Executive Summary

The health of Aboriginal and Torres Strait Islander peoples truly is everyone’s business. Across Australia, there are many stakeholders directly or indirectly involved in Indigenous health – from governments at all levels to non-government, corporate and community organisations, from all corners of the health system to the education, employment, housing, welfare and legal systems, from Indigenous Australians to non-Indigenous Australians – who are concerned about the ongoing disparity in health outcomes and the inequitable access to health services experienced by Aboriginal and Torres Strait Islander peoples.

Currently, the provision of health services to Aboriginal and Torres Strait Islander peoples in Australia is fragmented with resultant gaps and duplication in service provision. Service providers and programs often work separately and in competition for scarce resources, such as for funding and for the workforce, and have huge reporting and administrative responsibilities. Governments, and government departments, tend to compartmentalise Aboriginal health and Aboriginal programs rather than considering a more holistic and coordinated approach. Successful services and programs often get lost in the bureaucratic jungle and key learnings, outcomes and evidence of good practice may not be properly disseminated for knowledge translation.

If sustained improvements in health outcomes for Aboriginal and Torres Strait Islander peoples are to be realised, the NSW Government must end the fragmentation and actively coordinate and collaborate with the Australian Government, state and territory governments, Indigenous and non-Indigenous organisations, and local communities and networks to build

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1 Throughout this document, the term “Aboriginal and Torres Strait Islander peoples”, “Aboriginal peoples” and “Indigenous Australians” has been used to refer to the original inhabitants of Australia. The term ‘Aboriginal’ is used in preference to “Aboriginal and Torres Strait Islander” in recognition that Aboriginal peoples are the original inhabitants of NSW.
and execute the vision, strategic directions, governance and resourcing of the *NSW Aboriginal Health Plan*. The goal should be an integrated, accessible and affordable network of care – encompassing comprehensive primary, secondary and tertiary health care over the mainstream and community controlled health sector that intersects (as appropriate) with the education, employment, housing, transport, welfare and criminal justice systems – to provide timely, high quality, person-centred, culturally safe care that meets the needs of diverse Indigenous populations in NSW.

Already, there are a number of highly successful, innovative and collaborative services and programs in operation across Australia, driven by dedicated, passionate and experienced leaders, which are resulting in real improvements in health outcomes on the ground. An effective and sustainable *NSW Aboriginal Health Plan* must be informed by this existing evidence base, and on robust demographic, geographic and socio-economic projections if Aboriginal people’s health care needs are to be met now and in ten years’ time. The development of the plan must include analysis of barriers to providing care to Aboriginal peoples, strategies to overcome these barriers as well as consideration of existing and emerging opportunities to improve care through broader reform processes and information technologies.

Reform of the NSW health system to achieve the vision of “Health Equality for Aboriginal People in NSW” must revolve around the following two principles. Firstly, that there is a genuine partnership with Aboriginal peoples and their representatives, including the Aboriginal Health & Medical Research Council (AH&MRC), who will lead the development and implementation of the plan and who are empowered to make core decisions. Secondly, that the plan centres on comprehensive primary health care involving a multidisciplinary team of clinicians and support staff that can respond to the holistic needs of the local population. A strong primary health care system can work within and across sectors to address the socio-economic and environmental determinants of health, and to focus on prevention and health promotion. Of critical importance is the resourcing and capacity building of the Aboriginal community controlled health sector and the Indigenous health workforce.

**Recommendations**

The NSW Government, in partnership with the AH&MRC, Australian Government and local communities and networks, should:

1. Increase coverage of and linkages between mainstream and Aboriginal Community Controlled Health Services (ACCHS) for the provision of comprehensive, high quality...
primary and specialist care to Aboriginal and Torres Strait Islander peoples across NSW, such as through formal agreements between Medicare Locals, Local Hospital Networks and ACCHS.

2. Provide adequate funding and resourcing to Aboriginal Community Controlled Health Services (ACCHS).

3. Identify, support and promote local examples of good practice and innovation.

4. Continue to build and invest in a robust eHealth platform with shared patient records to support improved continuity and quality of care for Aboriginal peoples.

5. Invest in the Indigenous health workforce including through appropriate wages, recruitment, retention and professional development strategies.

6. Develop initiatives to increase the cultural competence of mainstream health services, hospitals and health care professionals.

7. Systematically improve access to specialist medical services for Aboriginal and Torres Strait Islander peoples and communities across NSW.

