Senate Foreign Affairs, Defence and Trade References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into United Nations Sustainable Development Goals (SDG)

24 August 2018

Question no: 1

Type of Question: Hansard, page 26

Senator: Moore

Question:

Senator MOORE: I have one last question. You can take this on notice. Will the annual report this year have reference to the SDGs? You can take that on notice. Thank you.

Answer:

Yes. The Department is planning to include a reference to the United Nations Sustainable Development Goals (SDGs).

Senate Foreign Affairs, Defence and Trade References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into United Nations Sustainable Development Goals (SDG)

24 August 2018

Question no: 2

Type of Question: Hansard, page 26

Senator: Fawcett

Question:

Senator FAWCETT: You say in your submission that the design of Australia's health system is based around the principle of universal health coverage and you go on to say:
Notwithstanding a high performing health systems and significant progress in these areas, Australia's health system continues to face challenges—

Amongst your list is 'those living in rural and remote areas'. Could you outline for the committee any specific policy agendas or programs that Health is running to look at increasing the equity of access in regional areas?
Ms Rishniw: I might have to take some of the detail on notice, but there is a broad rural health strategy that's looking at investment in workforce in particular and making sure that rural communities and regional communities have access to well-trained professionals to provide the best of health care where it's needed. There's a strategy around making sure that training for doctors and medical health professionals is part and parcel of a rural health placement. I'll take on notice all the detail of the rural health strategy and agenda. It's quite a significant investment from the government. In fact, in the recent budget there was a major investment in rural health that actually goes to that issue of access and universality.

Answer:

The Government is committed to ensuring Australia has a world class health system, supported by a highly trained, qualified and well distributed workforce. The Government recognises the importance of rural health and the varying challenges facing the regions and is strongly committed to improving access to health services for people living in rural and remote areas through support for frontline service delivery.

A Stronger Rural Health Strategy was announced as part of the 2018-19 Budget and introduces a comprehensive package of initiatives to improve quality, workforce distribution and access to health services for all Australians.

The Stronger Rural Health Strategy aims to build a sustainable, high quality health workforce that is distributed across the country according to community need. The Strategy will change the face of primary health care service delivery, particularly in rural and remote communities, and other areas that have difficulty attracting doctors. It will also enable a stronger role for nurses and allied health professionals in the delivery of more multidisciplinary, team based models of primary health care.

The Strategy responds to a number of key challenges, including the need for team-based and multidisciplinary primary health care responses to Australians' increasing complex and chronic health needs, such as the challenges of mental health.

The elements of the strategy are:

TEACHING

- The Murray–Darling Medical School Network and the expansion of the Rural Health Multidisciplinary Training Program

TRAINING

- Improved access to Australian trained specialist general practitioners
- Streamlining general practice training and training future Rural Generalists
- Support and training for 240 interns and 300 Junior doctors to work in rural areas
- Support for Aboriginal and Torres Strait Islander Health Professional Organisations will be expanded

RECRUITMENT AND RETENTION

- Addressing doctor shortages across rural and remote areas by strengthening bonded programs
- Supporting rural and remote areas through improved targeting of rural bulk billing incentives
- A targeted Workforce Incentive Program to support rural GPs, and the recruitment of allied health professionals
- A complementary Home Affairs measure (Visas for General Practitioners) will support better targeting of overseas trained doctors to areas of workforce shortage
- Improved workforce distribution will be supported by a more sophisticated demand and supply planning tool - Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool
- Strengthening the role and raising awareness of nurses in primary health care
- Reviewing how the nurse of the future is educated
- Guaranteeing rural and remote access to dental, mental health services and emergency aeromedical services through the Royal Flying Doctor Service

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24 August 2018

Question no: 3

Type of Question: Hansard, page 27

Senator: Fawcett

Question:

Senator FAWCETT: I'll drill down a little deeper in some questions and you can take some more on notice if you need to. Your submission goes on to talk about the primary health networks. You say:

Primary Health Networks ... have been established at the regional level to improve and maintain the health of the population in their regions. The PHNs are responsible for addressing health inequities and meeting community needs ... by commissioning health services.

Could you talk to the committee about how the PHNs are funded across Australia? Is there any differentiation or do they all receive common population based funding?

Ms Rishniw: Once again, I'm sorry, I don't have that detail in front of me. I'm going to have to take the funding of PHNs on notice. PHNs are funded across 31 different regional PHN areas. There is a base level of core funding and then there are differences in terms of the particular schedules and the particular issues that each PHN is facing. Funding varies, but, as a general statement, it will relate to population base and needs and particular programs that they are commissioning. I'll get you the breakdown of funding across the different PHN regions. There's core funding that's fairly stable and then there's differentiation.

Answer:

Core funding is provided to PHNs to fund operational and administrative costs, as well as the planning and commissioning of services in response to the seven priority areas identified by Government (mental health, Aboriginal and Torres Strait Islander health, population health, digital health, health workforce, aged care, and alcohol and other drugs). It also allows PHNs to undertake stakeholder engagement and health system improvement and integration within their regions.

Allocation of Core funding to each PHN is weighted by the Modified Monash Model, which is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size. Weightings for socio-economic disadvantage are also applied, based on the Socio-Economic Indexes for Areas, which is a product developed by the Australian Bureau of Statistics that ranks areas in Australia according to relative socio-economic advantage and disadvantage, and includes consideration of Aboriginal and Torres Strait Islander status.

