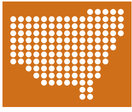
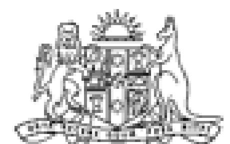


NSW Government Response to the Report of the Rural Health Implementation Coordination Group

NSW Rural Health Plan

The Hon Craig Knowles MP
NSW Minister for Health

September 2002



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September 2002

The *NSW Rural Health Plan* sets out initiatives to provide better health care to people living in rural NSW.

These initiatives have been designed by more than 500 health care professionals and community representatives and are supported by this government as a key to achieving better services, and better access to services.

Governments around the world face many challenges in providing health services to their communities. Issues such as attracting and retaining health care professionals are becoming even more complex and challenging.

People living in rural areas, in particular those providing health care, have a strong sense of ownership of their health services. They also have an enormous contribution to make to the process of building better health care.

This document is a response to the recommendations of the Rural Health Implementation Coordination Group (RHICG). RHICG comprised clinicians who work at the 'coal face' in rural health, representatives from the community who access these services, and members of Area Health Services who manage these services. This plan builds on the information and recommendations presented by the *Rural Health Implementation Coordination Group Report*.

The *Final Report of the RHICG – The NSW Rural Health Report* – describes initiatives to be implemented over the next five years which address three fundamental issues:

- attracting and retaining health care professionals
- providing certainty and security for services provided in rural areas
- providing services closer to where rural people live.

A number of RHICG initiatives have already been incorporated into planning and policy which is reflected and built on in this plan.

The NSW Government has decided to commit over $36 million this year and $32 million for every year there after to support specific rural health initiatives. This document also includes a number of ongoing rural health initiatives which have already been funded.

To ensure an operational structure is in place to deliver this investment, this plan also contains recommendations to ensure:

- community involvement in rural health planning
- rural health remains a priority in the NSW health system
- clinical leadership in the implementation of these initiatives.

Summary of initiatives

Attracting and keeping doctors, nurses and allied health professionals in rural communities

- Establish the NSW Institute of Rural Clinical Services and Teaching.
- Provide $3.5 million for up to 30 procedural general practitioners training posts.
- Provide $3.6 million over three clinical years to implement strategies to increase the number of rural and regional anaesthetic vocational training positions.
- Provide $3 million for the Rural Clinician Locum Program.
- Establish three new Rural Health Training Units.
- Support establishment of a Health Student Placement Pilot Program in Murwillumbah.
- Streamline Area of Need Program application processing times by establishing a Coordination Unit.
- Continue to develop the Nurse Practitioner Program.
- Continue to improve staff and student accommodation.
- Fund scholarships for locally trained and permanent resident overseas trained general practitioners to gain access to training while they continue to work in rural areas.
- Provide $1 million in infrastructure grant funding to support continued medical specialist education and training in rural areas.
- Continue to lobby the Commonwealth to waive HECS fees for nursing students.
- Provide Aboriginal nursing scholarships.
- Expand the NSW Rural Allied Health Scholarships Program.
- Provide flexibility for rural allied health professionals to undertake additional work so that they have full-time employment.
- A statewide Rural Allied Health Forum will be held every two years, commencing in 2003. In preparation, smaller forums will be held in three regional centres within the next twelve months.
- Establish a Chair in rural pharmacy.

Securing the future of rural hospitals

- Develop better networks with metropolitan services with $2 million provided to the Rural Clinical Network Program.
- Support Area Health Services in developing Area-wide Clinical Departments.
- Enhance major Rural Referral Hospitals.
- Establish a mobile surgical services trial.
- Continue to expand the Telehealth Program with an additional $4 million bringing innovative services to an extra 43 health facilities statewide, including 11 new clinical services.

Making health services more accessible for rural people

- **Cancer services**

  Establish two rural radiotherapy centres in rural NSW.

- **Critical care services**

  Improve critical care services at Dubbo and Coffs Harbour.

- **Cardiac services**

  Establish four cardiac catheterisation laboratories in rural NSW over five years.

- **Orthopaedic surgery**

  Increase funding by $7.5 million in 2002/03 and $5 million for every year after to support rural surgeons in providing additional joint replacements for people in rural NSW.

- **Renal**

  Extension of dialysis services and support for continuing education for health workers.

- **Small hospitals**

  Continue to build the 36 Rural Hospital and Health Services (formerly known as Multi Purpose Services).

- **Oral health**

  Establish three oral health centres to provide specialist services and to contribute to research and training.

- **Podiatry**

  Increase funding to supply additional podiatry services by $0.5 million per year.

- **Mental health**

  The government will provide additional acute beds in high priority areas across the state. Also, over $5.3 million will be provided to enhance mental health nursing.

- **Transport**

  Fund the introduction of the $2.5 million Transport for Health Program to help people get to health services.

A voice for rural NSW

- The government will improve the involvement of rural communities in health planning.
- Establish a Rural Health Unit within NSW Health.

Implementation

Establish a Rural Health Implementation Taskforce to work with us over the next two years to implement these initiatives.

Convene a steering committee to establish the NSW Institute of Rural Clinical Services and Teaching.

Background

In 1999 the *Government Action Plan for Health* was announced in response to the report of the NSW Health Council and the Ministerial Advisory Committee on Health Services in Smaller Towns (the Sinclair Committee).

Under the action plan, for the first time there is:

- guaranteed three-year recurrent health budgets
- a $2 billion cash injection to health services
- fairer distribution of health dollars across NSW.

Critical to this action plan is the leadership provided by community representatives, doctors, nurses, allied health professionals and administrators in deciding how health dollars are spent and how health services are delivered.

The Sinclair Committee, chaired by the Right Hon. Ian Sinclair, made recommendations for improving health services in smaller rural and remote communities including site specific recommendations for 36 communities. The committee found that many traditional small rural hospitals did not meet the community's needs, especially given ageing populations. The committee recommended the development of flexible health services, tailored to each community. This led to the expansion of Multi Purpose Services.

The Rural Health Implementation Coordination Group (RHICG) was convened to progress the Government Action Plan in regard to rural health, especially recommendations of the *Sinclair Report* and to advise on additional strategies to enhance health care in rural areas.

During April and May 2002 the Right Hon. Ian Sinclair undertook consultation regarding the RHICG recommendations. Thirty-nine meetings were held in 29 rural towns across the state with 330 community members, health care professionals and service providers being consulted. Mr Sinclair established that *"overall there was strong support for the recommendations made by the RHICG"* and his findings have been incorporated in this response.

Attracting and keeping doctors, nurses and allied health professionals in rural communities

One of the most critical issues facing rural communities is attracting and keeping health professionals working in NSW.

The government has supported recruitment programs for general practitioners with 306 doctors taking up positions in rural communities since 1999. Current initiatives to attract doctors to rural locations include:

- funding additional specialist rural training places, recruitment campaigns, orientation and upskilling for permanent resident overseas trained doctors
- funding the NSW Rural Doctors Network (RDN)
- travel and accommodation subsidies
- cadetship programs for medical students undertaking rural placements as part of their studies
- training scholarships.

