



Council of Social Service of New South Wales

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Ms Jacq Hackett
Consultant
Second NSW Rural Health Plan
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Dear Jacq,

Re: NSW Rural and Remote Health Priority Taskforce Second NSW Rural Health Plan

I am writing to you in regards to the above review and to thank you for providing the Council of Social Service of NSW (NCOSS) with the opportunity to make a submission.

Unfortunately NCOSS did not get sufficient time in order to be able to consult fully with its members in rural and regional NSW. The following response is based on previous work that NCOSS has done and some email contact we had with regional organisations, most of whom raised concerns about access to health services in rural and regional areas. We have therefore focused our response on this issue.

1. About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation (NGO) and is the peak body for the non-government human services sector in NSW.

NCOSS has as its vision a society where there is social and economic equity, based on cooperation, participation, sustainability and respect. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services, emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church

groups, peak organisations and a range of population-specific consumer advocacy agencies.

2. NCOSS' approach to health advocacy and policy

NCOSS convenes a number of forums and Policy Advice Groups to inform our work so that it reflects the expertise and views of the sector. One such forum is the Health Policy Advice Group (HPAG). The NCOSS HPAG is a forum of peak consumer and community non-government organisations that advise NCOSS on health policy issues, particularly access and equity issues for low-income and disadvantaged groups.

NCOSS believes that health policy and systems need to be based on principles that recognise health as a human right, the social determinants of health, and the importance of strengthening the role of the community and consumers in the development and delivery of health services.

The World Health Organisation Constitution states that:

“The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition.”¹

More specifically, the United Nations have explained that seeing health as a human right can be understood as:

“The right to... an effective and integrated health system encompassing health care and the underlying determinants of health, which is responsive to national and local priorities, and accessible to all. Underpinned by the right to health, an effective health system is a core social institution, no less than a court system or a political system.”²

Simultaneously, a social determinants of health approach recognises that the cultural, social and economic environment in which people live shapes their health, and that inequalities in these areas lead to inequalities in health. Recognising the social determinants of health as a principle in the development and delivery of health and other human services builds on the recognition of health as a human right, and facilitates a process of integrated service delivery.

NCOSS also believes that across health policy and service delivery the community generally, and consumers of health services more specifically, should be involved in all aspects of health care design, from individual to systemic levels. Consumer engagement is essential to the development and delivery of accessible, effective, appropriate and patient-centered health services that lead to positive health outcomes.

These principles form the foundation of the work NCOSS undertakes in relation to advocacy and policy in Health.

¹ World Health Organisation Constitution, available at: http://www.who.int/entity/governance/eb/who_constitution_en.pdf (last accessed 19 March 2008)

² UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of mental and physical health, 2006

3. Health Issues in Rural and Regional NSW

Each year, NCOSS visits different rural and regional locations across NSW to identify critical social policy and human services issues. NCOSS consultations are held with non government community organisations, consumers and community members.

Specific consultations are also held with Aboriginal organisations, workers and community members, including Elders.

From March to September 2008, NCOSS visited the Illawarra and Shoalhaven (Wollongong, Albion Park Rail and Nowra), the Mid North Coast (Kempsey, Port Macquarie and Taree), the Greater West (Dareton, Balranald and Hay), and also held consultations in Macarthur, South Sydney and Wagga Wagga.

The consultations provided a snapshot of prevailing conditions based on firsthand experience and the knowledge of participants.

As with all NCOSS visits there were a number of key themes that were raised consistently across all areas – housing, health and transport and sector development.

Access to health services and affordable health care was a prominent issue. Lengthy waiting lists or a total lack of public dental health services were commonly cited. For some regions there was a perceived workforce shortage, others noted that the infrastructure and positions were available but attracting staff was difficult. In some communities, the only option is to travel long distances to their closest regional hub, to go to Sydney, or for communities in southern NSW, to go to Melbourne. For those without money, there are often very few options.

Mental health was also a recurrent theme. Once again, finding qualified workers was identified as a problem. In general, rural and regional areas are not equipped with the resources to provide a holistic approach to mental health. In some areas, there is only one psychologist or psychiatrist who travels into the area for one day a week. If people do not get access to adequate mental health care, there is often a general deterioration in other parts of their lives. This brings them into contact with community services for other reasons. Furthermore, there is a sense that these services are ‘filling a gap’ in government service provision.