8. Undertake intersectoral work to respond to the social determinants of health.

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to respond to the Towards an Aboriginal Health Plan for NSW: Discussion Paper (Discussion Paper). The RACP strongly supports the NSW Government’s commitment to develop a new 10 year Aboriginal Health Plan in close partnership with the Aboriginal Health & Medical Research Council (AH&MRC). The NSW Aboriginal Health Plan must move beyond aspirational statements and into the specifics of what funding, services, infrastructure, workforce, systems and processes are needed to achieve “Health Equality for Aboriginal people in NSW” and identify the agencies responsible for delivering in these areas.

The RACP is committed to raising physician awareness of Aboriginal and Torres Strait Islander health needs and their cultural context, and advocating for culturally appropriate health delivery systems that improve health outcomes. Many of the College’s Fellows and trainees are likely to provide care to Aboriginal and Torres Strait Islander peoples, particularly in the areas of chronic disease management, paediatrics, public health, sexual health, palliative medicine and addiction medicine. Specialist physicians, in conjunction with primary health care providers, play a critical role managing the complex health care needs of Aboriginal and Torres Strait Islander peoples. Access to timely, high quality, culturally
appropriate specialist medical care provided by specialist physicians within a multidisciplinary team and in concert with Indigenous Australian communities is essential to close the gap in life expectancy and infant mortality between Indigenous and non-Indigenous Australians.

The RACP understands that real improvements in health outcomes and in the way health services are provided to Aboriginal peoples in NSW will depend on consultation and collaboration with stakeholders across the Indigenous and non-Indigenous health and related sectors. It is especially important that the Australian Government, the NSW Government, the AH&MRC and local networks – including Local Health Districts, Medicare Locals and ACCHS – work together to plan, monitor and deliver integrated health services to diverse Aboriginal populations in NSW. The development of the *NSW Aboriginal Health Plan* should draw on existing high quality plans and, in particular, should be informed by the *AH&MRC Strategic Plan: 2011-2014* and the goals and four priority areas identified in this document of self-determination; relationships; workforce development; and health services and programs.¹

At the last Census, NSW was the state with the largest Aboriginal population, with most Aboriginal people living in urban and regional areas yet also comprising a large proportion of the population living in the most remote areas of NSW.² The NSW Aboriginal population also comprises a number of different tribal groups with their own languages, cultural and spiritual beliefs and practices. The diversity of Aboriginal populations in NSW has implications for local health service design and delivery. Local communities and individual Aboriginal Community Controlled Health Services (ACCHS) across NSW should be widely consulted to identify local needs and the strategies to meet these needs. The consultation papers from the first phase of the consultation process for the development of the *NSW Aboriginal Health Plan* are particularly illuminating in this regard.

The RACP notes the dynamic political context in which the *NSW Aboriginal Health Plan* is being developed including:

- The 2008 Council of Australian Governments (COAG) National Indigenous Reform Agreement and the associated National Partnership Agreements on Closing the Gap in Indigenous Health Outcomes, which committed $1.6bn in funding up until 2013;
- The Australian Government announcement in 2011 that a *National Aboriginal and Torres Strait Islander Health Plan* is to be developed;
- The progressive implementation of National Health Reforms, including Medicare Locals and telehealth incentives, which impact on the provision of community controlled health services to Aboriginal peoples; and
• The establishment of a NSW Ministerial Taskforce on Aboriginal Affairs to consider the social determinants of health.

These commitments and initiatives must be considered together and build upon each other to reduce duplication, address gaps in service provision and ensure the best value for money. As signatories to the Close the Gap Campaign Statement of Intent, the Australian Government and the NSW Government should be driven by the principles enunciated in this document and the National Indigenous Health Equality Targets, when developing long-term plans to address Indigenous health inequality.

The NSW Aboriginal Health Plan must provide continuity of patient-centred care and ensure a smooth patient journey across services and settings for Aboriginal peoples in NSW. There is need for sufficient depth and breadth of health service provision across NSW that encompasses the resourcing of both mainstream and community controlled primary health services, which properly connect with each other, with secondary and tertiary health services, and other intersectoral services related to the social determinants of health. Currently, there are multiple service providers operating in the field of Aboriginal health in any given area of NSW including Commonwealth and State-funded services, ACCHS and/or Aboriginal Medical Services (AMS), General Practice NSW and NSW Divisions Network (transitioning to Medicare Locals) and non-government services. Services are often fragmented and work in competition rather than sharing resources, information and expertise to improve coverage and equitable access to health services. This must be addressed in the new 10 year NSW Aboriginal Health Plan.

