Design, service and infrastructure plan for Victoria’s rural and regional health system
Discussion Paper

Department of Health and Human Services
September 2016
The Department of Health and Human Services has commenced development of a new Design, service and infrastructure plan to guide the development of safe, sustainable services in rural Victoria. The Plan will take a 20 year outlook and include prioritised actions for reform over the first five years of the Plan.

This discussion paper provides a short overview of the challenges and opportunities facing health service delivery in Victoria’s regional and rural communities.

It is intended to promote active, constructive contributions from all stakeholders. We encourage you to provide feedback through one of the methods listed below.

Contribute

**Online** through a written submission. Click ([HERE](#)) and respond to the questions in this paper, or to provide other comments. Your response will be kept anonymous.

**In-person** by attending one of five consultation forums to be held in rural and regional Victoria during September 2016. Forums are planned for Bendigo, Traralgon, Ballarat, Shepparton and Melbourne. Contact [Mary.Skondreas@dhhs.vic.gov.au](mailto:Mary.Skondreas@dhhs.vic.gov.au) for more information.
# Table of contents

**Background and context**  4

**Where have we come from?**  5

**Where are we now?**  6
- Population  6
- Health Status  7
- Rural and Regional Health Services  8

**Where should we be heading?**  10
- System design and governance  11
- Partnerships, networks and referral pathways  12
- Quality and safety  13
- Access to services  14
- Technology  15
- Workforce  16
- Agility and flexibility  17

**Have your say**  18
Background and context

The Department of Health and Human Services is developing a Rural health system plan as part of broader, state-wide planning activities

A new Design, service and infrastructure plan for Victoria’s rural and regional health system

The Department of Health and Human Services is developing a new Design, service and infrastructure plan for Victoria’s rural and regional health system (the Rural health system plan) to set the future directions for rural health in Victoria.

Rural health services are an important part of the fabric of rural communities, often being the largest employer and purchasers of services in many towns. They play a much broader role in the economy of rural and regional areas than just provision of health care. They also have their own unique set of complexities, particularly the overlap of traditional Commonwealth and State Government responsibilities, and a significant reliance on general practitioners for the medical workforce.

The Rural health system plan is intended to examine our rural populations and their health care needs, how rural and regional health services are currently configured and provided across Victoria, identify opportunities for system development, and necessary actions to support safe, high quality sustainable service delivery.

In recognising the interconnected nature of the health system, the Rural health system plan will consider not just acute health services but also other services that are necessary to a well-integrated health system – like residential aged care and community health services as well.

A new approach to service planning

The Victorian Department of Health and Human Services (the Department) has recently adopted a new framework for health system design, service and infrastructure planning.

This work follows the 2015 independent Travis Review of hospital capacity, which identified that a statewide service and infrastructure plan was needed to guide future reform and investment decisions for the Victorian health system.

A new 20-year Statewide Plan

The Department is embarking on the development of a new State-wide design, service and infrastructure plan for Victoria’s health system (The Statewide Plan) that is to be completed by July 2017.

The Statewide Plan will be supported by a suite of service stream and locality plans, of which the Rural health system plan is one (and also the largest in terms of geography). Other locality plans cover growth areas on the metropolitan outer fringe – western, northern, south-eastern and also south-west Victoria. Service stream plans also being developed include cardiac, maternity & newborn, renal, emergency, surgery, and mental health. Together, these will all inform the Statewide Plan.

The Plan will take a 20-year horizon with a 5-year initial period of focus. Its principles are listed in Box 1 (page 5).

In recognising the interconnected nature of the health system, the Statewide Plan will consider not just acute health services but those also necessary for an integrated health system – like residential aged care and community health services as well.

With multiple service plans being developed concurrently, the Rural health system plan is also likely be the first to draw on the work to date at a specialty and statewide level to inform the design of the rural and regional health system in Victoria.
Box 1. The principles of the Statewide Plan

**The Statewide Plan will be based on six principles:**

Victoria’s public hospitals have clear role delineations, are geographically coordinated and are well connected to the broader health system.

