

Rural Health Access Framework

2023 - 2028

Last update January 2024



Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.



**FIRST NATIONS
HEALTH**

Contents

Message from the HNECC PHN CEO	4
Introduction	5
HNECC PHN Rural Footprint	6
Rural Health and Demographics in our Region	7
Vision and Purpose	9
Guiding Principles	11
Focus Area Overview.....	12
Focus Area 1 Fostering Engagement, Relationships, and Connections with Rural Communities.	13
Focus Area 2 Supporting and Growing a Rural Workforce.	15
Focus Area 3 Undertaking Rural Health Activities to Address Inequity in Access to Primary Care Services.	17
Focus Area 4 Commissioning Rural Primary Health Care Services.	19
Implementation.....	21
Conclusion	21

MESSAGE FROM THE HNECC PHN CEO

At Hunter New England and Central Coast PHN (the PHN) we are committed to achieving increased equity of access to primary care services and working towards our vision of “Healthy People and Healthy Communities”. Our region is large and diverse, and we recognise the unique challenges faced by different communities, as well as the tireless efforts of primary care clinicians in a large range of settings.

Evidence tells us that life expectancy of rural people is lower than their urban counterparts and is often associated with poorer access to health services. Access to primary care services is a fundamental pillar of wellness and wellbeing for all people which contributes to reducing the gap in life expectancy of people that live rurally. This is why the PHN is focused on rural health access and ultimately striving to improving health outcomes.

This Rural Health Framework provides a structure that the PHN can work towards, which is closely aligned to the PHN values and strategic plan including our strategic enablers of equity, and partnerships to strengthen primary care.

The PHN will use this framework to guide our decisions in four focus areas which serve to foster engagement with rural people, support and grow a rural workforce, undertake rural activities to address inequity, and ensure we commission rural primary care services.

By committing to working together the PHN, primary care providers and local communities can improve health outcomes for rural communities.

Richard Nankervis HNECC PHN CEO



INTRODUCTION

The PHN recognises and values the diversity of our region and understands the rural communities we serve experience unique challenges and unique health demands.

These complex characteristics necessitate a dedicated framework which supports a coordinated approach that is adaptable to local needs. The PHN is committed to designing, developing, and supporting primary rural health care through addressing the PHN's purpose of increasing equity of access to primary health care services. This will enhance the primary care workforce and incorporate digitally assisted services.

By promoting a concerted effort across four focus areas, including engagement and partnerships, rural workforce, innovative activities, and commissioned services for rural communities, the Framework will help the PHN move towards its overall vision and purpose and reduce the inequalities in health outcomes and service delivery that are currently experienced by rural communities within the PHN footprint.

Since the PHN's inception in 2015, we have been working to improve the health of rural communities. We have undertaken several initiatives and funded projects with specific targets to support rural inequities and improve outcomes. As our PHN enters its eighth year, it is important for us to develop a rural Framework to build on the foundations laid and connections developed, making sure our activities are designed to meet the unique characteristics, needs, strengths and challenges experienced in our rural areas.

Together, this document represents the combined voices of the PHN, its partners, and our local communities.

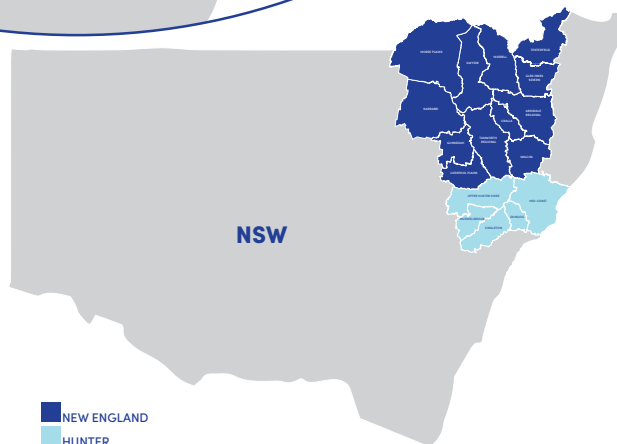


HNECC PHN RURAL FOOTPRINT

This Map demonstrates the local government areas (LGAs) that make up the rural footprint of the PHN.



