Submission of Family Planning NSW

Provision of general practitioner and related primary health services to outer metropolitan, rural and regional Australians

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Senate Standing Committees on Community Affairs
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Family Planning NSW welcomes the opportunity to make a submission to the Senate Standing Committees on Community Affairs regarding the inquiry into the 'Provision of general practitioner and related primary health services to outer metropolitan, rural and regional Australians'.

We have a strong history of consulting with the Australian Government and encourage the Standing Committees to ensure equity of access in regard to high-quality reproductive and sexual health services. This submission focuses on the importance of ensuring the availability and accessibility of essential reproductive and sexual health services, information, education and health promotion in outer metropolitan, rural and regional areas of Australia.

Family Planning NSW also endorses the submission of ACON, recognising our shared commitment to reproductive and sexual health, comprehensive sexuality education and health promotion.

About Family Planning NSW

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW and Australia. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health. We have been operating for over 95 years, working with communities across NSW, including in regional, rural and remote areas.

Each year we provide more than 31,000 clinical occasions of service to clients, information and health promotion activities to communities, and best practice education and training in reproductive and sexual health for health for doctors, nurses, teachers, disability support workers and other health, education and welfare professionals.

Our services are targeted to marginalised and disadvantaged members of the community, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people and people from rural and remote communities.

Recommendations

Family Planning NSW recommends the following:

1. prioritise the improvement of reproductive and sexual health outcomes for people living in outer metropolitan, rural and regional areas

2. increase access to reproductive and sexual health services in outer metropolitan, rural and regional areas through up-skilling of local GPs and nurses in reproductive and sexual health service provision

3. utilise appropriately trained Registered Nurses to provide long-acting reversible contraceptive procedures in areas of unmet need and provide access to MBS item numbers for clients to access rebates for these services

4. prioritise the continuation of telehealth to address unmet need in regard to access to appropriate and inclusive reproductive and sexual health care in outer metropolitan, rural and regional areas

5. increase access to cultural competency, inclusivity and youth-friendliness training for health professionals, community workers and educators to expand the accessibility of appropriate and inclusive reproductive and sexual health services

6. ensure health information, including reproductive and sexual health information, is available in multiple languages and accessible formats, including plain language and easy read

7. ensure health services are actively working to address the physical, structural and cultural barriers preventing service usage by engaging in welcoming signals, ensuring physical accessibility and cultural responsiveness.

Key points

Reproductive and sexual health is at the forefront of ensuring not only a person's physical health but also their mental wellbeing and ability to function at an optimal level within society. Family Planning NSW provides essential reproductive and sexual health services across NSW, including clinical services, health promotion, professional education and support, and comprehensive sexuality education to people of all ages. We are also a member of the National Family Planning Australian Alliance.

There is a significant unmet need for reproductive and sexual health services in outer metropolitan, rural and regional areas which exceeds the current levels of funded service provision. Family Planning NSW works closely with Local Health Districts in NSW to provide access to essential reproductive and sexual health care to all people across the state. We strongly affirm the need for ongoing support, funding and expansion of existing services to ensure that the reproductive and sexual health and rights of people living in outer metropolitan, rural and regional communities are met.

Our key points, in relation to the inquiry *Terms of Reference*, are outlined below.

a) The current state of outer metropolitan, rural and regional GPs and related services

Current GP workforce

There are approximately 36,000 General Practitioners (GPs) practising across Australia, with the majority located within major cities. THE RACGP *Health of the Nation 2019* report notes that GP to patient ratio is unevenly distributed across jurisdictions and remoteness areas.(1) There are significantly more GPs practising in urban areas when compared to outer metropolitan, rural and regional areas across Australia,(2) contributing issues of inequitable access to healthcare, particularly in regard to specialised reproductive and sexual healthcare.

GPs are typically the first point of contact for primary healthcare in Australia, however, many do not provide specialised reproductive and sexual health services including long-acting reversible contraceptive (LARC) procedures and medical termination of pregnancy. This results in reduced choice and access to reproductive and sexual healthcare.