**Principles for the NSW Aboriginal Health Plan**

The principles included in the NSW Aboriginal Health Plan are appropriate and reflect the need to ensure access to comprehensive primary health care services that are predominantly community controlled to improve health outcomes for Aboriginal peoples across NSW. The principles also recognise the need to develop a more coordinated and integrated health care system that intersects with other sectors as required to deliver continuity of care; holistic, person-centred care; and a smoother patient journey across services and care settings.

The challenge will be to meaningfully translate these principles into systems, guidelines and protocols that embed these principles within the entire health service planning and implementation process. Each principle must be matched with recommended actions and/or clear measures of performance and success to guide the development and delivery of “Culturally safe and optimal health services for Aboriginal People in NSW”.
A Vision, Definition and Goal for Aboriginal Health

Vision

The proposed vision of “Health Equality for Aboriginal People in NSW” is an appropriate vision for the NSW Aboriginal Health Plan to strive for as it accords with the goal of the Close the Gap Campaign for Indigenous Health Equality, which is the achievement of health and life expectation equality for Australia's Aboriginal and Torres Strait Islander peoples by 2030. The achievement of the vision will require a long-term commitment by all stakeholders involved in Aboriginal health to systematically working together on agreed strategic and local priorities that accord with the Aboriginal definition of health and the needs of Aboriginal communities across NSW.

Definition

The Aboriginal definition of health is sound and adequately reflects the need for an holistic, life course approach, with multidisciplinary and intersectoral service design and delivery, to result in optimal health and wellbeing for Aboriginal peoples and their communities. It is right that this definition be used to drive health system reform and improve the delivery of health services to Aboriginal peoples. The implications of asserting this definition of health is, however, more than just ensuring that the definition is understood across the health system. It must also inform the way that all services, not just health services, are planned, monitored and delivered across NSW. This means that the historical, social, economic and environmental determinants of health should not be considered in isolation, but should be incorporated into the reform of health services.

In addition, if the Aboriginal definition of health is to be understood and adopted across the NSW health system, then the NSW Aboriginal Health Plan must include strategies to overcome institutional racism and to educate and upskill those working in the health system about Aboriginal health specifically, and Aboriginal culture more broadly, and particularly the role of traditional healers and medicine. The aim must be to overcome the hidden curriculum and mainstream cultural bias to build and maintain respect for Aboriginal peoples, culture and beliefs, and the strengths of the Aboriginal definition of health across the health care system.

Goal

The overarching goal of the NSW Aboriginal Health Plan for “Culturally safe and optimal health services for Aboriginal People in NSW” is acceptable but should be further developed
so that it is a measurable standard that all stakeholders involved in Aboriginal health in NSW can strive for.

A more appropriate, albeit wordy goal, could be “An integrated, accessible and affordable health system that provides timely, high quality and culturally safe care to meet the local population needs of diverse Aboriginal communities in NSW.”

**Strategic Directions**

On the whole, the RACP considers that the strategic directions identified in the *Discussion Paper* provide an appropriate framework to reform the way health services are provided to Aboriginal people in NSW; although there is substantial overlap across the strategic directions.

The RACP notes that the following priorities are not sufficiently reflected in the listed strategic directions:

- Identification and evaluation of the existing evidence base, including national and international examples of good practice, innovation and models of care, particularly with respect to improving access to comprehensive, culturally appropriate primary and specialist medical care for Aboriginal peoples.

- Intersectoral collaboration for holistic care and to respond to the social determinants of health with service coordination across education and training, employment, housing, transport, welfare and the criminal justice systems.

- Sustainability: preparing for future population needs and socio-economic, political and environmental contexts.

**Integrated Planning and Funding**

It is vitally important that there is integrated planning and funding to deliver health services to Aboriginal peoples in NSW in a coordinated and cost-effective manner. Currently, there are multiple funding bodies in NSW, often operating in silos, with inconsistent planning and funding cycles and reporting requirements. Health services, and particularly ACCHS, may receive funding from a variety of providers to finance the range of service provision. As a result, services may need to balance competing interests and “rob Peter to pay Paul” to ensure the continuity and/or sustainability of the service. This is inefficient and lacks sufficient transparency to guarantee value for money. The proposed planning and funding framework must coordinate funding bodies to reduce the administrative burden on services.
and provide certainty for long-term service delivery while also ensuring the best and most efficient use of funds.

In the development of the *NSW Aboriginal Health Plan*, there must be specific consideration given to how the Australian and NSW governments will work together to ensure adequate funding for successful mainstream and community controlled primary health care services and to properly connect these services each other and the acute sector. The proposed new, unified funding model based on State and local strategy and evidence of needs and gaps must encompass or at the very least be consistent with Commonwealth funding priorities to ensure appropriate service coverage for Aboriginal peoples across NSW.