Hunter New England Central Coast PHN



RURAL HEALTH AND DEMOGRAPHICS IN OUR REGION

	Source	
Population	ABS 2020 ERP	334,265
Indigenous status (average)	ABS 2016	10.7% (NSW 6.4%)
Young people less than 24 years (average)	ABS 2020 ERP	30.7%
People over 65 years (average)	ABS 2020 ERP	23.6%
Unemployment (average)	ABS 2020 ERP	6.2% (NSW 5.5%)
Internet access (average)	ABS 2016	71.7% (NSW 78.8%)
SEIFA index of disadvantage (average)	ABS 2016 (1,000 average, lower is worse)	947 (NSW 976)
GP FTE per population (average)	HNECC PHN	748 patients per 1 FTE GP
Service per population (average)	ABS 2020 ERP	483 services per person
LGAs with access to AMS	ABS 2020 ERP	9
Number of General Practices	HNECC PHN	108
Semi and non urgent ED presentations (average)	HNECC PHN	7952 (NSW 336,983)
Potentially preventable hospitalisations all conditions	HNECC PHN	749 per 100,000 (NSW 38,524)
Estimated number of people aged 18 years and over who were current smokers	PHIDU 2017-18	21.2 ASR per 100 (NSW 18.1)
Estimated number of people aged 18 years and over who consumed more than two standard alcoholic drinks per day on average	PHIDU 2018-19	23.1 ASR per 100 (NSW 19.5)
Estimated number of people aged 18 years and over who were obese	PHIDU 2018-19	41.7 ASR per 100 (NSW 37.5)
Estimated population, aged 18 years and over, who undertook low, very low or no exercise in the previous week	PHIDU 2018-19	69.5 ASR per 100 (NSW 65.3)
Early childhood development: Developmentally vulnerable on one or more domains	PHIDU 2018-19	24.2 % (NSW 20.8%)

All other health conditions/risk factors either better than or equal to state averages.

Data is based on the latest available data for analysis.

WHAT HAS OUR COMMUNITY SAID?



The PHN has undertaken numerous consultations with various rural community members and health professionals throughout New England and Northwest NSW. These consultations have informed projects supporting rural communities in the PHN. Some of these projects include The Rural Communities Project in Glen Innes and Tenterfield, Better Health for the Bush and Bushfire Recovery Support.

Key themes identified in these consultations include:

1. Overcoming long travel times to access health services through use of innovative models that improve equity of access to primary health services for all rural people.
2. Opportunities exist for improving health literacy in rural communities to increase access to health services at a point where health issues can be managed in the community and through primary health care. Also, to improve understanding of how to access specialist services when needed.
3. Building primary health care workforce capacity in rural towns, by increasing the number of health professionals that move to the PHN's rural towns and improving access to training for those who currently live in those rural towns.
4. Partnering and/or collaborating with key stakeholders including Hunter New England Local Health District (HNELHD), Rural Doctors Network, University of New England, Private Practices, local community groups and local primary health professionals.
5. Using innovative approaches that are tailored for each rural town's unique health needs.



VISION AND PURPOSE

The HNECC PHN Rural Health Access Framework has been developed for the years 2023 to 2028. Aligning the Framework with HNECC PHN's strategic plan has helped guide the vision and purpose of this framework. Together, we as a PHN aim to use this Framework to guide our decisions around how we support rural people, improve the rural based services we deliver, and strengthen our relationship with rural communities.

Vision

Healthy People, Healthy Communities

Our PHNs vision is 'Healthy People, Healthy Communities'. We have chosen this vision because it is deliberately inclusive. Nevertheless, we acknowledge that rural specific health strategies are required if rural people and communities living within our region are to enjoy a level of health and wellbeing that is, at least, equivalent to that enjoyed by metropolitan based Australians.

Purpose

Increase equity of access to primary care services

Our purpose to increase equity of access to primary care services will ensure we collaborate meaningfully with rural communities and organisations to design, commission and deliver services that improve the equity of access for rural people and communities.



OUR VALUES

Respect

We listen to and value the perspectives of others and use them to inform and strengthen everything we do.

Integrity

We employ the highest ethical standards demonstrating honesty, transparency, open communication and fairness.

Innovation

We invest in new and better ways to improve the health system so people stay well and out of hospital.