Where safe and cost effective to do so, services will be delivered outside of the hospital setting.

Enhanced system design and service planning and performance management will release existing capacity in our public hospitals and better distribute new capacity.

An appropriate balance will be considered so that designated tertiary/specialist health services are able to provide access to their local community, while also ensuring access to patients from across Victoria who require the expertise and specialist care they are able to provide.

The causal relationship between the volume of services being provided and the quality of these services will be reflected in system design and service planning.

The prioritisation and distribution of high cost medical equipment across the system will be undertaken by the Department.
Where have we come from?

**A number of planning and system reviews have set a strong foundation for strengthening rural and regional health services in Victoria**

**Previous rural and regional health planning**

The 2009 *Rural directions – for a stronger healthier Victoria* paper outlined a vision for the rural and regional health system as “to enhance and protect the health and wellbeing of Victorians living in rural and regional areas by providing a sustainable rural health system that is connected, person focused and provides the right support in the right place”.

*Rural directions* also outlined a structure for the rural and regional health system under the priority of supporting a contemporary health system. This is the basis of the current structure of the system – that is, Regional, Sub-Regional, Local and Rural Health Services.

The 2012 *Victorian Health Priorities Framework 2012: Rural and Regional Health Plan* further outlined a number of priorities for rural and regional Victoria.

The new *Rural health system plan* will review this structure, and this discussion paper poses a number of questions seeking feedback from stakeholders on this system design for the future.

**Emerging challenges and opportunities**

In 2015, the *Travis Review - Increasing the capacity of the Victorian public hospital system for better patient outcomes* final report was released, and concluded:

- The Victorian public hospital system is well-equipped in terms of the physical capacity of facilities to meet the immediate challenges of a growing population with increasing demand for health services. However, not all facilities meet community expectations and contemporary standards for hospital facilities
- There is a mismatch between facilities, funding and demand in some areas
- A statewide service and infrastructure plan to guide the future allocation of resources is needed.

It is in response to Travis’ call for a statewide service and infrastructure plan that the current Statewide Plan is being developed. For the *Rural health system plan* in particular, this presents an opportunity to revisit the priorities set out in the 2009 Rural Directions paper, and consider emerging challenges and opportunities within the changing rural environment – aligned with the new Statewide Plan.

The clinical incidents at Djerriwarrh in 2013 and 2014 also highlighted the need for a strengthened system-wide approach to the governance of safety and quality in Victorian hospitals. The *Review of hospital safety and quality assurance in Victoria* (Chaired by Dr Stephen Duckett) – which is yet to be released – was commissioned to review the quality and safety systems, and governance role of the Department in order to provide a management framework for the delivery of quality healthcare throughout Victoria. It is expected that the recommendations from the Duckett Review will have significant implications for the management of quality and safety across the Victorian health system.

The 2015 King’s Fund (United Kingdom) report: *Managing health services through devolved governance: A perspective from Victoria, Australia*, had also reviewed Victoria’s public health service governance framework and suggested a more centralised approach to system design and service planning.

These reviews will be key considerations in the development of the new *Rural health system plan*. 
Where are we now?

In 2015-16, 1.4 million people lived in regional and rural parts of Victoria – almost a quarter of the total population

The Rural Victorian Population

A changing demographic profile and its implications on service planning. In 2015-16, there were 1.4 million people living in the regional and rural parts of Victoria, or 23.5 per cent of the Victorian population. The profile of this population has undergone significant change in the recent past, and is expected to continue to change in the years to come.

While Victoria as a whole is forecast to experience significant growth in population over the next 20 years, this growth will not be similarly experienced across rural and regional Victoria. Further, this growth is unlikely to follow historical settlement patterns.

It is expected that the population will decline in many small rural communities such as the local government areas (LGA) of West Wimmera, Buloke, Yarriambiack, South Grampians, and Hindmarsh (Figure 1, page 8). At the same time as populations decline in these regions, the composition within them is also changing. Figure 2 (page 8) shows a trend of ageing populations in the more traditional farming or production areas in the western part of the state and areas which sit round the periphery of regional centres.