Integrated planning and funding for Aboriginal Health in NSW must do four things. Firstly, it must make access to comprehensive primary and preventative health a priority rather than focus on short-term, ad hoc programs. Secondly, it must promote capacity building for a robust and well-resourced community controlled health sector. Thirdly, it must be flexible and capable of supporting innovative service delivery and new models of care. Finally, it must dictate that funded services collaborate (where possible) and share resources, including knowledge, data and the health and medical workforce, to deliver high quality, person-centred care to Aboriginal peoples across time and care settings. For this to occur, there must be further development of a robust eHealth platform with shared records underpinning service delivery across NSW and service providers must be assisted to utilise the platform.

Although primary health care services designed for and controlled by Aboriginal communities are important, it must be noted that they are not the sole providers of care to Aboriginal peoples. Some Aboriginal people do not feel comfortable attending their local service or there may not be a service in their area. GP clinics and other health professionals working in the community provide essential care in these instances and ensure early referral to specialist medical care where the patient has higher care needs. The role of both services needs to be adequately accounted for in the development of any planning and funding framework.

In saying this, the planning and funding framework must also recognise that the community controlled health sector often evidences elements of best practice with respect to the availability of multidisciplinary care and intersectoral collaboration. However, ACCHS may be constrained from reaching their full potential due to the difficulties of attracting and retaining medical staff, maintaining infrastructure and equipment, and the burden of administration and reporting. The RACP supports a long-term funding model for the NSW community controlled heath sector, similar to that committed to by the Australian Government as part of the Stronger Futures package, which includes sufficient funding to:
• Maintain a multidisciplinary workforce;
• Undertake capital works, including to build dedicated clinical space and purchase equipment for medical specialists;
• Participate in eHealth and telehealth schemes; and
• Assist with the discharge of reporting obligations.

Building the evidence of what works

The *NSW Aboriginal Health Plan* must be built around the evidence of what services are needed, where they are needed, who is going to provide them and fund them, and how they can be delivered in an efficient, effective and sustainable manner. The *Discussion Paper* states that there is a lack of information and evidence on this, and on what interventions work, and indicates that this can mostly be attributed to poor communication across the NSW health sector and inconsistent or inadequate service monitoring and reporting.

To build the evidence of what works and to identify effective models of care and service delivery, the *NSW Aboriginal Health Plan* should incorporate a strategy that encompasses the following:

• Information, resources and support to assist services to appropriately and consistently collect, record and report on accurate patient data including Aboriginality, health outcomes, satisfaction with care, and rates of recall, referral and follow-up.

• Investment in external research and evaluation programs with robust research methodology to analyse and evaluate the data and the service. Research programs should be led by experienced researchers working collaboratively and in a culturally sensitive manner with Aboriginal communities and local service providers.

• Wide communication and dissemination of research findings for knowledge translation to inform service design and delivery across the health system both within NSW and at a national level.

• Providing infrastructure, systems and processes for sharing information, such as through eHealth, linked patient records across the primary, secondary and tertiary health sector, and possibly a central data repository.

The *NSW Aboriginal Health Plan* should also include a plan for discovering the existing evidence base. Across Australia and internationally, there are existing models of ‘best practice’ that can be drawn on and built upon to inform the reform of health service delivery to Aboriginal peoples in NSW. The common elements of successful service provision and
the possibilities for overcoming barriers to success should be identifiable in many of these service models.

Generally speaking, the key elements of ‘best practice’ are already evidenced in many ACCHS. ACCHS regularly deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it with multidisciplinary, intersectoral service delivery encompassing generalist and specialist medical care; dentistry and optometry; women’s, men’s and child health; drug and alcohol services; criminal justice services; transport; and assistance with public housing. The challenge for NSW is resourcing and replicating this model on a wider scale to ensure that all Aboriginal peoples who need these services can access them in a timely fashion. The *NSW Aboriginal Health Plan* must also consider how to strengthen connections and partnerships between ACCHS and mainstream primary, secondary and tertiary health services (including the acute hospital sector) to share information, expertise and the workforce (including specialist physicians), and ensure patients do not fall through the gaps.

The RACP agrees that it is essential to conduct needs and gap analyses at both the local and State level to identify what services are needed to achieve “Health Equality for Aboriginal People in NSW”. The needs and gap analyses should include:

- a. Review of the size and distribution of the Aboriginal population across NSW using latest available data such as from the 2011 Census of Population and Housing.
- b. Assessment of the local population needs for each Aboriginal community and the services required to meet these needs.
- c. Inventory of existing types and levels of service provision available to each Aboriginal community.
- d. Perform a gap analysis.
- e. Undertake local strategy, action planning and capacity building to establish the services needed to overcome gaps.

