

Consultation Draft Rural Medical Workforce Plan

LGA Submission

September 2019

Table of contents

Introduction.....	3
About the LGA.....	3
The role of government in rural and regional health services	3
General comments	5
LGA Policy.....	5
Principles	6
Lack of timeframes and hierarchy of need.....	7
Recommendation #1.....	7
Specific comments on the actions identified.....	8
Action 1: Support a holistic approach to doctor recruitment, considering opportunities and support for partners and families, and including social and community supports.....	8
Rural retention and relocation	8
Alternative models of health care	9
Professional development and collegiate support.....	9
Infrastructure.....	10
Other supports	10
Recommendation #2.....	10
Action 2: Consider mechanisms for doctors to receive support in areas including housing, transport costs and childcare.	11
Housing.....	11
Transport costs	11
Childcare.....	12
Recommendation #3.....	12
Conclusion	12
Contact.....	12

Introduction

About the LGA

The Local Government Association of South Australia (LGA) is the voice of local government in South Australia, representing all 68 individual councils across the state and the Anangu Pitjantjatjara Yankunytjatjara.

The mission of the LGA is to provide leadership to councils for the benefit of the South Australian community. We achieve this by providing representation, quality service and leadership relevant to the needs of member councils.

Local government in South Australia employs almost 11,000 South Australians, has more than 700 elected members and a network of 11,000 volunteers from all walks of life – community leaders, business owners, students, parents and retirees alike. South Australian councils collectively manage a budget of \$2 billion and public assets worth more than \$23 billion. The LGA enjoys a productive relationship with both state and federal governments.

The LGA is a strong advocate for policies that achieve better outcomes for councils and the communities they represent. Councils are a partner in government and part of the solution. Working together we can make positive contributions to the health and wellbeing of our communities.

The role of government in rural and regional health services

Many people living in rural and remote areas are unable to access even the most basic primary care medical services in their local community, and have to travel significant distances just to see a GP for a basic consultation, or have to wait many weeks to be seen close to where they live.¹

South Australia's geography and its dispersed population presents a particular challenge to the supply of health services, the recruitment and retention of health professionals and the management of demand in country South Australia'.²

The delivery of primary health services in rural and regional areas is multifaceted and complex. The health system is a shared responsibility across governments.

The Federally funded Primary Health Networks (PHNs) are required to analyse the health needs of their populations through formal planning processes to enable better targeting of available resources and services and engage broadly with the Local Health Networks (LHNs) and other key stakeholders. They also provide support to GPs and GP practices.

The Federal Government, through *Australia's Long-term National Health Plan*³ aims to deliver 3000 new doctors and 3000 new nurses to rural and regional areas, in response to the difficulties many rural towns and communities are having in attracting and retaining doctors.

The South Australian Government provides rural health care through six regional LHNs which collectively cover 983,776sq km, with a population of 505,206 people. Health care needs are delivered across 61 hospitals as well as additional community settings, according to population need.

¹ The factors affecting the supply of health services and medical professionals in rural areas Senate Community Affairs References Committee Report 2012, pg 17.

² The factors affecting the supply of health services and medical professionals in rural areas Senate Community Affairs References Committee Report 2012, pg 3.

³ https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf

Local government plays an important role in Australia's health system through the provision of a range of environmental and public health services, community-based health and home care services.

However, councils are not traditionally involved in the delivery of primary health services and are not funded to do so. However, many regional councils have had to become a main player in providing incentives or taking action to attract and employ health professionals to their respective areas. Some rural councils are currently being forced to take urgent action by providing the front-line medical services at the cost to rate payers.

General comments

The LGA welcomes the opportunity to provide a response on the *Consultation Draft Rural Medical Workforce Plan (RMWP)*.

The RMWP outlines the strategies intended to meet the SA Government's commitment to develop a plan to 'recruit, train and develop the health professionals needed to deliver country health services', as outlined in the Marshall Government's March 2018 *Rural Health Workforce Strategy* election commitment.

The RMWP identifies three themes namely,

1. Building a Skilled Workforce;
2. New and Sustainable Models for Rural Health Care; and
3. Developing a Collaborative and Coordinated Health System.

Theme three specifically identifies local government as a stakeholder and partner.