Cooperation

We work with others towards common goals, encouraging collaboration, support and compassion.

Accountability

We keep our promises and take ownership to get things done. We interact constructively.

Recognition

We acknowledge and share individual and team achievements and successes.



GUIDING PRINCIPLES

In addition to the PHN's strategic enablers and values of equity, partnerships and innovation the below guiding principles allow us to shape our decision-making, acting as the foundation for this Framework:

Responsive and Flexible – Quickly identify and respond to new needs that arise in rural communities.

Advocacy – Take affirmative action to tailor health policy and programming approaches to meet the specific needs of rural people, communities, and health professionals.

Sustainability – Support services and programs that are sustainable in rural communities.

Planned and Proactive – Ensure decisions and actions are well-planned to minimise impromptu and reactive activities.



FOCUS AREA OVERVIEW

By working together and listening to what the community needs, the PHN has identified four areas where we can make the biggest difference. By focusing on these areas, the PHN can work towards improving health outcomes for rural people.

THE PHN FOCUS AREAS FOR THIS FRAMEWORK INCLUDE:

Focus Area 1: Fostering engagement, relationships, and connections with rural communities.

Continual and productive engagement with rural stakeholders will establish and deepen relationships with rural communities, rurally based organisations and primary health care service providers. This will ensure PHN's strategic enabler of partnerships to strengthen primary care is met.

Focus Area 2: Supporting and growing a rural workforce.

By enhancing the primary care workforce and incorporating digitally assisted services, the PHN will strengthen the service design and delivery of rural health initiatives and programs.

Focus Area 3: Undertaking rural health activities to address inequity of access to primary care services.

Around one in four Australians live in rural/regional areas, where life expectancy is 10-15 years less than metropolitan Australians and less again for First Nation communities. The PHN will play a critical role in enhancing the primary care workforce and incorporating digitally assisted services to address inequity of access to primary care services.

Focus Area 4: Commissioning rural primary health care services.

The PHN demonstrates exceptional commissioning through leadership and performance to meet the needs of rural communities.



FOCUS AREA 1 FOSTERING ENGAGEMENT, RELATIONSHIPS, AND CONNECTIONS WITH RURAL COMMUNITIES.

Our PHN works continuously to improve appropriate engagement and connections with rural communities.

The PHN maintains working relationships with a wide variety of councils, universities, research organisations and government bodies to form mutually beneficial collaborations which improve the health outcomes of rural people in our PHN region.

Thirteen special projects and over 14 Hunter New England Integrated Care Partnership projects were supported by the PHN in the 2021-22 financial year, with over \$700,000 invested by the PHN across the region. Special projects ranged from addressing resilience to access to healthcare, general practice support, health literacy and refugee resettlement. Alliance projects involved a partnership with Hunter New England Local Health District for joint work on best models of care for Diabetes, Chronic Obstructive Pulmonary disease, Palliative care, Dementia, and Perinatal care.

“There are so many different services and health providers. It’s confusing and the people who need the services don’t know what’s actually available”

Consumer - Better Health for the Bush consultation

The PHN has also fostered engagement with rural communities through the Rural Communities Project, delivered in Glen Innes and Tenterfield Local Government Areas. This project was delivered in partnership with the Local Health District, Rural Doctors Network, and the community to identify local needs, opportunities, and partnerships to improve health and social and emotional wellbeing.

“A lot of people, especially men don’t want to talk about their problems. They think is not manly to do so, so they go on struggling when they could get help”

Service provider-Rural Communities Project



NO.	ACTIONS	SUCCESS CRITERIA
1.1	Develop a Rural Communities stakeholder engagement strategy to guide our work in communities.	<ul style="list-style-type: none"> - The PHN actively engaged with rural communities and reports back to them on consultation outcomes. - Consumers and community members are engaged in rural activities and with the PHN.
1.2	Identify opportunities for collaboration and information sharing between primary health care services and other local social service sectors in the planning and delivery of primary health care services.	<ul style="list-style-type: none"> - Increased number of partnerships and collaborations with community.
1.3	Support and develop coordinated collaborative networks at the local level.	<ul style="list-style-type: none"> - Collaborative networks have been identified or developed to improve access and health outcomes.
1.4	Work with services and stakeholders to design and localise rural primary health care activities that meet their needs.	<ul style="list-style-type: none"> - Increase number of localised primary health care rural activities.