Evidence shows that investing in reproductive and sexual health is cost-effective at a systematic and individual level.(3-5) Good reproductive and sexual health has the potential to minimise costs to the health system and has significant benefits at personal, family and societal levels.(3-5)

Access to reproductive and sexual health services in outer metropolitan, rural and regional Australia

Access to essential reproductive and sexual health services, including contraception, cervical cancer screening, and family, domestic and sexual violence screening and support, enables women to meet their holistic reproductive and sexual health needs.(6) Reproductive and sexual health services can facilitate access to other community-based social services, including housing and legal support or police services.(6)

To improve health outcomes, there is a need to increase the capacity of and utilise the skills of the health workforce, including GPs and nurses, to provide specialised reproductive and sexual healthcare. There is also a need for capacity-building of relevant local stakeholders to ensure comprehensive health promotion and education programs are delivered.

Contraception services

Many unintended pregnancies are the result of no or incorrect use of contraceptive methods.(7) Women typically access contraception through their GP, local Family Planning clinic, Women's Health Centre or Aboriginal Medical Service. Access to comprehensive contraceptive services in outer

metropolitan, rural and regional areas is limited. This is particularly apparent in terms of access to LARC options, where limiting factors often include a lack of appropriately trained staff and culturally appropriate services.(7)

One strategy to address limited access to comprehensive contraceptive services, including LARC, in outer metropolitan, rural and regional Australia is provision of LARC services by Registered Nurses (RNs). RN-led LARC procedures are particularly relevant to increase access to highly effective LARC contraceptives among vulnerable groups such as young people and those living with social disadvantage, new migrants, and those living in rural and remote areas.(8) Appropriately trained RNs already provide these services (LARC assessment, insertion and removal), however, their clients are unable to access MBS rebates for these services. Access to MBS item numbers should be provided to appropriately trained RNs.

Additionally, contraception consults are an opportunity for cervical screening and routine domestic violence and reproductive coercion screening. The high prevalence of domestic violence in rural, regional and remote areas has significant implications on physical, mental and reproductive and sexual health.(9)

Cervical cancer screening services
Cervical cancer is one of the most preventable and treatable forms of cancer, however, cervical cancer screening rates are significantly lower in outer metropolitan, rural and regional areas of NSW when compared to inner metropolitan rates.(10) Health professionals should be supported, through professional education and training, to embed cervical cancer screening as part of their clinical service provision.

Abortion services
Women in outer metropolitan, rural and regional areas experience significant gaps in access to fully publicly funded and subsidised abortion services. Access to medical abortion via telehealth and face-to-face service delivery is limited in rural areas due to extensive and sometimes limiting referral criteria, high out-of-pocket costs and limited availability of registered dispensers in rural pharmacies. Further, perceptions of local professional confidentiality may result in women travelling to other locations to seek abortion services, often at a significantly higher cost.

All women, especially those living in rural, regional and remote locations, should have access to affordable, appropriately located and safe abortions. Having abortion services available closer to home may help reduce inequities in access to healthcare experienced by rural women. In 2016, a NSW-based study found rural women travelled 1–9 hours one way to access an abortion.(11)

Recommendations:

- Prioritise the improvement of reproductive and sexual health outcomes for people living in outer metropolitan, rural and regional areas.
- Increase access to reproductive and sexual health services in outer metropolitan, rural and regional areas through up-skilling of local GPs and nurses in reproductive and sexual health service provision.
- Utilise appropriately trained Registered Nurses to provide long-acting reversible contraceptive procedures in areas of unmet need and provide access to MBS item numbers for clients to access rebates for these services.

c) Impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural and regional Australia

Prior to the COVID-19 pandemic, the Australian health system faced challenges in ensuring workforce supply was able to meet demand. The onset of the COVID-19 pandemic exacerbated existing challenges and has contributed to shortages of accessible health professionals. One strategy to enable access to healthcare, including specialised reproductive and sexual health care, is through telehealth.

With implementation of the Australian Government's response to the COVID-19 pandemic and recent continuation of funded telehealth until December 31 2021, GPs, Family Planning NSW and some allied health professionals were able to offer access to clinical services via telehealth. This dramatically increased access to reproductive and sexual health services across all areas of NSW, particularly in outer metropolitan, rural and regional areas where access/service uptake is limited, with attendant individual and societal consequences. Not only did this increase community access to healthcare, but it may have lessened the burden on GPs by enabling direct access to specialised care.

Telehealth enables access to initial consultations (where clinically appropriate) and essential follow-up care for those living in outer metropolitan, rural and regional areas, complementing current face to face service provision. For example, women who travel long distances to access LARC, including intrauterine devices, are able to have their follow up appointment via telehealth. Health professionals are able to provide comprehensive care to clients remotely, rather than risk limited follow up care attendance rates due to travel and other expenses.