This also means changing service demand patterns – as the population changes, the types of services needed in the future will be different. Given that demographic change is also not uniform across rural Victoria, the optimal mix of services appropriate to one area may be different to another.

In contrast, the areas surrounding Melbourne (such as Greater Geelong, the Macedon Ranges, Bass Coast and parts of South Gippsland) are experiencing rapid population growth which leads to burgeoning demands on health, transport and education services.

These peri-urban regions have seen their population profile shift as young families move into these peripheral regions pursuing affordable housing built on repurposed farming land, while still in close proximity to regional/metropolitan centres.

They provide a planning and system design challenge as they are currently ‘located’ in rural regions. However, these will be discussed in greater detail by the other locality plans that address peri-urban growth specifically.

The socio-economic needs of the rural population. Generally, Victorians living in rural and regional areas today experience higher rates of socio-economic disadvantage and unemployment; are older; and have poorer health outcomes such as life expectancy and cancer survival rates. More detail around the extent of disadvantage and a comparison of outcomes between rural and metropolitan Victorians in provided through an infographic on page 9.

As the health outcomes of rural Victorians are often driven by socio-economic and also lifestyle factors, any effort to improve the health status of rural Victorians will need to take a holistic perspective rather than addressing health in isolation.

Relationship with other localities. The healthcare needs of the rural population has significant impacts on the demand for metropolitan health services as many travel from rural communities to the metropolitan hospitals to access specialist care.
Figure 1. Projected average annual change in total population by LGA 2016-26

Figure 2. Projected average annual change in population aged over 65 by LGA 2016-26
Where are we now?

Poorer health outcomes driven in part by lifestyle choices and the community profile

Rural health outcomes in Victoria are worse than metropolitan health outcomes

In part, this is driven by lifestyle factors

- **Obesity**
  - 25% higher than metropolitan areas

- **Smoking**
  - 17% higher than in metropolitan areas

- **Alcohol**
  - 19% more women report risky or high consumption per week;
    - 27% more men

And the profile of the regional and rural communities in comparison to metropolitan are...

- **30%** less have private health insurance
- **34%** more aged 65-84
- **45%** more ran out of food in the last year
- **55%** more have not completed year 12

- **69%** more living on the disability pension (79.8 per 1000)
- **>3x** more Aboriginal or Torres Strait Islander (1.7% of total rural regional population)
- **>2x** more on child protection orders (8.8 per 1000)
- **70%** more children with substantiated child abuse (9.5 per 1000)
- **51%** more drug and alcohol clients

Data included in this paper has been compiled across the following sources:
- Victorian Population Health Survey 2010
- Department of Health & Human Services data sets: VAED, VEMD, VINAH, AIMS
- Australian Bureau of Statistics – Australian Health Survey, plus individual health condition survey data sets
- Victoria in Future
- OECD health, economic and quality and safety analysis and comparisons where Australia (Victoria) is included
- National Health Performance Authority
- Australian Institute of Health and Welfare
Where are we now?

In 2016, 69 of the total 85 public health services are located in rural regional Victoria

Rural and Regional Health Services

In 2016 there are 85 public health services and hospitals which provide acute care in Victoria. Of these, 69 are located in rural and regional Victoria. The number of services is significantly greater than other jurisdictions in Australia.

Collectively, the public funding for rural and regional public health services and hospital is over $2.6 billion representing approximately 28 per cent of the total Victorian public health service system budget (noting that part of the remaining budget is also spent on treating rural patients within the metropolitan setting).

Rural and regional health services comprise:

• **6 Regional** health services – located in the largest population centres, with a catchment typically between 80,000 and 140,000 people

• **10 Sub-Regional** health services, in medium-sized towns of between 10,000 and 30,000, with a broader catchment of up to 80,000 people

• **11 local and 35 small rural** health services, which vary considerably in size and function, but play a crucial role in providing care to their communities. They serve communities with catchment populations of between 5,000 and 20,000 people.