Availability of nurses is a global problem reflected in rural as well as urban communities. Government strategies to address nursing shortages have included:

- establishing the Nursing *ReConnect* initiative, which has so far attracted 580 nurses back to the workforce (194 in rural areas) by providing individualised assistance and support with education and re-entry.
- providing 124 first year scholarships for rural students undertaking the Bachelor of Nursing Degree.
- providing 291 grants for undergraduate nursing students undertaking a clinical placement in a rural area.
- providing grants for undergraduates from a rural university undertaking a clinical placement in a metropolitan area from the second semester in 2002.
- maintaining a contract with the NSW College of Nursing to provide a range of educational and skill development programs specifically for registered and enrolled nurses and funding rural nurses to attend these courses.

RHICG consultations identified a number of key elements affecting the success of rural recruitment including: limited career paths, professional and social isolation, accessibility of education opportunities, demands of outreach responsibilities, and availability of suitable accommodation.

The recommendations of RHICG have been incorporated into the following initiatives to attract and retain health professionals in rural locations:

Establishment of the NSW Institute of Rural Clinical Services and Teaching

In an Australian first, the NSW Institute of Rural Clinical Services and Teaching will be established to provide an opportunity for health professionals to participate in vocational training, and provide academic opportunity and career path development.

The NSW Institute of Rural Clinical Services and Teaching will reduce professional isolation, by providing peer support, and increasing ongoing educational opportunities thereby expanding career paths of health professionals in rural and remote areas of NSW.

To do this the NSW Institute of Rural Clinical Services and Teaching will link with Area-wide clinical departments to form statewide faculties in all major medical, nursing and allied health disciplines such as: cardiology, orthopaedic surgery, general medicine, general surgery, anaesthetics, critical care, pathology, obstetrics, gynaecology, dietetics, human movements, physiotherapy, orthoptics, and speech pathology.

A steering committee will oversee the establishment of the institute and an executive officer engaged to ensure that there is appropriate support and infrastructure. The NSW Institute of Rural Clinical Services and Teaching will link with Area Health Services and training bodies.

Procedural general practitioner training positions

The general shortage and pending retirement of many rural general practitioners with procedural skills such as obstetrics, surgeons and anaesthetics is an issue of particular concern for rural communities.

To ensure that this skill base is maintained, a $3.5 million program will be established to train up to 30 procedural general practitioners in anaesthetics, surgery, obstetrics, emergency medicine and mental health. This program will provide coordinated and integrated training opportunities for rural general practitioners.

The government has worked with the NSW RDN, the Rural Doctors Association, Medical Colleges and a range of training providers to develop a training program that is appropriate, accredited and meets the service needs of communities. An advisory committee of rural doctors, training organisations, employers and medical colleges has been convened to provide direction to the implementation of the program. All training will take place in rural areas.

Rural and regional anaesthetics

Over the next three years $3.6 million will be used to increase the number of rural and regional anaesthetic vocational training positions. To achieve this, strategies have been developed in consultation with the Australian and New Zealand College of Anaesthetics including:

- restructuring existing training networks to increase rural participation in training networks
- creating and coordinating three additional paediatric anaesthetic training places for rural trainees
- increasing the number of rural vocational training places in anaesthetics by up to seven posts
- creating two Anaesthetic Provisional Fellow posts that incorporate paediatric and rural rotations
- increasing the number of outer metropolitan vocational training positions.

Recruitment is underway for paediatric vocational training places and provisional fellows. These positions will be located at Dubbo, Orange, Port Macquarie, Shoalhaven, Tamworth (two positions) and Tweed Heads.

Health Student Placement Program

A pilot program will be established at Murwillumbah to give all health students an opportunity to experience health care in a rural community. The Health Student Placement Program will build on the success of the community and acute care program at Broken Hill.

Medical, nursing and allied health students will be given the opportunity to spend an 'intensive' few weeks examining and experiencing aspects of health care delivery in a provincial rural setting. These programs will be designed to bring an understanding of life and work in rural areas and to encourage confidence in choosing to practice in a rural setting.

The facility will link with the Northern Rivers University Department of Rural Health, which is a joint initiative of the Northern Rivers Area Health Service, Southern Cross University and the University of Sydney.

Rural Clinician Locum Program

Inability to share the responsibilities of being 'on call' and difficulty in taking time away from work as there is no one to cover the workload are significant recruitment and retention issues for rural areas.

The government will establish a Rural Clinician Locum Program, valued at $3 million per annum, to pay for locum services allowing clinicians to undertake professional education leave and other leave. An officer will be recruited to effectively tailor locum strategies for medical staff, specialist nurses and allied health workers.

Area of need and overseas trained doctors

The Area of Need Program has been revised and the changes now being implemented will reduce the administrative burden on employers who can now obtain approval for up to three years for general practice and specialist positions. Hospital position approvals have been extended to two years.

To support doctors in area of need positions, scholarships will be offered to permanent resident overseas trained doctors working as general practitioners. They can gain full Australian registration and fellowship qualifications while continuing to work in a rural Area.

The government will further reduce area of need application processing time by establishing a NSW Rural Recruitment and Coordination Unit to strengthen relationships with other organisations involved in the Area of Need Program such as the Department of Immigration, Multicultural and Indigenous Affairs, the medical Colleges and the Commonwealth Department of Health and Ageing.

NSW Health Department, in partnership with the Commonwealth Department of Health and Ageing, has developed the Targeted Inland Recruitment Scheme (TIRS). This scheme addresses rural medical workforce shortages on a more permanent basis by recruiting skilled and experienced overseas-trained general practitioners for inland towns in NSW with significant medical workforce needs.

Doctors selected for TIRS undertake to work a minimum of five years in an eligible rural location. They then need to satisfy the requirement for Fellowship of the Royal Australian College of General Practitioners within two years, after which they are eligible to apply for permanent residency in Australia and will have access to an unrestricted medical provider number. TIRS doctors have now been placed in Barham, Broken Hill, Cobar, Cootamundra, Corowa, Deniliquin, Forbes, Griffith, Moree and Walgett.

Infrastructure grants

Health practitioners working in rural NSW need to continue their professional development opportunities, and having access to good educational resources is important to maintaining the health workforce.

Over $1 million in grants have been provided to Area Health Services to develop conducive learning environments. The grants will be used to provide library resources, information technology infrastructure including access to CIAP, clinical skills centres/laboratories, refurbishment of study areas, hardware, software and administrative equipment.

Grants have been allocated to the following Area Health Services: Far West $110,000; Greater Murray $169,844; Macquarie $170,000; Mid North Coast $170,000; Mid Western $170,000; New England $110,000; Northern Rivers $85,000 and Southern $110,000.

Nurse practitioners

The creation of nurse practitioner positions recognises the expertise of nurses and provides an additional career development option.

A nurse practitioner offers expert advanced nursing care that may include ordering diagnostic tests, prescription of some medications and referring patients directly to specialists for higher level care.

