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Inquiry into Rural Health Services

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Introduction

Thank you for providing CRANApplus with the opportunity to submit to the Inquiry into Rural Health Services in Tasmania. For nearly 40 years, CRANApplus has provided education, support and professional services to a multidisciplinary health workforce, delivering healthcare services in remote and isolated areas of Australia.

At the outset we note that this opportunity was not widely publicised. We found that many in the rural and isolated health sector of Tasmania, and the peak bodies that represent them, were unaware of the Inquiry. Should the Inquiry receive fewer than expected submissions from stakeholders we suggest this may be the reason.

Our submission will address the Terms of Reference as a whole, reflecting the broad distribution and contribution of our primary membership, nurses, across the whole of rural health services in Tasmania and the range of concerns raised by CRANApplus' Tasmanian members. As you may be aware, CRANApplus has extensive experience and expertise in workforce issues in the remote and isolated context of practice.

In consulting with our Tasmanian members, concerns have been put forward regarding the current health service delivery models in rural and isolated Tasmania. The concerns are about the integration of services, health service access, and the effective utilisation of nurses to deliver rural health services. These concerns are detailed as follows.

Service integration and equity of access

- Cost shifting from community-based primary health services to general practice has decreased access to care, increased fragmented care, added complexity to the health system and added pressure to rural GPs.
- Health services, including primary health care services, are becoming increasingly centralised in larger centres. Centralisation of services is negatively impacting the health and wellbeing of rural and isolated individuals, families and communities.
- Concerns have been raised over access to targeted health services to meet Aboriginal Tasmanians' needs on the east coast.
- Using geographic distance to services as a criterion to centralise services fails to account for community characteristics - access to public transport is not adequately evaluated in service planning. Inaccessibility is impacting the health of individuals, families and communities.

Underutilisation of nurses

There has been a loss of community knowledge, professional experience and qualified nurses with the loss of rural and isolated nursing positions. CRANApplus members report these losses negatively impact the delivery of primary health care and community-based care, maternity care (labour and post-delivery care and access to birthing options outside larger centres), antenatal care, early childhood and early intervention care and emergency care.

In particular, members have raised concerns that the decrease in early intervention nursing care will significantly compromise long term health outcomes.

Nursing scope of practice – untapped potential

Current models of multidisciplinary care where cost-shifting drives care decisions are eroding the scope of practice of experienced, qualified and competent nurses and midwives. One cited example detailed the case of child health services nurses no longer permitted to make direct referrals to allied health. Instead, nurses must refer to general practitioners for them to make referrals. In addition to decreasing the scope of

practice, these strategies fragment patient care and devalue highly experienced and competent professionals' skill and expertise. Complexity in such cases adds a further health burden on individuals and families, negatively impacting patient care and engagement.

While nurses are the most widely distributed health professionals, external limitations are placed on nursing practice. The disparity between the nurse scope of practice at The Royal Hobart Hospital and Launceston General Hospital and smaller rural and isolated hospital emergency departments provides evidence. Examples include nurse-initiated analgesia and radiological investigations by suitably prepared nurses with suitable governance mechanisms. Such limitations are impacting the quality of patient care and adding undue pressure on rural GPs.

There is an absence of clear and supported nursing workforce pathways to prepare for extended practice in rural and isolated areas and underutilisation of the Nurse Practitioner role. These are areas of current and future concern for both recruitment and retention.

Recommendations

It is hoped the inquiry will consider CRANAPlus member's valuable and professional insight into the delivery and impact of rural and isolated health services in the Inquiry into Rural Health Services.

Recommendation 1

Issues of individual, family, and community access and equity are considered and publicly reported in all rural health service planning.

Recommendation 2

Gaps in service provision to communities facing unique and significant health needs, such as Aboriginal health services, need to be identified and addressed in authentic consultation with the community.

Recommendation 3

A detailed and strategic plan to redistribute services to rural and isolated areas from larger hospitals requires development. Acknowledging a loss of skilled and experienced nurses and midwives in rural and isolated areas with the centralisation of health services in Tasmania, such a plan requires harmonisation with a workforce development strategy to reinstate and develop an extended practice capacity in the nursing workforce.

Recommendation 4

Service planning should formally include service level nurses' voice (extended practice nurses and midwives, Nurse Practitioners and Nurse Navigators) who have community knowledge around capacity and need. This review presents an opportunity to initiate innovative service planning models, including nurse-driven service planning and community partnership planning.

Recommendation 5

A rebalancing of healthcare funding and service orientation from a responsive, centralised acute focus to a preventative, restorative, primary health care one for both health and economic benefits over the long term, is required. While fiscal concerns are a consideration, reducing costs in the short term needs to be evaluated against higher future personal and economic costs with deprioritised early intervention. The

nursing workforce and the developed and extended scope of practice should be foundational to the decentralisation of services.

Recommendation 6

A comprehensive nursing workforce development strategy to reinstate sustainable, extended nurse practice capacity in the nursing workforce is required. The rural nursing workforce's contraction in terms of numbers, reach, and clinical practice scope is complex in origin. A purposeful design process is required to address the gaps effectively.

A defined and supported pathway for extended practice for current and future nurses in rural and isolated practice is essential to maintain and develop sustainable and effective health services for the community. Priorities include

- A pathway to and ongoing support for extended nursing and midwifery practice
- Developing multiple pathways to Nurse Practitioner status supported by a requirement to consider Nurse Practitioner positions in areas of need before proposing the centralisation of any health service
- Embedding Nurse and Midwifery Navigator roles within rural and isolated regions to assist in defragmenting the delivery of health care

Each of these recommendations offers scope for innovation in health service and delivery models and sustainable health outcomes. The Inquiry into Rural Health Services in Tasmania is a valuable opportunity to determine Tasmanians' future health and wellbeing. CRANApplus hopes our members' feedback, those at the interface of rural and isolated communities and health care, are considered in this review.

Should the Inquiry require further information in relation to issues and recommendations from this submission CRANApplus would be pleased to assist. Please contact Professional Officer Melanie Avion melanie@crana.org.au or 07 4047 6400.