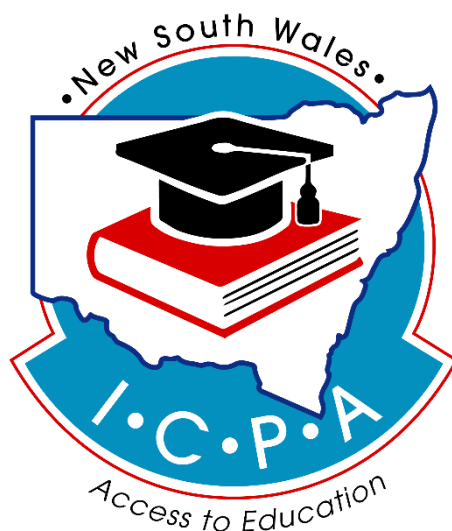


Isolated Children's Parents' Association of New South Wales Inc.



Submission to the

**Inquiry into health outcomes and access to health and hospital
services in rural, regional and remote New South Wales**

NSW Legislative Council's Portfolio Committee No 2 Health

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ICPA-NSW is a voluntary non-profit advocacy group that has its roots firmly embedded in rural, remote and regional areas across the state. ICPA-NSW believes that all students - irrespective of where they live - are entitled to equitable access to education that enables them to participate to their full potential in the social, economic, political and cultural life of a community.

The NSW State Council of the Isolated Children's Parents' Association advocates for members who have children who:

- Attend a rural pre-school or access early childhood education through a mobile service
- Attend a small rural or remote school
- Study by Distance Education and School of the Air lessons
- Travel to school by bus or private vehicle (daily, weekly or at the end of term)
- Board away from home to access primary or secondary school at a boarding school, agricultural high school, hostel, private board or maintain a second home
- Attend a Tertiary institution- University/TAFE/ College

The following information refers, in particular, to the:-

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales – Terms of Reference

1. That Portfolio Committee No. 2 – Health inquire into and report on health outcomes and access to health and hospital services in rural, regional and remote NSW, and in particular:

(a) health outcomes for people living in rural, regional and remote NSW;

People living in rural and remote areas of NSW are already disadvantaged by isolation and have limited access to health appointments due to long distances to be travelled just to see a GP or Specialist. Often due to the lack of doctors in rural areas, there are long wait times for appointments and it is not uncommon for a GP to be booked for weeks. This then has an impact on emergency departments who have to deal with health issues that could have been dealt with before they escalated. If the health issue is dealt with early then outcomes are usually better and therefore less drain on medical resources later. Raising health outcomes in rural and remote areas builds stronger and more sustainable communities.

The mental health issues arising from years of drought, bushfires and Covid-19 will not be realised for many years to come. There is little to no access to psychology & counselling services in rural and remote areas.

(b) a comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW;

Patients living in rural and remote areas of NSW have to leave family and support networks to access allied health and specialist services, often travelling hundreds of kilometres and having to find accommodation for long periods of time during treatment. Following surgery and treatment, patients then have to make the journey home with no follow up or home support services such as physiotherapy, when they get there. We are aware of Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), and the financial assistance it provides patients. But many rural and remote families are not informed they are eligible to access IPTAAS, there needs to be better promotion of this service. For many of our vulnerable and 'at risk' families the cost and access to

services is prohibitive so they just go without.

(c) Access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services;

Many allied health services are unavailable. In border regions this unavailability is heightened. For example, Qld practitioners cannot see patients who live in NSW and vice versa.

Barriers are:

- that people have to travel long distances sometimes to have the appointment cancelled.
- lengthy waiting lists people have to join to access practitioners located in the metropolitan areas
- little or no access to Allied Health Services, particularly for children with special needs and developmental delays (often on more than one domain)
- financial hardship caused by travel and accommodation costs while accessing treatment
- low socio-economic families living in rural and remote areas do not have the means to travel for treatment
- rural and remote people are often unable to find their way around or unfamiliar with metropolitan areas in order to access treatment
- most people needing NDIS plans are unable to navigate the system and without access to services they are unable to utilise their plans

Utilisation of telehealth services can be of great benefit to families in geographically isolated locations who would otherwise have to travel considerable distances or encounter lengthy delays to access face to face consultations with relevant health professionals. However, connectivity needs to be reliable and of a sufficient speed and of equitable cost compared to metro areas. Currently a 150gb plan for Satellite internet is approximately \$150 per month.

Students with developmental difficulties require frequent and timely consultations and these can be enabled via telehealth services for many families otherwise unable to access allied health professionals due to living in rural and remote areas.

Some specialist consultations, such as speech pathology, can be satisfactorily delivered using telehealth services where the technology is available. These services are already providing improved access to health services for some children in geographically isolated areas. The cost to families to access such services should also be equitable, some families pay \$180 per week for speech therapy via Telehealth.

RECOMMENDATION:

That a permanent Medicare Benefits Schedule (MBS) item number for telehealth consultations is assigned to telehealth Allied Health Services, specialists and consultations, including but not limited to Speech Pathology, Paediatricians and Psychologists and to support the specific educational needs and learning difficulties of geographically isolated children.

Children with specific education needs and developmental delays require access to appropriate specialist services which often require face-to-face consultations. Adequate and uniform assistance should be available to assist geographically isolated, vulnerable and at risk children accessing face-to-face specialist sessions with expenses such as travel and accommodation when extensive travel is required to attend these consultations.