Pilot projects have shown that nurse practitioners are capable of providing safe, quality health services in settings where general practice services are not available. Nurse practitioners work collaboratively with rural doctors, allied health staff and hospitals to provide clinical services that might otherwise not be available in some communities.

There are currently 12 nurse practitioner positions approved in rural and remote areas. Three positions have been filled and the remainder will be appointed as experienced nurses are authorised by the NSW Nurses Registration Board.

In fact, the Nurse Practitioner Program is being introduced into Emergency Departments, Intensive Care Units and mental health services in Sydney, the Hunter and the Illawarra. The first position to be created is in the Emergency Department of the Children's Hospital at Westmead.

The locations for the existing positions are Wanaaring (filled), Tibooburra, Wilcannia, Ivanhoe, Walgett, Menindee, Goodooga, Brewarrina in the Far West (all generalist / remote positions) Hill End (filled) and Sofala in Mid Western (community health positions), Nundle and Premer/Tambar Springs (filled) in New England (community health positions).

Fifteen other positions are approved in principle and are in the process of developing clinical guidelines for the positions or are waiting approval of these guidelines.

Nursing *ReConnect*

Availability of nurses is a global problem reflected in rural as well as urban communities. Government strategies to address nursing shortages have included:

- establishing the Nursing *ReConnect* Program which has so far attracted 580 nurses back to the workforce (194 of those in rural areas) by providing assistance with education and retraining
- providing 124 first year rural Bachelor of Nursing Scholarships
- developing a contract with the NSW College of Nursing to provide a number of educational programs for registered and enrolled nurses and funding rural nurses to attend these courses.

At Pambula, for example, the addition of five Nurse *ReConnect* nurses has meant that the hospital has a full nursing roster for the first time in eighteen months.

Aboriginal Nursing Strategy

The NSW Rural and Remote Aboriginal Nursing Strategy has initiatives to increase the number of Aboriginal people in the NSW nursing workforce. Scholarships valued at: $10,000 per year for up to three years for undergraduate students and $4,000 per year for postgraduate students are available.

HECS waivers for nursing students

The NSW Government will continue to lobby the Commonwealth to waive the HECS fees for nursing undergraduate and postgraduate students, as they did for medical students willing to work in rural and remote areas. This will provide an incentive for students to choose nursing as a career and rural areas as a place to work.

Rural Allied Health Scholarships

In 2002, NSW Health increased the number of Rural Allied Health Scholarships to 40. These scholarships are paid to students from rural NSW who are living away from home while they study. Students from a wide range of allied health disciplines are eligible for the scholarships including: Aboriginal health, diagnostic radiography, dietetics, occupational therapy, orthoptics, pharmacy, physiotherapy, podiatry, psychology, social work and speech pathology.

A study into the effectiveness of the program is underway and the results will show where additional support for allied health students is required and better inform increased investment in the program. The government will respond to these recommendations as they arise.

The government will also trial the NSW Rural Allied Health Postgraduate Scholarship Program by providing eight scholarships in 2003 for public sector allied health professionals.

Rural Allied Health Forum

We will provide a commitment to a Biannual Allied Health Forum, and to allow informed consultation for the forum, will hold three forums in regional centres for allied health professionals within the next twelve months.

An Allied Health Forum will enable these clinicians to come together and share valuable experiences and information about models of care particularly relevant for rural and remote areas. The recommendations from these forums will link with initiatives developed by the NSW Institute of Clinical Services and Teaching to provide a much stronger level of support for allied health professionals.

Pharmacy Chair

The government is keen to promote rural health training. The Charles Sturt University has been working to improve the supply of rural pharmacists by attracting students from rural backgrounds. The establishment of a Chair in rural pharmacy will raise the profile of rural pharmacy and the undergraduate program with the real prospect of enhancing the number of graduates who enter and are retained in rural pharmacy practice.

Rural Health Training Units

NSW Rural Health Training Units were established to promote recruitment and retention of health professionals in rural and remote NSW giving emphasis to coordination, advocacy and promotion of education and training.

NSW Health will provide an additional $600,000 from 2002 to establish three new Rural Health Training Units in Mid North Coast, Northern Rivers and Southern Area Health Services. This additional funding brings funding of all eight Rural Health Training Units to a total of $1.7 million.

All Rural Health Training Units will work with the NSW Institute of Rural Clinical Services and Teaching.

Staff accommodation

The provision of good quality staff accommodation is a significant issue in attracting both permanent and locum staff to rural areas. Funding of $4 million has been committed to the Rural Accommodation Capital Program to purchase, build or renovate staff accommodation. Staff accommodation will be provided or upgraded at Lightning Ridge, Bourke, Corowa, Dubbo, Wellington, Narromine, Gulargambone, Kempsey, Dorrigo, Macksville, Bathurst, Tullamore, Trundle, Emmaville, Glen Innes, Lismore, Moruya, Batemans Bay, Bega, Delegate and Braidwood.

Rights of private practice for allied health professionals

Some hospitals in rural communities do not have enough demand to employ full time allied health professionals, such as physiotherapists. We will increase the opportunities for allied health professionals in smaller towns by allowing them to also see patients privately. This will allow them to have enough work for full time employment.

This strategy is more likely to encourage allied health professionals to come to rural areas. This will be achieved by allowing these clinicians to use hospital facilities for their private work. Arrangements for this to happen will be made through the local Area Health Service.

Securing the future of rural hospitals

Capital works

The practical working environment of many rural facilities is an important factor in attracting staff, and to providing good quality care. The NSW Government is rebuilding the rural and remote hospital system. Major regional hospitals at Coffs Harbour, Taree, Tweed, Dubbo and Armidale have been, and are being rebuilt. Also, planning is underway for new hospitals at Bathurst, Orange and Young.

Networking of hospitals

Networking is a term applied to the development of linkages between hospital sites. In a network, hospitals of all sizes, work together to ensure a wide range of services are available locally. By developing linkages with metropolitan hospitals, the rural network also has smoother access to high level or complex services.

Hospitals within a network may each provide different services. Collectively, the network ensures that patients are able to get the care and services they need, close to where they live.

Networking also provides better opportunities for staff to be exposed to a wider range of clinical experiences and for the development of 'seamless' care through collective planning and common protocols.

Sonia is an 18 year old university student in Bathurst, who has cystic fibrosis and needs regular checks by various specialists. Networking will enhance communication between health care providers based in Bathurst and Orange, as well as practitioners in Sydney, so that Sonia receives coordinated care whilst maintaining her studies.

Networking is not new and has already been applied with great success in several Area Health Services. For example, networking arrangements between Gunnedah Hospital and Tamworth Hospital and the specialists at Tamworth has meant that more day-only and less complex surgery is being performed at Gunnedah.

Networking of hospitals across rural areas with metropolitan hospitals will strengthen the role of each facility by the development of complementary services, improved referral processes and increased collegiality between the urban and rural workforces.

As with urban hospitals, it is impossible for each health facility to provide a full range of services. In rural Areas, where the population numbers are smaller, networking of hospitals is particularly important. Networking between facilities across a geographical area can help to create sufficient work volume, and therefore attract the full range of specialist staff, needed to sustain a safe and high quality clinical service.

