



SARRAH

Services for Australian Rural and Remote Allied Health

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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Email: community.affairs.sen@aph.gov.au

Submission to the Inquiry into the provision of GP and related primary health services to outer metropolitan, rural, and regional Australians

Thank you for the opportunity to provide a submission to the Inquiry into the provision of GP and related primary health services to outer metropolitan, rural, and regional Australians.

Services for Australian Rural and Remote Allied Health (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.

Allied health practitioners (AHPs) are tertiary qualified health professionals who apply their clinical skills to diagnose, assess, treat, manage and prevent illness and injury among all age groups in primary health care and across all key health and associated sectors. Put simply, AHPs deliver care that have profound impacts on the quality of peoples' lives. Unfortunately, while this is recognised in some aspects of the health system, is clearly understood in the design (and to a lesser extent the delivery) of the NDIS and has been highlighted by the Aged Care Royal Commission, the health system's approach to allied health is ad hoc and heavily biased against service access for people with limited personal means and those who live outside of major metropolitan areas.

The major purpose of this submission is to highlight for the Committee the important role allied health professionals play in primary health care and other service settings.

The value and contribution of allied health services to improving the health and well-being of Australian population is not well understood by policy makers nor adequately supported in policy and programs. The impacts of improving allied health service access would include a healthier, more able and independent population and downward pressure on outlays longer-term. It would improve sustainability in the health, aged care, disability support and related sectors. From a rural and remote perspective, it would also contribute to addressing stark, clearly and consistently documented and longstanding disparities in health and wellbeing experienced by Australians living in rural and remote Australia.

Central to this Submission is a request that Committee members work constructively with parliamentary colleagues from across the political spectrum, to prioritise the health and wellbeing of people who do not enjoy equitable access and outcomes from our health systems now. They continue to pay for a lack of urgency, breadth and persistence of effort from successive governments to consider or address these issues at a systemic level. The legacy is a continuing disparity in allied health service access and capacity needs, especially in rural and remote communities across Australia.

Allied health workforce shortages are severe and longstanding.

At the outset, SARRAH stresses the absolute need for GP services and our strong support for a continuing emphasis from the Commonwealth Government to increase and sustain support for rural general practitioner medical practice. Increasing rural medical general practice is essential to improve health care capacity and equity nationally and there must be continued and substantial effort to improve access to GPs wherever there is a shortage. The Australian health system relies heavily on medical General Practice as the central component of Commonwealth subsidised primary health care. However, we must also have policies and programs that recognise contemporary, effective and sustainable primary health care cannot be delivered through general practice alone: it requires a broader, integrated primary health care system. Improving access to GPs is not enough.

If the aim of the Committee is to improve access to primary health care, it may be helpful to examine what is meant by the term. In Australia there is a tendency to equate “primary care” with medical general practice. They are closely related, but not the same. The Committee may wish to clarify the focus of the Inquiry up front.

The World Health Organisation (WHO) has described primary health care (PHC) as:

"PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment." (World Health Organisation - [Primary health care \(who.int\)](https://www.who.int/primary-health-care).)

The WHO offers a considerably more holistic and strategic view of what PHC is and what it aims to deliver. We encourage the Committee in progressing this Inquiry to also recognise the roles and contributions of hundreds of thousands of non-GP health professionals who work to delivering effective primary health care across the diversity of Australian communities every day: there are many hundreds of thousands of them.

SARRAHs submission does not, in any way, call for lesser support for general practitioners. Instead, our argument is to support continued growth and distribution of the GP workforce, while noting the need to also improve access to allied health services and support workforce in health and other service systems as current, inadequate supply has negative, systemic impacts for:

1. Australians living in rural and remote (and to some extent outer metropolitan areas) of Australia – correlating with significantly worse health and wellbeing, compared with the rest of the population;
2. The capacity to establish and maintain allied health services in rural and remote communities – despite evident need and viable mechanisms that could be leveraged to address the situation; and
3. Other rural and remote health services, including GPs and hospitals, who face increased pressures in rural and remote areas due to allied health workforce shortages.

We have included comparisons with the assistance provided to and the distribution of GPs for the purposes of highlighting a) few similar supports exist for allied health professionals and b) the mal-distribution of allied health professionals by remoteness area is markedly worse than for GPs. SARRAH contends there is a direct correlation between these factors.

The [Terms of Reference](#) of the Inquiry focus squarely on medical general practice, and the relative shortage of general practice (GPs) in outer metropolitan, rural and regional areas. The more remote you go the fewer GPs there are to meet community need: we want and need more. However, as essential as GPs are to communities, they do not constitute the entirety of the primary health or “related” non-hospital health and social service system.

However, our submission focuses primarily on the non-GP specific aspects of the Terms of Reference - **“related primary health services”** and **“any other related matters impacting outer metropolitan, rural, and regional access to quality health services”**.

In doing so we aim to:

- a) Provide strong, broad support for the Inquiry into the provision of GP and related primary health services to outer metropolitan, rural, and regional Australians;
- b) Encourage the Committee to:
 - i) broaden the Terms of Reference of the current Inquiry *or*
 - ii) establish a separate and comprehensive Inquiry into the differential coverage, access and health outcomes associated with Australia’s primary health care system and workforce distribution nationally; and
- c) Request that members of the Senate Standing Committee recognise and signal their recognition that geographic and other disparities in access to health and social services are long-standing, systemic and this has contributed to higher levels of avoidable illness, disease, disablement, loss of function, loss of independence, diminished quality of life and premature death for people across rural and remote Australia.

The capacity of GP services to deliver effective, person-centred care also depends on the many nursing, allied health and other skilled workers who provide care. A broader

inquiry would have been appropriate and welcomed. Indeed, the Government's [draft national Primary Health Care 10 Year Plan 2022-2032](#) currently out for public consultation notes *people living in rural and remote areas have more limited access to health care services and poorer health outcomes than people living in metropolitan areas* and calls for *a greater focus on allied health, actions to incentivise multidisciplinary team-based care approaches* and states that *the Government is looking to optimise the development and utilisation of high-quality allied health in primary health care through this plan.*

SARRAH encourages members of the Committee to use the Inquiry as a mechanism to improve the capacity and equity of our health system more broadly and how it can optimise overall health and wellbeing.

SARRAH remains committed to working constructively with communities, governments and other stakeholders to help address these issues. We welcome opportunities to do so.

Further detail on issues raised in this covering letter and comments on the priorities and specific actions of the Plan are provided in our Submission, attached.

SARRAH has no objections to the Committee making our Submission public and would welcome the opportunity to further assist the Joint Standing Committee to ensure equitable access, optimal impact and benefit for participants and the community and the long-term sustainability of the Scheme.

If you would like to discuss issues raised in SARRAHs submissions or require further information, please contact me at catherine@sarrah.org.au.

Yours Sincerely



Cath Maloney

Chief Executive Officer

Services for Australian Rural and Remote Allied Health (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 the bush. 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 is a national, multidisciplinary member association and has been operating for 25 years. SARRAH is the only peak body to be fully focused on rural and remote allied health working across all disciplines. (More information is available at <http://www.sarrah.org.au/>).