An LGA Circular was prepared and distributed to our member councils asking for feedback on the plan, with reference to:

Theme 3 - Developing a Collaborative and Coordinated Health System

Objective 3b – Build partnerships to support the rural workforce

Strategy 3.5 - Partner with local governments through the LGA to maximise the personal and family supports provided to rural doctors, particularly for recruiting to challenging areas.

Action 1 - Support a holistic approach to doctor recruitment, considering opportunities and support for partners and families, and including social and community supports.

Action 2 - Consider mechanisms for doctors to receive support in areas including housing, transport costs and childcare.

The LGA are encouraged by the extensive data collection and stakeholder consultation processes undertaken to develop the draft plan and acknowledges the representation of Mayor Dean Johnson, from the District Council of Kimba on the Rural Health Workforce Strategy Steering Committee.

The LGA supports the commitment by SA Health to address this serious and growing problem, the outcomes of which will have significant impact to rural and regional communities.

The LGA looks forward to working with those involved in the development of the plan and notes that this submission has been endorsed by the LGA's South Australian Region Organisation of Councils (SAROC) Committee.

LGA Policy

The LGA Policy manual states:

Local government acknowledges that protecting the health and wellbeing of its communities is a shared responsibility of all tiers of government and recognises the significant contributions that councils make in this area. Councils should contribute equitably to providing preventative and on-going health services, notwithstanding the significant responsibilities of federal and state government

Health Services: Local government recognises federal and state governments have a responsibility to provide quality health care and that council's role is limited to local or regional preventative public health activities. Councils should continue to liaise with federal and state governments to maximise the benefits of community preventative health activities offered.

SAROC's Strategic Plan 2019-2023 includes an objective to:

Support strong, vibrant and cohesive regional communities through advocacy and partnerships that unlock local government's potential to deliver quality community services and meaningful outcomes in public health and wellbeing.

At the LGA's Ordinary General Meeting held 12 April 2019, the LGA members passed a motion requesting the LGA to lobby the State and Commonwealth governments for the provision of improved health services in regional and rural Australia. This endorsed policy and position forms the basis for this LGA submission.

The LGA commends the work undertaken to develop the draft plan and strongly supports the intent of the plan.

Government works best when it works together. The LGA and SA councils are eager to engage in discussions with SA Health, and its relevant stakeholders, to determine how local government can be part of the solution in meeting the challenges facing rural and regional communities, particularly regarding access to medical services and a sustainable rural and regional medical workforce.

Principles

Two of the Key Principles underlying the recommendations note:

Collaboration is required between the state and Commonwealth on all issues relating to the rural GP workforce, who sit at the interface between acute and primary care. Whilst the National Health Reform Agreement states that 'States are the system managers of the public hospital system; and the Commonwealth... has lead responsibility for GP and primary health care', this delineation is less defined in rural areas where the hospital and primary care workforce are often the same.

and

that the challenges for rural health workforce should not just be an issue for rural hospitals to solve, but require collaboration and input from metropolitan hospitals, national medical training colleges and through state-wide clinical networks.

The LGA would assert that as the level of government closest to communities, collaboration with local government is also required to address the unique challenges facing regional communities. As the public health authorities for their area, the social and economic wellbeing of the community is paramount to the ethos of councils.

The Social Development Committee of the Parliament of South Australia's *Inquiry into Regional Health Services* in 2017 recognised that 'country hospitals contribute over and above the delivering of clinical services to their communities. They are also hubs that provide for a community's social, cultural and economic wellbeing, contributing to the broader fabric of their communities'.⁴ This interpretation reinforces the important role of councils as part of the solution.

⁴ Parliament of SA Social Development Committee *Inquiry into Regional Health Services* <https://www.mc19.com.au/wp-content/uploads/2017/09/small-40th-Report-Inquiry-into-Regional-Health-Services.pdf>

Lack of timeframes and hierarchy of need

Whilst the draft plan provides a basic analysis of the current situation, challenges, key principles and well-meaning strategies, there is however, a lack of prioritisation associated with the strategies or actions. This is both in terms of location, greatest need (urgency) and timeframes.

Several strategies address building a skilled workforce and investigating new models, but there is an absence of strategies or actions to address the chronic shortages being experienced now. Should new training pathways be successful the benefits will be seen in the longer-term. There needs to be some emphasis on shorter-term solutions, otherwise communities will continue to be left without adequate services.