The government is providing $2 million under the Rural Clinical Network Program to support rural networks. Projects are underway at Lightning Ridge, Deniliquin, Dubbo, Taree, Tamworth, Lismore and Goulburn.

Area Health Services will work toward multi-disciplinary Area-wide clinical departments, including Area-wide clinical appointments so that clinicians from one hospital are able to see patients at other hospitals in the network.

These departments will also allow a focus on care across the continuum – prevention, early intervention, treatment, rehabilitation and palliative care. This in many cases will be under the one clinical director and will mean that primary health care and allied health will be integrated into the planning, development and provision of rural health services within the network.

Some rural areas will start to provide some of the higher level tertiary services. Area Health Plans, developed with the local clinicians, will determine which services will be provided locally, from the Rural Referral Hospitals, or from metropolitan areas.

The rural Areas will work with metropolitan Areas to develop formal arrangements to provide care for people with specialist care needs, offer training and peer support for staff and assist in dissemination of new medical technologies.

Paediatric networking

Through the Paediatric Networking Program, over $565,000 has been allocated for the enhancement of rural paediatric services. Initiatives funded range from skills development for clinicians, professional development, telehealth initiatives, creation of additional specialist clinical paediatric positions and locum relief for rural paediatricians. It is anticipated that through these initiatives, more children will receive appropriate care closer to home, minimise disruption to families and assist with the retention of skilled specialist staff in rural areas.

This program will mean that Justine, an 8 year old from Armidale whose diabetes requires specialist care will have her follow up care provided by specialist Paediatric Endocrinologist who will visit from the John Hunter Children's Hospital on a regular basis. This means that Justine and her family will travel significantly less for specialist paediatric services.

Major Rural Referral Hospitals

Rural Referral Hospitals provide the majority of care in rural Area Health Services. They also provide the base for local specialists to provide outreach and consultation services for District Health Services and to general practitioners.

Major Rural Referral Hospitals will be built up at Dubbo, Lismore, Tamworth, Wagga Wagga, and in the Mid North Coast and Mid Western Area Health Services. These sites will be further developed to provide sub-specialisation and more specialised services. Services will include specialised heart diagnosis and treatment services, radiotherapy and other special cancer services that have not previously been available.

These major Referral Hospitals will provide an important interface between other rural hospitals and metropolitan Referral Hospitals, and act as a focus for rural acute health service networks.

Security of the role of District Health Services

As a result of its consultations with rural clinicians and communities, the RHICG identified a perceived uncertainty regarding the role of district hospitals in rural NSW. Two types of District Health Services will provide health services to people in rural NSW. Those providing obstetrics, surgical and anaesthetic services and those providing surgical and anaesthetic services only. The rural health network will provide each District Health Service with a clear and sustainable clinical role.

Bringing surgical services to rural communities

A trial of a new mobile surgical service will commence in 2002, bringing state-of-the-art operating theatre capacity to Gunnedah, Moree, Inverell, Walgett, Narrabri and Lightning Ridge. The services to be provided include ear nose and throat, ophthalmology, gynaecology and urology. This initiative will complement local surgical services and allow a greater range of surgical services to be provided locally. It will also provide opportunities for rural clinicians to be involved in the procedures thereby gaining valuable experience.

Mavis of Moree will soon be able to have her cataract operation in Moree. This will save Mavis a trip to Tamworth or Sydney and Mavis will be back in her home the same day with less disruption to her home life.

Technology and equipment

NSW now has one of the largest integrated telehealth networks in the world, with digital technology now linking over 200 health sites. This means that many rural patients can be seen by specialists in their own town without having to travel to the city.

Telehealth uses the latest in digital technology to connect patients and health care providers across large distances in 'real time'. A key application of the technology is the transfer of medical images to obtain a second opinion.

Telehealth will be expanded with an additional $4 million bringing innovative services to an extra 43 health facilities statewide, including 11 new clinical services.

Supplementary funding will provide over $7.4 million in 2002 for medical equipment across 37 hospitals in rural NSW. This includes medical equipment in Far West, anaesthetic machines in Greater Murray, x-ray and anaesthetic equipment in Macquarie, CT scanner and monitoring equipment in Mid Western, sterilisation equipment in New England, fluoroscopy room and orthopaedic equipment in Northern Rivers and sterilisation and orthopaedic equipment in Southern.

Making health services more accessible for rural people

The fundamental principle underpinning the *RHICG NSW Rural Health Report* is to provide a greater range of services closer to where people live.

Rural Area Health Services are able to meet about 80% of demand for public hospital care within rural NSW. Residents travelled out of rural Areas most commonly for services such as renal dialysis, cardiology, and orthopaedics.

Attracting and keeping staff in rural areas and providing networked facilities are crucial to increasing rural health services.

Cancer services

The *NSW 2006 Strategic Plan for Radiotherapy Services* will be released later in 2002. Rural radiotherapy services will start to be established in NSW over the next five years. The first two centres will be established on the mid north coast and in the central west of NSW.

Comprehensive cancer care networks will be established in rural areas, with chemotherapy services, including outreach services provided from metropolitan areas, increased wherever possible. A mid-term review of the strategic plan will be undertaken to assess other potential sites, especially in growth areas.

Radiotherapy services in rural NSW will improve access for people like Bob, a 60 year old timber mill worker from Walcha who has prostate cancer and requires radiotherapy treatment over an extended period. Instead of having to travel to either Newcastle or Sydney for daily treatment over a 6-8 week period, Bob will be able to stay closer to family and have the support of friends during his treatment.

Furthermore, Bob will have access to quality services provided from a comprehensive cancer care centre providing a range of cancer and support services. This centre will also be networked to a larger more established cancer care centre in a metropolitan Area Health Service

Critical care

Critical care services refer to Emergency Department services, intensive care and high dependency care. Recruitment and retention of experienced medical, nursing and allied health staff are especially important to critical care services where the pool of staff is more limited than that in metropolitan areas.

Priority will be given to an increased level of staffing of the services in target hospitals such as Dubbo and Coffs Harbour. For example, in Dubbo, a Director of Critical Care Services will be appointed, supported by additional medical and nursing support to bring together the Emergency Department and Intensive Care Unit staff as a strong local team.

Heart services

There will be major enhancements to rural NSW for the diagnosis, prevention and treatment of heart attacks. Four on-site cardiac catherisation laboratories will be established in rural NSW over the next five years. These facilities will provide heart dye tests then move to provision of the treatment of blocked heart vessels. These facilities will be developed at Lismore, Tamworth, Orange, Wagga Wagga and the Mid North Coast. The establishment of these units act as an incentive to cardiologists interested in establishing services.

Following Bill's heart attack he will be able to have his dye test on his heart in Tamworth, the New England Area's major rural referral hospital instead of travelling from Guyra to Sydney. Being closer to home will mean Bill's family will be able to be with him and support his recovery.