The RACP notes that there are already respectable resources available to inform the development of a *NSW Aboriginal Health Plan* that can identify and establish the services needed to achieve “Health Equality for Aboriginal People in NSW”. The NSW edition of the *Aboriginal and Torres Strait Islander Health Performance Framework* (HPF) is a valuable tool which reports against 71 performance measures across the three domains of health status and outcomes, the determinants of health, and health system performance. The Close the Gap National Indigenous Health Equality Targets also stipulates targets related to a partnership between the Australian Government and Aboriginal and Torres Strait Islander...
peoples, health status, primary health care and other health services and infrastructure to close the life expectancy gap within a generation and halve the mortality gap for children under five within a decade.8

Ensuring local strategy and action planning

The RACP fundamentally believes that the key to long-term and sustained improvements in health outcomes for Aboriginal peoples depends on the development of genuine, equal partnerships with Aboriginal communities. Aboriginal communities know what their local population needs are, what services are available (and the quality of these services), and what is needed to effect change. As such, local communities should be resourced and empowered to work with local networks to conduct needs and gap analyses and to plan, monitor and deliver services to their Aboriginal population.

To develop the NSW Aboriginal Health Plan, the NSW Government is working in close partnership with the AH&MRC. Similarly, at a local level, Local Health Districts, Medicare Locals and/or Divisions of General Practice, and ACCHSs should work together with relevant non-Government organisations to review and coordinate service delivery to reduce duplication, fill service gaps and make best use of the workforce to ensure widespread access to high quality, affordable and culturally appropriate care for Aboriginal peoples. Knowledge and evidence about what works should then be communicated up through the NSW Ministry of Health and the AH&MRC and then to the Australian Government, COAG and the National Aboriginal Community Controlled Health Organisation (NACCHO) to inform service design and delivery across Australia.

The NSW Aboriginal Health Plan can play a role in facilitating and encouraging local agencies to join up and work with local Aboriginal communities and ACCHS to deliver better health services and improved health outcomes. In particular, the plan can provide guidance on how best to engage and work effectively with Aboriginal communities. For example, it can emphasise the need for early and ongoing consultation and liaison and mutual decision-making to co-create services, and the importance of building mutual trust and respect by listening, learning and seeking to understand the history, culture and practices of the local community.

The NSW Aboriginal Health Plan could also identify and fund the resources, infrastructure, systems and processes needed to support communication, collaboration and coordination between mainstream health services and ACCHS. This could include increased utilisation of case conferences, multidisciplinary care plans, and telehealth for patient consultations and the education and training of the Aboriginal health workforce; shared records to facilitate
recall, referrals and follow-up; and/or co-location of services where appropriate. The proposed funding framework could provide financial incentives to those localities that can demonstrate coordinated local strategy and action planning or even go so far as making collaborative agreements between ACCHS, Medicare Locals and Local Health Districts a condition of funding.

**Strengthening the workforce**

A strong (well-trained and well-resourced) workforce lies at the crux of a functional and efficient health system that can deliver comprehensive, timely, high quality and culturally appropriate services to Aboriginal peoples across NSW. The RACP considers that there are three essential elements for strengthening the workforce to result in improved health outcomes for Aboriginal people in NSW:

a. Developing the Indigenous health workforce;

b. Improving the education and training of the non-Indigenous health, medical and support workforce to increase cultural competence; and

c. Creating culturally competent workplaces, work practices and services.

The development of the Indigenous health workforce will depend on a comprehensive, integrated pipeline approach that engages and supports Aboriginal and Torres Strait Islander peoples through primary and secondary school, tertiary education or training programs, into the health workforce and throughout their career. Support may be in the form of scholarships, mentoring and leadership development programs, or providing pathways into education and training so as to recruit, retain and sustain the Indigenous health workforce. It is especially important that we value our Indigenous health workforce and demonstrate this through appropriate recognition, remuneration and personal and professional development opportunities.

There must be specific investment in Aboriginal Health Workers, Aboriginal Outreach Workers and Aboriginal Liaison Officers, who play a vital role linking Aboriginal peoples and communities with the health services they need. This workforce provides continuity of care for Aboriginal peoples and supports them to transition across services and care settings. In addition, this workforce can perform an educative role; assisting mainstream health services and health professionals to better understand the local community, the underlying reasons for the health of the community and to identify the services needed to improve the health of the community. Recognition and remuneration structures should reflect the varied nature of
these roles, the importance of the role for improving access to health services, and the
demanding nature of the work.