The plan does not identify or reflect geographic areas where the need is greatest. As an example, the *Southern Eyre Peninsula Regional Public Health Plan 2014-2019* identified that “a relatively high proportion of adults (41.9%) reported having difficulty in accessing health services. It noted that access to health services is generally more difficult in rural areas, but the data indicates access to services is a greater challenge for this region compared with many other parts of rural SA. Further concern is that the demand for mental health services in the region is more than double the rate for the rest of rural SA.”⁵

A lack of tangible outcomes relating to location, need and timeframes by which to implement the actions provides little assurances to councils and their communities and calls to question the overall effectiveness of the plan.

Recommendation #1

The LGA recommends:

1.1 That the role of local government is acknowledged as a partner in the Key Principles underpinning the recommendations and actively engage with (the relevant) council/s when implementing the plan.

1.2 Providing clearer timeframes with the strategies and/or actions in the plan to provide clarity to councils and communities about when actions and outcomes are to be expected.

1.3 Advise how councils, the regional LHNs, Country SA PHN and other relevant stakeholders identified in the plan can collaborate to identify health service needs of each of regional communities by June 2020 by:

- analysing the unmet health and health service needs of remote and rural communities; and identifying where changes can be made.

1.4 Undertake a mapping exercise be in each of the state’s regions to identify and rank those locations most in need and affected by a lack of a sustainable rural health workforce; and that resources are allocated based on this research.

⁵ The Southern Eyre Peninsula Regional Public Health Plan https://www.portlincoln.sa.gov.au/_data/assets/pdf_file/0027/99027/N20153565-11.73.2.1-Southern-Eyre-Peninsula-Regional-Public-Health-Plan-1.pdf

Specific comments on the actions identified

Action 1: Support a holistic approach to doctor recruitment, considering opportunities and support for partners and families, and including social and community supports.

Access to health services is critical for attracting and retaining people in our rural and remote communities and employing a holistic approach is supported and needed to address challenges regarding doctor recruitment.

The LGA agrees with the statement in the plan that the maldistribution of doctors is a challenge. However, simply training more GPs will not address this problem alone. There needs to be systems and programs developed to provide appropriate incentives for GPs to relocate to rural and remote areas.

Our members have identified several issues that they believe need to be further investigated including *drivers for rural retention and relocation, alternative models of health care, professional development and collegiate support, infrastructure and other supports*. These are expanded on below.

Rural retention and relocation

Determining the drivers for rural retention and relocation is important and whilst many have focussed on financial provisions it may miss the underlying causes.⁶

It is apparent that most doctors prefer larger regional centres than smaller remote towns and the reasons why need to be better explored to allow for effective strategies to be put in place. It is suggested that a 'regional needs analysis' be undertaken to determine what relocation incentives would provide greater boost to the local workforce. This could have flow on benefits to other service providers, for example by reducing workloads of other practitioners.

A report undertaken by the District Council of Lower Eyre Peninsula in 2018 on health and ageing in their community noted that:

“the current (and probably future) generation of rural GPs are more mobile – they are likely planning to stay for only 5-10 years in one place (still an important contribution to a community) and looking for walk-in, walk-out type practice arrangements; flexible rural training pipelines; employment opportunities for spouses; quality primary and senior schooling for children; access to locum support; flexible workforce models to reduce on-call pressures and improve exposure; and easier access to continuing professional development.”⁷

Furthermore, findings from the Senate Community Affairs References Committee Report in 2012 noted:

The provision for adequate housing and childcare and the need to provide opportunities for spouse and children are examples of the personal factors that underpin the challenges of a health workforce shortages in regional areas....the partner is more important than the doctor”, in that the importance of making the partner aware of the opportunities such as the schools,

⁶ Financial incentives not effective in tackling rural GP shortages - <https://www1.racgp.org.au/newsqp/professional/study-finds-financial-incentives-not-effective-in>

⁷ District Council of Lower Eyre Peninsula Final report Health and Ageing in Our Community - July 2018

sporting facilities and shops in the local community is crucial to overcoming some of these personal barriers.⁸

Alternative models of health care

Some locations may be considered too small and/or too remote to provide a permanent doctor and it is suggested that alternative models of primary health care need be explored.

The Regional Australia Institute identified strategies to improve health service in small towns including the use of virtual service delivery to complement (but not replace outright) face-to-face services provided by GPs.⁹ Virtual services can widen the scope of services that can be delivered.

Further analysis may seek to identify regionally based incentive arrangements to reward doctors in teaching or providing after hours services or to provide incentive packages to other health practitioners needed in that local area.

