

20 December, 2011

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
CANBERRA ACT 2600

Dear Secretary

Re: Inquiry into the factors affecting the supply of health services and medical professionals in rural areas.

It has been brought to the attention of Upper Hunter Shire Council that there are a number of anomalies in the current Australian Standard Geographic Classification - Remoteness Area (ASGC-RA) System on the ability of rural and remote communities to attract and retain doctors.

Examination of the ASGC-RA map indicates that there are several anomalies that impact on the Upper Hunter health system and possibly the ability of smaller rural centres to attract health services, especially General Practice services, in the future.

The current system identifies Aberdeen (a town of 2,000 people with a single GP medical centre) and Scone (a town of 5,000 people and a multi GP medical centre) as Inner Regional (the same rating as Tamworth and Dubbo), whilst Murrurundi (a town of 800 people and one GP) and Merriwa (a town of 1,000 and two GPs) within the same LGA as Outer Regional. Denman (a town of under 2,000 people with no GP at present but a new MPS) is also included in the Inner Regional footprint. All these towns are within 2.5 hours of Newcastle however they have different levels of disadvantage.

It would appear that there has been little thought put into the determination of the regions other than distance from major cities. Smaller regional and rural towns need health services within the community and it is becoming more difficult to attract and retain GPs to these more 'remote' areas without incentives to do so.

If a doctor has the choice of working in Singleton, Tamworth or Dubbo rather than Scone, Denman or Aberdeen (as they are within the same classification) that person will generally select the larger centres that provide more services and support for the doctor. The current system ignores other factors that can influence access to health care, such as socio-economic circumstances, the demographics and health status of the local population and the availability of health professionals.

The Inner Regional footprint should not extend beyond Singleton in the Hunter Valley, otherwise the smaller towns of the Upper Hunter are competing to attract and retain health services directly with centres of over 20,000 population. Without proper incentives it is then incumbent on the Local Government and community to provide incentives in a time when the resident is finding it more

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difficult to find spare money and councils are hampered by rate pegging and increasing costs. A case in point is the employment of a GP in Murrurundi who is only doing so with Council's provision of a new medical centre and residential property at no cost to the GP.

Council supports the Rural Doctors Association of Australia's request for a review of the ASGC-RA system in its current form and to:

- Consult with all stakeholders to identify the full range of anomalies which are present in the ASGC-Ra system in its current form, and to obtain evidence of the current and potential impact of these anomalies on rural medical workforce recruitment and retention;
- Identify the positive impacts of the current system and retain, extend and enhance these where possible;
- Obtain expert advice from social demographers and other professionals regarding options for adjustments to the current system; and
- Make recommendations to the Government for appropriate adjustments.

Yours sincerely

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Daryl Dutton
GENERAL MANAGER