It is essential that in continuing to work towards optimising the reproductive and sexual health of people in outer metropolitan, rural and regional areas, that access to funded telehealth services is continued to complement face-to-face service provision. It is anticipated that this will also reduce the burden on GPs to address complex reproductive and sexual health issues with clients.

Recommendation:

- Prioritise the continuation of telehealth to address unmet need in regard to access to appropriate and inclusive reproductive and sexual health care in outer metropolitan, rural and regional areas.

d) Any other related matters impacting outer metropolitan, rural and regional access to quality health services

As experts in reproductive and sexual health clinical service provision and due to our location in NSW, Family Planning NSW has outlined our concerns in NSW context. The evidence, however, is clear – these concerns, and issues of reproductive and sexual health access, extend beyond the NSW context and into outer metropolitan, rural and regional areas across Australia.

The NSW Ministry of Health classifies the following Local Health Districts (LHDs) as being *rural and regional*: Far West, Hunter New England, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. There is no existing classification for 'outer metropolitan.'

Health outcomes for people living in outer metropolitan, rural and regional areas of NSW

On average, people living in rural and regionals areas of NSW experience poorer reproductive and sexual health outcomes than people living elsewhere in NSW, including higher teenage pregnancy rates, higher rates of maternal death, and higher rates of some sexually transmissible infections (STIs). In rural and regional areas, the ability to easily access reproductive and sexual health services as well as continuing supplies of contraceptive pills and emergency contraception, condoms and other contraceptive devices can be limited.(12)

Evidence shows that people living in outer metropolitan, rural and regional areas have higher teenage pregnancy rates and higher rates of maternal, neonatal and foetal deaths when compared to metropolitan areas.(13, 14) This is a wider reflection of the poorer pregnancy and maternity services available in these areas.

People living in rural and regional areas within NSW typically have lower rates of cervical cancer screening, and on average have a higher incidence of cervical cancer when compared to the NSW average.(10) Additionally, the lack of access to, and/or compliance with, testing for STIs is demonstrated in the lower notification rates for chlamydia, gonorrhoea, hepatitis B and HIV in rural and regional LHDs in NSW.(15) Of particular concern is the higher rate of syphilis infection in more isolated

communities.(16) Poor screening rates lead to lower rates of treatment and higher levels of underlying morbidity due to delayed diagnosis.

Between July 2019 – June 2020, there were 12,199 incidents of domestic violence-related assault recorded by NSW Police in rural and regional areas, making up 38% of the 31,692 incidents recorded in wider NSW.(17) Domestic violence has significant impacts on health, with women who experience domestic violence often reporting physical and mental health issues, such as pain, injury, depression and suicide ideation.(18) The Australian Longitudinal Study in Women's Health asserts that due to the high prevalence of domestic violence in rural, regional and remote areas, accessible domestic violence services must be available to improve health outcomes for women.(9)

Barriers to quality health service access for rural and regional Australians

People living in rural and regional areas face significant challenges in accessing quality health services, particularly reproductive and sexual health services. Evidence shows the shortage of general practitioners, specialist medical services and health services being ill-equipped to address the complexity of health, social and cultural needs of people are major barriers to health service access.

Additionally, the limited availability of culturally appropriate and inclusive services and information, lack of peer-based support workers, inaccessibility of buildings, services and information create barriers for people with disability, Aboriginal and Torres Strait Islander peoples, people of diverse genders and sexualities, and people from culturally and linguistically diverse backgrounds.

It is essential that people who live in rural and regional areas of NSW have access to high-quality, evidence-based and inclusive reproductive and sexual health services, including health promotion and education initiatives to ensure that they are able to achieve optimal levels of health and wellbeing.

Aboriginal and Torres Strait Islander peoples

Health disparities between Aboriginal and non-Aboriginal peoples are often linked to issues of accessibility and culturally appropriate practice. Differences in the experience of care in health and hospital services between Aboriginal and non-Aboriginal patients are typically greater in hospitals and health settings in rural, regional and remote areas when compared to metropolitan areas.(19) According to the NSW Patient Survey Program, Aboriginal and Torres Strait Islander patients in NSW rural, regional and remote hospitals generally report more negative patient experiences than those in metropolitan hospitals.(19)

Aboriginal and Torres Strait Islander people have limited access to culturally appropriate health services.(20) Experiences of racism and cultural incompetence within the health system can negatively affect Aboriginal people's health and wellbeing and contribute to increased prevalence of reproductive and sexual ill-health.(20) The use of telehealth has been shown to improve access to specialised care, particularly for Aboriginal and Torres Strait Islander communities in rural, regional and remote populations.(21)