RECOMMENDATION:

That travel and accommodation assistance be made available for rural and remote families travelling to access face-to-face specialist services for geographically isolated and 'at risk' children.

(d) patient experience, wait-times and quality of care in rural, regional and remote

NSW and how it compares to metropolitan NSW;

Quality of care is not diminished by the staff themselves but rather by the conditions medical practitioners and staff are working under. With reduced numbers of qualified staff ie: maternity positions not being filled or replaced when staff do not return. Staff are working under incredible duress during shifts such as nursing staff being in charge of understaffed hospitals with acute beds and emergency departments. When emergencies occur, staff are then tied up with emergency patients and unable to tend to patients already admitted to care.

(e) an analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW;

There needs to be major recruitment by Government to address the critical shortage of health system staff including but not limited to General Practitioners, Allied Health Services, Ambulance NSW and medical staff. There needs to be more incentives to encourage practitioners to work in rural and remote areas.

(f) an analysis of the capital and recurrent health expenditure in rural, regional and remote NSW in comparison to population growth and relative to metropolitan NSW;

It is evident that Health NSW is in crisis when it comes to staffing and resources needed by those staff to administer quality health outcomes to rural, regional and remote residents of NSW. Rural, regional and remote health staff either have outdated and limited resources or new hospitals without the staff or unqualified staff to run the equipment or departments within those hospitals ie: maternity services, operating theatres, radiography services.

(g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;

There needs to be major recruitment by Government to address the critical shortage of health system staff including but not limited to General Practitioners, Allied Health Services, Ambulance NSW and medical staff.

(h) current and future provision of ambulance services in rural, regional and remote NSW;

In most rural and remote areas of NSW, ambulance services can be little or non-existent with ambulance by road taking several hours to get to patients let alone get them to hospital, and Ambulance NSW not knowing areas and addresses without local knowledge. For most rural and remote patients, if it wasn't for the Royal Flying Doctor Service access to clinics, treatment and emergency medical assistance, outcomes would be far worse than currently being experienced.

Fundraising support by local communities who appreciate and value the Royal Flying Doctor Service ensure continuity of care to rural and remote patients.

There needs to be adequate airstrips in rural and remote areas to enable the RFDS to be used to full capacity.

(i) the access and availability of oncology treatment in rural, regional and remote NSW;

For rural, regional and remote patients accessing oncology treatment means travelling long distances away from the very support networks that their metropolitan counterparts are able to use to help and comfort them during treatment. It means that they have to find somewhere to live for weeks and months while accessing treatment, it is vital that these rural and remote patients are aware of IPTAAS and how it can financially assist them. This causes further financial and emotional stress on patients and their families as they have to leave their homes and jobs during this time. Metropolitan patients in many cases get to stay in their homes and workplaces

during treatment, while rural, regional and remote patients either have to split their families apart or move away from their homes to receive treatment.

- In one instance a primary school student in a rural town who needed cancer treatment, also had a mum who suffered a debilitating condition. The father being the sole income earner had to leave his job indefinitely to move 960km to Sydney along with his wife, sick child and her younger sibling for months while they accessed treatment.
- In another case a single mother has had to leave her home and job to look after her young son 900km away so that he can access cancer treatment. After 7 months they are still in treatment and have not been home.
- Another single mother is receiving breast cancer treatment 900km from home while family members are looking after her two primary school aged children.
- A man receiving his third round of treatment for melanoma in 2 years has had many months of radiation and chemotherapy in Sydney. Not only is he unable to work but his wife has had to take leave without pay to be with him. They both worked fighting the bushfires last summer, foregoing Christmas celebrations with their family as a result.

In each of these circumstances, bills, mortgages and other financial commitments still need to be met. If they were able to access treatment locally like their metropolitan counterparts they would still be able to sleep in their own homes, attend work and be surrounded by supportive family and friends.

(j) the access and availability of palliative care and palliative care services in rural, regional and remote NSW;

As with access and availability to oncology services, palliative care patients are unable to access services near supportive family and loved ones. Patients' families from rural, regional and remote areas are often unable to travel the long distances to be with their loved ones due to financial constraints and access to public transport.

(k) an examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities; and

Many rural, regional and remote communities are predominantly or have high Aboriginal populations so access to quality healthcare is imperative if the Closing the Gap agreement is to have any impact on the future outcomes of our Indigenous people. Rural Australian communities are also seeing an influx of people from many other cultures. If health and hospital services in these communities are lacking or non-existent, the disparity between our Indigenous and CALD community members is going to be exacerbated, not reduced.

The new target to increase the rate of Aboriginal and Torres Strait Islander children assessed as being developmentally on track against Australian Early Childhood Census (AECD) to 55% by 2031 will never be reached if their health issues are not addressed through quality healthcare and access to early intervention through allied health services. It is essential to focus on improving outcomes for children during the First 2000 Days if we are to Close the Gap in AECD outcomes. Supporting our children from an early age will help ready them for school and improve their future outcomes. Being able to access quality health in these early years will provide the best opportunity to support the Closing the Gap objectives and targets.

(l) Any other related matters.

ICPA NSW will continue to raise our members' issues, to achieve the changes and measures needed to ensure our rural and remote children and their families have the opportunity to receive access to health services and education commensurate with their aspirations and career plans.