The funding models that underpin the allocation of other program-specific funding to PHNs use similar measures and inputs to recognise population features and rurality.

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Inquiry into United Nations Sustainable Development Goals (SDG)

24 August 2018

Question no: 4

Type of Question: Hansard, page 27

Senator: Fawcett

Question:

Senator FAWCETT: I know much of this, but I'm keen to get it on the record. I'm interested in specifically understanding how the funding is calculated, taking into account existing health services from the private and the state government-run sectors. I say this particularly because my observation is that much of the policy is derived where people think of rural communities and regional towns being places like Tamworth, Bendigo, Ballarat, Wollongong or Toowoomba—all large, 100,000-plus populations with private sector services and state government-run services in allied health, as well as primary health and hospitals. In South Australia—and I'm speaking here as a South Australian senator—we have Adelaide and then we have one rural PHN for the rest of the state. Our largest regional town gasps to get to 25,000 and the majority have populations of 2,000, 3,000 or 5,000—too small to sustain much private sector service and too small for the state government to sustain viable services, which means the PHN is trying to plug a complete service as opposed to just picking up gaps in provision. So I'm really interested to understand: how is that differential around the country assessed? And why is there not a differential funding policy in place so that PHNs who are facing a very different demographic situation in terms of population size and distances between populations don't get an increased level of funding?
Ms Rishniw: If I can answer in a broad sense and take, once again, the detail on notice, my understanding is there is some differential calculated into PHN funding that actually addresses some of the remote factors and some of the service system gaps that you've identified. Each PHN has a needs analysis. They go through that every year, and that is published on the website. That's a fairly intensive process around actually understanding what existing infrastructure already exists, what needs the PHN needs to particularly address and focus on, and how that fits. So that takes into account the existing infrastructure both at a Commonwealth and a state level—existing provision of services—and then prioritises needs on that basis. So each PHN goes through its own needs analysis, and that will vary and distribute how the commissioning of services happens in that PHN.
Senator FAWCETT: Sure. It won't surprise you that I've engaged with the PHNs extensively, as well as communities, and, yes, the PHNs are a step forward. But I would like to understand more of the detail you get about—I don't know the technical term; let's call it a scaling factor—a scaling factor as they look at the existing services, or lack thereof. I ask that because my experience is that, whilst we have moved forward with the PHNs—it's better than it was—there are still large gaps in terms of equity of services, so I would like to understand how we can improve that even further.
Ms Rishniw: Okay.

Answer:

(Refer to answer to Question no: 3)

The weightings and inputs built into the model that distributes Core funding to PHNs results in those with larger rural and remote populations receiving higher funding per capita, when compared with metropolitan PHNs. Rurality is also weighted in the funding models that underpin the allocation of other program-specific funding to PHNs.

With the funding they receive, each PHN undertakes a detailed assessment of their regional population's health needs, a market analysis of local health care services, and evaluations of the quality and performance of commissioned services. This ensures that services are developed, prioritised and located in areas in response to identified need.

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HEALTH PORTFOLIO

Inquiry into United Nations Sustainable Development Goals (SDG)

24 August 2018

Question no: 5

Type of Question: Hansard, page 29

Senator: Moore

Question:

Senator MOORE: I have another question, and it fits in with Senator Fawcett's question. When you're talking about things like the regional health strategy in Australia and you're working with the PHN Network, do the SDGs get mentioned in those discussions?
Ms Rishniw: It will vary. I can't give you an answer across all of it—
Senator MOORE: No. That's really the crux of it. I expect, when you're talking with ASEAN and APN countries, that we do talk in this language because that's how they talk at those international things.
Ms Rishniw: That's right.
Senator MOORE: The crux of it is the domestic engagement. Senator Fawcett's question was so real about health services in Australia. For me, that's the bit that we haven't got yet. You can take that on notice; that would be fine.
Ms Rishniw: Absolutely. I can provide a broad answer to that in terms of that while the language of SDGs might not be explicitly used in every occasion, certainly that notion of universality of health care and the underpinning notions in SDG 3 are part and parcel—
Senator MOORE: And disadvantage, obesity and all of those things.
Ms Rishniw: They're part and parcel of that conversation.

Answer:

There is alignment between the principles underpinning the Stronger Rural Health Strategy and work of Primary Health Networks and *Sustainable Development Goal 3: Ensure healthy lives and promote wellbeing for all ages*.

The Australian Government has identified seven priority areas to guide the work of Primary Health Networks. These are mental health, Aboriginal and Torres Strait Islander health, population health, digital health, health workforce, aged care and alcohol and other drugs. Many of these priorities encompass aspects of SDG 3. Under these priority areas, PHNs commission health services to meet priority needs of people in their regions. The services they commission are informed by detailed assessments of a region's health needs and are targeted towards vulnerable populations. This contributes to Australia meeting the targets under SDG 3, including for Aboriginal and Torres Strait Islander people.

The Stronger Rural Health Strategy was announced as part of the 2018-19 Budget and introduces a comprehensive package of initiatives to improve quality, workforce distribution and access to health services for all Australians. It aims to build a sustainable, high quality health workforce that is distributed across the country according to community need.