Additionally, a localised approach may provide an opportunity to broaden the type of incentive payments beyond doctors. There may be some instances where supporting nurses, dentists or other allied health providers working in the private sector could assist to boost retention and relocation and make rural private practices more attractive and sustainable. Evidence suggests that incentives need to be targeted to where they are really needed i.e. remote areas, not inner regional areas.¹⁰

Other models may involve examining linkages between rural and urban health care settings with specialists rotating between practices. It is suggested that support be provided for communities who are looking at creative strategies to attract health professionals and greater advocacy for funding to target remote areas.

Professional development and collegiate support

Professional isolation is frequently listed as a barrier, as is the absence of a career path.¹¹

Members noted that the ongoing training, sharing and collaboration for regional doctors is difficult, as is maintaining continuing professional development, especially in single doctor practices.

Rural practitioners tend to 'see everything' and unlike their colleagues in a metropolitan setting, there are often no other health professionals (e.g. social workers, dietitians, physio) around to share the load. This can result in 'burn out' for many doctors and a hesitancy to enter rural or regional practices.

The Australian Medical Association (AMA) noted that 'extra funding and resources to support improved staffing levels, including core visiting medical officers, is required to allow workable rosters.¹² Further supports to doctors need to be put in place in relation to upskilling and supporting one another.

⁸ The factors affecting the supply of health services and medical professionals in rural areas Senate Community Affairs References Committee Report 2012, pg 20.

⁹ http://www.regionalaustralia.org.au/home/wp-content/uploads/2017/12/RAI_Pillars-of-Communities_Small-Towns-Report-1.pdf?mc_cid=80d3e1a13e&mc_eid=3e73568024 pg 5.

¹⁰ District Council of Lower Eyre Peninsula Final report Health and Ageing in Our Community - July 2018 pg 69

¹¹ The factors affecting the supply of health services and medical professionals in rural areas Senate Community Affairs References Committee Report 2012, pg 22.

¹² Australian Medical Association 2016 Rural Health Issues Survey
<https://ama.com.au/system/tdf/documents/Rural%20Health%20Issues%20Survey%20Report%20Final.pdf?file=1&type=node&id=44431>

Infrastructure

Although this plan is framed around the workforce challenges it is important to recognise that the failing state of infrastructure in rural hospitals and health centres. Members have identified that the kitchen in the Kimba Hospital has been closed for several months awaiting repair and that maintaining health infrastructure in the Wudinna area has also been an issue.

This is reinforced by findings from the 2016 AMA Rural Health issues Survey, which found the need to ensure that rural hospitals have modern facilities and equipment and to increase the available support for infrastructure, resources and supervision to support the training of more doctors in rural areas.¹³ Investigations as to how to address these issues requires further study.

Other supports

The draft plan suggests that councils assist to maximise the personal and family supports provided to rural doctors (and their families). South Australian councils collectively manage a budget of \$2 billion and public assets worth more than \$23 billion.

Councils support their communities in a variety of ways and make significant positive contributions to the health and wellbeing of their residents. Through the provision of programs, services and events – eg volunteer programs, community celebrations, economic development and cultural activities – as well as the infrastructure to support them such as libraries, parks playgrounds, community centres/halls, sporting and leisure facilities and walking trails – councils are drivers of economic and community development and local place makers.

Further investigations relating to *what* particular social and community supports are needed, in each of the regions, to support partners and families is required to provide further clarity and address the underlying complexities associated with this issue.

Recommendation #2

The LGA supports the proposal and recommends:

2.1 That formal partnerships be established between councils, the regional LHNs and the Country SA PHN and other key stakeholders (relevant to each community) such as regional Health Alliances, Red Cross, Rural Doctors Workforce Agency (RDWA).

2.2 That each regional LHN undertakes research and a needs analysis, in partnership with local councils, the Country SA PHN, RDWA and other key planning and funding agencies to align efforts to:

- analyse the challenges for recruiting and retaining doctors;
- identify what relocation incentives are needed to boost workforce numbers
- understand what particular social and community supports are needed in each region to support partners and families; and
- use this information to develop flexible and innovative recruitment packages specific to each area. Monies from the Local Government Research and Development Scheme could be sought to assist with funding the research report.