Young people

Young people face a multitude of barriers to accessing healthcare, particularly reproductive and sexual healthcare, and such barriers are typically exacerbated with increasing levels of remoteness. In rural areas, research with young people indicates that they are impacted by structural barriers such as service availability, transport and cost as well as personal barriers such as confidentiality concerns, embarrassment about discussing potentially sensitive topics and stigma when accessing healthcare services.(22) It is essential that health services and professionals are well-positioned to address the reproductive and sexual health needs of young people in a sensitive, inclusive and appropriate way given their increased risk of reproductive and sexual ill-health.

People from CALD backgrounds

Many CALD people in Australia face multifaceted challenges in accessing reproductive and sexual health information and care, and may require multidimensional interventions or support to overcome

these.(23) Limited accessible and culturally relevant reproductive and sexual health services exist in rural, regional and remote areas. Accessible health services are physically available, reachable, affordable, equitable, culturally responsive, appropriate and acceptable. Accessibility of health services is jeopardised if services do not acknowledge and respect cultural values, physical and economic barriers, or if the community is not aware of the services available to them.

CALD communities are often impacted by cultural, personal and structural barriers including language constraints, health literacy levels, socioeconomic status, confidentiality concerns, unfamiliarity with the health system, and education surrounding reproductive and sexual health service access.(24) Refugee young people, including those living in rural areas, are often responsible for helping their families to access healthcare and navigate the health system – navigation support can be of benefit.(22)

Cultural and language barriers are most difficult to overcome, with rural, regional and remote health services often having limited access to face-to-face interpreters and in-language resources.(24) A NSW survey of people from CALD backgrounds found that 9% of 16-19 year olds and 12% of 20-29 year olds reported language as a barrier to visiting a doctor when having reproductive and sexual health concerns.(25) Further, there is limited availability of CALD specialised reproductive and sexual health services in rural, regional and remote areas.

People with disability

People with disability often face multiple barriers to exercising their reproductive and sexual health rights, including accessing reproductive and sexual healthcare services. Evidence shows that people with disability aged 65 and under living in outer regional and remote areas are less likely to see a GP, medical specialist, or dentist than those living in major cities, likely due, in part, to unavailability of health services, including reproductive and sexual health services, limited understanding of what accessible services are available, and difficulty in arranging suitable health service appointments .(26)

People of diverse genders and sexualities

Family Planning NSW would like to echo feedback provided to this Inquiry by ACON, particularly regarding the limited access to inclusive services for people of diverse genders and sexualities. The *HIV Futures 9* study found that among those living in rural/regional areas, 44% travelled more than 50 kilometres to visit their HIV doctor,(27) signalling the limited availability of HIV services in rural and regional areas.

"Living in [a remote area] has caused me to feel increasingly isolated. The local GP has extremely limited knowledge of HIV treatment leading me to recently approaching my diagnosing doctor in [a capital city] to take on my treatment plan remotely." – HIV Futures 9 study (27)

People of diverse genders and sexualities face additional structural barriers to accessing inclusive health services, particularly in rural and remote areas. Barriers may include fear of discrimination and privacy concerns when accessing health services and limited access to health professionals who are skilled and experienced in providing supportive and inclusive services to people of diverse genders and sexualities.(28)

It is essential that all health professionals in rural and regional areas participate in LGBTIQ competency training, signal commitment to inclusion by creating welcoming environments, and utilise additional service delivery methods to ensure all people of diverse genders and sexualities are able to access inclusive health services. An example of this is telehealth, which is seen as valuable for people living in rural or remote areas.(29) People of diverse genders and sexualities face systemic barriers to health equity, and telehealth offers a promising avenue to bridge some of these gaps.(30)

Recommendations:

- Increase access to cultural competency, inclusivity and youth-friendliness training for health professionals, community workers and educators to expand the accessibility of appropriate and inclusive reproductive and sexual health services.

- Ensure health information, including reproductive and sexual health information, is available in multiple languages and accessible formats, including plain language and easy read.
- Ensure health services are actively working to address the physical, structural and cultural barriers preventing service usage by engaging in welcoming signals, ensuring physical accessibility and cultural responsiveness.
- Prioritise the continuation of telehealth to address unmet need in regard to access to appropriately and inclusive reproductive and sexual health care in outer metropolitan, rural and regional areas.

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