4. The Importance of Recognising the Role of Non-Government Organisations in providing health care in Rural and Remote Communities

NGOs within the health sector have strong capacity to be key deliverers of community health services that meet the aims and priorities of the NSW State health plan. The NSW State Health Plan (2007) includes priorities to increase investment in prevention and early intervention within health services and reduce the health gaps for communities that experience multiple disadvantages. NGOs work towards identifying, developing and managing innovative programs and services, building community infrastructure and advocating for the interests of disadvantaged people.³

³ Working Together for NSW

Therefore, any health plan developed within NSW cannot ignore the important function that NGOs play in the delivery of health services and the complementary role health NGOs have to NSW Health delivered services.

The nature of the NGO sector is to be integrated within communities and to establish strong connections with marginalised groups. Health outcomes across NSW are currently unequal with certain communities, such as people living in rural and isolated areas experiencing poorer health outcomes than other community groups.⁴ For geographic, social and cultural reasons, mainstream services are not always accessible to or are the most appropriate provider of health care for particular population groups.⁵ A reliance on mainstream services can contribute to the unequal distribution of health outcomes.

Health Care Strategy: A Discussion paper from the Australian Government states that without effective engagement with local communities, services are less likely to be relevant or culturally appropriate. This can lead to poor adherence to treatment regimes, limited success with reduction in lifestyle related risk factors and worsening clinical outcomes. NGOs ability to be integrated into the community and understand the need of marginalised groups allow them to be key deliverers of relevant health promotion, prevention and intervention strategies that can improve the health outcomes of these population groups. Connections with the community allow NGOs to be flexible in the services that they provide. NGOs are therefore able to adapt services and service planning to meet the changing needs and circumstances of communities. This should be recognised as an essential element of a health system aiming to promote the wellness of its population.

5. Accessing Health Services - Transport

The Transport for Health program is aimed at supporting Area Health Services to be more strategic in identifying, consolidating and integrating a full range of transport services and resources to increase effectiveness and reduce duplication.⁶ Furthermore it promotes the use of a mobility management approach to non-emergency transport by all Area Health Services, through coordination between the appointments system and transport service providers, the encouragement of closer cooperation and the development of partnerships with external service providers such as the community transport industry.

There is also funding available specifically targeting health related transport through the Transport for Health Program. Eligibility for support under this program is wider than for the Home and Community Care Program (HACC) and it is provided on the basis of a patient's inability to reasonably gain access to local health services by either public or private transport. Passengers whose trips are subsidised by Transport for Health in rural areas can be taken to regional and Sydney-based health facilities as well as local facilities. As with the HACC program, Transport for Health is based on eligibility rather than entitlement.

In rural and regional areas there are many barriers to accessing transport, which affect people's ability to seek treatment when needed. For example regionalisation of services has meant that many people who do not own a motor vehicle are likely to face significant difficulties travelling to access health services. In some areas this can mean a trip of 200 –

⁴ NSW Health, *A new direction for NSW: State Health plan towards 2010*, 2007, p.9

⁵ Australian Institute of Health and Welfare, *Australia's health 2008*, 2008, p.337

⁶ Transport for Health includes the Isolated Patients Travel and accommodation assistance Scheme (IPTAAS); the Health Related Transport Program, Inter-facility transport (non-Ambulance); Statewide Infant Screening-Hearing Program and services funded under the former Transport For Health Program

300kms just to get to the appointment. The problem can be even greater in Aboriginal communities where it is not uncommon for people to walk or hitchhike long distances in order to attend medical appointments.

Another aspect of the Transport for Health Program is the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). This program is designed to assist with access to specialist medical treatment and oral surgical care, for people living in isolated and rural communities. It provides a partial reimbursement of actual accommodation and travel costs. To be eligible people need to live more than 100km (one way) from where specialist medical treatment that they need is provided.

There are a number of problems relating to IPTAAS, including the:

- High upfront costs of the scheme,
- \$40 co-contribution that is deducted from the total benefits payable for each journey (excluding pensioners and health care card holders)
- Low levels of reimbursement for accommodation costs (\$46 per night for a double and \$33 per night for a single) and fuel (15c per km),
- Lack of ability to elect a carer and
- Intensive paperwork required for each claim.

In addition IPTAAS reimbursement can take up to three months. These barriers and complex paperwork means that many low income and Aboriginal people will not use the scheme.