¹³ 2016 AMA Rural Health Issues Survey
<https://ama.com.au/system/tdf/documents/Rural%20Health%20Issues%20Survey%20Report%20Final.pdf?file=1&type=node&id=44431>

2.3 That a strategy be developed to explore creative and sustainable primary health care models for small communities. This problem is not unique to SA and lessons may be sought from elsewhere around the country and around the world.

2.4 That the infrastructure needs of the relevant health services be recognised as impacting doctor shortages and that investigations into addressing these issues be considered.

2.5 That the findings from the AMA Rural Health Issues Survey 2016 be noted.

Action 2: Consider mechanisms for doctors to receive support in areas including housing, transport costs and childcare.

Councils currently undertake activities support doctors in their communities and members have provided examples where this occurs including:

- The District Council of Streaky Bay, along with the community own the medical practice.
- Council vehicles owned by Elliston District Council are being driven to Port Lincoln by volunteers to pick up Agency nurses to fill vacancies at Elliston.
- The District Council of Franklin Harbour currently own the medical practice in Cowell, next door to the hospital, as well as own and provide a doctor's residence on the Esplanade at Cowell.

Housing

Whilst housing options tend to be more affordable in country areas, housing choices also need to be appropriate, safe and comfortable. This has been found to be an important consideration in attracting medical professionals.¹⁴ Councils, in partnership with their communities may be able to assist in sourcing appropriate housing.

Transport costs

Our members understand the disparity of distance and are open to working in partnership to further address how councils may assist in this area.

The Patient Assistance Transport Scheme (PATS) is a scheme to subsidise the unavoidable financial costs for those residents of South Australia that have no option but to travel a long distance to receive essential specialist medical services from an approved medical specialist.

Members have advised that aspects of this scheme could be improved. A report undertaken by DC Lower Eyre noted that:

The PATS system also reduces choice as PATS assistance is not available to someone who bypasses the nearest specialist to visit another. Therefore, there is no allowance for professional or personal issues with nearest visiting specialist. The little choice available for a start is made even less, especially for those who are also financially disadvantaged.¹⁵

¹⁴ The factors affecting the supply of health services and medical professionals in rural areas Senate Community Affairs References Committee Report 2012, pg 20.

¹⁵ District Council of Lower Eyre Peninsula Final report Health and Ageing in Our Community - July 2018 pg 76

Childcare

Whilst local government's role in childcare is limited there is opportunity for councils to work in partnership with local schools or service providers to develop innovative models. One example has been demonstrated in the south-east whereby Padthaway Primary School commenced a program allowing three-year-old children to join in the preschool class.¹⁶

Recommendation #3

The LGA supports the proposal and recommends:

3.1 That investigations be undertaken to determine to what extent councils can support and play a role in providing housing, transport and childcare to their regions.

3.2 That the Patient Assisted Transport Scheme (PATS) be reviewed to consider regional differences in how it is delivered.

3.3 That SA Health/Regional LHNs consult with councils, Department for Education, Catholic Education and the Association of Independent Schools of SA and other relevant stakeholders to coordinate a strategy that investigates child-care options in rural and regional areas.

Conclusion

The recruitment, retention, training and support of health practitioners is fundamental to the capacity to deliver much needed health services in rural South Australia. In addition to a *Rural Health Workforce Plan*, the LGA has also called for a well-grounded and integrated strategic plan to address the prevention, treatment and management of priority health issues in regional South Australia. All three spheres of government must be engaged in a strong collaborative partnership to achieve such an integrated strategic plan.

Some regional areas have very limited access to basic primary care services, which results in disruption to employment, education and family life when regular travel or extended stays away from home are required. Similarly, the negative impact on economic growth and regional development resulting from the lack of essential medical services cannot be overstated.

The LGA commends the SA Government in developing a *Consultation Draft Rural Medical Workforce Plan* as part of a broader *SA Rural Health Workforce Strategy* and looks forward to ongoing involvement in this important process.

Contact

Lea Bacon, Director Policy, LGA
Ph. 08 8224 2125
Email: lea.bacon@lga.sa.gov.au

¹⁶ <https://www.abc.net.au/news/rural/2019-02-14/childcare-regional-australia-costing-jobs/10788386>



Local Government Association
of South Australia

The voice of local government.

148 Frome St
Adelaide SA 5000

GPO Box 2693
Adelaide SA 5001

T (08) 8224 2000

E lgasa@lga.sa.gov.au

www.lga.sa.gov.au