FOCUS AREA 2 SUPPORTING AND GROWING A RURAL WORKFORCE.

We work together with all local major stakeholders including the NSW Rural Doctors Network (RDN), Rural Australian College of General Practitioners (RACGP), Australian College of Rural and Remote Medicine (ACRRM), University of New England (UNE) and the Hunter New England Local Health District (HNELHD) to assist in developing a strong local primary health care workforce. The PHN addresses workforce needs in close collaboration with the Rural Doctors Network, through a partnered work plan.

We offer support to all primary health care providers across our region with their health workforce needs, including recruitment, retention, and succession planning.

The PHN has adopted several strategies to attract health professionals to our rural region.

The "Relocate to Our Region" landing page on the PHN website is the primary resource for both the recruiter and the health professional potentially considering a move. The relocation campaign encourages a sea change or a tree change to one of the great regions within our PHN footprint.

The PHN also offers grants to attract, retain and upskill health professionals in regional and remote areas.

"We desperately need better access to psychiatrists, psychologists, or mental health nurses. Mental health issues are rife in rural areas."

**Community participant feedback-
Rural Communities Project**

"Sometimes we can focus too much on GPs and forget about the rest of the health workforce that can make a real difference"

**Health Professional - Better Health
for the Bush consultation.**



NO.	ACTIONS	SUCCESS CRITERIA
2.1	<p>Develop pioneering models of care that address identified primary health care workforce needs including innovative funding mechanisms.</p>	<ul style="list-style-type: none"> - A pioneering model is developed and implemented, resulting in increased access to primary health care services. - An example of this is the Better Health for the Bush model.
2.2	<p>Support primary health care rural workforce plan to grow and build primary health care professionals that includes:</p> <ul style="list-style-type: none"> - communication strategies that promote living and working in rural areas. - strategies to attract and retain primary health care staff. <p>Provide grant opportunities and incentives to support innovation to attract a primary health care rural workforce</p>	<ul style="list-style-type: none"> - Improved recruitment and retention processes, and distribution of rural primary health care service providers. - Grant opportunities are fully subscribed and implemented resulting in increased primary health care rural workforce
2.3	<p>Explore flexibility in the scope of practice for all primary health care service providers and promote more advanced skill roles for GPs and primary health care nurses.</p> <p>Recognise and support the role of nurse practitioners in delivering primary health care services in rural settings.</p>	<ul style="list-style-type: none"> - A robust primary health care workforce that meets the needs of local communities. - Collaborating with smaller rural areas identified as having little or no GP provision to pilot and implement nurse practitioner models in primary health care.
2.4	<p>Introduce technology and other efficiency measures to assist the primary workforce in addressing the health needs of communities including new professional and semi-professional roles such as telehealth/e-Health coordinators.</p>	<ul style="list-style-type: none"> - Access to primary health care services has increased due to Telehealth measures. - New technology has been piloted in programs and evaluated for effectiveness including Virtual Care, Virtual Reality programs, Artificial Intelligence, and smart phone apps. - Consumers and clinicians are more confident using telehealth services and equipment demonstrated through feedback obtained from digital health survey.
2.5	<p>Ensure the rural primary health care workforce has access to appropriate education and opportunities, including better use of digitally assisted services.</p>	<ul style="list-style-type: none"> - Improved availability of training and continuing professional development programs for rural primary health care professionals. - Increased number of rural primary health care professionals attending PHN professional development education opportunities.

FOCUS AREA 3 UNDERTAKING RURAL HEALTH ACTIVITIES TO ADDRESS INEQUITY IN ACCESS TO PRIMARY CARE SERVICES.

Efforts are being made by the PHN to support more integrated, flexible, and coordinated approaches to reduce health inequities and improve access to primary care services. These include better design and access to commissioned services, more flexible funding arrangements, and building and supporting a workforce to better meet rural primary health care needs.

“Why should we have to travel hundreds of kilometres to get help? We need local services to be available, especially for older people.”

**Community participant feedback-
Rural Communities Project**

We have been talking about this for 30 years. Rural people are sick of being told that they need to accept worse health outcomes”

Consumer- Better Health for the Bush consultation.