Renal services

The government recognises that there is growing demand for dialysis services across NSW, and acknowledges the particular impact this growth is having in rural areas. The government also realises that patients may face difficulties in having to travel significant distances several times a week to receive dialysis treatment. Similarly, there is recognition of the problems clinical staff may encounter when seeking to participate in continuing professional development to maintain their expertise.

In order to improve access to dialysis services for patients throughout rural NSW, funding will be provided for key rural areas to establish appropriate dialysis services or enhance the facilities that are currently available.

Furthermore, funding will be made available for clinicians to undertake educational programs, and to maintain staffing levels to ensure quality of care in rural units while they are engaging in these activities. Additional resources will also be provided to enhance patient education and support in rural areas.

Rural orthopaedics

In a major boost to rural orthopaedic services a $7.5 million Rural Orthopaedic Funding Package will be provided in 2002/03 to support rural surgeons in providing additional joint replacements for people living in rural NSW.

This is a sustained commitment to enhancing rural orthopaedic services, with $5 million funding to be provided each year from 2003/04.

The additional funding will deliver direct benefits to patients requiring orthopaedic services by reducing their waiting times and enabling them to have the treatment they require locally. It will also be beneficial for clinicians by providing the sessions and equipment they require to perform more procedures to meet patient needs.

Angus would like to have his knee replacement done locally by the orthopaedic surgeon who has cared for him in the past. Funding for more joint replacements in rural areas will mean Angus can have this surgery done sooner.

Aged care

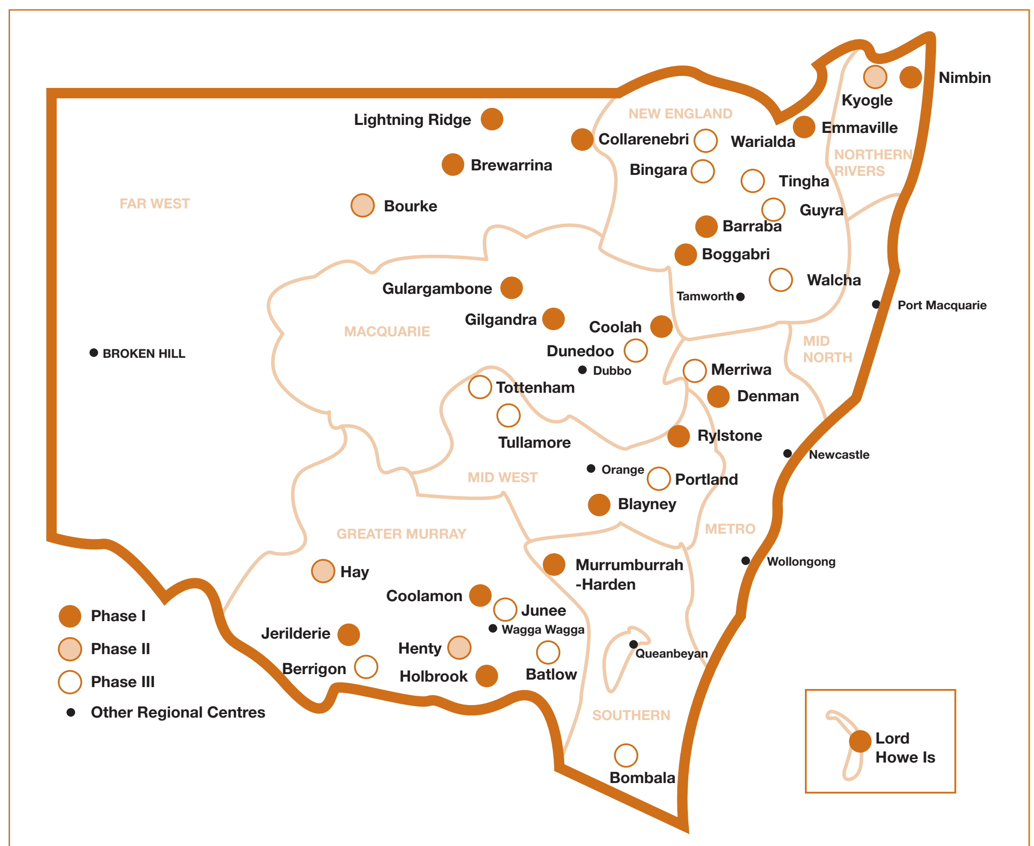
Rural NSW has changed substantially over the last decade as has the way health care is delivered and funded. Doctors have a preference for shorter hospital stays, there is expanding use of technology, more services are delivered in the community and increasingly more older people are choosing to be cared for at home. The Rural Hospital and Health Service Program, the former MPS Program, enables older people to stay closer to their families and friends.

In 2001, the government committed funding to a second five-year NSW Dementia Strategy. *Future Directions for Dementia Care and Support in NSW, 2001-2006* was developed in consultation with a wide range of stakeholders. It builds on the first dementia plan and is jointly lead by NSW Health and Department of Ageing, Disability and Home Care.

NSW Health was successful in obtaining Commonwealth funding for six two-year pilots under the 2001/02 Aged Care Innovation Pool – three of which are Innovative Care (Rehabilitation) Services pilots and three are dementia specific proposals. Two of the pilots are in rural Area Health Services – Greater Murray and Northern Rivers – and are expected to become operational in October 2002. NSW Health Department is developing further proposals with Area Health Services and Non-Government Organisations for consideration by the Commonwealth under the 2002/03 round.

Rural Hospital and Health Service Program (formerly the MPS Program)

The significant capital investment in small rural hospitals initiated by the *Sinclair Report* will be maintained. $57.2 million is invested in 18 Phase I sites under construction. Phase II sites are being implemented progressively from June 2002 and service planning for Phase III sites is underway.



As shown in the map, Phase I sites are:

- Brewarrina, Collarenebri and Lightning Ridge in the Far West
- Coolamon, Holbrook and Jerilderie in the Greater Murray
- Denman in Hunter
- Coolah, Gilgandra and Gulargambone for Macquarie
- Blayney and Rylstone in Mid Western
- Barraba, Boggabri, Emmaville in New England
- Nimbin in the Northern Rivers
- Murrumburrah-Harden in Southern
- Lord Howe Island

Phase II will include Bourke (Far West), Hay and Henty (Greater Murray) and Kyogle (Northern Rivers).

Phase III identifies 14 sites, currently in planning as follows:

- Batlow, Berrigan and Junee for the Greater Murray
- Merriwa in the Hunter
- Dunedoo in Macquarie
- Portland, Tottenham and Tullamore in Mid Western
- Bingara, Guyra, Tingha, Walcha and Warialda in New England
- Bombala in Southern

Mental health

Rural mental health expenditure will increase by $30.3 million in the three years to June 2003. An additional 82.9% to Macquarie, 77.9% to Mid North Coast, 54.5% to Northern Rivers, 48.9% to Far West, 48.9% to Greater Murray, 28.6% to New England and 9.1% to Southern, overall a 34.4% increase in funding to rural NSW.