The development and implementation of the *NSW Aboriginal Health Plan* may also present
opportunities to increase the non-Indigenous health, medical and support workforce’s
awareness and understanding of Aboriginal culture and the Aboriginal definition of health.
This may include encouraging education and training providers to build cultural awareness
and appreciation into training programs and curriculum, such as the CDAMS Indigenous
Health Curriculum Framework.\(^\text{11}\) In addition, developing culturally specific training programs
has the potential to improve health outcomes by increasing the health professional’s
confidence talking about issues, providing advice and delivering interventions to Aboriginal
peoples.\(^\text{12}\) The *NSW Aboriginal Health Plan* could also consider ways to improve cross-
cultural information transfer and to increase opportunities for positive interactions between
the non-Indigenous health workforce and Aboriginal communities, such as through more
placements in ACCHS or enhanced outreach programs.

Finally, the *NSW Aboriginal Health Plan* must promote culturally competent and culturally
safe health services, particularly within the public hospital system. There is need for
widespread organisational cultural change within the NSW health system to embed
Aboriginal cultural values and perspectives into organisational arrangements and clinical
approaches of service providers. To effect this change, the *NSW Aboriginal Health Plan*
could encourage the following strategies:

- Developing markers or key performance indicators (KPIs) for culturally competent health
  services and incorporating this into accreditation processes or funding/ reporting
  requirements.

- Encouraging health services to promote and recruit Aboriginal peoples into leadership
  positions, such as at the Board or Senior Executive level, to inform the overall
  governance and strategic direction of the service.

- Integrating traditional medicine and traditional healers into mainstream services where
  possible and appropriate.

A culturally competent workplace geared towards the specific needs of Aboriginal peoples
should have a trickle-down effect to increase the cultural competence of the non-Indigenous
workforce and to improve the recruitment and retention of the Indigenous health workforce.

*Making it happen locally*
The RACP supports the statement in the Discussion Paper that the “ability and effectiveness of local services to join up and take action together for the benefit of those accessing the system… will have the most profound effect across the system and on communities needing help”. A shared care model whereby service providers are encouraged and facilitated to work with each other and with the patient and their family across care settings to deliver comprehensive, person-centred care will be most effective. Enhanced service coordination and integration will lead to an improved patient journey with more seamless transitions including timely referral, follow-up and clinical and non-clinical handover for better health outcomes and satisfaction with care. There are already models of care in existence that could be promoted for wider implementation across NSW. For example, the NSW Chronic Care for Aboriginal People Model of Care specifies an integrated team approach to treating the person, not the disease, involving an Aboriginal Health Worker, Community Chronic Care Coordination and Community Chronic Care Clinician.13

Other comments

Improving access to specialist medical services

Reforming the way health services are provided to Aboriginal peoples in NSW will require a robust and well-resourced mainstream and community-controlled primary health sector focussed on comprehensive, holistic and preventative care. This will necessitate the NSW Government and the AH&MRC working closely with the Australian Government, local communities and networks to ensure sufficient service coverage, funding and access to care through needs and gaps analyses.

A strong and integrated primary health care sector will go some way to addressing another critical gap in care that remains unaddressed for many Aboriginal peoples and communities in NSW, particularly those living in rural and remote areas. That is, access to specialist medical care. As stated at the 1997 Cottrell Conference, “the better the organisation, structure and staffing at the primary health care level, the better the utilisation of specialist services” with more timely and smoother referral pathways.14

Given the extent to which Aboriginal peoples and children experience chronic disease, infectious disease, injury and disability; access to timely, high quality and culturally appropriate specialist medical care is essential for sustained improvements in health outcomes. Specialist physicians are experts in multidisciplinary care and complex and chronic disease management and work in concert with primary health care providers to optimise health and wellbeing for Aboriginal peoples.
Most specialist physicians provide care to Aboriginal peoples in mainstream health and hospital services. On occasion, specialist physicians may hold tenured or salaried positions within ACCHS but more commonly they will attend these services through outreach, such as through the Australian Government’s expanded Medical Specialist Outreach Assistance Program (MSOAP). Across Australia, outreach to rural and remote Indigenous communities is often ad hoc and reliant on the interest of individual specialist physicians with no formalised, systematic model that links and prioritises outreach from regional hospitals to rural and remote Aboriginal communities. Although there are some very successful outreach programs that work locally and in partnership with local governments, communities, and mainstream and community controlled health care services to identify needs, gaps in services and providers who can fill these gaps; this is not consistently available across NSW and access to specialist medical care can be non-existent for some remote Aboriginal communities unless the patient is prepared and able to travel long distances.