• Plus 159 public sector residential aged care services, 7 multipurpose services, 50 integrated community health services, 15 bush nursing centres,13 registered community health centres, and 19 Aboriginal Community Controlled Health Organisations

The Travis Review (2015) identified that regional and subregional health services provide 18 per cent of the total admissions to public hospitals in Victoria. In addition, local and small rural health services make up the largest group of health services numerically yet provide only six per cent of the total admissions to public hospitals in Victoria.

There are seven multipurpose services which pool Commonwealth and State funds for health and aged care services to provide a flexible and coordinated service delivery and account for 0.4 per cent of the total admissions to public hospitals.

In addition to these state funded rural health services, there are a range of Commonwealth funded agencies including Aboriginal Community Controlled Health Organisations and the Primary Health Networks.

General practitioners provide the majority of primary care in rural and regional Victoria. They also play an integral role in the provision of medical and procedural services for local and small rural health services. Where inpatient services are provided it is essential that general practitioners are able to support safe and appropriate patient care with the interdependency between rural general practice and rural health service provision critical to the current sustainability of Health services.

There are also 24 private hospitals and day procedure centres in rural and regional Victoria. These vary considerably in size and function with a number of large providers in regional centres.
Where should we be heading?

Health services face constant change – the Rural health system plan will help to address the many challenges and opportunities of the future

The Victorian health system – like those around the country and internationally – operates in an environment of constant and rapid change. We are continually faced with new challenges and opportunities that require us to think differently about how we deliver services to the communities we serve.

In rural and regional areas particularly, it is essential we also consider the holistic health and human services sector – as quite often, public ‘health services’ provide a wider range of health and social services and play an integral role in the local economy.

Changing demographics and an environment of financial constraints give rise to system design questions of configuration, distribution and governance arrangements, optimising capacity through innovative workforce models, increased use of technology to bridge the distance between metropolitan and non-metropolitan areas, and the wide ranging considerations required to ensure services are safe and of a high quality.

The Travis Review Final Report1, outlined the expectation that demand for services will grow faster than funding for additional capacity, noted “the two ways to close this gap are through doing more of what we are doing now, effectively increasing the size or number of our hospitals, or doing things differently – that is, innovate.”

In fact, the challenge for all of us is also to recognise and embrace the fact that many of the solutions to the issues and challenges we face today and anticipate for the future may not have been thought of or developed yet. We now summarise these challenges and opportunities under the following subheadings:

1. System design and governance
2. Partnerships, networks and referral paths
3. Quality, safety and clinical governance
4. Access to services
5. Technology
6. Workforce
7. Agility, flexibility and sustainability

These issues have been identified through existing work undertaken by DHHS, initial consultations with stakeholders, and a scan of literature and other jurisdictions challenges and approach to rural and regional health care.

It is recognised this will not cover all of the issues stakeholders may have – the consultation process, however, provides you with an opportunity to provide feedback on the issues raised in this discussion paper, as well as any others you may experience or understand from your own local context.

Questions:

1. Are there other issues that should be considered in the Rural health system plan?

Discussion paper: Victoria’s Rural and Regional Health Services System, Design and Infrastructure Plan
Where should we be heading?

A contemporary system design promotes safety and quality, reduces variation and duplication, and better management of resources

System design and governance

Since the release of Rural directions – for a stronger healthier Victoria in 2009, rural and regional health services have developed according to the structure it proposed namely; regional, sub-regional and local health services (which included small rural health services and multi-purpose services).

The Travis Review (2015) and The King’s Fund (2015) noted Victoria’s established devolved governance model with 86 (now 85) independent entities creates challenges and a unique environment in which to foster and embrace collaborative and shared practices between health services.

As services have developed and grown, various historic, geographic and demographic reasons have resulted in variations in service delivery (for example, in the range and clinical capability of services in similarly categorised services).

This raises questions on the appropriateness of the current classification of services (i.e. Regional, Sub-Regional, Local); and clearly defining population or geographic catchments for services that are consistent across service types and providers (for example, mental health having different catchments that do not align with other services or patient referral patterns).