This funding will result in additional acute mental health beds at Dubbo (18), Taree (20), Tamworth (10), Coffs Harbour (17) and Tweed Valley (25). The NSW Government is also providing additional funds of $2.5 million to refurbish the Kempsey Mental Health Unit which will result in an additional 10 acute mental health beds.

The government has provided further enhancement of $20 million recurrent funding. The additional funding contributes to the requirement under the Transitional Accelerated Bed Program to commission 226 mental health beds in 2002/03 of which 32 beds will be at Bloomfield. This program includes 118 supported accommodation beds, a significant proportion of which will be in rural areas.

More than $5.3 million is being provided over two years for Mental Health Nursing Education. The funding which was allocated to the NSW Colleges and Universities will provide undergraduate and post-graduate training for nurses to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW. Approximately one third of these initiatives will cover rural areas.

The Mental Health Nursing Enhancement Program is providing:

- support for mental health clinical placements for approximately 2,500 undergraduate nursing students.
- scholarships and clinical support for approximately 350 registered and enrolled nurses.
- mental health nursing introductory courses in a range of general hospital settings.
- mental health refresher programs for registered and enrolled nurses who either wish to re-enter the mental health workforce or to change their nursing specialty.

Dental care

Three Rural and Regional Oral Health Centres will be established to provide specialist dental care. A $1 million allocation will be divided between three rural oral health networks to develop these centres at Queanbeyan, Dubbo, Grafton (with paediatric outreach at Coffs Harbour).

These centres will provide easier access to paediatric and orthodontic specialist services and a substantial increase in the number of specialised services for the aged who may require more complex treatment. These centres of excellence will mean that patients needing complex dental treatment, including orthodontics, will be seen locally and will not have to travel to Sydney.

Once these centres have been established it is expected that residents in rural Areas will have access to over 1,200 sessions of specialist care which were previously not available to them.

Seven year old Simon from Coffs Harbour fell off his push bike and has major damage to his teeth. His mum takes him to the Coffs Harbour Community Dental Clinic. Simon needs immediate emergency care for his teeth, but will also need extensive ongoing treatment, including orthodontics to repair them.

In the past Simon and his mum would have had to travel to Sydney several times, over several months to receive this care. Now he will be able to have this work done at Coffs Harbour and not have as much time off school.

A number of oral health workforce-related reviews have highlighted recruitment and retention issues as a priority. They also identified the need to provide opportunities for staff to work alongside specialists, to be exposed to teaching and mentoring and skills upgrades, which would offer substantial professional development benefits not available within the private sector and make the public sector more attractive.

There will be an increase in postgraduate teaching, public health research and professional development opportunities for both private and public dental staff. These initiatives will greatly boost dental services and support the recruitment and retention of oral health professionals in rural NSW.

Podiatry services

Foot care is a key element in treating many conditions, particularly in the elderly and is essential for many patients in retaining mobility and independence. Primarily due to workforce availability, access to podiatry services in many rural and remote locations is limited.

Additional funding of $0.5 million will be provided to rural Area Health Services each year which should enable an increase of about 15,000 consultations.

In country areas experiencing difficulties in attracting or retaining podiatrists, some of these funds may be used to support the involvement of private podiatrists so as to ensure that required services are available locally.

New England Area Health Service is currently using a 'brokerage model' to provide a service to high risk clients in areas where recruitment of podiatrists has been difficult. In this model the client is assessed by the podiatrist employed in the public health system. This podiatrist provides the client with a number of vouchers to attend a private practitioner for treatment services. The private practitioner is then reimbursed by the Area Health Service on the vouchers which have been submitted for treatment services provided.

This model utilises local practitioners to complement the work of hospital employees. Also, the Department of Veterans' Affairs provided one-off funding to New England Area Health Services to equip a podiatry clinic at Manilla Hospital. A private practitioner runs a clinic in these premises once a fortnight rent-free in lieu of seeing a number of public patients.

NSW Health Department is also developing a draft paper, *Framework for Podiatry Services in NSW* which outlines a range of options for recruiting and retaining podiatrists.

Rural transport

Patients in rural areas can experience difficulties in getting to and from health appointments, particularly if they are referred to a neighbouring community.

Funding of $2.5 million has been allocated to implement the Transport for Health Model. This will supply an additional two million passenger kilometres which equates to an estimated 20,000 additional patient trips to and from state funded health facilities.

NSW Health conducted a review of non-emergency health-related transport services in NSW in 2001, as part of the *NSW Government Action Plan for Health*. The resulting Discussion Paper, *Non-Emergency Health Related Transport: Facilitating access to health service in NSW*, identified a significant unmet need for health related transport, particularly for people living in rural areas of NSW, and made a series of recommendations for improving the coordination and efficiency of these services. Feedback from consultations has been incorporated into the Transport for Health Model.

This will include the establishment of integrated Health Transport Units and Health Transport Networks within each Area Health Service. Health Transport Units will act as a central coordination point for non-emergency health-related transport services by providing information, taking bookings and providing referrals as appropriate and will significantly improve the coordination of health related transport services in Areas. Each Health Transport Unit will employ an Area Transport Coordinator.

Health Transport Networks will promote better communication and collaboration between Area Health Services, community transport service providers and other interest groups including other health care and community and consumer groups.

Other elements of the model include streamlining referral and booking processes to make it easier for patients to access these services, as well as instigating a passenger classification system which ensures that each person's individual medical and support needs are more adequately identified and better matched with an appropriate transport service provider.

Each entitled patient will receive a Health Transport Card, which contains contact details for accessing local health related transport services. A Statewide Transport Coordinator has been appointed to work with the Area Health Services and other key interest groups on implementing the Transport for Health Model.

Aboriginal health

To improve the health of Aboriginal mothers and babies, the *NSW Aboriginal Maternal and Infant Health Strategy* is being implemented. Funding is provided for primary health care programs designed to meet the needs of Aboriginal women (and babies) during the antenatal and postnatal period.

An Aboriginal Maternal and Infant Program is being implemented in the following rural Areas:

- **Walgett AMS.** There has been a 25% increase in numbers of Aboriginal women seen before 20 weeks gestation at Walgett AMS in the previous two years. This is a significant improvement in direct outcomes, particularly in remote NSW where perinatal mortality is 11.2/1,000 births.
- **Durri AMS (Kempsey).** There has been an overall increase in the numbers of Aboriginal women presenting before 20 weeks gestation and an increase in numbers seen for antenatal care in total.
- **Katungal AMS (Bega, Narooma)** in partnership with the Southern Area Health Service. There has been a 50% in numbers of women seen before 20 weeks gestation since the program has been implemented.
- **Greater Murray and Northern Rivers Area Health Services.** The Aboriginal Maternal and Infant Program was implemented in 2001/02. Initial data shows increasing numbers of at risk women are being seen antenatally.

Otitis Media is a widespread middle ear infection, which affects predominantly Aboriginal infants and children. If untreated, it causes hearing loss and may result in total deafness. The Aboriginal Otitis Media Strategy NSW funds six rural projects at a total cost of $292,200 under the Aboriginal Statewide Enhancement Program.