The development of the *NSW Aboriginal Health Plan* should involve consideration about how to systematically improve access to specialist medical services for Aboriginal peoples across NSW. There are a number of possible opportunities that warrant further exploration:

a. Developing and implementing hub and spoke models of care whereby specialist physicians in regional centres deliver care to smaller services in surrounding communities. The *NSW Aboriginal Health Plan* could mandate formal agreements between Medicare Locals, Local Health Districts and ACCHS for the regular provision of specialist medical services to local Aboriginal communities.

b. Increasing outreach programs and further developing the outreach service model based on innovative and effective programs already in existence around Australia. In NSW, the experiences of and evidence from successful outreach programs, such as that operated by the Sydney Sexual Health Centre into the State’s Far West, can be used to inform the design and delivery of new outreach programs. In addition, the Ministry of Health and the AH&MRC can look at strategies to encourage hospitals and Local Health Districts to regularly release specialist physicians for outreach activities. It could also involve investigation of the possibility of replicating the Northern Territory Remote Area Health Corps service model to mobilise urban-based specialist physicians to work in primary health services in remote Aboriginal communities in NSW.

c. Improving linkages between the acute hospital sector, primary health care sector and local Aboriginal communities, such as by creating clinical/cultural liaison positions within hospital units to track remote area Aboriginal patients throughout their trajectory of care from their homelands to the hospital setting and then back to their homelands.
d. Further developing telehealth initiatives to better connect specialists with primary health care services through video consultations with the patient, virtual case conferences to review patient care, or education and training programs to upskill primary health care professionals and the Aboriginal health workforce.

Responding to the social determinants of health

The RACP understands that the Discussion Paper has been deliberately limited to health system reform, as opposed to also addressing the social determinants of health, because a NSW Ministerial Taskforce on Aboriginal Affairs has been established to consider these issues. Although the RACP can appreciate the reasons for this decision, including keeping the NSW Aboriginal Health Plan manageable, the RACP questions whether the NSW health system and health services can make lasting improvements in health outcomes for Aboriginal peoples without providing for at least some intersectoral collaboration to respond to the social determinants of health including poor housing, limited education and employment options, incidence of family violence, and disproportionate rates of incarceration.

Ideally, all sectors and NSW government departments should have some responsibility for developing and maintaining programs and services that integrate with the health sector and relevant health services to better the health of the entire population. Intersectoral collaboration could, for example, encompass strategies for delivering public health messages in schools and jails, for reducing overcrowded housing and associated rates of infection, and for improving food security in Aboriginal communities. Simultaneously, improving health service delivery will also help address some of the other indicators of disadvantage experienced by Aboriginal peoples. For example, healthy children are more able to concentrate and excel in school and then go on to find stable employment. Keeping Aboriginal people engaged in mental health and drug and alcohol programs can reduce criminal behaviour and contact with the criminal justice system. Preventing and managing chronic disease will mean less time off work and decreased utilisation and expenditure on acute hospital services. At the very least, the NSW Aboriginal Health Plan should include reference to how the governing body for the plan, the NSW Aboriginal Health Partnership Committee, will consult and coordinate with relevant government departments including the Department of Education and Training, the Department of Housing, the Department of Community Services, and the Department of Attorney General and Justice.
Leadership, Governance and Resourcing

There must be strong leadership, governance and resourcing arrangements built into the NSW Aboriginal Health Plan to drive the effective implementation and evaluation of the plan over ten years. In addition to ongoing commitment to the plan, there must also be continued bipartisan commitment to the Close the Gap Campaign for Indigenous Health Equality and to the Statement of Intent across the whole of government to ensure focus and consistency for improved health outcomes for all Aboriginal and Torres Strait Islander Australians.

The RACP notes that the proposed leaders of the plan will be the NSW Aboriginal Health Partnership Committee, comprising of representation from the Ministry of Health, AH&MRC and Local Health Districts. It is appropriate that there is a genuine equal partnership between the Ministry of Health and the AH&MRC in leading the plan, but the efficacy and sustainability of the plan over the long-term will depend on strong, empowered Aboriginal leadership. In this respect, the RACP supports the AH&MRC being funded and facilitated to spearhead the development and implementation of the NSW Aboriginal Health Plan.

