The Development of Northern Australia

Submission to the Joint Select Committee on Northern Australia

February 2014

10/03/2014

To: The Honorable Warren Entsch
Committee Chair
Joint Select Committee on Northern Australia
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Mr. Entsch,

CRANAplus welcomes the opportunity to submit to you our interest in this inquiry. Our perspectives rests on the vast experience this organisation has in health delivery in remote areas. We are the only organisation that focuses specifically on remote health and is able to clearly articulate the differences that exist and thus the considerations to taken in to account for this sector.

We have identified on the following pages our specific points and whilst we are not in a position to specifically address the Terms of Reference, we have significant insight in to the remote health service needs and particularly the critical question of workforce.

We would welcome an opportunity to be able to provide further information and evidence to this inquiry and would welcome an invitation to attend any public hearings or forums to share our knowledge and experience of this sector.

Yours Faithfully,

Geri Malone
Acting CEO
Professional Services Manager

Introduction

Who is CRANA plus

CRANA*plus* is the peak professional body for remote & isolated health, providing advice to Government, service providers, clinicians, and consumers on equitable access to safe high quality health services.
CRANA*plus* is unique being the only member based, National organisation that has remote health as its sole focus.
The primary aim of the organisation is to Educate, Advocate and Support the workforce working in the entire remote sector of Australia and its Territories.

Remote Australia

CRANA*plus* defines remoteness as a complex subjective state.

Remote Health practice in Australia is characterised by geographical, professional, and often social isolation of practitioners through:

- ***geography and terrain, limiting access and egress***
- ***cultural and social isolation***
- ***environmental and weather conditions resulting in isolation***
- ***isolation due to long distances***
- ***professional isolation from colleagues, peers, and supports***
- ***isolation as a result of infrastructure, communications and resources.***

Remote Health is carried out in contextually different settings, including but not limited to: government health services; community controlled health services; aboriginal medical services; primary health care centres; multi-purpose centres; private general practices; mining; and other industries like tourism; mobile and fly-in/fly-out services; as well as private, and non-government organisation health services.

Remote Health practice is delivered through:

- ***health service models catering for highly mobile populations***
- ***predominantly Nurse-led models of care***
- ***collaborative multidisciplinary approaches, in partnership with community and stakeholders***
- ***an understanding of the community within its cultural context***
- ***overlapping, and evolving advanced and extended roles of team members***
- ***integrated comprehensive primary health care approach, inclusive of acute and emergency care, chronic disease and public health across the life span***
- ***scopes of practice that are informed by the identified needs of, and engagement with the community.***

From CRANA*plus* National Standards & Credentilaing Project Final report, Sept 2013

Remote communities

Aboriginal & Torres Strait Island communities

It is widely acknowledged that the remote and Indigenous populations of Australia have a higher burden of diseases and subsequent reduced life expectancy, yet

poorer access to equitable health services compared to the rest of the Australian population.
These remote Indigenous communities in the main, are reliant on the residential clinics usually located within their communities. Little data has been gathered, but it is felt that these services are variable as there is little evidence that the standard of care they receive is uniform and there are certainly no minimum standards set around the delivery of such services. These services would benefit greatly to a standarised approach across the region.

Remote Mining communities are increasing in number with a significant variance in their size, demographics and access to health services. They too, are subject to variable services, due to a lack of standards of care. Some of the mining health services are resident communities, others have a fly in fly out service, with some a mixture of both. The health professionals providing the services are subject to the same challenges of those in other types of remote and isolated communties.

Remote communities that have arisen to support the agricultural industry in remote Australia are another group who suffer the gross inequities in access to health care ,which is well acknowledged.

All of these groups of people have a right to the best health care we can provide and they need to be confident that they are able to receive a competent and uniform standard of care regardless of location.

Development of Northern Australia

The development of northern Australia is welcome to bring economic sustainability however it is imperative that strong, serious consideration must be given to invest in the support services required to meet the health and social needs of the population be they permanently based residents or a transient population through work or tourism.

The supportive services required through adequate infrastructure includes IT, education & health service provision that will attract and retain the workforces required to provide such services. For example the provision of safe ,adequate accommodation for those providing services is essential.

The characteristics of Northern Australia are those of remote and isolated areas as per our definition, although our definition is written in the context of health, it is applicable across the board.

Key points

Workforce

The provision of safe quality health services requires an understanding of the reality of access to a health workforce in the context of what we know of the maldisribution of the health workforce.

The same models of health service delivery that exist and are appropriate for urban, regional and even rural areas do not apply to the remote context.

Models of service delivery

There are effective, strong models of service delivery in remote to learn from, that are cost effective and provide safe ,quality level of service.

These models are reliant on supportive FIFO services but that is not a model entirely by itself it must be combined with an on the ground service that is well supported.

Access to services is also reliant on effective, reliable infrastructure specifically IT.

IT brings many opportunities for health as it does with business

Telehealth

Improves access to health professionals not available locally , impacts on the huge impost for residents to travel which is costly, both financially, socially and in the investment of time.

Telehealth also provides supportive networks for the isolated health professionals through access to educational activities for professional development and for professional , social & emotional support.

Standardisation across remote Australia

Opportunities exist to create standardisation across Northern Remote Australia which will have significant impact on the quality of services delivered across jurisdictional areas. It is well acknowledged that the workforce who have chosen this sector to work in, tend to be very mobile across the various jurisdictional areas of Northern Australia and there are many barriers put in place by jurisdictions that impacts on the efficiency and practicalities of providing standards of professional care and thus a barrier to retention.

CRANAplus would be very pleased to provide any information to this inquiry from our well positioned perspective on the remote context.