The Aboriginal Vascular Health Program has established seven rural demonstration site projects which provide for improved mechanisms for locally coordinated care, early detection and referral, implementation of evidence based disease management protocols and culturally appropriate models for disease self-management. The total funding to rural sites under the Aboriginal Vascular Health Program is $258,391 in 2002/03, with additional funding for these projects in 2003/04.

Since 1999 NSW Health Department has provided $100,000 per annum to the Department of Ophthalmology (UNSW) at Prince of Wales Hospital, to provide an Eye Health Service to rural Aboriginal communities in the upper western sector of Far West Area Health Service.

The Aboriginal Minor Capital Works Program is providing over $1.2 million towards five projects in rural areas of NSW. These projects range from upgrading existing facilities to the provision of new buildings for Aboriginal Community Controlled Health Services.

Under the Aboriginal Community Grant Scheme, funds will be provided to successful Aboriginal Community Controlled Health Services to implement health promotion activities. Up to $50,000, over two years, can be applied for and at present 19 applications from rural Aboriginal Community Controlled Health Services are being assessed.

The Aboriginal Non-Government Organisation Program provides funding to Aboriginal Community Controlled Health Services to deliver complementary health services to the Aboriginal community. Typically these include public health, dental health and drug and alcohol services. The Aboriginal Non-Government Organisation Program recurrently funds 20 Aboriginal Community Controlled Health Services at a total cost of $2.42 million.

An *Aboriginal Family Health Strategy* to reduce the occurrence of family violence, sexual assault and child abuse in the Aboriginal and Torres Strait Islander community has been implemented. The strategy funds 14 rural projects costing of over $1 million.

The Primary Health Care Program package has funds for a midwife, an Aboriginal health worker, GP services, a vehicle, training and support and community peer education and community consultation. Teams of midwives and Aboriginal health workers work together with GPs and specialists to provide community based care, outreach services, antenatal and postnatal education, social and emotional support and referral to community services.

The rural Primary Health Care Programs are located in Far West (Broken Hill), Macquarie (Dubbo), Mid North (Taree, Coffs Harbour), Mid Western (Orange) and New England (Moree)

NSW Health Child Protection Service Plan

The protection and care of children and young people is a key priority for the NSW Government, especially those at risk of, or who have experienced, abuse or neglect.

Apart from a range of strategies contained within the NSW Health Child Protection Service Plan which have relevance to all services, specific initiatives of the service plan with respect to rural and remote NSW include:

- improved recruitment and retention of specialist workers in sexual assault and PANOC Services.
- seeking Commonwealth funding opportunities to develop, pilot and extend innovative best practice models into rural and remote communities.
- developing training and support strategies for rural medical officers undertaking sexual assault examinations

The *NSW Health Child Protection Service Plan, 2002-2005* identifies a range of strategies to enhance the early identification and responsiveness of NSW Health services to children and young people at risk of, or who have experienced, abuse or neglect and aims to enhance the collaboration and coordination of services.

The key points of this plan are:

- providing opportunities for information sharing across the state regarding innovative models of service delivery to rural and remote communities and seeking funding opportunities to further develop these models.
- addressing issues related to recruitment and retention of specialist workers in Sexual Assault and PANOC Services.
- developing training and support strategies for rural medical officers undertaking sexual assault examinations.

Women's health

Funding is made available through the Public Health Outcome Funding Agreement to address locally identified women's health needs in rural communities. Successful projects in 2002/03 include:

- **The Bridge Program** – providing information to increase access to sexual assault services in the local Aboriginal communities in Tamworth. The initiative is in partnership with the Aboriginal and Torres Strait Islander Commission (ATSIC) and the Tamworth Police Service. New England Area Health Service, $47,000
- **After the Sentence** – a post release safety program for women with partners in prison (Bathurst). To increase women's capacity to address family violence and prevent the transmission of STD's with partner post release. Central West Women's Health Centre, $69,800
- **Reducing Adolescent Girl's Risk of Depression** (based in the Griffith area) – a partnership between the Greater Murray Area Health Service and the Adolescent Family Counselling Service. Adolescent Family Counselling Service, $50,000

Ambulance

Ambulance stations are now co-located with public hospitals in the rural NSW towns of: Baradine, Boggabri and Walgett. There are a number of co-locations that are under tender or construction, including: Holbrook, Coolah, Gulargambone, Gilgandra Ambulance Education Centre, Rylstone, Brewarrina, Collarenebri, Lightning Ridge and Denman. Planning has commenced at Barraba, Bourke, Hay and Kyogle.

A co-located service provides a range of links between two services which improve health service delivery through better direct communication. Co-location of ambulance stations with the health services provides better opportunities for shared arrangements in training and education in emergency care.

Drug and alcohol

The investment that has been made in rural drug and alcohol services since the Drug Summit has provided improved access to treatment, a greater uptake and wider range of treatment options, including treatment in the home, and an improved level of expertise among doctors in rural communities.

Several initiatives targeted at rural communities include:

- expansion of drug treatment programs
- new drug and alcohol counsellors have been appointed in each of the rural Area Health Services
- new clinical drug and alcohol nurses to be appointed in the same Areas over four years

- additional expansion of drug and alcohol services on the Mid North Coast and New England Areas in the form of multi-purpose drug and alcohol facilities.

Every Area Health Service has a designated phone number for those wishing to access services. Callers are assessed over the phone and linked into more detailed assessment or a treatment option.

Also, a newly constructed inpatient detoxification service has opened in the Northern Rivers. The Riverlands Centre incorporates a 16-bed inpatient detoxification, methadone, case management and self-help counselling services.

Home detoxification programs have been established in three rural Areas (Far West, Greater Murray and Southern) and are operating from the multi-purpose services in the Mid North Coast and New England.

The Magistrates' Early Referral Into Treatment (MERIT) Program is currently rolling out statewide.

The GP Program has been extended from 11 to all 17 Area Health Services in the state.

Frontline Worker Training Projects are being established in: Riverina/Murray, Western NSW, Illawarra/South East, North Coast and New England during 2002. The projects will develop cooperative partnership approaches to management of drug and alcohol issues between frontline government and non-government organisations.

Significant expansion of methadone places has occurred in rural areas which has removed waiting lists for treatment in most rural areas.

On-line training for methadone prescribers has commenced. This benefits rural medical practitioners who cannot easily access metropolitan training courses.

A voice for rural health

Since 1997 more than 67 Health Councils have been established in rural NSW. They provide ongoing community input and participate in decisions about their local health services. All rural health services have a designated staff position to facilitate consumer and community participation.

Following the release of *Partners in Health* report in November 2001 the Health Participation Council was established to provide consumer and community input into policy decisions at a state level. Wendy McCarthy chairs the council of 21 members who are drawn from a wide range of consumer and community organisations and appointed for two years. Eight members reside in rural areas.

Establishing links with local participation structures is a high priority with the council who have been meeting bi-monthly since March 2002.

Rural NSW makes up nearly a quarter of the state's population and includes major centres, small towns and remote communities. The health issues encountered by rural communities are complex, and given circumstances such as isolation are not the same as those issues found in metropolitan areas.

