



SARRAH

Services for Australian Rural and Remote Allied Health

SARRAH Opening Statement: Senate CAC Hearing 17 March 2022

Provision of health services to outer metropolitan, rural and regional Australians

Chair and Committee members,

Thank you for the opportunity to appear today.

SARRAH acknowledges the Ngunnawal, the Wakka Wakka and the Gadigal peoples from whose lands we join you today. We acknowledge Elders, past and present, and any Aboriginal and Torres Strait Islander people who may be part of today's hearing.

We also welcome the release this week of a 10 year ***National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan***. Unlike previous plans it has been co-designed with and led by Indigenous leaders. We congratulate those involved, especially our colleagues in Indigenous Allied Health Australia.

SARRAH will support the Plan to innovate and achieve greater equity in access and outcomes, including cultural safety and responsiveness. These are needed if Australia is to genuinely claim to have a strong and universal health care system.

This Inquiry should have a similar goal.

SARRAH's submission noted our concern that the Terms of Reference are narrow, notwithstanding the importance of medical general practice.

Major stresses on our health system and the disparity of health outcomes experienced by rural and remote Australia will not be addressed by narrow or fragmented activity. Beyond the role of GPs, there is a great deal involved in primary health - service system complexities, the shifting burden of disease, evolving practice and treatments and persistent high levels of unmet need: the importance of these is not adequately reflected in the reference "other related matters".

SARRAH acknowledges the central role of medical practitioners in our health system. There are not enough GPs in Australia and far too few working outside of major cities.

While we support better access to rural doctors, SARRAH argues that improving health outcomes for people living in rural and remote Australia also depends on other issues being acknowledged and acted on. Such as:

1. Improving rural training and practice supports for allied health – which are minimal; and
2. Addressing allied health workforce and service shortages in rural and remote Australia, which are about twice as severe as for the medical workforce.

The Committee will be aware of the situation in rural and remote Australia: poorer access to treatment, higher levels of chronic disease, a higher risk of avoidable hospitalisations, shorter average life spans and higher rates of disability.

The evidence is not new; it is extensive and well known.

Services for Australian Rural and Remote Allied Health

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Allowing the situation to continue is a choice: A choice to accept inequitable outcomes instead of taking necessary action.

Others, including allied health representatives, have raised these concerns.

Importantly, the Committee has also heard from senior medical representatives, such as:

Dr John Hall, past President of the Rural Doctors' Association of Australia who said –

“it's not just about doctors. It's about access to doctors, nurses and allied health professionals as well—the whole multi-disciplinary team and significant access to care.”

and

The National Rural Health Commissioner, Ruth Stewart, an experienced GP obstetrician said

“Doctors do their best work when they're part of a multidisciplinary team that's comprised of nurses and allied health practitioners. If we, as doctors, work in a strong team, you don't need as many of us for a start because we're not doing stuff that other people can do better than we can, and we're providing much better care for our patients.”

We ask the Committee to hear this testimony and help ensure everyone, wherever they live in Australia, can access quality primary health care when and where they need it.

Allied health services are needed across the entire health system and for every age group.

- If someone has a stroke and needs help to speak, swallow, move, deal with stress and isolation – the care provided by a physiotherapist, speech pathologist, a dietitian, an occupational therapist, a psychologist and more can be critical to recovery and the person's future quality of life.
- When a three-year old child has a developmental issue with serious implications for their future that needs attention now, their parents don't want to hear the next available appointment is in 12 months' time.
- If someone has a serious accident, they want to know paramedics on the way.
- People want pharmacists to provide medication and tell them how to use it safely.
- People with diabetes at risk of losing a leg are very interested in how podiatrists can help.
- And if a person loses their leg, how prosthetists can help them retain as much mobility and independence as possible.
- When someone has an accident at work and needs rehabilitation - to keep their job, pay the bills and mortgage they understand what allied health therapies are about.

In every-day situations, people who need this care, want to know where and when they can see them and how much it will cost.

In a universal health system, everyone should have primary and preventive health services they can access, trust and afford - with links to more specialised services when they need them.

Enabling access to effective primary health care also makes economic and fiscal sense. It reduces demand for avoidable invasive and costly downstream interventions as well as human suffering while contributing positively to the tax and income transfer system.

It underpins system sustainability.

The RACGP, has estimated system savings of almost \$5B a year through a shift to better primary care. One hospital admission avoided could fund dozens of preventive, high quality, health enabling services provided in a patient-centred, coordinated way by a multidisciplinary team of skilled primary care professionals.

Again – this is not news. There have been dozens of reports and plans, but too often they receive little substantive response or are ignored.

Our health system is very good in places, but there are serious gaps and structural problems that limit the potential impact of primary health care. Those issues drive up demand and costs in other areas without delivering the health outcomes better targeted resources could.

Whatever the result of the upcoming Election, an incoming Government will face these challenges. We need a better integrated, comprehensive and patient-centric health system than we have now.

Services for Australian Rural and Remote Allied Health (SARRAH) is the peak body for rural and remote allied health professionals.

SARRAH exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH also supports Allied Health Professionals who live and work in rural and remote areas of Australia to carry out their professional duties confidently and competently in providing a variety of health services to people who reside in rural and remote communities.