Despite ongoing reforms of the health system in NSW, there has been little attention paid to the transport needs of patients. Despite increasing demand for access to health appointments reported by community transport providers there has been little increase in funding to health related transport services. In light of increasing fuel costs and increasing demand NSW Health needs to significantly increase funding to the Health Transport program for both transport to health and IPTAAS and recognise the importance of transport as part of the health system.⁷

Some strategies to address transport to health issues include:

- Improve monitoring and evaluation of the Transport for Health Program, especially of the number of people who are refused a service (to determine unmet need)
- Ensure health planning includes provision of patient accommodation and transit lounges at major health facilities, access to parking for patients and their escorts and adequate discharge planning procedures to ensure patients have transport home from hospital
- Ensure that appropriate transport services are available for patients who require specialist equipment and support, including cancer patients.
- Create health transport options for Aboriginal people by providing dedicated and flexible services to Aboriginal communities, including increasing the network of Aboriginal transport coordinators.

⁷ In the NCOSS 2010-11 Pre Budget Submission NCOSS argues for an increase in funding to \$10.65 million per annum as per the No Transport No Treatment Report released in December 2007.

Some strategies to address issues with IPTAAS include:

- Reform administration of IPTAAS in NSW to minimise paperwork and allow administration by local services.
- Reform payment processes through IPTAAS so that travel and accommodation expenses can be estimated and paid in advance or bulk-billed.
- Ensure that travel and accommodation expenses for IPTAAS are reimbursed to the equivalent of the public service rate. These reimbursements should be adjusted by CPI each year and take account of different accommodation costs associated with staying in large rural and metropolitan centres.
- Broaden IPTAAS to cover generalist medical appointments, not just specialists, if people live in isolated areas and especially for Aboriginal communities
- Ensure that people undergoing block or repeated treatments such as radiotherapy need only pay the personal contribution once per treatment cycle

6. Other Issues

6.1 Oral Health

Oral Health remains a key issue in rural and regional Australia and is an area of health care that needs to be addressed through the Rural Health Plan. Some brief discussions that NCOSS has had around the provision of oral health care in rural and regional areas has identified that regardless of the amount of funding, not having a dental workforce is a key issue.

There are two key reports that NCOSS would like to direct you to:

- Rural Dental Action Group, Dental Health Survey 2006:
<http://www.ncoss.org.au/bookshelf/health/submissions/RDAG%20summary%202006.pdf>
- Report of the NSW Oral Health Alliance – Access to dental services amongst clients of non-government human service agencies:
<http://www.ncoss.org.au/resources/090402-DentalSurveyReport.pdf>

Some strategies to address the workforce shortage in public dental services include:

- The introduction of an internship model, based in the public dental system, similar to that of medical practitioners, that would include a rotation through rural and regional areas
- Establish a dental unit within public hospitals as it has been noted that hospital emergency departments are confronted with a large number of oral injuries and do not know how to treat them. This could be available 24 hours a day, 7 days a week and staffed with a dental therapist and support staff with a dentist on call for more complex treatments.

This would address immediate issues and decrease the need for more complex and expensive dental treatment later on. After all if a person can get their throat, nose or eye problems addressed (and now mental health through the introduction of psychiatric emergency care units) in an emergency department, then why shouldn't someone be able to have their oral health needs taken care of as well.

- Broaden the utilisation of other members of the dental team, including dental assistants, dental hygienists and especially dental therapists, in the same way that nurse practitioners are now a part of the health workforce.

A team of 2 – 3 therapists and hygienists working with a dentist would be a better use of resources as it is currently felt that therapists and hygienists are under-utilised.

Dental therapists and hygienists can reduce the cost of dentistry by doing dental procedures at a lower hourly rate than dentists. Moreover, dental therapists and hygienists can do more routine dentistry to free dentists and specialists up to perform more complicated procedures.

6.1.2 Aboriginal Health

In any discussion on rural and regional health there is an obvious need to focus on the health needs of Aboriginal and Torres Strait Islander peoples.⁸ There are numerous significant reports about the need to improve health care to these communities, which NCOSS refers the Rural and Remote Health Priority Taskforce to. NCOSS also recommends discussions with the Aboriginal Health and Medical Research Council, the peak body for Aboriginal Medical Services in NSW.

7. Conclusion

NCOSS recognises the importance of a Second Rural Health Plan for NSW and thanks the Rural and Remote Taskforce for the opportunity to provide some comments.

For further information, please contact me, Samantha Edmonds, on samantha@ncoss.org.au or (02) 9211 2599 ext 111.

Yours Sincerely



Samantha Edmonds
Acting Director

⁸ Please note that when we refer to Aboriginal people we mean Aboriginal and Torres Strait Islander peoples