To ensure that attention is given to rural issues a Rural Health Unit will be established within the NSW Health Department to promote rural health services at a state level and develop strategic rural health policies.

A major function of the Unit will be to assist in implementation of the *NSW Rural Health Report* working with the Rural Health Implementation Taskforce and in establishing the NSW Institute Rural Clinical Services and Teaching.

Through Area Health Services and the Health Participation Council the Unit will ensure rural community participation in all aspects of the work of the implementation taskforce.

In conjunction with the Health Participation Council the Unit will conduct an audit of consultative committees reporting to the Minister and make recommendations to the Minister on how the involvement of people from rural areas could be increased.

Health Care Agreement

Australian Health Ministers have commissioned work to provide a policy framework for the Australian Health Care Agreements. Nine reference groups were subsequently formed, and one of these groups is considering issues relating to rural health.

NSW has taken a lead role in ensuring that rural health has a high priority in these negotiations by overseeing responsibility for the Improving Rural Health Reference Group. This group has a broad representation and is co-chaired by Associate Professor Debora Picone, Deputy Director-General, Policy NSW Health, and Professor David Wilkinson, Pro Vice Chancellor and Vice President, Division of Health Sciences, University of South Australia.

The new Australian Health Care Agreements provide a significant and timely opportunity to embark on a program to reform the rural health and aged care system to make it work better in the short and long term. For rural health and aged care to improve, governments have to refocus the Australian Health Care Agreements. The agreements can no longer be solely a mechanism for compensating the states for lost revenue from private health insurance. The agreements need to represent a funding partnership between the Commonwealth and states/territories to provide comprehensive health services for all Australians.

The reference group recommended the following six key actions that have the most potential for improving health and aged care services in rural Australia if targeted under the next Australian Health Care Agreements:

1. Provide additional funding for genuine incentives to increase the rural GP workforce.
2. Implement the recommendations of the Rural Medical Specialists Review DHA 2002.
3. Provide immediate resources to improve aged care services in rural communities and bring existing but non operational resources on-line.
4. Undertake targeted increases in rural health expenditure on Aboriginal health services.
5. Develop models for better use of existing private and community providers of transport in rural areas.
6. Develop and implement community/regional based models for funding and governance that build the community's capacity to work with the Commonwealth, state and the private sector in planning comprehensive health and aged care services in their own communities and regions.

Where to from here?

The next two years will be about making this plan happen, on the ground, where patient care is delivered.

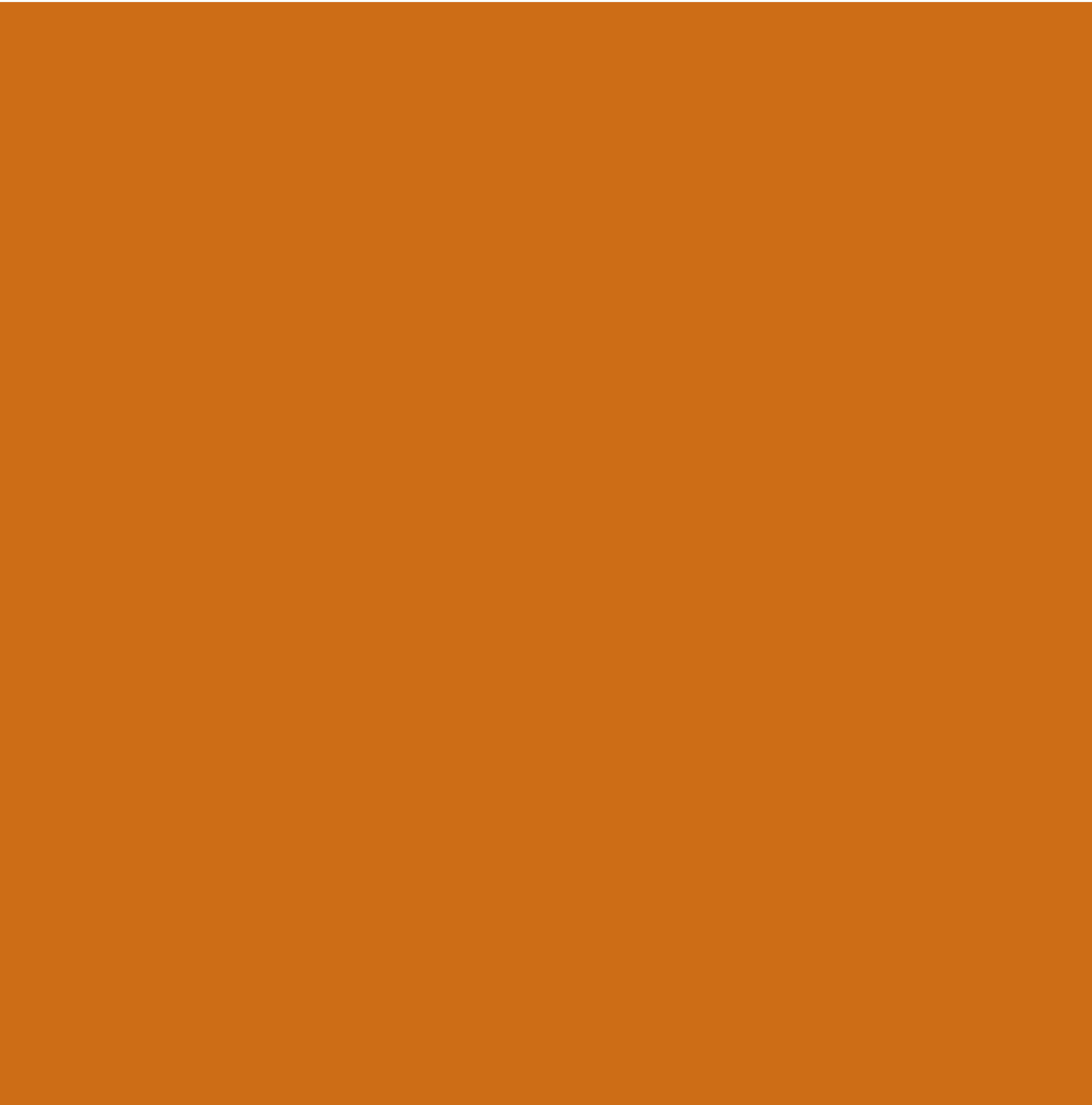
To ensure that the practical solutions they helped develop are put into place, a Rural Health Implementation Taskforce will be established which will include many who assisted RHICG to develop the *NSW Rural Health Report*. This taskforce will be supported by the Department through the Rural Health Unit.

To do this, the taskforce will liaise with rural communities, Area Health Services, rural clinicians and the steering committee which will establish the NSW Institute of Rural Clinical Services and Teaching.

The implementation taskforce will report to the Director-General and the Minister for Health on the progress and success of the *Rural Health Report*.

Thanks must go to the hundreds of individuals who have so generously led and supported this process. They have assisted the government immeasurably in improving the health care of people in rural NSW.

* *Examples used in this document are not actual people but demonstrate the real life benefits of the initiatives discussed.*



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