The NSW Aboriginal Health Partnership Committee should also include specific governance arrangements to consult with and receive input from:

- Medicare Locals;
- The multidisciplinary team including Aboriginal Health Workers, nurses, allied health professionals, general practitioners, pharmacists and specialist physicians;
- Local Aboriginal communities and Aboriginal elders; and
- The Australian Government Department of Health and Ageing and/or the Office for Aboriginal and Torres Strait Islander Health.

This will ensure that there is integrated and consistent planning and funding across the NSW health sector for improved efficiency and coordination of care to result in an enhanced patient journey for Aboriginal peoples.

Local governance, strategy and action planning should occur through a partnership between ACCHSs, Medicare Locals, Local Health Districts and Speciality Health Networks who work together under Aboriginal leadership to drive integration of care and service design and delivery to Aboriginal peoples within their area. This partnership will provide for central coordination of all services being provided to Aboriginal peoples and communities and should be bolstered by Memorandum of Understandings and service agreements that delineate service responsibility and accountability with clear KPIs and reporting requirements.
Measuring Success

The measures of success detailed in the Discussion Paper are appropriate but are, on the whole, overly broad and insufficiently measureable to be of significant utility for service providers. The RACP considers that the measures of success can be further developed through the proposed performance and accountability framework by specifying KPIs for each measure of success and providing support for services to achieve their KPIs and thus demonstrate success. For example, the ‘increased Aboriginal employment opportunities’ measure of success could include the KPI of ‘XX number of new Aboriginal identified positions in the service’. Strategies for assisting services to meet the KPI could be ‘funding to develop an appropriate recruitment and retention strategy’ or to ‘provide training to upskill Indigenous applicants’.

In addition, the measures of success should measure how the service is performing against key indicators of a high performing health system such as:

- Clinical indicators of improved health outcomes for Aboriginal peoples, including improved life expectancy, reduced burden of disease, low infant mortality;
- Reduced hospital admissions or readmissions;
- Reduced service waiting times;
- Evidence of care coordination and use of care plans;
- Consumer satisfaction with care; and
- Sustainable health expenditure.

The RACP recommends that the NSW Government consider incorporating the following additional measures of success into the NSW Aboriginal Health Plan:

- Workforce: multidisciplinary teams of health care professionals working together to achieve outcomes.
- Workforce: increased support for the Aboriginal health workforce including education and training opportunities, equal remuneration, and career transitions.
- Delivery models: Robust evaluation of delivery models against population needs, health outcomes, cost-effectiveness and consumer and community satisfaction with the service.
- Sustainable, flexible and integrated funding and delivery models to meet local population needs now and into the future.
- Connection: smooth patient journey with seamless transitions across health care providers, care settings and community controlled and mainstream health services.
• Connection: flow of knowledge, information, evidence and innovation from local services and the local community up to state-based and national stakeholders.

• Respect: Increased awareness and respect for the Aboriginal definition of health and the role of traditional medicine and traditional healers.

• Leadership: increased leadership opportunities for Aboriginal peoples.

• Accountability: sufficient funding, resources and support to assist services to meet their accountability and reporting responsibilities.

• Measurement and reporting: central data repository for data analysis and system-wide reporting and evaluation.

Conclusion

The RACP supports the NSW Government’s commitment to develop a new ten year NSW Aboriginal Health Plan in partnership with the AH&MRC. The RACP considers that the development of a new plan provides the perfect opportunity to review and reform the way health services are delivered to Aboriginal peoples and communities in NSW. It is an opportunity to identify ways to end fragmentation in the health system and encourage services to work together to improve access to care, continuity of care and health outcomes for Aboriginal peoples living in culturally and geographically diverse communities across NSW. To achieve “Health Equality for Aboriginal People in NSW”, the NSW Government and the AH&MRC must also work closely with the Australian Government and local networks – including Medicare Locals, Local Health Districts and ACCHS – to identify the services needed to close the gap, service gaps and undertake capacity building to design, deliver and resource flexible services that can meet the holistic needs of local Aboriginal communities, including responding to the core social determinants of health. In doing so, existing examples of ‘best practice’ and successful models of care and innovation should be identified and evaluated. What we do know, however, is that the non-negotiable components of a high quality health system for Aboriginal peoples is access to comprehensive, culturally-appropriate primary and specialist health care, a robust, well-resourced community controlled health sector, with a strong Indigenous health workforce, and this should be prioritised in the NSW Aboriginal Health Plan.
**About the RACP**

The Royal Australasian College of Physicians (the RACP) trains educates and advocates on behalf of more than 13,500 physicians – often referred to as medical specialists – and 5,000 trainees, across Australia and New Zealand. The RACP represents more than 25 medical specialties including paediatrics & child health, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

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