NO.	ACTIONS	SUCCESS CRITERIA
3.1	Identify and address barriers to primary health care service access through improved collection and availability of local health data and enhance local primary health service planning.	<ul style="list-style-type: none"> - Improved planning and decision making that address locally identified health needs and improve outcomes. - Utilisation of a Rural Communities Prioritisation matrix to inform decisions on the distribution and allocation of resources. - Participation in Rural based research opportunities and partner with Universities to support research to allow for evidence, advocacy and policy change.
3.2	Improve equity of access to primary health care services.	<ul style="list-style-type: none"> - Resources are developed with and provided to the community to improve access. - Increase in appropriate referrals and access to primary health care services.
3.3	Undertake capacity building activities to help promote understanding of emerging technologies such as telehealth.	<ul style="list-style-type: none"> - Telehealth uptake has increased. - Improved access to primary health care services.
3.4	Work with local rural community groups to develop and implement strategies that address barriers to access.	<ul style="list-style-type: none"> - Participated in university and peak body led research projects. - Engaged local commissioned services, councils and key stakeholders for place based activities. - Cultural safety has been considered in all activities, including First Nations.

FOCUS AREA 4 COMMISSIONING RURAL PRIMARY HEALTH CARE SERVICES.

Focuses on improving the design and integration of services, encouraging innovation and flexibility, and optimising service capacity to ensure rural primary health care services can meet community needs now and into the future.

The PHN is committed to addressing its strategic challenge by demonstrating exceptional commissioning through leadership and performance.

Since the inception of the PHN in 2015, primary health care support and services have increased by a value of more than \$45 million. The increase in primary health care support and services to the PHN's rural and remote communities is due to an equitable process for distribution of funding based on needs identified in the PHN's health needs assessment.

The PHN has invested over \$5 million in response to drought, bushfires, and COVID-19.

Over \$2.5 million has been invested in grants to meet local community needs.

Since 2015 there has also been 3.8 times greater expenditure on mental health services and a 72.2% increase in Health Pathways localised to rural areas.

"I can't get to see anyone to do an assessment on my child. There is no one locally to do this. Without an assessment I can't get the supports needed at school"

Community member feedback. Rural Communities Project Glen Innes and Tenterfield



NO.	ACTIONS	SUCCESS CRITERIA
4.1	Commission programs and service models that acknowledge and address the uniqueness and challenges of delivering primary health care services in rural communities.	<ul style="list-style-type: none"> - Innovative place-based models are piloted in response to identified needs of targeted communities. - Key stakeholders are actively involved in program design and redesign opportunities. - Community and primary health care service providers are supported to access grant opportunities with demonstrated resilience and recovery activities undertaken in rural areas.
4.2	Support development of evidence to underpin service planning, design, and delivery, and to inform the community.	<ul style="list-style-type: none"> - Key initiatives and methodology are evaluated to inform best practice.
4.3	Co-design, develop and implement multidisciplinary models of care that increase access to primary care services.	<ul style="list-style-type: none"> - Delivery of digitally incorporated models of care for priority groups including localised multidisciplinary community health services that have occurred throughout the region.
4.4	Involve local communities and health providers in primary health care service design.	<ul style="list-style-type: none"> - Demonstrated collaboration with rural communities and primary health care services to develop appropriate services and seamless referral processes.

IMPLEMENTATION

To ensure this Framework is having a positive impact, the PHN has developed success criteria as a benchmark for each action. This will help us measure our progress in rural primary health improvement.

In addition, the PHN will develop a detailed implementation plan that will outline specific processes and activities that will be undertaken to achieve the actions and their success criteria.

Each year, the PHN will review our progress against the actions in the Rural Health Access Framework and report to the PHN Board.



CONCLUSION

The PHN is committed to improving the health outcomes of rural people in our community. The PHN must walk side by side with rural people, building authentic partnerships. We believe that by working together, we can help build a future where equity is recognised and valued in all aspects of rural health.

The PHN understands that it is important for the PHN to have a structure and culture that values respect, innovation, accountability, and integrity. By deepening our understanding and capability, we can make a real difference in the lives of rural people and help build a healthier future for all.

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative

**PRIMARY
HEALTH
NETWORK**