Governance

Unlike many other health systems, Victoria does not have a formal health service role delineation framework. This has meant that individual health services, not the department, make decisions about the type, complexity, and level of the clinical services they provide. This has generally occurred without consideration of the broader system need and benefit, and with limited departmental guidance.

Additionally, Regional health services are expected to take a leadership role within their region, which is not always clearly defined and varies between regions.

Overall, at times the roles and accountabilities of the Department as a System Manager, and the various levels of health services have been unclear.

Another challenge to pre-defining the roles and responsibilities of the health services in rural Victoria stems from the fragility of the rural workforce. Due to the shortage of workforce throughout rural Victoria in general and the reliance on workers to perform multiple roles, the removal of a single staff member often has large impacts on the ability to operate services at the assigned level, and capacity within the local area.

Decisions on where and how services are provided must balance access with safety, efficiency sustainability and equity. A contemporary system design, role delineation of services, and clear roles and responsibilities at all levels of the system promotes safety and quality, reduces variation and duplication, and can allow better management of resources to meet community needs.

Questions:

1. What is the best design of the system? How should we structure the different levels of services provided in rural and regional Victoria?

2. How could a new system design better promote safety and quality, collaboration and partnerships between services, and improve access to care for rural and regional populations?
Where should we be heading?

Partnerships and clearly defined support networks and referral pathways are essential for providing health care in rural and regional Victoria

Partnerships

Public health services are part of a broad health and human services sector, and partnerships – both formal and informal – are essential to the way rural and regional health services operate. Partnerships with other providers can provide the community with better health and social outcomes through efficient use of available resources.

All regional catchments in Victoria have forums where health services come together to discuss regional or sub-regional priorities. These have taken a variety of forms over the time – for example, Barwon South Western health services signed a Memorandum of Understanding to underpin their collaboration and shared priority development.

Strengthening partnerships is not just a matter between public health services – partnerships between public and private providers (in areas where they exist) can provide access to latent infrastructure and workforce; and also improve quality and safety across the board. Reforms such as the NDIS and to the aged care sector, will increasingly require greater partnerships and collaboration across the health continuum that surpass clinical and non-clinical boundaries. The role of the Primary Health Networks is also important in establishing links across the continuum of care due to the GP’s central role (especially within rural Victoria) in determining patient referral pathways across the system.

Strong linkages across the system are particularly important as we face increasing chronic disease, and more patients with complex, chronic co-morbidities that require multidisciplinary care. The need for partnerships acknowledges that health services are fundamentally part of a system, and should not work in isolation.

Support networks and referral pathways

Improving partnerships and collaboration between services also helps develop and formalise support networks and referral pathways. This may be enabled by not just physical transportation services, but also the availability of specialist consultations to lower-level service providers.

Where support networks and pathways have developed over time, it is often through individual relationships or historical practice – rather than in a planned way that ensures the most appropriate outcome for the system as a whole, and more importantly for patients.

While the clinical stream and other locality plans, and role delineation framework will start to address this, it is important that in designing the future rural and regional health system that standard, consistent and clear support networks and patient referral pathways are developed and understood by both clinicians and the community.

The benefit of strengthening partnerships, networks and referral pathways

There are several imperatives for continuing to embed and strengthen regional partnerships and formalising support and referral pathways. The clinical incidents at Djerriwarrh Health Services demonstrated that lack health services working in isolation could become a risk factor for compromises to quality and safety. Clinical oversight needs to be strengthened at the regional level to ensure expertise is available to all health services, from small rural to larger services.
Where should we be heading?

*Partnerships and clearly defined support networks and referral pathways are essential for providing health care in rural and regional Victoria*

**The benefit of strengthening partnerships, networks and referral pathways (cont’d)**

It is also critical for the quality and safety in services in rural areas, allowing them to provide services locally with appropriate support from different levels of capability, specialist services. Formalising these arrangements will balance the demand on specialist services in regional and metropolitan areas across the system, improve integration and maximise available resources.

