



SARRAH

Services for Australian Rural and Remote Allied Health

7 January 2022

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Attention: DHW Outpatient (OP) Redesign Team

Email: health.cpc@sa.gov.au.

SA HEALTH OUTPATIENT REDESIGN WORKSTREAM – THE CLINICAL PRIORITISATION CRITERIA – CONSULTATION – SARRAH FEEDBACK

Thank you for inviting Services for Australian Rural and Remote Allied Health (SARRAH) to provide feedback on the Health Services Programs Outpatient Redesign Project proposed Clinical Prioritisation Criteria.

As you know, SARRAH is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 by and as a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians.

SARRAH acknowledges the effort the Department of Health and Wellbeing and SA Health is making to reduce waitlists for care through more effective triaging and patient centred clinical pathways. We also acknowledge the pressures the SA public health system is experiencing as a result of growing pressure, including due to unmet need and lack of access to services in the primary health, aged care and disability service sectors, especially in rural and remote areas of South Australia. SARRAH is well aware of the chronic shortage of allied health services and workforce across those sectors and is actively working to address them. While GP shortages in rural SA are well known and understandably attract considerable public attention, shortages and mal-distribution of allied health professionals across rural and remote Australia is less recognised yet is about twice as severe as for the medical workforce. These critical and chronic

shortages inevitably impact public health services, both directly and by driving demand for hospital and other public services that could have been avoided or substantially ameliorated were appropriate clinical services accessible in the primary health and other services systems.

On this point, you may be aware that the Queensland Parliament is currently conducting an *Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system*, where workforce shortages and other issues have been raised. The NSW Legislative Council is also conducting an inquiry into the *'Health outcomes and access to health and hospital services in rural, regional and remote New South Wales'* where similar issues are being heard.

SARRAH welcomed the opportunity recently to work with SA Health as a member of the Rural Health Workforce Strategy Allied Health Sub-Committee, providing guidance on development of the SA Rural Allied and Scientific Health Workforce Plan, launched in June 2021 as part of the SA Rural Health Workforce Strategy. It has been developed to guide allied and scientific health workforce planning in regional, rural and remote South Australia over the period 2021–2026. The work references the important report of the former National Rural Health Commissioner, Professor Paul Worley [Improvement of access, quality and distribution of allied health services in regional, rural and remote Australia](#) (June 2020), and includes recommendations to address workforce shortages practically and sustainably.

Inevitably workforce mal-distribution and chronic shortages in rural and remote areas impact the capacity of local public health services to meet the quality, timeliness and accessibility standards sought through the proposed CPCs and clinical pathways. Continuing support to implement the SA Rural Health Workforce Strategy will be vital to ensure capacity exists to meet and reinforce the objectives of the proposed CPCs, especially in rural and remote SA.

Clearly, if professional and service capacity does not exist to enable the CPCs to be followed appropriately, it undermines their purpose.

The OP CPC Redesign project and the proposed CPCs issued to date appear considered, balanced and clear. They also align well with stated OP Redesign Principles including:

- *Improved access to care and quality clinical outcomes*
- *Improved system-wide governance and accountability and*
- *Improved transparency.*

SARRAH does not have specific comment to make on the clinical aspects of the CPCs.

We note and support the consistent direction and reminders provided in the CPCs to, such as:

Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see a public medical specialist.

The advice may seem simplistic, however it is important to both reinforce the best possible care pathways for best-practice patient-centred care and efficiency.

Unfortunately, too often it is the lack of access to/provision of these services in the community that leads to exacerbated conditions and increased prevalence of avoidable emergency presentations and avoidable hospitalisations.

Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

SARRAH understands DHW and SA Health would collect data on these issues and would encourage you to ensure this is analysed with a view to substantiating the impact of lack of alternative access to such services on patients and the SA public health system.

The issue is acknowledged in the CPCs already – for example (from the Orthopaedic CPC):

- Page 5 of 73: NB *Where appropriate and **where available*** (emphasis added) *the referral may be streamed to an associated public allied health and/or nursing service.*
- Page 33 of 73: *Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.*

We appreciate the challenges public health systems face in seeking to maintain high quality, integrated, equitable, accessible and sustainable health care in the face of high and growing community demand, including but not exclusively due to the impact of the COVID pandemic.

Greater coordination, system-wide analysis, planning and flexible, innovative approaches, collaborative service and workforce models may help to ease the growing pressures on the SA public health system and staff and improve the health and wellbeing of patients. There may be scope to re-invigorate such approaches, including national health workforce development, across jurisdictions under Ministerial and senior officials groups. Ideally, those mechanisms could facilitate a concerted effort nationally to align effective, sustainable health care provision, appropriate clinical pathways and workforce capacity.

Thank you again for inviting SARRAH to contribute to this important work. If you would like to clarify or discuss any of these issues or would like further information, please contact Allan Groth on 0448 293 245 or at allan@sarah.org.au.

Yours sincerely



For

Cath Maloney

Chief Executive Officer