

13 December 2007

Dr Col Gellatly
Chairperson
NSW Rural and Regional Taskforce
Department of Premier and Cabinet
GPO Box 5341
SYDNEY NSW 2001

Dear Dr Gellatly

The Health Services Association of NSW welcomes the opportunity to make a submission to the NSW Rural and Regional Taskforce. While the Association believes public health services should be the responsibility of the Commonwealth Government, this submission deals specifically with issues affecting rural and regional public health service providers that the NSW Government currently has responsibility for. The submission makes certain recommendations that we believe could remedy these issues.

Established in 1921 the Health Services Association of NSW represents government and non-government health service providers delivering public health services in NSW. Our members are health service providers operating in rural and regional NSW, and metropolitan based health service providers who treat patients from rural and regional NSW.

The following are health related social issues we wish to bring to the attention of the Taskforce:

1. Availability of accommodation to support rural and regional patients and their carers

Most rural and regional centres are not serviced by major specialist health service provider. This means patients are required to travel long distances from their homes in order to have the treatment they require. In most cases patients do not need to be in an acute hospital bed for all of their treatment. This means patients need to find non-hospital accommodation close to the health service provider for the duration of their treatment. For patients with chronic and complex health conditions this often means regular long distance traveling and prolonged periods away from their homes. This not only affects patients, it also affects carers who often accompany patients.

The problem is: While acknowledging the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), NSW Health does not fund health service providers to provide medium to long-term non-hospital accommodation for patients and carers. Patients and their carers are forced to cover the costs of non-hospital accommodation (whether with the assistance from IPTAAS or not) while the patient undergoes treatment. For those patients on limited

incomes and those facing financial hardship as a result of the drought, these costs discourage treatment.

If non-hospital accommodation is available the health service provider either bears the costs for the accommodation or enters into a partnership with donor organisations. Health service providers are under considerable budgetary pressures. For health service providers who self fund non-hospital accommodation, this means resources are being diverted away from frontline services.

The provision of non-hospital accommodation is the social responsibility of the NSW Government as is the provision of public health care.

Recommendation

The NSW Government through NSW Health fund non-hospital accommodation. This could be achieved by directly funding health service providers or engaging non-government not-for-profit organisations to provide this accommodation.

2. Community health networking

Rural and regional health service providers see the advantage of developing community health networks as a means of delivering health service across large distances.

These providers work closely with local GPs and allied health professionals working in the private sector in order to build community health networks. The networks target older patients and those with chronic health conditions.

Although the State Health Plan identifies the need to grow community health services in order to reduce pressures on public hospitals, NSW Health does not fund these health service providers to build these networks. The providers carry the costs of building and maintaining these networks.

It is the social responsibility of the NSW Government to fully promote community health networking.

Recommendation

The NSW Government fund health service providers build sustainable health infrastructure and community health networks across rural and regional NSW

3. Equitable access to appropriate public health services

Section 68 of the *Health Services Act 1997* (NSW) incorporates the national Medicare principles and commitments into NSW state law.

Medicare principle and commitment # 3 holds “To the maximum practicable extent, a State will ensure the provision of public hospital services equitably to all eligible persons, regardless of their geographical location”. Explanatory note 2 for this principle states “In rural and remote areas, a

State should ensure provision of reasonable public access to a basic range of hospital services which are in accord with clinical practices.”

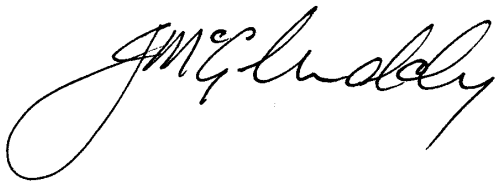
It is arguable rural and regional patients particularly the aged and disabled patients do not have “reasonable public access to a basic range of hospital services” to meet their health needs. There are three possible reasons for this unequal access: 1) under-investment in rural and regional health infrastructure; 2) the silo effect created by Area Health Services works against effective state-wide services; and 3) poor consultation and interface between regional and rural Area Health Services and specialist non-government health service providers.

Recommendations

1. The NSW Government should fund government and non-government public health service providers to develop health infrastructure and specialist health services to meet the health care needs of rural and regional patients; and
2. The NSW Government should facilitate networking with other non-government health service providers across rural and regional NSW

We thank the Taskforce for the opportunity of raising these issues.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J McGillicuddy', written in a cursive style.

James McGillicuddy
Executive Director