The Department of Health and Human Services' Strengthening our Regional Hospitals Initiative supports proactive local solutions that better organise and deliver more sustainable services to local communities. This initiative has already supported health services to streamline local procurement processes, improve access to clinical services through the use of telehealth and establish more effective patient flow between services through the use of regional hospital bed management strategies.

**Questions:**

1. How can health services strengthen partnerships between each other?
2. How can health services use partnerships with other providers in their local communities to improve access and health outcomes that meet the population’s needs?
3. What enablers and barriers exist to strengthening partnerships and referral pathways between rural and regional health services?
Where should we be heading?

The quality and safety systems within Victoria are currently under review, and it an important consideration in developing the new Rural health system plan

Quality, safety and clinical governance

In rural and regional areas, quality and safety considerations are important as the range of services provided, availability or access to specialist skills, low volume (which can result in inefficiencies in the use of resources) can lead to variable patient outcomes and potentially unsafe care.

Management of quality and safety risks in rural health services is often raised as a concern due to limited access to clinical, management and governance personnel. Ensuring health service boards also have the requisite skills, tools and support to meet their clinical governance responsibilities has also been identified as a challenge.

The need for greater collaboration among health services has been noted in this discussion paper, and quality and safety and effective clinical governance should be a key plank of this collaboration. This will allow all rural and regional health services have the same access to the expertise and capability required to meet their clinical governance requirements, and ensure the quality and safety of their services. The importance of partnerships and relationships between services at various levels of capability in supporting improved quality has already been demonstrated in part by the clinical incidents at Djerriwarrh Health Services.

Victoria’s Clinical Governance Framework (2008) defines clinical governance as the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers, patients and residents.

It also outlines the roles and responsibilities of boards, executives and clinicians in ensuring appropriate clinical governance and in having responsibility for the safety and quality of their services.

The Duckett review has been commissioned to examine ways to strengthen the approach to governance of quality and safety in Victorian hospitals. The review will provide advice about quality and safety systems and, where they are not adequate, how they might be improved to achieve best practice.

The Clinical Governance Framework (2008) is currently being refreshed to clearly identify the roles and responsibilities of health service boards, chief executives and clinical and executive leadership to ensure a focus on continuous improvement and safe, effective person-centred care.

The Rural health system plan will need to respond to the outcomes of both reviews and align with the recommendations as appropriate to the rural Victorian setting.

Questions:

1. How can we build capability in quality and safety, and clinical governance in rural and regional areas?
2. How can we support the governance responsibilities of boards and executives? How can the role of the DMS contribute to this?
Where should we be heading?

All Victorians should be able to access the health care they need when they need it

Access to services

All Victorians should be able to access the health care they need in order to achieve equity of outcomes. As a principle, where possible this should be as close to their home or community as possible.

We know health outcomes for rural and regional populations are poorer than people living in metropolitan areas; yet it is not possible (or safe) to provide all services locally, but all Victorians should be able to access the same standard of care regardless of residence.

The ability for rural Victorians to achieve local access should not be compromised by poor quality health care. Where services are not provided locally for safety and sustainability reasons, we need to provide clear access points and pathways (and other support, such as transport through the Victorian Patient Transport Assistance Scheme) to more specialised services outside the local area. This will ensure we allow rural and regional populations to access the same standard of care (and health outcomes), just not always in their local community. More often than not, local access will be able to be provided for services patients require frequently and are less complex, with more specialised services that patients access less frequently provided in other, larger areas.

We will also need to recognise the diverse nature of our rural and regional populations, and truly understand their needs to tailor (where possible and appropriate) services to our local communities.

The changing demographics of an ageing population, increased incidence of chronic conditions, and workforce constraints is posing the dual challenge of sustainability for some services, and also the need for a different service mix in the future – the latter challenge being further complicated by the need for a flexible rural workforce in place.

Alongside this, our communities deserve an open conversation about what services can be provided locally, and those that may require travel or alternative models of delivery (such as telehealth).

This diversity and alignment of services with local need is particularly relevant for rural and regional centres which may experience seasonal fluctuations in population, such as Lorne in summer. This requires health services to plan for and provide a different mix of services at different times of the year, reflecting the needs of the local community. This also has important safety and quality and workforce implications that need to be planned for.

In addition, innovation is occurring all the time, with the increasing focus on person-centred care and promotion of collaborative service integration and partnerships between health services driving new ways of delivering care – and ultimately improving access to services locally for rural and regional populations.

The continuing expansion of home based care (such as for many chronic diseases, and dialysis) and hub-and-spoke services for cancer treatment such as radiation therapy has improved access to care for patients in their local rural and regional communities.
Where should we be heading?

All Victorians should be able to access the health care they need when they need it

Access to services (cont’d)

Questions:
1. How can we improve access to services for rural and regional populations, while ensuring the safety and quality of the services provided?
2. What models (such as chronic disease management, hub and spoke) could be developed and/or expanded to improve access locally to health services in rural and regional areas? Are there barriers?
3. How do we systematically share innovations and different models of care across the rural and regional health services?
Where should we be heading?

*Technology provides a significant opportunity to improving access to and integration of health services in rural and regional areas*

**Technology**

Technology is rapidly advancing and is widely seen as a significant opportunity to improve the delivery of health services. It provides huge potential for improved diagnostics, more targeted treatments, and of particular relevance to rural and regional health services – the ability to bridge the distance to more specialised services, through telehealth and similar models.

In Victoria, significant work has been undertaken to identify the critical success factors for establishing telehealth, with it incrementally being used across rural and regional Victoria. However, it is not yet used in a systematic way across all services.

A particular issue for rural and regional health services is the regular handover or transfer of patients to other parts of the health system, and the need to have access to good information is a key quality and safety consideration.

Technology is broader than just telehealth and information systems. Other examples of technological advancements in health care that could become the way of the future are noted in the diagram below:

The current rollout of the National Broadband Network (NBN) seeks to improve high-speed internet access throughout Australia but is currently limited in rural areas. Rural internet users are still grappling with low speeds and high cost data packages that are significant impediments to their ability to harness even simple web-based technology like telehealth that would potentially improve patient pathways and transfer processes.

Technology provides a significant opportunity to improving access to and integration of health services in rural and regional areas, and we should ensure we capitalise on these opportunities across the system.

**Questions:**

1. How can we better utilise technology in rural and regional health services, and easily take advantage of the continual advancements in technology?
2. Can Rural Health Alliances take a greater role?
3. What are the barriers to better use of technology in rural and regional health services?
4. Are there opportunities to better utilise the private sector in technology?
Where should we be heading?

A sustainable, highly skilled workforce is vital to safe, quality healthcare, and has broader economic benefits for rural and regional areas

Workforce

A sustainable and highly skilled workforce is vital to a well-functioning healthcare system, with recruitment and retention of a suitably skilled workforce a critical issue in rural and regional areas. A separate rural workforce plan will be developed in parallel with the Rural health system plan and will inform the development of workforce-related strategies.

In rural and regional areas, general practitioners provide the majority of primary care, but also play an integral role in the provision of medical and procedural services for local and small rural health services. Where inpatient services are provided it is essential that general practitioners are available to support safe and appropriate care with the interdependency between rural general practice and rural health service provision critical to the sustainability of health services.

Across all disciplines, the nature of rural and regional health services means often staff work flexibly across the health continuum, in different settings, and in many cases for different employers and in the private sector. This has benefits for both staff and patients, but there are also barriers that can make this difficult, such as different industrial agreements, wages rates and conditions.

Attracting and retaining a workforce, especially in smaller rural areas, has always been a challenge. To ensure the sustainability of these services, it is essential we consider how to attract and retain a workforce. This also has broader economic benefits to rural and regional towns – with the health service often the largest employer in many towns.

We know from experience that ‘train your own’ (i.e. opportunities for local residents to gain qualifications and training) through local rural clinical schools, and rural generalist type pathways results in improved retention of the workforce – with people already embedded in the community more likely to stay. However, the success of rural clinical schools is varied across the system, so working to improve these will help in building the rural and regional health workforce. The workforce is also becoming more sub-specialised, which can not be maintained in rural and regional areas. We need to identify how we can train and retain generalist roles, but with specialist interests that will align with the services that can be provided.

Training the workforce – particularly the medical profession – is a complex area, with different levels of responsibility between the State and Commonwealth Governments, and also the specialty colleges. Reducing the duplication between State and Commonwealth training programs and aligning priorities will also reduce duplication and maximise the benefit to the local workforce and health services.

Improved workforce planning will also formalise and assist in attracting and retaining a workforce. It has been identified that workforce planning often does not take a regional view, takes a ‘replacement’ approach (replace like-for-like positions without evaluating if local needs have changed), and focuses on training specialists which is not always appropriate or relevant for rural and regional areas.

We need to improve how we plan our workforce in rural and regional areas, aligning skills and capabilities (not professions) with the services communities require. An important consideration is the sustainability of our current workforce, which is ageing and a lack of appropriate workforce and succession planning – particularly for general practitioners – will seriously impact on the safety and quality, and sustainability of many of our rural health services. Partnerships with the private sector will also assist us to share workforce more effectively.

Questions:
1. What are the priorities for consideration in planning the future workforce for rural and regional health services?
Where should we be heading?

Ensuring rural and regional health services continue to have flexibility to innovate will benefit the system, patients and their local communities.

Agility, flexibility and sustainability

Because of the small scale and availability of resources in many areas, rural and regional health services are used to having to be agile and flexible and able to ‘make-do’ with limited resources, and in many cases in difficult environmental circumstances. This also contributes to the sustainability of the rural health system as a whole.

This is evident in factors such as the staff working flexibly across different parts of the health and human services sector and potentially employers at the same time; or developing apps that make monitoring patients with heart conditions easier in rural and regional areas, allowing patients to stay at home in their local communities.

They have grasped innovations such as telehealth, and identified alternative ways to deliver care safely and locally to their population through new models of care, different settings and workforce models.

Because rural and regional areas are so diverse, all facing different population and demographics challenges, populations with different health needs, and unique workforce challenges, we need to ensure they maintain - and improve - the ability to be agile and flexible in delivering safe, high quality services to their local communities.

This could be through making it easier to share workforce across employers, enter into partnerships with local non-government providers to improve service provision or utilise spare infrastructure capacity.

Ensuring rural and regional health services continue to have that flexibility to innovate will benefit the system, but most importantly patients and their local communities.

Questions:

1. How do rural and regional health services remain agile and flexible to continue to meet their community’s needs and provide a sustainable health system?
Next Steps

This Discussion Paper will guide the consultation workshops that will be conducted in the following weeks.

The feedback received from stakeholder attendees will be analysed and consolidated into a report that will be provided to the department.

This will feed into the development of the final *Rural health system plan*. The final plan will lead development in rural and regional areas over the next 5 years, but also take a 20-year view of the rural environment in its considerations. The *Rural health system plan* will reflect interdependencies with other locality plans and together they will all feed into the State-wide plan which will be released in July 2017.

Have your say

It is absolutely vital that the views of stakeholders and those delivering rural and regional health services have their say in developing the new Rural and Regional Health Services System, Design and Infrastructure Plan for the next 20 years.

In addition to the specific questions posed in this discussion paper, we are keen to understand what other issues and items the Plan should address. For example,

- What planning principles should inform the Plan (in addition to those outlined in the Statewide Plan)?
- What should the Plan itself include and exclude?
- How should priorities be determined?
- How does the *Rural health system plan* align with other plans being developed across the system?

**Online** through a written submission. Click ([HERE](#)) and respond to the questions in this paper, or to provide other comments. Your response will be kept anonymous.

**In-person** by attending one of five consultation forums to be held in rural and regional Victoria during September 2016. Forums are planned for Bendigo, Traralgon, Ballarat, Shepparton and Melbourne. Contact Mary.Skondreas@dhhs.vic.gov.au for more information.